

# Child Care Practices among Mothers in the Northern Region: A Study of Some Mothers of Zujung, A Suburb of Tamale

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**Abstract:** - This study is about child care practices among mothers in the northern region with specific reference to mothers of Zujung (a suburb of Tamale, the northern regional capital). Using a mainly qualitative method of research, the study examined the extent to which the economic activities of the mothers in the Zujung community, affects the care for their children. The study also examined the breastfeeding patterns of the mothers, their complementary feeding practices as well as the health-seeking behaviours of the mothers when their children are sick. Among others, the study found that the child care practices of the mothers are compromised by the demands of their economic engagements. In addition, child care is informed by cultural beliefs and practices in spite of all the prescriptions of formal care. The study therefore concludes that the child care practices of the mothers of the Zujung community cannot be described in optimum terms. Some recommendations are made as a result of the findings, suggesting a way forward for the vulnerable children of Zujung as well as other children of similar socio-economic background in the northern region and other areas of Ghana.

**Key Words:** Child care, practices, breastfeeding, Complementary feeding, health-seeking

## I. INTRODUCTION

The critical influence mothers play in the care of the child's nutrition, health, and development has received increasing attention in the last decade. The role of care in feeding and for that matter the role of mothers in the provision of care is very relevant. The meaning of mothers, mothering and motherhood as well as the forms of economic labour in which women are typically involved vary overtime, by country and by cultural background. However, work and family research formally was focused on western women (Mokomane, 2013). Livelihood practices by women to provide adequate care for their children have been elaborated at conceptual levels, but still lack a deliberative focus. The world has made some strides in improving the livelihood practices in households to help support mothers but more is yet to be seen and even done in some areas of the world especially in the African context and specifically in northern Ghana. These changes will have some keen implications for women labouring for improved economic and child health and general wellbeing. Using Tamale and precisely Zujung, a suburb, as a case study, this study delves into the child care

practices among women. The study uses qualitative methods to explore the experiences of combining economic activity and child caring roles of mothers with young children. The Millennium Development Goals (MDGs) that expired in the year 2015 saw the world achieve some of the goals and targets the world set as a guide to development especially in areas of child care.

Zujung is a suburb of the Tamale Metropolis and not so active in terms of economic activities. Mothers in this suburb often rely on trade in the central business district to provide for their children and indeed their entire families. This does not exclude nursing mothers who will often have to combine some economic activities and the care for their infants. Many of these mothers are very poor and are therefore compelled to engage in these economic activities in order to cater for their families. The economic activities take so much of their time that, caring for their children often becomes problematic.

The main objective of this study is to examine the child care practices of mothers in deprived communities of the Northern region with particular reference to the Zujung community. It targets the Zujung area where mothers' childcare practices are not devoid of intense economic efforts by the mothers to get things work properly. The domain of care examined in this study includes; child-feeding practices as well as health-seeking behaviours of the mothers when their children are sick. These practices are selected because they are important yardsticks for child health, growth and development.

## II. PROBLEM STATEMENT

Over the years, child care practices in some rural communities of the developing world have received some attention by scholars and world bodies like the UNICEF. But much attention has not been given to the role played by women in providing child care in many of these rural communities. This study therefore examines the typical role of the mother in the provision of child care in Zujung, a suburb of the Tamale Metropolis that has numerous challenges in several areas like health, water and sanitation as well as poverty. Economic activities are slow in the area hence the women have had to travel to the central business district of the metropolis on a daily basis in order to carry out various economic activities so as to be able to provide the needs of their children as well as

their families. These women in the locality have had to do everything that is legal and within their power to provide for their children which builds a foundation for child care practices. Notwithstanding previous studies done on the relationship between maternal employment and child care practices among mothers in several localities of Tamale and Ghana as well as elsewhere in the west African sub region, there is limited and possibly no work done comprehensively to discuss the child care practices among women in the respective communities of Zujung. This is why it has become important for a study of this nature to be carried out in this suburb of Tamale which houses a large population of Dagomba mothers.

### III. REVIEW OF LITERATURE

According to UNICEF (1990), child survival, nutrition, health, and development depend on household food security, on a healthy environment and available health services, and on adequate care for children and women. This clearly deepens the need to recognize the constant and conscious effort made by women to develop well established homes that benefit from good health, better education and several other positive efforts made by women. In Africa, the role of women cannot be underestimated. Women are tasked with the triple role of community management, reproduction and production. Among these three roles of women, they all have some specified interest of changing the life of the home.

Motherhood is the basis of family life which in turn becomes the backbone of all other aspects of the society. According to Nirmale and Santosh (2003), pregnancy is a process to continue the generation of a couple and with the birth of a baby, her role as a nurse and mother assumes primary and centre of importance in both her life and that of her child or children. In economically weak communities, child health care is an important aspect for women as infants are very vulnerable. According to Negi et al (2005), child care is the major responsibility of women, and they are the hubs of many local practices that promote child care. Mothers in rural communities have resorted to these indigenous child care practices which in some instances could lead to the spread of diseases and other infections on the infant. Several studies have revealed that these traditional systems are often not helpful. According to Marsh et al (2002) and Winch et al (2005), infections can cause a high risk of anemia, hypothermia and hypoglycemia and can lead to death and other infections to the infant.

Globally, women have multiple roles, and often their time constraints are so severe that their participation in income generating activities results in reduced childcare time, which in turn affects child feeding practices and health. This is especially the case in many developing countries. UNICEF's annual State of the World's Children's Report helps us to understand the scale of the problem of global childcare. The 1998 Report states that more than 200 million children in developing countries under five suffer from varying degrees

of malnutrition and neglect (UNICEF, 1998). The World Health Organization estimated that malnutrition contributes to more than half of the deaths of children under five who die every year in developing countries equalling about six million deaths (WHO, 1998). An alarming number of children in the world today die each year from malnutrition and infections (WHO/UNICEF, 1988). Some of the children who survive may have physical or mental impairment (ibid, 1988). The adequacy of nutrition in infancy is crucial to the wellbeing of the individual throughout life. An infant who is adequately nourished undergoes a normal rate of physical and mental development while one who is inadequately nourished will have a stunted growth. Children under five years old are the most vulnerable and especially so in the weaning period (Akuamoah-Boateng, 1981). Because of this, much importance is placed on the feeding practices of young children as this goes a long way to help the children grow into mentally and physically sound individuals. Infant feeding practices have been identified by some nutritionists such as Amar-Klemesu and Wheeler (1999) as one of the important determinants of children's nutritional status. This, to an appreciable level, accounts for the high rates of malnutrition among children in Ghana (GDHS, 2008). The impact of infant feeding practices on the health of children and the importance of breastfeeding especially, has gained prominence in recent years. Breastfeeding for instance plays a vital role in the early developmental process of infants in Sub Saharan Africa because of its relationship with child health and proper growth. Studies such as that of Hoffman and Combest (1990) have shown that breastfeeding has very positive effects on the nutritional status, morbidity and mortality of infants. Proper breastfeeding also allows for extended periods of postpartum amenorrhea which invariably leads to longer birth intervals and lower fertility levels (Huffman and Combest, 1990).

### IV. METHODS USED

The study utilized a purely qualitative method of research which involved ethnographic field investigative techniques. These techniques included indepth interviews, observations and focus group discussions. Forty mothers from the Zujung community were purposively selected for this study. The study employed interviews in other to gain an in-depth understanding of different patterns of child care among mothers in the Zujung area. This technique was also used because the mothers could not read and write, therefore the interview questions were written and read to them in Dagbani (their native language). Their responses were then recorded on an audio tape and later transcribed. The interviews aided the researcher to keep the responses and discussions within the framework of the study, avoiding deviations and distractions from the main purpose of the research. Again focus group discussions were used to elicit information from the women in the community who play both motherly roles and in some instances, breadwinner roles. In all, forty mothers were randomly selected from the Zujung community as participants/respondents for the study. In the analysis and

interpretation of the information gathered, descriptive and narrative methods were used to give a clear understanding and a more detailed explanation to the issues of concern. Observations were also used in the study. According to Ruel and Arimond (2002), observations which involve the systematic recording of practices by passive observers are considered the gold standard approach for measuring child care practices. Such observations allow for the collection of detailed information on a particular area of behaviour and are also suitable for the simultaneous recording of information on more than one set of behaviours.

A variety of qualitative methods were therefore used to collect and interpret the data from which conclusions were drawn.

## V. RESULTS AND DISCUSSIONS

The study sought to find out some child care practices among mothers living in poor social conditions in Zujung, a suburb of the Tamale Metropolis. Some key indicators were used to facilitate the discussion for a better and more accurate research conclusion. The indicators that cannot be ignored when discussing child care practices are; exclusive breastfeeding, Hygiene practices and supplementary feeding. The literature addressing the nature, determinants, and a wide range of breastfeeding and complementary feeding practices is extensive.

### *Infant feeding practices*

During the study, the issue of exclusive breastfeeding came up prominently, and a direct comparison of feeding pattern (12 hours observation and 12 hours recall) indicator was used. In the Ghanaian context, a good mother is the one who breastfeeds no matter the challenges or difficulties and the pain involved in the practice. In cases where she cannot breastfeed, it is considered as most unfortunate as one of the old women expressed during the interview. Breast feeding implies a strong connection between mothers and children. The monthly reports of mothers completely disagreed with the measurement modality. The one day assessment overestimated exclusive breastfeeding rates among infants younger than 25 months and underestimated the intake of non-human milk by 30 percent. In the Zujung community, there were discrepancies found among children 4-6 months old between the 24-hours recall and the 7-day recall method. Comparing this to the urban Centres since Zujung is considered far from the Central Business District (CBD), exclusive breastfeeding based on the 24-hour recall were as large as 36 percent as those derived from the 7-day recall were 18 percent. The main explanation for these discrepancies is that infant feeding practices vary widely within short periods of time, rather than maternal recall being biased and inaccurate.

The study showed that the level of misclassification of breastfeeding duration had increased with time as the study went on. Compared with the responses given by mothers

whose children were 11 months, 24 percent of mothers misclassified the duration of breastfeeding. This was evident in the interview of some mothers at 23 months and 30 percent at 47 months. This shows a functional bias towards reporting. Longer duration of breastfeeding was observed among wealthier and more enlightened mothers who live within the area of the study. Again the study shows that, there is an estimated practice of early infant feeding widely attributable to the different length of recall among mothers of children of different ages (for example, all children under or five years of age).

Infant feeding practices of mothers are an important determinant of children's nutritional status. Among the mothers of the Zujung community, breastfeeding for instance can be said to be near universal, although exclusive breastfeeding to six months and beyond is still low. Child feeding practices among the mothers, from observations were not ideal. Although breastfeeding was the norm, use of prelacteal feeds and complementary foods and liquids during the first four to six months was widespread. After following and observing the mothers and their children for about four to five hours a day, it was realized that the mothers did not give enough time to breastfeeding their infants. They mostly relied on prelacteal feeds instead of breastfeeding since they spent most of their daily time away from the infants. This usually left the infants without breast milk for long periods of the day. In the Zujung community, mothers often walk some six kilometers to the central business district of the Tamale township to work in order to get whatever income they could find to sustain the survival of the entire family including the children and husbands. Some mothers work and breastfeed at the same time. Mothers who breastfeed and went to work at the same time were often given a low paying job so they can get the chance to go back home in order to breastfeed their babies. This is attributed to the idea of nursing mothers having to leave their children at home and to go out to find work. One of the mothers interviewed who a 10 month old baby has had to quit breastfeeding so she could go back to work after a long time of breastfeeding. This obviously affected the health of her child. Other mothers will often send their babies to their relatives' homes so they could spend two or three days to make a meaningful income to support the care of their children at home. It was also revealed from the study that, due to the work nature (non-formal) of most of the mothers, they quickly introduce alternative feeding to the child, denying the child adequate breast milk which often resulted in malnutrition. The age at which complementary foods (foods and other liquids including water that are given to the child alongside breast milk) are introduced to a child is a sensitive stage in infant growth, since breast milk alone is often insufficient to meet their full nutritional needs at that stage. The complementary feeding of infants under six months of age is wide spread in many countries (WHO, 2001). Unfortunately, this practice poses risks to an infant's health because it can increase the chance of their getting diarrhoea and other infectious diseases (WHO/UNICEF, 1988).

Complementary feeding, especially giving water or other liquids to the infant, can also cause the supply of breast milk to decrease as the baby suckles less at the breast (ibid, 1988). Over time, there has been considerable discussion on the ideal age at which complementary foods should be introduced and also the optimal duration of exclusive breastfeeding (Luther, 1999). A WHO/UNICEF consultation in 2001, recommended exclusive breastfeeding to six months. The complementary feeding practices of the mothers in the Zujung community differed markedly from these known recommendations. From the interviews, the mothers indicated that they initiated complementary feeding of their children before they were four months old suggesting a complete deviation from the WHO/UNICEF guidelines on exclusive breastfeeding and complementary feeding.

#### *Alternative care givers*

The study found that most of the mothers adopted the use of alternative caregivers to care for their children when they were out of the home. These caregivers were either older siblings of their children or extended family members. In the Zujung community, the commonest pattern was the extended family concept. As a result, it was easy to fall on the help of members of the extended family on occasions when mothers had to leave their children at home in order to engage in one economic activity or the other. But on many occasions, most of such care givers were children who were not mature enough to adequately care for the infants left under their custody. In a few nuclear family homes, fathers were present to render some child care assistance but it is seen as an embarrassment for a man to take up the role of child care in Zujung. Therefore many fathers in the area do not assist their wives in taking care of their own children though some of them stayed at home for considerably long periods during the dry season. This increased the burden of child care on the mothers. The mothers therefore combined their child caring roles with economic activities in order to make ends meet. This practice was very popular among the women of Zujung. During the interview sessions, most of the respondents who were interviewed were care givers. Majority of them were old women and young girls who were as young as 10years. The old women were often grandmothers and aunties, while the young girls were older siblings of the child or sisters of the child's mother. It was sometimes difficult to tell whether the care givers were not the biological mothers of the children they cared for since there was a very strong and firm bond between the children and the care givers. In one instance, a crying child refused to go to the mother but preferred to be with the care giver who was the elder sister of the mother. The child's mother explained that "he loves to stay with his aunty because he has always been with her since he was born". Most women in the Zujung locality prefer the care giver since they at least will have someone who will help them out so they could have some time to work and bring something home for the entire family.

#### *Management and care for sick children*

Mothers' ability to recognize signs and symptoms of childhood illnesses and how to manage these illnesses at home, according to an informant in the community, is very important in the care for children in Dagbon, as the Dagomba believe that it is the early recognition of a child's illness which could save the life of the child. This dagomba concept is very much in tandem with what pertains in the Zujung community which is predominantly Dagomba. From personal observation, a number of factors may be responsible for the mothers' inability to recognize early signs of illnesses in their children. Some of these factors include the absence of the mothers from home for considerably long periods during the day, lack of motherhood experience on the part of some of the young, first-time mothers and the lack of support from experienced relatives.

As a result of their engagement in various commercial activities on a daily basis, the mothers spend a considerably long period of time outside their homes. As a result of this situation, these mothers are not able to easily notice the early signs of illnesses in their children since they spend very little time with them. The mothers, who usually return from work in the evenings, just spend a very short period of time with their children before the children go to sleep and are therefore unable to readily tell whether the children are showing signs of illness or not. Though some of them return during the day to breastfeed their children and to rest, they spend very little time with the children.

Another very obvious reason for which some mothers do not easily recognize the early signs of illness in their children according to an elderly Traditional Birth Attendant, is the lack of motherhood experience on the part of some of the young mothers who have had children for the first time. As first time mothers, they had a much more serious problem in the area of child care than those who were not first time mothers. Such first time mothers could not easily recognize the signs and symptoms of some childhood illnesses because they simply did not know what the signs meant. This aggravated the conditions of their children and occasionally led to life threatening situations for the children. There is also the factor of negligence on the part of some mothers and this to a large extent prevented them from recognizing the early signs of illness in their children. This situation was particularly observed with mothers whose children were toddlers at the time of this study. These mothers usually left their children in the care of older siblings and gave them instructions to prepare food to feed the toddlers. Some of these older siblings were as young as ten years old and could not readily tell if the toddlers were sick or not. Many a time, the older siblings left the toddlers to crawl or toddle around the compound unattended to, since they were themselves consumed by play. And even when the mothers returned in the evening, they sometimes did not bother to check on their children, obviously assuming that the children had been well taken care of by the older siblings. Nonetheless, there were some mothers who

could recognize some signs of illness in their children especially with the help of older people like grandmothers, husbands and other elderly relatives who lived in the same households with the mothers and their children. Most often, grandmothers, where they were present, were the ones who readily came to the aid of ignorant mothers.

Fever was recognized by the mothers as “hot body” and other symptoms such as restlessness, shivers and excessive sweats were all indications of fever. One mother describes how she recognizes severe illness in her child;

When my child's body becomes hot (nengbini beesim) and she is unable to stand or walk and sometimes even refuses to eat, then I immediately know she is suffering from fever (referring to malaria), so I begin to look for medicine to treat him at home.

Another mother narrates how she recognizes the signs of illness in her child;

When my child refuses to eat food and also refuses to suckle, then I begin to suspect that he might be getting sick but I don't conclude just yet. I observe him closely for a while and when his body becomes hot and he begins to run diarrhea and vomits repeatedly, then I know that he is very sick with either (fever) malaria or (pumahagu) dysentery. I begin to try the various forms of treatment I know of to see which may help my child recover quickly.

From the descriptions of the mothers, it is quite certain that illness signs are diffused and ambiguous to them. Facing uncertainty, these mothers follow a trial and error search for relief and meaning in order to manage the illnesses at home. It is only when they exhaust all the home remedies without success that they go to the hospital when it is often too late. Management of most simple childhood illnesses among the mothers in Zujung is based on the traditional knowledge and beliefs about these illnesses and the associated causes. According to the mothers, the first line of health-seeking actions for most childhood illnesses is characterized by prayer, self-medication and home/traditional remedies. Taking sick children to health facilities for treatment is often considered a last option after all other options fail to cure the sick children.

## VI. CONCLUSION

The main aim of the study was to examine child care practices among women in the Zujung area in the Tamale Metropolis. The reason for choosing this topic was to duly ascertain the child care practices among women in this peri-urban less poor community. From the study, the narrative of child care practices by women in most rural communities in Ghana is not so different from what was witnessed in the Zujung

community of the Tamale Metropolis in the Northern region. The study revealed that, mothers in low economic intense localities resort to working to supplement the most difficult effort to provide for the family which include; the adult children in the family as well as the infants. The study also expanded the view that, mothers in rural Ghana practice breastfeeding as one of the child care practices though the practice of breastfeeding among the mothers of Zujung cannot be described as optimum. Also, supplementary feeding and personal hygiene are key practices adopted by mothers in the locality though these were also not found to be optimal. However, the findings also express the view that women are often abandoned with the sole responsibility of providing for the children hence their seeking for jobs and not paying critical attention to proper child care practices. This has led many women to use the care giver approach of child care, using extended family members as well as older siblings which care has often created untold hardships for both mothers and children since the care received is often not adequate.

## VII. RECOMMENDATIONS

Further research on what type of support would suit each kind of mother and how mothers can have more alternatives with respect to child care arrangements is necessary. For instance, a means of enhancing the dissemination of health information, addressing both child underweight and obesity problems to mothers and caregivers is important.

There is the need for further research to assess the population of the Zujung community and the extent to which the experiences and problems associated with child care and the various economic activities of mothers affect the care for their children and the rest of their families. There is also the need for a nutrition policy in countries undergoing rapid nutrition transition and urbanization to address the changing socio-cultural and economic setting when nutrition problems occur.

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