Colloque international / International Seminar

L'enfant et ses proches.
Dynamiques familiales en Afrique Subsaharienne
Children and family dynamics in sub-Saharan Africa

26-28 octobre 2016

Institut national d'études démographiques (Ined)
133, boulevard Davout, 75020 Paris

Childcare practices in the Kumasi metropolis, Ghana /
Les pratiques de prise en charge des enfants dans le district métropolitain de Kumasi, au Ghana

Samuel Asiedu Owusu (University of Cape Coast, Ghana)

Quels réseaux de parenté sont mobilisés autour des enfants ?
The role of extended kin in the life of children

UNIVERSITY OF CAPE COAST
(DEPARTMENT OF POPULATION AND HEALTH)

SEMINAR ON CHILDREN AND FAMILY DYNAMICS IN SUB-SAHARAN AFRICA

DATE: THURSDAY, 27TH OCTOBER, 2016

VENUE: INED, PARIS

BY: SAMUEL ASIEDU OWUSU

CHILDCARE PRACTICES IN THE KUMASI METROPOLIS, GHANA

INTRODUCTION (1)

- Ghana's lower-middle income status
- Ghana has estimated 51% urban residents.
- Urban <5 mortality was 83/1,000 deaths (GSS,2013) compared to 51/100 deaths at global level (WHO,2013).

INTRODUCTION (2)

NATIONAL
POPULATION POLICY
AND
NATIONAL
POPULATION
PROGRAMME

INTRODUCTION (3).

INTRODUCTION (3)

- Knowledge and practices of household child caregivers are vital for improved child health (Ministry of Health, 2007).

- Socio-economic, cultural and technological changes affecting mothers childcare roles (Kalleberg & Marsden, 2013).

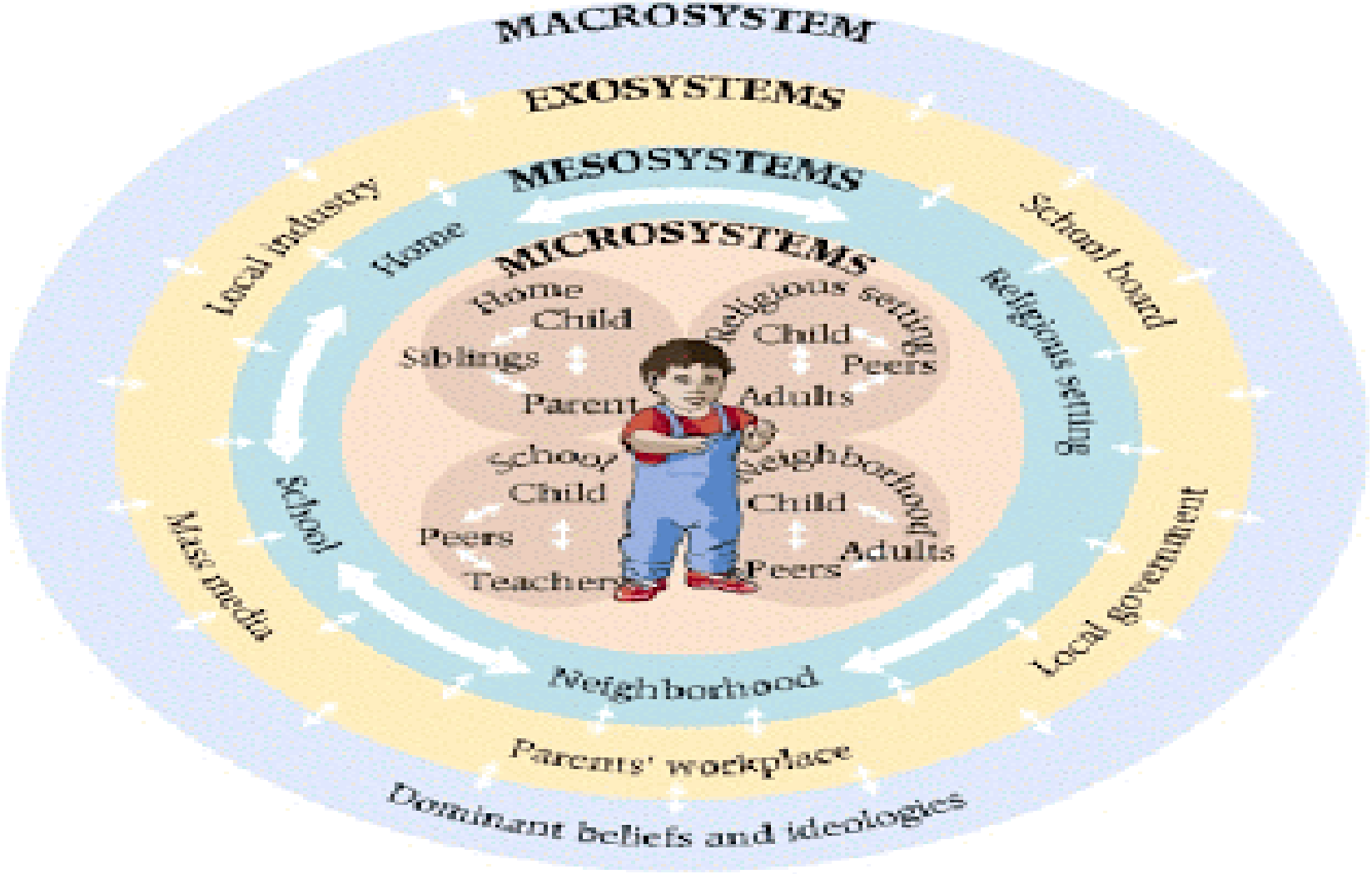
- Decision making influences child health outcomes (Tolhurst et al, 2008; Ellis et al, 2013)

- Alternative arrangements for household non-maternal carers.

GOAL OF THE STUDY

Investigate child caregiving practices of maternal and non-maternal carers of under five children in the Kumasi Metropolis of Ghana in two key areas of children illness management and feeding practices.

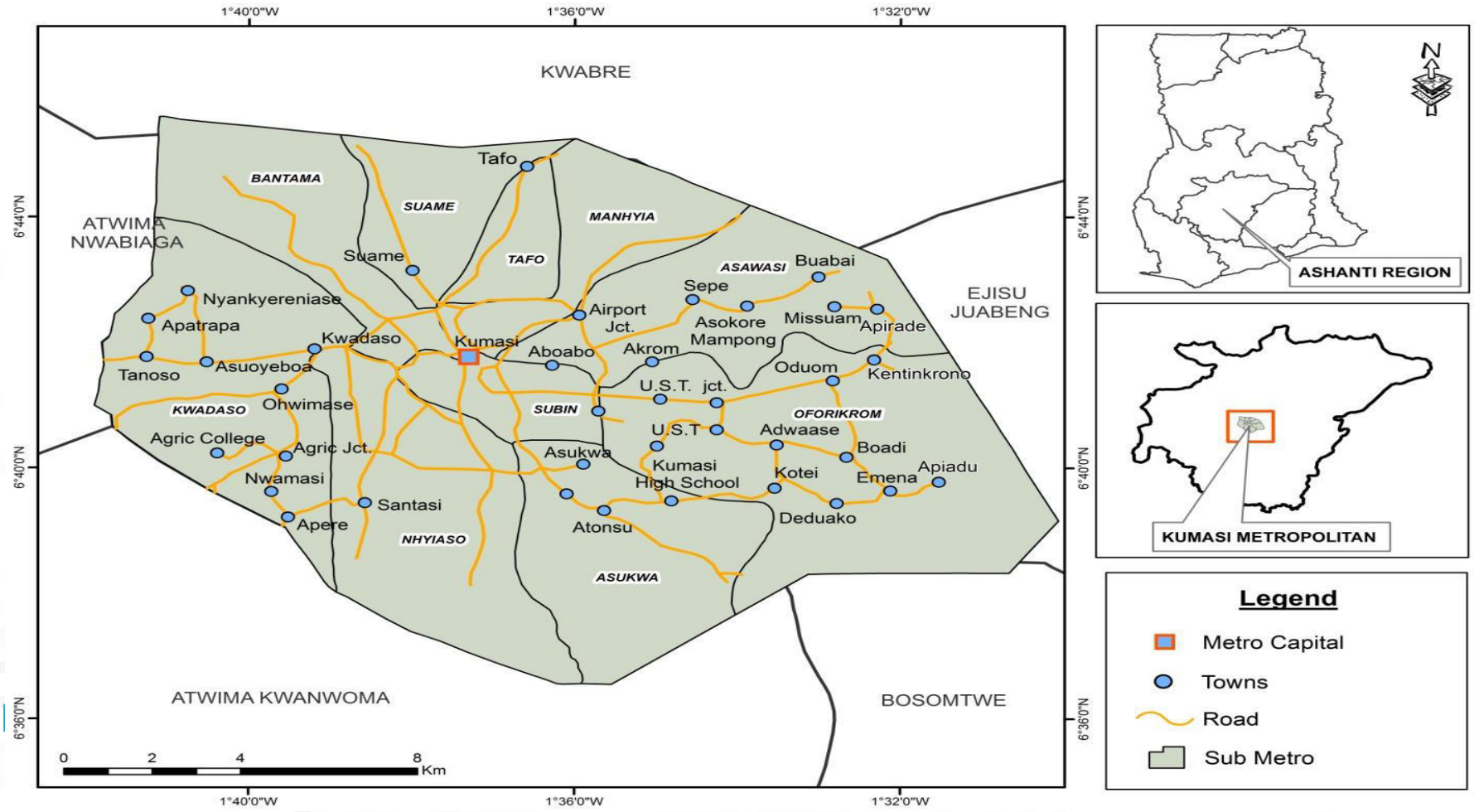
THEORITICAL FRAMEWORK (1)



Bronfenbrenner Human ecological model (1979)

STUDY AREA 1: GHANA IN AFRICA

STUDY AREA 2: KUMASI METROPOLIS



METHODOLOGY (1)

- Exploratory qualitative study
- Households with children <5 years.
- An iterative procedure (door to door).
- 28 Households (56 individual interviews) to reach saturation using IDI guide-one month recall, life histories.

METHODOLOGY (2)

- 3 FGDs (Boys, Girls, Mothers) using FGD guide
- 5 key informants using IDI guide
- Analysis based on themes and Grounded Theory
- Ethical clearance from UCCIRB, informed consent and use of pseudonyms.

BACKGROUND OF RESPONDENTS (1)

- One-third of house helps were children or youth (15-24 years).

- Maternal cares were engaged in middle-class economic activities, had attained higher academic qualifications.

- Non-maternal cares were full-time child carers or combined childcare with schooling, petty trading/apprenticeship

BACKGROUND OF RESPONDENTS (2)

- 5 key informants drawn from
  - Ghana Education Service
  - A Pediatrician
  - Religious Leader
  - Ghana Police Service (Domestic Violence and Victim Support Unit [DOVSU]).

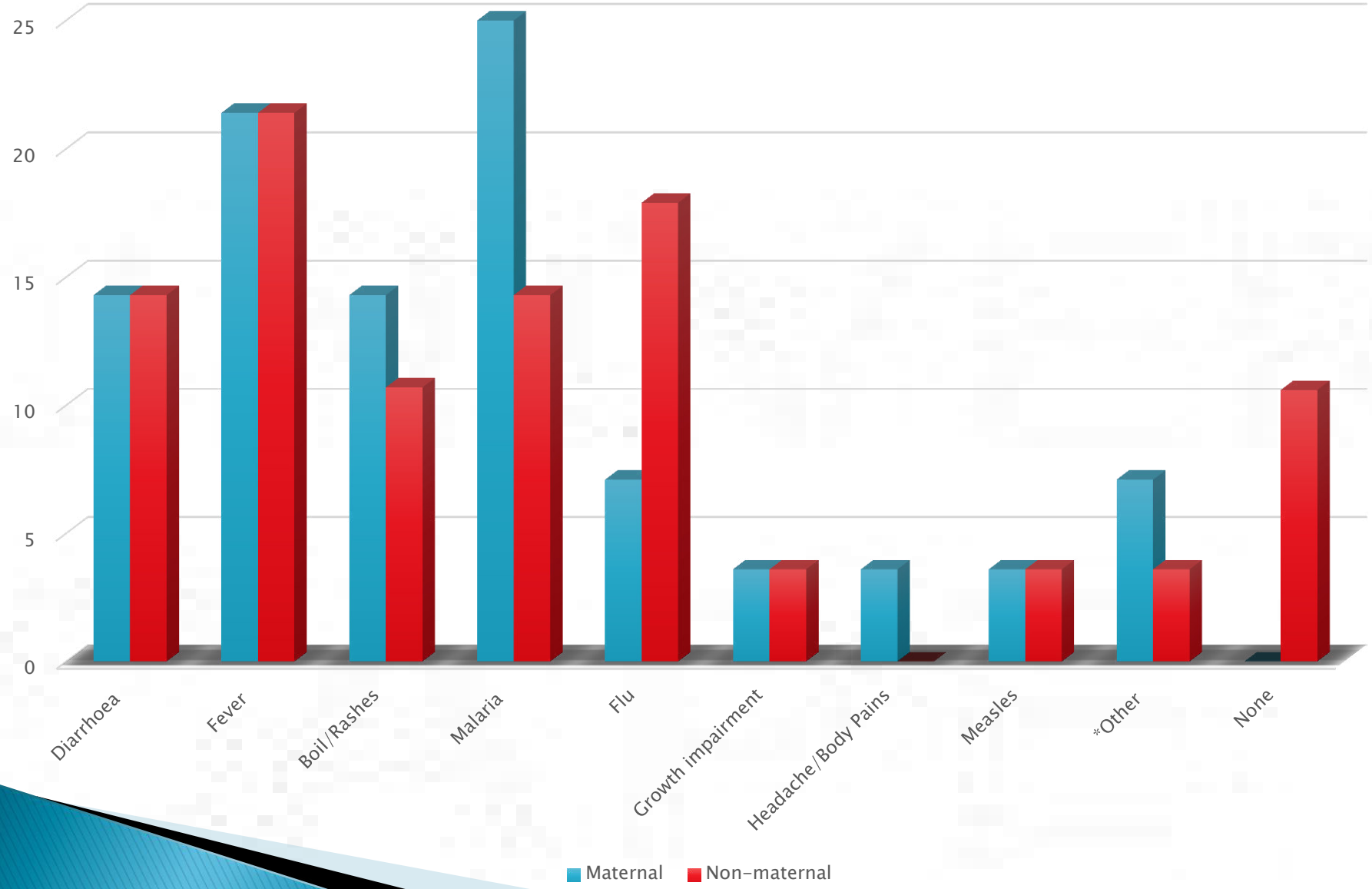
PUSH FACTORS FOR HOUSEHELPS

- Household security.
- An assistant to help in childcare and house chores.
- Companionship for index child.
- Assisting less endowed extended family members.
- 'Public show of prestige or worth.'

PULL FACTORS TO BECOME A HOUSEHELP

- Desire to live and school in a city.
- Economic hardships of parents.
- Desire for improved standard of living
- Apprenticeship

COMMON REPORTED INDEX CHILDREN ILLNESSES



ILLNESS TREATMENT OPTIONS (1)

Health Facility	Maternal	NMCGs
Hospital/Clinic	18	15
Pharmacy	2	5
Home treatment/First Aid	4	3
Missing Data	4	5
Total	28	28

MATERNAL AGENCY IN TREATMENT OPTIONS

- "*Rebecca is a girl who normally falls ill and anytime she is ill I become scared so when I observed that she not feeling well, I did not waste time at all but sent her immediately to the hospital because she nearly died the last time she had malaria and I relaxed so now I do not want to take such risks again.*" [Rebecca's mother, 37 years old].

HEALER SHOPING AND REASONS

"I sometimes go to the pharmacy shop to buy medicines for Doris. […] I sometimes take her to Komfo Anokye Teaching Hospital or the Manhyia hospital. As for the latter, it just here so I can even use less than 15 minutes to get there but for Komfo Anokye, it takes me about 30 minutes or more […]. My choice depends on the condition of Doris and the time I will take to get a Physician to attend to her. If the illness become severe in the evening I can easily go to Manhyia Hospital in the morning so that I wouldn't have to join a long queue. If the illness is very serious I will take her to Komfo Anokye Teaching Hospital because it is already the biggest hospital in the Ashanti region […] [Doris' mother, 32 years old].

UNUSED MEDICINES AS FIRST AID

- "*do something*" immediately

- *"similar illnesses."*

SOME HOUSEHOLD ILLNESS MANAGEMENT PRACTICES

Medicine related issues	Maternal caregivers	NMCGs
Compliance with recommended regimen	17	15
Seeking for information on medicine side effects	12	2
Checking for medicine caution information	12	5
Checking for medicine expiry dates	9	8

ACTIVE AGENTS; LIMITED KNOWLEDGE

- *"They don't tell us the side effects. They only tells us the time to give him the drug, either morning or evening, before or after eating."* [Eric's Househelp, 25 years old].

- *"Hmm, I am a teacher so I read the instructions before I give out medicines to my children. I also try to give out these same information to my house help but as to whether she practices them when she is left alone with the child is still a mystery that I always leave into the hands of the Almighty God*." [Maternal discussant, 42 years old].

COMPLICATIONS WITH MEDICINES

- *"There was a day my house help was supposed to give medicine to my child while I was away. She was supposed to give it to her in the afternoon and the evening but due to some reasons she forgot the afternoon dose […] She gave out a double dose in the evening thinking that it will cater for the afternoon one she missed. My child nearly died."* [Maternal discussant, 57 years old].

- The Reverend Minister: "*About four months ago a mother came to complain to me that her house help has given her child an overdose medicine […] The health condition of the child became so critical to the extent that the child was admitted at the hospital for some days.*

DISCUSSION: ASSERTIVE/INASSERTIVE CARERS

- ASSERTIVE CARERS:
  - Quick decisions on illness management practices.
  - Avoidance of delays in health-seeking.
  - Adherence to regimen, checking for medicine side effects and expiry dates.

DISCUSSION: ASSERTIVE/INASSERTIVE CARERS (2)

- UNASSERTIVE CARERS:
  - Inability to identify basic illness symptoms.
  - Not being particular with medicines side effects.

CONCLUSION

- No clear legislation in Ghana that regulates engagement of NMCGs.
- NNCGs are active agents in household childcare but some with minimal knowledge and experience.
- Some variations in caregivers practices may affect child health.
- Achievement of National and International child health targets such as SDGs in Ghana may hinge on household child carers.

RECOMMENDATIONS

- Public health education programmes to target non-maternal child carers.
- A national policy or legislation in Ghana to regulate the engagement and practices of household non-maternal carers.
- Future studies assess the caregiving practices discussed with a larger sample and in the other study sites.

THANK YOU