

Persons in the Making: Perceptions of the Beginning of Life in a Zambian Community

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Persons in the Making

Perceptions of the Beginning of Life in a Zambian Community

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Abstract

Infancy is characterized by physical and biological changes and growth, and across cultures, parents associate this period with care, protection, and nutrition. However, beyond the universal aspects of infancy, the ways in which caretakers understand babies' needs and nature are subject to great cultural variation. In this article I explore how people in a township in Lusaka, Zambia, conceptualize and understand how babies become social persons. Particular attention is paid to how human potentials are seen to naturally grow and unfold if properly cultivated in the relationships that the child shares with others. I will also discuss how local models of natural growth contrast models of early child development offered by international parenting intervention programs that focus on how parents in poor communities can stimulate young children's cognitive development (see for instance UNICEF on early childhood development).

Keywords: Infants, child development, personhood, parental interventions, Zambia

The newly born baby
is like a bird's egg
Fragile...
In constant need of the mother
She must carefully hold it
Keep it warm

Little by little
The baby will grow stronger
Get used
To the daylight...
The wind...
The sounds...

She will see how other people behave
She will try to do what the others are doing

Mrs. Phiri

In Ng'ombe Township in Lusaka, Zambia, life begins in the dark and quiet confines of the home where the baby will spend most of its time in close bodily contact with the mother. "The newly born baby is like a bird's egg," Mrs. Phiri, a grandmother of nine children explained. It is fragile and in constant need of the mother's care and warmth. As the baby grows stronger, it will gradually take greater part in the world into which it has been born. "Little by little" (*pang'ono, pang'ono*), the baby become familiar to the community. Mothers start bringing the baby out of the house for short periods, and when physically and socially ready, the infant will take part in the everyday flow of life. In this article I explore how people in Ng'ombe understand the constant bodily and social growth which takes place during early childhood, particularly focusing on how this growth enables the baby to become a member of the community and thus also achieve the status of social personhood. These changes are marked by diverse rituals and given meaning through agricultural metaphors that refer to deeply held cultural values of babies' growth, health, and development. Particular attention will be paid to how the caretakers' decisions and coping mechanisms reflect cultural notions of human vulnerability and interdependency.

By exploring how people live and raise their young children in a setting different from the contexts in which mainstream theories on child development developed, I aim to counterbalance the assumption that children develop in universal ways. In the last decades, several non-governmental Organization (NGO) in the area instituted programs aimed to improve the quality of caretaking to enhance children's chances to fulfil their developmental potential. These programs have been criticized for being based on particular standards, ideas, and images of early childhood, development, and learning developed within a Western context, yet claiming to be universal. The diversity in understanding development and learning, caretaking, and parenting as they are practiced in different social-cultural contexts is not acknowledged in these programs (Cleghorn and Prochner 2010; Kjørholt 2013; Pentecost and Ross 2019; Twam-Danso 2012; Nsamenang 2008, 2009). As a result, the standards for evaluating young children's development and what they need for "normal" and healthy development are becoming increasingly homogenous. These standards are deeply embedded in a moralising ideology in which a privileged minority claims the right to establish prevailing ideologies, norms, and standards when it comes to caretaking practises (Frankenberg 2012; Morelli et al. 2018; Nsamenang and Dawes 1998; Serpell and Simatende 2016). Examples of global programs exporting particular standards of parenting are ECD (Early Child

Development) programs, often framed as “positive parenting” and “playful parenting” (UNICEF 2018, 2019b, and n.d.).

The rationale for ECD programs is often grounded in neuroscientific research on how the human brain grows rapidly during the first months and years after birth. Infancy is, from that perspective, a unique opportunity to build and shape the human brain. ECD programs advocate enhancing caretakers’ ability to provide “enriched” and “stimulating” environments for infants, and, in the long term, produce confident, emotionally adapted, and smart children and adults. These programs are proclaimed to be a crucial part of broader governmental plans for poverty reduction and national development, and essential “for improving the capacity of populations, increasing adult productivity, and mitigating the effects of poverty, disease, and civil strife” (UNICEF, WHO, Young and Mustard 2008, 85). However, it is argued, if this “window of opportunities” during infancy is not used, it will forever be lost (Britto 2017).

Since the early 1990s, several psychologists, neuroscientists, anthropologists, and sociologists have evaluated how powerful global discourses around childhood development and well-being shape interventions, and many have criticized these global discourses for being ignorant of the cultural and environmental contexts in which these ECD programs are introduced (Montgomery 2013, Morelli et al. 2018, Pentecost and Ross 2019, Rogoff 2003, Serpell 2011, Serpell and Nsamenang 2014, Penn and Kjørholt 2019, Penn 2019). In a review of the main critiques of “early intervention” programs, Macvarish and colleagues (2014) state that while these programs claim to draw on “expert knowledge and evidence” to promote best practises, their interpretations of scientific findings are narrow and naïve. Critics have also argued that the global policies underpinning parental programs have contributed to a shift in focus from social or structural problems to individual parental failings (Macvarish et al. 2014, Morelli et al. 2018, Pentecost and Ross 2019). This has also been pointed out by Kagan who writes that the focus on expert knowledge on the one hand and on parental responsibilities and failings on the other creates an image that “poor mothers love their children, but do not know the basic facts of human development” (1998, 90).

By exploring how people in Ng’ombe understand what a young child is and what she or he needs to thrive, I seek to demonstrate the need for cultural sensitivity in theories and practices related to early child development. I draw on the work of other cultural psychologists and anthropologists who have explored the conceptualizations of children’s development in local

communities and social-cultural contexts outside of Europe and North America (see for instance Einarsdóttir 2004; Gottlieb 2004; Frankenberg 2012; Keller 2017; LeVine et al. 1994; Nsamenang 1992; Pence and Nsamenang 2008; Serpell 1993). These scholars have shown how caretakers all over the world raise their children according to the norms, values, and needs of the cultures in which they live. Humans are born with an array of developmental possibilities, and the main task of caretakers across the world is to make sure that their children acquire the competences needed to be good members of their community (Harkness and Super 1983, Harkness et al. 2000, Keller 2007, 2017). I have also been inspired by studies of how the boundaries of life and death are understood, handled, asserted, and negotiated in diverse communities. Indeed, how we understand and handle the beginning and the end of life and how we understand the achievement of personhood varies greatly from society to society (Einarsdóttir 2004, Kaufman and Morgan 2005, Carsten 1995, Conklin and Morgan 1996. Gottlieb 2004 and Kaspin 1988, 1996).

My exploration of how people in Ng'ombe understand and conceptualize infancy begins with a brief presentation of local understandings of human development. I will then turn to a discussion of how these understandings manifest in childrearing practices and rituals that start before the child is born and continue until he or she becomes a full member of the community. This will include a discussion of how cultural models of development and sociality are reflected in local notions of what it means to be a person. Towards the end of the article, I discuss some challenges for parenting intervention programs in contexts such as Ng'ombe. I start by introducing the methods used and the context of the fieldwork.

Methods and research setting

This article is based on two years of ethnographic research in Ng'ombe township, which is a high-density, low-income township in Zambia's capital, Lusaka. Due to chain migration, most of the population belongs to ethnic groups from the Eastern Zambia, particularly Chewa, Tumbuka, and Nsenga. Ng'ombe shares many similarities with other poor high-density townships in Lusaka and in Africa: it traces back to colonial times and started off as an unplanned, illegal squatter settlement (Myers 2017). The houses in Ng'ombe are relatively small; five to 20 square meters large, built of cement bricks, not plastered, and often without windowpanes. Most houses have no electricity or running water and water is drawn from wells and communal taps. These houses normally accommodate parents and their children and

sometimes members of the extended family. Most residents live in rented houses and work in the informal sector, which makes them vulnerable in terms of job and housing security.

As described by Hansen (1997, 2005), people in the poor townships of Lusaka understand their lives in contrast to the lives of people living in low-density, affluent areas, which, due to their large, fenced yards are called “*mayadi*” (“the yards”). Parents in these areas, people in Ng’ombe agree, can offer their children a better life; they can afford to feed their children with a “well balanced diet”, pay for medical care and send their children to private nurseries and schools. “Mothers in *mayadi*,” a nine-year-old girl told me, “they buy their kids toys. Small dolls, cars, houses... Nice dresses to wear at church.” Meeting their children’s basic needs for food, shelter, and clothing is for most parents in Ng’ombe an everyday struggle. Contaminated water makes their children sick with diarrhoea and the lack of protection from the cold and dusty wind causes pneumonia. Experiences of poverty and social inequalities influences the ways in which parents care for their children and how they see themselves as caregivers. The mothers spoke of their breasts “drying out” due to a lack of food and of their babies crying from hunger, which often led them to introduce porridge long before their babies’ intestines were ready to handle solid food.

During the time of my research, UNICEF launched an extensive campaign to promote exclusive breastfeeding during the first six months. The campaign emphasized the importance of delaying the introduction of water or food until babies were sixth months of age as this would decrease the chances of malnutrition, ill-health, and death. The message was broadcast on billboards around town, in the media, and at the local clinic. For mothers who did not produce enough milk to cover the needs of their growing babies, giving them porridge and thin gruel before the sixth month was associated with failure and shame. One young mother told me how she, in desperation, had fed her thin and weak four-month-old baby porridge. “I understand that I have done something wrong. I should have just tried to continue feeding him with milk. But he was crying. In the night, crying. In the day, crying. So, I gave him porridge.” When asked if the health of her son had improved after she introduced porridge, the young mother replied that, yes, he was now crying less, and he had gained weight. Unfortunately, public campaigns leave little space for individual variation and choice and may deepen mothers’ feelings of incompetence.

Mothers in Ng'ombe also face barriers to access public health services, and they often cannot afford the minimal user fee for medication. If their babies get sick, mothers may spend an entire day, from the early morning to the late afternoon, waiting with their babies outside the local clinic. And when they are finally called to see a nurse, they cannot expect a warm reception, even if they are tired, hungry, sick, or worried. On the contrary, mothers are often told in various ways that they are failing as caregivers. Like other government-run hospitals and clinics in Lusaka, the Ng'ombe clinic is understaffed and overcrowded, and rapid population growth puts them under increasing pressure.

People in Ng'ombe warn against unnecessarily exposing young babies to things that can endanger their health, such as communicable diseases and witchcraft. Babies in Ng'ombe, therefore, spend most of their time with their mothers in the confines of the home, held or seated with the mother on a mat in the shadow of a tree or inside the house. At times they are cared for by others, such as neighbouring friends or family members. If the baby has an older sibling, particularly a sister, she will often be around to help with the baby or household chores. I spent most of my time with babies and their families, participating in their everyday activities by, for instance, helping with domestic chores, looking after babies, and accompanying them when visiting friends and relatives. Through participation in the babies' and their caretakers' everyday lives I learned most about their situation, and my questions during group and individual interviews were often inspired by this experience.

During fieldwork, I followed eleven infants and their parents and four pregnant women day-to-day. Time was also spent with local herbalists and spiritualists, locally known as *ng'anga*, and with traditional birth attendants (*chimbusa/azamba*). These older women who attend births are recognized for their knowledge of diverse problems related to pregnancy and delivery and of herbal medication. Most of the younger people in Ng'ombe speak English. However, people use Chinyanja, the lingua franca for Lusaka, when talking with each other and with their babies. Moreover, many did not feel comfortable expressing themselves in English. Therefore, I hired a research assistant to help with translating.

A cyclical understanding of human development and growth

In contrast to some neuroscientific theories of early child development, people in Ng'ombe do not see life moving through a progressive trajectory manner toward a “full potential” that can be achieved. Similar to many other African contexts (see for instance Gottlieb 2004,

Nsamenang 1992, Reynolds 1990), life in Ng'ombe is understood to move in a cyclical manner where death alternates with life. Every child, every individual, and every generation is, according to this understanding, "part of a never-ending chain that stretches backward into the past and forward into the future" (Beyers 2010, 5). When people die, they enter the world of the ancestral spirits (*mzimu*), often talked about as shadows. At a certain time, a spirit will enter the body of an unborn baby. This moment is when the unborn baby is recognized as a human being (*muntu*) and a *potential* member of the community. A newly born baby will, however, be closer to the world of the dead than the world of the living. In many ways, newly born babies are thus "neither living nor dead from one aspect, and both living and dead from another" (Turner 1967, 86-7). As the baby gradually transitions from one world to the other, it is only weakly attached to both. With footing in both the world of the living and the world of the dead, the baby is a newcomer and an oldcomer, both unknowing and knowledgeable (Smørholm 2016). Their condition is one of ambiguity and paradox (Turner 1987), and most of all, they are vulnerable and fragile.

People in Ng'ombe speak about the baby's vulnerability in many ways. They describe the unborn baby as a "seed" (*mbewu*) and the newly born baby as a "young sprout" (*tuluka/mera*). A child whose joints are strong enough for it to sit without support, has "ripened" (*lakhwima*). Anthropologist Deborah Kaspin (1988, 1996), who has done research on Chewa cosmologies of the body, argues that the Chewa cyclical understanding of life and death, and of human growth and change, is shaped by the cyclical rhythms of agricultural production. Of central importance for their conceptualization of human growth and development are agricultural metaphors in which the categories of hot and cold, dry and wet form a central part. The calendar year in Zambia is divided into two major seasons: six months of a rainy season and six months of dry. Seeds are planted during the first warm months of the rainy season. Crop depends on rain. Harvest is done during the cold part of the dry season. According to this system, sexually active people are equivalent to the rainy season, the time for production. Similar to what Kaspin describes, people in Ng'ombe conceptualize adults both as "warm" (sexually active) and "wet" (producing body fluids, such as menstrual blood, milk, and semen). Unborn and new-born babies and old people are metaphorically seen as equivalent to the cold and dry season.

According to this perspective, the state of the body, its fluids and temperatures, changes during life. New-born babies are cold, children are cool, and those who have reached puberty are warm. As the body ages and sexual capacity diminishes, the body cools down and dries out,

transforming postmenopausal women and old men into a cold state. The ancestors are the coldest of all (Kaspin 1996, 569). Kaspin writes “human life unfolds in terms of not one but numerous cycles in which wet alternates with dry, cool alternates with hot, fecundity alternates with barrenness, and life alternates with death” (1988, 236). The metaphors of life and death and fertility and barrenness thus refer to the same cosmological system, reflecting and providing images of each other.

In Ng’ombe, agricultural metaphors are grounded and become meaningful in the daily routines of childcare. They are articulated in ceremonies that mark how the baby gradually leaves the world of spirits and becomes a member of the community of the living. Even though many of the urban dwellers in Ng’ombe have little experience with growing gardens, the cultural models of human reproduction that draw on seasonal metaphors of hot and cold continue to dominate how people understand the cycles of human life. In general, mothers follow the recommendations of older mothers, grandmothers, traditional birth attendants, and herbalists. Most of this advice draws on experiences from life in rural areas and direct experience with agricultural cycles.

However, local childcare practises are also subject to change. At the local clinic, pregnant mothers are advised to follow practices that contradict what older women recommend. Mothers in Ng’ombe have access to mass media, TV, and newspapers that criticize, and at other times defend, local childrearing practices. Mothers negotiate, at times complying and at other times objecting recommendations. When possible, they draw on the knowledge of both systems. Cultural ideology is, as pointed out by Frankenberg, “multi-layered, complex and contradictory, as it is situated historically and affected by social change and may therefore produce dilemmas for individuals related to their own local values, morals and beliefs and those of the surrounding society” (2012: 21). Like other parents around the world, parents in Ng’ombe try to balance and make sense of various caregiving dilemmas and contradictory advice. A mother related:

The nurses at the clinic get angry if I tell them that I give my baby the traditional herbs that my grandmother provides me with. But then, if I don’t give these herbs, and she falls sick, I’m the one to be blamed. Even those who advised you *not* to use the same herbs will blame you. So better just give those herbs.

Different caretaking ideologies do not necessarily oppose each other; they are often integrated and coexist alongside, or even become part of each other. Similar to the South African context

described by Cousins (2014), traditional and biomedical explanations borrow from each other. However, one of the main contrasts between biomedical and more “traditional” treatments is that the latter acknowledges the human body as relational and interdependent (*ibid.*). For this reason, mothers with sick children not only turn to the clinic, which offers biomedical help, but also to traditional herbalists, religious healers, spiritualists, and witch finders.

The beginning of life: From womb to the house

Babies in Ng’ombe are often sick. Most recover, but many die. Counting the number of their children, mothers included both the living and the dead. One mother counted, “I have eight children, five remaining.” A young mother counted, “I have two children, twins; one remains.” Others had seen all their children grow up, but comparing themselves to their fellow mothers, and particularly those belonging to their mothers and grandmother’s generation, they knew they felt fortunate. In Zambia child mortality rates decreased from 20% in 1990 to 6% in 2019 (UNICEF 2019a). People in Ng’ombe are painfully aware that babies are highly vulnerable; in addition to being “cold,” they refer to their babies as “soft” (*intheta*), “tender” (*wakhandanda*), and “unripe/green/raw” (*wamuwisi*). Others, like Mrs. Phiri, quoted in the beginning of the article, used metaphors such as “bird’s egg” and “young sprout” to describe their fragility and constant need for care. To protect the health and well-being of the infant, the mother and baby are secluded in the house until the baby’s joints and spine are so strong or hard that the baby can, without the support of others, sit. During seclusion, mothers keep their babies warm and content by wrapping them in blankets, frequent breastfeeding, constant holding during daytime, and co-sleeping at night.

A study conducted in a poor township in Lusaka by Brazelton, Koslowzki, and Tronick (1976) found that caregivers focused on breastfeeding and physical contact. Comparing the babies being born in townships in Lusaka with American babies, they concluded that the babies in Lusaka were born smaller and thinner than their American counterparts, and their skin was dry, scaly, and wrinkled. In addition, the babies showed low muscle tone and were relatively inactive and unresponsive. However, after five days, the Zambian babies were no longer dehydrated, and there were few differences between them and the American babies in activity and responsiveness. On day ten, the Zambian infants scored higher than the American infants on scales of muscle tone, social alertness, and interest.

A baby whose umbilical stump has not yet fallen off is considered especially vulnerable both to occult forces such as witchcraft and to a diversity of illnesses such as malaria, diarrhoea, and pneumonia. The mother therefore will apply herbal remedies to hasten the drying up and falling off of the stump so the baby can move closer to the community of the living and further away from the cold and quiet world from which it came (for similar observations, see Gottlieb 2004). After the umbilical stump has dropped away, the baby's hair is shaved by the mother or grandmother. Mothers explained that the babies first hair belongs to the mother's womb and is associated with danger. If that hair gets in the hands of anybody with ill intentions, such as those practicing witchcraft, it might be used in remedies that will empower the one using it and harm or kill the baby. Shaving (*kumeta*) is thus part of the process in which the baby gradually becomes a social person that can be held and cared for by other community members. After it has been shaved, the baby will be given a name. This name might be inherited from a late relative, a biblical name, refer to events in the lives of the parents, or just be a name that the parents like.

A newly born baby spends most of its time sleeping; at this time, it communicates with those who belong to the spiritual world, such as the ancestors, but also with the Christian God and angels. As an outsider to this world, the mother can only sense her baby's rich spiritual life by observing and sensing the variety of facial and bodily expressions; kicking feet, moving arms, half open eyes, small smiles, twitches, and frowns that seem to come out of nowhere are signs of this communication. The interaction between the mother and baby in Ng'ombe includes holding and carrying, and most of the time they quickly respond to the babies' vocal sounds and crying with physical contact. Similar to what is described by LeVine and colleagues (1994), caring for a new-born baby focuses on soothing and maintaining calm, rather than stimulating verbal and visual attention. Physical contact and frequent feeding are the basic formula for the baby to survive and thrive. In a group discussion with mothers, they emphasized that the ambience of the house of seclusion should be soothing, calm, and quiet. The door to the house is closed, and the windows covered. "You know, the difference between the quiet and warm place that it came from and this windy and noisy environment that it has been born into is huge. So, we try our best to make the baby feel like it is still living in the comfort of the womb," one mother explained.

In the safe confines of the house and with the mother's nurturing care, the baby gradually grows stronger and will pay more attention to the mother, observing her movements, sharing eye

contact, and smiling at her. From now on, the mother's attention to the baby will gradually change. The baby's initiation of lengthy eye contact and responsive smiles are taken as a sign it has appreciated the life and the people that surround it, recognizing and accepting kinship with the living. Mothers look forward to this moment: "This is when we can start to get to know each other," a young mother expressed. They smile along with their babies and talk, sing, and play with them. Mothers, and later fathers, siblings, and other community members, talk and play with the baby. Holding her five-month-old son, a mother explained, "Playing and talking with the baby is really important because when they are small like this, they can't talk and relate to others like we do. So, for them, playing makes them feel like we are doing something together."

The falling off of the umbilical cord, the ability to focus the eyes for longer periods, and initiating social interaction are considered important developmental milestones for babies. The mother and baby can now leave the house for short periods, and the baby will be carried on the back or hip wrapped in a *chitenge* (sarong). These short walks allow the baby to gradually get used to life outside the house.

From the house to the world of the living

The period of seclusion lasts until the joints of the baby are so "hard" that it can sit for a short period without the support of others. This indicates that it is ready to be exposed to people who are in the ritual category of being hot, such as sexually active adults and menstruating women. Moreover, the baby is now not as vulnerable to witchcraft and sorcery as a newly born infant is. In the ceremony that marks the transition out of states of coldness, the baby is gradually "watered" and "heated," a process that first and foremost takes place when the baby is exposed to the father's hot and life-giving sperm.

The first time the parents have sexual intercourse after having had a baby, a ceremony termed *kutenga mwana (ku bedi/kumalo)* (taking the child to bed/to the place) occurs. The baby will sleep beside the parents during coitus so that the heat they produce can gradually "warm" and "strengthen" its body. The father will release himself in a handkerchief, and the mother will apply the sperm on the joints and chest of the baby, the most "soft/weak" parts of a baby's body. When the sperm has been applied, the mother will toss the baby three times in the air to demonstrate its physical strength. After the baby has been anointed, the parents will pass it back and forth over a small ceremonial fire prepared in the bedroom.

When discussing the practice of passing the baby over the fire, a Chewa grandmother and ritual expert explained: “Fire/heat (*moto*) creates new life (*moyo*).” Another birth attendant added, “What is cold (*wozizira*) must be heated and watered to sprout and come into life.” Fire and water are common symbols of cooking and sex; sexual intercourse makes the body hot and wet, and this creates new life. The fire helps turn the baby from “unripe,” “raw,” “red,” “cold,” “watery,” and “soft” to “ripened,” “cooked,” “black,” “heated,” and “dry and hard.” Moreover, like the burning of the gardens clears and prepares the soil for the new productive rainy season, fire demarks that the parents can resume their sexual routines (Kaspin 1996). After the child is passed over the fire, the father should again toss it a few times while praising its strength and growth, saying, “You have grown!” (*wakula!*). The child is now strong enough to be exposed to the heat of sexually active people.

The *kutenga mwana* ceremony is especially significant for people in Ng’ombe as it articulates what it means to be and become a human being and social person. The ceremony is of central importance in the process through which the baby moves away from the cold ancestral world where it originated, and the mother’s body, and becomes a social person. The child is now ready to be symbolically born out of the house and become part of the wider community of family, neighbours, and friends. This ceremony is traditionally termed *kutulusa/kufumizga mwana* (“bringing out the child”). However, nowadays most people use the English term “baby shower.” The first time the baby is brought out of the house, family, friends, and fellow church members wait outside to welcome the child into the community. The mother and child are often greeted with the phrase, “Welcome back to life,” a greeting that acknowledges both the dangers of pregnancy and giving birth and the ambivalent in-betweenness that the mother and the baby experienced during seclusion. The participants ululate, dance, and sing songs of rejoicing, passing the baby around for everybody to hold. Several women hold and toss the baby in ways that demonstrate its strength and health. Just as when it was physically born, most babies cry. The contrast between the dark and quiet house where people talk with soft voices and handle the baby with great care, and the bright and cheery outdoors where people sing, ululate, and toss the baby vigorously, is striking.

Before leaving the house, and after it has been passed around for everyone to hold, the baby receives gifts such as soap, talcum powder, clothes, and money. The child is now part of exchange relations with others and can receive gifts, share food, and be held by other

community members who belong to the category of being hot without risking illness. These gifts also welcome the mother back to the community after the period of seclusion. In Ng'ombe, social personhood is considered to be a cumulative process in which the ceremonial introduction of the baby to the community is the first stage, followed by puberty and marriage, and finally, becoming a parent. According to senior women, those who have no descendants to remember and honour them do not become revered ancestors. The ceremonial bringing out of the baby is, therefore, not only important for its social recognition, but also for the "coming to being" of a mother and father and a grandmother and grandfather. The first child marks the parents as productive members of the adult community, and it ensures that one day, they become members of the world of the dead. This again ensures the perpetuity of their personhood. For the grandparents, the social recognition of the child marks them as senior members of the community and signals they are on the path to become dry and cold; no longer reproductive. While the baby is a social person-in-the-making, grandparents find themselves at the opposite pole of the human cycle as ancestors-in-the-making.

As a full member of the community of the living, the child will enjoy the company of others and communicate with them through sounds and vocalizations. He or she is now a *chivuza*, a word derived from the verb *kuvuza*; "to babble." A *chivuza* must still be cared for and nurtured by the mother but has greater freedom to move around with both the mother and other family members and relatives, such as older siblings, grandmothers and aunts. As the child takes a greater part in family and communal life, its knowledge of the world increases, and its babble will turn into meaningful words. It will gradually forget about where it came from and become unable to communicate with those who inhabit the world of the dead. Parents also reasoned that as children learned to talk, they also learned to fight and insult others. In the process they will leave the state of pureness and innocence of infancy and become social persons with a wide spectrum of capabilities.

Relational understanding of growth

In their seminal work that compares how personhood is obtained amongst the Native American Wari and in North America, Conklin and Morgan state, "Everywhere, ways of thinking about bodies reflect ways of thinking about persons, but what people think about the nature of the individual body and its relation to others varies considerably" (1996, 667). In Ng'ombe, personhood is seen to be gradually obtained and recognized, a process that depends on the social, ritual, and nurturing acts of others. The process of starts in womb (or before the womb),

when an ancestral spirit enters the baby's body, and continues with the falling of the umbilical cord, shaving of the first hair, naming, the first social smile and eye contact, and most important, with the ceremonial "heating" of the baby (for explorations of African notions of personhood, see Lancy 2014; Menkiti 1984; Gottlieb 1998, 2004; and Gyekye 1992, 1997)

When reflecting on healthy child development and learning, people in Ng'ombe talk about developmental readiness, social responsibility, and participation. A newly born child is not ready to enter into exchange relations with others than the mother, a toddler is not able to perform complicated chores, and a teenager is not able to understand the responsibilities of married life. These are skills that children and adults gradually grow into through interaction with the environment and with a wide range of others. Physical growth is of crucial importance as this guides the process through which she or he becomes a full member of the community of the living. In a group discussion with grandmothers on child development, a grandmother explained "I will ask a young child like this (holding her hand one metre above the ground) to bring me my shoes". Gradually raising her hand, she continued "a child like this I will ask to sweep my house, a child like this I will ask to accompany me to town, a child like this I can send to the market to buy food." The grandmothers saw themselves as important caregivers to the young children in the family. One of the grandmothers explained "if a seed is planted in fertile soil, it will grow straight and strong. That same tree will later produce fruits for us to enjoy". Just like a seed, a baby is born with certain capacities, but it will need fertile soil and careful cultivation to sprout to grow nicely. This "fertile soil" is made up by a wide range of people that will foster moral and social values, and participatory skills.

The ways in which people care for and raise their children reflect complex understandings of what it means become a competent person, and further what it takes to succeed in life; what makes life good, manageable, and safe. A child who, as people in Ng'ombe say, "grows up nicely" will become a morally upstanding and socially responsible member of their family and wider community and someone who shows *ulemu*, a word that loosely translates to "respect," "honour," "humbleness," "generosity," and "self-control." These social abilities are inborn, but must be cultivated. Later in the life cycle, other relevant capacities immanent in a person must also be brought out, such as being smart, industrious, and brave. Yet *ulemu* will remain a basic human capacity (for an elaboration of the Chewa concepts of intelligence and development, see Serpell 1993, 1996).

Positive parental programs; a case for comparison

In Ng'ombe, healthy child development is cultivated through, and manifested in, the relations that the child shares with others. Child development is not associated with manipulation or enhancement of individual capacities or with reaching some sort of “full potential.” Robert Serpell (1996), who for five decades has done research on local conceptualizations of childhood, development, and socialization in Zambia, writes that in Zambia, the process of socialization is “construed as an elaboration of preexisting patterns rather than as the product of explicit shaping or addition of distinct elements” (Serpell 1996, 132). Children develop and become competent social persons by being socially integrated into communal life and through participating in a wide range of everyday task and practices, including childrearing and domestic work, as well in play and games. Through these activities, children acquire new experiences of themselves and others, refine skills, and achieve new statuses, responsibilities, and rights. A horticultural notion of cultivation does not emphasize refinement of an external or imposed design. Rather, cultivating gardens involves exploiting natural growth (Ingold 2000). Hence, Serpell argues that people in Zambia perceive a child more as “a person acting within a system of social relations, rather than as a target for manipulation or a receptacle for information” (1996, 133).

However, local understandings of child development are increasingly being influenced by global processes in the form of international ECD policies and programs. These programs express a general concern that “lack of early learning opportunities and appropriate caregiver-child interactions contribute to loss of developmental potential” (Walker et al. 2011, 1330). Since poor and uneducated parents are allegedly unaware of the importance of facilitating children’s development and learning they might miss out on important opportunities to stimulate children’s development. For instance, in their research published in a World Bank Series, Evans and colleagues state that parents in Malawi wrongfully assume “that if children are given enough food, that will be sufficient to make them grow and develop” (2008, 275). Even when materials that can promote early learning and stimulation is available, parents rarely use these to facilitate their development. In this context, they conclude, young children face several challenges in reaching their “full potential” (275). Parents must therefore be informed by expert knowledge so they can maximize their children’s development through intentional cognitive stimulation.

In the recent years, specific forms of play have become increasingly incorporated into international parenting programmes. The aim is to develop forms of parental responsiveness that will ensure that children reach their “full potential”. According to UNICEF “play is one of the most important ways in which young children gain essential knowledge and skills”. In addition, playful parenting is assumed to “foster bonding and secure attachment, contributing to positive socioemotional development” (UNICEF 2018, 6-7, see also WHO). In their online publication *standards for ECD parenting programs in Low and Middle Income Countries*, UNICEF included a step-by-step guideline for Early Development packages. In it, skin-to-skin contact is emphasized as important during the first week of the baby’s life. From the second week, however, colourful toys such as rattles should be introduced. Playing and talking with the child is described as essential, and breastfeeding is advocated as a good time for this. At the age of nine months, the child should be introduced to a doll with a face, and at two years, books, puzzles, and chalk board. If the developmental needs of the child are not met early, getting the child back on the “right track” will be almost impossible and parental programs should therefore be introduced early (UNICEF *standards for ECD parenting programs*, 12). The ongoing program implemented by UNICEF in Zambia, in partnership with the LEGO Foundation, strongly advocates for playful interaction. This message is elaborated in a pamphlet illustrated with several pictures of multicultural children happily playing with colourful toys and, of course, LEGO (UNICEF 2018).

Local ideals on of good parenting and good child development do not always resonate with the ideologies of positive parenting described in WHO’s and UNICEF’s intervention programs. In the context of Ng’ombe, the belief that the baby should be playing with toys, that play is part of creating appropriate “early learning opportunities”, and that playing is necessary for the baby and mother to develop a bond stands out, as Geertz might have suggested, as “a rather peculiar idea” (1974, 31). In Ng’ombe, the baby’s ability to interact in meaningful ways with others through play is considered an inborn capacity that emerges when the child is ready. Mothers wait for their babies to start paying more direct attention to them for longer periods and initiate meaningful social interaction. Before this, infants are thought to be too new to the world of the living recognize their own place in it, and their journey to become social persons has not yet started. **These children are vulnerable to returning to the place they came from and must be kept content and protected from harm.** Later, as the baby grows stronger and is granted the status of a social person, most of the playful interactions will not be between the young child and parents, but with other children and adults, such as the grandparents and the mother’s brothers.

People in Ng'ombe do not see play as a site neither for teaching, nor for optimizing development. Through play and face-to-face interaction, the communion that the baby share with others is tested, confirmed, and nurtured. Children's play is considered a natural part of their social interaction with others, and an activity where knowledge and understanding of the world and social capabilities will naturally grow (Mtonga 2012). Or as a grandmother stated, "A child fears an insect if it bites him/her." Only by participating and direct experience does a child learn about the world, what is good and what is bad, and how to handle and endure difficulties in life.

Changing childhoods

According to my observations, parents in Ng'ombe seldom tried to directly teach their children through direct instructions. Practices of observation, imitation, play, and peer-assisted learning have been central in the transmission of knowledge for generations (Mtonga 2012, Serpell 1993). In interviews, however, parents in Ng'ombe emphasized their role in teaching their children to become good community members and workers, telling them what to and how to do it, and monitoring their schoolwork. Little and Lancy (2016), who have made similar observations in Papua New Guinea, suggest that this top-down model of teaching have been introduced through schools, new religious institutions and governmental parental programs as a new ideology of "good parenting."

As previous anthropologists have stated, global policies, implemented to guide, shape, or modify how people conduct themselves are part of a wider cultural ideology that justify or condemn certain practices (Long and Long 1992, Pentecost and Ross 2019, Shore and Wright 2005). According to Lupton, the idea that young children will only develop well if the correct strategies and expert advice are followed is a particularly Western middle-class phenomenon that accords with bourgeois ideals of self-improvement, competitiveness, and intellectual achievement (2011, 13; see also Kagan 1998 and Keller 2017). According to her, the ideal of "good and responsible motherhood" in is in Western contexts reproduced through a web of government policies and "expert advice" concerning the ways in which mothers should promote and protect the health and development of their infants. In the Australian context where Lupton did research, mothers emphasize on the importance of "stimulating" their babies' brains through diverse playful activities, through talking, and by providing educational recourses such as books. Mothers take on (and are expected to take on) overwhelming responsibilities for the

health and intellectual development of their babies, and as a result, often expressed feeling guilty for not enhancing their babies' development more.

Even though a growing number of programs in Zambia focus on “positive parenting” and early learning, these programs were not introduced in the township during the time I did fieldwork. However, as in most southern African communities, residents of Ng’ombe have had to deal with and make sense of new policies and rapid changes for decades brought about by colonization, structural adjustment programs, and the introduction of neoliberal market policies. Changes that manifest in the socioeconomic landscape of Lusaka and in the geographical division between the majority poor and the minority rich. People in townships such as Ng’ombe understand their life situation and future prospects in contrast to the lives of *apamwamba* (people on the top), a category that not only includes wealthy people staying in *mayadi* (the yards), but also whites (*wazungu*) living “the good life” in western countries (Hansen 2005). These socioeconomic relations are woven together with relations of power that determine whose realities and “truths” count and are listened to. And they are echoed in the voices of people in Ng’ombe. In the words of the nine-year-old girl who dreamt of a better life: “People in *mayadi*, they buy their kids toys... Nice dresses to wear at church.” In the words of a young mother who desperately gave her baby thin gruel: “I understand that I have done something wrong.” The dynamics of wealth and poverty manifest in people’s everyday discourses, influencing how they understand their own lives. And this inequality manifests in the ways people see themselves as receivers and providers of care.

Conclusion

People in Ng’ombe see their babies as having the spirit of someone who once lived, but they also see them as immature. Infants do not understand the codes for social interactions and behaviour, and they lack muscular control. “We have come from far,” a mother said, commenting on the developmental leap from infancy to adulthood. Childhood, and particularly infancy, is characterized by transitions and change. Children are generally seen as more vulnerable and dependent than adults, as well as less experienced with the social life amongst humans. In Ng’ombe, as in the rest of the world, adults have the responsibility to take care of and raise their children. And like other children in the world, children in Ng’ombe are part of social interactions and learning where people will instruct, explain, and model, so they can build the competence and skills needed to become full members of their community. There are many

universalities with childcare and development, but conceptualizations of babies' needs and how to care for them are subject to great cultural variation. In contrast to ideas on child development expressed by international organizations such as UNICEF, parents in Ng'ombe do not talk about some sort of "full potential" that can be achieved through intentional one-to-one interaction and cognitive stimulation. As in many other African contexts (Nsamenang 2009, Serpell 1993), children's identities and "potentials" is always realized in the relationships that the child shares with others.

Parental education seems to be a simple and effective way to increase future human capital and create a better future, not only changing the lives of children and their families, but whole communities (UNICEF, Early Childhood Development). The titles of articles published in *The Lancet's* series on child development, produced in partnership with UNICEF, says it all; "A good start in life will ensure a sustainable future for all," "Early childhood development: The foundation of sustainable development," and "Investing in the foundation of sustainable development: Pathways to scale up for early childhood development" (The Lancet 2016). Political agendas are often disguised by the objective, neutral language of science and expert knowledge, and work against local practises as they fail to acknowledge rich local knowledge and capacities (Nsamenang 2008).

Insight into the ways in which parents provide care and raise their children across cultures will bring awareness to the problematic and unethical nature of seeking to impose one model of child development as universally valid. This critique will, amongst other effects, bring into question the dominant assumption that successful child development can be measured by "economic benefits," that whole populations that can be converted into "earning adults," and that investment can "maximize human potential" and eventually turn into "cost-efficient profit." Anthropological perspectives and insights can counterweight dominant views of social change, progress, and modernization, and bring awareness to how the introduction of new ideologies intersects with an unequal access to power and with otherness and victimization.

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