

Stakeholders' Construction on the Quality of Pre-primary Education in Tanzania

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Abstract

This study explored the stakeholders' construction of quality of Pre-primary Education (PPE) based on the various dimensions of PPE in Tanzania with special attention being paid to policy as discourse. The study involved a total of 129 informants sampled differently. The study sampled parents through convenience sampling technique, while teachers and experts were sampled through maximum variation technique. The study used descriptive cross-sectional design underpinned by interpretive paradigm. It generated data through semi-structured interviews employed to primary school inspectors, public PPE teachers, curriculum developer and policymakers. Meanwhile, FGDs were conducted to parents on the quality of PPE. Furthermore, documentary analysis was conducted to determine the extent to which stakeholders' construction on the quality of PPE was reflected in the TETP of 1995 as well as other related curricular documents. The findings indicate that stakeholders viewed the quality of PPE in three perspectives: i) quality as expectations; ii) quality as process or practice; and iii) quality as programme structure. Overall, stakeholders viewed PPE as an important early childhood provision for the future school life and participation in all walks of life. Although PPE seemed to be important, the study findings suggest that, the quality of public PPE in Tanzania is poor. Specifically, stakeholders identified important indicators constituting the quality of PPE as: i) furnished and safe learning environment; ii) well-qualified, committed and loving teachers; iii) smaller class-size; iv) provision of nutrition services; and v) good relationship among teachers, the teacher and parents, and with the head teacher. The study concluded that physical visits by primary school supervisors and making PPE independent are essential for quick and close monitoring for solving problems hindering provision of quality services in PPE in Tanzania.

Keywords: pre-primary education, quality, stakeholders

1. The Study Background

The quality of early childhood education (ECE) has attracted attention of the policy-makers, curriculum developers, educators, researchers and the general public in the world owing to its contribution to the personal, social and economic benefits. ECE comprises services provided to children prior to school years (Organisation for Economic Cooperation and Development [OECD], 2006; International Labour Organization [ILO], 2012; Education International Task Force, 2010). ILO (2012) clarifies that ECE services offered to young children prior to compulsory schooling are in two age groups: the under three offered health, educational activities, and custodial care; and the 3 to 6 age group for the pre-primary education (PPE) to bridge between home and school. The PPE which is the focus of this study interchangeably referred to nursery or preschool education, kindergarten, children centres, preparatory education and initial education (ILO, 2012).

Quality of the PPE has further gained prominence through the stipulations of the international policy guidelines (EFA Global Monitoring Report, 2005) for the improved equity in child education outcomes (Britto, Yoshikawa & Boller, 2011). Moreover, quality of PPE has generated scholarly debates because of its association with improved social and academic outcomes of young children (La Paro, Thomason & Lower, 2012; Britto et al., 2011). Debates on the quality of PPE have passed through three waves. In all the three waves involved in research, structural elements (group size, caregiver/child ratio, and caregiver qualification) found to facilitate positive child's learning (Dalli, 2014) and formed the basis for developing assessment tools (Dalli, 2014; Fenech et al., 2008). The developed assessment tools through structural elements included the Early Childhood Environmental Rating Scale-Revised [ECERS-R] (Harms et al., 1998) for the aged two- and a-half to five years, and the Infant/Toddler Environment Rating Scale-Revised [ITERS-R] for children below three years (Harms, Cryer & Clifford, 2003). Lately, the third wave has established that dynamic instructions (Dalli et al., 2011), the family involvement and individual child characteristics (Fenech et al., 2008) have positively impacted child development.

Quality of PPE is best viewed contextually (Britto et al., 2011; Sylva et al., 2003) as it differs across countries (Tobin, 2005; NESSE, 2009; Taguma et al., 2012; Mooney et al., 2003; Rosenthal, 2003) as there is variation in cultural practices among countries and within a culture in different contexts (Children's Services Central Team, 2010). It is also different across stakeholders' groups because of beliefs on child's development and the objectives of ECE (Taguma et al., 2012; Da Silva & Wise, 2006; Rosenthal, 2003).

In understanding the quality of PPE, Katz (1993) identified five perspectives of which Ceglowski and Bacigalupa (2002) observe that the “top-down” perspective has dominated educational policies and practices around the world with minimal attention being paid to the perspectives mainly of the stakeholders’ views. Paying attention to stakeholders’ perspectives is essential to policy initiatives (Folque, Ulrich & Siraj-Blatchford, 1995) as Shelley (1982) regards construction of the quality of PPE would adequately alleviate the danger caused by experts’ or the ‘top-down’ perspectives on community educational values. Mtahabwa (2007), Doherty (1999), National Association for the Education of Young Children-NAEYC (1986), and Myers (2004) demonstrate that key stakeholders hold different views on educational quality. Despite stakeholder’s differences, the discourse of quality of PPE is beneficial for the early childhood programmes as well as the larger society.

Specific to Tanzania, Mtahabwa (2007) realised that PPE policy had significant contribution to the quality of PPE and depended on the cultural context. Despite such realization by Mtahabwa (2007), quality of PPE through the United Republic of Tanzania-URT (1995) was simply associated with the teaching force and job satisfaction and use of particular strategies to realise quality education (URT, 2009). Notwithstanding the importance of stakeholders’ construction in the quality of PPE, the government of Tanzania did not set a contextually relevant benchmark to guide the field for quality PPE programming and implementation for optimal and holistic child development. Therefore, this study was specifically designed to establish stakeholders’ construction of the quality of PPE so that educational processes do not alienate children from cultural circumstances (Modica et al., 2010; Nsameng, 2008), for reflecting stakeholders’ actual needs, and increase community members participation (Fleer, 2003).

1.1 Significance of the Study

This study produces findings key to PPE programming and its practice in Tanzania as most of the studies on quality of PPE came from the foreign countries (North America, Europe and Australia). The current study would crucially help in programming and implementing the PPE in Tanzanian context that conform to the values, needs and interests of the consumers (the community and young children). In addition, stakeholders’ construction extends the definition of quality of PPE to satisfy a range of stakeholders’ interests while reducing cultural bias.

1.2 Scope, Delimitations and Limitations of the Study

The study was confined to the policymakers and curriculum developers from the MoEVT and TIE respectively, primary school supervisors, parents and PPE teachers in Dodoma Municipality on the construction of the quality of the PPE in Tanzania. These PPE stakeholders were considered sufficient in generating comprehensive data on the quality of the PPE in Tanzania. The study faced with low understanding of some parents and teachers on the importance of research marked by reluctance in participation of parents and some teachers for their participation in the study.

1.3 Theoretical Framework

This study was guided by the Socio-cultural Theory (SCT) referred also as Cultural-Historical theory (Bodrova & Leong, 2005; Mtahabwa, 2007; Gracia, Mircea & Duque, 2010). The SCT by Vygotsky (1978) holds that, parents, caregivers, peers and the culture at large are responsible for the development of child’s higher order functions. At the core of the development of higher order functions in human beings is the social interaction (Lantolf & Throne, 2006). Vygotsky (1986) purports further that individual’s development is influenced by the environment (nurture) or culture through family, neighbours, schools and the government systems in which s/he interacts with. Effective interaction requires a well-organized and maintained physical environment for nurturing concentration, creativity, and the motivation to independently learn and explore (McKellar, 1957). Further, use of relevant materials, well organized physical space and the positive interactions with teachers or parents or experienced peers highly contributes to curriculum of maximums (Gracia et al., 2010).

2. Literature Review

In understanding the quality of PPE, studies indicate similarities and differences among stakeholders. For example, construction of parents on the quality of PPE ranged from affordable and conveniently allocated schools (Larner & Phillips, 1994; Katz, 1999; Mashburn & Pianta, 2007; Fenech et al., 2008; Sonenstein & Wolf, 1991; Ochiltree, 1994) through trained and supportive staff (Farquhar, Hofferth & Kisker, 1991; Galinsky, 1989; Varghese, 2000; Whittingham, 2010; Galinsky et al., 1994; Farquhar, 1991; Weaven & Grace, 2010), health and safety (Galinsky et al., 1994; Whittingham, 2010; Ochiltree, 1994), low teachers/pupil ratio (Hong-Ju, 2006; Roupp et al., 1979; Weaven & Grace, 2010; Sonenstein & Wolf, 1991) to good staff- parent relationship (Myers, 2004; Gilliam & Leiter, 2003), and academics such as colouring and counting (Carlos & Stenmalm-Sjoblom, 1989). On the other hand, teachers’ construction of the quality of PPE ranged from good relationship between teachers and parents (Farquhar et al., 1991), small group size (Textor, 1998), competent and professional teacher (Textor, 1998; Farquhar et al., 1991; Campos, Frankel, & Camras, 2004), and safety (Farquhar et al., 1991).

Kweka, Binagi and Kainamula (1994) in Temeke Municipality in Tanzania noted that poor preparation of teachers, lack of school registration, lack of guidelines and syllabus, poor school management, and poor supervision by the Ministry of Education and Culture as indicators of low quality of PPE. On the other hand, authors report teachers’ views on the quality of PPE, establishing that materials, nature of teachers, physical structure, good relationship with community as important indicators of quality of PPE. Though there are other studies (Bakuza, 2014; Mtahabwa, 2014; Machumu, 2013; Vicent, 2012; Mwinuka, 2001; Mbise, 1996) which focused on the quality of PPE, they established perspectives

on the quality based on researchers viewpoints with minimal engagement of stakeholders (parents, teachers, supervisors, educational policy makers and curriculum developers). It is against this background that this study was designed to focus on stakeholders' construction of the quality of PPE in Tanzania.

3. Methodology

3.1 Study Design and Sampling

The current study was conducted using qualitative descriptive cross-sectional design. The design was used to obtain rich insiders' understandings, opinions and reactions related to quality of PPE in the context of policy discourse in Tanzania. The design was helpful in mapping-out circumstances, situation, or set of events to describe the phenomenon of quality of PPE in Tanzania (Rosenthal & Rosnow, 1991). The data collection was undertaken once to study informants (Ward, Clark & Heidrich, 2009; McNabb, 2013).

The study involved parents from 11 streets who were conveniently sampled (Cohen, Manion & Morrison, 2000) as the direct or indirect beneficiaries of the educational programmes. It further, purposively sampled 21 public pre-primary school teachers and five Municipal primary school supervisors all from the Dodoma municipality as implementers and assurers of quality services respectively. The curriculum developer and educational policymaker from the Tanzania Institute of Education-TIE and MoEVT respectively, were as well purposively sampled as they are responsible for setting curricular and educational standards for quality PPE delivery.

Dodoma Municipality is an economically depressed area affected by harsh semi-arid climatic conditions favouring traditional agricultural methods to be dominant (Laddunuri, 2012). The study involved 15 schools of the 11 out of 25 educational wards with a total of 102 pre-primary schools (86 public and 16 private schools). The Municipality was selected by the current study as it has been among the fast growing towns in Tanzania attracting people from different parts of the country with rich cultural and linguistic diversities (Mtahabwa, 2014; Tandika, 2010). In addition, the area has urban establishment with a community with heterogeneous culture characterised by different preferences and community needs.

3.2 Data Collection and Analysis

The data were collected in the use of semi-structured interviews and focus group discussions (FGDs) were used to widely capture insiders' perspectives. Meanwhile, a review of documents was conducted in three phases as described by Elo and Kyngas (2007) to reveal the extent to which policy statements adequately reflected various stakeholders' construction of the quality of PPE in Tanzania. After the data collection, data analysis and interpretation was conducted through three procedures by Miles and Huberman (1994). The collected data were analysed based on the five units of analysis: parents with young children in PPE classes; public pre-primary school teachers; primary school supervisors; policy developer and curriculum developer of PPE under the MoEVT.

4. Results

Data analysis identified three sub-themes indicating stakeholders' construction of the quality of PPE in Tanzania. The identified sub-themes are Quality as Expectations, Quality as Process or Practice, and Quality as Programme Structure.

4.1 Quality as expectations

Stakeholders involved in this study had varying expectations to the PPE. For instance, parents argued that, they enrolled children in the PPE with an expectation that their children would be equipped with the basic knowledge and skills for mastering the school environment. They also expected their children would socialise with the school environment, acquire foundational knowledge and skills (3R's, cleanliness, and respect) for smooth transition to primary school, and fulfil a prerequisite for enrolling children in primary schooling.

In the FGDs in various streets with parents, it was widely expected that early learners would attend and complete PPE while have develop skills on 3R's. The 3R's were highly emphasised by the parents regardless of their demographic characteristics for their children to easily catch-up in primary education. For instance, one parent who was also a teacher explained:

Acquisition of the 3R's make learners feel confident and have positive attitudes in learning or when they interact with teachers or with peers as compared to their counterparts who mostly feel fearful during the teaching and learning process (FGD: 22nd November, 2013).

Parents emphasised on mastery of 3R's by as most of school administrators restrict enrolment of children for primary schools to have attended pre-primary school and mastered some skills in reading, writing and some basic arithmetic which contribute significantly in viewing quality of the PPE in specific ways. In fact, socialisation and acquisition of foundational skills is emphasised as an educational goal in Tanzania. It implies therefore that, parents' expectations on ability to do some 3Rs were largely induced by the government, school administrators and parents' own needs or aspirations. It further implies that parents enrolled children to meet government and their own expectations on social, academic and economic well-being.

Whereas parents emphasised 3R's, teachers and other PPE stakeholders held a different set of expectations. The pre-primary school teachers' expectations focused on employment of enough and qualified staffs by the government for

improving working conditions. They held this expectation as the PPE field had experienced poor working conditions because of the poor status the government and the community accorded in the public education sector, hence dominated by unqualified teachers inhibiting effective teaching and learning for both teachers and learners. Poor budgetary allocation has as well limited purchase of materials such as textbooks for facilitating the teaching and learning process. While some PPE teachers observed unfavourable working conditions, teachers worked in military barracks were satisfied with the conditions of the PPE classes arguing that soldiers are prepared to work in any environment.

The educational policymaker, on the other hand, reinforced the expectations held by parents and teachers on the quality of the PPE arguing that PPE would provide quality early stimulation by qualified teachers. The educational policymaker said that because of unqualified teachers, early learners were being taught academic skills early instead of being developed to master the pre-academic skills essential for cognitive stimulation and development. This view of the quality of the PPE by the educational policymaker was also shared by the curriculum developer who noted that quality PPE socializes and develops early learners cognitively through psychomotor aspects. Socialization and familiarization of early learners into school and educational matters made them interested in with school hence reducing absenteeism and the drop-out rate.

Although stakeholders constructed the quality of PPE differently, their constructions were closely similar. Their main difference was on how the acquired skills and competencies should be applied. For instance, parents and primary school supervisors wanted early learners to perform optimally at home and in primary schools. Meanwhile teachers, curriculum developer, and the policymaker desired to see early learners to be literate, numerate and well prepared with an ability to function optimally in the wider society as a prerequisite for future success in school life. More significantly, the mastery of the school environment was as well noted by majority of the parents as essential skills to be mastered by the learners.

4.2 Quality as Practice /Process

Under this sub-theme, various descriptions on the quality of the PPE were provided by stakeholders. For instance, teachers constructed the quality of the PPE as characterized by well-organized, interactive and rich learning activities for early learners. By engaging learners in the teaching and learning process, the skills and knowledge developed among early learners would be easily transferable and last longer in the learners' memory. Its practice could be possible as teachers care about the children's learning needs, use the locally available materials to facilitate meaningful learning and care committed to work with early learners. Active engagement would make early learners who are thought to be incapable of longer concentration learn efficiently as was exemplified by the teacher that without committed, highly motivated and loving teachers it would be difficult to highly engage children in the learning process.

The early childhood curriculum developer from the TIE shared that quality PPE is the one through which learners are developed into independent and capable of performing some tasks at their level in different contexts. He however alerted that teaching and learning processes should employ appropriate teaching and learning strategies, has favorable the learning environment, and conducting participatory and continuous evaluation. It was importantly informed that teaching and learning strategies should promote early learners in all the three learning domains (cognitive, social and psychomotor domains).

Specifically, the curriculum developer asserted that quality learning in PPE is a learner-centered approach relating it with the Competency-Based approach or Enterprise approach to teaching. The informant argued that the competency-based approach appropriately awakens the learners' senses of learning as they potentially advocate for active engagement of learners. Parents on their part approached teaching and learning practices as critical responsibility in ensuring quality of PPE. They suggested that teachers should be warm while showing love to children, organizing the learning area and the learning environment to benefit learners. They also emphasized on the importance of teachers' guidance to early learners to be appropriate as it is required or expected than just attending classes as daily routine while not fulfilling their responsibility as required.

In addition, a female primary school supervisor described the appropriateness of teaching and learning strategies as involving the delivery of materials according to the level of learners while using on-going evaluation strategies through various instruments (recording of learners' progress, observation, and interview with children) contrary to the use of examinations. The on-going evaluation would timely diagnose learning difficult faced by learners through observation; interviewing learners; and recording their progress as recommended by the MoEVT.

On-going evaluation as highlighted by the school supervisor was also articulated by the curriculum developer to be one of the curricula standards that the TIE sets in determining the quality of PPE. The expert explained that, in the course of teaching and learning, the teacher should assess learners to determine areas need immediate and the appropriateness of the teaching and learning methods. Without identifying learner's interests and needs through evaluation, teaching and learning would not result into quality learning outcomes.

The other curricula standard essential for the quality of PPE was identified by the curriculum developer to be sensitivity to the use of time in schooling. This is the standard used by the TIE focusing on lesson period for PPE takes 25 minutes. It is noteworthy for the teachers to use the allocated time per lesson wisely and appropriately. The other standard for quality of PPE based on curriculum developer views was the focus to achieve specific objective of the learning activity. Being aware of the objective of the learning content provide direction in planning and carrying out educational practices to achieve quality learning.

4.3 Quality as Programme Structure

Through data analysis, it was established that various elements constitutes quality of the PPE. Table 1.0 illustrates pre-primary school teachers and parents' views on the essential elements for the high quality of PPE. Teachers for instance, identified the following elements as essential constitutes of the quality of PPE: age appropriate teaching and learning facilities, availability of enough trained teachers, provision of midday meals or proper nutrition, small class-size, good teacher and parent relationship, and the availability of friendly infrastructure or attractive and safe learning environment and the remuneration. Meanwhile, parents viewed quality of the PPE as mostly constituted of teaching and learning facilities, safe learning environment, availability of experienced and trained teachers at certificate level, small class-size, provision of midday meals, and good parents-teachers' relationships, and remuneration.

Table 1 Summarising Pre-primary school teachers' and Parents' construction on the quality of PPE

S/N	Parameters	Stakeholders	
		Teachers (freq)	Parents (fgds)
	Teaching and learning facilities (classroom, toilets, houses, desks, etc.)	19	11
	Teacher's qualification:		
	-Experienced and committed	04	00
	-Certificate	11	09
	-Diploma	05	02
	-Bachelor degree	01	00
	Meals	15	09
	Visits by the District Education Officer	02	03
	Class-size: - 20- 25	07	05
	- 30- 45	09	01
	Parent-teacher relationship	11	07
	Remuneration	06	03

Source: Fieldwork (2014)

In contrast, primary school supervisors on their part identified essential parameters of the quality of PPE in terms of buildings, learning facilities, services, teaching and learning process, quality of teachers, quality of learning environment, and effective administration or leadership. The curriculum developer described the quality of the PPE in relation to various standards that the TIE uses as benchmarks. In his description, the curriculum developer spelled out issues such as the quality of the learning environment; the availability of second step documents, mainly the syllabus; teacher's qualification; materials used, time and space in classroom. Across stakeholders, the quality of PPE is constituted of the quality of learning environment, availability of teaching and learning materials, teachers' qualification, class-size, provision of the midday meals, and remuneration.

Availability of teaching and learning materials was highly considered by all stakeholders in the promotion of the quality of PPE. Teachers mentioned that relevant text and reference books play facilities (swings and developmentally appropriate balls); pictures and drawings; sticks; bottle tops; seeds/crop grains; chalks and the board; sweeping and tooth brushes; cupboards and tables for storing the teaching and learning facilities were necessary. These facilities by teachers actualized the learning as early learners would use their senses as they conduct play activities. Availability of facilities help children to play with and gain vocabulary, strengthen muscles (fine and gross motor), and develop holistically. One of the experienced teachers elaborated:

Teaching and learning facilities (textbooks and pictures) reduces words and turn the teaching and learning experience into reality. They as well dictate in the use of teaching strategies effective for teaching and learning which arouses interests in learning while promoting discovery (School F: 22nd December, 2013).

Use of appropriate materials (i.e. clear, attractive, and developmentally appropriate) is one of the standards that the TIE uses to determine the quality of PPE. The curriculum developer believed that attractive and age appropriate materials engage learners in all of their domains of learning. Furthermore, learning environment equipped with the materials such as desks, pictures and carpets equally contributes to the quality of PPE as it allow group activities and stories to be conducted in accordance with the learning capabilities of learners. Staffs' houses helped to better learning environment as it make teachers stay around the school. Other essential materials important for the quality of learning environment are the developmentally appropriate toilets, desks, water, and well-roofed classrooms.

Parents shared the view on the importance of learning environment needed in the provision of quality learning outcomes. They insisted on the safe, hygienic and well-furnished learning environment for the calm and protective

learners from unfavourable weather conditions (sun heating and rain). Parents added that the learning environment should have close proximity with the homestead. Learning environment of the said nature freed both teachers and early learners from the communicable diseases. It was further emphasized that learning environment should accommodate all learners in a way that allows them to interact or sit comfortably during the learning session. Increased classroom would reduce the group sizes for correct monitoring and management of their learning progress. Regarding the appropriate group size, to a larger extent, informants preferred a group size of 20-25. Whereas, a reasonable number of FGDs (five of 11) equivalent to 45.5% of the parents preferred class-size with a maximum of 30 learners. Meanwhile, three of 11 FGDs equivalent to 27.3% of the parents agreed to any suggestion by the government and other three FGDs (27.3%) preferred group size beyond 50 for eligible children to benefit from education provision. As table illustrates, nine of 21 teachers (42.8%) preferred large group size compared to the seven of 21 (33.3%) preferred small group size with six of 21 (28.5%) having no specific class-size though preferring a manageable group of learners. In contrast, primary school supervisors and the experts from the TIE suggested a maximum of 25 pupils per classroom as ideal class-size as it has been recommended by the MoEVT in Tanzania. It was described by parents in different FGDs that overcrowded classes made the teaching and learning process difficult and a tedious job for the teacher to monitor each learner sufficiently. Although pre-primary school teachers differed with other stakeholders on the appropriate class-size, they agreed that smaller class-size made it easy for the teachers to reach and support each pupil with their learning. As an experienced teacher explained:

Positive teaching and learning take place in classes with learners who do not exceed 45 for manageability in terms of teaching, discipline, marking learner's assignments and for scaffolding on the identified areas to ensure quality learning (Semi-structured Interview at School L: 20th January, 2014).

Qualification of teachers was another important aspect in raising the quality of the PPE. The aspect was identified by all other stakeholders as a critical aspect of the quality of the PPE. Teachers argued that trained (both pre-service and in-service) teachers guarantee the quality teaching and learning outcomes as they would be equipped with psychological and contents essential for proper handling of young children. It was emphasised that prospective teachers should be selected on grounds that they have good passes in their ordinary level secondary education national examination results. However, stakeholders involved in this current study as informants, differed on the appropriate level of professional training for the PPE teachers to potentially provide quality services to schooling children. For instance, most of the pre-primary school teachers (11 of 21), parents (nine of 11 FGDs) and experts preferred two years of pre-service teacher education leading to at least certificate in teacher education as much as basic in PPE. Whereas, four of 21 (3.6%) teachers viewed teacher qualification as experience and commitment were important for the quality of the PPE. Stakeholders preferred a certificate level of education worrying that highly trained teachers to a bachelor degree in their pre-service education would have poor interest to PPE as most of them believe to have been prepared for teaching higher levels of education or classes.

The curriculum developer observed teachers' qualifications as essential for the quality PPE as, trained and qualified teachers guide the learning process. Primary school supervisors also shared the view held by the curriculum developer that qualified PPE teachers are knowledgeable in using appropriate teaching and learning practices and identification of locally available materials in pre-primary classes and around the school. Similarly the educational policymaker from the MoEVT noted on the importance of qualified teachers in guiding learners in acquiring pre-academic skills essential for quality cognitive development. He said that qualified staffs in Tanzania accounted for only four percent (4%) requiring for the trend to be checked. Though pre-service and in-service training were emphasised by all the stakeholders, a pre-primary school teacher pointed out:

Pre-service teacher education should not be the only qualification for employment as commitment and punctuality are also significant. Values such as punctuality, attentiveness and commitment are important features qualifying someone to be a teacher working with learners for them to learn well (Semi-structured Interview at School L: 20th January, 2014).

Similar to teachers, one parent emphasized that to be a good teacher does not only involve going through training but also feeling inertly ready to work and being prepared for the various academic and environmental challenges that other teachers face for the effective teaching and learning of the early learner. For sustained quality of PPE parents marked that pre-school teachers should be formally employed by the government so that teachers become respected and valued by the community while getting reliable payment for their life. Formal and permanent employment of qualified teachers would among many reduce teachers' turnover in public PPE schools.

Provision of midday meals or snacks at school was also mentioned by all stakeholders for improved school attendance, enable early learners to concentrate during the teaching and learning process, and participate happily and energetic during classroom tasks. They importantly valued meal as majority of children in rural schools come from poor families which cannot afford to give children good breakfast as they prepare in the morning for school. The provision of meals in the school was affirmed by the parents from both contexts to be significant as poverty and high engagement in many other economic activities affected their care and the attention they paid to their children. The expert from the MoEVT

explained following on the issue of providing of midday snacks at school:

Early learners grow well and actively participate in the learning activities provided. The provision of meals is essential as four out of 10 pupils who go for primary schools. None provision would adversely affect their growth and learning (Semi-structured Interview: 10th January, 2014).

Good relationship between the teacher and parents was noted by the parents to make the two sides work cooperatively to enable early learners learn successfully. Their close relationship would help children to access basic needs for smooth schooling (uniforms, exercise-books; monthly contributions) while giving parents with confidence in attending school meetings. As a result, good relationship would make schools to have effective communication with parents, hence school runs smoothly.

5. Discussion of Findings

Parents construction on the quality of PPE was based on their expectations as a preparatory stage for the primary school classes by prioritizing on the acquisition and development of some skills on 3R's. Their construction correspond to studies conducted by diverse researchers (Foot et al., 2000 in Scotland; Laloumi-Vidali, 1998 in Greece; Welch & White, 1999; Hoon, 1994; Sharpe, 1991 all in Singapore; Graue, 1993 in USA) as mostly reported that parents expect that pre-primary schools prepare early learners for primary schooling through knowing letters of alphabets before school entry than social skills. Meanwhile, lower emphasis on social skills (behaving well, respecting others, being courteous, and following rules) by parents in Dodoma Municipality is contrary to considerations as were identified by researchers (Lan, 2004; Hong Kong Christian Service, 2002; Aibao, Xiaofeng & Hajime, 2007; Bracey, Montie, Xiang, & Schweinhalt, 2007). Similarly, expectations by the teachers of the current study on the quality working conditions diverge from the foreign teachers' expectations. For instance, Birch and Ladd (1997) found teachers' expectations to be based on social aspects, which were deemed as essential for classroom success. Important point to note is that in both countries (developed and developing), stakeholders have varied expectations (Hatcher, Nuner, & Paulsel, 2012; Ackerman & Barnett, 2005; Welch & White, 1999).

Furthermore, the current study found two major parameters as essential elements in the quality of PPE: quality teaching and learning process; and positive relationship between teachers and parents and among early learners. The views by parents, teachers, primary school supervisors and the curriculum developer involved in the current study emphasis on meaningful learning particularly use of child-centred approaches for managing classroom and school activities as well as use of skillful evaluation for reduced disparities among learners. Ostrosky and Jung (2010) describe vitally that, teachers' strategies and behaviours for meaningful learning involve listening to children, making eye-contact with early learners, engaging in many one-to-one or face-to-face interactions with young children, talking to them through pleasant as well as calm voices, and simple language. These strategies vitally created positive attitude and guidance techniques for children to trust their teachers. Importantly, interactive strategies with and between children as well as teachers' scaffolds through guiding, modeling, and questioning producing quality learning outcomes (Taguma, Litjens & Makowiecki, 2012). Fleming (2001) lists several ways in which learner-centred approach would develop learners and enjoy the teaching and learning process to include use of maps, charts, trial and errors, field trips, graphs, diagrams, and different special arrangements.

The other important element of the process element to the quality of PPE was positive relationship between teachers and parents. The aspect as was prioritized by the stakeholders in the current study as important in the improvement of the quality of PPE has been of emphasis by foreign studies as well. Henry (1996) and Epstein (1995) share the concern of the parents and teachers in Dodoma Municipality. This aspect was considered important for cultivating trust, a mutuality of concern, and appreciation of contrasting perspectives (Lawrence- Lightfoot, 2004).

Programme structure is another sub-theme identified by to positively contribute to the understanding of the quality of the PPE in Tanzania. Stakeholders involved in the current study including experts from the MoEVT and TIE indicate that the programme structure was essentially comprised of teaching and learning facilities; enough and trained teachers; provision of meal/snacks; clean and safe environment; small class-sizes and good teacher-parents relationship. Stakeholders' preference on at least a certificate level of teacher education in Tanzania differed with the practice in foreign countries particularly from the developed world. For instance, Oberhuemer (2011) found that 22 out of 27 developed countries in Europe with an exception of Germany, Austria, the Czech Republic, the Slovak Republic, and Malta set a bachelor degree as a minimum credential for teaching the 3-6 year-old preschool children. The bachelor degree as the prerequisite for teaching in pre-school is common to other countries like USA (Burchinal, Hyson & Zaslow, 2008; Kelley & Camilli, 2007; Saracho & Spodek, 2007; Barnett, 2003; Textor, 1998), in Norway (Strand, 2006), Australia (Fenech et al., 2006), Sweden (Sheridan, 2014), and the United Kingdom (Nutbrown, 2012). Mischo, Wahl, Strohmer and Wolf (2013) report different practices to stakeholders' preference in Tanzania as only three percent (3%) of the pre-school teachers in Germany were found to possess a bachelor degree with the majority possessing three years of post-secondary vocational training specialising in social pedagogy.

Though stakeholders (five FGDs out of 11 equivalent to 45.5% of parents and seven out of 21 teachers equivalent to 33.3%) in Tanzania constructed a quality learning outcome is possible in a class-size of a maximum of 30 learners, the size is tremendously higher compared to the foreign experience as reported by Munton et al. (2002). Authors report that,

developed countries have smaller group sizes (Portugal- 1: 20; Sweden- 1:17.8; and UK with 1:8) though some countries (Denmark, Sweden, Germany, US, Canada, and Austria) have no uniform group size because of decentralisation. The emphasis on the small group of learners has been encouraged by Frede (1995), whose longitudinal studies show that small class-size contribute to positive and long-term benefits for children from low income families.

The value of teaching and learning facilities as were critically identified by stakeholders in Tanzania as an indicator of quality PPE is common all over the world. Facilities or materials promote the quality of learning as they offer a variety of firsthand, developmentally appropriate experiences and help children to acquire symbolic knowledge in drawing, painting, construction of models, dramatic play and verbal and written descriptions (New Jersey State Department of Education, 2004). Key to the learning facilities in the PPE environment is that they should be safe, flexible, accessible, visible, and well-located as important component of the quality PPE (UNICEF, 2012). This implies that the poor conditions as were observed in the majority of the pre-school classes in rural and urban schools, negatively impacts learners' and teachers' morale as well as efforts in the teaching and learning process resulting, hence influencing the quality of learning outcomes.

Positive relationships between teachers and parents as was underscored by the stakeholders in the current study help school children to communicate their needs for successful learning, made parents involved at home in children's learning while raising children's learning achievement through increased motivation for children's learning as well as behavior. It is in this regard, the American Federation of Teachers [AFT] (2007) notes the positive parent-school relationship benefits parents, learners and teachers in the view that it makes teachers to focus more on the task of teaching children, they learn more about learners' needs and home environment, and their work becomes positive, hence boosting their morale (AFT, 2007).

Overall, findings of the current study are in line with the central premise of the SCT to the effect that interaction (adults to child and child to child), class size, teacher- to-child ratio, and the curriculum for positive contribution to child development. It further aligns to the claims by Vygotsky (1978), who contends that reality should be understood not only by studying the individual but as well as by examining the external social world in which that individual life has developed through nurture and by 'scaffolding' them.

6. Conclusion

Based on the study findings, the study puts forwards four major conclusions. First, to a larger extent stakeholders' constructions on the quality of PPE differ from the Tanzania Education and Training Policy-TETP of the 1995. The TETP considered teachers as the main indicator for the provision of the quality of education in the country, while stakeholders insisted on a combination of factors for the provision of quality of PPE and the related services. Secondly, though the current study revealed mixed views among stakeholders on the quality of PPE, yet they widely expect that a school is a place where learners' potentials are developed to the highest possible levels for successful learners' participation and achievement in the subsequent levels of education and for reduced socio-economic problems in the community.

The third conclusion lies on the reality as revealed by the study that the quality of the PPE is contextual despite the existence of the Integrated Early Childhood Development (IECD) Operational Guidelines and Minimum Standards (n.d) which strive to standardise the quality of the PPE from international perspectives. Under the IECD similar to the study findings, it indicates some key elements for the quality of PPE. Such important elements were: trained teachers, provision of meals, furnished classes, positive relationship between parents and teachers, quality learning environment, availability of transport for taking early learners to and from the school are important elements in enhancing the quality of the PPE.

Lastly, it is important to note that some teachers' and parents' construction on the quality of PPE particularly on group size was influenced by lack of pre-service training on PPE by teachers as well as parents' poor background on PPE. Further, lack of their involvement in educational programming has potentially limited their understanding on positive interaction.

7. Recommendations

It is important to note that variation in stakeholders' expectations to the quality of PPE would have adverse effects to the children's development and learning as they enter compulsory education unless they are compatible. Hence, it is important that parental and teachers' expectations be given high consideration in any educational matters particularly in the planning and implementation of programmes serving young children.

As construction of the quality of PPE by stakeholders varies with the government plans, it is therefore important that any planning by the government (central or local) should involve the targeted community as beneficiaries through consultations and consensus formation to establish goals, needs and interests to be addressed by a given programme. Consultation to the key stakeholders is necessary than relying on the views of the experts from the central planning offices which could not widely and consistently be similar to those of the community at the grassroots.

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