Storytelling in Emergent Literacy: Supporting Community Based Childcare Centers in Malawi

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ABSTRACT

This study investigated the use of storytelling in order to support children's emergent literacy in Malawi's resource deprived Community Based Childcare Centers (CBCCs). It focused on the professional development of four caregivers from four CBCCs following a Formative and Design Experiment model, and using qualitative methods of inquiry. The professional development on storytelling was designed following an informative two-week observation period. Following the observation, a daylong professional development was organized to train the caregivers. In the seven-week intervention period that followed the professional development, the main focus of the study was on the perceptions of the caregivers about their participation in a professional development on storytelling in CBCCs, their responses to using storytelling, and their perceptions about children's responses to using storytelling in CBCCs. Data that informed the study comprised caregivers' reflective notes in their journals, individual caregiver weekly interviews, weekly focus group discussions, and research reflective field notes that were collected over seven weeks after the professional development. Findings suggested that the four caregivers found the professional development beneficial to them all. However, out of the four caregivers, three of them and their respective children demonstrated benefit from storytelling, growth in knowledge and development of storytelling skills. The three caregivers reported becoming more connected with the children, understood them better, found storytelling to be a teaching approach, and felt that their teaching was made easier and enjoyable. The children taught by these three caregivers enjoyed their learning and even resourced stories from their communities. They too, became storytellers. In the end, the caregivers felt that they were ready to share their experiences with other caregivers in Zomba District in Malawi. These findings suggest that storytelling could be used in support of emergent literacy at a larger scale, as well as serve as springboard for pedagogical training of the caregivers culminating in the development of locally available teaching and learning resources in the Malawian CBCC.

Dedication

To my sweet daughters Hope (Ellena) and Margaret, my source of courage and consolation,

To my amazing wife and companion through life's journey, Frances. Though far away, she remained close and ever supportive throughout my academic endeavors,

and

To my deceased loving mom and my first storyteller, Rose. Mom, you still remain the rose of my life!

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Chapter 1: Introduction

General background

Malawi, "The Warm Heart of Africa" is indeed a country of warm, smiling, caring and hard-working people. Families are close and neighbors know one another well. In times of need, Malawians will stop what they are doing to provide assistance or at least verbal support for one another. Whenever they find the opportunity, mealtime and evenings are opportunities for family sharing and storytelling. At very young ages, children learn to care for and look after their younger siblings and other children in the community. Indeed, all people in a community look after, give advice to, and guide children. It is a place where, in truth, it takes a village to raise a child. It is in this kind of environment that children are usually brought up.

Malawi is a landlocked country southeast of the Sub-Saharan Africa. Its area is estimated to be 36,324 sq mi (94,079 sq km) land only and 45,745 sq mi (118,480 sq km) including the water surface. It shares borders with Tanzania to the north, Zambia to the west and northwest, and Mozambique to the east, south and southeast. Lake Malawi is the main large water body stretching from the north of the country to the south part.

The people of Malawi include Chewa, Nyanja, Tumbuka, Yao, Lomwe, Sena, Tonga, Ngoni, Ngonde, Asian, and European groups, (CIA World Factbook, 2010). English is the national language and is used in government, business, and newspapers. Chichewa is the official language of Malawi and the mother tongue of about 57% of the people. The mother tongues for other ethnic groups include Nyanja (13%), Yao (10%), Tumbuka (9%), Sena (3%), Lomwe (3%), and Tonga (2%), (CIA World Factbook, 2010). When children enter school at grade six and begin Standard 1 (Grade 1), instruction is delivered in Chichewa, which is a second language

for approximately 43% of the children. English instruction begins in Standard 1, but it does not become the primary language of instruction until children reach the upper levels of primary school (Standards 5-8) (Malawi Ministry of Education, Sports, & Culture (MOESC) & United Nations Children's Fund, 1998).

Literacy is defined as the ability to read and write in Chichewa at age 15. The literacy rate is reported to be 62.7% for the total population. There is a literacy advantage for males (76.1%) over females (49.8%), (CIA World Factbook, 2010). Male children are more likely than females to be encouraged to stay in school. School is free, but not compulsory (Malawi Ministry of Education, Sports, & Culture (MOESC) & United Nations Children's Fund, 1998). On the average, males stay in school to age 10 and females stay until age 9 (CIA World Factbook, 2010). Obviously, the dropout rate is very high, and it occurs primarily in the early grades of primary school, but continues throughout primary and secondary education.

Literacy education guidelines

In western culture, methods textbooks and research on literacy teaching and learning stand solidly on the foundation that reading and writing are best learned in print-rich environments that reflect what children know and understand (Allington, 2005; Allington & Cunningham, 2006; Allington & Johnston, 2002; Atwell, 1998; Calkins, 2000; Clay, 1997; Cunningham & Allington, 2006; Cunningham, Moore, Cunningham, & Moore, 2004; Duffy, 2003; Fountas & Pinnell, 1996; Pinnell & Fountas, 1998; Pressley, M., Allington, Wharton-McDonald, Block, & Morrow, 2001; Strickland & Morrow, 2000). Children's experiences with print (at home or in preschool) prior to entering kindergarten are considered important building blocks in literacy learning (Clay, 1997, 2001; Cunningham & Allington, 2006; Cunningham, Moore, Cunningham, & Moore, (2004); Strickland & Morrow, 2000). In describing emergent

literacy, essential abilities that have been identified through research with young children include knowledge of: (a) the difference between the front and back of a book, (b) the beginning and end of a page and a sentence, (c) the notion that words are composed of letters and words are separated by spaces, (d) the idea that print carries a message, (e) the concept that sounds in words map into letters and that groups of letters and words are combined to create sentences, (f) an understanding that there is usually a relationship between words on a page and nearby illustrations, and (g) the conception that reading can have different purposes (such as learning and pleasure) (Clay, 2001; Strickland & Morrow, 2000).

Preschool programs are commonly designed to include daily experiences for children that will provide assistance to them in gaining these emergent literacy concepts and skills. Recommendations for supporting literacy learning in preschool include: (a) frequent experiences in listening to children's literature read alouds, (b) making children's literature available to children for exploration, (c) play and other interactive encounters that encourage development of oral language, (d) work with letter identification, (e) identifying and writing one's name, (f) identification of words in the environment, and (g) development of concepts such as beginning, middle, and end (Aarnoutse, Van Leeuwe, & Verheoen, 2005; Missall, Reschly, Betts, McConnell et al., 2007; Kirkland & Patterson, 2005; Saracho & Shirakawa, 2004;). In preschool environments, children are viewed as having great potential for expression and are encouraged to communicate their knowledge through words, movement, drawing, painting, building, artistic expression, dramatic play, and music (Edwards & Springate, 1995). Engagement in expressive activities of this kind provides young children with rich opportunities for oral language development that support literacy learning.

The research problem

Many western recommendations for early support of literacy learning have little meaning in Malawi. Children's literature is not present at home or in the community; in fact, many children never experience any children's books in primary school. Mchazime (1994) found that most adults in Malawi had never read any book other than a textbook in their lives. Children in rural primary schools often do not have their own paper or pencils, and schools are not able to provide these materials for their students. The vast majority of homes do not have print materials at all; the average Malawian parent struggles to feed and clothe children and there is no money for items like newspapers, magazines, and books.

Literacy learning and concept development in western society is in many ways print dependent. Malawi needs approaches to literacy learning that are not print dependent, not at least in the initial stage of early literacy beginnings. Such approaches should be consistent with its languages, culture, and available knowledge and materials. With its rich oral tradition, storytelling could represent the foundation of an approach to early literacy learning to which every child in Malawi has access.

Making use of oral traditions with emphasis on storytelling can provide support in grounding learners in their cultures (Craig, Hull, Haggart, & Crowder, 2001). Storytelling provides a context for literacy, helping children develop their ideas and preparing them for reading comprehension and later academic success (Craig et al, 2001). Speaker, Taylor, & Kamen (2004) found that storytelling leads to improvements in listening skills and ability to organize narrative thought. It also increases children's attention span, recall, sequencing ability, leads to fluency in writing (Davis, 1982; Reed, 1987) and helps children construct or activate their schemata (Cherry-Cruz, 2001). In addition, storytelling was found to have a positive

impact on children's vocabulary development (Cooper, Capo, Mathes, & Gray, 2007; Groce, 2004; Speaker, Taylor, & Kamen, 2004), understandings of story structure (Price, Roberts, & Jackson, 2006), facilitated learners' socialization (Price, et al, 2006; Williams, 1991), and acted as motivation for learning (Groce, 2004).

In order to utilize storytelling to support literacy learning in preschools in Malawi, teachers need preparation and training. Effective professional development programs for preschool teachers should: (a) provide information for teachers on the topics of interest (in this case, storytelling and literacy development), (b) include modeling of the strategies for instruction, (c) engage teachers actively in discussion of the topic and how it can be implemented in their actual teaching environments, (d) involve teachers in practicing the instructional strategies with one another, (e) provide support to teachers in making plans for implementing the instructional strategies, (f) allow the teachers to receive supportive feedback on their implementation of the instructional strategies, and (g) present opportunities for the teachers to share their experiences and learn from one another (Clarke, 1995; Le Cornu & Ewing, 2008; Pereira, 2009; Rathgen, 2006; Vogt & Rogalla, 2009).

Research Questions

This study was designed to investigate the process and results of providing Malawian preschool teachers (caregivers) with professional development on utilizing storytelling as an approach to improving literacy-learning experiences for children. The methodology is a formative and design experiment (Reinking & Bradley, 2008) formulated to address the research questions:

Research question: How can storytelling be introduced to promote early literacy development in Malawi? This primary question will be investigated through the following sub-questions:

i. What are caregiver perceptions about participation in profession development on storytelling in Community Based Childcare Centers (CBCCs)?

ii. What are their responses to using storytelling in CBCCs?

iii. What are caregiver perceptions of the students' responses to using storytelling in CBCCs?

Discussion in the next section looks at the available literature on storytelling and lessons learned from examining the literature. The focus is on the relationship there exists in children's cognitive development from Piaget's and Vygotsky perspectives, and emergent literacy and storytelling as a rich cultural tradition among Malawians, including children in preschools or CBCCs.

Chapter 2: Literature Review

Storytelling and emergent literacy

Learning and development

The study of early childhood education requires examination of children's cognitive, social and emotional development (Bus & Out, 2009; Cunningham, Zibulsky, & Callahan, 2009; Fram & Kim, 2008; Purnell, Ali, Begum, & Carter, 2007). Theories of cognitive development help us to understand children in relation to their physical, intellectual and emotional development. Basic to this theory is the nature of knowledge and how human beings, particularly children, come to acquire or construct it. The theoretical frameworks of Jean Piaget and Lev Vygotsky are of particular interest because they are considered originators in developmental psychology.

Jean Piaget

Jean Piaget is one of the most influential psychologists in cognitive developmental theory. His theory postulated that cognitive abilities are developed as individuals mature physiologically and have opportunities to interact with their environment (Heindel et al., 2008). Piaget suggested that reality involves transformations and states. Transformations include all manners of changes that a person can undergo. States refer to conditions for a person between the transformations. Consequently, Piaget argued that if human intelligence is to be adaptive, it is necessary for individuals to develop cognitive functions that represent and provide support for both the transformations and the states.

Piaget's developmental theory emphasizes growth and maturation of the person through accommodation (a process in which existing cognitive mental structures change to make meaning of new events occurring in the environment) and assimilation (the individual's interpretation of new events in the environment based on existing cognitive structures) (Leonard, 2002). In this regard, Piaget theorized that living organisms continually seek a state of equilibrium, a term that means striving for balance between two conflicting forces (Salkind, 2004). For Piaget, equilibration is the primary motivating force behind development. The child, he proposed, is an active agent, seeking out those situations or elements in the environment that will keep him or her in a state of equilibrium.

Piaget proposed four stages of cognitive development: (a) the sensorimotor stage (generally lasting from birth to age 2), (b) the preoperational stage (lasting from 2 to age 7), (c) the concrete operational stage (lasting from age 7 to age 12), and (d) the formal operational stage (lasting from age 12 through adulthood) (Salkind, 2004). Piaget's pre-operational stage is the focus of this investigation because the study centers on preschool.

Piaget claimed that an essential component in a child's development is the ability to perform an operation, described as a mental action that is reversible. In the preoperational stage, the child moves from being a reflexive organism (a characteristic in the sensorimotor stage) into a more symbolic type of intelligence capable of manipulating symbols that represent the environment. During this stage, the child is engaged in rapid language development and experimentation. It is important to note that a child in this stage cannot conserve, i.e. she cannot understand that just because one dimension of an experience is changed, other qualities of that experience are not necessarily changed as well. The preoperational child is perceptually bound and cannot manipulate symbolic elements or

reorder them mentally (Salkind, 2004). Approaches to preschool education are typically focused on providing support that is consistent with understandings of human development and learning processes in the preoperational stage.

Piaget's principles of learning call for using concepts and personalized examples when discussing abstract concepts with students. To examine development, it is important to pre-assess children's prior levels of knowledge and reassess it later to determine growth. Teaching recommendations at the preoperational stage are for hands-on experiences and opportunities to help children interact with their environments in problem-solving activities. In the later stages of development, students should be led to test their hypotheses in systematic ways (Harmon & Jones, 2005).

Piaget focused on the importance of action and children's problem solving. It is important to engage young children in exploring their environments through manipulating objects, testing out ideas, and revising their understanding of concepts or theories (Hill, Stremmel, & Fu, 2005). Based on Piaget's theory, teaching should be organized to capture children's spontaneous activity and interest through play, experimentation, and cooperation in adult-child and child-child relationships, (Morra, et al, 2008; Piaget, 1929; Piaget, 1969; Hill et al, 2005).

Lev Vygotsky

The focus of Vygotsky's theory is on the sociocultural context of development (Hill et al, 2005; Smagorinsky, 2009). Learners' mental processes often begin in the context of social interactions that are internalized over time. Vygotsky emphasized that thought and language develop independently of each other, but later they merge to become interdependent. Children learn the cultural traditions and perspectives of their world

through informal conversations with adults, personal experiences and formal schooling. As they develop, in order to perform more difficult learning tasks, children need to be challenged and assisted by more advanced and competent individuals. Vygotsky held the position that challenging tasks for children are necessary for the promotion of maximum cognitive development.

In his description of challenging tasks that support learning, Vygotsky proposed the existence of the Zone of Proximal Development (ZPD), defined as the difference between the level of actual development and the potential level. The ZPD is the distance between a child's independent problem-solving level and the potential level that can be reached at a given time if learning support is provided by an adult or peer (Harris & Hodges, 1995; Salkind, 2004). For a child, this is a level that is rather challenging but not totally unattainable (Krogh & Slentz, 2001).

Identification of the ZPD for young children requires continuous informal assessment. One way of locating the ZPD for a given child is to identify the differences between: (a) errors the child makes without knowing that an error has occurred, (b) errors for which the child has some awareness as errors, but cannot independently self-correct, and (c) errors made that the child notices and self-corrects. Based on ZPD theory, if an error is made about which the child has no awareness, the child is not yet developmentally ready for instructional/experiential support to correct the error. In the second case, when a child makes and has an awareness of an error, but can't self-correct, the ZPD has been identified specifically. When this condition has been established, provision of a learning experience that allows the child to discover how to correct the error is ideal. In the third case, when a child has made an error and has the ability to identify and self-correct the error, the child's

development can be considered to have passed the ZPD and the child is likely to be able to similarly self-correct the error again or discontinue the error in the future. In order for teachers to capitalize on understandings of the ZPD in young children, individual attention to children's performance is continuously necessary, followed by focused learning experiences related to knowledge of errors and misunderstandings.

Further, in order to truly adhere to and effectively take advantage of the ZPD, instruction must take cultural and historical perspectives into consideration (Smargorinsky, 2009). When the child is developmentally and contextually in the ZPD, learning can only be achieved through the support of a more knowledgeable adult or peer. More important, in the ZPD, it is clear that learning can and will occur – given appropriate and timely instructional support. The structures of the support provided to help the child move from what is known to what needs to be known is called scaffolding. A schoolteacher, a parent or even a peer can provide scaffolding.

Vygotsky's view of language is that it is a "…cultural tool that allows the child's mind to stretch and grow" (Salkind, 2004). The role of teachers, parents, and primary caregivers is to support young learners, particularly preschoolers, in attaining various language usage competencies through scaffolding.

Vygotsky's theories are very relevant because they place development in the context of social and cultural activities as a means of connecting learning and experience (Hill et al, 2005; Mc Drury & Alterio, 2003). Central to Vygotsky's theory is the important role that the more knowledgeable adult or peer plays in the child's learning process. Any interaction with a child may be seen as an opportunity to help that child move from what is known to what needs to be known. In a classroom situation, instruction must be organized to realize

this important goal. Instruction must also be grounded in the cultural and historical settings of the learner (Vygotsky, 1986; Smargorinsky, 2009).

Constructivism

Piaget and Vygotsky's perspectives on learning are considered foundational to constructivist theory, particularly with regard to early childhood development. Constructivism is a theory that focuses on human learning and the way knowledge is constructed and acquired (National Research Council (NRC), 2000).

In constructivism, humans are seen as actively interacting with information. When children become students in formal education settings, they come with their own prior knowledge, beliefs, and concepts (NRC, 2000). New knowledge is constructed based upon existing knowledge. The concept of knowledge construction extends even to young infants, who are considered active learners who bring personal understandings and points of view.

When presented with constructivist approaches to learning, students begin to take control of their own learning. Children's cognitive development is supported by active participation in their own learning. When presented with active learning experiences, children can make sense of their learning experience, engage in self-assessment, and become more aware of how they meaningfully construct knowledge (NRC, 2000).

Teachers who use instructional practices based upon constructivist theory pay attention to students' ways of knowing and act as facilitators of the learning process. These teachers provide experiences for children that are designed to encourage inquiry, exploration, and discovery. While children are actively involved in these learning experiences, teachers intervene to correct misconceptions as needed. They respect the

students' understanding. Students in turn become equipped and easily apply their new knowledge in varied contexts (NRC, 2000).

Human learning is a social activity. While learning can take place in many contexts, human learning cannot be divorced from experience with other people, whether they are family members, teachers, peers, or representations in the form of texts written by authors. Since learning is tied to human existence itself, it is important to recognize that all cultures of the world have their own ways of shaping young members of their societies through experiential learning. This is also the case in those cultures that are more grounded in oral rather than written traditions (Stavans & Goldzweig, 2008).

When examining the social nature of knowledge construction, another factor that requires consideration is motivation, a characteristic that is vital in human learning. Children open up to others to share even personal stories of their own lives (Craig et al, 2001; Heller, 2006). Learning is more enjoyable when it takes place in the context of one's abilities. When challenging activities are introduced, care must be taken to ensure that the activities are still within the realm of learners' potential for development. Incorporating activities that are socially and culturally contextualized in children's learning experiences makes meaning construction much easier and more enjoyable (Daniel, 2007).

Early childhood education and literacy development

In addition to examinations of theories of human cognitive development in the learners' socio-cultural context and constructivism as the foundation of learning, the study of early childhood literacy learning requires investigation of the impact of preschool education, the relationship between the teacher and the child, and the process of language development.

The impact of preschool education

Feinberg-Peisner, Burchinal, Clifford, Culkin, Howes, Kagan, & Yazejian (2001) and Hansen and Zambo (2007) noted that high quality preschool programs have long-term positive effects on children through the early grades. A strong preschool program is advantageous to the growth and development of children.

Using Erikson's words, Hansen and Zambo (2007) agree that children in preschool are indeed "on the move" and "on the make," (p. 275). This implies that young children are actively growing and developing. Their relationships with teachers are components of the micro-systems that influence children and their learning (Hansen & Zambo, 2007).

Hansen and Zambo (2007) found that relationships with teachers were important for children in preschool centers, and that affirmative teacher/child relationships were correlated with the development of positive self-concept and emotional development. Further, the research results showed that teacher utilization of children's literature was related to high quality interactions between preschool students and their teachers. The findings confirm that preschool programs can play significant roles in supporting development in young children. Further, when preschool effectively connects home and school experiences, there is a positive transition to schooling for young children. When children experience a high quality and continuous nurturing environment at the preschool level, they also display more effective social skills in their first years of learning (Hansen & Zambo, 2007). The relative contribution of preschool quality to children's development is correlated to specific family characteristics.

De Feyter and Winsler (2009) studied the early development of children from low-income backgrounds and immigrants in preschool settings for which strong home/school linkages had been established. They observed that preschool programs led to the development of

school readiness for children from low-income backgrounds. While there were fewer externalized problems in immigrant children, the findings indicated that when children are exposed to preschool environments that link the home and the school, they are likely to be high achievers in schooling and even later on in life. This provides evidence of the importance of early childhood care programs that link the home and the early experiences of learning. The influence of family factors such as socio-economic status of the family (SES) can be impacted with regard to preparation for school experiences as a result of participation in full time preschool programs. It can be seen here that exposing children to early experiences in quality early childhood education is an advantageous and a worthwhile endeavor.

Teacher-child relationship

High quality teacher-child relationships can have important effects on learning and development in young children (Feinberg-Peisner et al., 2001; Feyter & Winsler, 2009; Fram & Kim, 2008; Hansen et al., 2007; Huijbregts, Leseman, & Tavecchio, 2008; Purnell, Ali, Begum, & Carter, 2007). The quality of interaction between the caregivers or teachers in early childhood centers is of vital importance. In their study on building culturally responsive early childhood classrooms, Purnell et al. found that culturally responsive teachers created learning environments that respectfully reflected each child's culture. As a result, children felt emotionally secure in their classrooms. Children also developed personal learning interests and self-acceptance in this multicultural environment. Similarly, Hansen and Zambo concluded that to a great extent, children become who they are as a consequence of how they are treated and spoken to. They warned that in teaching young children, a focus on cognitive skills that does not also recognize and address the importance of emotions could lead to the development of a child who lacks empathy and understanding. A caring and nurturing teacher/child relationship at the preschool

level can have a long-term positive influence on the lives of children (Feinberg-Peisner et al, 2001).

A close relationship between caregivers and the children has been shown to be the strongest longitudinal predictor of children's social skills (Washington, 2001). In her study of the early literacy skills development in African-American children, Washington noted that children from low socio-economic backgrounds needed preschool or primary school intervention that emphasized developing strong language skills, positive teacher-child relationships, and culturally relevant environments. In addition, she observed that teachers who had high student expectations promoted high performance in children. Washington found that high teacher expectations for children brought about high performance. On the other hand, low teacher expectations were related to low performance among African-American children (Washington, 2001). Clearly, strong teacher-child relationships are needed in early childhood centers and preschool classrooms.

In some cases, there are children who do not get high levels of parental support due to the socio-economic status of their families. In such cases, some parents totally entrust their children to the care of the teacher. It is therefore the sole responsibility of such a teacher to ensure that children are well looked after by establishing close bonds or relationships with them. Particularly where cultural differences exist, the teacher's role is significant in raising the hopes and motivation of culturally diverse children (Fram & Kim, 2008). In their multi-level analysis of factors influencing first childcare experiences, Fram and Kim (2008), found that there were trajectories in early care. They found that parents with low socio-economic status tended to keep their children longer before exposing them to childcare services. To the contrary, parents from high socio-economic status were more likely to expose their children early to childcare services

(although this depended largely on the mother's choice between childcare and employment). Fram and Kim stress the importance of high quality attention given to children by either parents or teachers. When teachers respond negatively to children's characteristics such as poverty, they may assume that poverty does not affect the children's competence and performance (Washington, 2001). There is much evidence that poverty affects the children's general performance, especially in their later stages of development. While the dialectic and home literacy environment may be contributory to children's failure, these can be overcome through the presence and support of caring and committed teachers (Washington, 2001).

Further, there is evidence that students demonstrate higher levels of success as learners when they work with teachers who create culturally responsive environments (Purnell, Ali, Begum, & Carter, 2007). Purnell et al., (2007) noted that a highly supportive classroom environment for the child reflects each child's home culture (which may be unfamiliar to the rest of the class). By practicing content integration and including multicultural literacy materials as part of regular classroom activities, teachers model interest in and acceptance of each child's difference. Purnell et al., further noted that arts integration can create new and meaningful connections to lesson content, expand student understanding of other cultures, and help to promote the development of healthy cultural identities.

This section has evidence proving that by strengthening the strong bond of relationship in the classroom setting between the teacher and students, prior weak bonds of attachment are repaired. The child, consequently, achieves high levels of success.

Literacy development and early childhood education

Preschool and other early childhood programs have many effects on young children that support literacy development. A well-organized program facilitates and supports children's

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development of phonological awareness, print awareness, and oral language skills (Fiorentino &
Howe, 2004; Lane & Allen, 2010; Mashburn et al., 2008; Pullen & Justice, 2003). Children also
develop the skill of focusing attention through various indoor and outdoor activities (Steward,
Rule & Giordano, 2008). When exposed to culturally relevant curricula and teaching practices,
children develop cultural awareness (Pasupathi, Henry, & Carstensen, 2002; Purnell et al, 2007).

Research findings indicate that early childhood education also supports children who are
at risk. Children at risk are those who are socio-economically disadvantaged, those with a
learning disability or living under severe human conditions. Early childhood education supports
such children who otherwise might not succeed in formal schooling systems because of these
risk elements (Ezell, Justice, & Parsons, 2000; Gettinger & Stoiber, 2007; Mac Donald &
Figueredo, 2010; Upshur, Wenz-Gross, & Reed, 2009).

There is evidence that focusing on children's narratives in early childhood education
improves children's cognitive development (Fram & Kim, 2008; Purnell, Ali, Begum, & Carter,
2007; Bus & Out, 2009; Cunningham, Zibulsky, & Callahan, 2009). A narrative can be
considered as a story, true or false, that is expressed orally or in writing (Harris & Hodges,
1995). Narratives are derived directly from experience or cognitively constructed based on
experiences. The teller or writer decides on what to communicate. Sometimes the terms
narrative and storytelling are used interchangeably. While narratives are general utterances,
storytelling has more of the story structures of beginning, middle and end. The use of children's
narratives in early childhood education affects children's narrative production over time. The
narratives become more complex as the children grow older (Kaderavek, Gillam, Ukrainetz,
Justice, & Eisenberg, 2004).

Other research findings have demonstrated that the frequent use of narratives in preschool children not only enhances their oral language skills, but also improved the children's use of conjunctions and linguistic verbs. The use of these indicates age-related changes in the children's use of literate features of language (Currenton et al, 2004). This body of literature suggests that conjunction use is a key feature of oral language skill development.

As children grow older in a nurturing environment, their expressive skills grow significantly (Ukrainetz et al, 2005). This level of development was identified through the children's gradual length in expressive elaborations and the diversity found in such elaborations. Most importantly, there is an added value to organizing early childhood education that accounts for children's oral language, social and emotional needs. As seen above, an early childhood education program that incorporates storytelling in its curriculum is likely to benefit the children more that the one that does not.

Emergent literacy

Trostle-Brand and Donato (2001) observed that educators and theorists in the past took the position that children came to develop reading after demonstrating reading readiness skills. These skills included "visual memory, visual discrimination, auditory memory, auditory discrimination, attention span, alphabet letter recognition, and comprehension" (p. 3). At the time, pre-service teaching in early literacy classes focused on introducing and teaching the aforementioned skills in isolation and did not deliberately deal with children's level of engagement in the learning process.

Currently, the term "reading readiness" is rarely used; instead, the concept of emergent literacy is viewed as more accurately representing the process of gaining the capacity for reading and writing. Emergent literacy is seen as "a process-based approach that refers to the child's

gradual acquisition of the literacy skills involved in formal reading," (Trostle-Brand & Donato, 2001, p. 3; Robinson, et al., 2000).

Emergent literacy is also seen as a philosophy, a belief about how children develop literacy. It is generally considered that there is not a point in a child's life when literacy begins but rather that literacy is a continuous process of learning. The child develops gradual understanding that print carries meaning (Miller, 2000). This concept may begin to develop early in the child's life, and it progresses gradually until the child reaches the formal learning age – an age of conventional reading and writing. In emergent literacy reading and writing concepts, behaviors, and dispositions proceed and develop into conventional literacy" (Harris & Hodges, 1995). From the point of view of the young learner, emergent literacy includes a variety of changes relative to language that take place over time. Emergent literacy is inclusive of the literacy activities and strategies that engage the learner as she develops listening, speaking, reading, and writing skills.

The term emergent literacy was used first by Marie Clay (1966), and denotes that the child acquires some knowledge about language, reading and writing before coming to school (Morrow, 2005). As Morrow observes, literacy development begins early in life and is indeed ongoing. That implies that the skills of reading, writing, oral language and listening are developmentally interconnected. According to the National Early Literacy Panel (NELP, 2008), the early literacy skills of decoding, oral reading fluency, reading comprehension, writing, and spelling have their own predictors. These include alphabet knowledge (ability to identify the alphabet letters), phonological awareness (ability to relate the letters to the sounds they represent), rapid automatic naming of letters or digits (ability to name letters and digits quickly), rapid automatic naming of objects (ability to name objects or colors quickly), writing one's

name, and phonological memory (ability to remember information within a limited time) (NELP, p.viii). It is important, therefore, that the social setting for early literacy should purposefully include activities that lead to children's creation of meaning. Emergent literacy, in this context, includes all the experiences throughout the early years that affect the development of literacy in later years.

The shift of perspective from children's reading as an end in its own self to the standpoint of reading as a developmental process is of great significance. Reading is now understood as developing even before the child begins to engage formally in independent interactions with text (Harris & Hodges, 1995; Trostle-Brand & Donato, 2001; Wolfe & Nevills, 2004). Reading aloud is one way in which reading is introduced to many children and much emergent development can occur in the context of read alouds. There are a number of ways in which reading aloud to children is of paramount importance.

The development of reading in children is largely influenced by how much the children are read aloud to by their parents or caregivers (Trostle-Brand & Donato, 2001). Reading to children by a parent or a caregiver helps them expand their schemata as the brain interacts with new information. When children are regularly read to, they in turn tend to learn to read extensively (Trostle-Brand & Donato, 2001). They also develop vocabulary and oral language skills (Clay, 2001). This suggests that children should be read to on regular basis.

Children also develop new concepts. Textual organization and categorization of concepts are learned when they are exposed to tests. When children are read to, they develop interests in and positive attitudes towards reading. When a parent or caregiver reads to a child, the relationship between the two is strengthened (Trostle-Brand & Donato, 2001).

Reading aloud provides explanations to children as they try to make sense of their world. Martinez, Roser, & Dooley (2003) noted that when children were read to, they developed knowledge of the world and personal self-awareness. Needless to say, reading facilitates the development of vocabulary in the young, and increased knowledge and command of vocabulary enhances comprehension. Children learn to explore texts, their language and culture when they interact with stories (Martinez, Roser, & Dooley, 2003).

When children are read to, the imagination is stimulated. The stimulation of imagination is important because it precedes the development of representational thought that characterizes oral and written language (Trostle-Brand & Donato, 2001). In addition, Trostle-Brand and Donato (2001) noted that reading to children could provide catharsis, i.e. through reading, the children can move from lack of experience and confidence to being problem solvers who confront and resolve fears. Through read aloud experiences, children can learn to appreciate their own uniqueness, including physical, intellectual, emotional and linguistic characteristics.

Reading to children also increases phonemic awareness. Phonemic awareness is an important characteristic that can distinguish emergent reading capacity in children (Trostle-Brand & Donato, 2001; Clay, 2001; Morrow, 2005; NELP, 2008). Therefore, it is imperative that children be supported in developing phonemic awareness. Further, experiences in read aloud are related to motivation in reading. The development of early literacy skills and motivation in reading serve as preparation for formal schooling preparation.

There is much evidence of the value of reading aloud to young children. Children who have had rich read aloud experiences in turn have great advantages in their early literacy experiences and development. However, it is equally important to note that there are millions of children who may not have opportunities for experiences with books in the world today. In

many cases, these children are brought up in cultures that have rich oral traditions, particularly storytelling. Is it possible that storytelling could play an emergent literacy development role similar to that of read aloud?

Storytelling

What is storytelling?

Harris & Hodges (1995) defined a story as being "… prose or poetry narrative or tale; an imaginative tale shorter than a novel but with plot, characters, and setting, as a short story; the plot of a novel, poem etc; the branch of literature; or simply something narrated" (p. 243). Harris and Hodges considered storytelling to be "the art of telling a story orally rather than reading it aloud" (p. 244). Storytelling is "the extended discourse that reports in an organized, coherent and cohesive manner a series of real or fictive events" (Stavans & Goldzweig, 2008, p.232). What is common in these definitions is that storytelling is a socio-linguistic activity done in an organized and natural way.

Storytelling is an attractive and viable supplement to reading aloud for achieving specific language and comprehension goals. Storytelling is considered the oral interpretation of traditional stories, literary works, or personal experiences, (Trostle-Brand & Donato, 2001). Storytelling requires recounting in a natural manner with all the flavor and language of the particular tradition from which it comes. It is an interaction between teller and listener; at its best, it becomes a mutual creation.

Storytelling as oral cultural heritage

Storytelling began many years ago as an oral tradition before writing and printing supplies were available. Stories were passed on from one generation to another and used for a variety of purposes, including the recording of history and culture (Bell, 2002). While storytelling was used essentially for pedagogical means among primitive cultures, the stories found in almost every culture carry deep meanings that reach far beyond pure entertainment of the listeners (Porter, 1910). Porter (1910) further observed that all cultures of the world honored their storytellers. These included China, India, Arabia, and Japan. The Greeks, Hebrews and Romans too had their own storytellers. In the Christian tradition, "… stories of the Gospels have done infinitely more to influence the lives of men than all the books of systematic theology…" (Porter, 1910, p. 3). Stories within a culture influence greatly the way people behave and think.

In the African context, most of written works have drawn their resources from oral genres such as storytelling, proverbs, epics, incantations, panegyrics, occasion-specific poetries and dramatic performances (Olanyan & Quayson, 2007). As Gunner (2004) observed, orality was used by societies to regulate and organize citizens and philosophize about pertinent issues affecting them such as power distribution. "Orality was the means by which Africa made its existence, its history long before the colonial and imperial presence of the west manifested itself. "… orality needs to be seen not simply as 'the absence of literacy' but as something self-constitutive, *sui generis*," (Gunner, 2004, p. 67).

The traditions of orality are central to the understanding of the African cultural heritage. It is important to consider this phenomenon if learning is to be culturally relevant. As Perez (1995) noted, "All literacy users are members of a defined culture with a cultural identity, and

the degree to which they engage in learning or using literacy is a function of this cultural identity" (p. 4). The use of storytelling in the context of literacy instruction springs naturally from the conceptualization of cultural identity and fulfils cultural recognition, pride and literacy itself.

While Western civilization emphasizes "writing literacy" over "oral literacy," divorcing the young African learner from this rich cultural heritage can be compared to the failure to recognize the language, consciousness, expression, and experience of the African people (Irele, 1989). It is committing the very same mistakes committed by the British colonial administrators who banned the Kikuyu poetry festival just because they could not understand what was happening (wa Thiong'o, 1993). As wa Thiong'o noted, failure to recognize African oral traditions is failure to recognize the important role played by these oral traditions in preserving African languages, life, and culture.

Storytelling as source of support for children's emergent literacy

Many emergent literacy skills are developed through storytelling (Speaker, Taylor, & Kamen, 2004; Isbell et al. 2004; Tavil & Soylemez, 2008; Groce, 2004; Cooper, Capo, Mathes, & Gray, 2007). These skills include phonic and phonemic awareness; the notion that print carries meaning, that print has a direction, knowledge of the letters of the alphabet, and understanding of story components.

Isbell et al (2004) study was designed to determine how storytelling and story reading influenced the language development and story comprehension of young children from three to five years of age. Their quantitative study included 38 participating children divided into two groups. One group was asked to recount a story they were orally told while another recounted a story read to them from a storybook. Both groups were tested on general story elements. Data

analysis involved examination of children's fluency (total number of words used) and vocabulary diversity (number of words) (as demonstrated by Gavin & Giles, 1996). The children in the story telling group performed better on the retelling than the story reading group. On the other hand, the story reading group performed better when creating the wordless picture book story. This indicated that children perform better when presenting a story in the medium used to share the story. The data also illustrated that children's use of storytelling improved oral language complexity and story comprehension in young children. These findings put storytelling and story reading at par. The use of both approaches concurrently may enrich early literacy programs.

Tavil's study is particularly interesting because it took place in Yenimahalle, Turkey. The study used Total Physical Response (TPR), "an integration of auditory, visual, and kinesthetic learning channels" (p. 373). The importance of seeing and touching in organizing children's learning was emphasized. The study examined young children's recall of words in a foreign language that were presented in a story. Results showed that children acquired a foreign language much easier when stories were used in teaching the foreign language. Children in this study were able to dramatize the story besides telling it. In the post-test results, children were able to identify words they did not recognize in the pre-test. While this study articulated the advantages of using storytelling to develop children's vocabulary, perhaps one would question the teaching of a foreign language to children for the first time by giving the instructions in the foreign language. However, this was presented as an approach to immersing the children in the foreign language. Further research of interest could compare groups of children who were introduced to the foreign language with and without using storytelling.

Related story telling research has involved exploration of the relationship between storytelling and the development of critical thinking, problem solving collaborative learning skills, and reading readiness skills (Cooper, Capo, Mathes, & Gray, 2007; Groce, 2004). Cooper et al (2007) assessed vocabulary and literacy skills of young children who participated in an authentic literacy practice. In this study, the Vivian Paley's "storytelling curriculum" was implemented in prekindergarten and kindergarten years. According to Cooper et al, Paley's (1990) early childhood curriculum was a play-based, holistic approach that was linked to literacy and narrative development. Though the program had not been formally assessed before, Cooper et al (2007) found that the storytelling curriculum engaged the children through inviting language that was inferential, personal, and engaging. The use of storytelling in a curriculum is a method of using authentic literacy activities to prepare children for literacy learning. Cooper et al observed that no specific proficiencies were required to tell stories to children. The authors advocated the use of "free-ranging, teacher-scaffolded oral language opportunities in the early childhood classroom" (p. 273).

While the study advocated a storytelling-based curriculum, it is must be noted that for this research, children were engaged in emergent literacy experiences such as dictating stories to their teachers who diligently captured the stories in writing. The dictated stories were also dramatized. Although, this study did not measure the effect of these activities or control for them, storytelling engaged children in emergent literacy experiences.

Advantages of using storytelling

Making use of oral traditions with emphasis on storytelling can provide support in grounding learners in their cultures (Craig, Hull, Haggart, & Crowder, 2001). Storytelling acts as a bridge for diverse literacy needs by providing a context for literacy, helping children

develop their ideas, and preparing children for reading comprehension and later academic success (Craig et al, 2001). Speaker, Taylor, & Kamen (2004) found that storytelling leads to improvements in listening skills and ability to organize narrative thought. It also increases children's attention span, recall, sequencing ability, leads to fluency in writing (Reed, 1987; Davis, 1982) and helps children construct or activate their schemata (Cherry-Cruz, 2001).

Story structure

Storytelling has been demonstrated to impact children's understandings of the elements of stories (such as initiating events, settings, characters, and conclusions). Price, Roberts & Jackson (2006) studied 65 children's completion of a story-retelling task at age four and again at kindergarten entry. The researchers set out to investigate the differences in numbers and types of story elements in children's narratives at four years and at kindergarten entry. Also, data were collected for examination of the relationship between children's narratives and family background characteristics. The study was longitudinal, lasting two years. Children's narrative skills were examined by identifying the use of story grammar elements when retelling a fictional story using the Bus Story Language Test. This was a picture story of 12 pictures in total. The story depicted a naughty bus that decided to run away from its driver. The bus performed a series of actions attempting to get away from him. The driver ran along the road beside a train, hurried to the city, ran into the city, jumped over a fence and raced down the hill. Later the bus plunged into a pond and was saved by its driver. Price et al (2006) found that children at kindergarten entry scored higher than four-year olds on story introduction, identifying the initiating event and adding their internal responses to the text. Further, the researchers found that narrating literary introductions, naming additional characters, including an initiating event, and

telling the bus story, internal response were all emerging skills that were more clearly shown by kindergarten entry children than the four year olds.

The authors suggested that when exposed to story narratives, children developed their storytelling skills, particularly in the inclusion of story elements in their narratives. The children also added story grammar at kindergarten entry. Price et al.'s findings underline the importance of using story narratives in interventions for preschoolers who are either at risk or currently demonstrate language delays and/or impairment. While the study results could have been influenced by the familiarity of the listener to the stories and the fact that the study focused only on structural organization in the narratives, it demonstrated the impact that story telling has on young children. By extension, the use of children's story narratives could perhaps be a better intervention in teaching literacy among children who do not have access to early literacy resources, for they too could be considered at risk.

Vocabulary development

Speaker, Taylor, & Kamen, (2004), studied the qualitative changes in verbal fluency (vocabulary, grammar, length of utterance and sentence formation) in three, four and five-year olds who were exposed to storytelling. Five children participated in the study. Gains were recorded for overall improvement in vocabulary and grammar and sentence formation using the Mean Length of Utterance (MLU) and test scores on Assessing Semantic Skills through Everyday Themes (ASSET) test. These results were interesting because they suggested that children's exposure to a variety of stories through storytelling improved their vocabulary, story grammar and sentence formation. In addition, storytelling increased children's elaboration and use of complex sentence structures.

Cooper, Capo, Mathes, & Gray, (2007) studied children who followed Vivian Paley's "storytelling curriculum" in order to assess the impact of this curriculum on children's literacy development. Their results showed that children showed increases in vocabulary knowledge when tested with the Peabody Picture Vocabulary Test (PPVT). These results in the study were particularly interesting because the sample included both English Language Learners and native speakers of English. The findings indicate that storytelling has a positive impact on vocabulary learning for both learners of English and native speakers of English.

Cooper et al. (2007) found that storytelling did not necessarily affect aspects of literacy such as comprehension, predicting and sequencing of ideas. This means that their findings only supported the influence of storytelling on children's vocabulary development. If vocabulary increased, one would expect similar development in comprehension skills due to the close correlation between vocabulary knowledge and comprehension. Perhaps an explanation is that their study did not focus on elements of comprehension development. It would be interesting to repeat such a study to compare the results.

One language teacher in Groce's (2007) study reported that her students' interest in stories increased when she used storytelling rather than reading from a book. Another teacher in the study reported that storytelling added a valuable interactive experience between the teacher and the students. One teacher found it very helpful to share personal and family stories with children for language development. Based on the perceptions of these teachers, there is reason for exploration of the use of storytelling in language development and its use across the curriculum. Groce (2004) also reported that teachers who used storytelling in social studies found that using traditional stories helped children to become culturally competent. The children were able to complete the stories on their own and they also wrote about them. In such

instances, children learned about cultural diversity, writing and creativity at the same time. The researchers who conducted this experiential study of elementary teachers' storytelling during in-service training also found that storytelling was a useful springboard for science lessons.

Groce pointed out that storytelling provided children with the exposure to strong eye contact with the teacher. The use of gestures and maintaining good pacing in the process of storytelling was highlighted as important. What we learn here is the great use of storytelling in the curriculum. It helps children develop vocabulary, learn to form complex sentences, as well as providing children the necessary skills and knowledge for early language development and literacy. If used in other learning areas, it is helps to develop vocabulary relevant to those areas, increasing cultural competencies and in general, prepares children for further learning.

Taken together, these research findings demonstrate that there are implications for supporting literacy learning for young children through the use of storytelling and perhaps considerations for teacher education in using storytelling. Worth noting is that use of storytelling connects the teacher with learners and learners with their cultural heritage.

Storytelling as source of engendering and creativity

Storytelling helps children to develop creativity (Isbell, Sobol, Lindauer, & Lowrance, 2004; Harrett & Benjamin, 2005; Price et al., 2006; Cooper et al., "engendering" by Groce et al. Engendering implies the children's ability to create their own stories as a result of being exposed to storytelling (Harrett & Benjamin; Price et al., Isbell et al., & Cooper et al.). Children are able to create their own stories using their own social, cultural and linguistic experiences. They use their own language.

In their study of 135 five to seven-year olds, Harrett and Benjamin (2005) investigated children's notions of what constitutes a real story. They found that children's perceptions of

what constitutes a real story varied. Some thought a real story was the story about the past. Others believed that a real story was written. Yet still others did not know. While children were unable to clearly explain what constituted a real story, the study revealed that the children were capable of thinking critically, deeply analyzing the stories and explaining their thoughts about the stories. Storytelling helped children generate ideas. For this study their conclusion was that story reading must be complemented by storytelling (Isbell et al, 2004).

Isbell et al. (2004) wanted to determine how storytelling influenced the language development and story comprehension of children from three to four years of age. Two distinct groups were exposed to story reading and storytelling. Results showed that the storytelling group performed better at storytelling than the story reading group. The storytelling group also outperformed the story reading group in creating their own images and providing setting and moral of the stories. This group also remembered the characters in the story with more ease than the story-reading group. The ability to note these features in a story made it easier for the children in this group to be able to create their own coherent stories. Cooper et al. (2007) concluded that it was the whole curriculum that helped children become creative. What this suggests is that story reading and storytelling must be integrated into the curriculum.

The studies cited above compared story reading and storytelling. The results show that storytelling is an equally important aspect of teaching children in the emergent literacy stage. The two are mutually supportive approaches for involving children in reading and writing. Ignoring storytelling in favor of story reading could cause children to miss out on an important aspect of their socio-linguistic development.

Storytelling as tool for socialization

All people of the world have their own beliefs, attitudes and values. All these are expressed and communicated through some form of language. As noted above, storytelling enhances language development. That means storytelling is an expression of people's cultures. There has been some research on storytelling, culture, and socialization. Price et al (2006), found that African American children showed goal directed behavior and social cognitive maturity related to storytelling. The findings demonstrated that White American children told stories that were theme focused, while African American children's stories followed a more linear and topic centered pattern.

Williams (1991) noted that stories of personal experience were told regularly among Black Middle-class children. Through family visits, the study aimed at maximizing ecological and cultural validity of the samples in the narrative talk. The results of this study demonstrated that through personal stories, Middle-class African American children saw themselves as literate selves. They also showed signed of identity development as middle-class as early as four to five years through storytelling at school and at church. The children were socialized into valued behaviors related to school achievement by mostly their mothers, and their fathers in some instances (Williams, 1991; Harrett, 2005). The two studies showed that storytelling was not only used in schools, but at home as well as at church. It also shows that storytelling of personal experience is a major form of communication and a cultural tool for socializing the African American Middle-class children into literacy and their socio-economic status in society with clear expectations on them.

One can conclude that if the school is to relate to the home and the church in creating conducive environment for learning, storytelling is an essential strategy. Obviously, storytelling

forms a strong base in the socialization process for young children. As such, it may not be ideal to ignore it when considering and planning children's socialization processes.

Storytelling as a vital component of a literacy program

The inclusion of storytelling by both the teacher and children is important for establishing a supportive literacy program (Isbell et al., 2004). Isbell et al (2004) concluded that storytelling had a positive impact on oral language complexity and was beneficial the development of oral language complexity and story comprehension in young children. The researchers suggested that storytelling be added to the traditional activity of story reading in literacy programs. They further added that combining story reading and storytelling in a literacy program would provide children with a powerful literacy experience to influence the oral language development and story comprehension.

In a related study, Harrett and Benjamin (2005) noted that storytelling helped children to form schemata about story components. The children discussed the nature and meaning of story and they realized that stories were important in the formation of fiction. For the 135 children in this study, it did not matter much whether stories were orally told to them or were actually written. The authors concluded that stories are important to the social and emotional development of the children.

Storytelling as source of motivation for teachers

In Groce's study (2004), storytelling motivated both teachers and learners. One teacher in the study reported using storytelling interactively to enhance interaction among the learners in class. Another teacher allowed parents to come to class and let children retell their stories to a larger audience. The presence of parents encouraged the children to retell the stories with added

motivation. They used gestures, character voices and facial expressions (Groce, 2004). Another teacher let children act out as she told them a story. The results of the research indicated increased children's comprehension based upon discussions that followed the storytelling. Groce (2004) also noted that teachers were generally ready to try out new things if saw them feasible within their busy schedule. The teachers found storytelling to be meaningful in supporting literacy learning and motivating to themselves and the children; thus, they were willing to add storytelling to the curriculum.

Summary

There is a well-established need to support children's cognitive, social and emotional development (Bus & Out, 2009; Cunningham, Zibulsky, & Callahan, 2009; Fram & Kim, 2008; Purnell, Ali, Begum, & Carter, 2007). The studies reviewed did not clearly show the connection there exists between storytelling and children's cognitive, social and emotional development. However, if storytelling helps children to be motivated when learning, develop complex sentence structures (Groce, 2004), develop vocabulary, retelling skills, and comprehension skills (Speaker et al., 2004; Isbell et al., 2004; Groce, 2004) it can be deduced that storytelling enhances their cognitive development as well.

Through Vygotsky's ZPD, the use of storytelling in the curriculum can facilitate the scaffolding necessary for children to be able to learn new concepts with ease. The offering of culturally relevant curriculum is significantly supported by storytelling as stories are invariably rooted in people's cultures.

While storytelling has such great advantages when well organized, Kholowa, 2006, noted that caregivers in the CBCC's he observed did not seem to utilize this rich cultural phenomenon for children's literacy experience as noted in the quote below:

"Nevertheless, within the limitations of the findings, this suggests that there is

underutilisation of story-telling in the pre-schools, although as discussed in Chapter 3,

story telling is one of the most powerful techniques for helping children to develop early

literacy skills in pre-schools. As argued in Chapter 2, story-telling is part of the oral

traditions in Malawi and therefore one would expect that caregivers would use it to the

full within the pre-school setting. This raises further questions with regard to the

priorities of caregivers in the four pre-schools in terms of the type of learning experiences

they choose to emphasise and the reasons," p. 263.

The use of storytelling, if well utilized, could be a vital strategy in enhancing children's early

literacy experiences.

In this section the importance of having a high quality and well-organized preschool

program has been emphasized (Hansen & Zambo, 2007). It also highlights importance of

connecting the home and school in a learning environment. It's been further demonstrated that

when teachers have high expectations on their children, the children perform well in class. It

would be interesting to see how caregivers in Community Based Childcare Centers increase their

expectations on their learners through storytelling.

Preschool education in Malawi

The Dakar Forum on Education for All in April 2000 proposed the expansion and

improvement of comprehensive early childhood care and education, especially for the most

vulnerable and disadvantaged children (ADEA, 2006). The focus on children is particularly

important because there is substantial evidence that poor children are likely to grow up to become poor adults and give birth to children who are also poor, perpetuating the poverty cycle (ADEA, 2006). The economic, private and social returns on investments in nutrition, health and education early in life, is a key element in breaking the poverty scale.

In the Sub-Saharan Africa, it is estimated that only 16% of the children enroll in pre-school. Ten percent of these children are from International Development Agency (IDA) countries, of which Malawi is a member. Mostly, parents support preschool education in Malawi by paying fees (ADEA, 2006). Kholowa (2006) found that the four rural communities that organized pre-schools in Zomba, Malawi focused on orphans and other vulnerable children. Those in some the urban area ran almost on commercial basis (Saka, 2007). While it is accepted that early childhood activities (birth to age six) must not be confined to pre-schooling alone, it must be recognized that this is the most critical period in the total well being and development of the child, whether it be emotional, physical or intellectual development. Most systems of education in Africa enroll children at the age of six, when many early learning opportunities have been missed.

The relevance for early childhood programs in Malawi is twofold: to prepare children for the entry into primary school, and to unburden families of their child-care responsibilities during workday hours. Besides, it is the right of every child to survival, protection, care and optimal development from conception onwards (ADEA, 2006). There is research evidence from South Africa, (ADEA, 2006; Short & Biersteker, 1984) showing that early learning programs (whether formal or informal) have a great learning advantage that continues through at least Standard 5 completion rates in primary schools. The development of early childhood programs in the African context could help to boost the

literacy levels of children, reduce the drop-out rates, increase the healthy, physical, emotional and intellectual development of the children, and eventually, increase the nations' potential to attain sustainable development.

One of the goals stipulated in the Constitution of the Republic of Malawi is, 'to eliminate illiteracy in Malawi," and "make primary education compulsory and free to all citizens of Malawi" (Section 13.f.i. & ii). While free primary school education is available to all its citizens, it is not yet made compulsory and does not include preschool.

Literacy is defined in Malawi as the ability to read and write in Chichewa at age 15. The Education Statistics (2007) estimated adult literacy rates in Malawi to be 60.9% for the whole country, with 90.5% in urban and 58.7% in rural areas. This means that 9.5 % cases of illiteracy still exist in the urban and 42.3% in the rural regions. Thus, among children entering Standard 1 at age six in a rural school, there would be a 42% chance that the parents or guardians would be considered illiterate. Nearly 10% of children entering school in urban areas are likely to have illiterate parents or guardians.

Repetition Rates by Standard and Sex

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8
Male	23.72	22.35	23.61	18.38	17.17	13.68	11.56	17.22
Female	23.17	21.36	22.28	17.11	16.35	13.06	11.63	15.29
Total	23.44	21.85	22.94	17.75	16.75	13.37	11.59	16.37
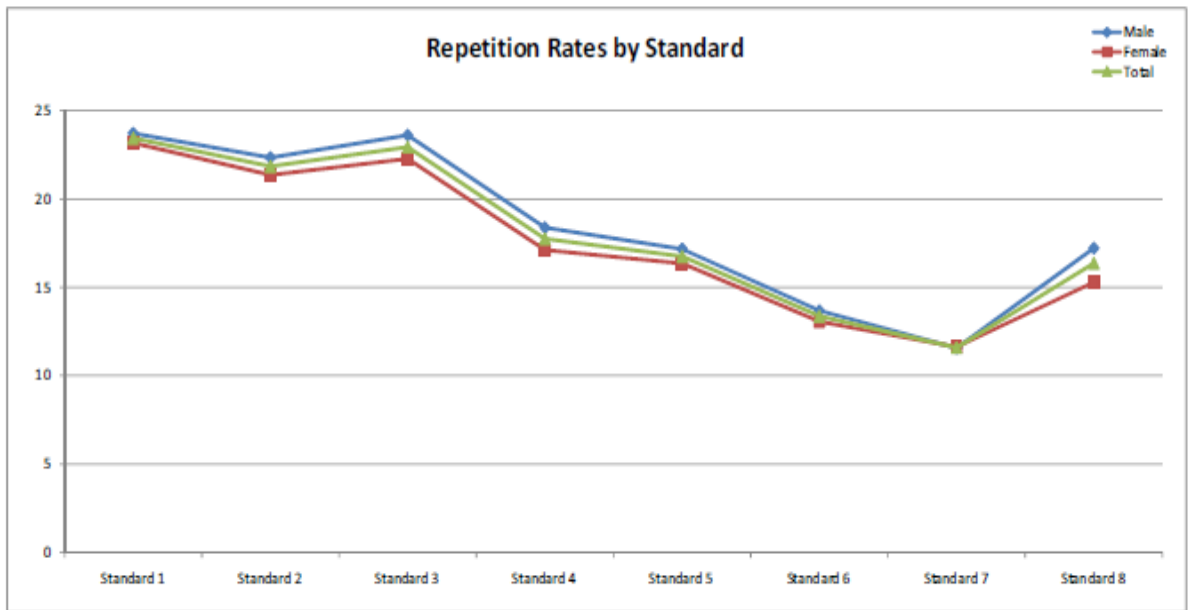
Table 1 showing repetition rate by class

In Table 1, about 23 out of every 100 children who enter Standard 1 in Malawi ends up repeating this class (Malawi Education Statistics, 2007). Retention in Standard 1 means adding one more year to the eight years of primary schooling. The percentages of children repeating grades do not change significantly up to Standard 3. Some children end up repeating a primary class as many as three times.

Dropouts Rates by Standard

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8
Male	24.24	5.92	14.41	10.58	13.99	10.51	8.98	8.24
Female	25.09	7.03	14.99	11.43	15.24	15.7	19.61	21.79
Total	24.67	6.48	14.71	11	14.63	13.09	14.12	14.22
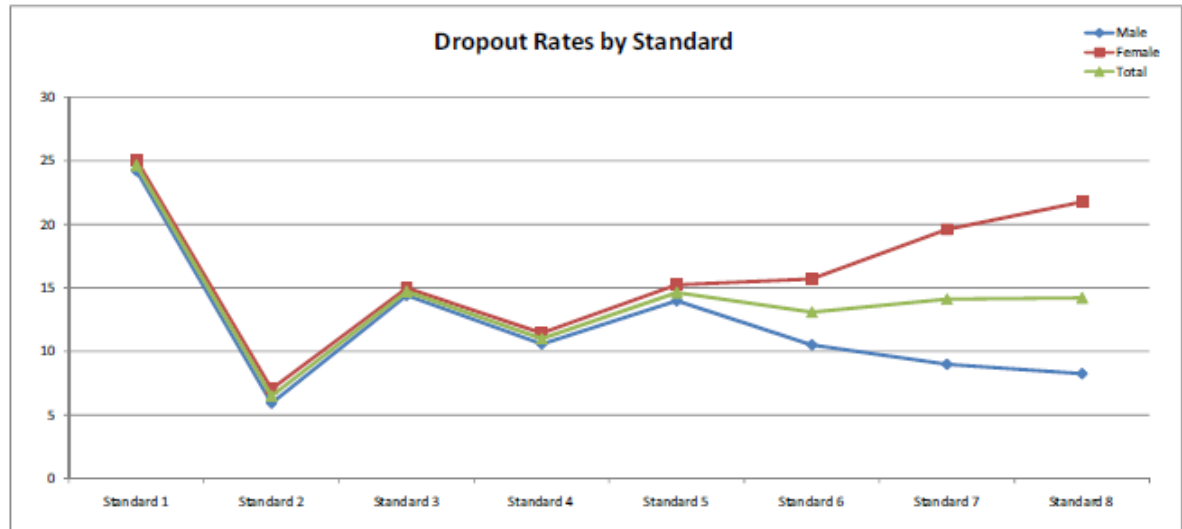
Table 2 showing dropout rates

Table 2 shows the dropout rate according to Malawi's 2007 Education Statistics data. The graph representing the rates of dropout for both boys and girls above shows that many of the children who were enrolled in the Standard 1 left in the first year of their registration (Malawi National Statistics, 2007). This implies that the system enrolling them failed to retain them. The dropout trend is worse for girls from Standard 4 to Standard 8, as it continues to increase. To date, there does not seem to be much improvement in the trend.

Further, although free primary education was effected in 1994, school attendance is not compulsory. Approximately 10% of primary school-aged children never attend schools. Children do not attend schools due to (a) the closest primary school being too far away for the child to walk (or no school in walking distance), (b) the child being uninterested in attending school, (c) the child was considered too young to attend school, (d) the child being

too ill to attend school, (e) monetary costs or need for labor at home, or (f) the child having a physical or mental disability (National Statistical Office and ORC Macro, 2003).

High levels of family illiteracy, adverse conditions in accessing schooling facilities, high levels of repetition rates, and likelihood of dropout are all factors adversely affecting the early learning experiences of the most children particularly those in the rural areas in Malawi. The availability of Community Based Childcare Centers could be a solution in providing meaningful early learning experiences and stimulation to such children, and probably help in retaining the children in the education system.

Malawi's Community Based Childcare Centers (CBCCs)

In the Malawi model of Early Childhood Education (ECD), Community Based Childcare Centers (CBCCs) are key in its function (Kholowa, 2006). Early childhood centers were introduced in Malawi in the 1950s by some missionary churches (GoM/UNICEF, 2007). Notable sites were the St. Peter's Primary School on Likoma Island, and the Early Childhood Education Center set up by the Church of Central African Presbyterian in 1966. By 1969, there were a number of these schools opened. In response to the mushrooming of these schools the University of Malawi organized a seminar aimed at mobilizing the communities and townships to support preschools.

In 1970, the Association for the Preschool Playgroups was formed. The Association became Association of Preschool Playgroups in Malawi (APPM). At the time of formation, the APPM was to coordinate preschool services in the country; train caregivers who work in preschools; and mobilize communities to establish pre-schools within their localities (Chibwana, 2000; Kholowa, 2006; Saka, 2007). Today, more communities have opened

their preschools or now called Community Based Childcare Centers. The CBCCs now function under the support of the Local Government and UNICEF.

It is important to note that the CBCCs are in three categories, i.e. Well-established, less well-established, and poorly established. Well established CBCCs have clear rationale to guide their operations; have a strong community drive; have permanent structures; caregivers had 10-14 days of training sessions; they have some functioning reporting system; have a range of learning and play equipment, with both local and exotic learning; and communities carry out some work in the gardens of caregivers while the latter are busy with children (GoM/UNICEF, 2007).

Poorly established CBCCs, on the contrary, lack understanding of the CBCC and its rationale; lack local commitment; the caregivers are untrained; they have no nutrition program; there is little or no play equipment; and there is no special care and treatment for orphans and vulnerable children (GoM/UNICEF, 2007). The less well-established CBCCs fall in between the two.

Teachers or caregivers of Community Based Childcare Centers (CBCCs) in Malawi are volunteers, and for the most part, they are not officially trained and certified. In terms of education,

> "…70 to 80 per cent of caregivers are women, and most of them are semi-literate, with only basic reading, writing and numeracy skills. Secondary or higher-level caregivers are not common, because they tend to leave their villages for paid jobs. …Caregivers are identified locally during open community meetings, and are then vetted by local leaders and village communities who look at their character and experience" (GoM/UNICEF, 2007, p. 13).

From the quotes above, it is clear that caregivers in Malawi are a needy folk in terms of support in both content and methodology in supporting children. In the current Malawian context, volunteer CBCC teachers have the responsibility for providing guidance in critical early stages of development for many of the children. These teachers are untrained and their work with children is founded primarily in their personally socio-culturally developed beliefs about training needed by young children in Malawi. These teachers could use assistance in developing instructional approaches to support early development for the children with whom they work. In addition, there is need for exploration of ways in which the socio-cultural experiences of the teachers can be utilized to create classroom atmospheres that are conducive to early childhood stimulation and development (Leslie & Allen, 1999; Peisner-Feinberg, Burchinal, Clifford, Culkin, Howes, Kagan, & Yazejian, 2001).

The quality of classroom and the closeness between the teacher and the child are keys in developing a strong relationship that positively influences the young child. Malawi requires a program that is much more than just mere playing with children in childcare centers. An approach that integrates early childhood education and emergent literacy is needed (Nordtveit, 2007; Washington, 2001). Such an approach, Washington and Nordtveit observed, is one that integrates literacy, Early Childhood Development (ECD) and health services. A program should focus on preparing children for schooling, and empowers communities through family literacy. This empowerment of communities ultimately supports the physical, cognitive, mental, and even the social development of the child.

In Malawi, there is need for supporting CBCC caregivers in order for them to effectively offer high quality support in teaching preschool-aged children, particularly in emergent literacy (Kholowa, 2006; Saka, 2007). These teachers work in a context in which children's books and

related printed educational materials are not available; thus, there is a need for the development and implementation of literacy instructional methods that are not print dependent, at least in the initial stage, but ultimately lead to the generation, exploration, and utilization of print. Because of the rich oral tradition in Malawian culture, storytelling is a logical literacy development tool that could be implemented in the CBCC's.

Effective professional development for preschool teachers

The call to do something for the Malawian CBCCs is felt by many stakeholders (Chibwana, 2007; MoG/UNICEF, 2007). While various people focus on differing aspects of the CBCCs, from education point of view, the most logical focus is on the professional development of the caregivers. It is important to recall here that the Malawian caregivers only have basic education. This translates to basic elementary education. The absence of organized literacy activities in these centers is the result of the lack of training of the caregivers. However, it is hoped here, that with proper support, the already committed caregivers can support children's emergent literacy.

An initial training model in which the caregivers will be oriented towards basic skills of classroom management is discussed later. The following are characteristics of the proposed professional development plan to support the caregivers as proposed by Le Cornu, & Ewing, 2008; Le Fevre, & Richardson, 2002; Nielsen et al., 2008.

1. A professional development is focused on caregivers' reflections.

    Through professional development, caregivers will be able to reflect on their actions particularly those that relate to children's learning.

2. It aims at sustaining the caregivers' professional development. The fact that some of the caregivers have worked with multiple groups of children, shows their

commitment and willingness to learn. If properly organized, such caregivers would benefit from a professional development program, hence even extend the knowledge and skills to other caregivers.

3. A professional development is on going for some time. A good professional development must support the caregivers over a period of time because beliefs take time to establish.

4. Professional development creates a learning partnership with a teacher education institution

   A good professional development must be linked to an educational institution. The focus of this study should tap and link the professional development of the caregivers in Malawi with other institutions of learning that will subsequently be interested in offering support.

5. A good professional development program fosters pedagogical beliefs, choices, values and quality relationship between the adult and child. Though these take time, the closeness of the facilitators of the professional development with the members increases their mutual understanding and support.

The caregivers are not specially trained teachers. This study proposed a professional development approach to explore how untrained CBCC teachers might use their own cultural strengths and talent in the use of storytelling, to stimulate children's emergent literacy.

Summary

Meaningful early childhood programs provide support and account for children's cognitive development (Bus & Out, 2009; Cunningham, Zibulsky, & Callahan, 2009; Fram & Kim, 2008; Kholowa, 2006; Purnell, Ali, Begum, & Carter, 2007; Saka, 2007). The learning environment suitable for facilitating learning for young children must include games, songs, play, and culturally relevant storytelling. Since there is evidence that storytelling can indeed lead to the development of emergent literacy skills (Price et al., 200), using this approach for instruction will allow Malawian children to benefit from their rich cultural heritage. Storytelling can improve children's vocabulary, grammar, sentence formation, elaboration and general language development (Speaker et al., 2004). How CBCC caregivers came to conceptualize storytelling was the subject of investigation in this study.

Chapter 3: Methodology

This study was designed to answer the following primary question: How can storytelling be introduced to promote emergent literacy development in Malawi? The sub-questions to the primary question are:

- What are caregiver perceptions about participation in profession development on storytelling in Community Based Childcare Centers (CBCCs)?

- What are their responses to using storytelling in CBCCs?

- What are caregiver perceptions of the students' responses to using storytelling in CBCCs?

The purpose was to explore how storytelling, a rich cultural practice among adults and children in Malawi, could be integrated into school curricula practices to foster early literacy skills in Community Based Childcare Centers (CBCCs). It was assumed that understanding the use of storytelling in the context of early literacy education could support caregivers in their classrooms in Malawi. Caregivers would have the opportunity to learn how to utilize storytelling in their classrooms, hence develop confidence and interest in working with children (Groce, 2004).

Formative and Design Experiment (FADE)

The study was designed as a Formative and Design Experiment (FADE). This was a research approach that was chosen because it was, "…a more systematic, intense, and data-driven way of …setting pedagogical goals, determining what works or doesn't work in helping

or hindering the achievement of those goals, making appropriate adjustments, and assessing and reflecting on what has been accomplished" (Reinking & Bradley, 2008, p.).

The FADE was found to be a systematic and intense method of scientific investigation. It was data-driven because it used scientific approaches to data collection and analysis. Clear goals were set in the research process. Usually in FADE, the action part of the study takes different forms, depending upon the research goals. But the key element is that actions in FADE are aimed at determining what works or does not work with a specific intervention. Close observation and monitoring of the outcomes takes place during the intervention. It follows that adjustments are made whenever need arises. When the data are collected and subsequently analyzed, a critical assessment of the results follows. Finally, the process ends with reflection on what has been accomplished throughout the whole research process.

There were compelling reasons for this choice of methodology. Firstly, a FADE fills a gap in research aimed at guiding instruction as it addresses more directly the questions and issues that practitioners face which are typically not addressed by other methodologies (Reinking & Bradley, 2008). The FADE, was chosen because it was found to be the more suitable design that combined theory and practice. It aimed at learning from practice. The ultimate goal was to enhance further practice.

The FADE design can be adapted to unique or changing conditions (Duke & Mallette). This study was adapted to the changing conditions at various levels depending on the dictates of circumstances. The design provided freedom for some on-spot decisions. This does not mean planned research activities were loosely implemented. There was strict adherence to the program as much as possible, in part because of the limited time available. However, adherence to planning was also reviewed on weekly basis. Some of the issues involved decisions that were

made in consultation with the caregivers. Regular meetings with caregivers aimed at supporting them in dealing with issues that arose from their implementation of the storytelling strategies. This was an essential component of the data capturing and consolidation process. The FADE also accommodates both the variation inherent in classrooms and the need to adapt interventions in response to relevant variation (Duke & Mallette, 2006). Since the CBCCs were unique in themselves, adapting storytelling to the experiences of the caregivers, children and the particular CBCC environment was largely left to the responsibility of the caregivers.

Additionally, the FADE can include a variety of data collection and analysis procedures such as exploratory experimentation and move testing as well as hypothesis testing (Duke & Mallette, 2006). One other strength of the formative experiment is that it draws upon the intuitive professional knowledge, incorporating that knowledge within a systematic framework for practice-oriented research (Duke & Mallette, 2006).

The formative experiment design was a preferred study design because it allowed for theorizing, i.e. the study should lead to using or refining some theories. In this case, these were theories related to early literacy education, storytelling, or a combination of early literacy education and storytelling in the context of typical local African Communities.

Formative Experiment Framework

The framework for the study followed the Reinking & Bradley design model (Reinking & Bradley, 2008). The model stipulates characteristics for such a study. Firstly, it clearly outlines the study goals and procedure. These include the theoretical, interventionist, interactive, transformational, methodological and pragmatic characteristics. The following are the characteristics as they relate to this study.

Theoretical characteristics

Intervention-centered in authentic instructional contexts

Reinking and Bradley (2008) noted that the central object of study in FADE is always an instructional intervention. Such an intervention is often innovative and aims to address a problematic area of instruction or positively transforming instruction. Similarly, the storytelling study program aimed to support caregivers in Community Childcare Centers (CBCCs) in providing a quality literacy program to children through storytelling. At the beginning of the intervention program, four caregivers were trained. These caregivers were vested with the responsibility of teaching the children.

It must be noted here that the teachers at the preschool level in Africa are normally referred to as caregivers (UNICEF, 2007). They are identified locally and often during local meetings. Caregivers live locally and if they have had some basic primary school education, they are viewed as qualified. Some caregivers in well-established CBCCs receive training for 10-14 days. This training usually covers areas of early childhood development, childcare, nutrition, psychosocial support, identifying signs of ill health, and issues of child protection (UNICEF, 2007). Obviously, two weeks of training cannot be enough to orient a caregiver with such a rich repertoire of skills for supporting children in their early literacy experiences. However, given the huge demand for high quality training and the lack of resources to support the caregivers, the two-week training still serves as basic starting point.

The professional development planned for the caregivers in this study (Appendix 2) focused on the use of storytelling in emergent literacy. Storytelling is a cultural phenomenon that is familiar to most caregivers in Malawi. This fits well with the research questions to

investigate the perception of these caregivers in CBCCs on their professional development, their response to using storytelling in CBCCs and their subsequent perception of students' responses to using storytelling.

The number of caregivers or teachers was strategically chosen. With four caregivers in four CBCCs it was quick to go around to all the centers and offer immediate support on weekly basis. The study was rigorous and aimed to impart skills in these caregivers in using storytelling for educational purposes. Increasing the number would have reduced the effectiveness and likelihood of impact on the professional experiences of the caregivers. The four caregivers formed the storytelling team with common goals and understanding. It was much easier to build group cohesiveness within a short period of time because the number was smaller. Together with the researcher, the storytelling team comprised five members. The number was chosen to facilitate high quality interactions among members and ease of training. The small number of caregivers made it possible for the researcher to provide individual support. It was also easy to travel together as a group.

The aim of the study was to support the caregivers in the preparation of the children for early literacy experiences. These caregivers were trained on how to use storytelling and model their literacy activities around this socio-cultural heritage. To train the caregivers in using storytelling as a strategy, a full day of professional development was organized. The caregivers explored topics related to the use of storytelling for teaching children in Malawi. They prepared to tell their own stories to children and linked those stories to the children's literacy experience.

There are many storytelling elements, patterns, and creative storytelling techniques such as felt board stories, prop stories, puppet stories, chalk stories, photo stories, music stories, roll movie stories, and signing stories (Morrow, 2002). However, this study focused on oral

storytelling. The target was to expose the caregivers to a variety of techniques for storytelling in order to equip them with enhanced skills and technical knowledge necessary for them to teach children with ease. The caregivers' learning experiences were likely to promote the use of storytelling in their subsequent teaching. Hopefully, they would share the skills gained with other CBCC caregivers. It was anticipated that if negative results were experienced, the study would serve as a learning guide that could be used to refine shortfalls.

Theoretical focus

Formative and design experiments are not only aimed at creating conditions that allow an intervention to accomplish a pedagogical goal. They also aim at theoretically understanding the conditions that enhance or inhibit an intervention's effectiveness and at generating general pedagogical understandings that inform practitioners (Reinking & Bradley, 2008). A formative experiment allows the researcher to develop a class of theories about both the process of learning and the means that are designed to support learning. It was expected that during this study on storytelling, there would be new insights into better ways of utilizing storytelling in the context of early literacy education in Malawian CBCCs. It was interesting to learn how caregivers assumed a fulltime teaching role in the context of using storytelling for emergent literacy development. It was a good opportunity to discover which patterns of storytelling elements were found by the caretakers to be *in tandem* with the Malawian cultures. It was hoped that through this study, a new understanding of utilizing storytelling would be unveiled; an understanding that further enriched the cultures of the kids in CBCCs and introduced them to early literacy skills, in preparation for their schooling experiences.

Goal oriented

Formative and design experiments investigate explicitly how to improve education and learning in authentic education settings (Reinking & Bradley, 2008). The goal for this study was to provide children with meaningful emergent literacy experiences through the inclusion of well-planned activities that evolved around storytelling as the core concept, skill and strategy of instruction in CBCCs.

The success of such an approach led to the formulation of some literacy models befitting the overall emergent literacy model that was generalized for Malawi. At the same time, I recognized that storytelling was a very basic approach. Literature suggested that the use of stories helped children's oral language development, formed a bridge to literacy, and provided opportunities for children to develop higher level of language before they became readers (Stadler & Ward, 2005). We also recognized the role that caregivers played with children. They created "learning environments by selecting materials, arranging rooms, considering time, thinking about and coming to know the interests and concerns of children" (Cuffaro, 1995, p. 45). This study informed and provided the basis for formulating a text-based literacy approach for children in Malawi. Children understood that what can be said can also be written and subsequently read (Trace & Morrow, 2006). The study conceptualization involved oral forms of some of the basic concepts of print in early literacy development.

Adaptive and iterative

The initial intervention was implemented within a continuous cycle of data collection and analysis to determine what contextual factors enhanced or inhibited the intervention's

effectiveness (Duke & Mallette, 2006; Reinking & Bradley, 2008). In the study, the weekly interactions between the researcher and the caregivers were meant to accommodate and tackle any developments, challenges, needs or questions as they arose. These meetings were great opportunities for the caregivers to support one another. They felt that they were not alone in the work that demanded added effort on top of their daily routines.

Methodologically inclusive and flexible

A formative experiment study is not driven by a particular method of collecting data (Duke & Mallette, 2006; Reinking & Bradley, 2008). As a result, any approach to data collection and analysis may be appropriate, as long as the researcher justifies how it furthers understandings about the effects of the intervention and how it might be implemented more effectively. This is one of the reasons for selection of the FADE design for this study. The use of multiple data collection methods such as interviews, caregivers' daily journal entries, researcher's field notes, and voice recordings were all included to capture as much data as possible.

Data collection and time frame

This FADE utilized phenomenological interviewing. Phenomenological interview is interviewing that is grounded in phenomenology, a study of participants' lived experiences and views of world (Rossman & Rallis, 2003). In the present study, interviews resulted in data that described the lived experiences of the CBCCs' caregivers and tapped from these experiences the meanings they made out of their new experiences with storytelling. The interviews used, individual and focus group discussions aimed at describing responses of the research participants (Creswell, 2009).

The class observations that were carried out as the caregivers used storytelling in their classrooms aimed at furthering understanding of the lived experiences as perceived by the caregivers. Adherence to detail was maintained in order to capture all relevant experiences. Care was taken to separate opinion from expression of personal experiences. Caregivers' research journals, the researcher's journal, and the compilation of reflective field notes were vital in this process of data collection. The voice recording, videotaping and in photographing other instances were complimentary to valid data collection process.

The spread of the research period and activities over a period of nine weeks and the multiple forms of data and data collection strategies used as shown in Figure 1 below, ensured that only relevant data were gathered. There were several forms of interviews that were planned in the design of the study. The reason for choosing and spreading interviews as a form of data collection, i.e. individual interviews as well as focus group discussion, was to understand "…the lived experience of other people and the meaning they make of that experience" (Seidman, 2006, p.9). In this study, the caregivers had a lived experience like that of teachers in training, i.e. teaching children using storytelling. Interviews were used as the better way of learning from their phenomenon in teaching children. They served to understand the lived experiences of the four caregivers.

The planned activities (Appendix A) were meant to determine progress toward the support of caregivers in using storytelling for early literacy development. The activities were established as baseline conditions or performance towards the attainment of the goal.

Transformative

FADE assumes that an intervention may transform the educational environment. This study was designed to explore the transformative abilities and implications that storytelling, with

its varied forms, would support caregivers in CBCCs to provide a rich cultural and early literacy environment for kids in Malawi. The study would inform teacher education and how to support CBCCs. The results would inform CBCC stakeholders in Malawi. The results would contribute to the discussion on CBCCs in Malawi. Therefore, the study would support in informing practice.

This study complemented literature that was available from other parts of the world. The absence of oral literature studies focusing on early literacy and oral literature in Malawi suggested that not many studies have been done in the field. The focus of this study in the elementary school reflected a new perspective in education that focused on elementary education particularly, preschool.

A formative experiment's intervention and implementation may produce important unintended consequences (Duke & Mallette, 2006; Reinking & Bradley, 2008). Consequences from this study were of great valued. They were directly related to and informed research knowledge base, skills development, classroom policy and practice (Pereira, 2009; Wood & Bennett, 2000; Vogt & Rogalla, 2009). The multilevel process of supporting caregivers through storytelling and multiple data collection stages infused in the study were meant to capture and retain the unintended consequences. Some of these consequences could be those related to the planning and design of the study; the training of students at Domasi College of Education; those related to the teaching of caregivers, and finally those related to the actual classroom implementation of the study by the CBCC caregivers themselves. All these were potential areas for new consequences.

Data analysis

The formative and design experiment had multiple sets of data collected by the end of the nine week study period. The sets included the researcher's field notes, caregivers' voice or video recorded interviews, caregivers' journals, weekly voice or video recorded focus group discussions conducted every Fridays, and recorded actual classroom activities. All these data, except the researcher's field notes were in Chichewa, a national language in Malawi. Consequently, only the researcher could translate and transcribe the data.

In dealing with the data, the first step was to translate them from Chichewa to English, and then transcribe the data. Sometimes, the two actions were done simultaneously. Next, the data were categorized according to the research question they answered. At this point it was seen that caregivers' journals were the primary data for all the three research questions. Additionally, in order to answer the first research question on caregivers' perceptions about their participation in professional development on storytelling, the primary data comprised video and voice recordings, caregivers' journals, and focus group interviews. In order to answer the second research question about caregivers' responses in using storytelling in CBCCs, the additional data were video and voice recordings, photographs, and field and post-field notes. The additional data for answering the third research question about caregivers' perceptions of the students' responses to using storytelling in CBCCs were caregivers' interviews and focus group interviews. The identification of primary data helped the researcher to pay special attention in dealing with the specific category of data set.

The next step was to identify the words, phrases or sentences that were recurrently used. Common expressions and some leading ideas were grouped together into the formation of themes. Various sections of the data set were further analyzed. This analysis resulted in the

establishment of themes that were identified across multiple data set and those that were more applicable to the specific data set. At this level, the themes looked still broad. It required further analysis and subsequent merging of the broad themes in more fine ones

All data were kept securely under lock. Filing was done according to stages in the study process so that each stage in the development had its own data set. All electronic data was securely transferred into a 540 GB external hard drive. All documentation such as completed questionnaires, observation checklists and consent forms (Appendices 3-8) were securely kept under lock.

The plan for data collection included conducting pre- and post-interviews to study whether or not there was any perceived change in the experiences of the caregivers. Data were gathered from the caregivers about their perceptions of children's responses to storytelling after the use of storytelling strategies. Most of the data was generated in Chichewa but transcribed in English. Notes were taken in the language of instruction, but reflective field notes were carefully written in English. Care and caution was exercised to adhere to translation rules.

This formative experiment study design was organized to utilize qualitative methods of data analysis as the study integrated practice and theory. In that regard, qualitative methods were the most appropriate methods used in the study. Data include videotaped presentations and discussions, caregivers' journals, researcher's journal and reflective field notes, and voice records.

Pragmatic characteristic

Pragmatism embraces a broader view of experimentation, a valuing of intuitive knowledge, and an investment in democratic ideals, including the involvement of practitioners and students (Duke & Mallette, 2006). Caregivers, just like scientists, seek deeper understanding in order to create conditions that promise interventions to work; seeking results that clearly improve instruction (Reinking & Bradley, 2008). This study fulfilled this requirement as it set to study through action. Efforts were made to value and learn from the caregivers' intuitive knowledge. The stages in the process (Figure 1 and Figure 2) required the full democratic participation of the members. In the end, all the stakeholders contributed valuable efforts that informed the study.

However, it is important to note that such openness and reliance on others for their participation increased the risk of not getting fully the anticipated results without careful planning, and adherence to regular follow-up meetings for feedback. This was the reason why the study was designed in such a way that regular meetings were conducted and adhered to.

Research stance and bias

The researcher is a Malawian educator who has been exposed to several different international education systems. Prior to working in the Malawi Education System, he interacted with primary systems of education in Kenya, Zimbabwe and South Africa. In the Malawi context, he worked at various secondary school institutions, teacher education institutions, and participated actively in issues of curricula and curriculum development at the Malawi Institute of Education. Inspired by such experience, knowledge, passion for change, and the gap there was

between primary education and pre-primary education in Malawi, this research study was conceptualized.

Awareness of personal biases and the passion to see change within a short period of time, the study was objectively planned and conducted. The study was scientifically designed and implemented so as to capture all the intended data as objectively as required. The researcher therefore, did observations, collected the data from the CBO, and stepped back to look at what there was and what there was not. The researcher constantly reflected on the nature of the study and was reminded that the caregivers in the study were not certified teachers but trained caregivers who engaged in teaching the children as a way of providing that care.

Conclusion

The storytelling research was implemented in order to support caregivers in providing early literacy experiences to children in the CBCCs in Malawi. It was recognized that caregivers who could read a book with expression could just as well tell a story (McGee & Richgels, 2003). Stories for preschool aged children were simple versions of familiar folktales, and that after the first telling children became participants in storytelling. It was assumed that the use of oral storytelling equally provided an opportunity to those children who might not access books due to their family backgrounds and the environment in which they grew. The experiences of caregivers in CBCCs in learning the new skills in storytelling was meant to equip the caregivers with knowledge and skills to enable them teach and support emergent literacy in children in CBCCs and prepare them for schooling. Through the use of interviews, the study indeed gathered data on the caregivers' discovering their perceptions, beliefs, values, attitudes, new learning experiences, initiative, adaptation to change, and above all, articulated their voice (Le

Fevre, 2002; Nielsen, Barry, & Staab, 2008). The study offered an opportunity for children to experience stories from their own cultures and interact with their caregivers who, in turn, guided instruction that was guided by theory. The lessons learned from these data were shared among all interested parties.

Chapter 4   The Process

This formative and design experiment study was planned to answer the following primary research question: How can storytelling be used to promote early literacy development in Community Based Childcare Centers in Malawi? The secondary questions to the primary question were:

- What are caregiver perceptions about participation in profession development on storytelling in Community Based Childcare Centers (CBCCs)?
- What are their responses to using storytelling in CBCCs?
- What are caregiver perceptions of the students' responses to using storytelling in CBCCs?

Obtaining research consent and identifying the CBCC for research

The study began by consulting with the Zomba District Assembly, Department of Social Welfare, for consent to carry out the research. The department is in charge of all childcare centers in the district. The officer in-charge granted me permission on behalf of the Ministry of Gender, Women and Children's Affairs. She suggested that I contact one person at CBCC B by phone. I arranged to meet him for myself. He was very friendly and offered to take me to some CBCCs he knew. He was the one who was later chosen to be the Caregiver for the study at the CBCC B known here as Chifundo.

Meeting the Community Based Organization (CBO) Main Committees

It was when I went to meet Chifundo that I learned the importance for me to meet the members of the CBO's Committee, and explain my intentions to carry out a study with them. I learned that CBCC s function under CBO. CBO's main committee approves activities that take place at the level of CBCC. Any visitors who come to a CBCC are encouraged to meet all the members of the committee if they can. Since this was going to be my chance to learn more about the CBCC, I arranged to meet the CBO's main committee first. This experience led me to identify the other CBCCs through their main committees as well. Chifundo's CBO was the first I chose. He then led me to one CBCC about four kilometers away from his. There, we met a man who suggested that I meet the main committee on a chosen date. From this CBO, Chifundo took me to another that was in a remote area. It was about five kilometers away from the tar marked road, but it was so bad that it took about 20 minutes to get there. I wanted to choose a different CBCC closer to the road but this was a good site to provide the study with a typical village CBCC experience unlike the others that were closer to town. Again, I was warmly welcomed there and made arrangement for meeting the main committee. From this CBO, Chifundo led me to one that was two kilometers away from my home. This CBCC is right at the house of the local community's chief. The local leader called a boy who guided Chifundo and I to one of the principal caregiver's home. When I arrived, I introduced myself and explained the purpose for the visit. She expressed happiness that I thought of including their CBCC for my study. She agreed to organize a meeting with the main committee of the CBO. So, within a day I arranged for four meetings with four CBO Committees that would become my centers for the

study. The number four was appropriate to provide in-depth study of the research topic. The choice of the CBCC was fair because I did not know the existence of any of them before.

It is important to note that CBOs ran various activities such as caring for those that are HIV positive, the aged, orphans, and the sick. Teaching and general support for children was organized by the CBCC. Some CBOs had more than one committee. These committees were in-charge of various aspects of the CBO's activities. For example, besides the main committee, there were committees that led in supporting patients in the surrounding villages. Their kind of support was coordinating the diagnoses or testing of patients by collecting specimens from the villages to the main hospital for diagnoses and bringing back results to the respective owners. Those who needed treatment were encouraged to go to the hospital by the same committee. Those that needed further medication continued to take it while in their support. Some committees also worked on food security for the aged. The committee would provide the aged with fertilizers for growing corn.

The CBOs plan and implement a lot of activities in response to the needs of the each particular local community. Observation showed that the running of a CBCC is just one of the many diverse activities of the CBOs, and in some cases, it appeared to be the main one. CBO C was one CBO whose central business activity was the running of a CBCC. It showed that the running of the CBCC gave life and proof of activity of the CBCC and the CBO in general. The presence of children every day from Monday to Friday at the CBCC demonstrated the functionality of the CBO.

The storytelling team

The storytelling team was comprised of four caregivers from the four CBCCs designated for the study. There were three female caregivers and one male caregiver. Together with the

researcher, the storytelling team was composed of three ladies and two gentlemen. The members of the team showed trust and great confidence for one another. They respected one another and were ready to learn. The team showed remarkable dedication to task and was committed to the education of the children in respective CBCCs. The pseudonyms of the caregivers were Alinafe from CBCC A, Chifundo from CBCC B, Chikondi from CBCC C, and Mayamiko from CBCC D. In the following sections, a brief description of each caregiver/ storyteller is given.

Alinafe

Alinafe was a woman aged 42. She was light in complexion. She dropped out of school when she was in Form Three in 1998. She contemplated doing the Malawi School Certificate Examinations again. She said that she was passionate about schooling when she was in primary and secondary schools, but did not finish high school. However, she always encouraged her own children to work hard in school. She spoke gently but very affirmatively. She taught the children with motherly care and attitude.

Alinafe was the founder of CBCC A. She worked at the CBCC ever since. She was enthusiastic about teaching the children. She drew shapes on used polythene bags as visual resources for the children. She was the one who oriented new caregivers on how to teach children. She was the overall seer of the activities of the CBCC.

Coming to Alinafe's classroom, one immediately noticed that it was well organized. It had a big, round mat at the center on which the children sat in lines with their legs straight and facing the caregiver. Sometimes, the children sat in a circle with their legs stretched as shown in the picture below. There were 112 children at CBCC A, 49 boys and 53 girls aged between two and five.

Figure 1. Children and caregiver sat down with their legs stretched.

In each of the four corners of the room were what resembled literacy centers. Each corner had a small mat. In one corner, there were books for children to access when the caregiver told them to, or on their own during break time. In the second corner, there were a mortar, a pestle, and some empty bottles. In yet another corner, there were wooden blocks for children's play. Apparently, the CBCC received these as a donation from abroad. In the fourth corner was a plastic bag containing assorted plastic play objects for children. The children would empty the bag to play with various items. They would bring them back after use. Sometimes caregivers took children to these corners and let the children interact with these

various objects. However, the children played with the objects in the corners during break time only.

Whenever she taught, Alinafe made sure to be close to the children. She always made sure to stand up. She told the stories with excitement and passion. She would raise her voice or lower it to catch the attention of the children. She knew all the children by their names. Sometimes, she would describe the character of each child, particularly when they misbehaved. She even knew each child's parent or guardian. Those that were orphans, she seemed to know about their condition even better, for she would describe the sort of aid they needed.

Alinafe showed herself to be a woman of strong character, too. The week after she attended the professional development session, her two aides decided to boycott work. They were not happy that Alinafe, who was their boss, attended the professional development. When she heard about it, she decided to teach the children alone on every single day. She did not bother to talk to the aides because she said they acted immaturely. She said if the aides did not want to teach the children, they were free to quit. After a week of just staying away, the aides resumed work. Indeed Alinafe was gentle and caring to children but very affirmative with adults.

Chifundo

Chifundo was a man in his early 50s. He was about 6 feet 2 inches tall. He looked very caring and enjoyed working with children. He did his Junior Certificate in 1977 and did not do well in Malawi School Certificate Examinations in 1979. He worked in the Government for 11 years. He was one of the co-founders of the CBCC, and he appeared self-motivated and enthusiastic about the success of all its operations. He was on the main steering committee of the CBCC. He taught at the CBCC B for about seven years. The Association of Playgroups in

Malawi trained and certified him as caregiver. He also attended many meetings and workshops on Early Childhood in Malawi. In general, Chifundo was well knowledgeable about the activities of the Community Based Organizations in Malawi.

Chifundo understood and articulated issues about early childhood education in Malawi. I spent much time with him to understand issues that were important to caregivers. He was well known to the District Assembly Welfare. The District Assembly, domestic and international visitors, and organizations consulted him in order to have feedback or learn more about the operations of CBO or CBCC in Zomba. One of our focus group meetings was interrupted by a visitor who came to learn about the CBO and wanted him. Obviously, he spoke some good English. He once disclosed that he retired from the government service.

It was interesting so much to note that in class Chifundo, (who was more comfortable with English, probably most amongst all the caregivers), spoke Chichewa and made sure that the children too spoke Chichewa. He explained that he made the children develop oral fluency in Chichewa because that was foundational to their learning. He emphasized that children needed to master the Chichewa Language first, before they learned any other language. To that effect, the poems he recited with the children in English, were there because he was trained so. It was not a surprise to note that in his class, prayer was in Chichewa. Only his CBCC had prayers in Chichewa. The rest of the caregivers had their children pray in English.

Chifundo's interaction with his children was interesting. He engaged the children in singing and dancing. He would sometimes lead in doing an activity and the children followed likewise. In one such activity he would say, "I can do something…" and the children would respond, "Better!" Whatever action he did, the children were expected to imitate him. He would walk, run, jump, sit down, bend, stretch or make faces. The children loved this activity so much.

Besides singing and dancing, Chifundo spent a lot of time trying to discipline the children in his class. Sometimes he would interrupt the whole lesson in order to deal with a disciplinary issue. He too was very loud when he taught the children. Chifundo had 83 children, 29 boys and 57 girls aged between three and five.

Chifundo interacted very well with other caregivers in the storytelling team. He was the hub of the group. In most of the storytelling team's meetings, he was the one who spoke the first and sometimes the most. He showed such great enthusiasm in seeing the success of the program. Chifundo also wrote interesting stories in his journal. He underlined this aspect as what he had liked the most. He was constantly reflecting on his teaching experience using storytelling. When he taught, he made sure the children knew the introduction, the main body, the end, and the moral of the story. His class was ever lively.

At the end of the program, it was not surprising that Chifundo proposed to the District Assembly that this approach of teaching the children using storytelling extend to other CBCCs located in Zomba District.

Chikondi

Chikondi was a woman in her mid-thirties. She was tall and light in complexion. She walked slowly and spoke very gently. Chikondi dropped out of school while in Standard Eight. She was a listener and a thinker. She would listen to personal instructions and wait until she tried them before giving feedback. She trained as caregiver for two weeks and began teaching in January 2009. Her aide started teaching in July 2009.

She too, appeared self-motivated and very punctual in coming to the CBCC. She acted like a professional. Chikondi was the caregiver who looked hesitant at the beginning. She was

determined to use what she knew about stories to teach the children. Of all the caregivers, Chikondi was the only one who solicited stories from grannies she knew in her village in order to tell the children. Besides soliciting the stories, she also created her own. She said that she tested the stories with other children at home before bringing them to class. She also told stories based on her observations and some from the Bible. One most striking thing with Chikondi as a storyteller was that she drew an illustration of each story she told. She indicated that she did not draw the pictures herself, but she asked some boys in her village to draw them for her. She arranged the pictures on the walls of the class at her CBCC. She had what one would call "story walls."

There were 85 children in Chikondi's class; 28 boys and 47 girls aged between two and six. In class, Chikondi made sure that the children were comfortable and paid attention when she taught. She interacted with the children so well. One interesting observation with Chikondi was that she dialogued with children. She asked them questions about what they did and what they thought about certain things. She would sometimes ask a child who misbehaved why the child behaved the way it did. She seemed to pay attention to whatever was happening in her class. She would be quick to notice if some child was walking quietly out of the room. Just like the rest of the caregivers, she too spoke at the top of her voice when teaching.

It is important to note that Chikondi did not write many reflections in her journals, but through interviews, she demonstrated deep reflections about what she was doing. She also gave what seemed to be honest feedback about every experience she had as a storyteller. She also let her aide teach using stories.

Mayamiko

Mayamiko was a young woman aged 20. She was of medium height. She was light dark in complexion and kept her hair short. Mayamiko was a school dropout. She dropped out of school when she was in Form Three. She started teaching as a volunteer caregiver in 2002 while she was still in form two. Then, she taught the children when she came for holidays. She attended the two-week training session in 2007. Since then, she taught at the CBCC as a volunteer caregiver.

When she taught children, she had the tendency to shout on top of her voice. When she gave instructions, she also shouted. She spent most of her teaching time in trying to instill order among the children. Besides the shouting when she taught, Mayamiko spoke slowly. When talking to somebody who she was not familiar with, she paused to think of what she wanted to say.

Though Mayamiko had taught for such a long period, she did not show versatile teaching skills. She did not give the impression of somebody who liked to teach. Sometimes, she reported for work when the other aides had already arrived though she lived very close to at the CBCC. She would enjoy engaging the children in games but not in the actual teaching. Most of the times the teaching was done by others as she observed. She also had constant excuses for not teaching. She started teaching using storytelling a week later than the other three caregivers. She used other people to write stories for her in her journal. Consequently, there were several handwritings in her journal. In addition, some of the stories that were in her journal did not correspond very well with the age and interests of the children. There were 65 children in her

class, 20 boys and 45 girls aged between two and six. At some point, Mayamiko wanted to quit from the team because she claimed that her colleagues said that she did not know how to teach. I encouraged her and even talked to her parents. Then, she stayed in the program until the end.

Team formation

Generally, the storytelling team was a united team. Members respected each other and recognized the importance of each member in the team. They valued each other's contributions. Perhaps this was the most important and visible aspect of the team. As a result, all members participated in team activities freely. They were very ready to learn from one another.

Right from the day when the team met for first time during professional development, Alinafe and Chifundo claimed to know each other before though they had not interacted together. Chikondi and Mayamiko too claimed to know each other before. They did not interact with each other before either. This prior knowledge of each other was the first step towards building a strong foundation for teamwork and collaborative support. Right from the first day of encounter, en route to the venue for the professional development activity, caregivers discovered one thing; that they did not know each other very much, though they all worked in CBCC that were not too far apart. In the past, there had been nothing to unite them. This time around, the storytelling program was the uniting factor, as will be seen in the following sections. Therefore, the first encounter of the caregivers was full of such surprises and discoveries.

The two-week observation period

The researcher made visits to each CBCC as previously arranged with the caregivers when he met with the main committees. Upon consultation with the caregivers, it was decided that the researcher needed to report at the duty station by 8:00 am, which was the official time

for commencing the day. These visits stretched from 8:00 to about 11:00 in the morning. The purpose of the visit was twofold.

The first reason was to familiarize the researcher with the CBCC and the general activities that take place there. This was also the time to establish personal contact with the caregiver and establish rapport. This rapport would be necessary for the building of the storytelling team that would later implement the storytelling program.

Secondly, the visit to CBCCs was aimed at observing and learning whether they used storytelling at all. If it was found that the caregiver used stories, the researcher then tried to find answers to the following questions: Who told the stories? How were the stories told? What was the response of the children before, during and after the storytelling activity? Additionally, the researcher observed any additional literacy activities that the caregivers organized for the children in order to understand what type of teaching and learning resources were available and how they were utilized. The following were the major themes that emerged from the researcher's field notes, completed CBCC observation forms, and the personal interviews in the two-week observation period:

General classroom organization

Each CBCC was unique and caregivers organized the classrooms as they wished. For example, at Alinafe's CBCC they had a big well-decorated round mat at the center of the class. Children would sit on this mat and did most of the day's activities on it. There were four smaller rectangular mats on each corner of the room. These four mats had either books or play materials for the children.

At Chifundo's CBCC, there were no mats. Children sat on the floor. Though the floor was cemented, it did not appear to be regularly mopped; if it was mopped then dust entered the room easily and collected on the floor again as the room had no windows, but some air vents. Consequently, children coughed most of the time when they were in class.

At Chikondi's CBCC the class had a cemented floor and windows. They mopped it regularly. This class was generally tidy. There were children's sized plastic chairs on which most children sat during lessons. Since there were more children than chairs, those children who came after the chairs were all occupied sat on a mat.

The classroom walls at Mayamiko's CBCC were half-sized and were left open the upper half. There was dust collected on the floor. This research study took place from May and ended in early August. These are generally cooler months in Malawi. In Mayamiko's class, children sat directly on the cold floor for over two hours. On one occasion, Mayamiko herself took off her sweater and gave it to one of the children who shivered with cold. The child left home without a coat or sweater.

The variation in classroom arrangement demonstrated that the caregivers at each CBCC were autonomous in organizing the rooms. Some caregivers provided sitting places for the children while others left the children to sit on the cold floor. Again, because there was no interaction among caregivers, they did not know how others used very locally available resources such as mats to provide a better sitting place for the children.

In terms of management in general, all of the caregivers spoke at top of their voices when teaching the children. Most activities were recital on days of the week, months of the year or other simple poems that the caregivers knew by heart and made the children memorize as well. Dancing, jumping, swaying, and playing various indoor and outdoor games generally followed

the recitals. This recital was in English. The caregiver would begin and the children would

should it.

For example,

Teacher: DAYS OF THE WEEK!

Children: MONDAY!

TUESDAY!

WEDNESDAY!

THURSDAY!

FRIDAY!

SATURDAY,

   AND

SUNDAY!

This and many other recitals made up the children's normal day. I noted that some of the

recitals used were those that were taken from the 1971 curriculum for Standard One, two

curricula spans away. This probably was triggered by the unavailability of better teaching

resources to replace the old familiar ones. Yet, in other cases, the recitals were wrongly taught to

children as illustrated in the following excerpt:

One, two, how are you?

Three, four, **chat a** door!

Five, six, pick up sticks!

Seven, eight, **Through** them straight

Nine, ten, Read Again!

Read again Tsala!

Read again Timve!

From the recital, the underlined words in the second line ought to be, "shut the door" not "chat a door." Similarly, the underlined word the fourth line ought to be "put" instead of "through." These examples reflect neither the dangers of caregivers not having resources for reference nor the lack of lesson preparation all together.

The researcher also noted that caregivers spent a great amount of time to discipline or pacify the children. In all four classes, children would at some point just change and become so noisy and difficult to control. In some cases, one caregiver would be disciplining the children as another taught them. One caregiver even threatened children during the classes and it was common to see this caregiver grab a child and lock the child outside the classroom. This caregiver always had a cane and threatened to spank the children if they misbehaved.

The result of this difficulty in controlling children manifested in the exhaustion that caregivers showed at the end of their teaching day. While all four caregivers under study were exhausted at the end of the day, Chifundo in particular, was the most exhausted. I observed him teach about four times and twice he dismissed the class prematurely because he lost his tempter and children became very uncontrollable. However, usually he would just introduce an indoor game or song and the children would be engaged at once. All in all, it seemed that teaching the children was not something every caregiver looked forward to.

Storytelling as a common phenomenon

Among the four caregivers, storytelling was found to be a common phenomenon. They all told the children some kinds of stories including folktales. In some cases, riddles were used. However, it was observed that in Alinafe's class, stories were haphazardly told by any of the

supporting caregivers including the caregiver whose main duty was preparing porridge for the children. The latter came to class and told the children a folktale. While the stories were great thematically, the children did not show any interest at all. They rarely laughed or intently looked at the storyteller. They did not seem interested at all.

Chifundo used stories too. His stories mainly were biblical, such as the birth of Jesus story. This story was told on all the four occasions I observed his lessons. He said that he used such stories because children loved them so much. However, this love was not apparent in the children's behavior.

Chikondi used stories too, but her stories did not come out with a well-laid story structure. She seemed to tell the stories aimlessly. There was no conscious attempt to focus on the story line and help the children understand or appreciate the stories.

Mayamiko did not tell any stories, but a supporting caregiver once told a story. She said she told it to correct some misbehavior she noted among some of the children. Therefore, her storytelling was purposely corrective.

The common use of stories in all the CBCCs as noted during the observation period supports the choice of storytelling as a common phenomenon in the Malawian culture and classroom set-up. It is important to note that the researcher never told the caregivers that he was interested in observing whether they used stories in their teaching or not. What they knew was that the researcher was interested in how they taught the children. The caregivers' use of stories demonstrated that storytelling was indeed something they found useful in their teaching. It illustrates that storytelling was deeply rooted in their cultures as Chikondi noted, *"Agogo athu ankatikambira nthano, ndiye ndimaona kuti ndi chinthu chofunika kuwakambira anawa nthanonso"* (Our grannies used to tell us folktales, and I find it equally relevant to tell the

children folktales, too). The use of stories by caregivers prior to the professional development greatly influenced the planning of the professional development program. As a result, the training planned was based on something the caregivers were familiar with. This prior knowledge in stories and storytelling was constantly used as reference during the professional development sessions. While the pre-observation period informed the study in general, it informed the professional development in particular.

No planned lessons

In all the four CBCC's, lessons never followed any organized or prepared scheme. Each caregiver was free to teach anything at any time. Generally, the day began by some kind of Morning Prayer at about 8:00 am or even as late as 8:45 am. In some cases class commencement depended on the number of children present. The caregiver would sometimes wait until she had what she judged as a reasonable number of children.

Prayer was then followed by warm-up activities in which children danced, skipped or stretched themselves. In some dances, the children made a circle and they would take turns vigorously dancing or shaking their waists in the middle of the circle. It took courage to get to the center circle and dance as the rest clapped their hands and sang. Shy children mostly found it hard to get into the circle when their names were signaled.

The warm-up activities lasted approximately five to fifteen minutes. Sometimes, singing was the first activity of the day. After the warm-up activities, a caregiver would take charge of the class and ask one child to go out and observe the weather for that day. The child came back and reported to the rest of the class. This was an opportunity for grounding the children on observation about the changes in weather conditions. From observation, this opportunity seemed to occur for the most part as routine without much focus on children's learning experience. The

caregiver never verified what the child said nor added any vocabulary so that all children could benefit from just a single observation.

Then there were recitals that followed some singing interludes. In Alinafe's class the greater part of the day centered on some form of literacy experience. For example, it was there that I saw caregivers deliberately showing children books and reading to them stories from the book. The caregivers there also made children repeat after them when reading aloud, although the children only echoed what the caregiver said. The children did not have the text at all.

In Chifundo's class, there were letters of the alphabet written on a chart and posted on the wall. During the nine-week period I came to visit him, he pointed at the chart only once. There were some books at what looked like a literacy center. The children interacted with the books on this corner only once. The most striking thing in this class was a timetable. Chifundo was the only one who had a timetable in his class. When he taught he would refer to it regularly. Adherence to the timetable helped him to be consistent with the type of lesson to offer to the children. As he later confessed, he never prepared for any lesson. Everything came from his head at the time.

Chikondi was different. Much of her teaching emphasized recitals of English poems and singing of Chichewa songs. While there was no lesson plan observed, Chifundo's teaching seemed to be the most organized. She taught with confidence and instilled order in the classroom. She was well organized in indoor and outdoor games with the children. She had a variety of these games. The children in her class were the most active. When she taught, one could see a systematic way of teaching. One would wonder whether this systematic way of teaching emanated from routine. However, all the walls in the classroom did not have any writings or pictures for children to see. She too spoke on top of her voice when she taught.

Mayamiko was the loudest of all. She and her helping caregivers shouted when they taught the children. Listening to the caregivers teach from a distance, one would be tempted to think the children they were addressing were 100 meters away. Though the haphazard teaching was common in all of the CBCC's, the logical flow of activities was greatly compromised in Mayamiko's class. Consequently, there was very little teaching but many indoor games.

When prompted to talk about the order of activities in the lessons, the caregivers generally said that they learned how to organize the activities during their two-week orientation programs. They confessed, however, that they lacked knowledge and skills to handle the lessons. They expressed lack of training and support in better strategies of teaching. "Timafunabe training, poti thirening'i yathu imakhala ya kanthawi kochepa ndipo zinthu zonse sungazidziwe nthawi imodzi." (We need further training. Our initial training lasts a short period of time and one cannot know as much within that short period of time), Chifundo added in an interview during the pre-observation period. At two CBCC, the caregivers indicated that previously they had a consignment of books for children, but something happened and the books disappeared or nobody knew what happened to them. The lack of proper and systematic planning of content led the caregivers to offer teaching that was wide apart in nature. Things were different at each CBCC although they all shared a common vision of preparing children for schooling. There was very little use of teaching and learning resources for the children to experience multisensory approaches to teaching and learning. Games time was the most exciting moment for the children. They also enjoyed singing and dancing.

It must be mentioned that some of the children taught in CBCC were very young, some as young as 30 months. Obviously, it was very challenging for the caregivers to organize learning activities that accounted for the needs for differentiation and accommodation found in

the classrooms. In such a scenario, one would ideally expect to find learning experiences that account for children's age differences and specific learning needs. The "one approach fits all" sort of organization implied that individual learning needs of the children were not planned at all, or even thought about. It may be that the caregivers did not understand enough about development to plan more appropriately.

The gaps observed as regards classroom management, unplanned lessons, and the common use of stories in the four CBCC's under study were the focus for the professional development program planned for the caregivers. Whereas the study was targeting the use of storytelling as a teaching approach under the larger picture of emergent literacy, after the observation, it was concluded that it would be useful to include elements of proper class management skills with authentic lesson planning. It was conceptualized that the success and fruitful use of storytelling for early literacy largely depended on how much time was given towards the preparation of the activities, and the ability of the caregivers to manage all their available resources, including the children. Since the stories were based on oral texts, the greatest resources on which the professional development program dwelt much were the caregivers themselves and the children.

Professional development

Preparation

The first stage in the preparation took place a week before the actual day. It involved identifying room for the meeting. The researcher sought advice from the personnel at the Distance Education Building of Domasi College. The board meeting room was chosen. This

room was well ventilated with an air conditioner and fans. It had a big oval shaped table in the middle that would be used for writing and other purposes. There were eight very comfortable swinging office chairs around the table. This was the room chosen for the professional development meeting. The researcher arranged for refreshments at mid-morning and mid-afternoon. Two people worked to ensure that the visitors were comfortably attended to.

The second stage of preparation involved acquiring stationery for the day. Eight 192-page hard cover notebooks, pens, pencils, black and blue markers and flip chart paper were bought for use on this day. When these basic preparations were done, what remained was the actual meeting on June 21.

The professional development

8:00-8:30 Welcoming remarks, self-introduction, and group expectations

The day began by introductions followed by explanation of the program. In the introductions, the caregivers mentioned who they were, where they came from, for how long they taught at their CBCC, and whether they had any expectations or fears for the day. There were no fears expressed but everybody expected to learn as such as possible so that they would become better teachers after that day. All the four caregivers accepted to stay from 8:30 am till the end of the working day, 5:00 pm. They unanimously agreed that they wanted to seize this opportunity to enhance their skills in teaching the young children in CBCC. The researcher made sure that they all reached a common agreement as the first step towards team building. When members feel that they are valued and respected, they easily work towards a common ideal.

After adopting the program, the next discussion focused on general rules of members' conduct for the day. The team agreed to respect each other's contributions, participate actively

in all activities, and to put all cell phones on silent mode. Within 30 minutes of the first meeting the review for the program was over. The day's discussion focused on the four main parts of the outline for the day. These were (i) objectives for the professional development, (ii) introduction to early literacy experiences, (iii) contextualizing emergent literacy within early childhood education in general, and (iv) connecting storytelling to emergent literacy within the context of early childhood education.

8:30-9:30 am Initial segment of the professional development

The researcher explained each of the objectives for the day's program as follows:

a.   Caregivers will be able to identify various kinds of stories to tell children

b.   Caregivers will be able to choose appropriate strategies for storytelling

c.   Caregivers will be able to teach children the structure of a story

d.   Caregivers will demonstrate appropriate skills and strategies necessary for connecting stories with children's early literacy experiences

Previously, during the observation week, the researcher had noted the caregivers' use of stories. However, in all those instances, storytelling was used for entertainment and for teaching a moral to the younger generation. There was little connection to vocabulary used in the stories, names of characters or places, structure of the stories, or even just a discussion on some events in the stories. There was no feedback about what the children thought about after listening. In short, there was no purposefully designed or planned literacy experience derived from storytelling. The professional development aimed to help the caregivers explore how they could use these very stories, but with educational purposes. They would link storytelling with emergent literacy activities.

I situated storytelling within the Malawian cultures and reminded caregivers that in villages, storytelling was a common phenomenon. In a brief discussion that followed, all caregivers remembered and added their experiences as story listeners when adults told stories. I also alluded to a TV program in Malawi in which storytelling was the focus. In this particular program, children sat around an adult person and listened as he told them a story.

I advised the caregivers to document their experiences in the journals provided. The importance of keeping such a journal was to keep track of their personal professional growth and development. The caregivers were implored to write reflectively. Emphasis was put on their roles in the research study. The successful completion and genuine lessons derived from it depended on their teamwork, personal commitment, and readiness to play an active role. It was important to adhere to the agreed norms, and at the same time, being open to learn.

9:30-10:15 am The research background

The researcher discussed with caregivers how critical the early years of a child's development are. Governments, organizations and all individuals committed to early childhood education and development emphasize the need for networking and pooled effort in making sure that children are physically, emotionally, intellectually, and socially ready before entry into formal schooling. The caregivers were reminded of their core responsibility in executing this critical task within the Malawi Model of ECD. Through various programs that range from the loosely organized to the formally and technically organized, children get prepared for school in varied ways. The discussion centered on the meaning and examples of the following aims:

    i.   Children's knowledge of the front and back of a book

ii. Knowledge of the top and bottom of a page in a book or alternatively the beginning and end of a sentence

iii. Knowledge that words or phrases are separated by spaces between them

iv. Realization that print carries meaning

v. Knowledge that letters of the alphabet have specific names, and that letters can be combined to form words

vi. Knowledge of the relationship between the words and illustrations that may be found on a page

vii. That reading is used to gain information, knowledge or just for pleasure

The researcher discussed these points using various examples from children's books in Chichewa. Distinct observations were made about the phonological and general linguistic differences between Chichewa and English. Though the books were developed for a different literacy program, they were used for illustration purposes during the professional development.

The discussion of the points above aimed at grounding storytelling in a solid emergent literacy foundation. It was also vital that caregivers know why storytelling was now strongly emphasized in connection to children's experiences with oral language skills, and basic reading and writing. The caregivers needed to be reminded of the general aims of any well-organized early childhood education program in order to appreciate the emergent literacy program being proposed. The following aims of early childhood education were added to the discussion:

a. Provide an opportunity for young children to be read to from books

b. Expose children to print for them to get used to seeing and playing with books in order to cultivate their interests in reading

c. Give opportunities to children for oral fluency development in their first language

d. Help children in letter recognition

e. Help children in identifying and writing their own names

f. Supporting children to read print found in their environment

g. Helping children to recognize the beginning, middle and end of books, pages and texts

Some of the contexts that can be utilized in order achieve the goals outlined above include games, dramatization, molding, modeling, songs, debates, discussions, drawings, stories, folktales, riddles, reading and writing. Each of these examples was explained. At other times, the researcher provided the caregivers with a practical classroom example. In most cases, the researcher would pose a question so that the caregivers could reflect on their experiences with children. This approach was selected for the professional development in order to lead the caregivers in constructing meaning of their lived experiences.

10:30-11:30 am The storytelling program

The beginning of this session required that caregivers brainstorm about what they thought were the features that must be included in children's stories. The researcher asked them to list the features and explain them clearly. The following were their answers as shown in the Chichewa snapshot in Appendix C:

1. First part – Prayer

2. Use stories from the Bible

3. Display pictures related to the story we intend to tell the children

4. Give children vocabulary words for use in sentences related to the story

From the caregivers' response it became clear to the researcher that the caregivers' understanding of story differed from what was expected. The discussion on storytelling needed to engage the caregivers more and involve many examples.

Fortunately, the researcher had prepared notes that were to be used to guide this discussion. I quickly asked each one to think of a well-known story. The caregivers told their stories. They were then asked to keep their story in mind as it would be the used for reference. They could also think of the stories that their colleagues told. Then the following features of a story for children were outlined:

A good story for children must include the following:

   i.   Title

  ii.   Characters

 iii.   Story structure with a simple plot possibly with a problem and solution

 iv.   Vocabulary matching the developmental level and needs of children

  v.   A lesson or a moral suitable for children

 vi.   It must be accompanied by some children's response when telling it

vii.   It must be interesting to children

The researcher explained each point with an example and constantly referred to the caregivers' stories. There was time provided for the caregivers to discuss whether the stories they shared had those specific features. Stress was put on how to make the stories lively when presented to children. Further, the same story was shared differently to illustrate how various caregivers could tell the same story differently. Practical work about this concept was used to equip the caregivers with various skills for telling their stories. In some cases, the caregivers' stories had one or more characters or even familiar phrases that were related to some known

song. The researcher and the caregivers sang the song or refrain in order to let the caregivers

develop the skill of relating stories to songs or refrains. After this session, the focus shifted to

the story structure itself. The following were the talking points about what was to be considered

in the story structure.

11:30-12:15   Dealing with story structure

Title

The researcher discussed with the caregivers various titles of their stories. He then added

that a title is either given at the beginning or at the end. For beginners, it would be better to have

the title at the beginning than at the end. Further discussion led the caregivers to agree that in

their case it will better to tell the children the title of the story prior to telling them the whole

story. Additionally, the researcher pointed out that caregivers might ask the children questions

leading them to explore what the title is about. They may predict or make inferences based on

the title. Children may also talk about what they already know about the title or what they think

could happen in the story just by thinking about the title. They need to understand the story title

to appreciate it.

Introduction

The way the story started was key to capturing the attention of children. In Chichewa,

most stories began by the teller saying *Panangokhala*! ("Once upon a time!") to which the

listener responded, *"Tilitonse!"* (Literally meaning "We are together" signifying "We are

following/We are listening"). The researcher reminded the caregivers, who were mostly familiar

with the Yao Language, that in Yao (Historically a language with some Arabic influence), the

storyteller begins by calling the attention of the listener saying, *"Hadith, hadith!"* (Literally meaning, "Story, story!" In Arabic *hadith* means, 'that which is new from amongst things' or 'a piece of information conveyed either in a small quantity or large' (retrieved from http://en.wikipedia.org/wiki/Hadith). The listener(s) responded, *"Hadith njo!"* (Meaning "Let the story come!"). In the African cultures or Malawian cultures in particular, the storyteller called for the attention of the listeners. Likewise, the listeners invited the teller to narrate the story for they were ready to listen. Actually, when children lost the attention span during storytelling, it would be noted that their *"Tilitonse!"* would not be strong or consistent. After some discussion, the group agreed on the usefulness of an introduction that stimulates the attention of the children. In their future storytelling program, the caregivers resolved that they were going to use introductions:

- that aroused children's interest and raised their curiosity.

- that was relatively short to attract the attention of the children.

- whose vocabulary corresponded to the developmental level, interests and needs of the children. They would watch for obscene expressions in stories because that would compromise the moral aspect of stories for children.

- that were relevant to the lives of the children

Body

In storytelling, the body was like the trunk of an elephant (A metaphor chosen to stress the importance of the body of a story). The researcher stressed the need to make this part as interesting as they could possibly afford. He appealed to the caregiver to tell the children only those elements that they thought would facilitate children's comprehension of the story. In

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retelling stories, caregivers would also do well to use direct expressions or direct speech. Several examples were given to illustrate this point.

The group observed that Malawian children love stories very much, particularly those in which animals act and behave like humans. However, that did not mean that all stories must be about animals. In some stories, non-living things like houses, cars, or stones could speak and behave like living things. Such stories would easily raise children's curiosity and foster their thought processing. It was important for caregivers to realize that while repetition in stories is good for effect purposes, over-repetition could lead to boredom and lack of interest. Caregivers were earnestly called upon to balance repetition with variety in their storytelling. Again, all caregivers identified the bodies of their stories. They then discussed various possibilities of how they would tell their stories differently for effect.

Conclusion

Equally important was the conclusion. The conclusion for a children's story was considered very critical. Children would easily remember the introduction, a few points in the development or body, but it was essential that they also pay attention to the end of the story. The researcher stressed that in most of the stories that were told locally, the conclusion or moral often came at the end. I reminded the caregivers that, in Chichewa, the story ended by the teller saying, *"Mbatata yanga!"* (Literary "My sweet potato" meaning "Where is my sweet potato?") to which the listener(s) would respond, "*Yapselera*!" (Meaning "It's burned to ashes!"). The expression signified that the story was ended. This structure of telling a story emphasizes the importance of formally concluding a story that was orally told.

The caregivers then shared on the conclusions to the their stories. They also discussed on how to make the conclusions more appealing to children. The group discussed and agreed that

- The conclusion must be short

- It must consolidate the characters, the events and the title.

- The conclusion must be very interesting

- It was important that the conclusion helped children to understand the story

The researcher took this opportunity to begin to link oral stories and stories from books. From the story structure covered thus far, caregivers were helped to realize that there is a great link in structure between the oral stories and those written in books. He added that if children were exposed to structured oral stories it would help them to read and understand the structure of stories in books, hence support their comprehension. They will be able to note the title, the introduction, the body, or conclusion or end of the book.

To further illustrate the point above, the researcher retold the story of Dog and Hyena in direct speech. The caregivers who acted like children thought and analyzed the story from the title, introduction, body and conclusion. One caregiver (Chifundo) said that it was good that the explanation about the story line was covered. He observed that the guidelines made sense then. The other caregivers added that even in terms of stories from books, it was good to realize that they followed the same pattern.

Alinafe commented that it was good for them to be able to identify the story structure. That would help her as a caregiver to support the children in understanding and using stories. "When we taught using stories in the past, we would just tell them without stopping; without paying attention to the story structure," she added.

In addition, the caregivers retorted that if children understood this basic concept of story structure, it would be much easier for them to tell their own stories by adhering to the structure. This knowledge of story structure would be utilized when they would begin reading books. Books generally follow the same pattern. A book has a title, some form of introduction, the main body with the problem and possible solutions to the problem, and characters, and end with some form of conclusion. The direct relationship in structure that exists between oral stories and the stories found in books provides the main link between oral storytelling and book story reading.

In extending this part of the discussion on story structure, the researcher used a children's book to illustrate the story structure, how to identify the problem or problems, solution(s) to the problem(s) in a story. The following is the excerpt of the paraphrased story.

- Tapiwa had a ball made of pieces of paper well knit together. He used to play alone. His mother used to sell vegetables at the market. His father used to sell vegetables at the market too. One day <u>Tapiwa was not happy with his ball</u>. He wanted a bouncing ball. He asked his dad for a bouncing ball. His dad bought him a bouncing ball. He was very happy.

- Tapiwa began to play with the bouncing ball. But alas, <u>it bounced into a bucket</u> near his grandma. She was not happy with the ball. She told Tapiwa to go and play elsewhere. Tapiwa went to pick his ball but he was very worried. Then he went to play near his aunt's house.

- When Tapiwa played with the ball at his aunt's house, the ball bounced and went straight into <u>a pail of water</u>. The aunt told him to go away.

- Then Tapiwa went to play by the roadside. Then <u>the ball fell into an ox-cart</u> that was passing by. He went home to play with the bouncing ball but the ball <u>hit a</u>

<u>windowpane and broke it</u>. Then his dad told him to go and play at the football ground.

- When he went to the playground, and his friends saw him, they were very pleased to see him. They welcomed him. In no time the boys began to play together. It's a goal! Tapiwa scored. He was very happy.

After discussing with the caregivers, the caregivers themselves retorted that it was good that the researcher had used this storybook practically to let them identify a problem in a story and possible solutions. In this particular story, the caregivers noted the multiple problems that were described. There was a clear solution to each one of them.

To verify their grasp of the problem and the story structure in general, the researcher gave the caregivers various children's books and asked them to read them very quickly. He asked them to identify the story structure in any one of the books and share it with other caregivers. This led to an interesting activity in which caregivers actively sought the story features in the stories they got in the books.

The group further discussed that sometimes caregivers could break the story into sections. Each section could be added to the story each time the caregivers told it. In such instances, each time they retold the story, they build on the previous sections. Such gradual development of a long story helps children to link story elements that would be too much for them if the long story were told all at once. The next section summarizes the general points that were considered as additional to storytelling.

A. Where can caregivers get stories for telling children?

- From books – some of the books are the one you read when in primary school; secondary school or even at church.

- From daily activities or events. The activities could be what children know, observe or hear about.

- Culturally based folktales, stories, or reports. There are stories in our various Malawian Cultures; stories we've grown up hearing about. There are also specific cultural stories that are found only among specific ethnic groups. Children would be enriched culturally if they listened to stories from various cultures.

- New stories generated by the caregivers. Chifundo suggested that caregivers could also create or generate their own stories.

B. What features can a caregiver use to make storytelling more interesting?

Caregivers need to know that they are endowed with the following features that can render their storytelling an invaluable experience for children. According to McWilliams (2002), the voice, body, face, rationality and creativity are key in meaningful storytelling to children. The following are brief explanations that were accompanied by physical or oral illustrations of each feature:

- Voice – this is what makes caregivers attract the attention of the children. I observed that when teaching most of you are teaching, you shout. You will realize that the children will easily be. Through the use of your voice, you can attract children's attention.

- Body – the body is a powerful aid in teaching. Using the body children's understanding is enhanced. Storytelling can be linked to oral skills, psychomotor activities, and child play.

- Face – the researcher here simulated hyena that was so exhausted after being chased. The demonstration incorporated the voice, body, facial expression and movement for effect purposes.

- Rationality – Storytellers must use their intelligence to make choices when leading in storytelling.

- Creativity – creativity can be used to help teachers to change activities to suit children's needs.

As seen above, the professional development activities focused on orienting the caregivers to storytelling as a strategy for teaching children and offering them emergent literacy experiences within the context of early childhood education. During the sessions, the caregivers were reminded of their roles as caregivers in CBCC's, in relation to preparing the children for schooling. They were also equipped with skills and strategies to use in meaningfully utilizing storytelling. The caregivers and the children were seen as very invaluable resources that if utilized could enhance and facilitate the children's teaching and learning. The body, voice, and the face were particularly signaled as great features that caregivers were naturally equipped with. The use of these tools after careful preparation would ensure the success of teaching the children using storytelling. All children's activities of scribbling, drawing, letter recognition, naming words, reciting, singing, dancing and dramatizing were pivoted on storytelling.

The morning sessions ended with the input in the description above. The afternoon sessions were planned to give caregivers a chance to practice storytelling. The researcher asked them to think and plan a storytelling activity to be shared with the rest of the group. The following is what happened in the afternoon.

Afternoon Sessions

1:00-3:30 pm Caregivers discuss their stories

To begin the afternoon session, the researcher recapitulated the main points in the previous sessions while referring to the notes that were developed on chart papers. The caregivers asked several questions on the previous sessions. It was important to address the questions because it showed that over the lunch break they reflected on the material presented to them. Most of the questions sought further clarifications or practical examples. It took the researcher 30 minutes to deal with their questions.

One question was about dramatization. Alinafe wanted to know whether it was all right to let children play the role of, imitate sounds or movements, or even act out like certain animals. She explained that during their initial two-week training, she and other caregivers were discouraged from assigning any roles to children related a goat. A goat is considered a dull or stubborn animal in the homestead.

In response, the researcher explained that it was not proper either to assign names of animals to children either, because human beings cannot be animals in any case. To further explain the point, the example of a dog was given. In most parts of Malawian, it is an insult to call somebody dog (*galu*). However, when caregivers or teachers use animals in a story, in most cases, the animals behave like human beings or depict some human realities. It is different from calling children by various animal names, the researcher added. Another example given was about a popular indoor/outdoor game for children. Children make a circle and hold hands. One child becomes hyena (*fisi*) and another a kid (*kambuzi*). The hyena chases the kid to capture it.

The kid runs in zigzag among the individual children. The children freely let the kid pass but try to block the hyena's way. They imitate sounds of these animals as they play the game.

Kambuzi, kali mkhonde, meee! (A kid is on the verandah, mee (sound of a kid))

Fisi watopa, huwii! (A hyena is exhausted, huwii (sound of hyena))

As experienced from the children's game described above using animals in stories or games does make the story interesting and the game more fun to children. Children also learn to observe nature and their environment. Through such stories and games, children learn various aspects of animal life too. They also learn various morals that teach them to be responsible people.

A general reminder was that when various names are used during acting or dramatization, it is important to let *de-role* the characters. Caregivers should say, this was Mary who played the role of hyena, and this is Agnes who played the role of a kid.

Caregivers were given 15 minutes to get ready. The caregivers worked by themselves during the preparation time. Then, it was time for presentations. All the caregivers had thought of some stories but were very shy and reluctant to practice them before the team. The researcher tried to encourage them but they would not just gather the courage. Chifundo offered to tell his. It was very brief but a good one. The group discussed various ways of telling the same story. The other caregivers talked about their stories but did not present them. Being adult learners and considering that this was their first experience of the sort, I let them just talk about the stories and how they would tell them to children. I thought of continuing with the post professional development interview. I had to make a quick decision, because I thought I needed to clarify the task expected of the caregivers for the weeks following the professional development. By the time this session ended, it was time for afternoon refreshments. It was decided that the

refreshments would be followed by a focus group discussion at 3:45 pm, in order to create more time for the plan of the forthcoming weeks.

Planning for implementation

The researcher stressed that the success of the study depended largely on what the caregivers planned, delivered in class to children, reflected on after storytelling, and learned from their daily experiences. In the next seven weeks the storytelling team would be meeting every Friday at a CBCC at 8:30 am for review and feedback. This would be a great opportunity to learn from one another and gain support from the rest of the group. All caregivers agreed to gather on Fridays for these meetings.

Chapter 5: Themes

Six themes were identified through data analysis. These themes emerged from the caregivers' journals, weekly individual interviews with each caregiver, weekly focus group interviews, voice and video records of classroom activities, photographs and the researcher's field notes. All interviews were translated from Chichewa into English before or during transcription. The data were analyzed and frequently occurring ideas were grouped into larger themes. There were fourteen themes that seemed were identified in the initial stage. The themes were further analyzed and synthesized into six themes. The six themes that emerged were: (a) Storytelling: A teaching approach for children; (b) Storytelling: An impetus for lesson planning; (c) Storytelling: Creating connections between caregivers and their children; (d) Storytelling: Influencing caregivers' classroom management; (e) Storytelling: Making caregivers and children more responsive; and (f) Storytelling: A support for emergent literacy. In this chapter, each theme is discussed, including some of the Chichewa as appropriate.

Storytelling: A teaching approach for children

The development of caregivers as storytellers was a gradual process that began during the professional development session. Right from the day of the professional development, the caregivers suggested that their experiences with the day's presentations on storytelling led them to believe that storytelling was a viable teaching approach for young children. While all caregivers indicated having learned a great deal about storytelling in general, each one of them found different aspects of storytelling to be especially appealing. For example, according to

Chifundo, the important aspect of storytelling that he learned was the ability to create, document and tell the story to children. About what he learned, he said:

"The most important thing I learned during the professional development was to write and read a story. Previously, when I taught the children, I did not know what I was doing. I now know how to write and teach children using storytelling …I have learned to use my face, voice and body in storytelling and children are experiencing change."

In the quote above, the caregiver suggests that he discovered storytelling as a teaching approach for children. He seemed to have found a way of bringing in some emergent literacy activity that among the learners. Chifundo made the quote above immediately after the initial professional development and before any practice in storytelling. As it was later observed, he put this assertion into practice and discussed it repeatedly over the following seven weeks.

Alinafe was more struck by the story structure. She felt that since she understood the components of story structure, she would make sure that each of her stories had a title, introduction, main body and conclusion. She emphasized the aspect of creativity when she said:

"I have also learned that through even using names of various animals, I can create my own story for children. I never learned that before. From now onwards, I will be able to teach children stories and interpret them. That is very precious for me."

Alinafe's remarks suggested that she came to value storytelling as an approach that would enhance her own teaching strategies and connect her with the children. She emphasized the need for children to construct meaning of the stories with which they interacted. And we know that learning is precisely a meaning making enterprise (NRC, 2000).

Chikondi expressed similar sentiments. She realized that a story has main characters as well as characters who may act as protagonists or antagonists. What she said she valued most was self-expression within storytelling. On this she said, "I will be able to tell stories to children in a way that communicates the real feelings and sentiments portrayed in the stories." That is, in storytelling, Chikondi found opportunities for self-expression that she considered vital in teaching children in her CBCC.

When asked about using storytelling in her teaching, Mayamiko did not ever express valuing storytelling for her CBCC. She avoided many questions and was often not involved in conversations during group meetings.

Three caregivers claimed to have learned to use storytelling with ease, and in interviews, they demonstrated that they understood significant reasons for utilizing storytelling with children in the CBCC. The ability to tell children stories with ease made these three caregivers consider storytelling to be a valuable approach to teaching children. As a result, the caregivers felt that teaching using stories helped them enjoy teaching children, as Alinafe retorted, *"Taphunzira kuphunzitsa kokoma, ndipo ana nawonso, akumva kukoma."* (We have learned a way of teaching that is 'sweet' and the children too feel 'sweet' when learning.) Considering teaching as 'sweet' by these caregivers was a great sign of perceived satisfaction and acceptance of a newly introduced teaching approach. The three caregivers reported a shift in their understandings and interactions with children. These understandings and interactions would not have occurred if they had not attempted this newly introduced approach.

At the end of the seven-week program, when the caregivers were asked about the most important thing they learned, they simply and confidently responded, *"Taphunzira kuphunzitsa kudzera mu nkhani,"* meaning, "We have learned to teach using stories." Everything these three

caregivers did over the seven-week period led them to conclude that the major lesson for them was that storytelling could be a useful and meaningful central methodology in the teaching of the children.

To underline their conception of storytelling as a teaching approach, the three caregivers incorporated songs, dramatization and dance. Some of the stories or folktales shared with the children had songs embedded in them. While traditionally, the singing of songs within the context of storytelling was a device used to keep the listener attentive throughout, it was also a way of responding orally to the story presented. Some children in CBCCs were as young as 36 months. These children did not always seem to be attentive during storytelling. However, if the story had a song, the children would sing together with the rest of the children. Sometimes, the children danced.

Further, it was notable in three of the four CBCCs that whenever the caregivers asked the children to dramatize a story to which they had just listened, many of them volunteered. They dramatized parts of the story, or demonstrated how something happened. In order to dramatize, the children became very attentive and interested in the lessons including storytelling. This response to caregivers' storytelling by the children in CBCCs validated the three caregivers' appreciation of storytelling as a teaching approach. The children at one CBCC did not dramatize any story largely because it was alleged that they were shy. Data supported that those children were never attentive when their caregiver told them stories. They played or got distracted as the caregiver told them stories. From the way the stories were told at this CBCC, one can conclude that the performance of the children in the CBCCs depended largely upon the caregiver's commitment to storytelling. It might also demonstrate the levels of expectations that these caregivers had on the children, i.e. those that had high expectations on their children got high

performance from them while the one that had low expectations on the children got low performance from them.

Storytelling: An impetus for lesson planning

Before implementing the professional development, all caregivers admittedly taught without taking time for prior consideration about what they were to teach and how they would teach it. In fact, there was no evidence of any preparation whatsoever. However, after the initial professional development, the caregivers began to plan the next day's storytelling activities. They found a story, thought about all of the parts of the story, judged its suitability for children, and predicted possible responses from their children. With time, the caregivers even wrote about these kinds of plans in their journals. It was this planning, teaching and the personal evaluation following storytelling that caregivers believed to be critical components of their lessons. Mayamiko was one caregiver who stated explicitly that she found lesson preparation helpful. She said,

> *"Chomwe ine ndapindulapo kwambiri mu kaphunzitsidwe ka ana kudzera mu nkhani ndi kukonzekera usanakaphunzitse. Poyamba ndinkaphunzitsa koma sindimakonzekera. Pamopa ndimayamba ndimaganizira nkhani yomwe ndikukaiphunzitsayo. Ndimakonzekera."* (For me, my benefit has been the teaching of a child using a story. Previously, I used to teach anyhow using storytelling. Now, before I teach, I think a lot of the story before I tell or teach children. I prepare well.)

There was scant evidence during observation to support Mayamiko's statement about lesson preparation. It is important to note that these caregivers had not received specific training about lesson preparation during the professional development. However, there was implicit modeling of lesson preparation in the professional development. The caregivers discovered this

model of lesson preparation and embraced it. Now, at least three of them were engaging in lesson planning for their teaching.

The caregivers who took time to think or plan their stories prior to the storytelling day reported that planning made it much easier to teach, their stories were more interesting, and the stories flowed logically. Chikondi said,

"I never thought one day I would sit down to draw a picture of a story that I would tell the children on the following day. Previously, I came to school without any sort of preparation. I would teach whatever came to my mind. This is not the case now. I now think of the story first. After thinking about the story, I plan on how to tell that story in a manner that children would enjoy listening to it. I now even look for new stories to tell the children."

After the professional development session, Chikondi became increasing and truly immersed in the storytelling program. All daily activities focused on making sure that the storytelling program worked. She prepared lessons far in advance. Observations of this caregiver telling stories to children showed that she had given it more time. She drew pictures of every story she told the children and put the pictures on the class walls. Her children told the researcher all the stories that they had been told whenever the researcher came to visit them. It was very amazing how accurately they remembered the stories.

In preparing for stories, some caregivers read old storybooks, asked the elders in their respective villages, remembered old stories, and some even created their own stories that nobody else ever told before. Storytelling seemed to have energized the caregivers to be more resourceful in their preparation for lessons.

The caregivers also incorporated the teaching of new vocabulary in their lessons. They took time to explain the new words that the children would encounter in the story. In most cases, they would tell the story first then deal with new words found in the story. The caregivers employed various strategies in order to help children understand the meanings of the new words.

According to the caregivers, their lessons focused on children's comprehension more than ever before. Their planning of their lessons as already alluded to, facilitated children's understanding of the stories that the caregivers told them. The caregivers also said that they learned to focus their attention on the learner more than on themselves or even the story itself. *"Panopa tikutha kumuzindikira mwana,"* (Now we understand a child better), Chifundo said, on behalf of the whole group of caregivers. It is important to note that through this lesson planning, the caregivers began to write their stories or in the case of Chifundo, their actual lesson plans. Their lessons included the introduction, development and conclusion sections of lesson preparation, the consideration of materials used for lesson, and the lesson evaluation.

Storytelling: Creating connections between caregivers and children

Effective communication with the children was what each caregiver sought to achieve. Before using storytelling in their classrooms for instruction, caregivers felt they did not connect very well with children. During the two-week observation period, one caregiver carried a cane hand throughout the day. Commonly, this caregiver threatened misbehaving children with the cane. Further, the caregiver sometimes locked children outside of the classroom until they promised to behave well. In all four classrooms, there were times when the children just became noisy and uncontrollable. The caregivers struggled to get them to listen attentively once they went wild that way. Storytelling served as a means of holding the attention of the children; therefore, improved behaviors were in evidence.

Through storytelling, the caregivers felt that they were using their body language for effective communication. This communication was vital because it linked the children to the caregivers more solidly. Caregivers said that they learned to read and understand children's actions and reactions during their teaching. They learned to understand the children when they became restless or uncomfortable.

The caregivers said that they learned to choose the correct postures, movement, and use of body language for effective communication. For instance, Alinafe said that she had been trained to always sit down when teaching children. Being a staunch observer of the norms, she previously always taught children while seated on her chair. However, whenever she taught them, they would lose track of the topic. The children would not take long before requesting to go out. Some would begin tickling each other or even fighting. Then, the caregiver knew that the children were no longer paying attention. Once the children had stopped attending, in most cases, it took the caregiver quite a bit of time to get the children back into full concentration.

Sometimes during the lessons, the four caregivers used all their resources to make sure that the children were interested in the stories. They used their voices, bodies, facial expressions, and deliberate classroom movements in ways that captured the attention of the children. After telling the stories, all caregivers (without exception), spent time talking about the stories, explaining abstract ideas (if any) and discussing the meanings of the stories with their children. This discussion was sometimes in the form of comprehension questions. At other times, the children dramatized the stories or parts of the stories. The most exciting times for the children were when the stories were linked to movements, singing or dancing. They would rigorously dance. The children just loved that part. Indeed, the children connected to their caregivers through activities that centrally related to storytelling.

Moving in and around the classroom

Alinafe explained that she decided one time to be mobile as she told a story to the children and she told the story until the end. Children never moved nor showed exhaustion. She then tried it again on several instances. She realized that whenever she told her stories while seated, the children lost focus, unlike when she told a story while moving around the classroom. This was great revelation to her because it became clear that the physical distance in class between a caregiver and the children was of great importance. When the caregiver remained fixed at a particular spot in class, there was some kind of social or psychological barrier created by the physical distance. Consequently, the barrier seemed to reduce the children's attention span. Similarly, as Alinafe discovered, when she moved up and down and around the classroom, the children were more interested in the story and they did not show any signs of exhaustion. Through storytelling, three caregivers demonstrated that they connected effectively with the children. Only one caregiver did not seem to make much connection with the children.

Storytelling: Influencing caregivers' classroom management

Self-regulation

Based on the observation data collected prior to professional development, the four caregivers had varied classroom management skills. All caregivers shouted when they taught the children. In reciprocity, the children shouted too. Teaching and learning was synonymous to shouting. No wonder, by the time the children were ready for their break (around 10:00 am), both the caregivers and the children were exhausted. It was not surprising that reporting for

duties was something some of the caregivers dreaded. The observation data showed that when at the initial introduction of storytelling, caregivers attempted to shout when telling the stories.

In the professional development and subsequently during the team meetings, there was discussion of the fact that storytelling involved raising and lowering of pitch to attract the attention of the listeners. In some cases, the listeners paid much attention when all of a sudden, the voice lowered or the storyteller whispered. Also, it was agreed that the caregivers should tell the stories as naturally as possible (that is, consistent with Malawian storytelling traditions). When the teachers started using high and low sound pitches for effect and natural ways of telling stories, and the children developed calmer responses to the stories and caregivers began to reduce their shouting when telling stories. The development of skill in storytelling helped the caregivers to regulate themselves when teaching.

Learning from one another

In order to utilize opportunities for visiting other CBCCs, all the four caregivers agreed that one visiting caregiver would teach at another CBCC. The caregivers made this decision during the first team meeting. When the caregivers began visiting other caregivers' CBCCs, it became clear that they began to learn from one another. Each caregiver had idiosyncratic approaches towards the organization of the classroom in general, and the teaching of children in particular. The first clear indication that the caregivers were learning from one another involved the use of songs. When a caregiver from a different CBCC taught at a new CBCC, he or she led the children to sing a few songs or rhymes. The children and the caregiver of the host CBCC enjoyed learning and singing the new songs. In no time, children and caregivers from all the four CBCCs learned the songs and rhymes from other CBCCs.

Besides songs and rhymes, Chifundo introduced a verbal reinforcement. Chifundo and his children loved the use of "Well done, well done! Sure! Keep it up!" as verbal reinforcement. Chifundo used a Chichewa version, *"Wakhoza, wakhoza, shuwa! Upitirize!"* The children loved the Chichewa version because they understood very well. The English translation was not clear, as some children would say, "Wel-dun, Wel-dun! Sure! Key-pe-pup!" instead of "Well done! Well done! Sure! Keep it up!" Caregivers at the other CBCCs noticed the children's appreciation of the Chichewa expression and incorporated it in their own teaching.

The storytelling program led the caregivers to learn from one another the skill of how to establish improved classroom environments for supporting children's learning. In some CBCCs, caregivers had literacy corners in which learning materials were placed every morning. In other CBCCs, these centers were semi-permanent. Some CBCCs had drawings of various shapes around the walls of the classrooms. Among all the four CBCCs, three had some materials that were meant for fostering children's play, and these play materials were orderly and safely kept. Chikondi once said she decided to do something about her class when she visited other CBCCs and noticed that there were writings on the walls. When she came back to her CBCC, she wrote or drew several of these materials herself and posted them on the walls of her class as illustrated by some of the photos taken from her classroom below.

Figure 2. Various drawings on stories that Chikondi told the children

Figure 3. A chart showing months of the year

Figure 4 A chart showing components of the weather

Figure 5 A chart showing various shapes and objects for numeracy

The most organized CBCCs were Alinafe's and Chikondi's. In these CBCCs, children sat on mats or on chairs respectively. The arranging of the rooms and resources showed some special effort made by these caregivers in order to make the classrooms more appealing for children's learning. Chikondi and Chifundo changed after visiting the other CBCCs.

Mayamiko's CBCC was the least organized and Mayamiko's classroom was most disorganized compared to the other three. Mayamiko's classroom did not change after visits to other CBCCs. By the end of the seven-week storytelling program, her classroom was the way it was at the beginning. There was practically no change. The children in this class did not show any change at all. They were as shy as they were at the beginning. They did not tell any stories. They continued conducting their activities as the researcher found them. The caregivers, including Mayamiko, continued to shout at the top of their voices when teaching. For the nine-week period that the researcher got involved with this CBCC, there was no sign of change. The

caregiver did not learn much from others. If she did, then she did not want to bring this change at her CBCC as noted among the other three caregivers. These observations might suggest that cross visits by caregivers to different CBCCs could influence classroom organization and management, only if the caregivers themselves were ready and willing to initiate the change in themselves and their classrooms. In other words, the caregivers themselves were the agents of the change that they wanted to bring in their classrooms, and in relation to the storytelling program.

Additionally, all caregivers showed increased frequency in the use of play and literacy activities with children. They indicated that learning to use storytelling had opened them up to using additional kinds of activities. For instance, Chikondi said she had become free to do any activity with the children because of using storytelling. Though she had worked with the children for two terms before introduction of the storytelling program, she was previously not comfortable with the notion of playing with children. She did not like dancing or doing other 'childish' activities with them. Although she held this perception, Chikondi was the caregiver who played the most indoor and outdoor games with children. Some of her games could be classified as more language focused, while others were math oriented. Indeed Chikondi bended on her knees and played with children. Similarly, observations showed that Chifundo and Alinafe were using more play-based activities in the classrooms across timeframe of this project.

Class control

In terms of class control, all the caregivers unanimously reported in the data that their children's behaviors improved whenever they told them stories. One caregiver reported that whenever her children made noise in class, she would just say, *"Sindikuuzani nkhanitu*

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mukamachita phokoso!" (I will not tell you a story if you continue being noisy), and the

children immediately kept quiet. Indeed, story time became a time for quiet and listening.

It was also observed that whenever a caregiver announced that it was story time, the

children told one another to keep quiet and listen. In most classes, they would take positions that

they felt were comfortable for them. Some drew closer to the front so that they could see and

focus on their caregiver. In a class where children were threatened with a cane or locked out for

noise making, nobody wanted to miss story time. The data showed that just a reminder to a child

that she would miss story time was enough reason to let her keep quiet. Storytelling supported

instillation of self-discipline among learners. Children controlled themselves because they

wanted to listen to stories.

Storytelling: Making caregivers and children more responsive

Differences in conceptualizing storytelling

Each caregiver conceptualized storytelling as a teaching approach somewhat differently.

In the early phase of the study, caregivers were in the uncomfortable zone of a "familiar-strange"

experience. I call the storytelling approach a "familiar-strange" experience because, as seen

already in literature (Irele, 1989; Gunner, 2004; Olanyan & Quayson, 2007; Perez, 1995; Porter,

1910) and in the pre-observation period, caregivers were already familiar with storytelling.

Storytelling previously existed in the CBCCs. For example, at Alinafe's CBCC, even a

caregiver whose duty was not teaching and not trained to teach was observed telling a story to

the children. She told children stories in the same way that stories were told in villages. All of

the caregivers in CBCCs were already telling children stories in their classrooms long before the

formal introduction of the approach. The familiar storytelling became strange when caregivers

needed to plan, organize the structure, tell the stories in an interactive way, and link the stories to language and literacy concepts. In such instances, the familiar indeed became strange.

All caregivers confirmed that the approach was rather difficult at the beginning. It was not difficult because it was hard to tell a story, but because it required putting ones thought to it and making sure that ideas were well organized. After professional development, caregivers told stories with a special focus on the learner, unlike the previous approach when caregivers just told children the stories without preparation. Children found stories strangely told because their caregivers emphasized certain structure and strategies when telling the stories. Nonetheless, it did not take long for the children to make the strange storytelling familiar again, as Chifundo explained, "Children found it difficult at the beginning because they were not accustomed to this method of story presentation. However, as time passed, they became accustomed to it and enjoyed stories more than before." At the beginning, the familiar was made strange, but by the end of the study, this strangeness had almost become a familiar routine for teaching.

The result of making the strange familiar was that caregivers reported to have found teaching using stories easy and enjoyable. The use of storytelling was enjoyable because children understood the lessons. They followed instruction and learned with much ease. Caregivers liked storytelling and the children liked it too. Every caregiver said that s/he felt "sweet" to teach using storytelling. This feeling was evident in various aspects of their teaching including class control, mutual sharing of learning responsibilities with children, observable outcomes, and sense of agency.

Children as storytellers

Storytelling helped the caregivers and the children discover something that was common in them. Both the caregivers and the children became storytellers. Alinafe added*, "Ana athu*

akumatha kumayankhula nkhani momveka bwino, pomwe kale samakhala ndi mwayi wotero." (Our children now have an opportunity to tell stories, clearly unlike in the past). Chikondi was so fascinated by the children's ability to tell stories and remember those stories. She said that they listened with close adherence to detail. She said, *"Ayi, masiku ano zinthu zili bwino. Ana akutha kumalankhula nthano mosangalatsa, moti sungaganizirenso kuti akulankhulayu ndi mwana."* (These days, things are very fine. Children tell stories so interestingly that it is beyond one's imagination). Chifundo added, *"Chikundisangalatsa ine kwambiri ndi choti ana ang'ono akutha kundiphunzitsa ine nthano ndi nkhani zoti sindinamvepo chibadwire changa!"* (What pleases me most is that even the very young children (as young as 36 month-olds) are telling me stories that I have never heard before).

The data did not support children at Mayamiko's CBCC telling stories nor Mayamiko considering storytelling as something valuable, as demonstrated in the other three CBCCs. Nevertheless, the children were equally participative in storytelling activities. On two separate occasions, the researcher told two stories at Mayamiko's CBCC, just to learn more about the children's response. The data showed that the children at Mayamiko's CBCC responded in much the same way as the children in the other three CBCCs. This led to the conclusion that for storytelling to be understood as a mutual responsibility sharing activity, the caregiver must wish and plan to do so. The caregiver must let the children take responsibility in becoming storytellers too.

The responses of Alinafe, Chikonde, and Chifundo showed how storytelling turned to be a mutual activity. The data interestingly showed that as the children were telling their stories to the rest of the class, the caregivers listened attentively and sometimes repeated them to the whole class in more logical sequences. At other times, the caregivers related the children's stories to

some literacy experiences. On such occasions, the caregivers guided the instruction based on the children's stories. This probably made the children whose stories were discussed further feel so good and confident. To them, it may have been a source of motivation to tell more stories.

The data showed that the children even scrambled for opportunities to tell stories. The caregivers had to be careful in choosing storytellers, otherwise there were those children who had so many stories and wanted to share them all at the expense of others. That is how storytelling ended up being a very participative activity between the caregivers and the children.

Children's own stories

As children took control of their learning using storytelling by soliciting more stories, their growth and development were observable. The children's stories were culturally relevant. Storytelling in this case connected children to their cultural heritage. The caregivers reported that some children who appeared to be shy in the first and second school terms became more open and receptive in the third term, after the introduction of storytelling. Such children participated and wanted to do it more often as they became more and more interested in storytelling. Some children were also ready to dramatize whenever asked by the caregivers. This removed shyness and fear in them. The data showed that the same enthusiasm displayed in storytelling similarly applied to other activities such as drawing, scribbling, tracing letters, naming some letters of the alphabet related to words found in stories, oral discussion and riddling. These indicators of children's performance encouraged the caregivers too and fostered caregiver-child interactions and connections.

Caregiver agency

Notably, storytelling brought about a sense of agency in the caregivers. In agency (Emirbayer & Mische, 1998), the caregivers (having experienced the joys and advantages of using storytelling as a teaching approach, and at the same time reflecting on their classroom realities) claimed that they had embraced storytelling and would never let it go. This was the case for Alinafe, Chifundo and Chikondi. They often spoke of their successes in using storytelling and the ways in which they thought storytelling was contributing towards children's learning. One would reluctantly ascribe this sense of agency and purposefulness in Mayamiko. The three who had a strong sense of agency in using storytelling indicated that they came to believe, after their experiences, that storytelling was an important answer to some of their various classroom challenges. The keen interest, support, and participation of the other caregivers who were not part of the study program in their four CBCCs showed how this sense of agency infiltrated the whole dynamic life of the CBCC.

The overall response of the caregivers in general can be considered as a result of the modeled behavior they got during the professional development and the weekly Friday team meetings (Bandura, 1965; Bandura & Menlove, 1968; Bandura, Blanchard & Ritter, 1969). Bandura (1965) noted that, "the necessary conditions for learning through imitation include a motivated subject who is positively reinforced for matching the rewarded behavior of a model during a series of initially random, trial-and-error responses" (p. 589). He also concluded that, "…response inhibition and response disinhibition can be vicariously transmitted through observation of reinforcing consequences to a model's behavior" (Bandura, 1965, p. 594). Self-motivation could have been key in the positive responses of the three caregivers. In the case of

the caregivers, Mayamiko would have displayed response inhibition while Alinafe, Chifundo and Chikondi would have displayed response disinhibition. It may also mean that all the caregivers learned about storytelling and knew it well, except that one of them chose not to perform.

Storytelling: Support for emergent literacy

Verbal skills

Some children already began to show notable response to storytelling barely two weeks after introducing the program in CBCC. The caregivers often told the same story twice or three times a week. The use of repetition encouraged children to remember the whole story including setting, plot and characters. "We tell the same story several times so that the children who missed some elements of the story remember them when it is retold," added Alinafe. All caregivers found repetition of the story vital for young children's understanding and development. Once the children understood the story, it was much easier for caregivers to explore other elements such as analyzing the moral of the story, the characters, problems, and setting.

Whenever the discussion of stories happened, children talked very openly. Data showed children's instant responses to these discussions with their caregivers. The relaxed and friendly atmosphere created for dialogue and discussion was remarkable during this story exploration time. There was noise in the classroom, yes, but it was the noise of children expressing themselves. Before the introduction of the storytelling program, the children used to spank, prick or tickle each other. Children's sudden crying or screaming in the middle of the lesson was almost the order of the day. Through storytelling, children were accorded more opportunities for interacting with the Chichewa language. *"Ana athu akudziwa chimene akuchita chifukwa*

akumatha kumva ndi kuyankhula m'chiyankhulo chawo mosavuta," (Our children now know what they are doing because they can listen and speak in their own language), Chifundo said. In all the four CBCCs, caregivers previously taught the children some English, except for Chifundo who emphasized the use of Chichewa. Chifundo believed that children needed to master their verbal skills in their first language before learning a second language. It was notable that even his verbal reinforcement expressions were all in Chichewa. He introduced these Chichewa expressions in all the other three centers when caregivers met for group meetings on Fridays.

Entering any class, one immediately noticed how caregivers tried to teach the children some English. The use of storytelling meant that the children had more time to practice and use Chichewa. The issue of language was interesting at Mayamiko's CBCC. The community there is predominantly Yao. Outside the class, children spoke Yao. The caregivers there used Chichewa and English when teaching. On several occasions when children did not understand the meaning of a word or an expression in Chichewa or English, the caregivers translated it into Yao. When asked why they preferred using Chichewa and English in class rather than Yao, one caregiver who taught more regularly than Mayamiko said that it was important for the children to learn and master the use of Chichewa because if they did not, it would disadvantage them upon entry into formal schooling. This meant was that those children were exposed to two additional languages in the early years of their development, before they had fully mastered their own mother tongue.

Listening

Naturally, when one speaks, there must be another listening. Listening was the first element of change that the caregivers noted when they introduced storytelling to their children.

Chikondi was the first caregiver to notice such change among children, right in the second week of the program implementation. Alinafe and Chifundo said they noticed it in the third week. Mayamiko claimed to have noticed this change in the fifth week. Data showed that in Alinafe and Chikondi's classes, the children were more attentive as compared to Chifundo's. The children in Chifundo's class were much more attentive than those in Mayamiko's. The notable change was that whenever the caregivers told stories, the children paid attention by remaining quiet and less mobile, without playing or pushing each other, and not leaving the group.

Observing how children conducted themselves prior to the storytelling program it was noted that there was no regular bathroom breaks for children. Instead, children would just ask for permission to get out when the need arose. At times, several children asked the permission to go out simultaneously. The caregivers regulated the number of children going out as they judged it necessary. It was observed too that whenever children had other interests than paying attention to what was taught, they asked to go out. It was very common to see the child who sought permission to go to the bathroom divert attention to outdoor play while outside the class. Given this existing context, it was very easy for the caregivers to notice change in focused attention during storytelling.

Whenever caregivers announced that it was time for stories, one notable reaction of children was their dash to sit down, with legs straight, and their hands on their laps in Alinafe's class. In Chikondi's class, the children rushed to find a seat and sit down. In Chifundo's class, they crammed around the caregiver. In Mayamiko's class, the children sat down in line with their backs leaning against the wall. The call to storytelling very quickly became like a call to a particular seating plan, a call to silence and attentive listening. It was a call to a very special moment. These results are in tandem with Speaker, Taylor, & Kamen (2004), who found that

storytelling helped the children improve in listening skills and ability to organize narrative thought, an important element in emergent literacy.

Caregiver-children discussion

After caregivers told stories, there was always some discussion. Sometimes, the caregivers asked comprehension questions to assess children's understandings of the stories. Caregivers tried to ask children open-ended and thought provoking questions. This dialogue between the caregivers and the children was a totally new activity in the CBCCs. Data indicated that none of the parties had engaged in this kind of talk before. It was a great experience to see how the children sometimes argued their points with their caregivers. Every caregiver spoke of this experience as wonderful. Some added that, through these discussions, they came to understand the children better than before. "I didn't know that these children could talk like that until I gave them a chance!" Alinafe exclaimed. "My children, too, can talk, very interesting," added Chikondi. When children talk, they practice language.

Early writing experience

Besides listening and discussing, another point of connecting storytelling and emergent literacy involved the children scribbling, drawing, tracing letters of the alphabet or even writing some letters. Due to lack of resources for writing in CBCCs, the paper that was used during the study period the researcher provided it. Additionally, due the lack of these resources, at the beginning the children of Alinafe and Chifundo wrote on the sand or on the floor for practice. After some practice, they were given paper and pencils for their writing. Alinafe particularly used paper for drawing items found in her stories. So too did Chikondi and Chifundo.

The caregivers claimed that in training they had been taught not to encourage children to write. During the professional development, there was explicit discussion of children's involvement in writing related to stories. So previously, the caregivers had not experienced children's inner curiosity to write. During the project, writing activities connected to the stories told to the children. Caregivers were using children's knowledge of oral language as a springboard for early writing experiences. They began to grasp that early writing is synonymous with the writing down of oral language (Winch, Johnston, March, Ljungdahl, & Holliday, 2006). In connecting oral storytelling with writing, Alinafe took the children outside the class and let them scribble on sand. Children were happy to have the opportunity to write as depicted in the pictures shown below.

Figure 6. Children write on the sand outside their class

Figure 7. Children also wrote on the floor with white chalk

Figure 8. A child gladly shows what the letter he's written

Figure 9. The lucky one had a slate to write on and proudly shows his work

Figure 10. A caregiver supporting a child to hold a pencil

The evidence of children writing depicted in the pictures above was selected from

photographs taken in Alinafe, Chifundo, and Chikondi's CBCCs. There was no evidence of

children's writing captured at Mayamiko's CBCC. In the fifth week of the seven-week program, the researcher wanted to know whether Mayamiko's children ever got a chance to practice some kind of writing. She claimed that the children were offered the opportunity to write and added that the materials for writing were kept in the office of the CBCC building. In the three CBCC's alluded to above, the children's exposure to opportunities to write largely depended upon the creativity of their caregivers.

Caregivers generally reported that their children showed more interest in writing (scribbling for some). They thought that it was important to give a chance to children to explore writing on their own because even very young children showed curiosity and wanted to write. Even in the midst of scarcity of resources to support children's free exploration with writing, caregivers felt that they could still provide the children with opportunities for writing at low or zero cost as demonstrated in the pictures above. The parents at Chikondi's CBCC shared these sentiments. The parents communicated with Chifundo that they were happy with the introduction of writing to children and promised to send more children to this CBCC.

Riddles for reasoning

One common element the caregivers talked about in relation to children's responses to storytelling was that children's reasoning and comprehension greatly improved. All of the caregivers indicated that this was an observable phenomenon. Children paid attention in part because they expected questions at the end. Consequently, they did not play when caregivers engaged in storytelling.

According to the caregivers, there was a transition from storytelling to riddles, and the use of riddles enhanced the children's reasoning abilities. Riddles were puzzles that required the

listener to think in order to get the answer. Chifundo reported that his children puzzled him instead when they used a riddle that he could not interpret at all. The riddle was, *"Nditsireni madzi, ndipitenso,"* literary meaning, "Make me wet so I can go again." In English, perhaps it would sound better in a form of a question, "What is it that gets wet first before it goes again?" Riddles are culturally situated and make sense within the cultural context; the answer to this riddle is a wooden spoon. In the Malawian context, when nsima is cooked, it is blended such that it is divided into lumps. A wooden spoon is used for this purpose. In order for the wooden spoon not to get stuck in the pot of nsima, it must be soaked in water.

Indeed, time for riddles was an exciting time for the children in all the CBCCs because the children were so happy to get their caregivers to fail answering some riddles. The children felt so good to win over their caregivers. The competition boosted their confidence, too. They really looked forward to storytelling and riddles.

Summary

Based on their professional development about storytelling, caregivers perceived stories to have a specific structure, including a plot and characters. When children began telling their own stories, they unconsciously followed the pattern. Storytelling was found to be a phenomenon situated within the culture of the people, which when well utilized, became a very helpful approach in the teaching of children in the CBCCs. Teaching using stories brought about observable results both in children and in their caregivers. Though it was difficult to teach using stories at the beginning because of the unfamiliarity of the approach, caregivers and children got connected and became more aware of their capabilities as storytellers besides being listeners to stories. Caregivers grew in their profession in that they began to prepare for their lessons and

made sure to explore or discuss further the stories they shared with children. Their lessons shifted to having a stronger focus on the children. Three out of the four caregivers regulated themselves in voice pitch when teaching. Both caregivers and children solicited and generated stories from their own communities furthering the appreciation of their cultural heritage and introducing some research skills in the children. As a teaching approach, storytelling led to better class control, connected caregivers to their children, and provided more opportunities for children's physical, psychological, social, intellectual and moral development. Caregivers found themselves entering into dialogue with children. Finally, storytelling was found to support children's emergent literacy by cultivating a meaningful environment for developing oral/verbal skills, listening, reading and writing skills. On their own, the caregivers began using riddles in addition to storytelling. Stories and riddles were found to be two key literary pieces that complemented each other.

Chapter 6: Summary and Conclusions

The need to support Community Based Organizations (CBOs), in which Community Childcare Centers (CBCCs) function in Malawi, is becoming more and more pressing. The multiple problems threatening the existence and fundamental rights of the Orphans and Vulnerable Children (OVC) in Malawi continue to increase every year. The call for concerted efforts to empower communities already struggling amidst resource-stricken environments to support these less fortunate children has been made many times over (Chibwana, 2007; UNICEF, 2007; UNICEF, 2005).

The research questions

The study sought to investigate storytelling as a strategy for supporting caregivers in Community Childcare Centers in Malawi. The caregivers were volunteers with minimal training, but committed to teach children in centers for no pay at all. The three research questions that guided the study were: (a) What are caregivers' perceptions about participating in professional development on storytelling in CBCCs?, (b) What are caregivers' responses to using storytelling in CBCCs?, and (c) What are caregivers' perceptions about children's responses to storytelling in CBCCs? The following sections describe the answers to the research questions as they relate to: (a) child development, (b) emergent literacy, (c) professional development and, (d) the Formative And Design Experiment approach to research.

Child development

Based upon the research data, the caregivers showed that storytelling provided ground for understanding the children. The caregivers discovered some potential in their children that was known before using storytelling. Once Alinafe said, *"Pano titha kunena kuti tikumvetsa mwana!"* (I would say I now understand a child better!).

The use of storytelling by caregivers and their children in CBCCs provided opportunities to scaffold children's language competencies. Data showed that the children in Alinafe, Chifundo and Chikondi's classes became storytellers and loved to share stories with others, even on their own when there were no caregivers present. Children found the instruction using storytelling to be grounded in their cultural and historical settings and they connected easily with understanding stories and becoming involved in them as listeners and storytellers (Vygotsky, 1986; Smargorisnky, 2009). The use of storytelling related to the constructivist theoretical perspective as children began to take control of their own learning. When children began to ask their caregivers, *"Aphunzitsi, nthano!"* (Teacher, stories!), it represented the children's awareness that stories were a vital component of their learning and curiosity. They would not have been happy if their caregivers had ignored them. In this way, the children had identified themselves and grounded their learning experiences in their cultural oral traditions. Human learning is a social activity (Stavans & Goldzweig, 2008). Through the use of storytelling, the children were exposed to rich linguistic experiences with their caregivers: (a) when the caregivers told them stories; (b) with peers when they volunteered to tell stories to the whole class; (c) on their own when they told stories amongst themselves; or (d) at home with family members who were asked to tell stories they could share with peers at the CBCC (Craig et al, 2001; Heller, 2006; Stavans & Goldzweig, 2008).

The caregiver participants felt that storytelling effectively connected them to their children. Here, the role of teacher-child relationship, in this case caregiver-child, is critical. Data showed that storytelling enhanced caregiver-child relationships in that caregivers and children felt more connected with one another. The children challenged their caregivers with both stories and riddles. They were ready to share with the caregivers something that was important to them. They participated actively in their learning. High quality relationships between adult caregivers and children have been shown to have important positive effects on learning and development in young children (Daniel, 2007; Feinberg-Peisner et al., 2001; Feyter & Winsler, 2009; Fram & Kim, 2008; Hansen et al., 2007; Huijbregts, Leseman, & Tavecchio, 2008; Purnell, Ali, Begum, & Carter, 2007). Lastly, there were data indicating that the developing connections between the caregivers and their children and the subsequent warm environment created through storytelling interactions influenced the development of self-concept and emotional development in the children, similar to effects previously reported by Hansen & Zambo (2007).

Emergent literacy

For the children in CBCCs, storytelling provided opportunities for further oral/verbal skills development and practice. Those that were shy at the beginning opened up with much ease, presumably because there were chances for telling their own stories, dramatizing or imitating some characters in stories, or retelling the same stories in their own words. Positive responses from caregivers and other children about these storytelling/dramatization opportunities may have further supported oral/verbal development in the CBCC children. In interviews, three of the caregivers reported that when the children went home, they wanted to share their stories with their parents or guardians. Through storytelling and related oral/verbal opportunities in the

CBCCs, the children were accorded enhanced chances for a variety of kinds of interactions with caregivers and peers. As has been widely reported in previous research, the caregivers reported that storytelling led the children to develop new vocabulary that were used in their own stories, dramatizations, and conversations in the CBCCs (Cooper, Capo, Mathes, & Gray, 2007; Groce, 2004; Speaker, Taylor, & Kamen, 2004).

Emergent literacy was supported by storytelling due to enhanced and focused conversation and socialization in the classrooms (Price et al., 2006; Williams, 1991). The participating caregivers took their time to prepare well their lessons on storytelling. The caregivers stated that children's experiences with storytelling served as motivations for learning (Groce, 2004). It was reported that children looked forward to coming to their CBCC in order to hear more stories.

Each time the researcher came to Chikondi's CBCC, the children welcomed him and hurried to get his attention and retell the stories that they learned in the days when he visited other CBCCs. The detail with which they described their stories was amazing. The other caregivers also conveyed that children in their CBCCs were enthusiastic about and displayed skill in retelling stories in the classrooms and in their homes and communities. This supports the findings of Isbell et al, (2000), who found that using storytelling influenced children's comprehension. Comprehension developed because the children were able to pay attention to the stories and sequenced the events in the stories, as well as recalled the events and characters. There was development and activation of schemata about story components and sequence (Cherry-Cruz, 2001; Speaker, Taylor, & Kamen, 2004).

When linked to scribbling and writing, storytelling was found to naturally provide context for children's early experiences with some form of writing. The children's natural curiosity to write was triggered.

All in all, storytelling supported emergent literacy activities and children's cognitive, social and emotional development (Bus & Out, 2009; Cunningham, Zibulsky, & Callahan, 2009; Fram & Kim, 2008; Purnell, Ali, Begum, & Carter, 2007). Storytelling proved to be a holistic approach to Early Childhood Education (ECE) and at the same time met some of the expectations of the children's parents and guardians, as proposed by Kholowa & Rose (2007).

Professional development

The four caregivers looked at their professional development program in storytelling as both educative as well as challenging. The reseracher presented specific content about what constitutes a good early childhood program and what Early Childhood and Development (ECD) caregivers needed to know in order to provide appropriate learning activities and environments for preschool-aged children. The caregivers were involved in discussing and exploring this content material and found this opportunity to be educative and valuable. The presentation included an introduction to using stories to teach children in the CBCCs. The content focused on story structure, i.e. the introduction, the body and the conclusion. Caregivers were shown how they could use the voice, body, and face to capture the attention of the children in storytelling. The importance of intelligent creativity was emphasized too. Another aspect involved activities that could be incorporated into storytelling such as drawing, molding objects, singing, dancing, narrating, speaking, discussing, debating, playing related indoor and outdoor games, role-playing, and dramatizing, other body movements, and repetition of phrases or expressions. There was emphasis placed on reflective planning and evaluation of the storytelling activity. As

it can be seen, storytelling was not new to the caregivers, but the approach was certainly different.

A good professional development activity must lead the participants to reflections (Le Cornu & Ewing, 2008; Le Fevre & Richardson, 2002; Nielsen et al., 2008). At the end of the professional development day the caregivers were interviewed and reflected on their experiences that day. It was from this recount of experiences and reflections that they set out to teach their children using storytelling. In reflecting on the professional development on storytelling and the Friday meetings, Alinafe said:

> *"Ife tatengerapo luso lina powaphunzitsa ana komanso m'mene timaphunzitsira kale ndi pano, zinthu zasintha kwambiri, moti ife tikumva kukoma. Chimene chandisangalatsa ine ndi chokuti mwana akutha kulemba zilembo pamchenga kapenanso papepala."* (We have gained some skill of teaching children here. There is some remarkable difference from the way we used to teach these children. Now, I would say, I feel so sweet when teaching. What has pleased me is that a child is now able to write some letters on sand or on paper).

Again, in reflecting on what happened after she told the children a story about four disobedient children, Alinafe said,

> "In using storytelling, children are able to understand very well my lessons. It is fascinating that I can use my body as a whole or in parts to communicate effectively with the young children. When using storytelling to teach children, the children are extra attentive. In today's lesson for instance, the children loved the story so much. They listened throughout. This is different from the way they behaved before I began using storytelling. Then, they were less attentive than today. Previously, the children did not

pay attention when I used to tell them stories. Now when I ask them questions at the end of the story, it is amazing how they recall facts in the story. Now I teach the children with ease. I feel I did not know how to teach these children. Now I do. Now I enjoy my teaching more than before."

Chikondi said the following when she reflected on the response of children to questions after storytelling,

"I was very pleased with the way the children answered the questions. It showed that they really followed and understood the story. No doubt, they had internalized it. From this I can conclude that using storytelling indeed is a very viable approach to teaching children in the CBCCs, because the children easily understand the lessons. They also love the lessons because in storytelling I also demonstrate to them how the characters in the stories were behaving. This helps to capture their attention and arouse their interest. Then the lesson can be extended to drawing, writing, and molding. As caregiver, I have learned something in improving my skills of teaching the children. I have learned a lot in fact. I used to teach stories to the very children but not in the same way as I do it today. Today, the children really understand the story and can answer questions based on the story without hesitation. The children are also able to re-tell the same story on their own."

Chifundo's experience was not different either. In reflecting on his experience with storytelling one Friday, he said,

"I have also been fascinated with the way these children tell stories when given a chance. When I ask them who has a story to tell the class, I now get more volunteers than before. Once a child starts storytelling, he or she goes on and on. The story is told almost

without an end. I have to stop them and thank them for telling a wonderful story. The

rest of the children clap hands for the storyteller. I like the creativity in them."

All the above excerpts were taken from the caregivers' journals. The caregivers wrote

about their experiences on storytelling after the professional development and what the

children's responses were. These reflections seem to have come from what they personally

perceived about using storytelling. In one of the early interviews with Chikondi she said,

"At the beginning it seemed something really heavy, very difficult. But now, I see that

things are so sweet. These days, time does not seem to be enough. When I tell a story to

the children, I also discuss it with them at the end. By the time I give them a chance to

tell their own stories, time is already gone. This shows that teaching using storytelling is

indeed sweet."

Through and through these caregivers were led to constantly reflect on their experiences

as evidenced from their journal entries or interviews captured above. Reflecting on their

experiences was meant to help them connect the initial professional development and the

everyday experiences as they took place in real classroom situations.

The model used in the Professional Development session was the Observation/

Intervention Model (Le Cornu & Ewig, 2008; Le Fevre & Richardson, 2002; Nielsen et al.

2008). Using this model, an important goal was to foster the caregivers' beliefs on teaching,

their choices and values, and the quality of their relationships with children. In the end, the

caregivers showed that they gained some new perceptions about children and their learning

processes. Evidence across the program, and as demonstrated in the excerpts above, showed that

three of the four participant caregivers highly valued storytelling, lesson preparation, the children

they taught, and their own work as caregivers. As a result of these beliefs, they shared with other

caregivers in their CBCCs who were not participants in the program, and were ready to do the same with other caregivers in CBCCs in the Zomba District. These caregivers indeed found storytelling valuable.

The initial professional development program lasted one day, but the group met as a team every Fridays for reviews, discussion, reflection, and mutual support. The data collected during these meetings, made it possible to trace the development of each caregiver as a storyteller. The three caregivers who showed more commitment and interest, supported and learned from one another. For Alinafe, Chifundo, and Chikondi, it was very clear right from the first minute of the professional development that they meant to learn anything that would be of help to them; they showed self-motivation through their free sharing, interest in the literature brought into the room for use, and their curiosity about what was to take place. On the other hand, Mayamiko never showed any interest on this day. She appeared less focused and did not participate much in the discussions. She only touched one book when the researcher asked all the caregivers to choose a story from a book and describe its plot. It is difficult to understand Mayamiko and the many ways in which she differed from the other participants right from the first day of the initial professional development.

It can be concluded that the Observation/Intervention Model for professional development, combined with weekly team meetings of the four caregivers and myself, was effective in supporting the process of planning for, implementing, and enhancing storytelling in three of the four CBCCs. An important added component in the process was the idea of holding team meetings in each of the CBCCs so that caregivers could see differing environments and learn from one another in the contexts in which they taught. Analysis of the data did not effectively explain the lower level of participation in one of the four caregivers. This caregiver

was not fully engaged in the professional development session, she was often quiet and less involved in team meetings, she rarely told stories in her CBCC, and she seemed shy and provided brief responses during interviews.

Formative and Design Experiments (FADE): Lessons learned

The formative and design experiment (Reinking & Bradley, 2008) was the preferred methodological conception of the study because it provided for a strong intervention-oriented framework. In using FADE as the foundation for the study, it was important to understand the conditions that could enhance or inhibit an intervention's effectiveness and generate pedagogical understandings to inform practice. To that effect, the following were valuable lessons:

a. Caregivers in Malawian CBCCs are capable of improving their professional learning and skills development through a well-organized professional development program. To achieve that, the study has shown that participating caregivers should be those who already show interest and commitment to teaching and developing strong relationships with children. Perhaps not all participants must have the same kind of teaching role, but it is helpful to work with caregivers who have attained some basic education and training.

b. It was important that caregivers reflected on their practice. Engagement in reflective discussions and journal writing helped caregivers to be aware of the challenges, opportunities and constraints to their professional development. Management of time was greatly valued during the study, at least at Alinafe, Chifundo, and Chikondi's CBCC. At Mayamiko's CBCC, sometimes the caregivers waited for all of the children to arrive, and much time was wasted that

could have been used productively for children who were present. In this CBCC, there was a random arrangement of activities, and they did not seem to be conceptually planned and timed.

c.   Based on interviews, there was evidence that all of the caregivers significantly cherished the importance of teamwork. They felt that they belonged to the same team and were working together toward an important shared goal. During the Friday team meetings, they interacted and joked with one another, and freely asked one another questions on many topics of interest. They would only refer a question to the researcher if no one within the group knew the answer.

d.   In considering the scarcity of resources, the model of professional development used in this study was manageable. The researcher funded the whole program. Such a model could be extended to other CBCCs in the District or even in other parts of the country with modest funding.

e.   The model provided a great opportunity for research about the experiences of the caregivers and their perceptions of their work and learning. The focus group discussions in team meetings provided a rich understanding of individual caregiver's perceptions and group aspirations (Rossman & Rallis, 2003; Creswell, 2009).

Two points in the study that worked well because of the FADE were the organization of the Friday team meetings and the transition from stories to riddles. On the day of the professional development session, the group agreed to meet at Chikondi's CBCC for their first focus group discussion. On this date, the caregivers decided that one of the visiting caregivers would teach at the hosting CBCC. Caregivers volunteered to teach as they rotated through the

hosting CBCCs. This was an important. The new caregiver teaching at the host CBCC brought

in new songs, rhymes, phrases, dances, and above all, told a new story. The children at a host

CBCC were always happy to be taught by the visiting caregiver. During the games and dancing

time, all the visiting caregivers sang and danced with the children. It was so lively and

energizing to the children.

When the caregivers finished the storytelling activities, they almost immediately

switched on to riddles. This was another exciting moment as the children competed riddling

with their caregivers. Oftentimes, the children threw out riddles whose answers the caregivers

did not know. Again, this was a great moment for the children to compete with their caregivers.

They looked forward to riddles immediately after storytelling. Both of these interventions were

possible because of the flexibility inherent in a formative and design experiment. Indeed, the

FADE was an enabling choice of design for the participants in this study.

The Caregiver Participants

The next sections provide a summary of the profiles of each participant with respect to

each research question.

Alinafe

In the initial observations, Alinafe used some storytelling but haphazardly. Sometimes a

caregiver who came to prepare children's porridge came to Alinafe's class and told the children a

story. Though sometimes the stories were dramatic, the children did not show smiles or laugh.

The storytelling was passive, and the stories often did not reach conclusions.

During the professional development, Alinafe found information about story structure to

be very appealing. She also came to value creating stories for the children. When Alinafe began

telling the stories in the first week, she looked unsure and less confident. She would focus on disciplining the children rather than on the story itself. She used old stories that she had told before, but now she told them differently. There was a lot of repetition in her storytelling. Children moved a lot while she told the stories, and were not fully attentive.

By the second week, Alinafe began appreciating storytelling and said that she had noticed improvement in the children's response to the way she told the stories. She was amazed that the children could remember everything she said in her stories. She once observed, *"Mmutu mwa mwana muli ngati dikishonale"* (A child's mind is like a dictionary. Once a child understands something, he or she does not forget so easily). While this point was raised to emphasize the importance of repetition in storytelling, it also reflected what Alinafe had come to discover about children's learning using the stories she told them. Children were still noisy in her class when she taught stories.

In the third week, it became evident that Alinafe told the stories clearly and intentionally. She made sure that she had a story with a clear introduction, body, and conclusion. After telling the story, she discussed the moral of the story with the children.

Observations and interview data gathered in the fourth week indicated that Alinafe had changed as a storyteller. While she never told the children about the story structure, her stories followed a story structure closely. The stories she told were more elaborate. She was more calm and composed. Alinafe displayed a calculated attention-focusing stare when she looked at the children as she told her stories. To begin a story, she would ask some pre-questions about the title. This caregiver used relevant gestures, facial expressions and movement. The stories had defined points of emphasis, unlike her early stories. The pitch of Alinafe's voice was now greatly controlled. Children rarely made noise. Most of them sat down and looked intently at

Alinafe as she told the stories. More children volunteered to demonstrate the story or parts, or to tell their own stories. Alinafe had found a niche, with which to connect the children and she said,

> "At the beginning, children used to go out frequently. They asked for permission to go to the bathroom or to drink water. Now they pay attention to the story and do not ask to go out any more. Even the supporting caregivers were very surprised that children did not ask for water as regularly as they used to."

From the onset of the research, Alinafe was already passionate about her work at the CBCC. In fact, she was one of the co-founders of the CBCC. She worked tirelessly to develop the place. She was ready to attempt or accept new innovations. Alinafe discovered a potential that was in her but had been underutilized until the storytelling program initiated this journey towards self-discovery. She was edified by children's added interest in learning and the appreciation she received from some officials that came from the District Office. At the end of the program, Alinafe was passionate enough to recommend extending storytelling to all other caregivers in the district.

Chifundo

Chifundo told some stories when he was teaching during the observations prior to the professional development. He spoke at the top of his voice throughout. The children in his class made noise and were often disorderly. The children sat anywhere, in a disorderly fashion. He spent most of his time trying to keep the children silent.

After participating in the professional development session, as Chifundo began using storytelling, he initially reviewed old or familiar stories. He did not bring in new stories. In fact, he began writing the stories only in the 4th week. Chifundo was truly glued to the story pattern

or storyline that had been shared in the professional development. He retold familiar stories with the story structure written on the chalkboard. He wrote what he would teach in his journal. When he taught, he copied what he wrote in the journal on the chalkboard. He wrote the title on the chalkboard, the introduction, the body and the conclusion, though he taught the youngest children who could not read what he wrote on the chalkboard.

To tell the story, Chifundo would constantly refer to the title on the chalkboard. As for the introduction, body and conclusion, he would make sure his children understood these parts. When he told the stories, sometimes he would tatter or repeat a point. He did not seem confident at the beginning, but still made sure the children learned the introduction *(chiyambi)*, body *(pakati)* and conclusion *(mathero)*. Chifundo, was unusual in his emphasis on children knowing the story parts. Each story Chifundo told, he made sure to emphasize these three main parts. He would read while pointing at the words on the chalkboard.

Chifundo was the first caregiver among all the four to give his children a chance to tell their own stories. He encouraged the children to speak. His class was rather noisy and the children appeared to be freer. The stories he told were shorter and suitable for small children. He incorporated gestures, facial expressions and movement when telling the stories. He used songs and dances that corresponded to the themes in his stories. In his class, children became more physically, socially and even linguistically active, i.e. they were engaged in dancing, worked in groups, and played indoor games together. Chifundo encouraged the children to talk a lot and helped the shy children interact with others or speak in front of the whole class.

As a result, the children in Chifundo's class told many interesting stories. In the later phase of the study, data showed that the stories told by these children matched the story structure

Chifundo emphasized when teaching them. When a child told a story in his class, he always asked them questions on the problem in the story and how that problem was solved.

As it can be seen, Chifundo's journey as a storyteller was remarkable. Chifundo was the caregiver with the youngest children in all the four CBCCs. His success in using storytelling and in engaging younger children demonstrated that storytelling as a teaching technique can encompass all ages. The benefits of storytelling as shown by Chifundo were that children had opportunities to learn and practice language in a very creative way (Groce, 2004; Isbell et al, 2004; Speak et al., 2004).

Chikondi

At the onset of the research, Chikondi told a few stories but without any explicit attempt to focus on a story line or structure. Prior to the storytelling study program, much of her teaching emphasized recitals and singing of English poems and songs. She was very well organized in her use of indoor and outdoor games with the children. There was a systematic pattern in her teaching, perhaps emanating from routine.

Chikondi too spoke at the top of her voice. She appeared nervous on the very first days when she told stories. She would hesitate to begin, but after about the first two minutes, she appeared to have gained ground. One could see that she really wanted to make the story more interesting to children. She did not seem bothered much when children made noise, cried or giggled when she told them stories. She focused on completing the story. At the beginning of the program, I observed that by the time she finished telling her story, the children would be in disarray. For Chikondi, storytelling had to occur in the morning. She felt that it ought to be one of the first activities. Chikondi believed that her children would lose concentration if the story-time came a little later after a couple of activities. She did not tell the children about the story

structure, but emphasized it when asking comprehension questions. She gave children a chance to tell their own stories early in the program too, though the children hesitated at that point.

Among the caregivers, Chikondi was among the very first to gain confidence in storytelling. She showed great interest and was encouraged by children's responses. Chikondi began to draw pictures to accompany the stories she told the children. Children loved the pictures and often looked at them, even when it was not time for storytelling. Very quickly, Chikondi had connected so well with the children through storytelling.

After drawing pictures of the stories she told the children, Chikondi added writing activities to storytelling. She was the most creative in soliciting stories for children. She wrote the most stories. By the end of the program, she had over twelve stories written in her journal. These stories included those from past school days, from books, from her granny, and her own self-generated stories. She was very confident and organized her stories in a simple way that was easy for children to follow. Children in her class told the most stories. When children told their stories, they followed the same story structure as their teacher. She drew pictures on cartons about each story she told the children. The children remembered each story they learned. Most striking was the way Chikondi connected with the children during storytelling. She won their hearts. She also connected stories to writing and indoor as well as outdoor games.

Chikondi's journey as a storyteller and caregiver was outstanding. Her enthusiasm and commitment to teaching the children were remarkable too. She looked forward to coming to teach children at the CBCC, just as the children looked forward to meeting her and listening to her stories. It was evident that Chikondi had discovered her strengths in teaching the children using storytelling. By the eighth week of implementation of the program, she had this to say about her experiences:

"I have learned about language. Firstly, the teaching of children in the commonly used language, Chichewa, is of vital importance. Teaching does not imply teaching in English only. Children must really master the use of Chichewa. Throughout these past weeks, I have learned about planning. For me to be able to teach a lesson on the following day, I sit down to choose a story worthy of telling to the children. That preparation is very important. It ensures the success of the storytelling. That is what I have learned."

While her successes may not be fully accredited to the professional development, it was certain that Chikondi had made the best use of it among the four caregivers. About how she came to develop the skills she demonstrated in class, Chikondi added, "First of all, I would say I have cultivated these skills because of the researcher. Secondly, the professional development we had at Domasi opened my eyes in many ways. So these skills spring from that." She listened attentively and contributed a lot during the team meetings. Each time she contributed her own point of view, she included some insights into children's learning experiences. Of all the four caregivers, she was the only one who said that getting started had been rather tough, although there were strong indications that children would love this approach to teaching.

Mayamiko

Mayamiko was different. The loudest shouting when talking to children or teaching was observed in her class. She also dodged teaching. She preferred playing indoor games with the children or caring for another caregiver's baby while the parent of the baby taught the children.

Of all the four caregivers, Mayamiko was the youngest (although there is no evidence that her youth was a factor in the study). Mayamiko took longer to begin storytelling with her children. She often gave excuses for not beginning storytelling until the fourth week. She had several stories written in her journal that were written by various people as noted by multiple

handwritings. When she attempted to tell the stories, she often moved back and forth from the introduction to the body and sometimes required unnecessary repetitions from the children. Her stories were told in a choral way. Sometimes, she would laugh in the middle of storytelling.

Children in Mayamiko's class never told their personal stories while the researcher was present. In an interview, Mayamiko stated that the children told personal stories when the researcher was not present, but that they were shy whenever he was present. Mayamiko only told stories when asked to do so. Apparently, she was not comfortable with storytelling. She still shouted at the top of her voice when she told the stories. Sometimes, the flow was illogical. Her choice of stories was not adapted to the children's level. The researcher told stories to these children on two occasions in an effort to model storytelling, but this did not seem to affect Mayamiko. She would prefer other caregivers to tell stories.

It is not easy to note any positive development in Mayamiko as a storyteller. She did not show confidence in her approaches. She did not use any gestures, facial expressions or even movements when telling stories. She preferred telling stories while sitting down. She still spoke at the top of her voice. By the seventh week, her children did not tell any stories. The children did not freely volunteer to tell stories, dramatize or converse with their caregivers about the stories Mayamiko told them as observed in the other caregivers' classrooms. However, Mayamiko was good at playing indoor games with the children. She freely played any games with the children. The children in her class loved the time for games.

Alinafe, Chifundo and Chikondi demonstrated the great potential of caregivers to impact young learners in CBCCs in Malawi. They displayed almost amazing changes in their teaching through a simple but well-planned intervention. Unlike the other CBCCs under study, Mayamiko's class did not seem adapted to children's needs. Her class had no drawings nor

written texts posted on the class walls. After observing these innovations in the other three CBCCs, no changes occurred in Mayamiko's classroom environment. Mayamiko represents some caregivers who, even with the best-planned intervention, may not change their teaching.

Pattern in storytelling development

From the caregivers' journals, interviews and observations, it was noted that there was a kind of pattern in storytelling skills development that each participant experienced. Notably, every caregiver began the storytelling program similarly. All caregivers knew what stories were, they told their children some stories, and they understood that stories were meant for entertainment and learning moral lessons. When these caregivers taught, they shouted at the top of their voices, and the children shouted too (for teaching and learning was based on repeated loud recitals on days of the week, months of the year and popular poems, rhymes and songs). The caregivers who introduced the English language to their children focused on children's responses to what they called introductions. In response, children mentioned their names, age, gender, and the name of the CBCC. Those who taught English also drilled children in mentioning their external body parts in English. Children were often expected to know how to answer the question, "What is this?" The expected response was, "This is …my head, my eye, my nose, my ear, my mouth, my chin, my hand, my leg."

The profiles above summarize each caregiver's journey and perceptions about the professional development, the experience of utilizing storytelling in the classroom, and how the caregivers viewed children's responses to storytelling. Based on how each caregiver utilized storytelling, by the ninth week of the study (two pre-observation weeks and seven observation weeks), the caregivers were observed to be at different levels of development and proficiency as described in the pattern below.

Caregivers' development in storytelling

Weeks 1 & 2

Pre-observation Stage - skills & attittudes

Random flow of events; stories told by anybody; focus on the story; children not interested; lots of shouting when storytelling

Weeks 3 & 4

Skill Acquisition & Trial Stage in Storytelling

Loosely interrelated events, told with less confidence & enthusiam; children not quite interested; lots of shouting when storytelling

Weeks 5,6 & 7
Full Implementation Stage

Focus on structure; caregiver assumed responsibilities of storytelling; children more interested; still listened more when stories were told; less shouting when storytelling

Weeks 8 & 9

Integration Stage - Integrating teaching and learning routines

Focus more on the child as storyteller; strict with structure; very enthusiastic; added more aids to facilitate comprehension; caregiver was in full control; solicited more stories from and for children; well controlled voice when storytelling; children become storytellers

Figure 11. Caregivers' pattern in proficiency development as storyteller

In relation to the diagram above, all caregivers began implementing the storytelling program with similar experiences and in the same timeframe, i.e. Week 1 and 2 of the pre-observation phase. Chifundo emphasized the story structure and he said,

> "I am happy that although we began implementing the storytelling each one on his or her own, and because our training lasting only one day, you can see that we are almost at the same pace. Our stories have introduction, middle, and the end. That means the story structure is common."

All caregivers moved from this initial phase (1&2 Pre-observation Phase) into the second phase (Week 3 & 4 Skill Acquisition & Trial Stage in Storytelling). Three of the four caregivers, Alinafe, Chifundo and Chikondi, moved from this initial phase in storytelling into the third phase (Weeks 5,6 &7 Full Implementation Stage). The three caregivers seemed to have entered this phase differently. The length of the phase suggests the time taken for the caregivers to gain ground and confidence as storytellers. There was a kind of moving back and forth in the observed confidence levels and quality of retelling skills. It was evident that by the end of Week 5, these three caregivers were almost identical in their performances.

By (Week 8 & 9 Integration Stage - Integrating teaching and learning routines), it was evident that Alinafe, Chifundo and Chikondi had connected very well with the children in their classes. The caregivers and the children in their respective classes told stories with the utmost ease. There was clear longing for stories observed in the children. The caregivers and their children looked forward to the story times. Though there was not much stated emphasis on the structure, it was observed that both the caregivers and the children closely adhered to and unconsciously observed the story structure when telling their stories. Data showed that when a child sort of jumbled the sequence of events in the structure when telling a story, caregivers helped her to re-organize it before continuing with the story. Even in Alinafe and Chikondi's classes where the children were not shown the story structure on the chalkboard as in Chifundo's class, there was a clear element of modeling demonstrated.

The children told their stories in the same manner in which their caregivers told them. Most interesting was that some of the stories that children told were seemed to have been created when they volunteered to tell them to the whole class. This meant that, sometimes when the children stood up to tell stories, they did not have a story in their minds. Such stories were

endless. The caregivers needed to intervene for the children to stop telling them. Repetitions or tattering was common in such storytelling. Besides adherence to structure, the children made effort to tell interesting stories.

Not all caregivers and children followed this pattern in their development as storytellers. Mayamiko did not. Data showed that she remained in the (Weeks 1& 2 Skill Acquisition & Trial Stage in Storytelling) phase throughout the entire seven weeks of the study program. She had problems telling a logical story from the beginning to the end. Rarely did children smile or laugh when she told them stories. She continued to shout to her class. The children in her class never told any stories. She invited them once to tell stories, but no one did.

What this pattern suggests is that as the caregivers became more proficient in storytelling, their confidence levels increased, and they became more in control. They enjoyed storytelling and the children enjoyed it too. They got connected to the children and as modeled how to tell good stories. All this happened because they were interested and were ready to learn.

What we do not know is what would have happened if the storytelling program lasted longer than seven weeks. I introduced the study program in the third week of the last school term (Malawi has three school terms). Most of the children had been with the caregivers for two school terms already. Would the results have been different if the program were introduced in the first school term? Would there have been very different results if the program lasted three terms? What exactly led Mayamiko not to engage the children like the other caregivers even after visiting their CBCCs and taking part in all Friday meetings?

Summary

Through the use of storytelling, volunteer caregivers in CBCCs were empowered to educate children in Malawi. While the study concentrated on a four caregivers, three of them demonstrated that storytelling could indeed support emergent literacy in CBCCs. The commitment of the three caregivers demonstrates that only the committed caregivers can really have positive impact on the children as well as their teaching.

Impacting factors

Positive factors

On the day of the professional development, the researcher offered the participants a day with transport, full attention, meals, refreshments, and sitting fees. He also came every day to the CBCCs and observed the caregivers teach. He also provided some resources such as good hard covered notebooks for the caregivers' journals, pens, pencils, chat paper, and markers. He took time for informal conversations and recorded interviews with them. The caregivers were bonded together in team meetings once a week and travelled by car to and from their CBCCs. These caregivers received all the attention and support they needed for the nine weeks. At least there was a sense of belonging to a team radiated in these caregivers. Could this sense of belonging have contributed to the success of the program?

In the three CBCCs where Alinafe, Chifundo and Chikondi worked, it was observed that these caregivers took part in the daily decision-making processes and important matters concerning their CBCCs unlike at Mayamiko's. Could this be a factor that led Mayamiko not to perform comparatively alongside Alinafe, Chifundo and Chikondi?

The most positive factor observed was the children's love for stories and storytelling. The caregivers' reflections and accounts about their experiences with storytelling at the end of the program were striking too.

Negative factors

The lack of enthusiasm by Mayamiko right from the day of professional development was strange. She claimed to have been unwell on this day. However, it became interesting that she did not start implementing the program till third week when all the other caregivers had told at least two stories to their respective children. She gave excuses twice when the researcher came to visit her in the first week. Sometimes it became clear that the other members of the storytelling team were not as happy about her passivity during the Friday group meetings. Though they did not explicitly mention it, they would stare at her. The researcher talked to her as a way of building the group. Surely, she was an important member of the group and her experiences were relevant to the study. One lesson that can be derived from her response is the distinction there exists between learning and performance, i.e. classroom performance of the caregivers may not have necessarily captured what was learned.

Limitations

There were limitations to the study. Firstly, being a qualitative design that focused on the in-depth understanding of four caregivers in four CBCCs, there can be no assumption about the generalizability of the results. Perhaps a larger study with more CBCCs included would bear different results. However, the focus on these four caregivers provided opportunity to closely follow each caregiver as she or he planned, taught, and evaluated their lessons. It also made it possible to carry out an in-depth study with very limited resources.

Implications for further research

From this study, we now know that caregivers in Malawi would respond to such an intervention either as Mayamiko did, or as Alinafe, Chifundo & Chikondi. Further research focusing on reasons for such a negative response to intervention as displayed by Mayamiko would inform practice. Additionally, the extent to which the success of a CBCC's teaching program depends on the performance and disposition of the caregiver could be a subject for further inquiry.

There were a lot of suggested activities that could be incorporated into the storytelling program that were discussed and demonstrated during the professional development but were never observed practically in the classrooms. The caregivers did not attempt them. Was it due to the timing of the activities, mere neglect of instruction, lack of comprehension and experience, or the excitement over what seemed to work at the expense of other possibilities. This we do not know. The real potential of these caregivers is not known, but through their willingness and cooperation a lot is being achieved and much more can be accomplished. While this study focused on the emergent literacy aspect of the caregivers' professional development, there is need for a study focusing on how caregivers can take the lead in food and nutrition aspect of care in the CBCCs so as to complement stakeholders efforts to provide a more holistic approach to ECD in Malawi.

The study took place in the third school term after the caregivers had worked with the children for the previous two terms. We do not know whether the results would be different if the program were introduced in the first week of the first school term when children just came directly from home and without any interactions with their caregivers.

Implications for practice

Storytelling: A teaching approach for children

The caregivers found that the professional development prepared them to handle and instruct their young children using stories. When they used storytelling as an approach to teaching children, the response was encouraging. The children enjoyed learning and the caregivers found their teaching work much more enjoyable and less burdensome. Perhaps the professional model used in this study could be adapted and used further with a larger group of caregivers, at district or even at national levels. From the quality of interaction of the four caregivers, it may be much helpful to split a larger group of caregivers into smaller ones (clusters) for effective training, monitoring and evaluation.

Educational institutions intending to support the Malawian Model of ECD should first focus on the already existing establishment, more specifically with the CBCCs that are functioning. It is important to note right on the onset that caregivers' personal commitment and responsibility play a vital role in the success of the program.

Storytelling: An impetus for lesson planning

A major finding was that the caregivers who worked as volunteers with very little training, and were not professionally trained teachers, found it necessary and a lot easier to plan their lessons, as well as teach from their plans. This suggests that in order to improve the quality of caregiver teaching in CBCCs in Malawi, as seen from this study, caregivers can be trained on how to organize teaching and learning in a way that is more professional and beneficial to both caregivers themselves and the children. This is however part of the solution.

In trying to solve some of the problems the CBCC caregivers in Malawi face, it is foremost important to recognize them and their role besides the proposed training and professional development. How? By giving them some form of remuneration. It is true that caregivers in Malawi are volunteers within the community. During this study, it was clear that they did not have any steady was of earning a living, particularly those in CBCC found in rural areas. One several occasions, the researcher dropped a supporting caregiver, who walked for about three kilometers to a CBCC, near her garden for her to look for wild growing vegetables for her lunch. During the whole nine weeks of the study program, this caregiver never had any source of income, yet she taught the children on daily basis. The question here is why would such a person instead of going to work in her garden opt to teach the children for free yet she did not have any source of income? There was no evidence of community support to her during the nine-week period. While it may be argued that she volunteered and was never forced in any case, there is the aspect of social justice that must be considered here. I therefore propose, that through the Ministry of Gender, Women and Children Affairs, a call must be made to train and support the communities that manage CBCCs in Income Generating Actitivities (IGA). Through IGAs, communities will be able to offer a little sum for the recognition of the efforts that the caregivers do in CBCCs.

Secondly, a distance program aimed at educating these caregivers during school breaks, and offer them continuous support during the school sessions through cluster follow-up meetings can meet the great need to train and certify these caregivers. Clustering in this context would imply to group a few CBCCs within the same catchment area. I see possibility that within a catchment area, there could be four or more CBCCs that would form a cluster. There are already institutions in Malawi with vast experience in distance programs. Utilizing such institutions'

knowledge and experiences in designing teacher education for caregivers in CBCC, can be an answer to the need and demand for further training of caregivers in CBCCs, aiming at providing them with quality care, teaching and learning, besides a nationally recognized certification. I propose that those with basic primary education could attain this certification. However, those with, or ready to improve their Malawi School Certificate of Education could even upgrade to Diploma in Early Childhood Education and Development.

It is also envisaged here, that development of ECD learning and teaching materials suggested in the ECD National Policy, (5.3. b, p. 24) can take place in the clustered CBCCs using locally available resources. Caregivers can be trained to produce their own resources during the cluster meetings. The country could take utilize the expertise in Home Economics already there in tertiary institutions to train and support caregivers' programs with a component of developing children's play materials such as clothing, puppets, and dolls. The expertise can also support in building a sound knowledge base in nutrition issues needed by caregivers in CBCCs. Educational Institutions of Higher Education could provide leadership in devising programs that would be beneficial to the caregivers in this respect.

Storytelling: Creating connection between caregivers and children

Through this theme in the data, it was evident that a strong program for empowering caregivers should stress and enhance caregivers' understanding of the children. Key here is the understanding of how children learn and how to adapt the environment so as to make it more supportive to children's learning. When the caregivers connected to children through the use of storytelling, teaching and learning were facilitated. Corollary, a caregiver who did not connect very well with the children found it difficult to facilitate children's teaching and learning. Further exploration on how to connect the caregivers and children is required here. A course on

child development could be key in support of caregivers' empowerment in CBCCs. Article 5.3 (c) of the National Policy on ECD suggests inclusion of ECD concepts in Teacher Training Programs. Courses in child development and pedagogical approaches that foster children's teaching and learning deserve special attention.

Again here, the professional development covered issues of early childhood development in order to create basis for the use of stories in teaching the children. The examples that were used during the professional development aimed at helping the caregivers understand a child and how a child learns, taking into account the socio-cultural background of the children. The caregivers who used storytelling understood children's learning in context. Here we learn that a good education program for the caregivers must incorporate issues of child development and how children learn.

Storytelling: Influencing caregivers' classroom management

Storytelling provided ground for self-reflection and learning from one another among the caregivers. As a result, the caregivers began to learn classroom management skills from one another. This was not an intended outcome of the storytelling study program. The intended outcome was for the caregivers to learn how each caregiver used storytelling in her/his classroom. However, the caregivers all had classroom management problems at the onset of the study. Three of the four participants actively sought methods of improving upon classroom management, and they found that storytelling was helpful in this endeavor. Caregiver learning from one another in this study indicates that a good professional development program must support caregivers and let them learn from others. Indeed, caregivers taught each other so much, including games, rhymes, dances and classroom language for reinforcing learning. Though they

were able to teach each other that way, it was noted that some of the phrases, ways of managing children, and managing the classrooms in general were not so positive.

For instance, in all CBCCs, there were no bathroom breaks. Children went outside for bathroom breaks when the need occurred, but this was a continuing disruption to the flow of instruction and activities. Young children cannot be expected to concentrate and not even go for bathroom break for three hours. Some logical routines for managing young children, like having bathroom breaks, were not used in the CBCCs. A strong professional development for these caregivers needs to include daily classroom routines suitable for young children. Some of the bathrooms used were not very suitable for children, or at least, children needed the guidance of caregivers in directing their use.

Perhaps it is high time that caregivers become sensitized to the necessity of creating children's learning environments that are risk free. From the observation data, caregivers did not seem to be particularly sensitive to children's risks in their environment. For instance, children played dangerously with wooden blocks. On one occasion, a younger child threw a wooden playing block past the head of another child. The block missed the second child, but it was a very dangerous act by the other child and was not noticed by anyone other than myself. The caregivers were elsewhere and left the children unattended during the children's playtime.

Storytelling: Making caregivers and children more responsive

Through storytelling, the caregivers and children immediately felt connected to their cultures. As caregivers got interested in storytelling more and more, the children too enjoyed being storytellers and solicited more stories from their parents and other guardians in their communities. It made everybody feel responsible for learning. What this implies, is that storytelling situates learning within the culture of the learner. The notion of situating learning

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among orphans and vulnerable children is of great importance and requires further investigation. For some of these children, the CBCC is the only place they go to that takes care of their educational needs. Making learning encounters at the CBCCs more wholesome would be supportive to their plight.

Storytelling: A support for emergent literacy

Storytelling was found to be very supportive to children's oral language development, basic writing and basic reading. The children enjoyed the free classroom atmosphere created during the storytelling time. The connection of storytelling with discussion, songs and dance, scribbling, and riddles provided more chance for the children's emergent literacy experiences. Through the use of storytelling, the caregivers found teaching less taxing, connected well with children, understood better their children and learned a lot from the children. In the end, the caregivers were able to generate texts that could further be bound into booklets for use by children in CBCCs in Malawi. The caregivers too became writers.

Conclusion

The personal experiences of Alinafe, Chifundo, Chikondi, and Mayamiko, and the children's responses to storytelling for a period of nine weeks in Community Based Childcare Centers in Malawi showed that in the absence of materials for teaching and learning in CBCCs, storytelling could be a viable approach. Both caregivers and children enjoyed teaching and learning. Storytelling provided context for emergent literacy skills development irrespective of written texts. The caregivers compiled their stories in their journals. These stories could be compiled into storybooks for children in CBCCs.

The need for further training for volunteer caregivers in CBCCs can be met through a well-organized professional development program. Such a program would be piloted first in one district in Malawi, and be rolled out to other districts upon successful implementation. There are economic and political challenges to such an initiative. However, considering the global trend focusing more attention and resources towards ECD and the Malawi Government prioritizing ECD, the barriers can be surmounted. There are established structures and planned interventions already in place towards the support of the CBCCs. The proposals made above, aimed at adding to the efforts that are already underway. The caregivers in this study claimed that they had little knowledge about children and their development. They could be further trained through this proposed model. Through such a program, instruction can focus on further understanding of the child. Simple picture books for children can be developed from the stories that caregivers created. The use of storytelling would further empower the caregivers, and situate learning within the Malawian set-up of the CBCCs while connecting the home and the CBCCs for meaningful childcare and development. It is important to note here, that the proposed storytelling program is but a small portion of the big umbrella of family literacy alongside community mobilization and development.

Among the great rewards of the study program to caregivers was that it made their teaching much easier and enjoyable. Perhaps this is critical. Caregivers in Malawian CBCC work on voluntary basis. Before the professional development, the caregivers expressed their great need for further training. By the end of the nine weeks, three caregivers out of the four found themselves with renewed vigor and added enthusiasm to teach. Chibwana (2007) and UNICEF (2007) called for all stakeholders to unite in responding to the huge need for supporting the ECD in Malawi. The study has shown how those in education and child development

institutions can further contribute to supporting ECD in Malawi, and even other countries with

similar background and challenges.

Appendix A: Plan of Research Activities

Zomba, Malawi

May 24 – July 23, 2010

Week	Activity	Venue	Required Data Collection	Instruments
1 & 2 May 24 to June 4	1. Obtaining research consent from the Min. of Education & Min. of Gender, Women & Children's Affair	Zomba	Written permission for the research	Description of study Printed consent forms VT IRB
	Identifying the 4 CBCCs for research Talk to leaders of the CBCCs if available	Zomba	Signed research consent forms by 4 caregivers	Description of study Printed consent forms in both English and Chichewa
	3. Pre-interviews and Pre-observations Caregiver 1 (Tue) Caregiver 2 (Wed) Caregiver 3 (Thu) Caregiver 4 (Fri)	CBCCs	Answers to the pre-interview questions Description of the CBCCs identified for research Completed checklist on each CBCC Discuss Research Journals by the caregivers Reflective field notes	Observation Checklist Researcher's Journal Caregivers' Journals Voice recorder Digital camera

Week	Activity	Venue	Required Data Collection	Instruments
			Photos of the research centers	
	4. Preparation of Professional Development (Get refreshments, room arrangement, travel arrangement ready for the 4 caregivers)	Domasi College of Education		Researcher's Journal Caregivers' Journals Voice recorder Digital camera
3 June 7 to June11	Professional Development of 4 Caregivers forming the Storytelling Team (Mon) Caregiver 1 Caregiver 2 Caregiver 3 Caregiver 4	Domasi College of Education	Video-taped presentations of researcher's and caregivers' storytelling Artifacts on presentations Caregivers' reflective response to the day's activities and how they want to implement storytelling in their classrooms Focus group discussion with the four caregivers Researcher's reflective field notes	Research Journal Voice recorder Camera (photos) Video camera Chart paper and markers Pairs of scissors for paper cutting Word/ Name/ Number cards/ Markers, crayons, pencils Sample children drawings drawn

Week	Activity	Venue	Required Data Collection	Instruments
				after listening to a story Reflective field notes' file
	Implementation of storytelling by caregivers (Tue, Wed, Thu, & Fri)	CBCCs	Researcher's reflective field notes Recorded conversation with each caregiver Reflective field notes	Research Journal Voice recorder Camera (photos)
	3. Short meeting with each Caregiver at her CBCC (Fri)	CBCCs	Researcher's reflective field notes Recorded conversation with each caregiver Caregivers' reflective field notes	Research Journal Voice recorder Camera (photos) Reflective field notes' file Research Journal
Week	Activity	Venue	Required Data Collection	Instruments

Week	Activity	Venue	Required Data Collection	Instruments
4 June 14 to June 18	1. Implementation of storytelling by the Storytelling caregivers (Mon through Fri) Visit Caregiver 1 Visit Caregiver 2 Visit Caregiver 3 Visit Caregiver 4	CBCCs	Caregivers reflective comments on how they taught their lessons taught, how children's reacted, and the meaning of those reactions. Researcher's reflective field notes	Caregivers' Journals Voice recorder Researcher's Journal Reflective field notes' file
Week	Activity	Venue	Required Data Collection	Instruments
5 June 21 to June 25	1. Visiting all caregivers Visit Caregiver 1 (Mon) Visit Caregiver 2 (Tue) Visit Caregiver 3 (Wed) Visit Caregiver 4 (Thu)	CBCCs	Caregivers reflective comments on: How the lessons were taught, children's reactions and the meaning of those reactions	Caregivers' Journals Researcher's Journal Camera Voice recorder Reflective field notes' file

2. Storytelling Team Meeting Focus group discussion on the Caregivers' experiences this far.	CBCC 1 (Will be rotating the venue)	Caregivers' reflective comments how the storytelling has gone so far Focus group interview Capture their suggested way forward Reflective field notes	Caregivers' Journals Researcher's Journal Camera Voice recorder Reflective field notes' file

Week	Activity	Venue	Required Data Collection	Instruments
6 June 28 to July 2	Visit all the caregivers Visit Caregiver 1 (Thu) Visit Caregiver 2 (Wed) Visit Caregiver 3 (Tue) Visit Caregiver 4 (Mon)	CBCCs	Caregivers reflective comments on: how the lessons were taught children's reactions the meaning of those reactions Researcher's reflective field notes	Caregivers' Journals Researcher's Journal Camera Videotape Voice recorder Field notes' file
Week	Activity	Venue	Required Data Collection	Instruments
7 July 5 to July 9	Visiting all the caregivers Visit Caregiver 1 (Mon) Visit Caregiver 2 (Tue) Visit Caregiver 3 (Wed) Visit Caregiver 4 (Thu)	CBCCs	Caregivers reflective comments on: how the lessons were taught children's reactions the meaning of those reactions Researcher's reflective field notes Recorded interviews Photos	Caregivers' Journals Researcher's Journal Camera Videotape Voice recorder Field notes' file
	2. Storytelling Team Meeting Focus group discussion on the Caregivers' experiences this far.	CBCC 2 (Will be rotating the	Caregivers' experiences Caregivers' reflective comments Focus group interview Videotaped focus group discussion Reflective field notes	Caregivers' Journals Researcher's Journal Camera

Week	Activity	Venue	Required Data Collection	Instruments
		venue)		Videotape
				Voice recorder
				Reflective field notes' file
8 July 12 to July 16	Visiting all the caregivers Visit Caregiver 1 (Thu) Visit Caregiver 2 (Wed) Visit Caregiver 3 (Tue) Visit Caregiver 4 (Mon)	CBCCs	Caregivers reflective comments on: how the lessons were taught children's reactions the meaning of those reactions Reflective field notes Recorded interviews Photos	Caregivers' Journals Researcher's Journal Camera Videotape Field notes' file

Week	Activity	Venue	Required Data Collection	Instruments
9 July 19 to July 23	1. Visiting all the caregivers Visit Caregiver 1 (Wed) Visit Caregiver 2 (Mon) Visit Caregiver 3 (Thu) Visit Caregiver 4(Tue)	CBCCs	Caregivers reflective comments on: how the lessons were taught children's reactions the meaning of those reactions Recorded interviews Researcher's reflective field notes	Caregivers' Journals Researcher's Journal Digital camera Videotape Voice recorder Field notes' file
	Individual post research interviews	CBCCs	Researcher's reflective field notes Recorded interviews Photos	Caregivers' Journals Researcher's Journal Digital camera Voice recorder Field notes' file
	3. Storytelling Team Meeting Focus group discussion on the Caregivers' experiences this far.	CBCC 3	Caregivers' reflective field notes Researcher's reflective field notes Focus group discussion data Videotaped discussion Recorded interviews Photos	Caregivers' Journals Researcher's Journal Digital camera Videotape Voice recorder Reflective field notes' file

Appendix B: Program for the Professional Development

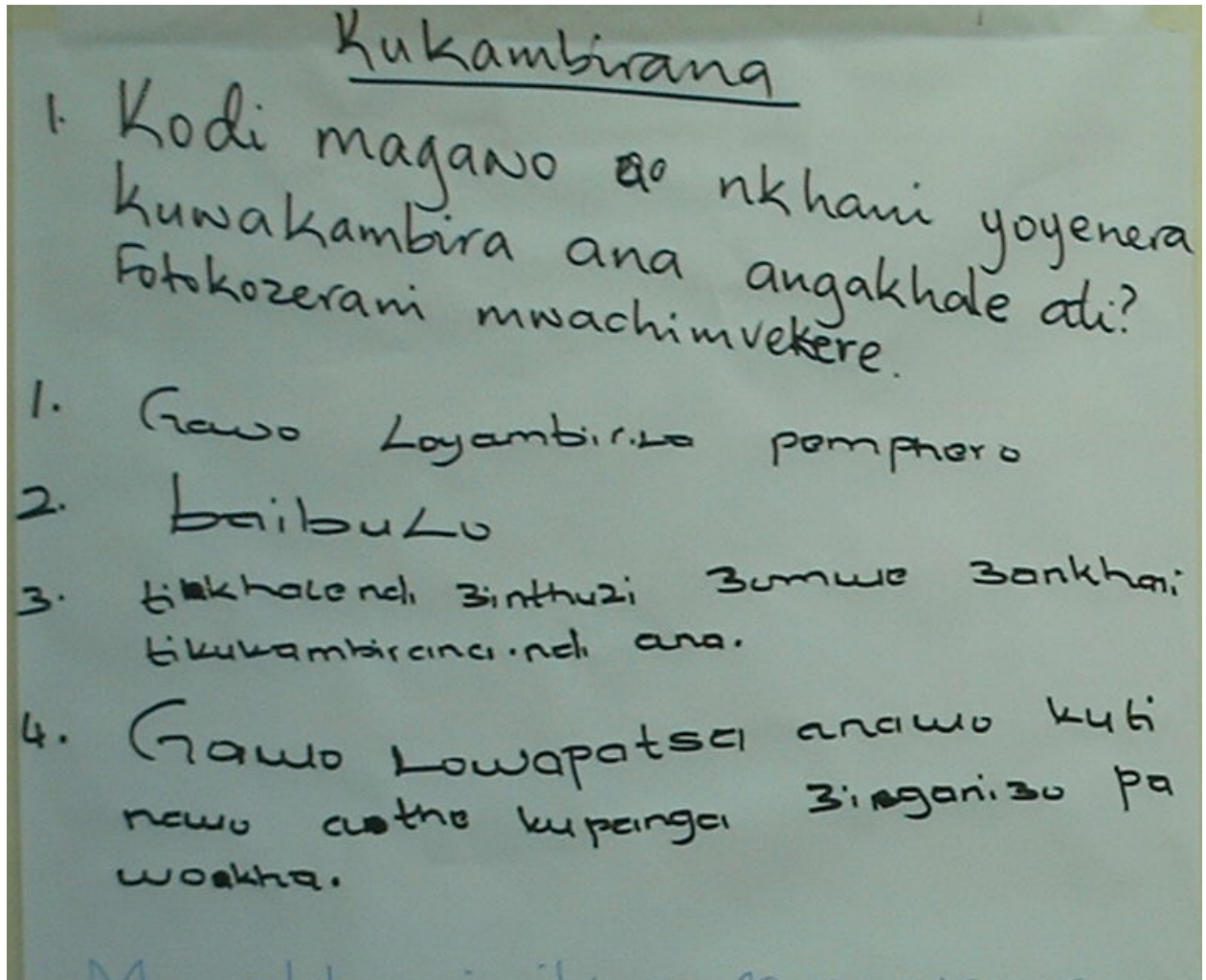| Time	Activity	Leader	Resources
8:00 – 8: 30	Arrival	Researcher	Transport arrangement for the caregivers
8:00 – 8:30	• Self introductions • General plan for the day • General rules conduct during the day • Group dynamics i.e. expectations of and on each member to make the most of the day	Researcher	• Copies of the program
8:30 – 9:30	• Explaining the purpose of meeting • Outlining the whole research process • Explaining the role of the participants in the research process • The importance of adhering to the rules • The importance of working as a team	Researcher	• Video camera • Digital camera • Chart paper • Markers

	(the Storytelling Team) • The importance of keeping records of what they do as caregivers in class		
9:30 – 9:45	• Caregivers will brainstorm and list features of a story suitable for children they teach • They will also list qualities of a good storyteller they know	Researcher Caregivers	• Video camera • Digital camera • Chart paper • Markers
9:45 – 10:15	• Plenary session focusing on storytelling as our cultural heritage and that it is readily used in their communities. • Qualities of a good story (comments, clarifications and additions) • Qualities of a good storyteller (comments, clarifications and additions) • Ten importance of using storytelling in teaching children	Researcher Caregivers	• Video camera • Digital camera • Chart paper • Markers
10:15 10:30	Refreshments	DCE Staff	Pre-arranged
10:30 – 11:00	• A Video on children listening to storytelling in a classroom situation. They will be asked to note what the	Researcher	• Pre-arranged TV Screen Laptop/ DVD player.

	caregiver does and what the children do.		• DVD on Storytelling
11:00 – 11:30	• Discussion on the Video. • Identifying types of stories for kids and their rationale for telling them • Various ways of how children respond to stories • How to utilize the stories for the preparation of children to read and write	Researcher	• List of types of stories • Video camera • Digital camera • Chart paper • Markers
11:30 – 12:15	• How to learn in order to tell a story? • Ten techniques for telling a story • Teaching students to tell stories • Demonstrations	Researcher	• Video camera • Digital camera • Chart paper
12:15 – 1:00	Lunch Break	DCE Staff	Pre-arranged
1:00 – 1:30	• Caregivers prepare their own stories for peer teaching (two stories each)	Researcher Caregivers	• Video camera • Digital camera • Chart paper • Markers
1:30 – 2:00	Caregiver 1 practices storytelling and feedback	Caregiver 1 Researcher	• Video camera • Digital camera • Chart paper

			• Markers
2:00 – 2:30	Caregiver 2 practices storytelling and feedback	Researcher	• Video camera • Digital camera • Chart paper • Markers
2:30 – 3:00	Caregiver 3 practices storytelling and feedback	Researcher	• Video camera • Digital camera • Chart paper • Markers
3:00 – 3:30	Caregiver 4 practices storytelling and feedback	Researcher	• Video camera • Digital camera • Chart paper • Markers
3:30 – 4:15	Refreshments	DCE Staff	Pre-arranged
3:30 – 4:00	• Feedback	Researcher	• Video camera • Digital camera • Chart paper • Markers
4:00 – 4:30	• Focus group discussion	Researcher	• Video camera • Digital camera • Chart paper

			• Markers
4:30 – 5:00	• Plan for the next six weeks and expectations • Creating communication channels • Final remarks	Researcher	• Video camera • Digital camera • Chart paper • Markers
5:00	End of program and Departure		

Kukambirana

1. Kodi magano ao nkhani yoyenera kuwakambira ana angakhale ati? Fotokozerani mwachimvekere.

1. Gawo Loyambirira pomphero

2. baibulo

3. tikhalendi zinthuzi zomwe zonkhani tikuwambirana ndi ana.

4. Gawo Lowapatsa anawo kuti nawo asathe kupanga ziganizo pa woakha.

Appendix D: Pre-interview Questions for caregivers

English

1. Tell me the origin of this CBCC.

2. Can you take me through an ordinary day from morning to the time that you release the children to go home?

3. Tell me why you decided to volunteer as a CBCC caregiver.

4. Tell me about your experience with storytelling.

5. Tell me some of your successes at this CBCC

6. What challenges do you encounter as a caregiver?

7. What are the important things for one to know as a caregiver of children?

8. Tell me what you do to get the children ready to read and write?

Appendix E: Pre-interview Questions for caregivers

Chichewa

1. Tandiuzeni mmene malo ophunzirirapo adayambira.

2. Kodi tsiku lanu limakhala bwanji kuyambira mmawa mpaka nthawi yomwe ana amapita
    kwao?

3. Mungandiuzeko chomwe chidakupangitsani kudzipereka kugwira ntchito ya
    uvolontiyayi.

4. Munganenepo chiyani za kuphunzitsa ana pogwiritsa nkhani kapenanso nthano
    zosiyanasiyana?

5. Mungandiuzeko zina mwa zinthu zomwe sukuluyi yapindulira anawa chiyambireni?

6. Ngati mphunzitsi wa pa sukuluyi, mumakumana ndi zovuta zotani?

7. Kodi ndi zinthu ziti zomwe mphunzitsi wa ana ang'ono ayenera kudziwa?

8. Nanga kuti ana amenewa adzafike podziwa kulemba ndi kuwerenga, inu omwe ndi
    aphunzitsi awo, mumawakonzekera bwanji?

Appendix F: Questions for Focus Group Discussion, Follow up and Final Interview

1. Questions after the professional development (Focus Group Discussion)

- What is the most important thing you learned today?

- What do you want to do as a result of your experiences today

2. Questions for follow up interviews

Tell me about your experience with storytelling

3. Questions for the final interview

- What is the most important you learned during these past few weeks?

- What do you want to continue doing or change completely as a result of your experiences with storytelling?

- Why do you want to do what you want to do?

- Tell me what you remember most about the professional development.

- Why do you think this will be so memorable?

Appendix G: Chichewa Questions for Focus Group Discussion, Follow up and Final

Interview

1.   Mafunso omwe adzafunsidwe kuti gulu liyankhe mokambirana pa tsiku la

maphunziro ogwiritsa ntchito nkhani/pena nthano

        pophunzitsa ana ang'ono

- Kodi chinthu chopambana chomwe mwaphunzira lero ndi chiyani?

- Mukachoka pano, mukachita chiyani potsatira zomwe mwaphunzirako chifukwa cha

maphunziro athu alerowa?

2.   Funso lofunsidwa pa nthawi yoyendera aphunzitsi sabata ili yonse

- Mungandiuze mmene zinthu zikuyendera pophunzitsa pogwiritsa ntchito nkhani

kapena nthano.

3.   Mafunso ofunsidwa kumapeto kwenikweni kwa kafukufuku

- Tandiuzeni chithu chopambana koposa chomwe mwaphunzira pa sabata zingapozi.

- Potsatira njira iyi yophunzitsa ana pogwiritsa ntchito nkhani kapena nthano,

ndichiyani chomwe inu mukuona kuti mupitiriza kuchita kapenanso kusintha

kachitidwe kake pa kaphunzitsidwe kanu ka ana?

- Nchifukwa chiyani mukachite zomwe mwangonenazi?

- Pa masabata onsewa, ndi chinthu chiti chomwe inuyo mukachigwiritsitse osatayana

nacho kapena kuchiyiwala?

- Nchifukwa ninji chinthu mwatchulachi chikakhale chosaiwalika mmoyo wanu wonse?

Appendix H: Early childhood education & development centers observation checklist

Name of CBCC:	
Name of Headcaregiver:	
No. of caregivers: Male: Female: Total:	
No. of students: Male: Female: Total: Age range:	
Language of communication:	
Attendance Low: Average: Excellent:	
Core activities as seen by the caregivers:	
Content: What type of curriculum is implemented? What resources are used for:	
reading skills	
writing skills	
oral communication skills	
numeracy skills	
reasoning skills	
social skills	
intellectual skills	
affective skills	
moral skills	

psycho-motor skills	
type of books available	
children oriented games	
What type of food is offered to children? (hygiene and nutrition)	
What equipment is available for games and play? (local & exotic)	
What structures are used in the ECD center? (local or imported)	
What help does the community given to the school?	

Appendix I: Letter of research intent

Virginia Polytechnic Institute and State University,

301 War Memorial Hall

Blacksburg, VA, 24061

20th May, 2010.

The Early Childhood Education Program Coordinator,

Ministry of Gender, Children and Women's Affairs,

Zomba City Assembly

Dear Sir/Madam,

Request to do a t study in four Community Based Childcare Centers in Zomba

I am a Ph D Student currently studying with Virginia Polytechnic Institute and State University, USA. My area of interest is early childhood education with emphasis on elementary literacy and culture. I intend to do a research study in which I would like to support some four caregivers in any four of Zomba's Community Based Childcare Centers. The study begins on May 24, 2010 and is expected to end July 23, 2010.

I would also appreciate to learn of any documentation that exists in that regards.

I look forward to your kind assistance.

Yours faithfully,

DENIS S. KHASU

VirginiaTech

MEMORANDUM

DATE: September 30, 2010

TO: Mary Alice Barksdale, Denis Khasu

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires June 13, 2011)

PROTOCOL TITLE: Storytelling in Emergent Literacy: Supporting Community Based Childcare Centers in Malawi

IRB NUMBER: 10-447

Effective September 29, 2010, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at http://www.irb.vt.edu/pages/responsibilities.htm (please review before the commencement of your research).

PROTOCOL INFORMATION:
Approved as: **Expedited, under 45 CFR 46.110 category(ies) 6, 7**
Protocol Approval Date: **6/15/2010**
Protocol Expiration Date: **6/14/2011**
Continuing Review Due Date*: **5/31/2011**
*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:
Per federally regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Invent the Future

Date*	OSP Number	Sponsor	Grant Comparison Conducted?

*Date this proposal number was compared, assessed as not requiring comparison, or comparison information was revised.

If this IRB protocol is to cover any other grant proposals, please contact the IRB office (irbadmin@vt.edu) immediately.

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