



Expanding the Basics

Mapping the Gaps between Expert, Decision-Maker and Public Understandings of Early Childhood Development in Kenya

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A FrameWorks Research Report

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Table of Contents

Table of Contents	2
Introduction	3
Research Methods	5
Expert Interviews.....	5
Cultural Models Interviews.....	6
On-the-Street Interviews	7
Research Findings	8
The Expert View.....	8
1. <i>What Is Early Childhood Development about in Kenya?</i>	8
2. <i>What Develops during Early Childhood?</i>	9
3. <i>How Does Development Happen during Early Childhood?</i>	9
4. <i>What Threatens Early Childhood Development in Kenya?</i>	10
5. <i>What Can Be Done to Improve Early Childhood Development Outcomes in Kenya?</i>	10
Public and Decision-Maker Views	12
1. <i>What Is Early Childhood Development About?</i>	14
2. <i>How Does Early Childhood Development Happen?</i>	19
3. <i>What Shapes Early Childhood Development?</i>	24
4. <i>Who Is Responsible for Early Childhood Development?</i>	31
5. <i>How and When Do Young Children Learn?</i>	36
6. <i>Why Does Early Childhood Development Matter?</i>	40
7. <i>What Should Be Done to Improve Early Childhood Development?</i>	43
Mapping the Gaps in Understanding	48
Overlaps in Understanding.....	48
Gaps in Understanding.....	50
Conclusion	52
About the FrameWorks Institute	54
Endnotes	55

Introduction

This report is a first step in a larger collaboration between the FrameWorks Institute, UNICEF, the Harvard Center on the Developing Child and the Africa Early Childhood Network, with funding from the Conrad N. Hilton Foundation. The collaboration aims to develop communications strategies and tools that can translate the neuroscience of early childhood development (ECD). The immediate goal is to help members of the public and those who work and make decisions in the ECD sector – first in Kenya and eventually in East Africa more broadly – better understand the importance of children’s early brain development and the kinds of inputs and practices that best support it. Towards that end, the collaboration seeks to develop an evidence-based narrative that engages people in the value of building and sustaining programmes and systems that support caregivers, families and communities in the service of children’s healthy brain development. In the process, the larger goal of the project is to contribute to national and regional efforts to improve outcomes for children.

The first phase of the project involves three intersecting tracks of research. The first identifies a shared science account – what FrameWorks calls an ‘untranslated expert story’ – of the neuroscience of children’s early development. This story includes explanations of how brain development happens in early childhood and why it is so important to the developmental process. The second track identifies the cultural models¹ – implicit, shared understandings, assumptions and patterns of reasoning – that members of the Kenyan public use to reason about early childhood, the developmental process, early learning, attributions of responsibility, challenges, solutions and a range of other topics pertaining to early development. The third track explores how people who work and make decisions in the ECD sector in Kenya – hereafter called ‘ECD decision-makers’ – think about and understand these same topics. Bringing these three research tracks together, this report considers a set of key overlaps and gaps in understanding and perception among these populations. This foundational descriptive work of mapping the cultural and cognitive landscape on ECD in Kenya sets up a subsequent prescriptive research phase for the project. This phase will develop and test a set of communications tools and strategies directed at making the science and neuroscience of early development more accessible to both public and decision-maker thinking.

This project takes place at an important time for ECD policy and programming in Kenya. It coincides with an ongoing review of the National Early Childhood Development Policy Framework of 2006 and its accompanying Service Standard Guidelines, the implementation of free maternity services nationwide, the prioritisation of Universal Health Coverage and the finalisation of the Children’s Bill of 2017.

The National Early Childhood Development Policy Framework of 2006, which sought to strengthen coordination across sectors, brought about tremendous change in the landscape of ECD programming in Kenya. Of significant importance was the national government’s recognition of its critical responsibility for establishing an environment that supports effective national programming, and its commitment to address challenges in the quality of and access to ECD services; human resource development; research, monitoring and evaluation; financial management and resource planning; and the strengthening of partnerships,

advocacy and communications in the ECD sector. With the launch of the policy came an increased push for government to strengthen internal coordination systems, enhance capacity and increase budgetary allocations in support of more effective programming. This policy framework, which is at the tail end of the review process, also highlighted the roles of multiple stakeholders in providing ‘a co-ordination mechanism that explicitly defines the role of parents, communities, various Government ministries and departments, development partners and other stakeholders in the provision of ECD services’.²

Kenya’s 2010 constitution provided further impetus to national ECD programming. In the constitution, the government obligated itself to protect the right of all children to parental care and protection; health care; free and compulsory basic education; basic nutrition and shelter; and protection from abuse, neglect and harmful cultural practices. To bring services closer to the people, the constitution also devolved power and resources to counties across the country. The national government is now responsible for policy formulation, standards development and the design of curricula and training, while county governments are responsible for the management of most services and facilities, including health care, child care and pre-primary education. Despite some early growing pains, there is widespread acknowledgement that devolution has played an important role in enhancing access to services throughout the country.

This shift from national- to county-level management has emphasised the need for clear policies and guidelines. In response, government ministries have developed various policies and plans, including the Devolved HRM Policy Guidelines on Human Resources for Health (2015), the National Plan of Action for Children (2015–2022) and the National Pre-Primary Education Policy (2017), each aiming to increase equitable access to quality ECD services across a variety of sectors. While there is ongoing work to ensure effective policy support – for programming, service availability, resource availability and strengthening national and county service delivery systems – still more effort is required to ensure large-scale improvements in child outcomes.

Following the adoption of the United Nation’s Sustainable Development Goals (SDGs) and the post-2015 agenda, Kenya has also developed a Roadmap for the Implementation of the SDGs, opening up new avenues to support Kenya’s achievement of those goals. These include goal 4.2: ‘By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education’.

This policy and programme background points to the importance of the communications research summarised in this report. To successfully translate national policies and plans into action, as well as support implementation of the SDGs, all key stakeholders must have a clear understanding of the critical role that early development – especially brain development – plays in shaping the future of children and the nation at large, and of the role each stakeholder must play to ensure successful programming. Understanding the patterns of thinking and reasoning that predominate among the public and ECD decision-makers allows us to predict how communications about ECD are likely to be received and where they are likely to run aground. This research improves ECD communicators’ ability to craft messages that avoid unproductive understandings and elevate new ways of thinking that are better aligned with, and give support to, Kenya’s policy and social change goals.

Research Methods

A research team, which FrameWorks and the Nairobi-based Africa Early Childhood Network jointly assembled, conducted the research for this report. To join members of FrameWorks and the Africa Early Childhood Network, the research team was drawn from local academic and research organisations, including Kenyatta University and the University of Nairobi. The team worked in concert for over 11 months to conduct and analyse in-depth interviews with ECD experts, members of the general public and ECD decision-makers in Kenya.

Expert Interviews

Based on nearly two decades of collaboration with the Center on the Developing Child at Harvard University,³ as well as communications research around ECD in the United States, Canada, the United Kingdom, Australia, Brazil and South Africa,⁴ FrameWorks has developed a working draft of an untranslated expert story of ECD. This is the ECD story as told by scientists, not the version of the story best suited for communication to the public. Figuring out how best to tell that story to diverse publics across the globe is a different matter – one that requires the kind of research presented in this report.

To put the expert story of ECD within the Kenyan context, a member of the research team conducted eight one-on-one, one-hour interviews with scientists, policy experts and advocates in Kenya with expertise on the subject. These interviews were conducted either by phone or in person between June and July 2017 and, with participants' permission, were audio-recorded and transcribed for analysis. The final list of experts was designed to reflect the diversity of disciplines and perspectives involved in efforts to increase awareness about and improve policy around ECD in Kenya.

Expert interviews consisted of a series of probing questions designed to capture expert understandings of ECD. In each interview, the interviewer went through a series of prompts and hypothetical scenarios designed to challenge expert participants to explain their research, experience and perspectives; break down complicated relationships; and simplify concepts and findings from the field. Interviews were semi-structured in the sense that, in addition to preset questions, the interviewer repeatedly asked for elaboration and clarification and encouraged experts to expand on concepts they identified as particularly important.

Analysis used a basic grounded theory approach.⁵ Common themes were pulled from each interview and categorised, and negative cases were incorporated into the overall findings within each category. This procedure resulted in a refined set of themes that synthesised the substance of the interview data. When integrated with core features of the existing FrameWorks expert story, this process resulted in the distilled expert story of ECD in Kenya presented below.

Cultural Models Interviews

The cultural models findings presented in this report are based on 44 in-depth interviews conducted between June and July 2017 with two populations in Kenya: (1) members of the public, and (2) those who work in the ECD sector. These interviews were conducted in seven languages – Dholuo, Ekegusii, English, Kikamba, Kiswahili, Samburu and Somali – in five locations: Isiolo County, Machakos County, Siaya County, Nairobi and the Eastleigh suburb of Nairobi. Cultural models interviews are one-on-one, semi-structured interviews that last approximately two hours. These interviews allow researchers to capture the broad sets of assumptions, or ‘cultural models’, that participants use to make sense of an issue or concept. Interviews covered a range of topics related to ECD, including understandings of what early childhood is about, how early development happens, what factors shape it, how responsibility for it is attributed and whether and why children’s development matters. As with the expert interviews, researchers approached each interview with a set of topics to cover but gave participants the freedom to follow topics in the directions they deemed relevant. All interviews were audio-recorded and transcribed with participants’ consent.

Public participants were recruited purposively, using a multilayered approach that worked through Kenya’s existing community health infrastructure. In each research location, one community health volunteer was recruited from a local community health facility and asked to select four participants who fit a set of predetermined demographic criteria that the research team determined. Out of the four names identified, one was randomly selected and contacted to schedule an interview. The participants were selected to represent variation in the domains of gender, language group, age, educational background (as a proxy for class) and marriage status (married, single, widowed or divorced). The sample included 12 women and 12 men. Twelve of the 24 participants were speakers of Bantu languages (Ekegusii, Kikamba, Gikuyu, Luhya and Kiswahili), nine were speakers of Nilotic languages (Dholuo and Samburu) and three were speakers of a Cushitic language (Somali). The mean age of the sample was 40 years old, with an age range from 21 to 75. In terms of education, three participants had no formal educational experience, six had attended or completed primary school, 11 had attended or completed secondary school and four had some post-secondary education. Twelve of the 24 participants were married, eight were single and four were either divorced or widowed. Among the eight participants living in Nairobi, four resided in an informal settlement while the other four resided in middle-class neighbourhoods.

Twenty interviews were conducted with ECD practitioners, implementers and planners in both government and the private sector in Kenya to identify the dominant models that members of that population held. These decision-makers were recruited purposively to ensure a diversity of domains and positions in ECD was represented in the study. The participants included programme planners (7), service providers (7) and practitioners (6) who were identified based on their area of practice, including health and nutrition, early learning, child care and social protection. These interviews were conducted in person during June and July 2017 and, with participants’ permission, were audio-recorded and transcribed for analysis. The language used for the interview was that which was most convenient for the participant. Some

of the interviews conducted in local languages were translated and shared among the researchers for cross analysis to test consistency.

To analyse both the public and decision-maker interviews, researchers used analytical techniques from cognitive and linguistic anthropology to examine how participants understood issues related to ECD.⁶ The research presented here is distinct from public opinion work that documents *what* people say through polls or focus groups. In this report, the analysis goes deeper to document *how* people think. We identify the assumptions and thought processes that inform what people say and structure their judgements and opinions. We look at how shared culture shapes shared patterns of thinking. This cultural–cognitive approach makes it possible to develop communications strategies that alter people’s perspectives in fundamental ways.⁷ To do so, researchers identified common, standardised ways of talking across the sample to reveal assumptions, relationships, logical steps and connections that were commonly made but often taken for granted. In short, the analysis concerns patterns discerned from both what *was* said (how things were related, explained and understood) and what was *not* said (assumptions and implied relationships). In many cases, analysis revealed that people used conflicting models to think about the same issue. In such cases, one of the conflicting ways of understanding was often (though not always) found to be dominant over the other, in the sense that it more consistently and deeply shaped participants’ thinking. Analysis centred on ways of understanding that were shared across participants. This research was not designed to identify differences in the understandings of different demographic, ideological or regional groups (this would be an inappropriate use of this method and its sampling frame).

On-the-Street Interviews

Data gathered from cultural models interviews were supplemented with 60 additional 10-to-15-minute video-recorded ‘on-the-street’ interviews. These were conducted on pavements and in town squares in Siaya, Machakos, Nairobi and Eastleigh in November and December 2017. All participants in these interviews gave recorded verbal consent to participate, and a professional videographer did the video recording. Efforts were made to recruit a broad range of informants in terms of age, gender and socioeconomic status. Interviews included a short series of open-ended questions designed to gather information about people’s top-of-mind thinking about ECD. These interviews were analysed along with the cultural models interview data, using the methods described above, to identify dominant models.

Below, we present the expert points that comprise the untranslated expert story of ECD in Kenya. This is followed by an analysis of the cultural models that members of the public bring to understanding this topic, and then by a summary of decision-maker thinking. We compare these expert, public and decision-maker understandings to identify key overlaps and gaps, and we conclude with a brief summary of where the research is going next.

Research Findings

The Expert View

Below, we present a distillation of the themes that emerged from the analysis of expert interviews about ECD. These themes constitute the ‘untranslated story’ of ECD in Kenya’ – the core set of understandings that experts want to be able to communicate to the public about this issue. The untranslated expert story of ECD in Kenya is organised around several broad questions:

1. What is early childhood development about in Kenya?
2. What develops during childhood?
3. How does development happen during childhood?
4. What threatens early childhood development in Kenya?
5. What can be done to improve early childhood development outcomes in Kenya?

1. What Is Early Childhood Development about in Kenya?

- **Personal and collective foundations.** Experts emphasise that early developmental years build the foundations not only for children’s subsequent lives as individuals but also for the future of the families, communities and nation to which they belong. In this view, ECD is a foundational issue for the wellbeing of all Kenyans and for the overall development of the country.
- **Common challenges.** Kenyan experts emphasised the challenges many caregivers face in Kenya during and after pregnancy. These challenges include poverty; poor access to quality nutrition, sanitation infrastructure and prenatal care; and exposure to a range of endemic diseases, such as HIV and malaria. They pointed to how these basic challenges to mothers and other caregivers can undermine the development of the child throughout the early months and years, and that meeting these challenges requires families, communities and government at all levels to make a concerted effort.
- **Supporting caregivers and communities.** Kenyan experts spoke to the importance of supporting the health of the families and communities that surround children and their caregivers. In this view, caregivers are better positioned to provide the positive inputs that children need when they themselves are embedded in communities that are well-resourced with quality health, education and child-care services, employment and financial opportunities, social harmony and security. Experts outlined the particular challenge of child-headed households, where parents have died or separated, and the need to build an infrastructure of support and interventions for these children and families.

2. What Develops during Early Childhood?

- **The developing brain is central to the story.** For ECD experts, the development of a child’s brain, alongside their physical and psychological development, is at the heart of the developmental story. Brain development starts in utero, and connections across regions of the brain grow rapidly and strengthen over time. Simple neuronal circuits develop first, followed by more complex ones that get layered on top, in a process of emergence that is both genetically driven and contingent on experience.
- **Plasticity is key to this brain story.** Experts focus considerable attention on the idea of ‘plasticity’; that is, the brain’s capacity to change over time. They emphasise that there are critical windows of opportunity where brain plasticity is at its peak – particularly during early childhood, and again during adolescence. They further emphasise the continued openness of the brain to change throughout childhood and across the life course, providing the circumstances in which children develop and have opportunities to change. Experts also emphasise the decreasing nature of this capacity over time. In the expert view, the implications are clear: Supporting positive brain development in early life produces better outcomes for children across their life spans and is less costly for both individuals and society than later interventions and remedies.
- **Foundational skills are set up early.** Experts emphasise that the foundations for basic visual, auditory, motor, speech and cognitive capacities are established during the early months and years of a child’s life. They emphasise that certain inborn emotional, communicative and attentional capacities must be activated and strengthened as a precondition for a set of subsequent cognitive and other skills to develop. Experts call these ‘executive functions’ and ‘self-regulation’ skills and note that the strength of their development is contingent on the quality of a child’s environmental relationships. They emphasise that executive function skills – inhibitory control, cognitive flexibility and working memory – develop in conjunction with each other and ‘set up’ a child’s capacity to regulate a broad range of life skills, competencies and behaviours.

3. How Does Development Happen during Early Childhood?

- **Environments and experiences shape how genes manifest.** Experts explain that development is an interaction between a child’s genetic makeup and the quality of their environmental experiences. Alongside attention to nutrition, health care and other core supports for a child, they emphasise how the quality of children’s relationship with caregivers fundamentally shapes their emotional and psychological development and establishes key features of their emerging physical and mental health. Under conditions supportive of caregiving, relationships are stable and characterised by stimulation, play, responsiveness and shared emotional and attentional interactions.
- **Children benefit from scaffolding as they experiment with, explore and engage the world around them.** Experts describe how children first develop simple skills and capacities and then

gradually layer and build more complex skills on top of them. They also describe the importance of ‘scaffolding’ at all stages of skill development, whereby adults and older children provide young children with opportunities to explore, solve problems and make mistakes; direct their emergent skills towards appropriate tasks and challenges; and provide them with mutually enjoyable support and feedback as interactive partners with the child.

- **Early matters.** Experts emphasise that the earliest months and years of a child’s life, both in the womb and during the first three postnatal years, are foundational to all subsequent development. Experts assert the critical nature of this early period even as they affirm the importance of support for children across the spectrum of growth and development, including during the critical years of adolescence.

4. What Threatens Early Childhood Development in Kenya?

- **Chronic stress and other risk factors.** Experts assert that within the parameters of shared, species-specific developmental processes, profound differences in outcomes for children are powerfully structured by differential exposures to a range of protective and risk factors, which either support or undermine the child’s developing brain. Poverty, malnutrition, poor access to health services and some cultural practices, like dietary restrictions for pregnant mothers or preferential treatment of boys over girls, can undermine development in profound ways. When persistent and unbuffered by caregivers, chronic stress factors – such as violence, abuse and neglect – lead to the pervasive overactivation of the body’s stress response systems in children in ways that cause physical damage to the brain and other organ systems. Experts explain that the overactivation of these systems alters processes of development and leads to long-term negative consequences in multiple life domains, including learning, health and social functioning.
- **Inadequate services.** Experts consistently point to a substantial gap between the scientific consensus around the conditions that support ECD and the programmes and policies that are currently in place to do that. Inadequate attention to children’s early development in public services like housing, health, sanitation, education and household financial support together threaten ECD outcomes at a societal level, while inadequate prenatal and postnatal care in health, hygiene and nutrition, as well as inadequate prevention of substance abuse and violence, can impede children’s subsequent healthy development.

5. What Can Be Done to Improve Early Childhood Development Outcomes in Kenya?

- **Improve conditions for families, caregivers, communities and children.** Experts point to the importance of policies and programmes that support children’s development, including high-quality child care and primary care services. They also highlight how broader community contexts and family circumstances can either support or undermine outcomes for children, especially for

families living in extremely difficult circumstances. They explain that by better supporting the individuals who interact with and provide care for children and strengthening the families and communities around them – including through mechanisms such as income support, free health services, family leave, maternal mental health, home visitation, life-skills training, substance abuse treatment and violence prevention programmes – public policies have the power to promote positive developmental outcomes for more children.

- **Use science to inform policy and improve impacts.** In line with the focus on context and support, experts advocate promoting the science of ECD to inform policy and programme impact. They call for ‘closing the gap between what we know and what we do’ by using innovative science, knowledge of the factors that affect development and evidence of the effectiveness of various interventions to guide policy-making and implementation at both the county and national levels. Experts also call for extending research efforts to continue identifying areas that require attention to better support children in their early years of development.
- **Pay more attention to at-risk populations.** Alongside a broader effort to improve support for children in general, experts emphasise the need for a more strategic and well-integrated effort to reach disadvantaged and at-risk children and families. This involves efforts to end discrimination against marginalised populations, and to extend services and support to populations that have less access to, or are less engaged with, existing family and child support systems. Experts also emphasise the need to establish and maintain political stability and peace across the country, as conflict and instability often disproportionately impact marginalised populations through internal displacement and violence.
- **Strengthen coordination of the range of services that all children and families need.** In light of the devolution of early childhood functions to county governments in Kenya’s 2010 constitution – including health care, child-care facilities and pre-primary education – experts argue for creating a coordinating entity to monitor services and help ensure that devolved functions are well implemented across the country. More broadly, experts argue for the value of increased interagency coordination and accountability across the sectors that focus on the health and wellbeing of families and children, including in health, education, social and child protection and infrastructure. This effort should include improved professional training for those who work with children on the front lines.

Untranslated Expert Story of Early Childhood Development in Kenya

What is early childhood development about in Kenya?

- **Personal and collective foundations.** The early years fundamentally shape the future for individuals, families, communities and the nation.
- **Common challenges.** Caregivers across Kenya face poverty, diseases and poor access to nutrition, adequate sanitation infrastructure and health services, undermining children's development.
- **Supporting caregivers and communities.** Caregivers are better positioned to provide positive inputs for development when they are embedded in communities that are well-resourced and supported.

What develops?

- **The developing brain is central to the story.** Alongside physical and psychological development, neuronal connections across the brain grow rapidly and strengthen over time. Simple circuits develop first, with more complex ones layered on top.
- **Brain plasticity is key.** Plasticity is at its peak during the 'critical periods' of early childhood and adolescence. Helping create positive brain development early on produces better outcomes across the life span.
- **Foundational skills are set up early.** Inborn emotional, communicative and attentional capacities must be activated early as a precondition for development of executive functions and self-regulation skills. These skills are contingent on the quality of a child's environment and relationships.

How does development happen?

- **Environments and experiences shape gene expression.** Emotional, physical and mental health are structured by the interplay between genetics and the quality of a child's environments and relationships. Ideally, relationships are stable and characterised by stimulation, responsiveness and shared interactions.
- **Children benefit from scaffolding as they explore and engage with the world.** Children benefit from opportunities to solve problems and make mistakes and from support and feedback from adults and/or advanced learners as interactive partners.
- **Early matters.** The earliest months and years of a child's life, in the womb and during the first two years after birth, are foundational to all subsequent development.

What threatens early child development?

- **Chronic stress and other risk factors.** Different outcomes for children are structured by differential exposures to protective and risk factors. Alongside poverty, malnutrition and poor access to health services, persistent and unbuffered chronic stress causes physical damage to the brain and other organs, with long-term negative outcomes in learning, health and social functioning.
- **Inadequate services.** Outcomes are poorer because of inadequate attention to children's early development in housing, education and household finance supports, as well as in pre- and post-natal care for health, nutrition, substance abuse and violence prevention.

What can be done to improve outcomes in Kenya?

- **Improve conditions for communities, families, caregivers and children.** Key policy arenas include child care, income supports, free health services, maternal mental health, home visitation, life-skills training and substance abuse and violence prevention programmes.
 - **Use science to inform policy and improve impacts.** The science of ECD must be promoted to inform policies, programmes and implementation and ‘close the gap between what we know and what we do.’
 - **Pay more attention to at-risk populations.** Need for a more strategic & well-integrated effort to reach at-risk children and families. Must end discrimination against marginalised populations & extend services to populations with less access to or engagement with existing family and child support systems.
 - **Strengthen coordination of the services all children and families need.** Need for a coordinating entity to monitor services & devolved functions. Need for increased interagency coordination across sectors that focus on families & children.
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Public and Decision-Maker Views

In the following section, we present the dominant cultural models – shared assumptions and patterns of thinking – that shape how members of the public and ECD decision-makers think about ECD in Kenya. This analysis is grounded in the recognition that people often have multiple models available to them for understanding topics, and often toggle between models as they think about social issues. At any given moment, one or more mental models may structure how people think, depending on circumstances, context or conversation.⁸ Understanding the cultural models that are available to people offers communicators a critical tool. Some models are productive, making it easier for people to take on new perspectives and access information, while others are less productive, making it hard to process and understand certain messages. By communicating in ways that foreground productive models and background unproductive ones, communicators can ensure that the content they are trying to communicate is more accessible to the public. This is the essence of framing as a knowledge translation process.

Interviews with members of the public and ECD decision-makers identified variation in cultural models within and across the four regions and seven languages where research was conducted. Some models that were strongly evident in one or two language populations were noticeably weak or absent among others. For the purposes of this report, we identify below only those models that were prevalent across *all* populations.

We organise the presentation of our cultural models findings around a series of questions. For each question, we summarise the predominant cultural models among both the public and decision-makers and note points of consensus and divergence in thinking between these two populations. The questions used to structure this summary are:

1. What is early childhood development about?
2. How does early childhood development happen?
3. What shapes early childhood development?
4. Who is responsible for early childhood development?
5. How and when do young children learn?
6. Why does early childhood development matter?
7. What should be done to improve early childhood development?

Throughout this discussion, we present quotations from our interviews with members of the public and decision-makers to show some of the most prominent ways cultural models were articulated in people's speech. For the sake of brevity, we show only a small subsample of quotes for each model, and do not represent all research locations or language groups. We conclude each section with a brief consideration of each cultural model's implications for communicators.

1. What Is Early Childhood Development About?

Public Models

It is important to note at the outset that the categorical distinction between 'childhood' and 'early childhood' is not one that most Kenyans are accustomed to making. A distinct period of 'early childhood' was not articulated until the researcher introduced the category, and people lacked a consensus about what constitutes the period of 'early childhood'. When asked to define the age range of 'childhood', most public respondents either defined it as extending from birth to 18 years (the legal benchmark for adulthood in Kenya) or from birth to adolescence (about 13 years).

Researcher: What is the period of childhood? When you hear about childhood, it takes place over what period?

Participant: I think childhood can be divided into two. Below 10 years, and below 20 years.

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Participant: A child is a person below 18 years old.

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Researcher: What do you think is the age of early childhood development?

Participant: Six months to two to three years.

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Participant: This is from birth ... to either ... when you talk about a child, early childhood goes up to class eight.

It is also important to note that the acronym 'ECD' is strongly associated in most people's minds with institutional settings for child care or early learning, and less so as a category about a spectrum of ages or the developmental processes associated with it.

Participant: So, in ECD, there the child goes to school. There in baby class, the child is being trained in the coordination of eye, hand and arm coordination. There the children learn how to interact with others. The children learn how to start writing and colouring, picture reading.

Researcher: So, if I may ask you, have you heard of the word 'ECD'?

Participant: Eeeeh, early child ... I can say it offers things about how the child will grow, all those things. And, also, I can say it's all about ... ECD, early child, is about education.

After project researchers defined 'early childhood' as referring to the first three years of a child's life, our research identified two cultural models that members of the Kenyan public use to define a baseline understanding of the topic.

- **Dependency on Basic Inputs.** Childhood in general, and early childhood in particular, is largely understood through a model of dependency, whereby children are understood as dependent on caregivers for their survival, health, growth and development through the provisioning of a set of basic inputs, including care, nutrition, shelter, clothing, sanitation and attention to a child's health.

Participant: You know a child is someone who is still young, even in their life, they are someone who is ... still under control. They are dependent upon others for everything. They have to be provided with everything in their life. When they need clothing, you must provide.

Participant: That one is still a child, even up to 25 years, if one is still dependent on the parents.

Participant: When I hear the word 'child' in our language, particularly Ekegusii, it means this is a person who is or who extensively relies on the parents. It means this is a person who cannot stay on his own, take care of his own or her own.

Participant: If a child is young, they can't be like an adult. They rely on their parents, the mother and the father, for everything, including accommodation and staying in their parents' house. Food is provided for them. Clothes are provided for them.

This dependency model includes a strong sense of young children's *vulnerability*, especially to disease and illness.

Participant: They are prone to illness. At that [early] age, children fall ill quite often. Due to these vulnerabilities, early childhood is a stage that requires proper care and monitoring.

The strength of this model was evident in a pattern of response to opening questions about 'early childhood' or 'early development', which involved talk about what needs to happen *to* a child in order

for their growth and development to go well. In this vein, children's positive development is thought to be fundamentally contingent on adult actions, making those actions part and parcel of the developmental process itself.

Participant: It is a time when the mother provides care and nurture for the child; breastfeeding, solid foods, providing a balanced and nutritious diet.

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Participant: Development of the child is taking good care of the child. You oversee how the child is feeding. You guide as the child takes a bath. You organise how they sleep. It is good nutrition and taking good care of the child.

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Researcher: In the Somali language, we have a word or a phrase, 'a child' or 'childhood'. When you hear that word, what comes to your mind, what do you think?

Participant: When I think of that word, the mother knows their child better, personally. I can only say, 'This is how I raise my child, this is how I take care of my child'. And for you, you would raise your child differently. You know, as a mother, the way I raise my child is not the way you would raise your child.

- **Ageing Up.** Across the interviews, there was a frequent tendency to shift the conversation towards the needs, behaviours and activities of older children, especially relative to the topic of formal education. This *Ageing Up* happened even as researchers sought to maintain the focus of the interviews on early childhood, during the ages before schooling. This 'cognitive drift' upwards likely results from a strong association with formal schooling as *the* key activity of childhood, when prospects for a child's future success are most clearly defined. It is also likely linked to the public's lack of a clear, separate category for 'early childhood' relative to a more general category of 'childhood' writ large.

Researcher: What do you think should be done for a child to get to learn things in its early age?

Participant: The most important thing is for a child to get a qualified teacher who understands about child development.

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Researcher: Is there something that could be done differently in this community to improve early child development?

Participant Yeah, by introducing sports to the youths.

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Researcher: Thinking about infants, is there something the government should do to help how they are being brought up?

Participant Yes, the government should get involved so that they give this child something known as education.

Decision-Maker Models

Relative to the public, decision-makers displayed both similarities and differences in their modeling of what early childhood development is about.

- **Dependency on Basic Inputs.** As with members of the public, ECD decision-makers talked about the period of early childhood as a time of critical developments in physical growth and coordination, social recognition gains and language development. Much of their talk focused on children's dependency on caregivers and their need for 'the basics' of nutrition, shelter, safety and nurturance.

Participant: When we talk about early childhood, we are talking about a child who is from 0 to 8 [years]. That child is purely dependent on the parents for their support, for their survival, for their growth, for their feeding, for everything.

Participant: There are many ways which you can define a child. Now a child is anybody who is below 18 years of age. That is the first definition of a child. Number two, a child is somebody who is still dependent to the parents. Okay, number three, a child can be defined as somebody who the community looks upon, and who is vulnerable and who is always under care of someone.

- **Early Childhood as a Key Category.** Unlike the public, decision-makers were familiar with and readily embraced the distinction between childhood as a general category and the more specific category of early childhood. That said, there was *not* a strong consensus about the age parameters for early childhood.

Participant: When you talk of that 'early childhood', we are talking about children who are between the years 2 to 6 years.

Participant: Early childhood, I can say it's between like 7 months – where some of the kids start walking, start uttering some utterances – up to 1 year and almost 2 years. That is early childhood.

Participant: My presumption is this refers to children below 5, or under 5, yeah.

Despite this lack of consensus, regular attention was given to the idea and language of the 'first 1,000 days' as a critical developmental window. Notably, *which* 1,000 days was not clear to everyone who invoked it; some understood it to be from conception while others thought it started at the moment of birth.

Participant: The first two years in life ... very crucial. The first two years in life, we call it the first 1,000 days. That is from a new child until this child is 2 years. It is very crucial, as this is where everything develops.

Participant: For nutrition, we say especially the earlier stages, the first 1,000 days, when the brain is forming. It's very key for mental development. Basically, that is a summary for nutrition. And health, also, is closely related with nutrition.

Participant: The first 2,000 days. No, the first 1,000 days! Very important, 1,000 days, very important for child development. [...] A thousand days from the time of delivery [...] so around 3 years.

Importantly, unlike the public, decision-makers were *less inclined* to 'age up' during interviews and were more able to maintain a conversation focused on the earliest months and years of a child's life.

Decision-makers also recognised that the term 'ECD', for many members of the public, is narrowly associated with early learning centres and preschool education, and that the public needs help in understanding the broader implications of children's early development.

Participant: I have heard so many people who have the confusion of ECCE, ECCD, E is what. But most of the people look at the preschool learning, not the care. They leave the care aside and only think about the academic and learning part of it.

Participant: This phrase ['ECD'] most often is used to refer to ECDs in schools. We only know ECD occurs in schools. I would use it differently. I would use it differently, because I know how ECD occurs everywhere, at home, in schools, in hospitals, everywhere.

Implications

- The strength of the *Dependency on Basic Inputs* model, for both the public and decision-makers, has mixed implications. In a country like Kenya, with relatively high levels of poverty, it is important that people recognise that provisioning the basics for many children cannot be taken for granted, and there remains a need to push for policies and systems aimed at meeting all children's physical needs. Yet, the dominant focus on those basics can also mute attention to a broader array of supports and inputs that families and children need for healthy development.
- The public's *Ageing Up* model represents a core challenge. As long as the public assumes that the most important cognitive development only happens once a child reaches school or preschool age, advocates and policymakers will struggle to build the required focus on the earliest months and years of life as a critical time span when key cognitive structures and skills develop in children's brains. This sets up a key task for communicators – how to focus public attention on the need for an integrated ECD policy that devotes increased resources to the 0-to-3 age span.

- The public's lack of a default distinction between childhood and early childhood, alongside a strong association of the phrase 'ECD' with child care and early learning centres, points to the need to more clearly define the domain of early development in public thinking.
- Though decision-makers do operate with a distinct model of *Early Childhood as a Key Category*, their lack of consensus about its age parameters undermines efforts to build a coherent set of expectations and policies for how best to support young children and their families in the early stages of a child's life. The fact that most decision-makers are familiar with the importance of the 'first 1,000 days' is positive, though many need help to understand that this includes the months of pregnancy, when important developmental processes are being shaped in utero – and by more than maternal nutrition.

2. How Does Early Childhood Development Happen?

Public Models

Kenyans use three dominant models for thinking about the early developmental process overall.

- ***Automatic, If Basics Are Met.*** As described above, the public is attuned to children's dependency on 'basic' inputs of nutrition, care and the like. There is, however, a corresponding assumption that development in the early years of a child's life will proceed relatively automatically if these basics are met and there is no underlying disease or disorder.

Participant: When a child feeds well, then you will see that this child is developing very well.

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Researcher: Let us say that the problem you have mentioned – where one parent dies and one parent remains – and this parent does not have money, how will this affect the child?

Participant: She will not get schooling. Schools need school fees. Second, she will need something to eat. Third, she wants something to put on.

Researcher: What about the little child, the youngest? How will this affect them, the problem you have mentioned?

Participant: That cannot ... the child who is below 3 years, I don't think this will affect them.

- ***Across Multiple Domains.*** People think about development as happening along several different trajectories, with five that dominate: physical, mental, linguistic, social and moral. People give significant attention to increases in height and weight, mastering basic motor skills, as well as advancements in children's mental abilities, including their ability to identify and name objects and people around them. As described above, much of this development is seen to happen relatively automatically' assuming basic needs are met, there is no underlying disorder and, in the case of social development, interactions with other children are enabled.

Researcher: Now sometimes when we talk about children, we talk about children's development or you say that, 'a child is developing'. What does it mean to speak about a child's development?

Participant: Development simply means to change in character, in body and mental processes ... physical appearance, height, mental capability.

Participant: By looking at a child's physical appearance, you will just know that they are really developing well.

Participant: They say after six months, then the child starts taking food. That is development. And thereafter the child can now start to identify even the parents. If you pick the child up, he or she will cry. Knowing that the child has known who is who within the family.

Unlike the other types of development, children's *moral* development was not understood through the *Automatic, If Basics Are Met* model described above. Instead, it was seen as more contingent on input from parents and other responsible elders. An extra degree of intention, care and instruction is thought to be required for this aspect of development to go well. The capacity to judge right from wrong, to be obedient and respectful and to develop a good character were particularly notable. Many people spoke to the importance of children's early exposure to religious instruction, via parents and in institutional settings, in helping develop this moral grounding.

Researcher: What are the things, as a grandmother, you may see in the child so that you say, 'This child is brought up well and is growing properly'?

Participant: It is when you see that a child is obeying what the parent says. The child is disobedient, they don't listen even if you are the parent. They want to compete with you. When you tell them something they don't listen, you may tell them to do something, they will tell you, 'I won't do it'. The other child, who is disciplined, doesn't respond, gets up and does it. Yes, if sent for an errand, the child will go and come back.

Researcher: Now which things show that a child is growing well? Which things might you look at a child and say that, since this child was born, they're growing?

Participant: Physical health, and character.

Participant: The beginning of wisdom is the word of God, so that is the first thing you should direct the child's mind to.

- **Marked by Milestones.** It is thought that children pass through multiple stages, reaching age-appropriate milestones that indicate that development is on course and proceeding as it should. In the earliest years, these are mostly thought of in terms of behaviours and capacities centred around feeding, physical coordination and socialising. More generally, participants most frequently talked about physical, linguistic and social milestones. Notably, for all the emphasis on mental development, people

struggled to articulate mental milestones/indicators, with two exceptions: social recognition and speech.

Participant: [Development] is progression from one stage to the next: from breastfeeding, to starting to eat solid food. They grow teeth, and on and on, as they continue to grow.

Participant: If a child is being fed well, and all its development processes, like sitting down, crawling, walking and talking have not been delayed, then you will know that they are developing well.

In addition to milestones, people also look to level of activeness, including play, as a key indicator of how well a child's development is progressing.

Participant: You can look at their height. You can also look at the child's health. The other thing that can show you is the activeness of a child ... is the child active or not? [...] When a child is not feeding well or is not playing, and they are not active, then this tells you that there is a problem with the child.

Researcher: When you talk about physical, what will be included in that development?

Participant: The child should get to interact with others and play with others and be friendly with others.

Decision-Maker Models

- **Across Multiple Domains.** Like members of the public, decision-makers understand development to happen in physical, mental, social, linguistic and moral terms. There was significant talk about development in all five of these domains.

Participant: When there is development, there are changes. Physically the child is increasing in size, weight is growing up, height is increasing. That is on the physical side of it. And there is now, what we talk of now, the intellect and now the skills. The child is learning.

Participant: [Development] is how a child grows morally, physically, spiritually.

Participant: When you talk about development here, when a child is able at least to communicate, we say that the child has developed.

In addition to these familiar domains, ECD decision-makers also spoke to the importance of children's emotional development, a domain that has received much less attention from the public.

Participant: The child is also learning to deal with emotions. You know, you can have somebody who is not emotionally balanced. Like, you see somebody gets something that is difficult to do and becomes

irritable. So, when a child is balanced emotionally, [they] learn to handle a few challenges, [and] can try to do something that is not workable. He still maintains his cool, and still handles it.

Participant: We are talking about a balanced child. Unfortunately, that is not how most of us think. When we take our children to school at the end of the term, we will be asking, 'How did they do in their mathematics, English? Can they write their names?' I have not come across a parent who asks, 'How do they express their emotions when they are angry? Are they able to relate with other friends?'

- **Brain as Container.** In an important difference, rather than just talk in broad terms about mental or psychological development, more decision-makers spoke specifically about brain development. It should be noted, however, that much of this talk about the brain rested on a default model of the brain as a container, as something that needs to be fed with good nutrition and filled with knowledge and content. There was less talk about what supports need to be in place to help establish and strengthen fundamental brain capacities and skills.

Researcher: So, when we talk about children's development, or say that a child is developing, what happens, what does that mean?

Participant: To me it means the child is increasing in size, and [the] brain is also developing. The child is learning ... is moving from simple to complex.

Participant: This child, especially the 1,000 days ... You know, the brain of the child is trying to grow up. It's trying to learn. Everything is in the brain. This is the time the child is trying to learn. And this is where the skills come in, the intellect part of it. When the child decides, 'I can do this and not this. If I do this, I'll get into a problem.' This is the time the child is now learning to perceive that and learning to put the brain into action.

Participant: For nutrition, we say, especially the earlier stages, the first 1,000 days when the brain is forming, it's very key for mental development.

Researcher: So, what else do you think develops?

Participant: The brain must also develop. So, that's why I am saying when the brain develops, even the level of thinking changes. Because even the child needs more knowledge. And so, we try to teach more.

- **Marked by Milestones.** Like members of the public, decision-makers also agreed that development happens in stages and is marked by milestones, and they gave many examples – especially physical and linguistic – to demonstrate this. As with members of the public, children's play was seen as both a positive mechanism of development as well as a natural outcome of healthy development.

Participant: So, the child starts calling some things, picking some things, you will know the child is growing well.

Participant: From 6 months, he will start mentioning things like 'baaa', and in one year he will be able to do one word like, 'baba', 'mama'. And by the time he is 3 years, he is able to construct sentences, simple sentences. Now, that is what we call 'growth and development'.

Participant: They [many caregivers] do not know that play is important. They do not know that play is the work of children. They do not know how children develop through play.

Participant: When their health is good, and they are eating well, then we know that they are developing well. When you also see that a child is active, you also know that they are indeed developing well.

Overall, decision-makers hold a more contingent model of development than the public. While there is some assumption of automaticity – that development will go well if the 'basics' of nutrition, shelter, safety and nurturance are met – there was also more attention given to added inputs like play.

Implications

- The public's *Automatic, If Basics Are Met* model is problematic because it assumes that a very limited set of inputs to meet a child's physical needs provide the necessary basis for good development. As such, this model obscures the broader set of factors that support development, such as stimulating play, responsive interactions with caregivers, and high-quality home and community environments.
- The *Across Multiple Domains* and *Marked by Milestones* models have generally positive implications: Both the public and decision-makers recognise the multidimensional nature of the development process, and that there are indicators that can gauge how well development is progressing. The public's lack of attention to the emotional dimension of development, however, is problematic.
- Unlike the public, decision-makers are attuned to brain development and its importance during the early years. However, the underlying *Brain as Container* model – in which the brain is something to be fed and filled – oversimplifies and limits understandings of the kinds of experiences and supports that most benefit the developing brain, including stimulation, communication and shared attentional interactions with caregivers.

3. What Shapes Early Childhood Development?

Public Models

Kenyans rely on six dominant models to think about the factors that shape early development.

- **Nutrition Drives Development.** As described in the *Dependency on Basic Inputs* model above, Kenyans consistently focus on the basics of care, nutrition, hygiene and access to health care. Nested within this encompassing model of basic needs was a dominant focus on nutrition and the importance of a balanced diet.

Participant: Lack of good nutrition is very significant, because, if you have no food, if you are hungry, even your mind will not work properly. Food is a critical ingredient for good development.

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Participant: When children breastfeed, it helps them to develop well and they even grow faster than those children that have not been breastfed.

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Participant: Good nutrition provides children energy to sustain life. So, without good nutrition, the child will not have life.

- **Quality Parenting Is a Must.** The presence of parents and the quality of their parenting featured prominently in people's talk and thinking. There was particular attention to the problematic of parental death and the status of orphans, with a shared consensus that this often challenges children's early development.

Participant: A parent should care for the child, giving advice, showing love to the child, being close to the child.

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Participant: Let's say the child doesn't have parents, you will know the child's life is not going well. [...] If a child is an orphan, who will be taking care of the child? [...] The child can start engaging themselves in drugs, because of being an orphan, and there is no one to help them.

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Researcher: What problems affect most children that should be looked into and addressed? What challenges do children face or go through?

Participant: Mostly, the orphans without parents. You see, they are a burden to those they are left with. And the person doesn't have income, and children have been left in their care.

The problem of parents who lack the will, discipline, responsibility or capacity to parent well also featured prominently. This included talk about the problems of substance addiction (especially alcohol), as well as parental conflict and violence.

Participant: You may find that sometimes the parents have started quarrelling or fighting [...] That is parental conflict. It is not good if children witness that.

Participant: In some homes alcohol is being brewed. You know in homes where alcohol is being brewed, when the children grow up, they must take alcohol. So, the life of the child cannot go well. Those are things that need to be eradicated completely. These destroy the development of children in the village.

Researcher: So, what factors undermine children's development?

Participant: I think just lack of full parental care ... [Parents] are money hunting. So, they wake up in the morning, they go look for money. They come in the night, they are tired, they just sleep. They just leave their children to survive on their own.

Irresponsible fathers, in particular, came in for criticism:

Participant: If you don't have bad behaviour, then the child doesn't pick that. If it's the father [with bad behaviour], you advise the child, 'Don't be like your father ... is always drinking ... is this and this. Be careful.' [...] 'Do you see your father? I don't want to hear you with such character.'

Participant: Others [fathers] are the types that go and come back at night. He goes out in the morning, comes back at night. You [the mother] are the one with this child most of the time. You are near the child.

- ***Environments Are Key.*** This is a highly generalised model of how the environments that surround children fundamentally shape their development and life outcomes. The model is of environments in broad terms, consisting of the varied family, social, economic, health, behavioural, regional, demographic and other factors and contexts that surround children. Children's exposure to disease and to unsanitary living conditions featured prominently in this model.

Participant: Environment affects the child development. So, it depends on which environment you are in. You will most likely behave the way the people in the environment do.

Participant: In most cases, the child development goes with environment. What they see, what happens within the environment of a child.

Participant: Children that are born in the same environment, like towns, they may look different from those born in the villages. The other thing is the harsh condition that these children are in, and also hygiene. A child can never be bathed when they are taken to the river. People should also have access to the marketplaces, so that they can be able to buy food and at least change their diet once in a while and stop depending on milk only.

Relative to the generally positive model of the home environment, when people ‘aged up’ (see above) there was concern that external environmental influences often exert a negative impact on school-age children while they are developing. Negative outside influences were second only to the poor provisioning of ‘the basics’, especially good nutrition, as the most common culprit for development gone awry.

Participant: Those children, they learn from society many things. You may be surprised that there are things they did not learn from parents at home. So, they have learnt that from the society. So, if they are in a bad society, most of the time, you see that child will change and has started being a bad child, instead of being a good child.

- **Poverty Undermines Development.** Kenyans give significant attention to caregivers’ financial ability to provide for children’s basic needs, and the corresponding challenge to children’s development when economic circumstances undermine their provisioning. In short, economic status is a primary causal factor in the developmental process. Participants focused on the detrimental effects of poverty in response to a variety of questions about children’s development – suggesting the strength and pervasiveness of this model in structuring people’s thinking around the topic. This included responses to a question about differences between children – why some do well and others don’t – suggesting that the relativity of economic status in Kenya is quite ‘top of mind’ for people when thinking about differential states of wellbeing and children’s development.

Participant: The first challenge is poverty where the family is not able to meet the needs of their children, like buying the basic necessities.

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Researcher: What are the most important things that a child needs in order to grow well?

Participant: The most important thing is for a child to grow in a home where there is no poverty.

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Participant: If you are poor, this child’s health will be bad because when the child is sick, you will take him to government hospital. They give you two drugs. The rest they tell you to go and buy for him, since it is not available in the hospital. So, when you go to buy, you are told it costs, for example, 1,000 shillings, and yet you have 500 shillings.

- **Access to Health Services.** There was a strong model of health care access as important to young children’s development, with special attention given to the importance of immunisation as a basic need. Notably, medical facilities were the only formal institution beyond the household that participants regularly invoked as a location and factor shaping early development.

Participant: In a child, the important factor is health ... a child must attain all of the vaccination processes which are being provided for children to undergo.

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Participant: You as the mother, if you have a heart to nurture child, take care of the child in terms of adequate nutrition ... then look into illness in the baby ... When sick, you need to address that; that is taking care of the child. You take him to the hospital and you take care of how he feeds.

Participant: If he does not get proper care and medical attention, later on he will be vulnerable to contracting many diseases, such as polio.

When access to health care is interrupted, that represents a problem for children's development.

Participant: Roads from the villages. There are very bad roads, where you cannot even rush to the hospital with the child when he has been sick, has been affected in the night. Or let's say in the daytime, when he has become sick, when you tell someone, you tell a motorist to come. Just thinking of the road, that road it cannot be followed. So, it will make you to delay, for you to reach the hospital at the right time. This will make the child to die, or to die on the way, or you will reach there when he has been seriously affected.

- **Inborn Traits.** Kenyans believe that some characteristics of a child are inborn and use this idea to explain both differences among children and intergenerational inheritance within families. People are often unclear, however, about the mechanisms at play. Only a few people spoke of genetics. More spoke in terms of characteristics being 'natural', 'in the blood' or a product of divine agency.

Participant: What has made [children] different? For instance, the five that I have, who share a mother and a father, are different from each other. After all, God has not made them the same.

Participant: You find if the father is a peaceful person, they say this is so-and-so's child and is just like him, resembles the father. [...] The child will be the same way even when young, as it's the father's blood.

Participant: Some factors are just inborn. Hereditary factor. When the mum is just a cruel person – that is intrinsic. She doesn't like talking to the people. Most likely, the child will also bear those particular characteristics.

Decision-Maker Models

Each of the six cultural models evident in public thinking also structure decision-maker thinking.

- **Nutrition Drives Development.** As with members of the public, this model featured most prominently among decision-makers as *the* determining factor in children's early development.

Researcher: How does development happen for us to see all these milestones?

Participant: Number one, we have to have nutrition. It plays a big role in it. Because if this baby is not fed, we will note things are not going to happen. [...] And for the first six months, we emphasise – because Kenya, we are a breastfeeding country – so, we want the mother to exclusively breastfeed.

Researcher: If you can improve one thing in this country so that children can have a positive development, what is that one thing you can change?

Participant: That one thing is the diet, because [...] food will make that child be good at school, and to concentrate in class.

Participant: Without good nutrition, the child cannot develop well.

- **Quality Parenting Is a Must.** Like the public, decision-makers emphasise that high-quality parenting is essential to healthy development. Also, like the public, they expressed concern about parental death and its effects on children, in terms of both material provisioning and emotional wellbeing. As with the public, remarkably little attention was given to challenges, like maternal depression, that compromise caregivers' capacity to provide good care.

Participant: I would just summarise it [the role of parents] by using the word 'nurturing'. And nurturing here is everything from the food, to the teaching, to stimulation, to where they sleep, to what they eat. Yes, everything, the type of nurturing that is given to the child.

Participant: What environment are they growing in? Are they getting the love they deserve? And love here means, how they are being cared for. It could be whether they are being fed. Whether they are being changed as they should. Whether they are being cuddled. Whether they are being breastfed. Just the care that is being taken for that child.

Participant: We have got many orphaned children in this community that we work in. Some of these orphaned children are being taken care [of] by aged caregivers. They could be a grandmother, a grandfather, who really know very little about child development. They may not even be in a position to provide the basic needs, like food.

As with the public, there was concern about irresponsible parents, especially fathers, and calls for other responsible agents, including community members and teachers, to intervene on children's behalf.

Participant: The community should also be observing how the parents bring up the child. In some communities, you will find that when a parent, or the parents, come home, they start to drink. Somewhere they neglect the child. [...] So, community should also help to raise a child, not only the parent.

Participant: Later on, because we, as teachers, are caregivers. We end up training a child, 'This is not good. If daddy is taking beer, please don't take it. That's not good.'

- **Poverty Undermines Development.** Like the public, decision-makers also believed that chronic and severe poverty can challenge parents' capacity to support their children's healthy brain development, either indirectly, because parents spend too much time working or looking for sources of income, or directly, because they lack the resources to provide good nutrition, shelter and care.

Participant: When it comes to finances, you see most of the parents are too busy looking for money. They may neglect their children.

Participant: Children living in abject poverty. For instance, where we have very large families living in a very small room, there is no proper ventilation. Children cannot sleep well with adults. Children lack basic needs, because the family is large.

Participant: The lack of basic needs due to poverty. It becomes very hard for parents to provide basic needs, because maybe their status. They are very poor.

- **Environments Are Key.** As with the public, decision-makers believe that the environments in which children grow – their homes, schools, neighborhoods, etc. – profoundly affect children's developmental outcomes. In addition to the cleanliness of their environments, there was substantial talk about the peacefulness (or lack thereof) of the home and social environment, and a clear concern about the extent to which many children are exposed to abusive and violent behaviour. Only a handful of decision-makers spoke directly of chronic 'stress' as a factor, though it was implied by many.

Participant: What shapes how a child develops is the type of environment the child is brought up in. If the environment is hostile, the development would be thwarted. If the child is not able to get the right nutrition in that particular environment, the brain cells would not be developed well; physically, this child will not be developed well. [...] And environment here is not just the trees and everything. Environment here is everything, including the child, the food, the teachers, where they learn, where they play, people they play with. All that forms the environment of the child.

Participant: The child, they adapt to the environment in which they are raised. If a child is raised in a very harsh environment, if they experience a lot of hardship, this child will be very different from the one who has not experienced that kind of hardship. The drought. Living where there is a lot of the prostitution like that. So, such things affect the child. Okay, yeah, those who were raised somewhere where there is that kind of care, and they are surrounded by not so much hardship. That child would grow up and will be very different from the other one.

- **Access to Health Services.** As with the public, decision-makers also deem access to safe, affordable and high-quality health care as an important factor in development and see public health agents as playing a key role.

Participant: These people, they pass through the hospital. When they are pregnant, they deliver in hospitals. When these children are sick, they bring them to the hospital. They bring them for immunisation. All those are chances for the government to intervene in the development of the child.

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Participant: Health plays a great importance, because children come to hospital, either for services or when they are sick.

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Participant: Community health workers, in town specifically, are very active in terms of ensuring that the environment around where the child lives is conducive ... checking, for example, whether children are sleeping under the mosquito net; checking whether the environment is conducive; educating communities why children should sleep under the net.

- **Inborn Traits.** Decision-makers also shared with the public a belief in the effects of innate traits and characteristics. More than the public, however, they displayed knowledge and confidence in talking about the effects of genetics and biological inheritance and of the interplay between genetic and environmental factors.

Participant: I think there are so many contributory factors. Some are hereditary. You inherit from the mother, or from the parents. Others are the surroundings, because surroundings will also shape how the baby is.

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Participant: Development is that progressive growth, but it can be influenced by what is in the child biologically or what a child has inherited, or if they are in a supportive or non-supportive environment.

Implications

- The strength of the *Nutrition Drives Development* model has mixed implications. In a country where nutritional challenges remain prevalent for many children, especially in rural areas, a focus on nutrition is appropriate. Yet, as noted above, the strength of this model may distract attention from other critical inputs, like stimulation, play, scaffolded problem-solving and communication, which support children's brain development.
- The *Quality Parenting Is a Must* model has positive implications in acknowledging children's need for a safe and nurturing household where parents and other caregivers attend to the needs and health of children. Communicators must take care, however, to help maintain people's attention to the broader

systems and circumstances that surround families and that either support or detract from caregiving, including the presence of high-quality early learning and daycare centres.

- The *Environments Are Key* model represents a key understanding shared by both the public and decision-makers. It draws attention to the kinds of risk and protective factors that surround children and shape their wellbeing. It also creates room to emphasise the importance of a broad range of social, community and family factors that can and should be strengthened, through public supports, to improve children’s environments.
- The *Poverty Undermines Development* model can be leveraged in support of efforts to extend supports to families who are struggling. It opens up a productive space to make the case for cost-effective ways to provide supports to those families and thereby strengthen their children’s development in the process.
- The *Access to Health Services* model has positive implications in drawing attention to the importance of health services that are available and affordable to all members of Kenyan society. It provides an important basis for communicating about efforts to strengthen the public health infrastructure, and about how to leverage that infrastructure in ways that can service young children’s development.
- The *Inborn Traits* model has mixed implications. While it provides the basis for strengthening understandings of biological inheritance, it could also – by providing an ‘easy’ explanation that links behaviours to patterns of inheritance – lead people to underestimate the importance of environmental factors in shaping children’s development.

4. Who Is Responsible for Early Childhood Development?

Public Models

- ***Mother First, but a Shared Family Responsibility.*** People asserted that, in practice, mothers spend the overwhelming amount of time with children and shoulder the greatest responsibility for their care, in no small part because of their breastfeeding role in the early months of children’s lives. Participants extrapolated from that description of practice to assert that mothers *should* claim and live up to that primary responsibility for their children’s lives. In this model, fathers are thought to be responsible for the material and financial provisioning for mothers and children.

Researcher: When you look at child development, who’s more responsible for good child development?

Participant: The mother. Because it’s the mother who’s mostly with the child. [...] The father, maybe most of the time, he’s gone to work. Others are the types that go and come back at night. He goes out in the morning, comes back at night. You [the mother] are the one with this child most of the time.

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Participant: What I know, mostly, in a home it is a mother who has those responsibilities. Most of the fathers, actually, do not contribute in the development of a child. The only thing they do is they provide, actually. Fathers are mostly working and often just provide, and not exactly take care of the child. A child is a mother's.

Participant: The first person who should be responsible is the mother because they are usually the ones close to the child. And the other person is the child's father. When a child is born, the first person they get to know is the mother, and it is the mother that also takes care of the child by taking them to clinics. Both parents should also work together to ensure that the child is well.

In this model, other family members – grandparents, aunts, uncles and siblings – should assist parents who are having difficulties providing for children's basic needs, or step in to assume care when parents are absent altogether.

Participant: Sometimes the parents may not be at home. Maybe they have gone to fetch water or collect firewood, and therefore the older siblings will be taking care of the young ones in the absence of their parents.

Participant: In the child development, the relatives can also provide somehow the basic necessities if the parents lack any. They can easily accord, being that the parent may not be around. It's the responsibility of the siblings to behave in a way that is worthy.

- ***Neighbours and Community Also Have a Role.*** Local agents are also deemed responsible for playing a positive, supportive role to the parents and family, and to help ensure the quality and safety of the surrounding environment. This community role was especially highlighted in both rural and informal settlement contexts. Religious agents are accredited with responsibility for assisting the parents in guiding children towards moral behaviour and good character. *Teachers* are held responsible for guiding children in their formal learning, and also in moral instruction.

Participant: The world has a role to play. My child will have to walk from my house to your house. They may pinch another child. Now, you, as an uncle, how do you help them, to know the right and the wrong behaviour? They also have a role. The community has a huge role.

Participant: Even the teachers, because like now, by 3 years, that child has already gone to school. So, that child will be among teachers. Teachers are caregivers.

Participant: When a child reaches the age of 3, and they start going to the church, then their church pastor comes in and helps the child to develop spiritually.

- **Government, in Health Services.** Across the scope of our interviews with members of the public, it became clear that people believe government is broadly responsible for improving the conditions of life for families across an array of sectors, including education, the economy, infrastructure and the rule of law. Relative to young children, however, a much narrower model of government responsibility focuses on the health care arena, and in particular, on immunisation. One exception is when people default to the *Ageing Up* model, which cues a strong model of responsibility around the public education infrastructure.

Participant: The government also plays a big part. Majorly, the schools are government-sponsored. They provide education. The government also provides security for these children.

Researcher: What about the young children who are not going to school? Do you think the government can do something to help these children grow well?

Participant: I think for these young ones, the government mostly plays a major role through the hospitals. Like now, after these children are born, the government provides free vaccinations. The government caters for all that.

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Researcher: When you think about when before a child goes to school, is there any work that the government needs to do around good care of children?

Participant: Health ... giving polio, BCG [vaccine], being given those immunisation injections.

Researcher: And, other than that, is there any different task that the state is supposed to do?

Participant: I don't think so.

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Participant: Before you take them to school, the government plays no role. It is you, [the mother] and the father.

Decision-Maker Models

On the topic of responsibility, decision-maker thinking overlaps with public thinking in important ways, as decision-makers also see parents, relatives, community members and government as all playing a key role. Yet there are also key differences between these groups.

- **Primary Caregivers as a Category.** Unlike members of the public, decision-makers were less likely to default to the *Mother First, but a Shared Family Responsibility* model, and more likely to attribute responsibility to a broader category of primary caregivers, including any people – related or not – who provide significant amounts of child care.

Researcher: And can you also talk a little bit about the people who are important for this child to develop?

Participant: Okay, the first very important person is the caregiver.

Researcher: The caregiver? Here you refer to who?

Participant: Most of the times they are the mothers. But at times – the reason why I put it as 'the caregiver' – is because of the situations where the mother is not there.

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Participant: We cannot say it is only the mother, but also the father, the caregivers.

Participant: The primary caregiver. It could be the mother, it could be the father. I mean, whoever is the primary caregiver, because that is where the bonding, that is where the attachment, that is where the child learns a form of security.

More than the public, decision-makers were attuned to the key role that domestic workers play in children's development. They recognised that these workers often spend as much or more time with a child than his or her parents, especially if the parents work outside of the home. Decision-makers also expressed concern that many domestic workers are not well attuned to their responsibility as agents of child development. Ultimately, however, decision-makers most commonly put responsibility on mothers to train their workers on how best to encourage positive development.

Participant: I recommend that if you're to employ house help, they need to be trained, on health care, on the needs of the young children, beyond food. And the mother needs to give instructions about when the child should eat, go to sleep and be woken up.

Participant: This is Nairobi. What do we do with our children? We leave them in the house with the house help, who we do not know whether they are trained or not, in most cases.

- ***Neighbours and Community Also Have a Role.*** Like the public, decision-makers also locate substantial responsibility with relatives, neighbours and community members.

Participant: The community, the role they have is very important because this baby belongs to that community. If the baby does not grow well, it will affect the community. Because, like, if the mother will not be able to take this child to the hospital, they [community members] have to take. Maybe they have to use the resources. The mother is not able to cook ... the other members of the family, the community member will leave their family to come and take care of this family.

Participant: There are parents, and people living close by, like siblings, relatives, the teacher at the school and the teacher at church.

Participant: Maybe the relatives are close. They come in immediately after the parents. So, if the child has sisters or brothers, the siblings will also help raise the child. And not forgetting even the neighbours, and the people around them, they also take the role of raising the child.

- ***Government, in Health Services.*** Like the public, decision-makers also attributed significant responsibility for early childhood development to government, but likewise constricted that responsibility almost exclusively to health and medical services.

Researcher: Now what about the government? When you think about young children before the school age, does government play any role in their development?

Participant: Yes. Remember they are being born in the government facility. That is the role of the government. Immunisation, growth monitoring and promotion, that's the government. So, government plays a big role, especially within the health sector.

Researcher: How about government? When you think about young children before school age, does government play a role in their development?

Participant: They play a role because vaccinations, which those children get, come from the government. We have health facilities around here, where the children are attended to when they are sick. Is that also not a role? Even the clinics that expecting mothers go to – are they not government institutions?

More than the public, some decision-makers criticised devolution, arguing that the county governments do not always live up to their responsibilities.

Participant: The government also needs to step in, because I think they have already devolved ECD to county government. And I don't know if county does a lot of follow-up. But, during the time when it was in the ministry, at least there was follow-up, and things were at least going smooth. There were no strikes. There was nothing of the sort. So, they also need to step in.

Participant: That programme [using ECD centres for health interventions] I think was more active the previous [time]. The county has a small lapse. I don't know whether it is the ministry, or the whole programme, that got interfered during the process of devolution.

Implications

- The public's *Mother First, but a Shared Family Responsibility* model has mixed implications, and care must be taken to deploy it effectively in communications. To the extent that the model is grounded in a recognition that mothers often bear the greatest share of responsibility for the care of their young children, the model can help set up and strengthen the idea that those mothers need broader support in the face of a broad array of challenges. At the same time, the model can easily default to reducing responsibility to the home as a private family arena, or to the mother as an individual actor. Communicators should focus on helping build a recognition that public institutions play a critical role in supporting and empowering parents and families in their role as caregivers and facilitators of children's healthy development.
- The fact that decision-makers acknowledge that a broad category of people are responsible for caring for children is positive, as it points to a recognition that caregivers in a broad range of family and employment contexts, including circumstances of parental death, need public and institutional support. This includes the important role that many domestic workers play as caregivers.

- The *Neighbours and Community Also Have a Role* model, shared by both the public and decision-makers, has largely positive implications in affirming a shared, distributed model of responsibility for children’s development. Yet, it is important to recognise that the model affirms an *informal* and largely *private* scope of responsibility, one that lies outside of legal, public and formal institutional actions. As such, this model must be invoked with care so as not to undermine efforts to strengthen public systems that support families and children.
- The *Government, in Health Services* model has mixed implications. On one hand, it is important that the public looks to government as playing a role in the development of children in their earliest years. Yet, the narrowness of the model currently constrains efforts to affirm a broader role for government in supporting families and children’s development, especially for members of the public.

5. How and When Do Young Children Learn?

Public Models

Three cultural models are dominant in structuring how Kenyans think about children’s early learning.

- *Two Models of ‘Learning’*. People’s thinking about children’s early learning is structured by an implicit distinction between institutional and non-institutional modes of learning. On one hand, people have available to them a *Learning from Birth* model, which posits that children begin learning at the outset of life.

Researcher: I want to talk a bit more now about children's learning. At what age do you think children start to learn?

Participant: Immediately when they are born.

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Researcher: At what age do you think children start learning?

Participant: Zero.

Yet, the interview data also revealed a strong default pattern of focusing on the school-going years as the most critical years of a child’s learning – or, more strongly, as the time when ‘real’ learning begins. This *Real Learning Begins in School* model is likely bolstered by the *Ageing Up* model described above, as people default to thinking about school-age children even when asked explicitly about children in the earliest years of their lives. The universal attribution of a good education as a key factor in a child’s life likely contributes to this consistent ‘cognitive drift’ from early to school-going years across the interview data.

Researcher: What do you think should be done for a child to get to learn things in its early age?

Participant: The most important thing is for a child to get a qualified teacher who understands about child development.

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Researcher: At what age do you think children start to learn?

Participant: Three years ... I take them to school at 3 years. I take them to madrasa.

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Researcher: The one who's not yet joined school, what are they supposed to know so that when they do join school, it will be easier to start learning with others?

Participant: I think they need to go to school so that they know, since before joining school they don't know anything.

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Participant: When at 2 years or thereabout, [the child] can know nothing. The child is still in childhood. But if above 5 years, this time the child differentiates: 'This is wrong and that is right. This is the way it should be.' Then the child starts to understand.

Part of this distinction between learning before and during schooling may lie in the operations of the *Automatic, If Basics Are Met* model described above, as there is an assumption that most pre-institutional learning happens relatively automatically, assuming a child's basic needs, especially nutrition and health care, are met.

Researcher: What is the best way to help children to learn during the earliest years of their lives?

Participant: Providing basic needs for the child ... for example shelter, clothing, food.

Researcher: Any other way?

Participant: Medical care ... love of the parent ... love and caring.

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Participant: The [learning process] of a child depends on age. If they have not been attacked by any ailment, they then get to learn. That is why, if you take them to school when they are about 3 years, then they will get to know.

- **Children Are Mimics.** There is broad consensus that children observe and copy the behaviour of their elders (parents, teachers, siblings) from very early on, learning from what they see and do in the environment. This is understood as a variety of informal learning.

Participant: The child does not teach himself or herself. They only copy what other people would be doing ... For example, if there are so many people in the house, a child will copy what they are doing. Or if they go out to play, they would also see how other children are playing, and they learn.

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Participant: You'll find that as you speak on phone, 'hello', the child can see, and starts imitating, 'hello'. The child understands that, through the phone, you can communicate with someone. [...] Whatever you are doing, this child will imitate you. Maybe you are singing, the child will start singing just like you. If you get mad, the kid will also change and be mad.

- **Learning through Socialisation.** People consider social interaction with peers to be critical to children's early learning and assume that one of the ways young children learn best is through interaction and play with other children.

Participant: Even if you migrate to the city, the child will first learn Swahili before even you, the mother, learns the language. This is because it is through interaction with his peers; he listens to his peers and he learns through peer interaction. So, when he is with his peers, he gets to learn something faster.

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Researcher: What are the most important things that help a child, teachings that a child will receive, in the first six years?

Participant: They will learn more if they constantly interact with other children. You will also see some improvement when they stay with other children.

It should be noted, however, that this positive model of *early* socialisation is countered by a more negative model of socialisation for older children, wherein peers are thought to often be sources for problematic behaviour.

Participant: If the young ones, the society that they are in, when they go out of the house, there are children out there who they play with, and they will teach your child evil things, things even you yourself you do not know about.

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Participant: At times, the parent might be really trying, but the environment contributes negatively. Or even the child's playmates might contribute to the child's negative characters. [...] This environment determines. You might bring up your child well, but when they go out and meet other children or grown-ups and they end up spoiling this child.

Decision-Maker Models

- **Two Models of 'Learning'.** As with the public, responses to questions about children's 'early learning' were complicated by uncertainty about what the question was referencing, and the common association of the topic of learning with formal, knowledge-based learning environments or practices. In short, decision-makers also initially toggled between the *Learning from Birth* and *Real Learning Begins in School* models and were thus uncertain how to answer. A few decision-makers sought further clarification before answering:

Researcher: At what age do children start learning?

Participant: Learning in what way? Because when a child is still an infant, the time when it turns in a particular way, it gets to the mother's breast, isn't it? Or is that the senses? It is just a matter of knowing how to differentiate what learning is, because I don't know. A child starts being aware of things early.

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Researcher: At what age do you think children start to learn?

Participant: To learn which things? There is learning of school, or learning things? Both of them is learning. So, we can talk about both of them. I think the child would start learning as early as 6 months. Yeah. Because he should then, sometimes when they start just at 6 months, if they start crying, they just want attention. They cry, you give them that attention, they continue looking for that attention. But if you leave them to cry, then they learn, 'Nobody will give me attention'. They will improve. So, the child starts learning as early as 6 months.

Yet, as with the public, the strength of the *Real Learning Begins in School* model was also evident among decision-makers, as many assumed the question referred to early institutional learning and answered accordingly:

Researcher: Even before school, so at what age do you think children start learning?

Participant: Most ... from ECD? You know some of them start even from ... the age of 4. Some even 3. Now between 3 and 4. Most of them start from there.

Others interpreted it as not being about an institutional learning context, wherein responses trended much younger, though even here responses varied.

Researcher: At what age do children start learning, when a child starts to learn?

Participant: Children are learning all the time, unless they say formal learning.

Researcher: No, no.

Participant: Then the kids are learning from the moment they land, from zero all the way.

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Participant: So, learning is not confined within the four walls of a classroom. Learning begins immediately the child is born.

- ***Children Are Mimics and Learning Through Socialisation.*** Like the public, decision-makers also use these models to understand early learning.

Researcher: What are they learning, maybe from that age you have said, from 1, as they grow up?

Participant: They just learn like these imitations. They kind of imitate the parents. [...] They imitate the actions, the sounds they are taught, the name of the father, the sister, the brother. So that is the first stage of learning. They learn what is around.

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Participant: Because they socialise with others, they go playing through games mostly at 2 years, 2 to 3. [...] Maybe that's before the age of primary school, those are some of the most important things they have to learn in that early learning.

Implications

- The *Two Models of Learning* scenario presents several challenges. First, it suggests that communicators must take care to contextualise their references to ‘early learning’, as they cannot assume people will know which type of learning they are referencing. Trying to build support for learning interventions during the first three years of life will be challenging if people are thinking through the *Real Learning Begins in School* model. Likewise, the idea that ‘real’ learning only happens in school is itself a significant challenge, and communicators will need strategies and tools to help people understand that foundational learning is happening before children reach school age, and that early experiences and relationships are central to it.
- The *Children Are Mimics* model has mixed implications. It has the potential to be leveraged to draw attention to the quality of the environments and relationships around a child, which is a positive entailment. At the same time, it is a largely one-sided model of learning, focused on a child’s seemingly innate capacity to learn through observation and osmosis. In that way, it takes attention away from the need for adults and older children to be active and intentional participants, stimulators and scaffolders of children’s early learning. It also obscures the fact that children are themselves active, not passive, participants in the learning process.
- The *Learning Through Socialisation* model has generally positive implications, as it points to the value of creating settings where children can socialise, play and be stimulated in productive ways together. By extension, the model can serve efforts to cultivate support for public and community contexts where caregivers can interrelate and build networks with each other and those who support them.

6. Why Does Early Childhood Development Matter?

Public Models

Our research found that ECD is not a default or ‘top of mind’ topic of importance to many members of the Kenyan public – at least compared to other pressing topics, like the economy, the rule of law, and peace and security in the country. Instead, the topic requires being activated or triggered in people’s minds to elevate its salience and bring it to the foreground of people’s thinking. Once activated, however, it quickly and easily becomes an important topic, as articulated through two dominant models – one focused on life successes at the individual level, and the other on shared outcomes at the collective level:

- **Foundation for Life.** Kenyans see the early years of children’s lives as setting the foundations for everything that follows for them as individuals, giving particular attention to their moral development, character and educational success.

Participant: Early childhood is important because this is building the foundation of a child. So, without proper nurturing at this stage, there will be problems later in life.

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Participant: A person should develop in order to be morally upright, in order to attain success in life.
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Participant: If kids don't grow up well, the future generation will not be responsible.

Researcher: What do you mean when you say they won't be responsible?

Participant: If they're not brought up well, it means we won't have self-reliant people, with integrity, in the future.

In addition to focusing on ECD as the foundation for positive success and character throughout life, there was also a strong default to negative outcomes – in character and conduct – when development does not go well. A focus on criminality was particularly evident.

Participant: First you find that the child does not have respect. You know that even as a parent, he disrespects you. He does not respect even those that are outside the home circle. [...] That is a child for whom you know their life will not end well.
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Participant: If you do not take care of your child, the child may become a thief, a child may become deviant and you may not even know the whereabouts of the child. If a child does not grow well, there will be no positive outcome.

- **Future of the Nation.** Kenyans also believe that the future prosperity and functionality of the Kenyan nation depends on how well its children are raised and prepared for the responsibilities, opportunities and challenges of adult life.

Participant: If he is a good child, even his education will go well. His character will be good, if he takes studies seriously. So, that child will be something in society and will give back to the society. So, the child will come back to help the society where he came from.
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Participant: If the children develop positively, Kenya will grow positively. If the children develop in a negative manner, then the government or the nation at large is in a mess.

Decision-Maker Models

As with members of the public, there were two dominant patterns in how decision-makers spoke to the importance of early development.

- **Foundation for Life.** As with the public, the first dominant pattern was an individual-level model that sees early development as providing the foundation for children's future lives, either setting them up for success or creating the conditions for a challenging life.

Researcher: We have been talking about development, how a child develops. Do you think early childhood development matters? Do you think it has importance?

Participant: It matters because that early childhood is a foundation for life. If I may say, it is a life foundation. When we say 'charity begins at home', it is that for somebody to be a useful person in future, you have to start from early childhood.

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Participant: [Early child] development – that is the foundation of a human being. That is when a lot of things are happening in a human being, and if you don't invest during that time, then we better not invest, because some of the milestones have their timelines that must be met.

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Participant: I also believe early childhood is a foundation. If we put the foundation strongly, then it will mean like our house is firm. We don't need to get scared.

- **Future of the Nation.** As with the public, the second dominant model that emerged was a collective one that considers the cumulative effects of children's development for communities and the *Future of the Nation*.

Participant: We shall not get the adult that we expect if they do not take care of the early years. For even the community, the country, it matters so much.

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Participant: We need to look from a policy perspective. Yet even before we think about policy, I think as ECD actors, we need to draw the link between ECD and the development of the country. [...] But we have not been able to connect this, and how it impacts on education, and how it impacts on the country's growth. [...] This investment is long term.

One of our research questions, in particular, brought forward a collectivist response:

Researcher: Imagine you are to find yourself in a conversation with a person who said, 'I don't have children and I don't plan to have children. As a tax payer, I don't want my taxes to be in programmes for children. Let people who have children pay for services and programmes for the children.' How would you respond?

Participant: This person was once a child. Who paid for his education? Other people. So, the development of Kenya is a collective responsibility, not an individual one. Yes. This person has relatives who have children. Yes. I will try to change his mind, so that he knows the development of Kenya is a collective responsibility.

Implications

- The *Foundation for Life* model is a highly constructive model in that it puts a focus on the earlier stages in a child's life. Communicators should leverage this model to emphasise the importance of the very first months and years in a child's life, and to help expand people's thinking about what is foundational – going beyond nutrition, immunisation and the current shortlist of 'basics' to include important brain and emotional developments in young children.
- The *Future of the Nation* model is also highly constructive. It draws attention to the collective benefits of helping children do well and provides a strong basis for communicators to make the case for shared, public investments in support of children and families.

7. What Should Be Done to Improve Early Childhood Development?

Public Models

Research participants drew on four cultural models in an effort to identify steps that could be taken to improve conditions for children's early development in their community and/or more broadly in Kenya.

- ***Raise Awareness to Improve Care.*** This was the most dominant model that our research participants articulated. It called for seminars, trainings and workshops to sensitise parents and others to the importance and processes of early development, and to improve their (especially mothers') ability to care effectively for their children. The underlying assumption is that improved understanding will translate into improved practice.

Participant: I think mothers should be trained on the importance of feeding their children with a healthy diet, and also the importance of taking their children for immunisations. People should be sensitised, and mothers taught on the importance of living in a clean environment.

Participant: It is only a few families that are aware. Therefore, I think that if people could be trained to make them aware of that thing [ECD], that can be good. [...] Because, not everyone is aware about these things we are talking about.

Participant: The women mostly, or both parents, should be taught. They should be organised for seminars, to be taught the importance of taking care of children.

- ***Better Medical Services = Better Development.*** As described above, Kenyans consistently speak to the importance of health care access and immunisation for children's health and development. Accordingly, they called for increases to the number and quality of accessible, well-staffed health care facilities within the country.

Participant: The government should ensure that its hospitals are well equipped, and that the doctors are also available in those hospitals. This is because of those families who cannot afford to go and get treated in private hospitals.

Participant: Today we have got hospitals, and in this particular hospital, there are those educative programmes that are always offered to the pregnant mothers, and to those mothers who have just delivered during the clinics. So, this one has helped them to take care of the children and bring up their children in a motherly upright manner. What could be done is establishing more hospitals.

- ***Better Schools = Better Development.*** Consistent with the *Ageing Up* model described above, many research participants spoke to the need to build more and better schools as a key way to improve children's early developmental outcomes and learning.

Participant: The private schools are many. There are only two government schools [here]. If you take your child there, and you are told the class is full; so, you take him to this other one, you are told it is also full, what do you do? Let the government build more schools, so that we can take our children there.

Participant: Here you find that there is lack of schools. You find that here, we have no primary schools. When you run 3 kilometres to Pap Nyadiel, there you can get a school. With the small children, it is a big distance for them to pursue education, especially for those small children.

- ***Economic Empowerment by Government.*** Relative to the problem of poverty and the core challenge it presents to families and children (see the *Poverty Undermines Development* model described above), people consistently called for the government to support income-generating activities through microloans and grants for small-business enterprises. This model is embedded in both an underlying valuing of self-reliance – that people should have the capacity to take care of themselves and their families – and a strong sense that current conditions in Kenya make such self-reliance difficult for far too many. The model asserts that it is government's responsibility to help create the conditions that support self-reliance.

Participant: If women can get money for business ... If you are trading, you can even get a farm of yours. You invest your money, and after that, you can plant some vegetables. And if they grow well, and you take it to the market, like at Siaya. You must get some proper support, to the extent that you can feed your children. You will also get something to take to school. Only if we are given some support, and life will just go on.

Decision-Maker Models

- ***Raise Awareness to Improve Care.*** As with members of the public, decision-makers called for efforts to raise awareness about how best to support children's development. This model focuses on elevating the

knowledge, capacities and attitudes of caregivers – including domestic workers – around early development and is based on the assumption that doing so will improve developmental outcomes for children.

Researcher: So, when we think about the county Nairobi, what do you think can be done to improve children's development?

Participant: What can be done? They [can] provide many caregivers, apart from the parents and the teachers, seminars to teach and train our parents, their parents, even the community.

Participant: At the community level, what is needed is just education, education of the parents. They need to learn that it is important, because every time you talk to the parents and tell them that, you always find them very much hesitant. [...] So, maybe more to be done on how to pass knowledge to parents. Yeah, how to empower them.

Participant: You know, parents can be called for a seminar or workshops, maybe around the community, to be educated on how to make this child grow in those things that you have mentioned. How they can facilitate. And even the teachers, also the same education, to at least make them understand how to give that kind of guidance.

- ***Better Medical Services = Better Development.*** Like the public, decision-makers also assumed that better medical services will translate into better development and argued for building more health facilities, especially in rural and underserved areas.

Participant: There is also shortage of hospitals here. People have to walk for long distances to access those services. And also, when they get there, you find that there are no doctors. This will slow down the development of a child, while that other child in town will be developing well. [...] Hospitals should be constructed in the nearby places so that they can be accessible, and this will help in child development.

Participant: Because some areas will tend to maybe have more hospitals, or the hospitals are very far. So, even when the mother is supposed to be attending clinic, [she] does not get the chance. And, so, when the child is born, does not get the right kind of attention from the hospital. So, the antenatal, the postnatal care is not there. The child might develop some problems.

- ***Leverage the Public Health Infrastructure.*** More directly than the public, ECD decision-makers focus on policymakers, and the need to push them to think and act beyond the provisioning of basic health and education services. This talk included leveraging existing infrastructure and practices – like maternal visits to local health clinics for prenatal care, weight monitoring and immunisation – to better integrate attention to children's development and early learning.

Participant: I think about the Ministry of Health because we have growth and monitoring, we have community health workers visiting, and they – our schools – should be targeted for capacity building. I don't know if you understand, the community health worker is strategic, because this person is the only person allowed to visit these households. [...] Do we have an expectant mother? What is it that we can do to ensure that they give birth to a healthy baby? Do we have a breastfeeding mother? What is her nutritional need? Is the child being exclusively breastfed? It is so critical to think about early childhood development from that perspective, that health perspective.

Participant: Like for government, I think we are only meeting children either when they are sick, like protein services, vitamin A services, growth monitoring and immunisation. But when they come, we don't accord them any facilities for playing. There is no good environment for their mental [development], so that's another role that the government, through the Ministry of Health, needs to integrate.

Participant: These people, they pass through the hospital when they are pregnant. They deliver in hospitals. When these children are sick, they bring them to the hospital. They bring them for immunisation. All those ones are chances for the government to intervene in the development of the child. The time when they are supposed to capture the mother, because most often the children will be brought to the hospital by the mothers. Yes, those are the opportunities the government can explore.

- ***Expand and Improve the ECD Infrastructure.*** The public's other two dominant models of intervention – *Better Schools = Better Development* and *Economic Empowerment by Government* – were not strong among decision-makers. Instead, their attention was more focused on a call to *Expand and Improve the ECD Infrastructure* in Kenya. For some, this model invoked calls to extend the availability of high-quality early learning centres that are well-resourced, and that employ well-trained and well-paid teachers, to more populations across the country. For others, the focus was on improved training of child care workers and monitoring of child care centres.

Researcher: Now, what do you think can be done to improve children's early development in Nairobi county?

Participant: I think, apart from teaching the parents and the community [...], the government should open daycare centres in estates, in which they employ qualified people to stay with these babies, so that the mother is very much free. When she is going to work, she leaves the baby there.

Participant: Ensuring that we have the best teachers who understand what child development is all about. [We need to] provide toys, let's call them playing materials, [and] retrain teachers to move from just education to total development of the child. You know, when you go to some of these ECD centres, the kind of charts you will find on the wall will be A, B, C, D; one up to hundred. It is not age-appropriate.

Participant: I will really invest in manpower. I have to make sure there are fully trained ECD teachers, and these teachers undergo what is called in-service courses. That is, at the end of the closing period, they go for a course to improve their skills.

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Participant: I think the day cares, they should be well regulated and closely monitored so that we are able to see what they are doing. And also, they need to make sure the nutrition part is well taken care of; and playing and also the sleep.

Implications

- The *Raise Awareness to Improve Care* model has generally positive implications, as it is a basis of support for efforts to provide training and assistance to caregivers to build their caregiving capacity. Communicators must take care, however, to not strengthen this model at the expense of also emphasising the importance of building a broader public infrastructure of supports around caregivers, including in health, education and employment.
- The *Better Medical Services = Better Development* model has mixed implications. It is positive that people look to government and expect it to make improvements in the provisioning of health services that can benefit children's overall wellbeing. It is likewise positive that decision-makers called for leveraging and improving the existing public health infrastructure on behalf of children's development. But at the same time, considering how the public – and, to some extent, even decision-makers – narrowly construe government responsibility for young children to the health-care arena, it's important to identify strategies that can help expand thinking to consider a broader role for public institutions in supporting parents, families and children, including in social services, child care, economic support and other ways.
- The public's *Better Schools = Better Development* model also has mixed implications. To the degree that people often 'age up' in their thinking and focus on primary schools, this model distracts from efforts to focus on early development. At the same time, the valuing of education provides an opportunity to make the case for expanding and improving the early learning infrastructure in preschools and early learning centres nationally.
- It is useful to recognise the public's *Economic Empowerment by Government* model, which looks to government to create the conditions that can better enable caretakers and families to positively support their children's development. Organisations working in the areas of income support, microlending, economic reform and the like can leverage this model to elevate support for their efforts.
- Decision-makers' *Expand and Improve the ECD Infrastructure* model is a key model for communicators to speak to and leverage. It is consistent with the call to expand people's model of what constitutes a viable public educational system to include early learning opportunities for even the very youngest children, including in child care facilities.

- Decision-makers' call to better *Leverage the Public Health Infrastructure* is also a highly positive model that provides communicators with allies and a ready-made audience in any efforts to promote more effective use of county and community-level health functions in the service of young children's development.

Mapping the Gaps in Understanding

The goals of this analysis have been to: (1) document the way experts talk about and explain ECD; (2) establish the ways that the Kenyan public and those who work in the ECD sector understand these same issues; and (3) compare and 'map' these explanations and understandings to reveal the overlaps and gaps between the perspectives of these three groups. We now turn to this third task.

Overlaps in Understanding

There are important overlaps between expert, public and decision-maker perspectives about children's early development. These overlaps provide solid ground for engaging the public and decision-makers, from which greater understanding can be built. That said, and as will become apparent, several of these overlaps are relatively superficial and cover deeper gaps between experts, the public and decision-makers. Communicators need strategies for leveraging these overlaps while avoiding accidentally triggering more unproductive ways of thinking.

1. **Childhood development is a foundation for life.** Experts, decision-makers and members of the public all understand that the childhood years set up the rest of a person's life in fundamental ways, shaping behaviour, health and success. This baseline attention to the importance of childhood is something that communicators can leverage as they seek to define and draw attention to the earliest years of childhood as an especially critical developmental window.
2. **Basic inputs are critical.** Experts, decision-makers and members of the public all recognise that young children depend on a set of inputs that are critical for healthy development, including quality care, nutrition and health-care access. This attention to basic inputs provides a common ground from which communicators can work to expand attention to *other* important inputs for young children that members of the public and decision-makers do not fully understand, including behavioural and relational inputs like stimulation, play and communication.
3. **Developmental milestones happen across multiple domains.** Experts, decision-makers and members of the public all understand that development is multifaceted and sequential, going from simpler to more complex forms. This understanding provides a good baseline for expanding people's understanding of the foundational role of brain development, and how early brain skills provide the basis for subsequent skill development across other arenas of development.

4. **Environments and poverty matter.** Experts, decision-makers and the public all understand that children’s environments fundamentally shape experiences and development. They also all understand that poverty places burdens on parents and families in ways that can undermine children’s development. This attention to the quality of a child’s surroundings is a fundamental overlap that should be leveraged in communications about how and why to improve supports for children and families in Kenya.
5. **Government has a key role to play.** Experts, decision-makers and the public all understand that government has an important role to play in supporting parents and caregivers as they seek positive developmental outcomes for their children. Though they differ in understanding *how* and *where* government should play this role, the common assumption that government *should* play a role is a key starting point for defining *what* that role should be.
6. **A good society is at stake.** Experts, decision-makers and the public all believe that children’s developmental outcomes have important implications for Kenyan society writ large. This understanding represents a key agreement that communicators can emphasise as they seek to elevate the overall salience of the topic of ECD and point to its collective importance and implications.



Gaps in Understanding

Alongside these overlaps is a series of key gaps between experts, the public and decision-makers. Many of these gaps result from areas where the public or decision-makers are thinking through models that are overly generalised, vague or thin compared to expert knowledge. These are areas where people's thinking is incomplete, though not necessarily incorrect, and where they can benefit from exposure to ways of talking that make new knowledge accessible and easily integrated into their existing patterns of thinking. In the conclusion, we offer initial recommendations for addressing these gaps, and in later phases of this project, we will develop and test communications strategies to bridge these gaps.

- 1. Early Childhood: *Early Childhood as a Key Category vs. Ageing Up.*** Experts in early childhood emphasise that the earliest months and years of a child's life, especially the first 1,000 days, represent a fundamental phase in the life course that caregivers, policymakers and others who impact a young child's life must understand and focus on. The public, meanwhile, is less accustomed to thinking of the early months and years as a distinct or important category, and often instead focus attention on the older, school-going years as the most critical stage of development. While decision-makers do operate with an understanding of 'early childhood' and the importance of the 'first 1,000 days', they are not in agreement as to the age spectrum each term refers to.
- 2. What is Developing: *Brain Development vs. Across Multiple Domains.*** Experts locate a child's brain at the centre of the developmental process and focus on a key set of cognitive, social and emotional skills that develop during the earliest months and years of life, including executive function and self-regulation skills. The public focuses on development *Across Multiple Domains* – physical, social, linguistic and mental – and does not understand the importance of the brain as the central location for development. While decision-makers give greater attention than the public to the importance of brain development, their prevalent view of the brain is as a container for knowledge and an organ to be fed, not as a dynamic location for skill development.
- 3. Necessary Inputs: *Stimulation vs. The Basics.*** Experts, decision-makers and the public all understand the need for children to receive the basics of love and nurture, as well as adequate nutrition, shelter, clothing, hygiene and medical care. However, whereas public thinking, and that of many decision-makers, remains narrowly focused on these basics, experts articulate a broader model of necessary inputs that includes regular stimulation, communication and shared attentional interactions with caregivers.
- 4. Development After Physical Basics Are Met: *Contingent vs. Automatic.*** Experts speak to a set of core cognitive and emotional skills that develop in the earliest months and years of a child's life, and they emphasise that their healthy development cannot be assumed but rather depends on the key stimulations and interactions from caregivers. The public operates with a model that assumes that if the basics of physical care and provisioning are met, development will proceed relatively automatically. Though decision-makers are less susceptible to this assumption of automaticity than

the public, overall, they did not display a strong understanding of the importance of early stimulation and interaction.

5. **Start of Learning: *Right Away vs. At School Age*.** While experts emphasise the foundational learning and skill development that occurs during the first 1,000 days of life, the public often defaults to the idea that ‘real’ learning begins once a child reaches the age of formal instruction, at about 3 years of age. While experts emphasise how ECD policies and programmes can have their greatest impact on learning during the early months of prenatal and postnatal development, the public defaults to thinking about schools as the most important location where learning improvements can and should be made. This gap was less evident between experts and decision-makers, as the latter generally understand that learning begins before the formal schooling years.
6. **Locus for Solutions: *Public vs. Private*.** Experts, decision-makers and the public think about children’s development through a distributed model of responsibility. Within this distributed model, experts emphasise the critical role that government can and must play across a broad array of domains – in child protection services, housing, mental health and counselling, home health visits and other areas – to help caregivers maintain environments conducive to children’s developmental wellbeing. The public focuses much greater attention on the role and responsibility of private actors – mothers, parents, family and community members and neighbours – during a child’s earliest years, and defaults, at least initially, to thinking narrowly about health and education services as the predominant arenas for a public role. It is only when pushed to think about broader interventions that the public considers other roles for government, including awareness-raising and income supports. Decision-makers generally fall somewhere in between, though still place substantial emphasis on health and educational services as the primary arenas of government action.

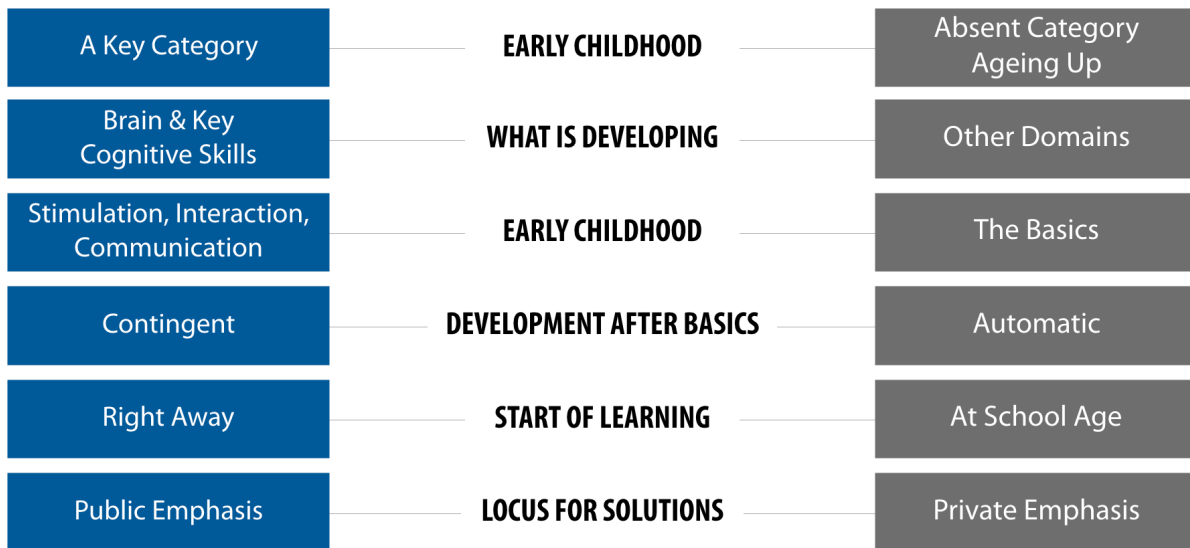


Experts

Mapping the Gaps



Public



Conclusion

At the surface level, members of the Kenyan public and ECD decision-makers are aligned with experts in many aspects of their thinking about ECD. All recognise the challenges that poverty presents to families and children, and the critical importance of working to ensure that more children have secure access to basics necessities, such as a good home, adequate nutrition and health services. All recognise that children’s development is a shared responsibility, extending from parents and other caregivers to government at all levels. But underneath these commonalities lies a set of more fundamental differences in understandings about the early years, about brain development and early learning, and about the important ways in which public institutions support children and families. These differences complicate the efforts of ECD communicators to elevate support for the kinds of public policies and resource allocations that can best serve the short-, mid- and long-term interests of Kenya’s children.

Fortunately, the map of the cultural landscape laid out in this report provides a critical resource that communicators can use to address these challenges. Understanding the cultural models that people hold, and the implications of these ways of thinking, makes it possible to avoid unproductive ways of communicating, and to use messages to tap into existing ways of thinking that can increase understanding and motivate people to engage. In the final stages of this research project, FrameWorks, along with the Africa Early Childhood Network, is working to develop frames and strategies that can productively take on the gaps and challenges identified in this report. We are also conducting a second round of prescriptive on-

the-street interviews to test communications tools as part of a broader effort to provide actionable recommendations, strategies and tools that ECD communicators in Kenya and the East African region can use to move the needle on how both members of the public and decision-makers understand and prioritise children's early developmental needs.

The findings from this report, along with these newly developed recommendations and strategies, will be concisely summarised in a forthcoming *Creative Brief* that can be used to guide the development of new messaging by our partners in this project. These findings, strategies and tools will also be built into a forthcoming *Toolkit*, which will provide concrete models and examples for how best to translate the neuroscience of child development into clear and simple messages that local decision-makers can use when making policy decisions on the design, funding and coordination of effective ECD programmes in Kenya.



About the FrameWorks Institute

The FrameWorks Institute is a think tank that advances the nonprofit sector's communications capacity by framing the public discourse about social problems. Its work is based on Strategic Frame Analysis[®], a multimethod, multidisciplinary approach to empirical research. FrameWorks designs, conducts, publishes, explains and applies communications research to prepare nonprofit organisations to expand their constituency base, build public will and further public understanding of specific social issues – the environment, government, race, children's issues and health care, among others. Its work is unique in its breadth, ranging from qualitative, quantitative and experimental research to applied communications toolkits, eWorkshops, advertising campaigns, FrameChecks[®] and in-depth study engagements. In 2015, it was named one of nine organisations worldwide to receive the MacArthur Foundation's Award for Creative & Effective Institutions. Learn more at www.frameworksinstitute.org.

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Endnotes

- ¹ On cultural models, see Quinn, N. & Holland, D. (1987). Culture and cognition. In D. Holland & N. Quinn (Eds.). *Cultural Models in Language and Thought* (pp. 3–40). Cambridge: Cambridge University Press.
- ² Government of Kenya. (2006). National Early Childhood Development Policy Framework (p. vi). Nairobi: Ministry of Education.
- ³ See <http://developingchild.harvard.edu> for more about the Center.
- ⁴ See <http://www.frameworksinstitute.org/international-issues.html> to access previous reports about FrameWorks research on early childhood development in these countries.
- ⁵ See Glaser, B.G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago, IL: Aldine Publishing; Strauss, A.L. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage Publications.
- ⁶ See Quinn, N. (Ed.). (2005). *Finding Culture in Talk: A Collection of Methods*. New York: Palgrave Macmillan.
- ⁷ See Tannen, D. (1993). Introduction. In *Framing in Discourse* (pp. 3–56). New York: Oxford University Press.
- ⁸ For more on how people hold multiple cultural models in mind, see Shore, B. (1996). Rethinking culture as models. In *Culture in Mind: Cognition, Culture, and the Problem of Meaning* (pp. 42-71). New York: Oxford University Press.