

## **Child-rearing practices among student-mothers at University of Cape Coast, Ghana**

### **Abstract**

It has been argued that female education is key to a country's development. Although Ghana has reduced the gender gap in education over the last two decades, less emphasis has been placed on the challenges student-mothers face on campus. The study explored such challenges in relation to the academic activities of student-mothers at University of Cape Coast. Accidental and snowball techniques were adopted to reach twenty-eight respondents for in-depth interviews. Guided by the bio-psychosocial model, it was realized that respondents rarely practiced exclusive breastfeeding due to academic activities. Some skipped lectures and tutorials to take care of their (sick) babies. Stigma and uncooperative attitude of some lectures increased their psychological stress. These challenges affected academic performances. Emotion-focused coping strategies were mostly used to deal with such challenges. The University needs to develop a policy on the subject. The Counseling Unit of the University must also intensify education especially on problem-focused coping strategy.

Keywords: University of Cape Coast, student-mothers, coping strategy.

### **Introduction**

Undoubtedly, (formal) education is one, if not the most empowerment tool for human development. It has been argued that countries can, for instance, achieve the Millennium Development Goals (MDGs) if education of the female becomes a priority. Consequently, some (developing) countries including Ghana implemented various interventions not only to meet the third MDG, but also to encourage the upward education of females to the tertiary level. For instance, Kwame Nkrumah University of Science and Technology (KNUST) has a quota for female students in the sciences while the University of Cape Coast (UCC), in addition, has a female admission cut-off grade point of some of the faculties lower than that of males.

Most of the Universities in Ghana have also broadened their scope of admission. Currently, apart from direct entry admission, there are other modes such as the mature-entry and sandwich programmes tailored to suit the needs of different categories of individuals and groups. These interventions have contributed to an increasing enrollment in general, and that of females in particular in some of the tertiary institutions. For example, there has been a consistent increase of female enrollment at UCC. From 2000-2001 to 2010-2011 academic years, female enrollments have increased from 15% to 35% (UCC, 2010).

There is no comprehensive information on student-mothers at UCC. Given the varied needs and challenges of student-mothers (in relation to their academic work), emphasis needs to be placed on issues that relate to such group of students as well as their children. Hence, the study explored the child-rearing practices among student-mothers at UCC campus. It assessed the associated challenges in relation to their academic activities and strategies adopted to cope with such challenges.

### **Theoretical issues**

The education of girls on the African continent has improved significantly. As pointed by Randell, et al. (2009), the gender gap has lessened tremendously over the last decade and half owing to high priorities placed on girls' education in national, continental and international

education agreements, conventions, policies and laws. These include education policies, poverty reduction and economic development strategies, the Millennium Development Goals (MDGs) and the Education for All (EFA) campaigns.

Education is contemporary regarded not only as a tool for development, but also a right. Such right has been enshrined and strengthened in national and international laws, conventions and protocols such as the Human Rights Act, 1998. The 1992 Constitution of Ghana, for example, provides every citizen in Ghana a right to education. At the basic level, it is illegal under the Constitution for a child not to be in school. The introduction of the Free Compulsory Universal Basic Education (FCUBE) and the establishment of the Capitation Fund in 2004 have come to strengthen this constitutional provision.

Post Beijing Conference in 1995 and subsequent ones placed enormous emphasis on gender issues. The rights (including reproductive rights) and empowerment of females has now become a crucial tool for development. For instance, the Target 4 under the MDG 3 commits member countries to eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015. These, among other reasons have informed the institution of interventions to increase female enrollment in tertiary school as discussed above.

Notwithstanding, reproductive characteristics of females impede the quest by some to achieve their full potential in their academic life. That is, combining child-rearing practices with academic activities on campus become a challenge. The study is guided by the biopsychosocial model. The model describes three main interrelated factors, namely, biological, psychological and social (BPS) factors that play significant roles in human illness and healing (Engel, 1977). For the purposes of this study, these factors are adapted to describe respective challenges student-mothers face (Table 1).

Table 1: Description of adapted biopsychosocial model

Biological challenges	Psychological challenges	Socioeconomic challenges
Maternal-related illness, fatigue, etc.	Academic stress (e.g. early attendance to lectures, inability to meet assignment deadlines, participate in examinations), uncompromising attitudes of lecturers, stigma (or unfavourable comments), etc.	Social: Lack of/inadequate access to spouse, family, friends, lecturers, church members, and leisure.  Economic: Inadequate funds for academic fees (including purchase of books, handouts, etc), accommodation fees, feeding, purchase of other logistics including drugs, clothing, drugs, etc.

Source: Based on Engel (1977).

Literature defines coping strategy as ‘survival skills’ available for people to deal with or manage challenges or problems associated with biological, psychological and social challenges. Two main coping strategies have been outlined; problem-focused and emotion-focused coping (Anspaugh et al., 2003). Problem-focused coping seeks to solve or change the source of problems by gathering information, analyzing and making rational decisions to deal with a problem or challenge. On the other hand, emotion-focused coping employs aims to reduce or manage the emotional distress associated with problems by seeking emotional support, having a drink and using drugs. Coping does not always lead to or necessarily result in success.

## **The context**

The University of Cape Coast started as University College of Cape Coast placed in special relationship with the University of Ghana. After its formal inauguration in 1962 under the name 'The University College of Science Education', it was entrusted with the task of training graduate teachers in Arts and Science. Following a change in government in 1966, the College reverted to its original name of the University College of Cape Coast. It later gained a full university status in 1971.

Presently, the University has decoupled the study of professional education courses from the main degree courses to allow flexibility and choice in its course offerings and thus, cater for specific needs of students, while focusing on its traditional mandate of training highly qualified and skilled manpower in education.

The University operates with nine (9) Faculties/Schools. Plans are far advanced to establish a Faculty of Law to meet the contemporary requirements of students and society. Currently, there are three main modes of admission to pursue courses in the University. These are the regular, distance learning and sandwich programmes.

In other to respond to the needs of undergraduate students from less endowed areas and schools, the University admits into its programmes through other modes. These are the Science Remedial Programme, Mature Students' Examinations and Concessionary Selections from deprived schools.

The student population of the University for the 2010-2011 academic year was 37, 162 comprising 15, 789 Regular Students, 2, 366 Sandwich Students and 19, 007 Distance Learning Students. Male and female population constituted 64.69% and 35.31% respectively. (UCC, 2011, 2010). Anecdotally, such population includes the married and unmarried with different ages. With the median age of first sex in Ghana around 17 years for females and 19 years for males (Ghana Statistical Service et al., 2009), part of the student population is likely to be sexually active. The University therefore, in its Students' Handbook advocates for safer-sex practices. It must be emphasized however, that the University does not have a policy regarding student-motherhood.

## **Methods and data sources**

The study adopted the accidental and snowball techniques to identify 28 student-mothers on campus for in-depth interviews. The post-natal unit of the University Hospital was used to contact student-mothers to schedule dates and time for interviews. The respondents then gave the location and telephone numbers of other student-mothers who were willing to participate in the study. This approach was replicated with subsequent respondents. This technique was used because not all student-mothers attend post-natal clinic at the University Hospital. Again, the University (hospital) does not have records of all student-mothers. The interview guide and a digital recorder, a notebook and writing logistics comprised the research instrument and other support logistics that were used to collect the data.

## **Results**

### ***Background characteristics of respondents***

Eight of the respondents were less than 25 years. Majority (17) were between 25-34 years. Three of them, aged less than 25 years were single. About their academic levels, 16 were in their third year while one was in her first year. Fifteen of the respondents were professional teachers. Four of them were on study-leave with pay.

The ages of the babies/children of the student-mothers were between two months and six years. It was realized that six of the respondents had two or more children on campus. The children who were more than a year old were attending pre-school. Generally, some of the student-mothers employed paid or unpaid female baby-assistants. These assistants comprised relatives and non-relatives made up of teenagers, adults or the aged. The relatives were usually not paid.

### ***Intention to give birth***

Generally, respondents did not want to give birth while schooling owing to challenges associated with pregnancy and child-rearing. Some of the married students recounted that pregnancy resulted due to failure of the natural method of contraception (calendar method and withdrawal) being used. Some were also pregnant before they got admission to the University and gave birth on campus. Few others brought their babies to campus after gaining admission to pursue undergraduate programmes.

*Actually, I did not plan for the child. It was accidental. We (my husband and I) were using the withdrawal method and it failed. I was nine month pregnant when I got admission. I delivered at home. The baby was a month-old when I brought him to campus. He is now two months old. [A first-year married student-mother, 28 years]*

All the single student-mothers got pregnant on campus with two delivering the babies at the University hospital and one in a hospital at home. While two used the calendar method to prevent pregnancy (which failed), the other, who was a teenager did not use any form of contraception due to ignorance. None of them however, preferred an abortion as a choice because of their religious beliefs. To them, abortion is a sin against God, and a crime to humanity.

Notwithstanding, some of the married respondents expressed that they intended to give birth before completing their undergraduate programmes. Considering their ages and marital status, they opined it was appropriate to get pregnant and give birth.

*I planned to have a baby while in school. I got married two years ago and I believe I am matured enough to bear a child. Even though there are challenges associated with child-rearing, I prepared myself physically, psychologically and socially. [A final-year married student-mother, 30 years]*

### ***Post-natal clinic attendance***

The student-mothers regularly attended post-natal clinic. Preference for a facility was influenced by proximity and place of delivery. Those who delivered their babies at home preferred to attend post-natal clinic at the University hospital owing to proximity. A few preferred post natal services at the Regional Hospital. They believe that as a referral hospital, it has all the adequate medical resources to deal with complications if they arise.

### ***Child-rearing practices***

Respondents adopted various methods in child-rearing. These include child-feeding methods as well as other structures put in place to support the rearing of children. The methods adopted were influenced by academic activities, human and logistic supports available.

#### *Child-feeding practices*

Medically, mothers are expected to exclusively breastfeed their babies for six months after which other food supplements and water can be introduced. Given the academic activities on campus, it was realized that respondents rarely breastfed consistently beyond three months. This is consistent with literature (Ghana Health Service, 2009).

Two types of breastfeeding methods were adopted. The first method is feeding the baby with breast milk from the feeding bottle. Respondents extracted breast milk into feeding bottle(s) to enable their baby-assistants feed the babies on demand. The second method is feeding the baby directly from the breast. With this method, baby-assistants had to be closer to the student-mothers. Based on a regular time interval, respondents attended to their babies to breastfeed them.

Even though the respondents mostly used both methods of breastfeeding, supplementary feeding was also practiced. Baby-foods such as NAN 1 was preferred because it is affordable. Some of the respondents introduced supplementary foods as early as the first month. Time constraint was the main factor that influenced such a practice.

#### *Methods used to attend to babies*

Taking care of a child on campus as a student-mother was unanimously regarded as an enormous challenge. Respondents indicated that bathing, feeding, cuddling and putting a baby to sleep are challenging activities. To perform all these tasks in addition to academic work, student-mothers usually employ baby-assistants. In addition, the use of mobile phone and reliance on traditional knowledge complemented the child-rearing process.

#### *Use of baby-assistants*

Baby-assistants comprised female relatives and non-relatives such as mothers and mothers-in-law as well as house-helpers and landladies. In most cases, the non-relative baby-assistants were paid a minimum of GH¢ 20.00 (\$13.00) and a maximum of GH¢ 40.00 (\$27.00) per month depending on their ages. That is, older assistants received higher allowance comparatively because of their perceived experience in child-care giving.

Nevertheless, there were other non-relatives who offered help to some of the respondents without any remuneration. One of such assistants was the landlady of a second-year student-mother with a two-month old baby. To the respondent, it was impossible for her mother to come and assist her because there are other children to cater for at home. Again, she could not afford to hire a baby-assistant.

*My landlady assists me to take care of my baby. She is an experienced mother. Anytime I go for lectures she takes care of my baby. She advises me on how to take good care of the child. She assists me free of charge. It would have been difficult for me without her because I cannot afford an assistant and my mother has other children to take care of at home. [A second-year single student-mother, 20 years]*

#### *Use of mobile phones*

The use of mobile phones is very essential in child-rearing among student-mothers on campus. Most of the baby-assistants had mobile phones to communicate with the student-mothers whenever the babies needed their attention. Student-mothers who could not afford to buy additional mobile phone made arrangements with co-tenants to avail theirs to baby-assistants to communicate with them whenever the need arose.

#### Reliance on traditional knowledge

There is the traditional belief that anytime a nursing mother feels a ‘circular movement’ of breast milk or pain in the breast, it indicates that her baby is crying. Some of the respondents stressed that the belief is not reliable all the time because there were instances where they experienced such condition but their babies were asleep. Others however confirmed that the belief is reliable because they have consistently achieved desirable results after acting on it.

#### ***Education of children and baby-assistants***

Some of the student-mothers had children who were of school going age. Such children attended the University’s Primary School or other primary schools available in the communities. With regard to the baby-assistants who were of school-going age (especially the teenagers), none attended school. Obviously, their job description could not allow them to be enrolled into school. This defeats the advocacy for girl-child education, contradicts the concept of FCUBE, plays down the efforts to achieving MDG 2 and infringes on the rights to education - a description of child labour (Esia-Donkoh and Mariwah, 2011; Randell and Gergel, 2009; Santrock, 2005; Canagarajah and Coulombe 1997; Meece, 1997; United Nations, 1989).

#### ***Challenges associated with child-rearing on campus***

Undoubtedly, child-rearing by student-mothers on campus comes with challenges. These differed from one respondent to the other. The challenges have been categorised into biophysical, psychological and socioeconomic challenges (see model). These challenges per se are not the bane but their effects on academic work.

#### *Biophysical challenges*

The respondents talked about the complications some went through during labour. For instance, those who went through caesarean delivery found it difficult to engage in certain domestic and academic activities for longer durations. These impacted on their physical presence at lectures and group discussions regularly. There were others too, who could not extract adequate milk from the breast due to biological reasons. Thus, they had to skip some hours of lectures to breastfeed, or rely on supplementary foods - a situation which prevented them from practicing exclusive breastfeeding.

#### *Psychological challenges*

Psychological effects associated with child-rearing mostly emanated from stigma-related comments, doubts and poor grades. Certain comments from some lecturers and student became a source of worry to some student-mothers. For instance, one of the respondents recounted an experience where a lecturer passed this comment: ‘...*why did you in the first place get pregnant? The University is a place for students, not mothers*’. This comment was made because the student-mother was consistent late to a 6:30am lecture.

There were doubts about the ability of some of the (teenage) baby-assistants to take good care of the babies. Without any prior background knowledge of baby-assistants, and sometimes,

their lack of knowledge in child-care made some of the mothers doubt about the safety of their babies.

*I always have the thoughts of the safety of my baby in my mind anytime I leave him. At lectures, my concentration is always half lost because of such thoughts. I hardly complete a full two-hour lecture. I always leave before closing. I doubt my baby is in safe hands. [A third-year married student-mother, 33 years]*

*Leaving my babies behind in the care of my teenage baby-assistant is not easy for me. At times I shed tears leaving my children behind. 'How could she carry these 'tiny' twins if both are crying?' I always think about them whenever I am away. Moreover, I don't even know whether she is a good or bad person. [A second-year married student-mother, 31 years]*

The most mentioned source of psychologically and emotionally disturbances and stress was whenever a baby fell ill. All the respondents said that the fear of losing a baby due to illness was so pronounced that they always stayed with them all the time until they got well. This did not only affect their attendance to lectures and group discussions but also private studies.

One of the respondents regarded her baby as an obstacle to her after she suffered ejection from her rented apartment by the landlord due to consistent cry of her baby. '*The ejection made me feel that my child is an obstacle to me on campus. I decided to stop schooling but friends advised me not to*', said a 29-year old married student-mother. According to the respondent, the baby's consistent cry at night was a nuisance to the landlord and other co-tenants.

There were also instances where post-natal clinic attendance coincided with lectures and continuous assessment examinations (also known as quizzes at UCC). While lectures were compromised, respondents always postponed post-natal clinic attendance to write quizzes. This contributed to psychological stress of respondents.

#### *Socio-economic challenges*

Apart from attendance to religious services, respondents did not involve themselves in organized social activities on campus. They however conversed with friends around and those who visited. They preferred to stay indoors to take care of their babies or do private studies.

Child-rearing also comes with economic cost. Expenditure on diapers, food supplements and sometimes drugs (for the mother and the child) increase the cost of living of student-mothers. In addition, some of the students paid accommodation fee twice. The reason is that all first year students at UCC pay for accommodation fee which forms part of the admission fee. But due to child-birth, student-mothers are compelled to leave their halls of residence for alternative accommodation without a refund from the University. Coupled with other costs, respondent complained about increased cost of living. Those without family, spousal support or study-leave with pay experienced gross economic challenges.

#### *Impact of challenges on academic work*

As discussed earlier, the challenges affected regular attendance to lectures, tutorials and group discussions. Generally, these challenges affect academic results (Mortimore, 1996). Some of the respondents compared their previous and current grades before and after child-birth and concluded that child-rearing have contributed immensely to their poor grades.

*My child does not allow me to study at all. Sometimes when I have a quiz, she will cry all night preventing me from studying. Last semester for example, I had grade D (50% - 54%) in almost all my courses; my worse academic results on campus. [A final-year married student-mother, 29 years]*

### **Coping strategies adopted**

Respondents' coping strategies were generally emotion-based. Withdrawal and weeping were the main coping remedies. While some kept the challenges they faced to themselves, others were comforted by some of their friends who were privy to their predicaments. It is worth emphasizing that none of the respondents with such difficulties sought assistance from the Counselling Unit of the University. This was basically due to ignorance of the existence of the Unit and the services it provides to all and sundry.

*I did not visit the Counselling Unit for advice on how to cope with the challenges I face. I have heard about the Unit but I don't know its location. The advice of friends and my husband sustains and gives me hope for the future [A third-year married student-mother, 28 years]*

*I have not heard about the Counselling Unit on campus and what they even do. Naturally I don't go out so I don't know what happens outside my home and my baby. I bear my difficulties alone in my room at times with tears. [A second-year single student-mother, 19 years]*

Few however, adopted problem-focused coping strategies. They arranged to have group discussions in their rooms. Others contacted some of their lecturers and peers for lecture notes and explanation to issues in the notes which were not self-explanatory.

### **Discussion and conclusion**

Female education is crucial for human and national development. In Ghana, there is the popular adage made by one of her revered educationist and statesman that '*if you educate a man, you educate an individual, but if you educate a woman, you educate a nation*'. Consistently, the Ghana Demographic and Health Surveys as well as other related researches indicate that a woman's education is very important in population and health issues. Ghana's effort in this direction is therefore laudable as it also contributes to the achievement of the MDGs and promotion of one's right to education.

As enshrined in the Reproductive Health Rights, the right to give or not to give birth is as crucial as that of education. Therefore, while promoting female education to the highest level, it also becomes imperative for reproductive rights to be promoted given the demographic dynamics of female students at tertiary institutions such as the universities. Hence, with no specific policy guideline or statement on issues about student-motherhood, issues and challenges of student-mothers (and their children) on campus only become literature or remain silent.



Student-mothers face challenges on campus. They combine academic work with child-rearing practices. Based on the model, the biophysical, psychological and socio-economic challenges contribute to tiredness, stigma/rejection and cost of living respectively. Consequently, these challenges affect their academic work and results. Addressing the challenges of student-mothers is therefore essential. It can ease part of, if not all, the stress they endure. Given a policy direction, a platform could be created to facilitate the welfare of their children as well.

Apart from the University, other social entities can incorporate issues of student-mothers in their broad framework or agenda. However, in the absence of these interventions, female students must exercise their reproductive rights appropriately. The advocacy for safer-sex practices by the University must guide sexual activities of (female) students. For instance, the use of modern contraceptives is proven to be more effective compared to the natural methods.

Proverbially, 'problem exposed is problem solved'. This makes the Counselling Unit of the University relevant to students in general, and student-mothers in particular. With trained staff in counselling, the Unit must be the preferred option for guidance and counselling without neglecting advice from friends and spouses. To enhance a symbiotic relationship, the Unit and student-mothers (clients) must reach out to each other.

Child-rearing is very critical. It marks the foundational development of babies/children in all facets of human growth and development (Boakye-Boaten, 2010). It is of this essence that (student) mothers need to develop conscious and appropriate child-rearing practices to ensure, maintain and enhance the progress of child development as well.

### **Recommendations**

Firstly, the study recommends to the Counselling Unit of the University to intensify the education on safer-sex practices, best motherhood practices and problem-focused coping strategies. Secondly, the University must, on its admission form, indicate the pregnancy and motherhood status of applicants. This data is vital to assessing and developing a policy guideline with respect to child-rearing practices on campus and the welfare of student-mothers, their babies and child-baby-assistants. Thirdly, the accommodation fee must be decoupled from the admission fee thereby making it optional for first year students to choose their residential status. This promotes rights to choice and also reduces the financial stress on first year student-mothers. Finally, further research should focus on the welfare of children of student-mothers and child-baby- assistants on campus.

### **References**

- Anspaugh, D. J., Hamrick, M. H. and Rosato, F. D., (2003), *Wellness, concepts and applications*, New York: McGraw-Hill.
- Babbie, E. (2005), *The basics of social research*. Canada: Wadsworth.
- Boakye-Boaten, A. (2010) 'Changes in the concept of childhood: Implications on children in Ghana', *Journal of International Social Research*, Vol 3, pp 105-115.
- Canagarajah, S and Coulombe, H. (1997) *Child labor and schooling in Ghana*, World Bank Economic and Sector Work (ESW) on Ghana: Labor Markets and Poverty.
- Engel, F., (1977), *Biopsychosocial model*, [online] Available at [http://en.wikipedia.org/wiki/Biopsychosocial\\_model](http://en.wikipedia.org/wiki/Biopsychosocial_model)> [Accessed 25 May 2011]
- Esia-Donkoh, K. and Mariwah, S. (2011), *Work and Happiness: Children's activities in Ghana*, SBHA, Vol. 76, No. 1, pp 15-33, [online] Available at [http://www.biosocsoc.org/sbha/resources/76\\_1/SBHA\\_76\\_1\\_Esia-Donkoh\\_and\\_Mariwah.pdf](http://www.biosocsoc.org/sbha/resources/76_1/SBHA_76_1_Esia-Donkoh_and_Mariwah.pdf)

- Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro (2009), *Ghana Demographic and Health Survey 2008*, Accra, Ghana: GSS, GHS, and ICF Macro.
- Khan, A. (2000), Adolescent reproductive health in Pakistan: a literature review, Population Council, Islamabad, Pakistan.
- Meece, J. L. (1997): *Child and adolescent development for education*. USA, McGraw Hill Companies Inc.
- Mortimore, P. (1996), *Quality control in education and schools*. New York, Routledge.
- Randell, S. K. and Gergel, D. R., (2009), *The education of girls in Africa*, [online] Available at [www.ifuw.org/fuwa/docs/Education\\_of\\_Girls\\_Africa.pdf](http://www.ifuw.org/fuwa/docs/Education_of_Girls_Africa.pdf)> [Accessed 19 May 2011]
- Santrock, J. W. (2005): *Child development*. USA, McGraw Hill Companies Inc.
- United Nations (1989) *United Nations convention on the rights of the child*, Geneva: United Nations
- University of Cape Coast, (2011), *2011 Day to day dairy*, University of Cape Coast. University Press.
- University of Cape Coast, (2010) *Basic Statistics*, University of Cape Coast: University Press.