

# A STUDY OF INVOLVEMENT OF CAREGIVERS IN CHILDREN'S PLAY IN KIGALI, RWANDA

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## **Abstract**

*This paper was based on survey research design that aimed at examining caregivers' involvement in children's play in Rwanda. Random sampling technique was used to sample out 89 respondents from 4 different locations. The sample of the study included 40 caregivers, 40 children and 9 social workers in Compassion assisted projects. Compassion is non profit making organization. Data was collected through interview schedules and observation. The findings revealed that the most important variables that influence the perceptions of caregivers were the age of children and education background of caregivers. Majority of caregivers were more favourable to children's play, especially those children at a younger age. However, caregivers reported that as children grow older, they should take domestic chores and school work seriously rather than spending time in play. The more caregiver had formal education, the higher the likelihood that one would have a positive attitude toward children's play. Besides, the gender of children, age and also, the gender of caregivers were found to be less significant factors. This study has concluded that the more caregivers were knowledgeable on the importance of play, the more they were willing to facilitate children's play and the more they actively encouraged children to participate in play.*

**Key words:** caregivers, children's play, emotional development, formal education, intellectual development, mental development, physical development and social development.

## **Introduction**

In ancient Rwanda play was one of the major activities that was used to enhance different stages of child development. Considering its interactive nature for construction of new knowledge, play is defined in this paper as 'a means for children to interact, learn from each other and to learn about their surrounding environment'. It has been observed that play is a natural medium, through which children can shape their cognitive, social, emotional and physical development. The major play activities involved Rwandan children initiating play activities such as climbing trees, playing football, playing handball, skipping rope and other different games using material found in their surrounding. These materials included sticks, stones, plants, banana leaves, clay and mud. It is a child's natural tendency to play. Thus, a child who is deprived of play will be adversely affected in his or her physical, mental, emotional, intellectual and social development. In the Western countries, a child's play is becoming increasingly

confined to playrooms, bedrooms or basements with much of its content derived from television movies, video games and computers. On the contrary, in developing countries such as Rwanda, a child's play is mainly an outdoor activity. Sargent (2003) reported that through play, a child learns to be self-reliant, develops initiative, perseverance, common sense and problem-solving skills. It has also been demonstrated that parents in particular and caregivers in general, play an important role in child's play. Although adult caregivers play very crucial role in the facilitation of play for children, Tassoni, Beith, Eldridge and Gough (2002), however, were of the opinion that caregivers' involvement in children's play can also be helpful in assisting children with special needs. The caregivers can also facilitate children in the allocation of resources and opportunities that encourage physical activities and exploration. Physical activities in children's play may include improvisation of playing materials Kiminyo (1992). When used together with imaginative play in which children engage in, improvisation can reduce interest in ready made materials.

Adult caregivers in traditional Rwanda initiated children into play. However, the caregivers were not actively involved in children's play such as making toys, playing with them or determining types of play for their children. Rwandan children could also learn how to dance, jump hurdles or wrestle by observing adults doing these activities. In addition, adults taught boys various sports, dances and other different skills in order to prepare them to become strong and courageous. Such teaching also prepared boys to become husbands and fathers who would be able to take care of their future families. Girls were also initiated to economic and social activities. Besides, they learned various skills such as basket making, and household managements which included how to take care of the future husband and children.

The different skills taught to children were conducted in an atmosphere of play, in a non-formal setting where children could assimilate the learning without any stress or fear of punishment. However, due to socio-economic factors in Rwanda at present, there have been rapid and dramatic changes in child-caregiver interaction. Children are getting less opportunity to play. Formal education with an overloaded curricula and intellectual competition has both reduced the duration for the involvement of children in play. Other factors such as busy working parents and an absence of grandparents at home have changed the form of child rearing. Furthermore, parents can no longer attend fully to their children's needs. Given the tradition that did not encourage caregivers to actively involve in children's play and the new pressures of modern life, there is a risk of less attention being paid to children's play in Rwanda.

#### *Problem of Research*

This study is aimed at finding out caregivers' views on the issue of children's play in Rwanda. It also aims to identify the kind of interaction that exists between caregivers and children in regard to various play activities. Pressure of work in present-day Rwanda and socio-economic pressures do not give many parents a room to interact and give children the attention that they deserve. Parents hardly spare money to buy playing materials to their children; this has partly contributed to the poor child-caregiver interaction in Rwanda. Besides, children do not get adequate time to play. They are overwhelmed with school assignments, overloaded curricula and continuous assessment tests that have put too much pressure on them. Thus, as a result children do not get adequate time for play. Other factors such as working parents, absence of grandparents in homes and children being left under the custody of house helps have brought a number of changes in the way children are brought up. This has adversely affected the cognitive, social, emotional and physical development of majority of children in Rwanda. This study therefore furnishes caregivers, particularly parents with knowledge and skills that would make them to appreciate the role provision of playing materials, and play in particular, have in developing children's personality.

The objectives of the present study were to investigate if caregivers' perceptions on children's play are influenced by age of a child. The study also sought to determine whether caregivers' views on children's play are influenced by educational background of caregivers. Finally, the present study aimed at finding out if caregiver's view on children's play is influenced by the gender of children.

In order to achieve its objectives, the study covered Kigali city. The population comprised caregivers of both gender and children of both gender. It specifically investigated four Compassion-assisted projects located in Kimisagara, Kiyovu, Gikondo and Gatenga areas of Kigali city. 89 respondents were considered in the study.

#### *Research Focus*

This section consists of substantive scientific information sources that are related to the perception of caregivers' in children's play in Rwanda.

Erikson (1963) identified eight developmental stages of an individual; he pointed out that at every stage, there is a crisis which needs to be faced and resolved so that there is normal development in an individual. For developmental play, caregivers need to be aware of these different changes and to be prepared to assist children to handle well the different crisis they face at every stage. The age range of children for this study was 5-10 years. This age range of the present study is related to third stage and fourth stage of child development as given by Erikson (1963). The third stage of development which occurs during the preschool years (3 to 6 years) is classified as 'initiative versus guilt.' At this stage, children encounter wider and more challenging situations than before; the children are required to assume some responsibilities toward their bodies, behaviour, toys and toward other people in general. For these children, the sense of responsibility leads to an increased sense of initiative and in some instances, children may become guilty if their actions are not appreciated or if they fail to accomplish some responsibilities assigned to them.

The fourth stage (6 to 11 years) is labeled industry versus inferiority (Erikson, 1963). At this stage, children's increased initiatives expose them to a variety of new experiences and they become eager to master new knowledge and to apply new skills; they engage themselves in accomplishing new tasks and develop a sense of industry. The danger at this stage is the development of a sense of inadequacy or inferiority and a feeling of incompetence when they feel unable to complete certain tasks or are not well supported and guided. Thus Erickson's (1963) theory is relevant to the current study in the sense that when children in the Rwandan context fail to get the necessary support from caregivers in terms of play, they may fail to develop interaction and play skills. Hence, children may become socially inadequate and unlikely to develop a sense of initiative to play with other children. This is because of being withdrawn.

Piaget (1962, 1969) was of the opinion that play contributes to children's mental growth and exposes them to new experiences which force them to think and change new situations into existing cognitive structures. For example, the children may assume that a stick is a gun or that a doll is a baby. However, (Vygotsky, 1962) reported that play is an important component in children's cognitive development. Cohen (2001) was of the view that play is children's main means of learning and communicating. For this reason, it is argued that children should be facilitated to get involved in a variety of play activities for more stimulation and creativity. Through play, children learn how to handle objects, how to relate with people in their surrounding, how to soothe themselves from various hurts and to develop confidence in themselves.

Various researchers (Beaver, Brewster, Neaum and Tallack, 2004; Hughes, 1991) have indicated that play is essential for children in the development of all parts of the body such as bones, muscles, and internal organs. It is also important for physical growth, for muscle control and coordination. Play allows the mastering and control of children's bodies; it improves psy-

chomotor coordination and the learning of new skills. For instance, a child's bodily movement allows him or her to move from place to place in order to relate with others, to touch, explore and discover different things that constitute his/her environment.

It has been noted that play offers a safe environment whereby a child learns through observing and imitating other children or adults, feels free to explore new things and to seek out new information to be applied in new situations (Davenport, 1994). Play encourages self expression, creativity and an exploratory behavior, which involves curiosity and a desire for more information to accomplish new things. Play exposes a child to new experiences, offers him/her opportunity to solve problems in a pleasurable manner and to gain skills that can be applied later in life (Tassoni, Beith, Eldridge and Gough, 2002; Bruner, 1976). However, Santrock (1994) suggested that parents need to encourage imaginative play because it advances the child's cognitive development in general, particularly the creative thought. In addition, many researchers are of the view that interaction with peers and adult caregivers through play and games, and the use of appropriate toys are of very critical importance for children. Through play, children learn to differentiate things such as soft and hard elements, sizes, forms, colours, moving or non-moving objects; they develop more skills in the mental, socio-emotional and physical domains (Shapiro, 2003; Cohen, 2001; Dreyer & Duminy, 1983; and Piaget, 1962)

## **Methodology of Research**

### *General Background of Research*

The sample was constituted of 40 caregivers (parents/guardians) for children who are taken care of in four Compassion-assisted projects in Kigali-Rwanda, 40 Compassion-assisted children aged 5-10 years, and 9 project social workers. The main aim of Compassion International assisted projects is to assist impoverished children and bring hope to them to ensure that they become responsible adults in future. The chosen age range of children is significant since at this developmental stage, children are very playful and need assistance from adult caregivers to gain more physical, mental and social-emotional skills. Children from age five were selected because Compassion projects in Rwanda do not assist children below the age of five.

With the exception of social workers who were interviewed according to availability at the student Centers, other respondents, both the caregivers and children, were selected randomly from four Compassion-assisted projects. The four projects were also selected by random sampling from the lists of 16 projects in Kigali cluster. This was done by writing down names of the projects on pieces of paper and the first four projects that were picked were considered in the study. Visits to four Compassion-assisted projects were organized within Kigali city and interview schedules were carried out to both caregivers and children. Lists of parents/guardians and children were obtained from each of the four Compassion-assisted projects. The probability principle of sampling where population is heterogeneous (males and females) was applied in the selection of caregivers and children. The population of caregivers and children was divided into homogeneous groups before selecting the required number of respondents to constitute the sample from each homogeneous group.

### *Sample of Research*

The final sample of 10 caregivers (5 females and 5 males) and 10 children (5 boys and 5 girls) was selected from each of the four student Centers using the random sampling procedures whereby numbers from 1 to 20 were written on pieces of paper and the respondents who picked the first ten even numbers and the first five even numbers were respectively were taken to constitute the sample. This was done by writing down numbers from 1 to 98 on pieces of

paper and the respondents who picked the first 20 even numbers in each category constituted the sample. The total respondents were 89 namely: 40 caregivers comprising 20 females and 20 males selected using random sampling from a list of 393 caregivers that was compiled from Compassion office by the researchers. Further, 40 children (20 boys and 20 girls) aged 5- 10 years were selected using random sampling from a population of 342 children. The 40 children that constituted the sample of the study had 12 (30%) children between 5-7 years old while 28 (70%) were between 8-10 years old. However, the 9 project social workers (that is, 3 males and 6 females) interviewed were merely selected due to lack of an adequate number in this category of respondents. The summary of the distribution of respondents and their locations is given in Table 1.

As shown in Table 1 below, half of the children who participated in the study were girls (20) and the other half were boys (20). Among the 49 adult caregivers namely, caregivers and social workers, 26 were females while 23 were male caregivers.

**Table 1. Distribution of respondents according to gender and location.**

Respondents' gender	Kimisagara	Kiyovu	Gikondo	Gatenga	Total
Female parents/guardians	5	5	5	5	20
Male parents/guardians	5	5	5	5	20
Girl children	5	5	5	5	20
Boy children	5	5	5	5	20
Female social workers	1	2	2	1	6
Male social workers	1	-	1	1	3
Total	22	22	23	22	89

#### *Instrument and Procedure*

The data was collected from different respondents through schedules with parents/guardians, project social workers and children in four Compassion assisted projects. Respondents were found in their community. This facilitated the understanding of reality on the ground. To ascertain validity and reliability, the research instruments were administered as a pre-test to a group of 33 respondents (15 caregivers and 15 children and 3 project social workers). The subjects that were considered for pre-test were not included in the main study.

Visits to four Compassion student centers were organized within the city of Kigali and interviews were administered to selected participants. Guiding questions were prepared in advance, and the study was mainly guided by data collected from different informants through interviews. From each Center, an interview was conducted for 10 selected children, 10 parents/guardians and 2 or 3 project social workers. Interviews were conducted by the researchers together with the help of 2 research assistants who had gone through prior training in order to get acquainted with the nature of research. Besides, an examination was made on secondary sources of information which included information available in different Compassion-assisted projects, schools and different local communities in Kigali city where the children live. Informal discussions were conducted with teachers and local community leaders concerning available program for children, toys, play equipments, playgrounds and other facilities for children's play activities.

*Data Analysis*

Data from interview schedules were organized and manually put into categories according to the questions asked. In this study both qualitative and quantitative methods were used. Descriptive statistics, Chi-Square test and central tendency that include mean, median and mode were used. Percentage scores were fully analyzed, presented in tables and graphs for easier comprehension of the results.

The age, gender and education background were the variables considered for the caregivers. On the other hand, age and gender were used as variables for the children. The reason for selecting these variables was to find out if they have some influence on caregivers' perception on children's play. The description of data collected from interview schedules from children and caregivers are presented in this section. In this study, caregivers' level of education was used as a variable denoting the stage of formal education attained by caregivers and to find out whether it influences their perception or not on children's play.

The Chi-Square test showed that the association between gender of children and the importance for caregivers to provide playing time is not significant. The p-value is  $0.667 > 0.05$ . The interaction between the variables gender group and time given for play (very important, important, not important) is not significant because  $0.4348 > 0.05$ . Similarly, the difference between girls and boys is not significant in all categories of importance (the p-values are greater than 0.005). The high percentages of caregivers who responded that they "never" play with the children constitute 57.1% for girls and 53.1% for boys respectively. This suggests that a majority of caregivers do not play with their children regardless of their gender.

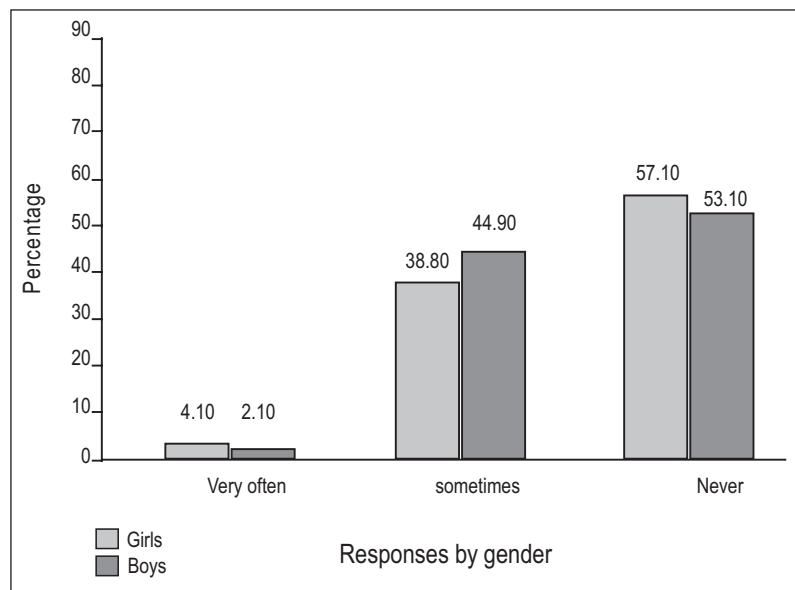
*Ethical Considerations*

This study was purely conducted for the sake of expanding knowledge in the area of child play. Therefore, the data collected was purely for research purposes and confidentiality of the information got from the respondents was/will be kept secret. Identity of any respondent will not be revealed whatsoever.

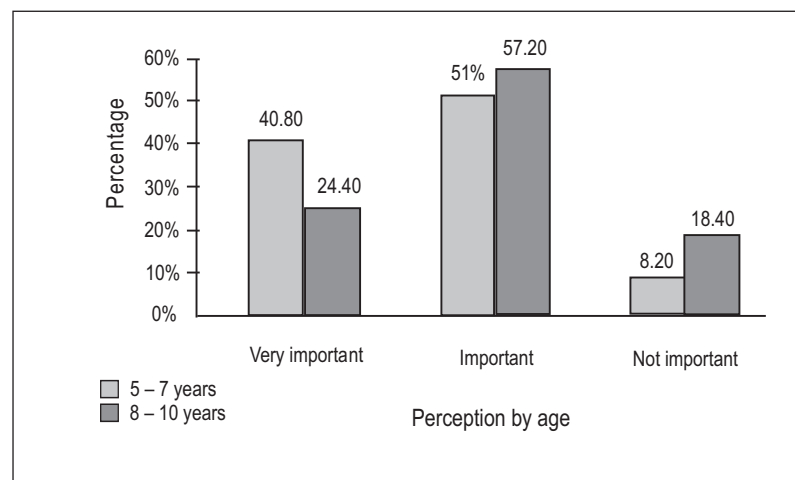
**Results of Research****Table 2. Education level of caregivers.**

Education level	Number of caregivers in the group	Percentages
No Education	8	16.3
Primary 1 to primary 6	16	32.7
Senior 1 to senior 6	20	40.8
University level	5	10.2
Total	49	100

Majority of caregivers (83.7%) who constitutes the sample of the study have attained at least primary school education. Further, it is revealed from Table 2 that 16.3 % of the caregivers lack any formal education. Over half of caregivers interviewed have attained at least secondary education which constitutes 51% of the caregivers. Out of this 51%, only 5 respondents have attained the university level of education which makes up 10.2%. It was observed that caregivers who are educated at least from senior 1 to university spare some time to play with children particularly the ones aged 5-7 years.



**Figure 1: Gender of children and how often caregivers participate in play.**



**Figure 2: Caregivers' perception of toys/play in relation to children's age.**

Figure 2 above shows that the majority of caregivers value the importance of toys for children of both age groups (5-7 years old and 8-10 years old). Some caregivers however stated that the importance of toys should not be the same to all children since older children (8-10 years old) need to concentrate on school work as well as domestic chores. As represented above, 20 out of 49 (40.8%) caregivers reported that toys are very important for children between 5-7 years of age compared to 12 out of 49 (24.4%) who reported that toys are very important for children age of 8-10 years old. 18.4% of caregivers indicated that toys were not important for the age group of children between 8-10 years against only 8.2% of caregivers who believed that toys are also not important for children between 5-10 years of age. Significant relationship between variables age groups of children and time given for play is indicated by p-value equal to  $0.002 < 0.05$ . The highest level of giving playing time was found for children aged 5-7 years.

**Table 3. Children's gender and needs in area of play.**

Gender of children	Lack of playing materials (%)	Lack of more time for play (%)	Lack of play-ground (%)	Need for playmates (%)
Girls (20)	95	30	20	15
Boys (20)	85	45	25	0

Table 3 above shows that most of the children, irrespective of their gender, experience shortage of playing materials; this is represented by 95% and 85% of girls and boys respectively. 30% and 45% of girls and boys respectively lack adequate time for play, while 20% and 25% of girls and boys respectively lack a play ground.

1. There was a significant relationship between caregivers' perception on children's play and age of children. Significant relationship between variables age groups of children and time given for play is indicated by p-value equal to  $0.002 < 0.05$ . The highest level of giving playing time was found for children aged 5-7 years. The more children were younger, the more caregivers were likely to provide playing time and toys.
2. There was no significant relationship between the gender of a child and caregivers' perception on play. The Chi-Square test gives a p-value of  $0.499 > 0.05$ . The interaction between the variables gender group and time given for play (very important, important, not important) is not significant because  $0.2377 > 0.05$ . This implies that the association between variables gender group and importance of toys is not significant.
3. The study has shown that there is a significant relationship between caregiver's educational background and perception on children's play, especially when they are still young (5 to 7 years old). The interaction between variables (level of education and giving playing time) is significant for the p-value  $0.0247 < 0.05$ .
4. From interview with children, it was clear that children do not have a variety of playing materials and more boys than girls lack time for play.

## Discussion

The first finding indicates that there is significant relationship between caregivers' perception on children's play and age of children; the younger the children (5-7years old) the more caregivers are more likely to give them more toys and more playing time (see figure 1). Certain factors may also be responsible for this tendency. One of the factors could be due to the fact that, since younger children do not have responsibilities such as domestic duties or homework, they are free to spend their time playing without being bothered by their caregivers. Another possible reason may be that caregivers themselves might encourage their children to involve themselves in play in order for the children to be distracted while they (caregivers) are busy doing their usual chores at home. This finding is consistent with Shapiro (2003) who noted that indeed most parents get interested in children's play when they are younger, get less interested in play when children enter school, and just give up as their children become teenager. Therefore, younger children should be given more attention, a variety of toys and more play time. This is because early childhood is a period where children need more play materials and play



time for their holistic development as compared to older ones who go to school and so may be too busy with school activities.

The second finding indicates that there is no significant relationship between the gender of child and caregivers' perception on play. There is no significant difference in the way caregivers perceive children's play whether they are boys or girls due to the fact that all children are treated the same irrespective of their gender without discrimination in the Rwandan society when it comes to play that is the reason why this finding is not significant. However, the results shows that few caregivers have a tendency to discriminate between boys and girls on the issue of play; this insignificant difference may be attributed to individual differences among caregivers (see figure 2). Some caregivers reported that when they play with children especially boys, the former pretend to fight, sneak, chase or dive on the children while smiling and laughing. This amuses the children. This sort of play provides a context for learning and role exchange for instance, 'now it is my turn, you have to chase me.' This sort of attitude provides positive prosocial behavioural patterns like cooperation among children. Though a majority of caregivers are of the view that girls and boys should be treated equally (especially when they are young), there are others who feel that as children grow up, when they are not at school, girls should not be allowed to go out to play with friends as boys do. The common reason given by these caregivers was that girls were to be more protected than boys and can not go far from home as boys usually do. Another possibility could be the fact that caregivers especially females prefer keeping girls at home because they help them in doing domestic chores.

During interview, some caregivers revealed that for protective reasons they can not give more freedom to girl children as they do for boys. When children are on holidays, it was reported that usually boys were free to move around in the neighbourhood and to join peer groups for play activities such as football. Girls were prevented by parents/guardians to move away from home for fear that something dangerous might happen to them. It was found out that for girls, there is general tendency from caregivers of being more overprotective, warm and interactive than if it was a boy. On the other hand, for boys, the child could easily be left alone without any fear as compared to their female counterparts; expression of fear or loneliness could not be accepted as for a girl. It was also noted that themes such as courage, confidence and power were more emphasized for boys than for girls. This suggests that Rwandan society tends to be patriarchal.

The third finding is based on the interview carried out on caregivers. It was revealed that there was a significant relationship between caregiver's education background and perception on children's play. This is especially observed more for younger children than for the older ones. The more caregivers were educated, the more they were likely to have a positive view on play. Caregivers who have reached secondary or university level of education were found to be more favorable on children's play than those who had non-formal or have only attained primary level education. Some caregivers in the category of non-formal and primary level of education were of the view that children whose age range is 8-10 years were grown up who should engage in more serious issues such as contributing to household work or embark on their school assignments instead of playing. Sargent (2003) has indicated that one of the major challenges caregivers face in area of play is mainly ignorance on the role and benefits of play in the development of children. It was also revealed that gender of caregivers has no significant influence in their perception on children's play. Nevertheless, the present study has shown that there was a small tendency for male caregivers to put more value on play than their female counterparts. In traditional African context, household chores are mainly under female responsibilities, it is possible that female caregivers have many demands and thus lack time to play with their children. Another possible explanation of the gender difference, though minimal, may be due to the fact that female caregivers also have the responsibility to initiate young children to various tasks; they could think that play has no benefits to children and that it is just for passing time. .

It was discovered during the interview with children that they have a strong desire of playing with their parents and teachers. It is natural for children to have desire to play with their parents and to get attention from the latter as much as they can get it in matters of play. So caregivers should develop interest in playing with children since it benefits children in various developments. Play provides a golden chance for caregivers to build strong relationships with children and an occasion to teach them moral values and important social skills. Most boys, 90% (18 out of 20 boys) reported that their usual game is football while 100% of girls indicated that they play *agapira/ agatenesi* which means in Kinyarwanda, the local language, a type of handball game usually played by young girls or boys. Few children mentioned that they sometimes play with skipping rope, dolls, cars, or *mabigibigi* which in local language, a game played by young girls by chasing and touching each other. It is important that caregivers consider such moments of playing to impart societal values to children.

With regard to where the children source their toys, some of them, especially the younger ones (5-7 years old) reported that they could get toys from older siblings or parents while the majority of older children indicated that they could make balls out of available materials such as used clothes or banana leaves or they could borrow them from friends or siblings. Although most of the children expressed the need of being involved in various play activities such as volleyball, basketball, swinging, riding bicycles, swimming, playing cars, and using marbles, they also indicated that they could not find appropriate toys or materials. This finding shows that either the majority of caregivers in Rwanda do not have adequate finances to buy playing materials for children or, they simply do not know the role of a variety of toys in children's play.

The results of the study revealed that some children did not have enough of playtime due to school and domestic work, mostly children from 8-10 years reported that they were not getting enough time to enjoy play activities. This could be explained by the fact that in the Rwandan public schools, children have to attend classes both in the morning and afternoon. In addition to the heavy schedule, they also carry homework and the majority of school children have also to perform some domestic chores which include: washing dishes, caring for younger siblings and fetching water, among the other activities that parents or guardians assign them to do. It has been noticed that even in other parts of the globe, playtime for children has been reduced due to increased academic work, video shows, and computer games. These activities prevent children from active play with their peers. Subsequently social, physical and cognitive developments are hindered.

Indeed by visiting different locations in Kigali city, it is easy to observe that except for some few private schools, the majority of schools (both public and some private) have been built without provision for proper playgrounds and equipment for play activities. In the four locations where the study was carried out, schools and student centers do not have proper playground. Additionally, most Rwandans homes are very crowded and there is congestion of houses in Kigali city. These factors suggest that there is no adequate space for children to play (especially boys when they want to play football or play hide and seek or run about with each other). The children normally use streets or alleys available in their neighbourhood or have to look for nearest schools that may have playgrounds in order to have a place to play. Parents/guardians seemed not to have seen this lack of adequate space as a major hindrance. One reason given by some of the parents is that they are busy working toward catering for basic needs (food, shelter, clothing, school fees) for the family and so they do not have time to be concerned with children's play. Besides, it may also be due to the fact that some caregivers are not fully aware of the importance of play. Thus, the caregivers needed the support of school and local authorities in order to promote play activities in their communities.

Nevertheless, when children were interviewed, it was revealed that they value toys so much. Playing with toys make the children enjoy play. When asked about what were the greatest challenges in the area of play, 95% of girls (19 out of 20) and 85% of boys (17 out of 20)

mentioned that their greatest hindrance was the lack of toys. Caregivers do not provide toys for children at home; moreover, school authorities too pay less attention to play materials for children while the children are at school. This is due to ignorance of caregivers of the vital role of play in the life of children; play provides optimal development of children of any age. Boys revealed that they like to play football very much; but it was very difficult to find a ball which was professionally made. Children usually play football with hand-made balls called *karere* in local language meaning a ball made out of banana leaves, but according to children, such balls do not last for many days and so they need ready made playing materials like footballs. Likewise, girls were enjoying playing *agapira*, but it was not easy for them to find balls unless they made some out of used clothes or banana leaves.

These findings are inconsistent with the observation of Kiminyo (1992) who carried out a study in Kenya and reported that when children improvise playing materials then they will not have interest in ready made ones. 30% of girls (6 out of 20) and 45% of boys (9 out of 20) reported that school work and domestic chores were other hindrances and that they need more time for them to enjoy play. Play grounds and playmates were other requirements mentioned by children that would facilitate their enjoyment as far as playing is concerned. Though this was mentioned by relatively few children (20% girls and 25% boys) but nonetheless, it is a very important factor in determining how play can be effective.

## Conclusion

Play has an essential role for optimal development for children. Time for play is the most enjoyable moment in the life of children. This study has underscored the fact that children are able to learn various skills with great enthusiasm, they become explorative of their environments besides being able to discover their potentials during play experiences. It is recommended that caregivers understand the necessity of play and recognize it as children's right. The results of the study have showed that there is significant relationship between caregivers' perceptions and age of a child. The majority of caregivers had a more positive attitude on younger children's play than for older children. There was no significant relationship between caregivers' perception on children's play and gender of children. However, on the issue of play, findings showed small differences; some caregivers felt that grown up girl children (8-10 years old) were to be handled differently as they need to learn to do domestic chores. This study has shown that educational background of caregivers had some influence on their perception of children's play. The more educated caregivers are, the more they provide supportive network for children's play. From informal conversation with caregivers, it was indicated that traditions and cultural background, lack of know-how, inadequate time and non-availability of playing material were found to be hindering factors for caregivers to support children's play.

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## Appendices

### Appendix 1

#### Interview schedule for children

Age of respondent:

Sex of respondent:

Class:

1. What are your usual play activities or games?
2. How often in a week do you get time to enjoy play activities?  
( very often, sometimes, no time)
3. Where do you get good opportunity to enjoy play?  
- At home      - At school      - Other place (name of place)
4. Where do you get toys/playing materials? (parents, teachers, siblings, friends, or others).
5. Who do you play with at home in most of your play activities? –  
- Siblings      - Other kids      - Parents      - Others (who are they)
6. Who do you play with at school in most of your play activities?  
- Friends      - Classmates      - Teachers      - Siblings      - Others
7. Who else would you be pleased to play with?  
- Friends      - Relatives      - Parents/guardians      - Classmates  
- Teacher      - others
8. What are your greatest hindrances for you to enjoy play?  
- Lack of toys   - Lack of enough time   - lack of playgrounds  
- lack of playmates

### Appendix 2

#### Interview for caregivers

Respondent's age:

Respondent's sex:

Education level:

1. What playing materials/ toys do you provide?
  - To your child age between 5 and 7 years old?
  - To your child age between 8 and 7 years old?
  - To your daughter:
  - To your son:
2. How do you think toys / playing materials are important for
  - Children between 5 and 7 years old? (Very important, important, not important)  
Explanation: .....
  - Children between 8 and 10 years old? (Very important, important, not important)  
Explanation: .....
  - Girl children? (Very important, important, not important) Explanation: .....
  - Boy children? (Very important, important, not important) Explanation: .....
3. How important is it for you to provide playing time for
  - Children between 5 and 7 years old? (Very important, important, not important) Ex-  
planation: .....
  - Children between 8 and 10 years old? (Very important, important, not important)  
Explanation:.....
  - Girl children? (Very important, important, not important) Explanation:.....
  - Boy children? (Very important, important, not important) Explanation: .....
4. How often in a week do you take time to play with your? Explanation: .....
- Children between 5 and 7 years old? (very often, sometimes, Never) Explanation:  
• Children between 8 and 10 years old? (very often, sometimes, Never ) Explana-  
tion:.....
- Girl children (very often, sometimes, never) Explanation: .....
- Boy children (very often, sometimes, never) Explanation: .....

  5. How do you think children's play is or is not important in terms of: (choose correct answers and explain)
    - Impact on their mental development?
    - Impact on social development?
    - Impact on emotional development?
    - Impact on physical development?
  6. What do you do to promote children's play in terms of program, provision of playing materials, space or time?

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