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Stunting occurs in the first 1000 days affecting about 165 million children leading to morbidity, mortality and impaired neurobehavioral development. Available evidence shows that improving the diets of young children can reduce stunting, however only by about one-third at best. The effect of diarrhea on stunting is small, maybe because children grow at "catch-up" rates between illness episodes. A newly proposed cause of child stunting is Environmental Enteric Dysfunction (EED), a subclinical disorder of the small intestine that compromises absorption and increases nutrient demands. EED is hypothesized to be caused by ingestion of fecally derived microbes. Observational studies of crawling and toddling children in Asia and Africa identified ingestion of soil and chicken feces as a major pathway for fecal-oral contamination. Current hygiene interventions do not interrupt this pathway. Provision of play-yards (PY) to reduce children's exposure to fecal contamination is a possible intervention, however its acceptance and feasibility in rural Africa is unclear. We randomly selected 20 mothers who received play yards as part of the SHINE Trial in Zimbabwe and visited them twice to conduct in-depth interviews on play yard use. Transcripts were analyzed for themes pertaining to feasibility, acceptability and safety. Participants reported that PYs were acceptable and feasible to prevent children from ingesting contaminated material. Some safety concerns emerged around dangerous materials in the PY and limited mother-child interactions. We conclude that PY are a promising intervention in rural Zimbabwe but further research is needed to understand their impact on fecal-oral transmission, growth, and development in children.