

REPORT on CHILD REARING PRACTICES in BOMBALI and TANKOLILI DISTRICT of NORTHERN SIERRA LEONE

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INTRODUCTION

As a part of a Sustainable Nutrition & Agriculture Promotion (SNAP) program, International Medical Corps (IMC) is currently engaged in mapping exercise to register pregnant ladies in their second and third trimesters from four districts of Sierra Leone; Bombali, Kailahun, Koinadugu and Tankolili. Registered pregnant ladies will receive messages on health and nutrition by trained Lead Mothers in Mother Care Group (MCG).

In a future, IMC would also like to integrate psychosocial/ early childhood development (ECD) and infant stimulation messages with health and nutrition messages. ECD messages will be delivered as a part of future ECD program in mother to mother groups and during home visits of Lead Mothers trained in ECD in three chiefdoms of Bombali district; Sella Limba, Sanda Loko and Gbanti Kamaranka.

Five-day ethnographic survey on child rearing practices in Sierra Leone was conducted in order to ensure that ECD messages will be culturally appropriate for Sierra Leone. An interview-administered survey was conducted with 35 mothers who have children under 3 years old in Bombali and Tankolili district. 25 interviews were conducted in Bombali and 10 interviews in Tankolili district.

The survey took place from March 4th – March 11th, 2011. Five students from the University of Makeni (UNIMEK) were recruited for the purpose of this survey. The selection criteria included their communication skills and fluency in local languages spoken in targeted chiefdoms, primarily Temmne and Limba language. Half-a-day training by the ex-pat ECD consultant was conducted on how to use the research questionnaire developed for the purpose of this survey. For research questionnaire used during semi-structured interviews with survey participants, please see Annex A.

A permission to conduct the survey was given to IMC ECD team by the chief of community after the purpose of the survey was clearly explained to him. It was also explained to him that in a future SNAP program will include messages on early child development and infant stimulation. The objective of the survey was explained to study participants, anonymity was guaranteed to them and they were told that the interview could be terminated at any point in time. Participants were also told that they would not be paid for interviews, and that each of them had to sign a written informed consent.

The interviews were conducted outside homes of survey participants or outside in shady places under the trees. Interviews were conducted in a presence of at least one child to observe mother-child

interaction. During interviews, the mothers who participated in the survey were also informed that a new educational ECD intervention would be included in mother care groups, so if they wish they could attend.

The age of interviewed mothers was in a range between 20 to 50 years. They had between one and eight children in age range between one month to 25 years. The majority of mothers had at least one child younger than 3 years of age.

The mothers mostly lived in so-called polygamous families, i.e. they lived with their husband's parents and/or with his two to three wives, and also together with all the children (from current and previous marriage(s) of their husband). A few mothers lived in a so-called nuclear family, i.e. they lived only with their husband and their own children. Mothers belonged to Temmne, Limba, Fullah and Mende ethnic groups. For details of surveyed participants, please see Annex B.

1. BACKGROUND ON LIVING CONDITIONS IN SIERRA LEONE

ECD messages will be delivered as a part of ECD program in three chiefdoms of Bombali district, which is one of five districts that make up the Northern Province of Sierra Leone (see Annex D). The Northern province is mainly hilly wooded area with mountainous area farther inland. Along the coast is mangroves. The climate is tropical with two seasons determining the agricultural cycle: the rainy season from May to November, followed by the dry season from December to May.

Bombali is the second largest District in Sierra Leone and the second most populous district in the North, after Port Loko District. The population of Bombali District is 427,547. The two largest and most dominant ethnic groups in the district are the Temne and Limba. The average household size is 7.1 members with 46% of the household composed of males.

Main economic activities include small scale mining, production of agricultural food crops and small ruminants. According to the WFP Food Security and Nutrition Survey¹, major sources of income in Bombali district include: a) Field crops – 100%, b) Wage labour – 54%, c) Rice sales – 45% and d) Other – 40%. The district has a largely Muslim population (70%), Christianity being practiced by 25% of the population. Although English is the official language spoken at schools and government administration, Krio (language derived from English and several African languages and native to the Sierra Leone Krio people) is language spoken throughout the country.

Tonkolili District, where 5-day ethnographic survey also took place, is a district in the Northern Province of Sierra Leone. Its capital and largest city is Magburaka. The district has a population of 375,363. The population is mostly Muslim around 85%, Christianity account 10% and another 5% follow traditional beliefs or other religion. The population of Tonkolili District is predominantly from the Temne, Limba and Kuranko ethnic groups. Economically, there is significant potential for an extractive economy, specifically the mining of gold and to a lesser extent diamonds. Agriculture also plays a significant role in the economy, mostly at the Magbass sugar production facility and refinery.

The Sierra Leone Civil War began on 23 March 1991 when the Revolutionary United Front (RUF), with support from the special forces of Charles Taylor's National Patriotic Front of Liberia (NPFL), intervened

¹World Food Program (2005). Food Security and Nutrition Survey. Available at: <http://documents.wfp.org/stellent/groups/public/documents/vam/wfp118289.pdf>

in Sierra Leone in an attempt to overthrow the Momoh government, sparking a gruesome 11-year civil war that enveloped the country and left over 50,000 dead. Bombali was a principal former rebel stronghold and experienced considerable displacement, destruction and trauma as a result of the conflict. While progress has been made since the conflict, particularly in restoration of state authority, the level of social services and economic recovery remains unsatisfactory throughout the district. The provincial importance of Makeni, which is the capital of Bombali district, is in contrast with the current lack of water and power supply in the township, and the bad road network and large distances in the district have meant that limited intervention has been made in chiefdoms outside of the Makeni area, particularly in the far north.

The health indices for Sierra Leone are still poor. Mortality of children under-five was 192 deaths per 1,000 live births in 2009², which was much higher than the regional average mortality rate (127/1,000 live births) and global average mortality rate (60/1,000 live births) of children under five. However, it is important to emphasize that children under-5 mortality rate in Sierra Leone is going down; in 1990 it was 285/1,000 live births, in 2000 it was 250/1,000 live births and in 2005 it was 216/1,000 live births.

Maternal mortality rate in Sierra Leone in 2009 was 970/100,000 live births². This was again much higher than the regional average mortality rate (620/100,000 live births) and global maternal mortality rate of (260/100,000 live births).

Communicable diseases are still the major cause of years of life lost in Sierra Leone. In 2008, communicable diseases caused 85% of years of life lost in Sierra Leone (regional average was 78%). Non-communicable diseases were responsible only for 10% and injuries for 5% of years of life lost².

Malaria is still the major cause of deaths in children under-5, and it is responsible for 29% of deaths in this age group. Child malnutrition is a big problem in Sierra Leone. In 2008, 21.3 % of children under five were underweight (weight-for-age Z scores were < -2), 38.4% were stunted (height-for-age Z scores were < -2), and 11.4% showed signs of wasting (weight-for-height Z scores were < -2)³.

²World Health Organization (2009). Sierra Leone: health profile. Available at: <http://www.who.int/gho/countries/sle.pdf>

³World Health Organization (2008). Country profile: Sierra Leone. Available at: <http://apps.who.int/nutrition/landscape/report.aspx?iso=sle>

2. NORMAL PRACTICES AT BIRTH

According to the interviewed informants, the majority of Sierra Leonean pregnant ladies attend maternal child healthcare centers regularly throughout their pregnancies and deliver babies there in the presence of a nurse and/or a skilled birth attendant. These health facilities also provide free healthcare services for pregnant ladies and children under five. After safe delivery in a healthcare center, there are some culturally specific practices related to the burial of placenta in a hole in a ground and burial of a cord after it falls off. A tree is planted in the place where a cord was buried. Most mothers prefer to plant mango, coconut, pine apple, cola nut or orange tree in that place. Selling fruits from that tree is later used to cover life expenses of that particular child, e.g. for buying his/her clothes and food and for paying his/ her school fees.

In Sierra Leonean culture, planting a tree signifies also a right on a citizenship:

For all my children, me and my husband planted a tree in the places where their cords were buried. This signifies their right on a citizenship and also belonging to their community. It also shows the growth of a baby. If a tree grows well, it means that a baby will grow well too. It also shows the future of a baby; if tree grows well and bears fruit, future of this baby is bright. If this is not the case, the future of this baby will be questionable. (34)

When children grow up, wherever they go for work and studies, they can always say this was the place where they were born. They belong to that place because their cord was buried there.(1)

Planting a tree also helps families to earn money by selling fruits:

For my first child, I planted a cola nut tree in the place where a cord of the child was buried. Now, the tree is giving us enough fruit to eat. Also, when I borrow some money from my neighbors, I can sell the fruit and return them the loan. (18)

After a delivery, mothers stay in a healthcare center for a few hours for post- natal care unless there are some post-delivery complications, when they have to stay there longer.

Some mothers said they stayed in a healthcare center for three to seven days, as they have had a prolonged labor which ended up in a C-section. After the discharge from a healthcare center, most mothers stayed with their mothers, mothers-in-law or sisters who took care of them and the baby for the first forty days after their birth. One mother explained the importance of first forty days after a delivery:

The first 40 days after a delivery are very important in our culture. Our elders say that during these days mother should stay at home and breastfeed a baby. They also say that during that period the grave for a mother is open, and if she tries to do anything with another man. e.g. cheat on her husband, she would die. (23)

Another mother said:

If a mother takes her baby out of a room or a house before praying (naming ceremony), a baby can get convulsion disorder which in most of the cases can cause the death of a baby.(15)

Me and my child were not allowed to go out of a room/ house for one week after a delivery. During that week, elderly at home were doing some traditional ceremonies and praying that had to keep the child free from “WANKA”. This is a convulsion sickness from which a baby can die. (14)

Some informants also said that mothers are allowed to move around in their houses, but children are not allowed to be taken out of a room for one week. They can only be taken out after the naming ceremony. There are some rituals associated with this period as described here by one traditional birth attendant (TBA):

On 7th day, which is an official day for introducing a baby to a community by performing the naming ceremony, a tribal medical woman would take some herbs, grind them and rub the liquid all over the body of a baby and a mother. This should prevent a child from any witchcraft and major sickness. Then, an Imam would pray for a baby and suggest the name for it. Only after that, a baby would be shown to a community who would give gifts to both the baby and the mother. (TBA, 34)

After the birth, babies are washed, cleaned and wrapped in a towel. Later, they are given to the mother for breastfeeding. Most mothers mentioned breast milk as the first food for a baby:

They (nurse and my mother) wrapped the baby in a towel. After one hour, when the baby was washed and I was cleaned up by a nurse, they gave me the baby for breastfeeding. (4)

Another mother said:

I delivered the baby in a presence of a nurse and my mother in law. The nurse took the baby and kept it in another room. I don't know why. Two hours later, the baby was given to me for breastfeeding and I was sent home on the same day. (6)

Some mothers mentioned that warm water and a palm wine were given to a baby before breastfeeding:

After I delivered, the baby was given to me for breastfeeding, but first palm wine was given to a child. It's a belief in our culture that palm wine makes a child grow healthier. (25)

When I delivered, I was so exhausted by labor pains that my mother gave the baby warm water. Later, as I could not breastfeed the baby, my mother in law tried to fool the baby by giving him her breast milk. (19)

A baby is never given to a mother immediately after the birth because mother is so exhausted by labor pains and delivery that she cannot take care of her baby for at least 3-4 hours. (14)

I breastfed my baby on the next morning. It is our tradition that we do not breastfeed our babies on the same day, but only give them a warm water or a palm wine. (13)

Introducing a child to a community is done through naming ceremony which is celebrated by inviting an Imam (if it's a Muslim family) or a Pastor (in case of a Christian family), relatives, friends and neighbors. An

Imam shaves the head of a baby and offers prayers by reciting some Surah from the Holy Quran. After that, he recites some Surah to the ear of a baby and loudly speaks out its name from the Holy Quran. An Imam first tells the name of a baby to the parents. If parents agree with the name, an Imam speaks out the name loudly. After that, a community shouts the name of a baby and congratulates parents. This is followed by dancing and serving guests with a food. A food is prepared in a special way, as described here by few mothers:

We make special food on this occasion. We mix flour with sugar, water, seven white cola nuts, seven red cola nuts and bake it in the form of a cake. (23)

We cooked food with corns and ginger bread and baked the cake which is usually prepared in our community for this occasion. (4)

Cola nut (a fruit rich in nicotine) is one kind of food for such special occasions:

Before serving food, we serve guests with cola nut. We buy one cola nut, split it into two and give one half to men and one half to women to chew and enjoy. (4)

We buy a cola nut. The person who chews cola nut, while chewing, holds the baby. S/he talks to the ear of a child saying: "We wish you to be a good boy/ girl, amen!". (29)

Cola nut was served to all. My elder sister held the baby in her arms while chewing a cola nut and said:

Here is your residence and I pray for you in the name of the Lord, Jesus Christ, Amen! (28)

The baby is welcomed in Sierra Leonean culture in different ways but this also depends on a religion:

An imam held the baby in his arms and recited verses from the Holy Quran. He positioned the baby towards the sun because we, Muslims, believe that that we should welcome a child to this world with a bright light. (34)

Another mother said:

On seventh day after the delivery, my grandmother took the baby outside the house and whispered some verses from the Holy Quran to her ear. She positioned her to the North, South, East and West as a sign of introducing her to the world. (9)

In Christianity, naming ceremony is conducted in a Church in the presence of a priest, family and relatives. They all pray for the long and healthy life of a child, sprinkle Holy water and rub Holy oil on the face of a baby. A pastor holds the baby in his arms and asks parents: "Will you bring up this child in a way that will please the Lord? Parents respond with "yes". After the ceremony and prayers, a pastor publically announces the name chosen for the child by the parents. (33).

This is followed by inviting guests to the home of parents and serving them with food, singing songs and dancing. One of the mothers mentioned:

We invited Jiliba (a group of people who comes to gatherings entertaining guests), and we served everybody with cola nut. They all enjoyed! (4)

Mothers explained similarities and differences in their pregnancies when they were pregnant with baby girls or baby boys:

Some people say there is a difference between baby girls and baby boys e.g. when mother is pregnant with a baby girl, she vomits a lot. Others say the opposite, e.g. baby boys suck more breast milk than baby girls, and baby boys grows more slowly than baby girls. I myself did not have different experiences with male or female babies. Some people also say that baby boys cry more than baby girls, and others say the opposite. (29)

When I was pregnant with a baby girl I vomited a lot. When I was pregnant with a baby boy I had a normal pregnancy without any problem. (34)

Baby girls are difficult to take care of and they suck a lot during breastfeeding, while boys don't. (9)

I had different experiences with my two pregnancies. When I was pregnant with my baby girl, I was vomiting throughout my pregnancy. When I was pregnant with a baby boy I had vomiting only during the first month of my pregnancy. (5)

Some mothers complained about fathers who were more supportive to baby girls:

Boys have fear of parents, but girls are worse. They are not afraid of them. Girls also don't help parents in farming and processing palm oil and their fathers support them. They say that girls should not go to a school and should get married immediately after they enter teenage years. That's also the reason why teenage pregnancies are common. Still I am thankful to the Catholic Church and other NGOs which bring awareness and education on these issues to the people in our communities. (14)

Although the great majority of mothers said they had their deliveries in a healthcare center, some mothers said they prefer deliveries at home. They explained practices during a home delivery and differences in practices during home deliveries and deliveries in a healthcare center. Namely, they delivered their first babies at home, but later they delivered in a healthcare center:

I gave birth to my first child with the assistance of a traditional birth attendant, but my last three children were born in a hospital. Still, I prefer a delivery assisted by a traditional birth attendant, because I don't have to pay her anything. I only cook a chicken and send it to her home after she delivers a baby. I had experience that if after the birth a child does not cry, a traditional birth attendant holds the baby upside down and taps a baby on the back to make it cry. After a baby starts crying, TBA gives a child to the person who is present with me at the time of a delivery. When TBA delivers the placenta, she gives the child to me for breastfeeding. My mother in law took care of me every time I delivered a baby. (8)

I have four children, and I gave birth to all of them in a presence of a traditional birth attendant (TBA). After a baby was born, we immediately wrapped it in a towel for an hour. After that we washed it. A baby is never given to a mother immediately after the delivery because a mother is so exhausted with labor

pains and delivery that she cannot take care of the baby for at least three to four hours. TBA gave me some traditional medication to enhance my labor contractions, so I could deliver faster. But the content of this remedy is a secret and regular nurses do not know about it. (14)

I delivered my first baby with the help of a traditional birth attendant and I delivered my other five children in a hospital. (15)

Whenever I get pregnant, my mother in law takes care of me. She is also the one who helps me deliver my babies. One time when I had labor pains, my mother in law helped me deliver the baby and since then I do not feel well. I have too much pain in my lower abdomen, and immediately after the delivery I was too weak to sit or take water by myself. (19)

Later, the same mother mentioned following about her mother-in-law:

She also used to give me some herbal medicine called “Calabash”, which enhances labor contractions. Now, it’s a law in our community that if any pregnant lady delivers at home with the help of a TBA , she or her family will have to pay a fine in rice and other things. Therefore, we now go to deliver in healthcare clinics. (19)

When I had labor pains, my sister in law was with me, and she went to call a traditional birth attendant. I delivered my baby at home in a laying position, with the help of a traditional birth attendant. (21)

Some mothers explained that their initial deliveries were assisted by a traditional birth attendant or mother in law. Now, they go to healthcare clinics for safe deliveries. However, the use of traditional medicine is still present:

I am 4 months pregnant at the moment. I gave birth to my first child in a healthcare clinic where nurse assisted my delivery. However, before delivery, my mother gave me some traditional remedy to speed up my labor contractions.(26)

One mother mentioned following about delivery practices at home and in a hospital and about a naming ceremony:

I have 8 children. I delivered my first 4 children at home with the help of a traditional birth attendant. I delivered the rest of my children in a healthcare clinic with the help of a nurse. Every time, my sister and my mother in law accompanied me to a clinic where I safely delivered a baby. I was sent home on the same day. Visitors were allowed to visit me at home, but I was to not allowed to go out of my room before the naming ceremony took place. This occurred only one week after the delivery. My husband invited one old lady from the village and she came with some herbs which she burnt in my house. It is believed that the smoke of certain herbs can protect children from early childhood diseases. When a cord fell off, it was buried in a hole, and an orange tree was planted in that place. (27)

3. MILESTONES IN THE GROWTH OF A SIERRA LEONEAN BABY

In Sierra Leonean culture, babies are not swaddled. Instead, they are wrapped in a towel to protect them from a cold. Mothers mentioned that babies are very sensitive and can easily catch cold after the birth and even die. Majority of mothers said that the face of a baby should be uncovered, but baby's hands should be wrapped in a towel. Few mothers said that the face of a baby should be uncovered and baby's hands not wrapped up. Very few mothers mentioned that they covered the face of a baby for the first few days to weeks after the delivery, in order to protect a baby from a cold. Mothers carry their babies in arms for the first two to three weeks. They carry them on the back with the help of a baby carrier made locally from a sheet of cloth and called "lappa". Some mothers said they carried their babies for two weeks after their birth in order to avoid muscle stiffness. The others mentioned they carried them in their arms when they were 2-3 months old, because babies could have pain if they were carried on their back. Some of them mentioned that, as soon as the cord drops off, they start carrying babies on the back. This happens usually 6-7 days after the delivery.

Time period for carrying a baby on the back was not specified by mothers. They said that this depends on their work and also on a child. Mothers walk long distances and carry their child on the back until a child is up to five years of age. This is mostly because a child gets tired of long walking and wants to be carried. However, once the child starts to walk, mothers avoid back carrying as routine.

One mother stated the importance of wrapping babies:

We wrap our children after their birth to protect them from cold. If we leave them unwrapped, they can catch cold, lose weight or even die. (30)

One 18-year-old mother showed her concern about carrying her baby on the back:

My baby girl is 3 months now, but I still carry her in my arms. If I carry her on my back, this can cause her pain. (16)

a) Physical development

Table 1 shows at which age Sierra Leonean mothers expect their babies to reach certain milestones of their physical development. The largest number of mothers (21/ 35) expect their babies to sit at 5-8 months. Fewer (14/ 35) expect them to sit at 3-4 months. The largest number of mothers (28) expects their babies to crawl at 5-8 months, to walk unassisted at 9-12 months (22) and start using cup and spoon from 9-12 months (11). Sierra Leonean mothers expect their babies to reach certain milestones of a physical development at slightly earlier age than mothers in the West. Some interviewed mothers believed that it is only God, who can give strength to a baby to sit, crawl and/or walk. Some mothers talked only about what their children could do at their present age, but they had no knowledge on how to encourage their children to achieve the next development task:

I have put her in a carton box and observed her daily. This helped her by sitting. I also washed her with native medicine leaves, so she started crawling. Otherwise, she was not crawling. She is 7 months old now, and I will bathe her with native medicine leaves, so that she also starts walking. (5)

I helped her to sit by putting various things around her to support her. I was doing this for two weeks and then she was able to sit by herself without any support. I assisted her with crawling by putting various stuff within her reach, but she has still not started walking and/or dressing her. I don't know when to expect this to happen. (32)

I encouraged my baby to sit when it was 4 months old. I have put 2 pillows, one in front and one at the back of the baby as a support. I will continue doing it until the child starts sitting on its own. Only God can help baby to start crawling. We can't do anything about it. Sometimes, I stretch my hand out and encourage the baby to grab my hand.

I play with my babies to encourage them to walk. I show them how to dress up. I encourage them to practice and then observe them dressing them by themselves. (33)

It is only God who can give strength to children to walk and sit. We can't do anything about it. I gave shower to my baby with "ABOMA", (a special water). If you bathe a baby with it, it gives it strength to sit and walk. (2)

One TBA / mother described the excitement when she saw her child taking a first step:

Me and my husband pay special attention to child growth and especially to the first step child takes when trying to walk. At that time, I was eager to see her taking that first step. I helped her by holding her hand with my finger. It was a rejoicing moment and I sang for my baby. The baby saw the movements of my lips and imitated me by touching her lips. (34)

One mother who was concerned that her child was too slow to start walking, said:

I bought "a kick" (local wooden tricycle) for my children because they were slow to start walking. I used this "kick" to help them walk. (22)

Mothers expect their girls to assist them with household tasks as early as possible:

I was only five years old when I started helping my mother with household tasks, like fetching water and washing dishes. (16)

Table 1. Number of mothers who expect their babies to reach certain milestones of a physical development at certain age

Milestones of a physical development	Age of babies in months (m) and years (y)												
	<3 m	3-4 m	5-8 m	9-12 m	13-18 m	19-24 m	2 nd y	3 rd y	4 th y	5 th y	6 th y	>6 y	Don't Know
Sit up		14	21										
Crawl			28	6									1
Walk unassisted			2	22	8								3
Starts using cup and spoon				11	10	2	3	2	2				5
Dress themselves					1	1	3	6	6	9	3	4	2
Help with household tasks							1	2	5	5	6	12	4

Note: Numbers in red show the age of babies at which the largest number of mothers expect them to reach certain milestones of a physical development

b) Sensory Development

The largest number of mothers expect their children to follow objects with their eyes when they are less than 3 months old and to turn their head to a sound at the age of 3-6 months (see Table 2). Although, from the observation of mother-child interaction, it seemed that the mothers do not verbally communicate with their children that much, they still talked about different ways they use to encourage their children to watch and listen. Putting a bright object/ torch in front of child's eyes, clapping and/or clicking fingers, calling children by their names, banging on the objects, such as for example a pan or a

piece of iron, moving an object in front of children’s eyes, singing, using baby rattles (shake-shake), and waving hands in front of children’s eyes were some of the most commonly used techniques.

I keep a bright object in front of his eyes and he feels happy. I also put a light of a torch in front of his eyes and he feels happy to see the light. If I take the light away he cries, and then I have to keep it again close to him. I clap to produce sounds so that he can listen and be happy. (1)

I pass bright objects in front of her eyes so she can see them. She is following the objects with her eyes now and at the same time she is trying to turn her head to sounds. (33)

I click my fingers and make different sounds for my baby to listen to. (2)

I hit an object that can produce a sound and he turns his head to that sound. I put a torch light in front of him and when he sees the light, this makes him happy. (4)

Table 2. Number of mothers who expect their babies to reach certain milestones of a sensory development at certain age

Milestones of a sensory development	Age of babies in months (m) and years (y)								
	<3 m	3-6 m	7-9 m	10-11 m	12-18 m	19-24 m	>2 y	>3 y	Do not know
Follow object with eyes	22	12	1						
Turn head to a sound	9	25			1				

Note: Numbers in red show the age of babies when the largest number of mothers expect them to reach certain milestones of a sensory development

c) Language development and Communication:

The table 3.shows at what age mothers expect their babies to start using sounds and words and to make sentences. A significant number of mothers (8) said they expect their children to use sounds when they are less than three months old.8 out of 35 mothers expect their children to use words from 3-6 months and 8 out of 35 mothers expect them to start making sentences from 19-24 months and above 2 years of age. However, 11 mothers expect their babies to talk in two to three word sentences when they are older

than three years. Some mothers did not know at what age they should expect their children to achieve above mentioned communication tasks.

When mothers were asked how their babies express what they want before they learn to talk, the great majority of mothers said that if a child is hungry, unhappy or unwell, he/ she will cry and if a child is happy s/he will smile. Some said that children, if they are hungry, would snatch things from their hands and put them in their mouth. One mother said that her child has a flat face expression if he is not happy and he also does not want to play with anyone.

During the discussion on how mothers encourage their children to communicate, they mentioned talking, singing and repeating words to them. Some said they leave their children in a compound with other children, so they can learn different words from them, while playing:

When I give him food, I talk to him. I say mother ("mamma"), so he can repeat after me. I also leave him with other children in a compound, so he can have a company and play with them. (3)

By giving them what they want, I ensure that they repeat after me whatever I say. I emphasize the words they don't pronounce correctly, so that they can pronounce them correctly later. (33)

A few mothers said they did not know what to do. They did nothing to encourage their children to communicate. For example, one 27- year- old mother put it simply like this:

I do nothing (4)

Another mother said:

Producing sounds is natural and it happens by itself. I did nothing about it. I only repeat words for her so that she can learn how to pronounce them. (5)

Most of the mothers in Sierra Leone expect their babies to start making sounds by six months of age. For comparison purposes, they expect from their babies to reach that developmental milestone later than the mothers in the West. Some Sierra Leonean mothers give their children up until they are two years of age or even older than two years to start using words.

One possible explanation for somehow delayed expectations of mothers in regard to language and communication development of their babies is that they carry children on their back as a routine and they also work for the whole day in a farm. Therefore, they do not have enough time to communicate with their children:

In my own community most babies have grown up with their neighbors. They do not grow up with their real parents because in the morning parents leave their children for a long time, go farming and come back late in the evening. Only then, parents see their children. Some parents come so late that children are already asleep, while others find them crying bitterly from hunger and exposed to heat. Some parents leave their children and go to bigger towns for education. When they return, children are already grown up, so there is no proper care of children. It is not good for children. Just not good... (31)

Table 3. Number of mothers who expect their babies to reach certain milestones of language and communication development at certain age

Milestones of language and communication development	Age of babies in months (m) and years (y)								
	<3 m	3-6 m	7-9 m	10-11 m	12-18 m	19-24 m	2 nd y	3 rd y	Do not know
Start to Use Sound	8	10	6	3	5		1		2
Use words		8	4	1	7	7	6		2
Make Sentences					3	8	8	11	5

Note: Numbers in red show age of babies at which the largest number of mothers expect them to reach certain milestones of language and communication development

d) Emotional development

According to the interviewed mothers, most Sierra Leonean children start smiling at the age of 2-4 months. They start showing their feelings by crying and smiling. Mothers mentioned that when a child is sitting quietly, it means that s/he is sad. Children cry when they are not happy or when they are hungry, but they smile when they are contented and happy. When babies grow older, they can use words to express what they want or how they feel. Mothers try to make their children happy by buying them toys, feeding them, singing for them, playing with them, letting them play with other children and by carrying them on their back.

Mothers deal with an emotional distress of their children by carrying them on their back, washing and bathing them, singing to them, playing and dancing with them, breastfeeding them and/or taking them to a healthcare center. They also beat them if they don't stop crying.

I will always try to find out why he is crying. If I give him food, and if he refuses to eat, it means he is not well and I will take him to a doctor. But when children grow older, they can talk and tell us what is the problem. (2)

If he cries too much, his father takes care of him. He gives him some syrup or homemade remedy to comfort him. (4)

I breastfeed her when she cries. I see by the neighbors that mothers give children food and carry them on their back when they cry. (16)

If the child is at the age to be beaten, I will beat him to make him quiet. (27)

Table 4. Number of mothers who expect their babies to have their first smile at certain age

Milestones of emotional development	Age of babies in months (m) and years (y)				
	<2 m	2- 4 m	5-6 m	7-8 m	9-10 m
First smile	9	18	7		1

Note: Numbers in red show age of babies at which the largest number of mothers expect them to have their first smile

e) Attachment and Social Development:

The largest number of mothers stated that children could recognize their mother at the age of 3-6 months (see Table 5). One mother mentioned that children younger than three months could *recognize their mothers by their smell, especially during breast feeding. (1)* Some mothers said that children could recognize the voice of a mother, and if mother is not nearby, they would turn their head to the voice of a mother to look for her. (31) Mothers mentioned that once when children could recognize them (usually at 3-6 months), children would cry if mothers left them and went away. Children refuse to go with strangers and refuse to play with other children for a certain period of time, but later they play with the children with whom they are familiar:

He cries a lot, and he just does not allow anyone to touch him. He will start playing with other children if he knows them, e.g. with children at home. However, if he is not familiar with other children, he will keep on crying. (1)

At first, she would cry a lot. Later, she would go inside the room and sleep by herself. She looks at strangers, but she never lets them hold her and she will not give them a smile. She sometimes fights with other children and sometimes she plays with them. (7)

She will cry, but If she hears my voice she will stop crying and she will start looking around to find me. When she sees me, and if I wave her bye and I don't take her in my hands, she will start crying again. She stops crying immediately, as she had never cried, when I touch her and/or take her in my hands.

She is afraid of strangers. (33)

Most of the mothers said that children do not mind if they leave them with older children when they are 2-4 years old. They leave them to play with other older children in a compound outside their home. Some mothers said their children do not mind that, even if their age is less than one year.

Other mothers mentioned that, although children cry, they would still leave them at home when they go to work in farms:

I used to leave my child with his step mother since his birth. He is familiar with her now, so he does not mind if I leave him. (1)

My child stopped reacting to my leaving her when she was 10 months old. Whenever I was leaving her to go to a farm, I gave her toys to play with. (18)

She is two years old now, and if I leave her, she cries a lot, gets angry, throws stones and beats other children. She may stop reacting to my leave at her age of 4-5. (15)

She is one year old, and I leave her with family members at home. She plays with other children of her age or with the children slightly older than her. (33)

One 20-year-old mother said:

I don't know when my child will stop reacting to my leave. She is only 4 months old now and I have no elder children. (17)

Work in farms and running markets in village centers from morning until evening, as well as going to water points for a laundry, forces mothers to leave their children at home with elder brothers and sisters and/ or with neighbors. This makes children get familiar with elderly, children and neighbors and it stops bothering them when mothers are not at home. Although this shows that mothers can leave their children with any family members, including siblings regardless of their age, most of the mothers responded they could do so only when/if their children are 3-5 years old. Some mothers prefer to leave their children with the elderly in the family when children are under 2 years old. Some also leave them with their siblings who are under 10 years of age:

I could leave my child at the age of 3-5, as I have a mate (husband's second wife). She takes care of my children, and she is helpful and kind to me. (1)

When he was only 4-month-old, I started leaving him with his elder sister. However, she is 7 years old now, and she is too careless. She forgets to take care of him, and she is too busy playing with other children. (2)

She is 7 months old now, and I leave her with her elder brother when I go to a market or to do a laundry. (5)

As I breastfeed him (he is only 6 months old), I don't leave him with other children. In a month time, he will be also eating other food, and then I will leave him with his elder brothers and sisters. (3)

In Sierra Leone, polygamous family structures allow mothers to leave their children with other members of the same family. It is also helpful for mothers that children can play together in open compounds in close neighborhoods. This makes life for mothers easier because they do not have to be with their children all the time and keep them under their constant supervision.

Mothers mentioned different ways of encouraging their 3-5- year-old children to interact with them, other family members and others. Giving money to their children, giving money, food or biscuits to other children so they play with their children, letting their child play with others, letting other children play in their compound, playing with their children themselves, taking them along to visit relatives, introducing them to neighbors and relatives and singing songs to the children were techniques used by the majority of mothers:

I tell other children to play with my child. I give him biscuits not to cry and to play with other children. (1)

I give biscuits to other children at home so they play with my child. Then, I go and work. He will play with any of older children who take care of him and are nice to him. If somebody beats him, he will not go to play with him/her next time. (2)

I allow all children to play around my house and I give them food or money to play with my child. Sometimes I tell stories to all children to make them laugh and happy. (7)

I visit my relatives and I take my baby along with me so she can get familiar with them. (27)

Table 5. Number of mothers who expect their babies to recognize them at certain age

Milestones of social development	Age of babies in months (m) and years (y)				
	<3 m	3-6 m	7-9 m	10-11 m	>1 y
Recognize Mother	1	24	7	2	

Note: Numbers in red show age of babies when the largest number of mothers expect their babies to recognize them

4. NORMAL CHILD REARING

a) Who is the care taker?

For both infants and children under three years of age, a mother is the primary care taker in a great majority of cases. In some cases, it is also a father, a mother in law or neighbors. Sometimes, there is more than one primary caretaker like e.g. mother and mate; mother and grandmother; mother and other family member like, e.g. grandmother, elder siblings and/or any other elderly who has experience in child rearing.

When mothers were asked about the importance of father's role in child rearing, almost all mothers agreed that fathers have a very important role. When they were asked about main tasks of fathers, they mentioned financial issues related to costs of a delivery and birth of a child, paying visit to a doctor and school fee for children, buying food for a family and providing family with clothing and shelter. Some mothers mentioned their husbands do not regularly provide these things. Therefore, they have to work at farms and run small markets in village centers by themselves.

Some fathers who go to school have nothing to offer to their families and they cannot bear cost of life expenses for their families:

He cannot take care of my daughter yet. (16).

If there is nobody at home and if I go to a market, I have to leave my child with a father. Otherwise, in our culture fathers are responsible to provide food and to give financial support to their families. (2)

Sometimes, he is providing food and clothes for my baby, but he is not doing it regularly. (19)

My husband is not supportive at all. My mother helps me with all the expenses. (6)

Some mothers spoke about a limited support from their husbands in terms of providing food, paying school fees and taking children to a health clinic if/ when they are sick.

Only two mothers mentioned their husbands are providing not only a financial support, but they are also taking care of children, when mothers are absent:

He helps me taking care of my child, especially when he is sick. He carries him to make him sleep when he cannot fall asleep. (3)

He plays with him when he has time. He takes him out for a walk and he also sings to him. (4)

Mothers mentioned that if the father is not around or separated (divorced or dead), mothers themselves, paternal and maternal grandparents and in-laws provide care for children. The majority of mothers said, that in the absence of their husbands, they care for their children by themselves.

b) Sleep

All mothers mentioned that their youngest baby sleeps in a bed with them. Beds are usually made of bamboo cut vertically into half and laid horizontally or are beds made of grass. Mothers spread out a sheet on the bed where both child and mother sleep. Elder children sleep on a sheet, which is a piece of cloth called “*lapa*”. It is spread out on the floor in the same room. Some mothers said they themselves also sleep on a piece of cloth spread out on a floor:

I spread out a piece of cloth on my bamboo bed and my youngest baby sleeps with me. For other seven children, I spread out a piece of cloth on a floor near to the bed, and they all sleep there. (7)

I sleep with my child on a grass mattress which is made from empty rice sacs filled with dry grass. (33)

Mothers carry their children on the back, sing songs for them, bathe them before sleep, tell them stories, take them to a doctor if they are sick and cry, feed them if they are hungry, carry them in a lap, give them syrup to fall asleep, breastfeed them, carry them in their arms and rock them, and use paper fan if it's hot. Sometimes, they beat their children if they cannot fall asleep:

I carry him in my lap and I try to make him sleep. If he is sick, I give him some medication, so that he can sleep in peace. (1)

Every evening before putting him to bed, I wash him. When he is clean, he sleeps better. (2)

Sometimes, I talk to them to make them sleep. Sometimes, I beat them to go to sleep. (6)

I give him a syrup to fall asleep. Sometimes I get so tired, and when my child cries a lot, I give him a sleeping tablet. (26)

One mother said:

My child sleeps very well by himself and he never disturbs me when there is a time to sleep” (4)

All mothers have bed nets in their homes and they regularly use them. Only one interviewed mother gave three different excuses why she was not using a bed net. First, she said she does not know how to hang bed net. Then, when help was offered to her, she immediately said that her husband knows how to hang it, but a ceiling is too high so he cannot reach it. When use of chair was mentioned as a possible solution to this problem, she said she does not have a hammer and nails to hang a bed net. Later on, a discussion with her neighbors revealed that when bed nets were distributed to her community by the Ministry of Health, volunteers helped all members of the community to fix their bed nets.

When asked about health problems in a family, almost 50% of mothers said their child suffered or is suffering from Malaria for which they receive medications from Public Health Unit of the Ministry of Health.

c) Feeding practices

The great majority of mothers mentioned that breast milk was the first food they give to their babies after their birth. They also said that feeding practices have changed a lot in the past few years because the Ministry of Health has reached all the communities. Before that, and even sometimes now, giving a warm water and a palm wine before breastfeeding were/ are considered as common feeding practice in some communities. This is because of a cultural belief that palm wine makes babies strong and helps to clean their bowels after the birth:

Before we used to give babies a warm water. Now, nurses advise us to give them only breast milk. (15)

A palm wine is given to a baby first, and then a breast milk. A palm wine is given to help baby grow strong, and it also cleans bowels of a baby. (32)

17 mothers mentioned how they introduced other food to their babies after six months of exclusive breastfeeding. A few mothers continued with the exclusive breast feeding up to 8th or 9th month after the delivery, and some of them even up to 1 year of child's age.

Some mothers start weaning by adding "Bene Mix", "pap" and rice water to child's food when child is 2, 3 and 5 months old. One 25- year-old mother mentioned how she started giving "pap" (semi solid food made of rice) and rice water when her baby was only 1-month-old. She explained she just followed what her elderly used to do. One inexperienced mother of a child aged 8 months said that she has not given her child anything apart from breast milk yet. Another mother of a 6-month-old child said:

Although I am trying to give her other food, my daughter is not taking anything apart from breast milk. (5)

Mothers usually stop breast feeding when their children are between 18 to 30 months old. All mothers mentioned that based on their previous experience. They said they did not have information from any other sources on when to stop breast feeding.

I stopped breastfeeding one month after my babies started walking. (10)

My child is 3 -month -old now and I will stop breastfeeding him only when my man marries me. Until then, I will continue breastfeeding him. (2)

One mother related breastfeeding to her child learning to walk:

I breastfed my last child until it was 19- month- old, but if I stop with breastfeeding earlier, my children learn to walk earlier too. (33)

One 30- year-old mother of 8- month-old baby said that she did not know when to stop breast feeding.

It seems that the majority of mothers living in polygamous families system learn from each other and their elderly about child rearing practices. They follow what elderly do or what they used to do in the past. Mothers who live in nuclear families had no opportunity to learn and see child rearing practices before although they often live in a close neighborhood with other families who have children as well.

Rice, “Plasa” (sauce of Kasava or potato leaves), fish, palm oil, Kasava Leaves, Yums, Mangoes, potatoes, beans, foo foo (cassava pasted product), “PaP” (rice or CSB porridge) “Bene Mix” (mixture of rice, beans, bene and dry fish) are the main courses that children start eating from one year onwards.

If children are fussy eaters, most of the mothers said they would just leave a child until s/ he is hungry and wants to eat. If a child refuses the food they give him/her, they would breastfeed a child instead. Some mothers mentioned they give their child an appetizer syrup prescribed by doctors. After that, children usually get hungry and eat the food given to them. One mother said:

I do not give her anything to eat until she is really hungry. (19)

Mothers did not have an idea what food to offer to their children if they refuse to eat a specific food they usually give them. 10 mothers mentioned they give an appetizer syrup along with multi- vitamin tablets. 5 mothers offer breast milk as an alternative, while other mothers mentioned they do nothing and leave a child until s/he is hungry enough and wants to eat:

If my child refuses to eat a specific food I offer him, I will give him some other food which he likes. I will also sit next to him and observe him while he is eating. (8)

Another mother said:

I will threat him, that if he does not eat, I will not give him food any more. (11)

Another mother mentioned love to her children:

I don't do anything. In fact, food is not enough for all of us, but I love my children. (7)

Most of the mothers said they give semi- solid food to their children 2- 3 times a day when their child is sick. Some mothers said they only breast feed their children as they refuse to take any other food when they are sick. Nine mothers said they feed their babies when they are sick only once a day. They offer “Benne Mix” or “PaP” (simple or mixed with milk). Some mothers mentioned giving a palm wine to children once a day because palm wine is considered as a healthy food for babies and makes them strong.

d) Toilet training

The great majority of mothers mentioned that when their children started walking, they started using toilet pot (“tool”) for them. Majority of dwellings do not have toilets or latrines so all family members go to bushes, when needed. For children, they have plastic “tools” at home which children start using at the age of two. Mothers train their babies to use them, when they are 3-4 months old. They hold them and support them to sit on “tools”. Some mothers mentioned they make a baby sit on their stretched legs. When a baby can walk, a “tool” is used when needed.

Most mothers mentioned their children should use “tool” by themselves at the age of 1- 2 years, but five mothers expected their children to use “a tool” by themselves at the age of 3- 4 years. Mothers mentioned that if their children did not learn it at the right time, they would continue to show them how

to use “a *tool*” every day until they learn. 16 mothers mentioned beating children as the ultimate way of teaching a child to use “a *tool*”, and that only if a child does not learn it on time.

Very few mothers mentioned they don’t know at what age their children should go to a toilet by themselves.

e) Health care

Almost all mothers go to a hospital if they or any of their children is sick. They mentioned that before they used to go to a herbalist to give them some traditional medication for health problems, but now this is sanctioned by the Sierra Leonean government. Therefore, they go to a primary healthcare (PHC) unit.

In PHC units, prescriptions and medications are free of charge, but most of the time drugs are not available. Therefore, mothers have to go with their prescriptions to pharmacies and buy medications there.

If they do not find the medical staff in PHC Units, they go to a hospital. However, mothers mentioned that nurses in PHC units are now available most of the time.

When mothers were asked on their use of traditional remedies, some mothers mentioned they never use them. However, most mothers said they used traditional remedies many times, because there are some good herbal remedies which can be used especially for diarrhea, green stools and constipation:

It depends on a health problem. If a baby is not that sick, than I will take her to a traditional healer. Otherwise, I will take her to a hospital. (15)

I gave her “Gbangba” for her constipation. (16)

Several times when a modern medicine could not treat some types of dysentery, herbal remedies were helpful. (32)

I gave her traditional medication several times for cough, dysentery and malaria. “Tombi” is an example of a traditional remedy. (33)

I gave shower to my baby with “Omaba” to give him strength. I used it from my own experience. My mother and grandmothers were also using herbal remedies for some health problems, and I also use them. (2)

I used herbs when my daughter had greenish stools, but they were not helpful. (5)

Most mothers believed that traditional remedies could be good for some health problems, but few mothers did not believe that. They preferred to get medical care in peripheral health units.

I use native medications, but I don’t want to mix modern treatment with them. Combination of treatments is not good. (4)

Most traditional medications are some homemade remedies. Mothers mentioned that their mother in law, grandparents, husband and some traditional healers in communities have a good knowledge on medicinal use of herbs.

f) Showing love

Sierra Leonean mothers show love to their babies by hugging and kissing them, lifting them up and swinging them up and down, carrying them on the back, playing and dancing with them, singing to them, buying them what they want, for example toys and sweets, and in general by fulfilling all their needs:

I do not beat my child even if he destroys things at home. (10).

I show love to my child by singing and clapping hands, dancing with her and by giving her food that she needs. (18)

Some mothers mentioned they show their love by fulfilling needs of their children in terms of food and clothing. It seems that mothers show love for very young children through physical closeness like hugging and kissing them, carrying them on their back, singing to them and dancing with them. However, as children grow older, mothers show love mostly by providing their children with food and clothing.

I always fulfill needs of my baby by providing it with food and clothing. (14)

I provide her food. (21)

I give them what they want. I play with them, and sometimes I kiss my children, dance with them and hug them. (33)

I breastfeed my baby when she needs. (23)

I buy clothes and food for them. (22)

I always stay with them in any situation. (28)

g) Play

The great majority of mothers mentioned they play with their children almost every day. Some mothers said that most of the time they play with their children by singing to them, dancing with them and by giving them a rattle toy (“shake-shake”), if children are very small.

Stone picking game (collecting five stones) has been mentioned as one of the games children play. The aim of this game is to throw one stone in the air, pick one stone from the ground and catch the other stone in the air. Ludo and cards were mentioned as games for children from four years of age and above.

Although most mothers said they play with their children almost every day, a few mentioned that they play with their children only when they come back from a field.

A few said they play with their children when they find it necessary, but not all the time.

I give my boy toys which I buy in a market. I don't have much money to buy toys, but I still try to buy them. I also sing songs for him. (1)

I play with my child all the time until she falls asleep. (18)

I play with my child all the time, even at the time of breast feeding. (4)

I play with my child after I come back from a field. (14)

I play with my child when necessary. Sometimes, I am in a good mood and my child is around, so we play. (26)

I play with my child, when necessary. When she cries, I sing to her. (27)

Sometimes I play with her but not every day because of my workload at home and in a farm. (35)

Some mothers sang songs for their children during the interviews. The words of these songs reflected their life situation:

Example 1.

"Are you not eating today?"

"Papso, are you not eating today?"

"Leave Papso! You are not giving the food that he likes to eat."

"After eating he behaves..."

"As he has not eaten anything..."

"Because food is small" (4)

Example 2.

"..... it is not really easy"

"It is not really easy"

"I swear to the mighty God"

"... that's it's the white people that helped me to have a baby"

"I swear that it is the Lord that guided the white people to help me have this baby"

"They did all they could..."

"And at last they succeeded" (11)

Example 3.

"She is without a father"

"She is without a mother"

"So let's us include her in our group" (13)

Example 4.

"My child is beautiful.... My child is beautiful"

"Anyone who says my child is beautiful..."

"I will give him money"

"I have money in my hand....." (14)

Example 5.

"My child is beautiful. I will kill anybody who says she is not beautiful." (15)

Example 6.

"I met my son crying. He is crying for breast milk."

"...I met my child's father crying, he is crying for help.."

"... I found myself crying for my son"

"... I met my children crying, they are crying for help..." (19)

Example 7.

"Sorje and father are doing little by little"

"Sorje and mother are doing little by little"

"Sorje is the only handsome boy for me and his brother"

"Sorje has to take me to London along with his brother" (30)

Example 8.

"All lactating mothers, come with your children."

"The white people have come with the doctors"

"The white people have come with the nurses"

“The white people have come with oral rehydration salts (O.R.S.)

“Please, lactating mothers, come with your children”

“As we have so many health problems” (31)

Almost all mothers had songs for their children, but no mother could come up with a story. Only one mother mentioned storytelling as a form of play. However, when she was asked to tell one story, she could not. This shows that story telling was not a common practice in targeted communities.

Homemade toys were neither mentioned nor seen during the interviews. Mothers mentioned they buy toys mostly in a market, but this is difficult because they do not have enough money.

I give him toys which I buy in a market. Although I don't have much money to buy them, still I try to do so. I also sing songs for him. (1)

h) Helping mothers

The interviewed mothers explained that the first tasks for Sierra Leonean boys include collecting and cutting wood, fetching water, doing laundry and working in a farm. Boys use a hoe for digging when they are 4 to 10 years old.

Girls have to help mothers in kitchen with cooking, washing dishes and sweeping. They also fetch water when they are 5-7 years old. A few mothers expect their girls to start fetching water when they are three years old and to wash dishes in the morning before going to school by the age of five. One 26-years old mother of one-year-old and two- month-old child said:

I have no idea yet, as they are too small to do anything. (35)

i) Learning skills

The important skills, Sierra Leonean mothers expect their boys to learn include: farming, gardening, brushing farms, technical training, selling fruit in a market, cutting woods, planting and pouring rice, driving and auto mechanic skills. They expect their girls to learn how to make food (“chop”) covers from cloth and to join vocational training centers.

Some mothers mentioned they wanted their child to become a doctor, a nurse or an artist. Some mothers said they did not want their children to learn anything now, but just to go to a school. After they finish a school, they can do whatever they want in a future. A few mothers said they have not started teaching their children anything yet.

Right now, I just don't want them to learn anything like farming and cutting woods, but only to go to a school. (1)

My two children are staying with me (4-year-old and 10- month-old), so they are not doing anything. They may become farmers or auto mechanics. (10)

I want her to go to a school and to have a good personality. (32)

They must go to a school to learn skills and study hard to become what parents want them to be. (26)

I want my boys to make vehicle toys. I want my girl to learn how to make wrappers to cover food (“chop”). (8)

A 20- year-old mother expressed her concerns about the early pregnancy of her girl:

I want my daughter to be a nurse. I want her to be like me, but not to get pregnant at early age which is very common in our communities. (16)

When mothers were asked how they help their children to learn different skills, almost all mothers mentioned they work hard to earn money so they can pay school fees for their children and buy them clothes and food. Some mothers mentioned they tell their children to work hard at school and learn for their bright future. Praying to God to help their children learn was mentioned by few mothers as well.

I sell food in a school. I try to earn money and if my children need anything, I tell them to ask me. I try hard to fulfill all their needs. (1)

I will send him to a school and I will provide him with everything to support him to become a doctor. (4)

I send her to a school and I give her education to the best of my abilities. (32)

I send her to a school and I will provide her a necessary support until she reaches her full potential. (33)

I pray to God to give me enough money so that I can send them to a school. (2)

One mother mentioned the use of a herbal drink to help her child’s development:

I used to drink some natural herbs when I was pregnant. I also drink it now when I breastfeed him. He will get energy from these natural herbs which will help his development. (3)

One mother said:

When I go to a farm, I ask my children to come with me. I show them how to plant rice or I give them a hoe to dig. (7)

A role of a family and a community in helping their children to acquire certain skills was mentioned:

My community encourages me to send them to school and to let them practice farming. They will start going to farms when they will be old enough to do so. (10)

Community members take children to bushes, and ask them to take all the wood they can carry and bring it home. (12)

When going to a farm, community members call my children to help them plant rice. (7)

The Christian brothers in Katumpeh village support children who are serious about their education. They help them with scholarships, and provide them with other items needed for their education. (33)

Some mothers thought that a community could and /or should provide support for their children:

A community should provide a support needed for better education of children. (32)

A community could provide a support by making sure that schools have teachers. (4)

Some mothers mentioned they have no support from a community and not even from their husbands. Therefore, they have to work hard to take care of their children:

Nobody helps me, not even my husband supports me in taking care of my children. (1)

Most mothers expect a community to support their children in terms of money, clothing, food and educational materials. A few mothers mentioned that community leaders help their children by talking to them in groups and teaching them on how to do a work on farms. At the same time, they encourage other community members to help children by letting them practice a farm work in their fields.

j) Learning values

The most important values that Sierra Leonean mothers want their children to learn are to be obedient, not to lie, not to steal, to respect elders, to believe in God, to pray to God, to be a good Muslim, to be a good Christian, not to be dropped out of a school, to avoid bad company and to be honest. Almost all mothers said their children could learn all these values in a school, and their main concern was sending their children to a school. Most children do not like to go to a school because schools are far from their homes and children have to walk for an hour or so to reach it. Mothers push their children to go to a school and the majority of mothers mentioned beating as the ultimate measure to convince them to go to a school.

Most of the mothers explain to their children that it is good to go to a school.

Some mothers mentioned taking their child to a Church or a Mosque where they can learn about religious values.

Mothers said that they themselves should be role models for their children so their children could learn good things from them. Mothers also give their children examples of good people from their community, so they can learn from these examples as well:

I tell them not to tell a lie and not to steal money. One day, I left money on a table and went to a market to sell food. My elder son saw the money and took it. When I came back, he returned it to me. I am happy that my children do not have a bad character. (2)

When my children do something right, I smile at them. When they do something wrong I beat them. Thus, they will learn what is good and what is bad. (8)

I take my daughter aged 8 months to a church. I give her a palm wine to drink to become strong and brilliant. (32)

I teach her by talking to her and by showing her what to do. I also beat her so that she can learn quickly. (13)

Some of the interviewed mothers mentioned a role of a community in teaching values to children. Community leaders usually talk to children in groups, and they give them good examples from their community. Some mothers said that their community has no role in teaching values to their children:

I expect that community condemns anybody who steals or lie but I am not sure if anybody focuses on these issues here. I will not give my daughter to anybody and she will stay with me all the time. I will show her how to pray. (16)

Sometimes community members report to parents that their children have a bad company. Thus, parents are alerted and they can protect their children from bad company and bad friends. (5)

Sometimes, our neighbor calls all children from our community, forms a group of them and teaches them what is good and what is bad. (6)

k) Discipline

All the mothers mentioned the punishment in a form of beating as a way to discipline their children. Beating children is the last resort for mothers to discipline their children in Sierra Leonean culture. Mothers said that they first talk to their children, then they warn them, and if they do not listen to them, they finally beat them. Some mothers mentioned they even threaten their children that they would not give them food and will lock them out of the house for three to four days. Mothers think that all these forms of punishment help them to discipline their children. They also believe that in this way their children will remember they will be beaten by their parents if they do bad things again.

First, I talk to them. Then, I talk to them again. Only third time, I beat them with a stick. (1)

I talk to them, warn them and even beat them. I also reject to give them food or any other thing they need or want. (11)

I will not give my daughter to anybody and she will stay with me all the time. I will show her how to pray, and I will teach her how to bear with me during a difficult time. She will learn that one has to struggle, and that there is no easy way to succeed. Beating her will be the last thing I will do. (16)

I talk to him, shout at him and flog him. Sometimes, I also send him out of the house. (31)

First, I talk to him and I give him an advice. If he does not listen, I punish him. I make him stand with his hands up and I do not give him food to eat. (19)

I talk to him, shout at him, and then finally I lock him in a room without giving him food. (20)

Although almost all the mothers mentioned beating, shouting, locking children in rooms, locking children out of the house and not giving them food, two mothers said something else:

First I talk to my child, then I give a warning, but I don't like to beat. Instead, I sit and pray to God for help. (28)

I talk to my child and then I warn him. I used to beat him, but I realized that it made the situation only worse. (35)

5. PROBLEMS ENCOUNTERED DURING CHILD REARING

Major problems mentioned by almost all the mothers during child rearing were financial ones in terms of buying food, clothes and school books for children and lack of financial and emotional support from their husbands. Some mothers mentioned a poor availability of food and clean drinking water. Although health care is free of charge, some mothers mentioned they could not afford to pay the registration fee for health care. Medications which are supposed to be given free of charge are mostly not available in health centers and the majority of mothers cannot afford to buy them in pharmacies.

My husband does nothing and he is not supporting me at all. He gives me no money for the children, and I have to struggle by myself. Sometimes, he only takes children to a hospital if they are sick. He does not love at all the child that I have from my previous husband and he never takes him to a hospital. (1)

I have a child from my first husband, and I am the only one taking care of him. A father takes other children to a hospital if they are sick, but he never takes this child to a hospital even if he is sick. (2)

Food is a problem. I don't have much money to buy food for my children and food is also not easily available in a market. Other people do farming and sell their products in a market, but I have nothing to sell. No resources. (3)

I have money problems in taking care of my children. My husband used to give me a little money before, but since I found out that he has a girl friend and I talked to him about that, he has started beating me. He also stopped giving me that little amount of money from before, and he also stopped coming to a house to see me and children. Moreover, there was a death in my family and I asked him to come, but he did not allow me to visit my parents in those difficult times. Sometimes he comes home, but he never talks to me and he never pays any attention to my children. I got to know from his younger son that he married some other lady and that she is pregnant with him. I am so sad, I don't eat well, I don't like talking to people and my sleep is not good too. (19)

In addition to financial problems, some mothers showed their concern on how to keep their children away from a bad company:

I don't have enough money to fulfill their needs. If I don't do that, it will be difficult for me to control them. Girls will have boyfriends and may become pregnant. Boys will have a bad company and they will start

smoking and gambling. I will be ashamed in front of my community because of my children. I will be frustrated and discouraged. (8)

Buying food for them is a big problem. I can't control them and they get influenced by a bad company or friends. (34)

I noticed that some children in a community are so stubborn and they don't listen to their parents. (5)

One 20- year-old mother had concerns about witchcraft that might affect her child:

Witches will interfere with the health of your child and they will make it look stupid at school. Nowadays, providing food for children is also difficult. (16)

6. PSYCHOLOGICAL IMPACT OF PROBLEMS ON MOTHERS

When mothers were asked how the problems encountered during child rearing make them feel, the majority of them mentioned these problems worry them a lot. Problems affect their sleep and appetite, and they feel sad and discouraged. Two mothers interviewed by ECD Consultant could not hold their tears. Most of the trained facilitators who conducted interviews in communities mentioned that most of the interviewed mothers started crying when talking about their problems and impact of their problems on their well-being.

Just look at my face and you will get an answer to your question. How do I look? Look at my face and tell me if this face is happy or not, if it is quiet or angry. (3)

I feel upset until I go out and take a loan from someone for myself and my children. (29)

Temmne, Limba and Fullah were three major interviewed ethnic groups, and they all had different local expressions for their feelings:

I Felloh Finoh (I do not feel good) was the term that was used by mothers from Temmne ethnic group.

Yan Pathoita (I am not well) was the term used by mothers from Limba ethnic group.

Tana La Ton (I am not good) was the term used by mothers from Fullah ethnic group.

For more details on local expressions for bad feelings by all three ethnic groups, please see Annex C.

The majority of mothers spoke about the connection between their bad feelings and certain life events:

I had such feelings when one day my husband came to me with five children of his first wife. (2)

I had such feelings after the birth of my child because of all the problems that would come along with it. (33)

I have such feelings when there is difficult to get what me and my family wants. (3)

I feel bad when there is not enough money to fulfill needs of my children. (8)

I do not feel bad unless there is a shortage of food at home. (9)

Very few mothers (3 out of 35) mentioned they get bad feelings without any reason. However, most of the time and in most of the cases, there is an underlying reason, for example a hard life, lack of financial support and problems with a husband.

Effect of problems on a relationship with a baby

Almost all mothers agreed that when they are sad and are not comfortable, this also affects their relationship with babies. Mothers said that when they are not in a good mood they beat their children more, they do not pay attention to them and they do not properly care for them. Some mothers said that even though they know their children are innocent, they still beat them. Mothers do not play with their children and they do not sing for them when they are in irritating and/or frustrated mood.

When I feel bad and I am not happy, I beat my children. (1)

I cannot take care of my baby, and I always beat him. (13)

I do not play with him and, if he disturbs me with crying, I beat him. (7)

When I am very tired, I will leave her and go away. She won't be taken care of, but then I am worried about her, and I can't leave her. (12)

If I am not well, I won't be able to sing to my child. (27)

When I cannot respond to their needs, I am sad and I am not feeling well. But, most of the time, I try to hide these feelings so that they do not affect my children. (2)

I don't spend much time with my children. I don't or can't give them enough attention. (19)

Mothers had concerns about their relationship with their babies. They said that if there are problems in a relationship with a baby, this can lead to a malnutrition and death of a baby. However, they found it difficult to help themselves:

Child will demand different things, and if we don't/ cannot provide them s/he will die. (15)

If a mother does not take care of a child, this can lead to child's malnutrition. (17)

If we do not take care of a child, and if we show no love for a child, a child can lose weight. (35)

7. COPING WITH PROBLEMS

Almost all interviewed mothers thought that their husbands, parents and close relatives are the most suitable persons to help them with their problems. Their main expectations were to have financial support from them. While most of the mothers are struggling to earn their income and raise their children, they still hope for and expect to get support from their husbands. A few mothers said they would expect assistance from humanitarian organizations, e.g. IMC.

My uncle used to support me by giving me a little money. However, he himself is married now, and I have no support from him anymore. Nobody can help me now. I have no hope. (2)

In my case, it is my husband who supports me. He talks to me when I am sad and he says that nothing is permanent, which means that difficult times come and go away. (16)

Nobody is helping me. My husband can help me, but he is nowhere to be seen. Others have parents who support them, but even my parents don't support me. (32)

My husband can help me by showing his love to me and by providing food and care for all of us. (25)

My husband is supporting me. When he has money, he gives me. When he has no money, he is trying to boost my spirit by saying that this hardship will be over soon. (15)

My husband's love helps me in taking care of my children. (8)

Maybe IMC can give us some seeds, which we can plant. This will help us make some money. (3)

My friend helps me by giving me advices. Her words give me a courage to cope with a life. (20)

My friends and my parents advise me to believe in God. He will help us in these difficult times. (21)

In addition to a financial support, mothers believed that counseling, advices and talking to their friends, parents and husbands can help them cope with life's hardships.

8. CHILD REARING PRACTICES UNDER DIFFERENT LIVING CONDITIONS

Mothers compared their lives before, during and after the war. The end of a civil war brought peace and somewhat relief from difficult times, but still mothers are facing hard times in getting their lives back to normal. The majority of interviewed mothers said they did not change their child rearing practices due to the different circumstances pre-war, during the war and post-war. One of them (3) mentioned that to her the situation is more complicated now than before. She explained that before the war she had a land and a farm, and now she has nothing. Some of the mothers (8, 15) mentioned that humanitarian organizations are helping them with different programs after the war, such as for example micro crediting (8). Several mothers mentioned improved healthcare for their children after the war. (29, 34).

Some mothers said following on how their lives and lives of their children improved after the war:

My previous husband was not taking care of me, but my current husband is taking care of me and he loves me a lot. (10)

There has been a massive change in a way in which fathers care for their children now. My mother told me that our father never touched his children until they were over 2 years of age. (33)

At least, I have peace of mind now, although I still have difficulties in raising my children. (26)

Children are better taken care of now. During the war there were no human rights. The war was difficult time for everybody, and especially for children. (28)

The care for children is better now, because there are laws in place. (35)

My husband is more responsible now. Husbands are more aware about their roles than before. (4)

Some mothers mentioned different experiences:

Before the war, I was married to a man who was nice and who was taking care of me. After the war, he stopped taking care of me. He stopped giving me food and money, and finally we have separated. I have a new husband now, and he is nice, but I am afraid that he will do the same thing to me as my previous husband. (11)

Before the war there were so many ways to earn money, but after the war there are no jobs, no money and no food. Before the war we had our own house, but now we are living in a rented house. That is because our old house was burnt down during the war. Before the war, I was a government employee but after the war I have no job any more. (25)

Fathers were taking more responsibility of their children before the war. (34)

After the war, I gave birth to three more children. It is more difficult for me to take care of all these children now. Also, my husband is blind due to the injury he suffered during the war. (7)

Some mothers live alone now because during the war their husbands died. Therefore, now they are taking care of their children only by themselves:

I was living happily with my husband before the war. Now, all the burden of raising children is on me because during the war my husband got killed.

9. MATERNAL KNOWLEDGE ON CHILD REARING

When mothers were asked who taught them on how to be a mother, the majority of them said they learnt that from their mothers including all the skills on how to bring up children and how to take care of them. Some mothers who delivered babies at PHU said that nurses from the clinic taught them some child rearing practices and about the breastfeeding.

Mothers mentioned how their mothers, nurses, grandmothers, elderly in their communities and traditional birth attendants (TBAs) have a great knowledge on child rearing practices. All these people give them a guidance on how to raise their children and on how to take care of them.

10. WHAT ASSISTANCE MOTHERS WANT TO HELP THEM RAISE THEIR CHILDREN

Mothers mentioned a need for a financial support in terms of food, clothes, toys, school books and payment of school fees for their children. A need for water facilities, latrines and micro financing programs for communities were mentioned as well. Some mothers who are farmers wanted to get seeds they could plant to earn their income. One 20- year-old mother, who is still going to school, mentioned that she would like to have somebody who could take care of her children while she was absent:

I would like somebody from my family to take care of my baby when I am away, so that I can go back to school. Supplementary feeding programs for children would be helpful. (16)

Another mother said:

I would like to have more knowledge / advices on how to take care of my children. Providing food for children is needed as well as a construction of more schools. Better food and milk availability in our clinics would be helpful. (19)

Some mothers also mentioned a need to have a loving environment for their children. They said that there is a lack of caring environment for their children in their communities:

More encouragement in solving problems is needed to help us raise our children in a healthy way. (14)

11. CONCLUSION

The results of this report give some insight into child rearing practices in Sierra Leone. Beliefs and experiences of interviewed mothers showed following:

- 1) Sierra Leonean mothers expect their children to reach certain milestones of physical development earlier than it is expected in the West. For example, the majority of mothers in Sierra Leone expect their babies to start crawling between 5-8 months of age, while in the West this is expected by the end of the first 12 months. Similarly, the majority of Sierra Leonean mothers expect their babies to walk unassisted between 9 and 12 months, while in the West, this is expected from babies when they are between 12 and 18 months of age. Almost the same number of Sierra Leonean mothers expect their babies to start using cup and spoon between 9 and 12 months, and respectively between 13-18 months of age. In the West, this is expected from babies by the age of 2 years.
- 2). A significant number of Sierra Leonean mothers believe that certain milestones of sensory development should occur at later than normative ages (by western standards). For example, although the majority of interviewed mothers expect their babies to follow an object with eyes by the age of 3 months, which is the same by western standards, a considerable number of mothers expect them to be able to do so when they are between 3 and 6 months of age. Similarly, the majority of Sierra Leonean mothers expect their babies to turn head to a sound when they are between 3 and 6 months of age. By western standards, it is already expected from a baby by the age of 3 months.
- 3). In regard to developmental tasks of language and communication, expectations of the majority of Sierra Leonean mothers are similar to developmental standards in the West, concerning beginning of use of sound and words and making sentences. Still, a significant number of interviewed mothers believe their children should start using sounds and words and make sentences at later than normative ages (by western standards). Although it seems that a significant number of Sierra Leonean mothers expect their babies to reach certain developmental tasks related to language and communication at later than normative ages (by Western standards), it is still difficult to conclude based only on this small sample, that carrying babies on the back and/or work of mothers for sometimes a whole day in farms, may be a cause of such expectations.
- 4). While the majority of Sierra Leonean mothers expect their children to have a first interactive (social) smile by 3 month of age (same as in the West), the majority of mothers expect their babies to

recognize them between 3 and 6 months of age (later than in the West).

Mothers are main care takers of children in Sierra Leone in a great majority of cases. Unfortunately, in many cases, mothers are not supported by their husbands in raising children, and sometimes not even by other members of their families. However, in many cases, mothers have support of other members of so-called polygamous family, and their parents.

Mothers use different techniques to make their children eat and sleep. These techniques are not that different from those that mothers use in Western countries. If child is a fussy eater, Sierra Leonean mother found it difficult to bring variety in food for a child. That might be because they have limited resources which lead them to push their child to eat available food. Sierra Leonean mothers usually breastfeed their babies for a long time, and they stop breastfeeding when their babies are between 18 to 30 months old. There are some cultural specificities for Sierra Leone, e.g. giving babies a palm wine to grow stronger. Most of the mothers go for a health care to both traditional healers and medical practitioners. Although more and more mothers deliver in healthcare centers now, still some of them prefer their delivery to be assisted by a traditional birth attendant. An interesting cultural practice in Sierra Leone is burial of placenta and a cord in a hole in a ground and planting a tree in the place where a cord was buried.

Mothers in Sierra Leonean culture show love for their children in different ways, which are also not very much different from the ways mothers in the West show love for their children. The main difference is a limited financial capacity of mothers in Sierra Leone, which does not allow them to buy their babies many things that the great majority of Western mothers can easily afford, e.g. toys, books, various food items and clothing). Interestingly enough, storytelling was not mentioned as one of the ways mothers use to play with their children. Education plays a great role in Sierra Leonean culture, and almost all the mothers expressed their wish that their children regularly go to a school. The problem here is a great distance to some schools, which makes it difficult for children to regularly attend them.

The learning values in Sierra Leonean culture are also very much universal values; not to lie, not to steal, to believe in God, etc. The great majority of mothers mentioned beating children as an ultimate way to persuade children to do something for their own good, i.e. go to school, eat and sleep.

The main problems of mothers related to child rearing are financial ones, but also a lack of emotional support from their husbands. For some mothers, the situation has improved after the civil war, but for some of them, it has worsened.

According to the results of this survey, it is not easy to be a mother in Sierra Leone. Sierra Leonean mothers put a lot of effort in child raising, but this often has an impact on how they feel, i.e. they worry a lot on how to meet daily needs of their children. They are also fully aware on the impact of their feelings on relationship with their babies. Many mothers learn about child rearing from their mothers, but those who live in so-called polygamous families, also learn from other mothers (other wives of the same husband). Almost all mothers thought that their husbands, parents and close relatives are most suitable to help them with child raising. It seems that the health system in Sierra Leone has improved after the war, and mothers can get knowledge on child rearing from primary healthcare workers as well, especially nurses.

Although this survey has some obvious limitations in regard to non-randomization and a small sample, it indicates the need for more support to Sierra Leonean mothers in terms of finances and emotional support. Mother to mother support groups could be used as a tool where mothers would be able to share their experiences and emotions related to child rearing, and gain an additional knowledge on early childhood development. IMC toy making activity which do not cost money and is mentioned in education material as TOY MAKING, CARD 3B would help mothers learn making toys in mother to mother groups & if possible to make children books available would enhance their effectiveness. The expected outcome would be improved mood of mothers due to emotional support and mothers' increased ability to make/ provide toys and/or books to their children. Improved mood of mothers would consequently have a positive effect on their relationship with their babies. Better knowledge of mothers on early child development would increase mothers' ability to provide additional opportunities for their children to stimulate their development. Namely, a significant number of mothers still believe that only the God is responsible for certain developmental tasks of their children (walking, sitting, crawling, talking).

The final result of both improved relationship of mothers with their babies and increased mothers' ability to stimulate the development of their children, would be better developmental outcomes of their children.

ANNEX A: RESEARCH QUESTIONNAIRE

INSTRUCTIONS FOR INTERVIEWER.

1. Introducing yourself to Community Chief:

Visit the community chief and explain the purpose of visit and purpose of program.

2. Identifying respondent

Visit community and identify mothers with children under three years of age. Interviews can also be conducted with pregnant ladies.

3. Introducing yourself

Introduce yourself to selected mother

Hello, my name is _____ . I work for INTERNATIONAL MEDICAL CORPS.

We are conducting a survey on child rearing practices in Sierra Leone. We would like to conduct an interview with you about normal practices at birth, how you look after your child and how your child grows

We will need an hour and a half of your time today, or at some point this week if today is not convenient.

If the respondent answers no, gently say thanks and identify another mother. If the respondents ask questions, answer them but do not provide information that could affect their answers to the questionnaires. If the respondent answers yes, then explain the following:

- 1. Explanation of program to assist mothers in bringing up babies and small children as well as possible. In order to do this we want to learn from Sierra Leonean mothers and caregivers about their ways of doing this.*
- 2. Ask mothers their direct experience of being a mother/or a traditional birth attendant or both, and what they have learnt from their family and friends*
- 3. 'If I am not clear just say that you don't understand the question and we will find another way to ask. If you don't like any question or don't want to answer please tell us and we won't repeat it'.*
- 4. Interview will be anonymous- name for future contact purposes, and our records*
- 5. If there are problems with health or nutrition that emerge in the interview refer carer/mother/child to PHU/nutrition program (free Health care exists at Hospitals & PHUs for children under five, pregnant women & breastfeeding mothers)*

6. You would like to conduct the interview in her home area if possible and with the index child present, as you would like to observe how she is managing the child.
7. You would like the interview to be conducted in private without interruption from other adults.
8. There will be no payment.
9. The interview can be conducted at a time of mother's convenience
10. She may choose to discontinue her participation at any time

INFORMED CONSENT

The purpose of this study has been fully explained to me and I agree that me and my child

.....will participate in this evaluation.

I understand that our identities will remain anonymous, that I will receive no payment for my contribution and that I may discontinue my involvement at any time without this affecting my right to humanitarian or any other type of assistance

.....Signature

Interviewer signature to indicate oral permission given if mother cannot write:

.....

Name of interviewer

Date of interview

Site of Interview

In case of queries about research, I should contact:

GUIDE FOR SEMI-STRUCTURED INTERVIEW TO EXPLORE SIERRA LEONEAN MOTHERS' UNDERSTANDING OF EARLY CHILD DEVELOPMENT AND SIERRA LEONEAN CHILD RAISING PRACTICES

Mother's name:

Contact Number:

Home address:

Ethnicity:

2) Did you ever go to school? Yes No 3). If yes, Number of years of education?

4) Current living conditions:

- House (zinc roofed, grass roofed, materials of the wall, etc.)
- Access to water (Source of drinking water, availability at all times)
- Access to food (Adequacy & timeliness)
- Employment if any (Self employed, Government employed, privately employed)

Family Setup: (Nuclear, singled, polygamous, etc.) (= Husband) (=Wife) (= Children)
(= Female) (= Male)

Health problems in family:

.....

.....

.....

Already attending health clinics / Referral made: No Yes

To where.....

1. **What are the normal practices at birth of a Sierra Leonean baby and immediately afterwards:**

Probes: *Who is present, How is the baby treated- given to mother immediately, given to someone else?, Put to breast? What happens to cord? Placenta? Who looks after mother after birth? Can she mix with others? Must she stay alone? For how long? What happens if she is sick? What happens if the baby is sick?*

How are things different for baby girls and baby boys?

How is the baby introduced to the community? (Christening/naming ceremony?)

Who delivers the baby?? Traditional birth attendant or skilled birth attendant?

Where is the baby delivered? at home in the hospital?

Is there any role of traditional figure in a delivery?

- 1. Steps in the growth of a Sierra Leonean baby:** I would like to understand more about how babies grow up, when and how they learn to walk, speak and get on with others. Can you tell me about your baby/child or about children you know. Please, tell me about any differences between boys and girls in all the questions that I ask?

Physical development:

- a. Are Sierra Leonean babies wrapped/ swaddled/ face covered?
- b. For how long?
- c. How do you carry your baby around?
- d. At what age did your baby/do you expect a Sierra Leonean baby
 - i. To sit up?
 - ii. To crawl?
 - iii. To walk unassisted?
 - iv. To start using cup and spoon?
 - v. To dress themselves?
 - vi. To help you with household tasks?

vii. What do Sierra Leonean mothers do to encourage babies to achieve the above?

Language development:

- a. Before they speak how do babies tell you what they want or how they feel?
- b. When do they:
 - i. Start using sounds to talk to you?
 - ii. Use words to talk?
 - iii. Make whole sentences?
- c. What do you do to encourage this to happen?

Emotional development:

- a. When do Sierra Leonean babies first begin to smile?
- b. How do Sierra Leonean babies show feelings?
- c. In what ways does this change as they get older?
- d. What do you do to encourage babies/children to feel happy?
- e. What do you do with a baby/child who cries too much or is angry too much?

Sensory development:

- a. At what age will a baby follow an object with its eyes?
- b. At what age will they turn their head to sound?
- c. What do you do to encourage a baby to look and to listen?

Social Development:

- a. When does a baby recognize his/her mother?
- b. After they recognize you, how do they behave if you go away? How do they react to strangers? With other children?
- c. At what age do they stop reacting if you leave them? How do they interact with other children?
- d. At what age can you leave your baby alone with his/ her elder brothers and sisters?
- e. How do you encourage young children to interact with yourself, others in the family? Outsiders?

2. Normal child raising:

a. Who are the main caretakers for the baby in a family?

- i. For an infant
- ii. For a 3 year old

b. How important are fathers in raising babies/ infants/ small children?

- i. What are their main tasks?
- ii. *(If father has a big role)*Who does these tasks if the father is absent?
- iii. if there was any change in roles before, during and after the Civil war?

c. Sleep

- i. Where do babies/ infants/children sleep?
- ii. What do you do if they cannot sleep?
- iii. Do you have a bed net?

d. Feeding

- i. What is the first thing you feed to your baby (from birth)?
- ii. When do you add other food?
- iii. When do you stop breastfeeding?
- iv. When do babies start eating solid food?
- v. What do they eat?
- vi. What do you do when your baby/infant/ child is a fussy eater?
- vii. How often do you feed your child when sick? /what do you feed your child when s/he is sick?

e. Toilet training

- i. How are Sierra Leonean baby/infant/ child toilet trained?
- ii. What age should they be able to go by themselves?

iii. What do you do with an infant that does not learn at the right time?

f. To whom do you go if the baby/ infant/child is sick?

(If answer is clinic/PHU ask where they go if this is not available)

g. Have you or would you use traditional remedies?

Is there someone who prescribes such medication?

h. In what ways can you show your baby/ infant/child that you love them?

i. Do you play with your baby/infant/ child?

i. How often?

ii. What form does it take?

iii. Please can you give me examples of songs, stories, games that you and your child particularly enjoy or that your mother used with you?

j. Helping mother:

i. What are the first tasks for boys? At what age can they start?

ii. What are the first tasks for girls? At what age can they start?

k. What are the most important skills for Sierra Leonean children to learn?

i. How are you helping them to do this?

ii. How do other people in a family/community help Sierra Leonean children learn these skills?

l. What good character traits do you want your children to acquire/ learn as they grow up?

(Probes:for example to respect elders, to believe in God; to be obedient, not to lie or steal, to be brave; to be a good mother/ father)

i. How are you helping them do this?

ii. What role does the family/community play in teaching these?

m. What is the best way for Sierra Leonean babies/infants/children to learn the difference between right and wrong?

i. Through showing them?

- ii. Through talking to them?
- iii. Through physical punishment? What form of punishment?

n. What difficulties do mothers have in raising their children?

o. How do these difficulties make them feel?

(How do these difficulties make them feel? (when mother identifies a feeling ask her to explain how you as an outsider would be able to recognize someone with that feeling and break it how would she look, behave sleep eat relate to others etc)(write it down in the local language)

- i. Are these feelings common after child birth?
- ii. Can these feelings appear without reason?
- iii. If a mother feels like this, how does this affect the relationship with the baby/ infant/child?
- iv. Who is the best person to help a mother in this situation?
- v. How would they help?

o. Who taught you most about being a mother?

- i. Who are the best people to teach mothers about bringing up babies?

p. How have any of these practices that you have described been stopped or changed by the current living situation?

- 3. What help would you like to have to take care of babies and raise children in the best possible way?
- 4. Is there anything else about taking care of Sierra Leonean babies and raising children that you would like to mention?
- 5. Is there anyone in particular in this community who knows a great deal about raising babies and young children?

ANNEX B. DETAILS OF SURVEYED POPULATION

Mother's ID	Ethnic group	Age (in years)	Family set-up	Number of children	Age range of children in weeks (wks), months (m) and years (y)	Years of education	Literacy (L=literate, NL=non literate)	Employment (N/E = not employed)
1	Temne	35	polygamous	3 own and 1 step child	2y – 5 y	4	NL	Petty trader
2	Temne	23	polygamous	3 own and 5 step children)	1 y-7 y	0	NL	Farming and selling.
3	Susu	36	nuclear	3	6m-10y	6	L	N/E
4	Limba	27	nuclear	2	7m-7y	0	NL	N/E
5	Limba	27	nuclear	2	7m-9y	6	NL	N/E
6	Temne	24	nuclear	2	2m-6y	2	NL	N/E
7	Temne	-	polygamous	7		6	NL	N/E
8	Loko	45	polygamous	8	3y-20y	7	NL	Farmer
9	Kamalo, Temne	27	nuclear	2	2m-2,5y	12	L	Petty trader
10	Temne	25	nuclear	5	10 m-15y	6	NL	Farmer
11	Fullah	35	polygamous	6	18m-15y	1	NL	N/E
12	Limba	DK	nuclear	2	9m-2y	0	NL	N/E
13	Limba	DK	polygamous	5	3wks-15y	9	L	N/E
14	Temne	33	nuclear	4	3y-14y	0	NL	-
15	Temne	35	nuclear	6	2y-19y	3	NL	Farmer
16	Temne	20	nuclear	1	4m	7	L	Farmer
17	Limba	28	nuclear	4	9m-7y	0	NL	Farmer.
18	Limba	30	nuclear	5	Don't know	0	NL	Farmer
19	Temne	20	nuclear	3	Don't know	7	NL	Farmer
20	Fullah.	Do not know	polygamous	2	18m-5y	0	NL	Petty trader.
21	Limba	Do not know	nuclear	3	2y-12y	0	NL	Petty trader.
22	Limba	35	polygamous	3	3y-23y	10	L	Petty trader.
23	Limba	25	nuclear	2	8m-2y	8	L	House wife.

24	Limba	Do not know	polygamous	3	1 own of 2m and 2 step children)	Yes (not specified how many years)	L	Farmer
25	Limba	51	nuclear	8	21-22 y	0	NL	Farmer
26	Temne	Do not know	polygamous	2 own and 6 step children)	4 m Pregnant now	3	NL	Farmer.
27	Temne	Do not know	polygamous.	8 own and 3 step children	2m – 25 y	0	NL	Farmer
28	Temne	27	polygamous	3 own and 1 step child	3m – 7y	0	NL	Farmer
29	Temne	23	polygamous	4 own and 1 step child	3m-5y	2	NL	Farmer.
30	Limbia	28	nuclear	2	?-1yr	5	NL	Farmer
31	Temne	30	nuclear	4	---	5	L	Farmer
32	Limba	30	nuclear	1	8m.	0	NL	Farmer
33	Limba	47	nuclear	4	2m-8y	0	NL	Farmer.
34	Fullah	38	polygamous	16, pregnant now	3y-19y	0	NL	Farmer.
35	Mende	26	nuclear	2	2m-1y	6	L	N/E

**ANNEX C. LOCAL EXPRESSIONS OF THREE ETHNIC GROUPS (TEMNE, LIMBA AND FULLAH) FOR THEIR
BAD FEELINGS (WITH ENGLISH TRANSLATION)**

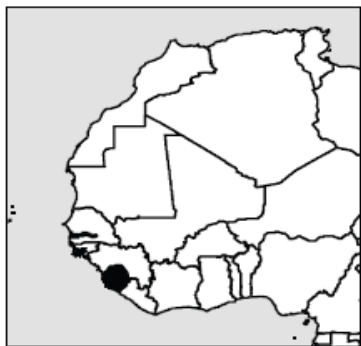
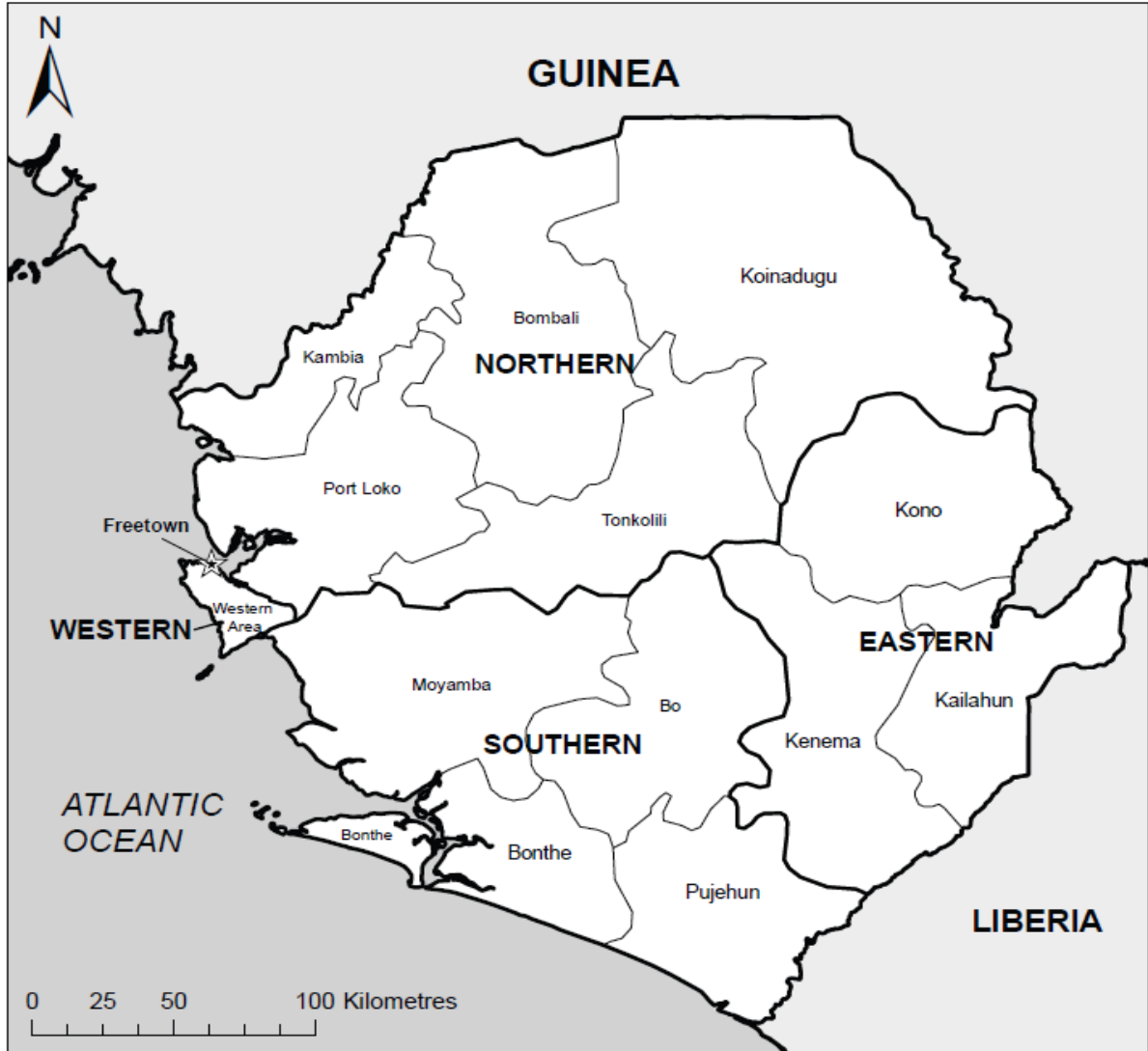
Expressions used by Temne Mothers when they say "Felloh Finoh" (I don't feel good)			
No.	English	Temne	Number of mothers who used this expression
1	frustrated/ angry/ upset	mi bank	7
2	Unhappy	Ti Bone ni	6
3	I don't eat well	e deyei sor/ fenoh	5
4	Feel bad	Tull leh Finoh	5
5	I sit alone the corner	A po yor da yeri	3
6	I don't like to talk	a yemi fof	3
7	I stay in bed late in the morning	a yar nor fonta	2
8	I talk to myself on the road	A cot ka fortneh	1
9	I want to kill myself	Yeme dief neh	1
10	I have no strength at all	Byan Forsor	1

Expressions used by Limba mothers when they say "Yan Pethoita" (I am not well)			
No.	English	Limba	Number of mothers who used this expression
1	My heart is sad	Yan duguma ni han	7
2	I can't sleep well	Yan nineta uh yohoi	4
3	I can't sleep at night.	Yan punketa ba huye nine	4
4	I feel bad	yan doe kutoko unenoi	4
5	I lost appetite	Punketa ba thoma	3
6	I don't talk to any one	Yan gbokoita in woyowo	3
7	I cry easily	Aberan yago	2
8	I think what to do next	Yan ko simoko ba mu yan ni hehen	1
9	I won't be friendly with friends	Yan thimoti padi	1
10	I am very sad	Duguma hu neno	1
11	I am discouraged	Tetoi duguma	1
12	I don't feel like eating	Yan thinota ba thoma	1

Expression used by Fullah mothers when they say" tana la ton" (I am not fine)			
No.	English	Fullah	No. of mothers who used this expression
1	I am discouraged		1
2	I am frustrated		1
3	I am not happy	Ya sa ku to go wuys i	2
4	I cannot sleep well	Ya sa puku ni na	2
5	I don't like to eat/ don't eat well	Puku thama	2
6	I don't talk to people as before	Sa puku eta ma ya e t	2

ANNEX D. MAP OF SIERRA LEONE

SIERRA LEONE



ANNEX E. PHOTOS FROM THE FIELD

Photo 1. An interview with a mother and a baby in Romaneh village



Photo 2. Children cleaning a compound outside of their house



Photo 3. Mothers at water point



Photo 4. One of older children carrying a baby on his back



Photo 5. IMC ECD Consultant Sabah Aziz with mothers and children

