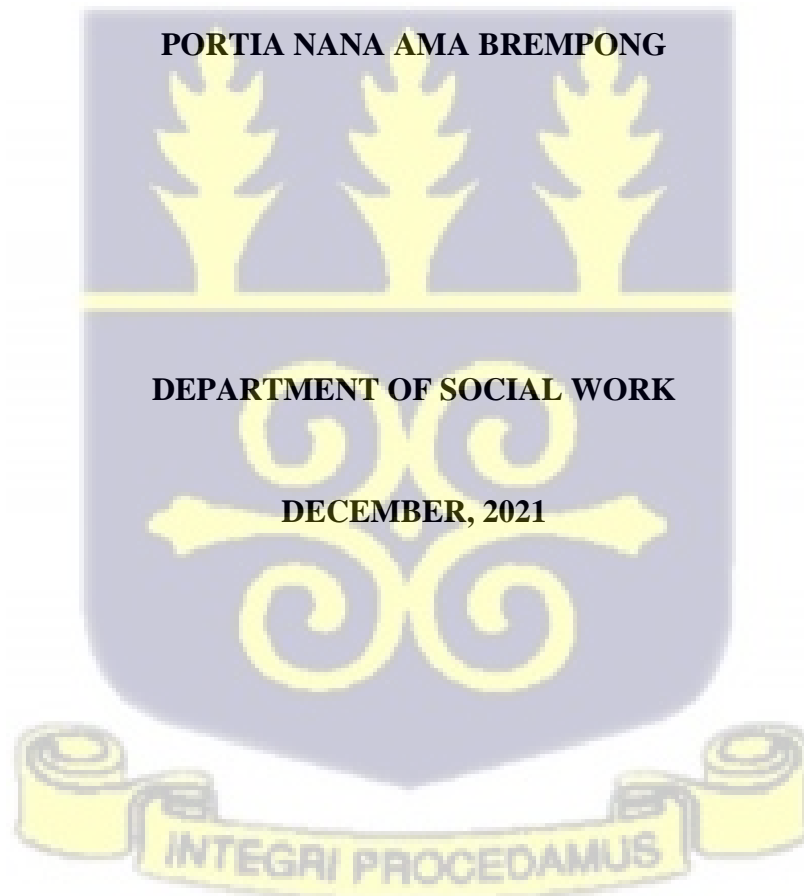


University of Ghana <http://ugspace.ug.edu.gh>

UNIVERSITY OF GHANA
COLLEGE OF HUMANITIES

**RAISING CHILDREN IN URBAN SLUMS OF GHANA: EXPLORING THE
EXPERIENCES OF YOUNG MOTHERS IN SELECTED SLUMS OF ACCRA.**



University of Ghana <http://ugspace.ug.edu.gh>

**UNIVERSITY OF GHANA
COLLEGE OF HUMANITIES**

**RAISING CHILDREN IN URBAN SLUMS OF GHANA: EXPLORING THE
EXPERIENCES OF YOUNG MOTHERS IN SELECTED SLUMS OF ACCRA.**

BY

PORTIA NANA AMA BREMPONG

(10538699)

**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILMENT FOR THE AWARD OF MPhil IN SOCIAL WORK
DEGREE.**

DEPARTMENT OF SOCIAL WORK

DECEMBER, 2021

INTEGRI PROCEDAMUS

DECLARATION

I, Portia Nana Ama Brempong declare that this thesis is my own research which was conducted under the supervision of Dr. Kingsley Saa-Touh Mort and Dr. Eunice Abbey.

All sources used have in this thesis have been cited and no part of this work has been submitted elsewhere for the award of a degree.



12/01/2022

Portia Nana Ama Brempong
(Student)

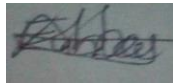
Date



Dr. Kingsley Saa-Touh Mort
(Lead Supervisor)

12/01/2022

Date



Dr. Eunice Abbey
(Co-Supervisor)

12/01/2022

Date



ABSTRACT

Slums serve as home to a billion people, and this figure is expected to rise exponentially as most third-world countries continue to urbanise. In Ghana, about 4.8 million people live in slums and lack basic amenities. Given the unavailability of basic amenities in slum areas, raising children by young mothers in such environments becomes even more challenging as they are mostly considered not to have mastered that task of parenting. This study sought to: (a) explore the childcare practices of young mothers in raising their children in the slums of Ghana's capital, Accra; (b) find out the challenges young mothers encounter in raising their children in the slums of Ghana's capital, Accra; and (c) ascertain the coping mechanisms young mothers utilize in raising their children in the slums of Ghana's capital, Accra. Using a sample size of twenty (20), the participants were purposively selected from two study sites: Old Fadama and African Eleven. A qualitative research design was used for this study, with in-depth interviews being the main data collection method. The data was categorised with the help of NVivo 12 Pro software, while Smith and Osborn's Interpretative Phenomenological Analysis (IPA) was used to analyse the data. The findings of the study revealed that most of the participants resort to the pharmacy rather than the hospital when their children fall ill because there are no clinics or hospitals within the slums. Furthermore, young mothers exercised control over their children through corporal punishments such as beatings, deprivation of privileges, and confining them indoors whenever they displayed unruly behaviour. Additionally, young mothers in their bid to raise their children encountered some feeding challenges due to financial constraints. Notwithstanding the challenges young mothers encountered, they were able to cope through the support of their peers, friends, and co-workers within the slum. Young mothers adopted some strategies such as endurance, tolerance and

denial, savings and credit facilities, and group feeding strategies such as food rationing. With this, young mothers had to skip meals, fast, and reduce the quantity of food eaten in order to provide for their children. The study concludes that the lack of basic amenities within the two slums further worsens the plight of young mothers, as such, putting them in despair. To exploit or scale up the hope of young mothers in slums, the efforts of the government, stakeholders, and local and civil society groups (including community-based and faith-based organizations) should aim at improving the socio-economic conditions (especially education, health, and infrastructure) of both slums on a sustainable basis. In the long run, social workers should help link young mothers and families to resources, interventions, or organizations that could help them improve their well-being.



DEDICATION

This thesis is dedicated to the fond memory of Mr. Kwame Ohemeng-Tinyase who passed on prior to the completion of this thesis. Your Legacy will live on.

AND TO

My dearest mother, thank you for your help, advice and countless support during this period of academic pursuit. Mom remains a strong pillar in my life, and I owe her many thanks, one that will take me my whole life to reciprocate her kindness and love towards me. Thank you, mother.

In your numerous sacrifices, I see love, care and hope.



ACKNOWLEDGEMENT

My deepest and unreserved thanks go to my supervisors, Dr. Kingsley Saa-Touh Mort and Dr. Eunice Abbey for their immense support, corrections, input, and guidance through my academic pursuit. God bless you!

Dr. Kwabena Frimpong-Manso, Sir! I cannot forget your preliminary input towards this work. Thank you for the support, constant reassurance, time and dedication you put into my work. God bless you immeasurably. Prof. Kwaku Osei-Hwedie, Prof. Adobea Yaa Owusu, Rev. Botchway, Dr. Ohene-Konadu, thank you for your constant reassurance throughout the entire duration of this work.

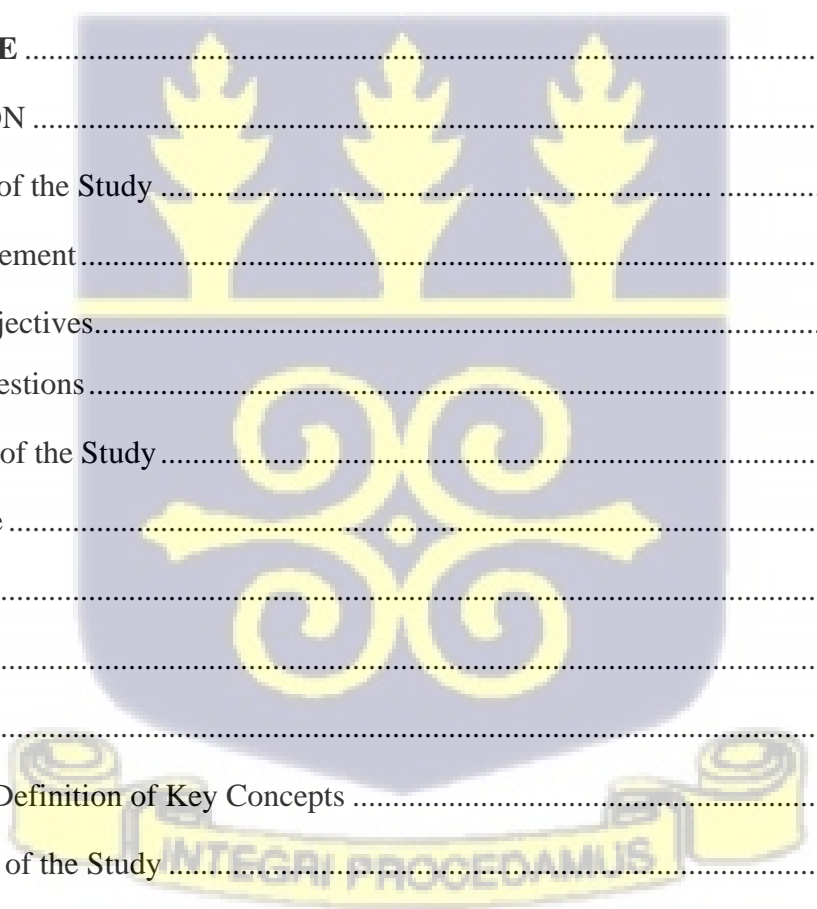
To my lovely friends, especially Samuel Eduaful and Edem Klu who have helped me in diverse ways, I am grateful. Not forgetting, Joana Okine, Emmanuel Asare Owusu, Jamal Appiah- Kubi, Margaret Mensah, Yvonne Norman and Andrews Berchie and Philip Asamoah and all my colleagues, thank you all for your help in recognizable ways. We shall meet at the top!

Mr. Bismarck Nambu, Mr. Ziyad, Mr. Orlando, thank you for giving me the permission to use your yards for my research work. And to the research participants, who voluntarily opted to partake in this study, thank you all. May the Lord bless you in diverse ways more than you can think or imagine.

To all well-wishers, may the Lord bless you all in diverse ways.

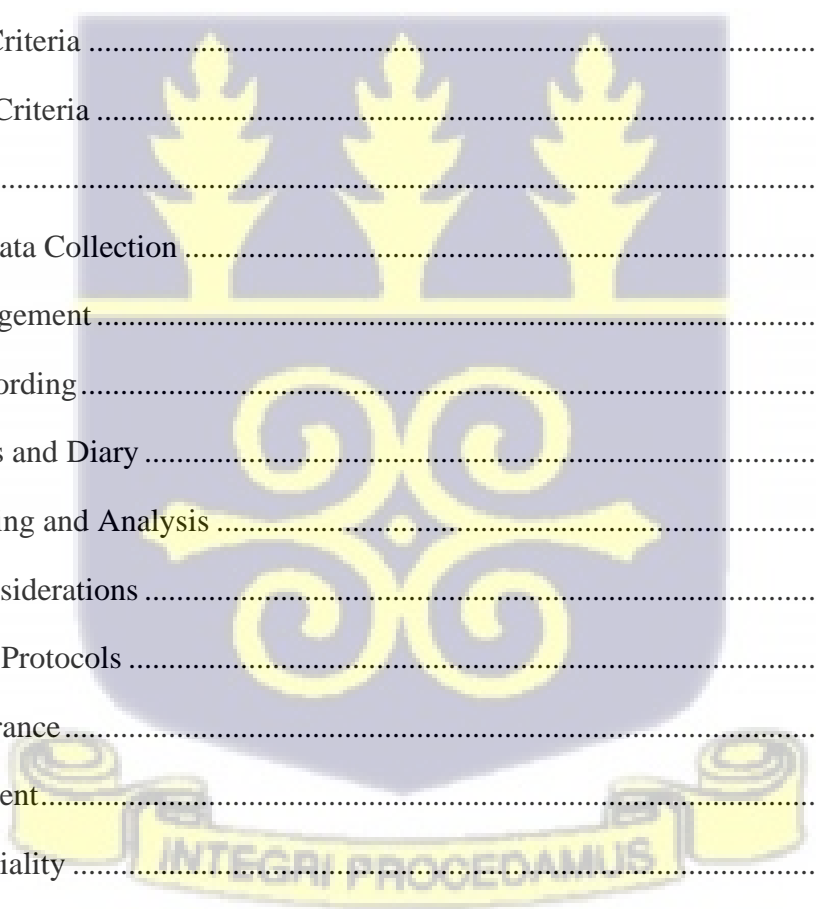
TABLE OF CONTENTS

DECLARATION.....	i
ABSTRACT.....	i
DEDICATION.....	ii
ACKNOWLEDGEMENT.....	v
TABLE OF CONTENTS.....	vii
LIST OF FIGURES.....	xii
LIST OF TABLES.....	xii
LIST OF ABBREVIATIONS.....	xiv
CHAPTER ONE	1
INTRODUCTION.....	1
1.1 Background of the Study.....	1
1.2 Problem Statement.....	4
1.3 Research Objectives.....	6
1.4 Research Questions.....	7
1.5 Significance of the Study.....	7
1.5.1 Knowledge.....	7
1.5.2 Policy.....	7
1.5.3 Practice.....	8
1.5.4 Research.....	8
1.6 Operational Definition of Key Concepts.....	8
1.7 Organisation of the Study.....	9
CHAPTER TWO	10
LITERATURE REVIEW AND THEORETICAL PERSPECTIVE.....	10
2.1 Introduction.....	10



2.2 Understanding the Concepts of Slums.....	10
2.2.1 Emergence of Slums	11
2.2.2 Physical Characteristics of Slums.....	12
2.2.3 Typology of Slums.....	13
2.3 Childcare Practices of Young Mothers.....	13
2.3.1 Accommodation Arrangements of Young Mothers.....	16
2.3.2 Health Care Seeking Behaviour of Young Mothers	17
2.4 Challenges of Young Mothers in Parenting.....	19
2.4.1 Socio-economic Backgrounds	19
2.4.2 Limited Access to the Formal Sector.....	20
2.4.3 Unemployment and Education.....	21
2.4.4 Challenges with Childcare Practices.....	22
2.4.5 Barriers to Health Seeking Behaviours.....	23
2.5 Coping Strategies of Young Mothers	25
2.5.1 Coping with Childcare Practices.....	28
2.5.2 Coping with Childcare Arrangements	29
2.5.3 Childcare Arrangements of Young Mothers.....	30
2.5.4 Determining Factors on the Selection of Childcare Arrangements	31
2.6 Summary of Literature Review.....	32
2.7 Theoretical Perspective.....	33
2.7.1 Ecological Influences on Parenting and Child Development (Jack 2000)	33
2.7.2 The Usefulness of the Theory to the Study.....	38
2.7.3 Childcare Practices of Young Mothers in Raising their Children in Slums	38
2.7.4 Challenges Young Mothers Encounter in Raising their Children in Slums	38
2.7.5 Coping Mechanisms used by Young Mothers in Raising their Children in Slums	38

CHAPTER THREE	40
METHODOLOGY	40
3.1 Introduction.....	40
3.2 Research Design.....	40
3.3 Pilot Study.....	41
3.4 Study Area	41
3.5 Target Population.....	43
3.6 Study Population.....	43
3.7 Sampling Technique and Recruitment.....	44
3.7.1 Inclusion Criteria	45
3.7.2 Exclusion Criteria	45
3.8 Sample Size.....	45
3.9 Sources of Data Collection	46
3.9.1 Data Management	46
3.9.2 Audio Recording.....	46
3.9.3 Field Notes and Diary	47
3.10 Data Handling and Analysis	47
3.11 Ethical Considerations	50
3.11.1 Covid-19 Protocols	50
3.11.2 IRB Clearance.....	50
3.11.3 Child Assent.....	50
3.11.4 Confidentiality	51
3.11.5 Informed Consent.....	51
3.11.6 Voluntary Participation.....	51
3.11.7 Plagiarism	51



3.11.8 Credibility and Trustworthiness.....	52
3.11.9 Bracketing and Reflexivity.....	52
3.12 Limitations of the Study.....	53
3.13 Dissemination of Research Findings	53
CHAPTER FOUR.....	54
PRESENTATION OF FINDINGS AND DISCUSSION.....	54
4.1 Introduction.....	54
4.2 Socio Demographic Characteristics of Participants.....	54
4.3 Childcare Practices of Young Mothers in Raising their Children	58
4.3.1 Health Seeking Behaviour	58
4.3.2 Accommodation Arrangements of Young Mothers in Slums.....	62
4.3.3 Schooling and Education	67
4.3.4 Maintaining Discipline of Children	70
4.4 Challenges Young Mothers Encounter in Raising their Children in Slums	74
4.4.1 Role overload	74
4.4.2 Challenges with Health Seeking Behaviour	75
4.4.2.1 Distance Barrier	75
4.4.2.2 Financial Constraints	76
4.4.2.3 Lack of Health Insurance Card	78
4.4.3 Challenges with Feeding.....	80
4.4.4 Work-related Challenges	81
4.5 Coping Strategies of Young Mothers in Raising their Children in Slums.....	84
4.5.1 Endurance, Tolerance and Denial	85
4.5.2 Adopting some Feeding Strategies	86
4.5.3 Prayer and Faith in God	88

4.5.4 Savings and Credit Facilities	89
4.5.5 Coping through Social Support.....	90
4.5.5.1 Coping through Informal Support.....	90
4.5.6 Childcare Arrangements	93
4.6 Discussion of Findings.....	94
4.6.1 The Childcare Practices of Young others in Raising their Children.....	95
4.6.2 Accommodation Arrangements of Young Mothers.....	96
4.6.3 Schooling and Education of Children in the Slum.....	98
4.6.4 Maintaing of Discipline of Children in Slums	99
4.7 Challenges Young Mothers Encounter in Raising their Children in Slums.	101
4.7.1 Challenges with Role Overload	101
4.7.2 Challenges with Health Seeking Behaviour	102
4.7.3 Challenges with Feeding.....	103
4.7.4 Work-related Challenges	105
4.8 Coping Strategies of Young Mothers in Raising their Children in Slums.....	106
CHAPTER FIVE	109
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	109
5.1 Introduction.....	109
5.2 Summary of Key Findings	109
5.2.1 Childcare Practices of Young Mothers in Slums.....	109
5.2.2 Challenges Young Mothers Encounter while Raising their Children in Slums.....	111
5.2.3 Coping Strategies of Young Mothers in Raising their Children in Slums.....	112
5.3 Conclusion of the Study.....	112
5.4 Recommendations of the Study	113
5.5 Implications for Social Work Practice.....	115

5.6 Direction for Future Studies.....	117
REFERENCES	118
APPENDIX I	140
APPENDIX II.....	141
APPENDIX III.....	143
APPENDIX IV.....	144
APPENDIX V.....	149
APPENDIX VI.....	153



LIST OF FIGURES

Fig.1 The ecological influences of parenting and child development37



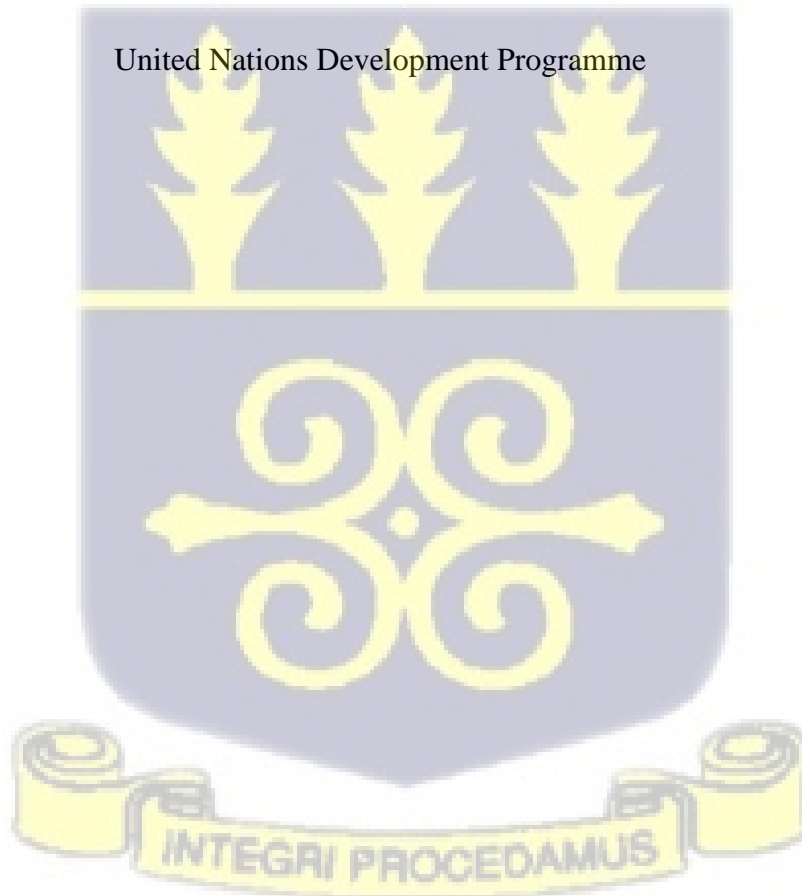
LIST OF TABLES

Table 4.1 Demographic Characteristics of Participants.....55



LIST OF ABBREVIATIONS

NLM	National Library of Medicine
MOWAC	Ministry of Women and Children
UN	United Nations
UNICEF	United Nations Children’s Fund
UN-HABITAT	United Nations Human Settlements Programme
UNDP	United Nations Development Programme



CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The gradual increase in the number of people living in urban countries has become a concern for policymakers at the national and international level (National Library of Medicine, 2014). This is because the concentration of many people in cities in both the third world and developed countries has resulted in overcrowding and competition for scarce resources. The competition has resulted in rising prices for amenities such as housing, which has forced many less privileged people into slums (Kuddus et al., 2020).

The United Nations Human Settlement Programme [UN-Habitat] (2012) operationally defines a slum as a contiguous settlement where the inhabitants are characterized as having inadequate housing and basic services.

Globally, slums are home to a billion people, with the figure expected to rise exponentially as most third world countries continue to urbanise (Rains & Krishna, 2020). The estimated percentage of urban communities living in slums in Asia is between 25% in Western Asia and 35% in Southern Asia. The rate of slums in Latin America and the Caribbean is estimated at 24% (UN-Habitat, 2012). Considerably, where 50% of the population in Sub-Saharan Africa is youthful, several youths are reported moving and living in slum settlements (Cotton, 2013). In addition, UN-Habitat (2012) observes that Sub-Saharan Africa lacks basic facilities, thus exacerbating the prevalence of slums.

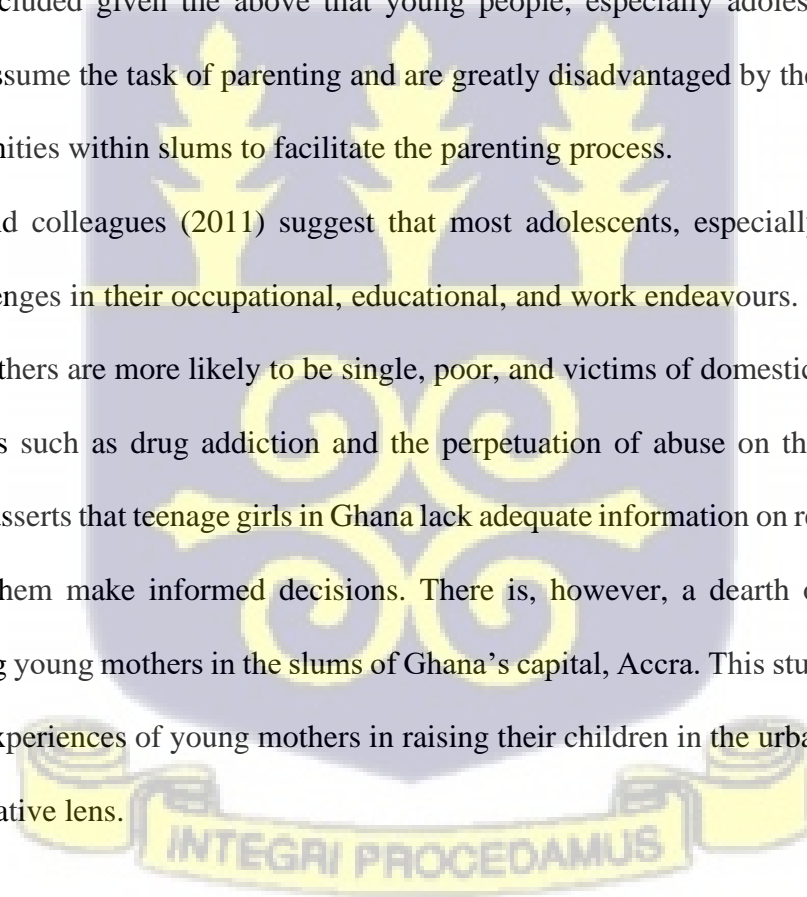
In the Ghanaian context, the Bojean Project (2020) reports that about 5.5 million people are living in slums. Awumbila and colleagues (2014) report that slums are characterized by poor health, a lack of safe water, poor housing, unsanitary conditions, overcrowding, and a lack of health facilities. More so, slum areas are considered to have high rates of violence, unemployment, urban decline, drug dependency, diseases, and poverty (Taher & Ibrahim, 2014). Given the above conditions, the United Nations Children’s Fund [UNICEF] (2012) considers such environments not suitable for child-rearing and the promotion of the overall wellbeing and growth of all populations. On the global front, there are efforts to resolve some of the issues pertinent to slum areas, and these efforts have led to the adoption of a range of targets and policies, including goal ten (10) of the Sustainable Development Goal, which strives to improve the lives of slum dwellers and ensure access to adequate and affordable housing worldwide by 2030. Likewise, the government of Ghana introduced the National Housing Policy in 2011 to provide affordable housing for all citizens. The policy reads as, *“to provide adequate, decent, and affordable housing that is accessible to satisfy the needs of all people living in Ghana.”* (Ministry of Water Resources, 2015:14). This policy hinges on the provision of affordable and efficient housing as a necessary component of ensuring the wellbeing of its citizens (Boamah, 2015).

The definition of parenting is broad and comprises many aspects. For instance, Amos (2013) defines parenting as taking care of a child from birth to adulthood. This implies meeting the physical, emotional, and social needs of the child (Sherr et al., 2017). The definition of parenting covers emotional, instrumental, and informational support. According to Mcneely and Barber (2010), emotional support propagates love and care while instrumental support deals with the

provision of financial care. The authors again describe informational support as communicating guidance and protection to ensure the growth of the child.

The competence of young mothers has particularly been questioned on the grounds of paucity of finance for childcare (Holgate et al., 2006; O'Reilly, 2010) and rightly so, looking at the existing conditions within slums, which create a situation of despair for young mothers. For example, Malacrida (2009) explains that young mothers are mostly viewed as incapable of raising their children as they may not be financially sound to meet their needs, whereas some mothers may lack the necessary skills and knowledge in terms of when to attend to the needs of the child. Therefore, it could be concluded given the above that young people, especially adolescent mothers, are unprepared to assume the task of parenting and are greatly disadvantaged by the non-existence of the needed amenities within slums to facilitate the parenting process.

Easterbrooks and colleagues (2011) suggest that most adolescents, especially young mothers, encounter challenges in their occupational, educational, and work endeavours. They contend that some young mothers are more likely to be single, poor, and victims of domestic abuse, leading to risky behaviours such as drug addiction and the perpetuation of abuse on their children. Adu-Gyamfi (2014) asserts that teenage girls in Ghana lack adequate information on reproductive health issues to help them make informed decisions. There is, however, a dearth of information on parenting among young mothers in the slums of Ghana's capital, Accra. This study therefore seeks to explore the experiences of young mothers in raising their children in the urban slums of Ghana through a qualitative lens.



1.2 Problem Statement

In recent times, parenting, particularly among young mothers, has become a social and public health concern, thus drawing interest from academics and policymakers alike at the international and national level. Parenting is said to influence the character of people in later life (Hoeve et al., 2009). When children are deviant, people begin to question the effectiveness of the parenting they received (Carlson, 2012). This is borne out of the assertion that parenting has a link with the attitude and character of people in later life (Kuppens & Ceulemans, 2019). Ideal parenting is often associated with the provision of the needs of a child, which comprises the provision of health, food, shelter, clothing, and a good environment to ensure the overall well-being and growth of children from childhood to adulthood (Mawusi, 2013).

Furthermore, Virasiri et al. (2011) suggest that the conditions within an environment and the availability of resources often affect how parents raise children. As such, slum environments are characterized by poor health, lack of safe water, poor housing, unsanitary conditions, overcrowding, crime and violence, and a lack of health facilities (Awumbila et al., 2014). With this said, young mothers are mostly prone to daily insecurities with little access to the aforementioned amenities needed to raise their children, thus worsening their plight and that of their children and putting them in despair as they continue to live on the edges of urban life (Cotton, 2013).

In the context of Ghana, it is perceived that slum dwellers live in poor housing conditions where they lack a supportive, nurturing, and adequate environment (Brammah & Lawson, 2014). Given the above, concerns have been raised in relation to how young mothers live and raise their children

to conform to societal norms in slums. There are also concerns as to how young mothers master the task of adolescence and juggle their parenting responsibilities (Cohler & Musick, 2018).

Research by Kumar et al. (2018) suggests that some young mothers frequently experience a great deal of tension, anxiety, financial constraints, and little or no support from their family and partners, leading to child neglect. Additionally, Fearnley (2018) has identified the consequences of young motherhood and parenting to include a lack of formal educational qualification and truncation of education, social isolation, and poverty as they journey through their roles as young mothers, making it difficult for them to meet the needs of their children. Again, research by Balanda-baldyga et al. (2020) suggests that young mothers, especially adolescents, are mostly without any form of financial stability, sufficient support, and depend more often than not on their parents for survival.

The National Youth Policy of Ghana (2010) acknowledges that amongst the many problems that beset the youth, the most pronounced ones include, but are not limited to, violence, substance abuse, and improper parenting. The policy also emphasizes that, despite the problems encountered by the youth, redress would not only address the identified issues, but would also ensure a smooth transition of young people from childhood to adulthood. A careful search of databases has not revealed studies that specifically document the experiences of young mothers in raising their children in the slums of Ghana's capital, Accra. Some studies (Dlamini et al., 2003; Dworsky, & Meehan, 2012) have been conducted in other parts of the world on parenting amongst teenage mothers. The above studies are mainly considered quantitative methods, and they were not conducted in urban slums.

Research on parenting that has been conducted has mostly focused on childcare practices amongst teenage mothers (Twintoh et al., 2021), economic experiences of single mothers in slums (Raniga & Ngcobo, 2014), sensitive parenting of mothers in Indonesian slums (Alsarhi et al., 2020), and challenges of mothers in raising children in the slums of Kenya (Kumar et al., 2018). From the foregoing, this study sets out to explore the experiences of young mothers in raising their children in the urban slums of Accra through a qualitative lens.

1.3 Research Objectives

The general objective of the study is to understand how young mothers raise children in the urban slums of Accra. The specific objectives set out to:

1. Explore the childcare practices young mothers utilise in raising their children in the urban slums of Ghana's capital, Accra.
2. Identify the challenges young mothers encounter in raising their children in the urban slums of Ghana's capital Accra.
3. Ascertain the coping mechanisms young mothers utilise in raising their children in the urban slums of Ghana's capital, Accra.

1.4 Research Questions

1. What are the childcare practices young mothers utilize in raising their children in the urban slums of Ghana's capital, Accra?
2. What challenges do young mothers encounter in raising their children in the urban slums of Ghana's capital, Accra?

3. What are the coping mechanisms young mothers utilize while raising their children in the urban slums of Ghana's capital city, Accra?

1.5 Significance of the Study

1.5.1 Knowledge

This study could help to develop more knowledge and contribute to the understanding of the growing phenomenon of young mothers and how they raise their children in urban slums. This research will add to the current literature on young mothers, especially how their children are raised in a slum setting. This study would also equip the government with information to devise strategies that will provide a permanent solution to issues pertaining to slums.

1.5.2 Policy

The research could inform policy on slums and strengthen available policies implemented by the National Youth Authority of Ghana in addressing the various challenges that beset the youth of which young mothers are a part.

1.5.3 Practice

Information that will be provided by the study may help social workers in playing roles such as advocacy to improve the lives of these young mothers. As stated by the Ghana National Youth Policy (2010), the youth face major problems such as engaging in criminal and violent activities, the prevalence of drugs, substance abuse and improper parenting by the youth – a situation that young mothers are likely to encounter in slum areas. Young mothers are one of the many vulnerable groups social work practitioners work with at all levels of practice.

1.5.4 Research

The findings of this study could stimulate interest in further studies on the subject. This thesis also aims to bring valuable knowledge about the parenting experiences of young mothers in informal settlements such as slums and to the body of research.

1.6 Operational Definition of Key Concepts

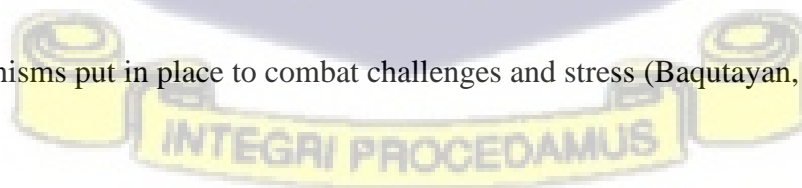
Youth: A person between the ages of 15 and 35 (Ghana National Youth Policy, 2010).

Childcare: The activities engaged in to provide for the needs of a child which include food, shelter, feeding practices, health as well as the socialization of the child. In particular, anything done by a caregiver to meet the needs of the child (Awumbila et al., 2011).

Support Systems: Voluntary interpersonal interactions aimed at providing financial, emotional, and cognitive assistance are characterized as support systems (Yurdakul, 2018). The sources of social support for this study are a person's family, friends and neighbours.

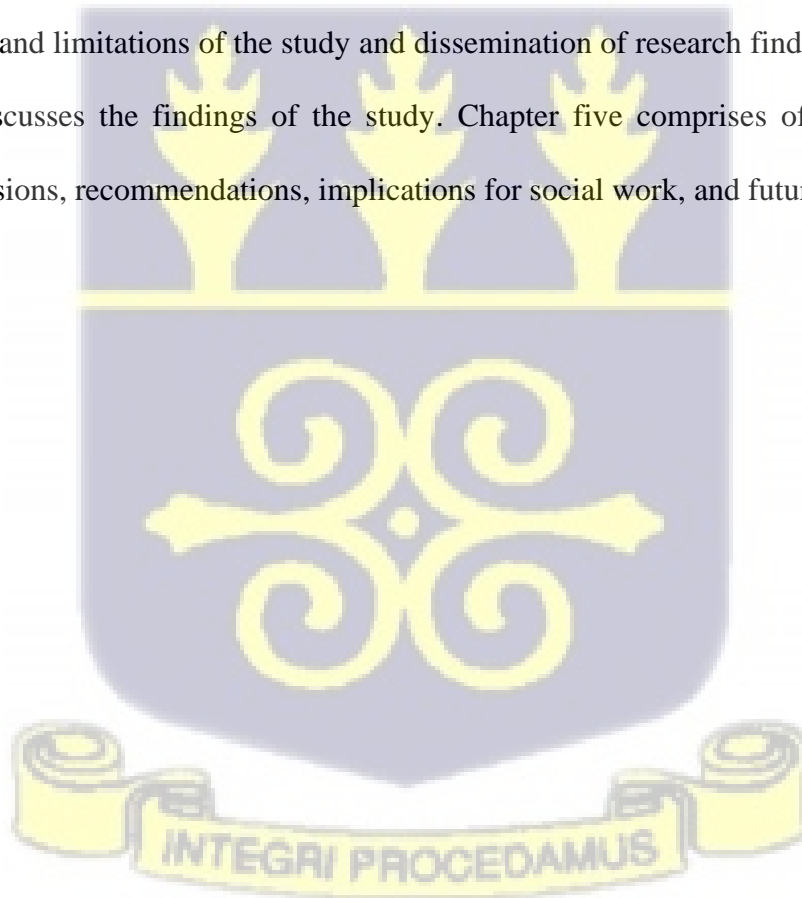
Experiences: Anything a person has learned as a result of something that has happened to him or her (Honderich, 2005). For this study, experiences include both negative and positive challenges that young mothers have faced as they raise their children in the slums of Ghana's capital, Accra.

Coping: Mechanisms put in place to combat challenges and stress (Baqutayan, 2015).



1.7 Organisation of the Study

This study is divided into five chapters. The first chapter provides information on the background of the study, problem statement, research objectives, research questions, significance of the study, definition of terms, and organization of the study. The second chapter entails a review of relevant literature and the theoretical perspectives adopted for the study. The third chapter explains the research methodology, and it encompasses the research design, pilot study, study area, target population, study population, sampling technique and recruitment, sample size, sources of data collection, data management, data handling and analysis, ethical considerations, credibility and trustworthiness, and limitations of the study and dissemination of research findings. Chapter four presents and discusses the findings of the study. Chapter five comprises of the summary of findings, conclusions, recommendations, implications for social work, and future research.



CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL PERSPECTIVE

2.1 Introduction

This section reviews relevant literature under the following objectives: lived experiences of young mothers and explores the childcare practices among them; childcare arrangements and health-seeking behaviour and sleeping arrangements; the challenges young mothers encounter in terms of raising their children; and the coping mechanisms adopted by the young mothers in raising their children in slums. These thematic areas will be discussed in this section. Additionally, the ecological theory of parenting and child development will be discussed.

2.2 Understanding the Concepts of Slums

Slums are commonly associated with a lack of access to clean water and sanitation, adequate living space, durable housing, a non-hazardous location, and tenure security (Turkstra & Raithelhuber, 2004). Slums, according to Minnery et al. (2013), can be defined by precarious residential status, overcrowding, and violation of planning and building laws. The authors blame the emergence of slums on the inadequacy of the local governance system to provide enough housing and social services for the city's rapidly growing population (Minnery et al., 2013).

It is widely believed that the slum environment lacks proper housing and basic social services, coupled with a lack of rights to secure land tenure and the presence of eviction (Darling & Steinberg, 2017). Most slum dwellers in urban centres are believed to be in the brackets of low-income earners (Khan et al., 2015).

Slums, according to Hutchinson (1997), are characterized by the insufficient provision of social services such as poor sanitation, insufficient electricity, and inconsistency in water delivery to meet the fundamental requirements of their residents.

2.2.1 Emergence of Slums

Slums emerge as a result of poverty and a housing shortage in rapidly growing cities (World Bank, 2002). Slum residents are forced to live in substandard dwellings with insufficient social services due to their low income (Lanrewaju, 2012). Due to inadequate urban planning and management, slum inhabitants find it difficult to live a decent life, notably in the areas of basic social services, employment, and income-generating activities. Slums occur as a result of a lack of urban housing supply coupled with higher housing demand in many emerging countries (King & Amponsah, 2012; Durand-Lasserve, 1996). Due to a lack of low-cost and appropriate housing, many city dwellers have been forced to live in slums. The slums of Lusaka, according to a study conducted in Zambia by Durand-Lasserve (1996), owe their origins to the city authorities' failure to provide low-cost public housing and their focus on short-sighted and unsustainable urban and housing policies, both during the colonial and post-independence periods.

The rapid rate of urbanisation has contributed mostly to the development of slums in third-world countries around the world (Jerome, 1990; Miles & Paddison, 2005). As a result of unsustainable planning and administration, immigrants tend to congregate and seek housing in less favorable regions of the city. The majority of slums in third world countries, such as Bogota, Colombia, and Cairo, Egypt, are the result of fast population growth without enough housing and social services

(Jerome, 1990; Miles & Paddison, 2005). The definition of slums is pegged on two things: a steadily growing population and the result of poor planning in many urban centres.

Furthermore, the lack of adequate public housing has resulted in a series of housing crises and an increase in the number of unauthorized settlements in urban areas. Most city governments in developing countries are so overwhelmed by the rapid growth of slums and the spread of informal settlements that their regulatory interventions are either too late or have had no effect. As a result of developers' noncompliance with building codes, development control measures in Africa are frequently unable to direct and manage urban development (King et al., 2017). This situation, coupled with building deterioration and overpopulated densities, is a major cause of slum formation in urban areas. Accordingly, decent localities in urban areas experience slum formation when sustainable and preventive measures are delayed (Hiraskar, 1993).

Lack of repairs and housing maintenance also cause slum formation, which is often ignored, especially in developing countries. According to Hiraskar (1993), regular maintenance of old buildings in urban areas can be a major remedy to slum formation. However, issues of repairs and maintenance are foreign to many developing countries, causing rapid decay and deterioration of buildings, which affects the sustainability of the urban environment and consequently leads to slum development.

2.2.2 Physical Characteristics of Slums

A quantitative study conducted by Amoako and Cobbinah (2011) revealed that in Ghanaian slums, the slum dwellers lacked proper sanitation facilities, which propelled them to dispose of liquid waste in gutters and nearby water bodies. The authors further state that not only are households

congested, with five people sharing a room, but there is also intermittent electricity and water supply in the slum communities. Similarly, Simelane (2013) shares the same opinion that electricity connections made in homes of slum dwellers are hazardously done, with many undetected and reported. Additionally, the author argues that slum dwellers prefer to settle for less costly alternatives such as defecating in bushes and gutters since they cannot afford to pay to use the services of public toilets. He further reveals that the supply of water to slums is sometimes, at worst, inexistent and at best, dangerously intermittent with infrastructure lacking in slum communities.

2.2.3 Typology of Slums

There are two types of slums. These are slums of hope and of despair. Slums of hope, according to UN-Habitat (2003), are "progressing settlements, which are characterized by new, normally self-built structures, usually illegal (e.g., squatters) that are in, or have recently been through, a process of development, consolidation, and improvement," whereas slums of despair are "declining neighbourhoods, in which environmental conditions and domestic services are undergoing a process of degeneration." The typology of slums explains the characteristics, nature, and occurrences within the two slum sites.

2.3 Childcare Practices of Young Mothers

Childcare practice in the context of this study refers to issues of nutrition and knowledge of various hygiene practices. For example, Begum and colleagues indicate that mothers lacked knowledge about good hygiene practices, sanitation facilities for children, and maintaining cleanliness, among others. They equally found the level of education of mothers to be associated with positive

knowledge of hygiene practices (Begum et al., 2013). Similarly, in an informal settlement in Kenya, Mumma et al. (2020) noted that food hygiene is an important childcare practice in an informal slum. The authors further captured the need for childcare, food preparation, and practices. The authors emphasized the need for a conducive environment for the care and growth of children. Also, the findings of the study showed that caretakers largely subscribed to hygiene conditions in childcare practices, particularly due to the socio-economic context of the caretaker (Mumma et al., 2020).

On the other hand, Kabir and Maitrot (2017) report that working mothers in slums had adequate knowledge about childcare practices, including feeding and good hygiene conditions. The authors indicate that, due to the nature of most mothers' jobs, they were unable to feed their young children on time as they had to leave for work. In that regard, the only option was to leave the children with younger siblings or relatives who had less knowledge about good hygiene and feeding practices. Olatidoye (2011) argues that feeding practices in slums are largely influenced by maternal work and time, educational status, earnings, and the job of the caregiver. The feeding practices of young mothers within various slums are influenced by the nature of their jobs and their knowledge of feeding practices.

Goudet et al. (2016) found out that mothers' or caregivers' searches for jobs often posed a threat to children as they were forced to leave their children unattended with neighbours or in a day-care centre. The authors further found out that children often skipped meals and ate once or twice a day since their mothers' income was too low to provide a three-square meal for the family. Similarly, Mwase et al. (2016) examined the nutritional and child feeding and hygiene practices in a day-care centre in a slum of Nairobi, Kenya. The study raised issues about unhygienic

conditions in day-care centers, lack of protein in food given to children, and poor attention given to children. Also, low birth weight, the presence of diseases, and inadequate breastfeeding exposed children in slum communities to undernutrition. The crucial question to ask is whether the work and earnings of young mothers and their educational level have a direct impact on their childcare practices. It can be concluded that young mothers in slums had little to no knowledge of childcare practices, hence the need for them to be guided in their parenting responsibilities.

Literature suggests that in Ghanaian societies, culture and tradition also play an important role, as childcare practices are affected by them. For example, it is expected that elderly people assist in childcare as part of the socialization process in order that the children will grow up to appreciate the culture and society they are born into. It is within this context that the call by Twintoh et al. (2021) that teenage mothers require guidance from older adults to enable them to properly raise their children becomes more timely. For example, in cases where young mothers found it challenging to balance childcare with work, they had to improvise strategies to execute their parenting responsibilities. Young mothers relied on three strategies to perform their caregiving responsibilities: "combining work and childcare; relying on help with childcare from others; and using care-based childcare services" (Twintoh et al., 2021:2).

Slums are perceived to be risky for child development (Harding, 2010 cited in van Dijk et al., 2020). There is evidence that parents teach their children, at least subtly, to adopt a "code" of aggression to avoid victimization (Anderson, 1999, cited in van Dijk et al., 2020; Mullins & Christy, 2013). Outsiders frequently regard these parents as irresponsible or incompetent because they fail to instil certain forms of morality in their children and encourage antisocial behaviour. Gillies (2008), on the other hand, makes a strong case that parents from poor neighbourhoods are

guided by a strong moral framework in their childrearing practices. The findings of the study show that, for middle-class families in the United Kingdom, parents concentrate on care and protection with the assumption that the outside world is relatively dangerous. Hence, these parents prefer to teach their children to deal with injustice, inequality, and hardship.

In slum settlements, issues of maintaining order and discipline are a topical concern for mothers as they strive to regulate the behaviour of their children. For instance, in an ethnographic study on urban poverty and violence in the Brazilian slums, Goldstein (2003) reports a similar "survivalist attitude" among the lower classes. In an environment of various risks and limited control, middle-class parenting, characterized by democratic decision-making, may not only be less meaningful but may even be detrimental or unsafe. It has been stated that in the slums of Brazil, an authoritarian parenting style may be more adaptive, and it is likely to buffer against deviant peers and neighbourhood violence (Furstenberg et al., 1993; Kriesberg, 1970; Tolan et al., 2004). Similarly, Goldstein (2003) found that harsh parenting was utilized as a method to deter children from being involved in gangs. Such parenting tactics could be part of well-intentioned moral parental discipline. Conclusively, the underlining picture is that young mothers in slums used various measures to control the behaviours of their children, contrary to popular beliefs.

2.3.1 Accommodation Arrangements of Young Mothers

A survey conducted by the Ministry of Women and Children's Affairs (MOWAC) in 2007 found that females in Agbogloshie sleep in abandoned buildings and wooden structures. Similarly, Imam and Tamimu (2015) report that about 12 to 18 young female migrants in Accra shared a room of about 4 by 5 meters in size, resulting in heat in the rooms and compelling them to resort to sleeping

outside. In a study by Ahlvin (2012), she recounts how the females shared rented kiosks¹ and contributed to the payment of rent on a weekly basis. Awumbila et al. (2014) reported that approximately 42.2% of migrants in Old Fadama and Nima live in shacks or temporary structures. According to Awumbila et al. (2011), kayayei at the Agobloshie market and girls sometimes seek shelter from the rain by covering themselves with wooden or cardboard boxes on rainy evenings. The survey also highlighted a lack of water and sanitation services, with around 92% of migrants in Old Fadama and 60% in Nima reporting that they do not have access to water in their homes and must rely on public standpipes or sachet water. In terms of toilets, 94% of migrants in Old Fadama lacked access. As a result, they bath in the open and defecate near the Odaw River at vantage spots (Department of Children, 2015). These reports describe the general unsanitary environmental conditions in which the girls live at Old Fadama, a situation that could be similar in other slums.

2.3.2 Health Care Seeking Behaviours of Young Mothers

Healthcare is one of the important aspects of life for people living in slums. Caldwell et al. (2014) mentioned that in India, despite the availability of hospitals and clinics, mothers in slums resort to pharmacists to provide health care services to alleviate the illness of their children. The expensive nature of the services rendered by hospitals and clinics often discourages mothers from patronizing their services (Caldwell et al., 2014). A study by Manna et al. (2013) in India alluded to the fact that mothers' knowledge and understanding of health care practices and the severity of child illness influences their healthcare behaviour and choices. In their study in Kenya, Amuyunzu-nyamongo and Nyamongo (2006) discovered that mothers in slums often seek the services of a medical

¹ A kiosk is a wooden structure usually used as a place of shelter by settlers in Ghana.

doctor or practitioner when their children fall ill. As an alternative, mothers visited traditional healers for medication or preferred self-treatment for common diseases such as malaria. This finding corroborates with the study of Nonvignon et al. (2010), who found that long waiting periods and travel encourage caregivers to resort to over the counter and self-medication.

Studies have portrayed the relevance of socio-economic factors in playing a role in the health care decision-making of mothers. For instance, a study conducted by Arif (2004) and Filmer (2005) indicates that the longer the distance to a medical facility, the less likely parents or caregivers will patronize its services. Also, a study by Kazembe et al. (2007) in Malawi concluded that the age of caregivers, the proximity of the health facility to the caregiver's house, and access to the media were some of the factors that influenced the decisions of mothers and caregivers in seeking treatment for their children when they fell ill. Olaniyan and Sunkanmi (2012) asserted that the likelihood of finding proper care for a sick child is higher for a female child than for a male child. The research also indicated that the household head's educational level acts as a defining factor in pursuing health care for a sick child in poor neighbourhoods, including slums.

On the other hand, in a study in Ghana, it was observed that the majority of young girls buy from a drugstore or self-medicate, with slightly more than 9% going to the hospital when they fall ill (MOWAC, 2007). As a result, the girls' poor health-seeking behaviour may be a predictor of how they attend to their needs when they are ill. From the studies, most children do not have access to proper healthcare, so children in slums are likely to suffer from different health issues.

2.4 Challenges of Young Mothers in Parenting

2.4.1 Socio-economic Backgrounds

Turner (2004) indicated that girls' poor socio-economic backgrounds are perpetuated by teenage motherhood. Her research found that pregnant adolescents with poor socio-economic backgrounds tend to keep their pregnancies. The author further highlights that because teenage girls are less likely to complete basic education, they are unable to pursue post-secondary education in order to acquire the skills necessary for better employment. The studies of Luong (2014) further add that most often, low-skilled jobs pay little as compared to jobs that require expertise and skills that teenagers do not possess.

According to Summers et al. (2017), teenage mothers are considered to be at higher risk of being economically disadvantaged because, most often than not, they are unemployed, face stigma and lack social support. The transition to parenting can be tiring for all parents, regardless of age or social background, and could even be worse for young mothers in slums because slums have been found to have the necessary facilities, such as sanitation facilities and access to water, to ensure the wellbeing of the slum inhabitants. Additionally, these girls mostly lose their childhood and have to take on the responsibilities of adults without being able to enjoy the benefits that come with childhood (UNICEF, 2014). Early parenthood is synonymous with difficulty. Young women who become mothers as teenagers are less likely than women who become mothers as adults to be active in schooling, gain vocational training, and attain some economic achievement, and are more likely to be single parents, live in poverty, and have been victims of violence as compared to women who delayed childbearing (Coley et al., 2007; Hill et al., 2006). Similarly, Bissell's (2000)

research findings support the view that women who postponed childbearing did not become economically deprived later in life compared to teenage mothers.

2.4.2 Limited Access to the Formal Sector

A report by the United Nations Habitat suggests that most of the residents of poor urban communities in third-world countries are found in the informal sectors, engaged in various jobs for sustenance. (UN-Habitat, 2003). The argument has been put forward that in order for mothers to provide for the basic needs of their children in terms of food, education, clothing, health care, and so forth, women in slums mostly find themselves in the informal sector engaged in various kinds of work (Raniga & Ngcobo, 2014; Mulenga, 2003). Mulenga (2003) intimates that because a predominant number of women lack the prerequisite skills to gain employment in the formal sector, women in slums engage in petty business and trading, selling on the streets and communities, while others engage in prostitution and stealing to survive in the slums.

Inhabitants of the largest slum in Ghana, Old Fadama, mainly occupied by migrants from the Northern Region who ply businesses in the informal sector, dispute the widespread perception that people who work in the informal sector receive low wages as compared to those working in the formal sector. Although the earnings of slum dwellers are meagre and inconsistent, slum dwellers receive better wages as compared to some civil servants (Housing the Masses, 2010). Prakash et al. (2010) reveal that it is common practice for slum dwellers to engage in e-waste activities that include the collection of metal materials and refurbishing of metals. Slum-dwellers often engage in these activities due to the income they generate from the collection and sale of these items. Those engaged in scrap collection earn a minimum amount of GHC15.00 [USD 2.5], with those

engaged in refurbished waste earning between GHC 40 [USD 6.48] and GHC 200 [USD 33] as daily earnings, according to Prakash et al. (2010).

2.4.3 Unemployment and Education

For women in slums, various issues account for the reasons why some women are in the informal sector while others remain unemployed. A study by Banerjee and Goswami (2020) mentioned that a lack of employment opportunities in slums led unemployed women to work as domestic help in various homes for survival. The authors further asserted that the education level of women has no direct relationship with the income of poor women; instead, their skills and experience in a particular job played a major role in determining the wages they earned. According to Singh (2016), slum dwellers, which include some young mothers, suffer from diverse problems, which include lack of water, proper sanitation, lack of portable and clean water, and the lack or inadequate provision of social amenities. Also, they suffer from poverty and engage in menial jobs such as rickshaw pushers, alcohol retailers, labourers, and house cleaners as a means of survival. Prasad and Singh (2016) believe that the level of a person's income is dependent on their education level, which influences their economic status. Similarly, Sajjad (2014) mentions that young mothers encounter some challenges in terms of employment due to their low level of education. As a result, it becomes difficult for them to secure jobs in the formal sector. This, however, leads to financial instability, thereby resulting in various forms of crime and social evils. Asiedu and Agyei-Mensah (2008) revealed in their study that in Accra, poor street traders were often harassed by city officials and had no option than to run away to avoid being apprehended. Additionally, young mothers are characterized by living in unhygienic environments, receiving low incomes, and working beyond

the required hours as compared to people working in the formal sector, further exacerbating the plight of slum dwellers.

Awumbila et al. (2014) further added that despite the demeaning nature of slum dwellers as compared to those in the formal sector, they can put some of the money they earn aside, which helps them to provide support by remitting some of their money to their families in the Northern Region. Though they explain that youth migration from rural to urban areas is frequently viewed as a contributing factor to urban poverty, they also occasionally contribute to resource redistribution. They work hard to ensure that a portion of urban wealth is redistributed to the deprived rural areas where they come from through remittances, especially in the era of mobile money.

2.4.4 Challenges with Childcare Practices

The review also shows that the challenges of the young girls make it extremely difficult for the mothers among them to feed their children properly and take care of them adequately. According to Badasu (2004), a parent's ability to provide proper childcare includes having the child immunized; determining when a child is ready to be weaned; selecting appropriate weaning food (s); and determining the best time for the child to eat prepared food. Incidentally, the "kaya" or head porter work, does not grant the child mothers the opportunity to engage in these child-weaning practices. In Appiah's (2001) study, he reports that the girls do not feed their children well as most of them feed their children with the food they buy from food stands. Badasu (2004) also found that most kayayei mothers (head porters) are compelled to delegate parental care for their children to get the opportunity to work. In instances where the kayayei are not able to make

an arrangement, they carry their babies on their backs whilst carrying loads, and this has adverse effects on the wellbeing of the kayayei and their children.

2.4.5 Barriers to Health Seeking Behaviours

Despite an expanding body of knowledge about health-seeking behaviour and the factors that influence how people use health care, particularly in developing countries (Shaikh & Hatcher, 2005), the literature on health-seeking behaviour frequently describes patterns of behaviour without providing clarity on the causes of such behaviours, resulting in a lack of useful recommendations (Grundy & Annear, 2010). There are numerous obstacles that prevent slum inhabitants from seeking medical help. High health-care payment costs, financial restraints, and, in certain cases, a lack of health-care insurance coverage are among them (Islam et al., 2018). Slum dwellers are denied access to privileges that come with enrolment in health insurance because they are unable to afford the expense of health treatment, according to the IOM, WHO, and UNHCHR (2013).

There is also the problem of indirect cost, which is a barrier to health-seeking behaviour in addition to the direct expense of paying for health care services. Indirect costs include the expense of transportation to and from a health facility, as well as lost time from earning money. The difficulty of getting health treatment at state hospitals was ascribed in a household study among slum residents in Mumbai, India, to participants' believing that traveling to the hospital meant a loss of a day's income (Mili, 2011). In a related study, migrant HIV/AIDS patients in Johannesburg, South Africa, stated that transportation costs were a barrier to treatment and that taking time away from

their jobs to seek medical attention was inconvenient, especially if they were employees of someone (Vearey, 2008).

Another issue is geographic accessibility, which is typically linked to the absence of high-quality health care available in slum areas. Although this is frequently thought to be a problem for rural people, it has been consistently documented as a big issue in cities when healthcare facilities are not near to poor urban populations, making travel a challenge. In eight-city research performed by Goli et al. (2011), the low patronage of health care services was largely due to either unavailability or distance from health care facilities. Given the lack of proximity to hospitals, inhabitants of Mumbai's slums were forced to rely on lay practitioners who lacked medical licenses but were closer to them (Mili, 2011). While there are health care facilities in Nairobi's slums, the very few public health facilities that are accessible are far from the slums, and people are unable to get care, particularly at night, owing to security concerns (Ziraba et al., 2009).

Discrimination and poor-quality health care, which are frequently cited by certain health professionals or the larger population at the destination, further deter migrants, who are generally from economically disadvantaged backgrounds, from seeking treatment. As a result, the marginalization that many migrants face amounts to discrimination against the poor (Matthews et al., 2010). When using the same amenities in urban environments, the urban poor are treated with considerably lower standards than their better-off neighbours. This makes it difficult to achieve health equity for all people, as poor care of the sick discourages them from seeking medical help. This is especially true when people believe healthcare providers are uncaring, disrespectful, abusive, or disinterested (Matthews et al., 2010).

2.5 Coping Strategies of Young Mothers

Lazarus and Folkman (1984:141) define coping as "constantly changing cognitive and behavioural efforts a person makes use of to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." The use of the terms "constantly changing" and "emerging" reveals the dynamism of coping mechanisms that individuals employ based on the situation or problem they encounter. This, however, also reveals that different problems or stressors employ varying coping mechanisms.

Teenage mothers are mentally and emotionally unprepared to adapt to maternal responsibility (Santos et al., 2015). Teenage mothers need support in adapting to parental skills (Schrag & Schmidt-Tieszen, 2014). Parenting encompasses knowledge of childrearing and developmental processes. Studies conducted by Mangeli et al. (2018) reveal that parental practices are influenced by parental knowledge and that this affects the development of the child. A parent's knowledge of childrearing is linked to how they raise their children. A study done in the Philippines by Pogoy et al. (2014) argued that teenage mothers faced challenges in childrearing, yet they garnered strength within to face them with courage. With this in mind, teenage mothers were prepared to take up menial jobs to care for their children. The findings of the study indicate that they dealt with depression by looking forward to what they could do to support their children. A qualitative study conducted in the United States revealed that teenagers lacked knowledge about breastfeeding; as a result, they had to receive education regarding how to properly breastfeed a baby (Smith et al., 2012).

Further, an observation made by Mizen and Ofuso-Kusi (2010) revealed that for "Kayaye", otherwise head porters, to survive in Accra, they developed good relationships and friendship. Migrant teenage mothers had their peers who would willingly babysit their children for a fee. Young girls devised an informal mechanism to overcome the adversity associated with raising children. Knowing that children need care and support, these girls acknowledged this need and attempted to achieve care and support for their children with the help of their peers.

According to Dworsky and Meehan (2012), raising a child largely involved meeting or addressing the basic needs of children and teaching them acceptable and unacceptable behaviour. The study further revealed that parenting is hands-on learning. The author further mentioned that young mothers were clear on what parenting entails, forgoing their needs and making the needs of their children paramount. According to Twintoh et al. (2021), young mothers in Africa and other developed countries find it challenging to balance work with childcare. The authors reveal that young mothers relied on three strategies to fulfill their caregiving responsibilities: combining work and childcare; relying on help with childcare from others; and using care-based childcare services. Similarly, Clark et al. (2021), asserted that for mothers to ensure the safety of their children in an urban slum and that they mostly relied on family to provide care for their children while they worked (Clark et al., 2021).

According to Amendah et al. (2014), young mothers in urban poor neighbourhoods reduced their daily intake of food, fasted a whole day, relied on credit facilities for survival, and removed their children from school as coping strategies due to financial challenges. Similarly, Oldewage-Theron et al. (2006) reveals that caregivers, especially mothers, feed once a day during food shortages and frequently visit religious functions with the hope of getting food to supplement the household food.

In addition, the authors mention that the amount of food served to members of the household was in small quantities, all in a bid to manage the little the household could afford. Besides, both children and mothers were malnourished as the proper dietary content expected in the household food was lacking, which the authors attributed to poverty.

According to Swart (2013), women in slums relied on faith and endurance as an escape strategy from violence. In other instances, abused women preferred to stay with their abusive boyfriends or husbands because they were their source of livelihood opportunities since they had no source of income. In research conducted elsewhere in a Kenyan slum, Clark and Cotton (2017) underscore the need for kin support for single mothers as they are less likely to fully parent their children. Further, the study reveals that the availability of support to single mothers was also based on cultural beliefs, age, and the availability of resources for kin groups. The findings suggest that about half of the single mothers received support from some family members, while about 31.69% of the mothers received no financial assistance from their kin. Owing to unemployment, some kin groups were not able to offer any financial aid to mothers. DeVito (2010) in a qualitative study reveals that mothers of teenage parents at some point received some form of social support from the fathers of their children. Social support, as this study underscores, goes a long way towards helping teen mothers. The author emphasizes the unpreparedness of the young, especially adolescent mothers, to assume the task of parenthood and highlights the need for guidance to take up their new role. Dasgupta et al.'s (2013) study shows that about 40% of women received local support from community members. Results of DeVito's work suggest strong support from neighbours and community neighbours contributed to reducing depression amongst teenage mothers.

Likewise, Hajare (2018) reveals that single mothers enjoy social support from friends, family, parents, and neighbours. However, in the United States, on absent fathers as providers of race or ethnic differences in support for adolescent mothers, the study revealed that the presence of a fatherly figure and financial support contributes to the reduction of stress among teenage mothers. The study examined how the characteristics of fathers influence their emotional and financial support towards the mother during child delivery. The findings of the study showed that fathers of babies born to pregnant adolescents were unable to support their partners due to financial constraints (Wiemann et al., 2006).

2.5.1 Coping with Childcare Practices

According to Kwankye et al. (2007), teenage mothers in head portorage fed their children three square meals a day only when they could afford it. For these mothers, eating three times a day was a luxury, as affordability remains a crucial issue in relation to food. This finding is consistent with the findings of Berg (2007), who reported that the financial situation of young girls in poor neighbourhoods does not allow them the pleasure of having a regular three meals a day because doing so would require them to spend about two-thirds of their income on meals. As a coping strategy to save money, young girls in poor neighbourhoods reduce the number of meals eaten in a day. Kwankye et al. (2007) again state that young girls occasionally prepare their meals on weekends but prefer to buy them from the streets since it is more convenient than making the meals themselves. This suggests that many of the girls on the street go hungry since they have to reduce the number of times they eat meals. Again, the girls on the street consider feeding on less expensive and lower-quality meals to save money. These have major developmental consequences for mothers and their children.

2.5.2 Coping with Childcare Arrangements

Childcare arrangements could be formal or informal (Ceglowski & Bacigalupa, 2002). Childcare arrangements are licensed nurseries, facilities, or day-care centers that aim to improve children's well-being and development. Formal care is typically employed by parents who are financially stable, but, in some cases, even low-income parents may consider placing their children in formal care if they are unable to locate a caregiver for them. Formal care has been deemed effective since the environment in these facilities allows children to play, learn, grow, and communicate with peers (Capizzano & Adams, 2000).

Informal care, on the other hand, involves arrangements consisting of relative care, that is, care performed by family members, relatives, or neighbors; it is unlawful, unlicensed care provided for children mostly within communities (Ceglowski & Bacigalupa, 2002). Similarly, informal care, as explained by Capizzano and Adams (2000), is care provided by grandparents, relatives, or even family acquaintances who are oftentimes unpaid. They note that for children under the age of three, the use of informal care is most common. In the child's care arrangement, family support is critical. According to Hill et al. (2004), the option of relying on relatives and friends offers an important source of coping mechanism, reducing the care burden on parents, the economic effort of outsourcing childcare, and relaxing the time constraint associated with the opening hours of childcare centers. Family support can also take the form of financial assistance, in which the family contributes to the cost of childcare when the mother enters the job market.

2.5.3 Childcare Arrangements of Young Mothers

Childcare is an important part of a child's development. According to Laughlin (2010), the various processes for caring for a child that are employed by an individual, an institution, or the government when parents are unavailable or at work are termed "childcare arrangements." Maternal employment has become the rule rather than the exception and deciding on suitable childcare arrangements has become an increasingly important family issue (Laughlin, 2010). This is because the childcare arrangements that parents choose to have a positive or negative impact on their children.

For each parent, childcare arrangements differ according to their preferences. The findings of Hand (2004) have revealed that parents who prefer family care most often want to establish a close bond and a warm relationship between their children and other relatives as compared to day-care centers where the main emphasis is on education and a standardized curriculum. Mothers' childrearing beliefs are also considered an important factor that influences the choice of childcare arrangements (Laughlin, 2010). Choosing care plans for children is motivated by the kind of neighbourhood parents live in. Hence, childcare arrangements vary for parents based on their values and societal influences (Isipa et al., 1998). Bianchi (2000) is of the view that childcare arrangements have become necessary due to the increasing participation of women in the job market, making it important for children to have alternative care arrangements. Most often, a day-care facility is viewed as a foundation where children learn the fundamentals of life at an early age and are introduced to communication with other children.

For parents, finding a balance between family and work duties is one of the most difficult issues that they face during the transition to parenthood (Tausig & Fenwick, 2001). In comparison to fathers, mothers are more likely to be involved in the childcare process, striving to ensure that their child is well cared for. This is culturally ingrained in society's conventional gender roles. Mothers have been mostly considered to be renouncing labour market involvement, at least in the absence of external childcare assistance (Hill et al., 2004).

2.5.4 Determining Factors on the Selection of Childcare Arrangements

Certain factors influence parents' choice of childcare arrangements. The question of finances is one of the most important factors. According to Bryson et al. (2013), the financial situation of parents influences the care arrangement they choose for their children. However, the situation may be different for someone who hails from a low-income family, who may rely on them for financial support. Glick and Hohmann-Marriott (2007) report that the cost of childcare arrangements and location are factors that inform parents' preferences and constrain their choices (Brandon, 1999).

Shlay (2010) notes that while choosing a preferred care arrangement, parents consistently prioritized health and safety over other quality factors, regardless of race or ethnicity. This suggests that the selection of childcare facilities is influenced by children's health and safety.

The environment might be considered a factor impacting childcare programs on its own. As said by Brill et al. (2013), most parents tend to place their children in the same facility indicated by their neighbors for a variety of reasons, including transportation, child safety, and maintaining standards with their neighbors. Bryson et al. (2013) underline the necessity of placing children in facilities that parents can afford, as this can have ramifications for the family financially.

2.6 Summary of Literature Review

The review shows that parenting amongst young people is problematic for young mothers in slum conditions. This is because slum conditions have been identified to lack social amenities, good housing conditions, and are often filthy and overcrowded. Again, slums have been identified as being notable for various criminal activities and all manner of substance abuse issues, making them unsuitable for parents to raise their children. Again, young mothers received support from their colleagues and friends within the slums. This served as a positive consequence of living in the slums.

In both African and global contexts, young mothers living in slums mostly engage in menial jobs such as cleaners, scrap metal collectors, cooks, carry loads and are mostly dominant in the informal sector, making it very difficult for them to earn an appreciable income to cater for the numerous needs of their children. Also, some challenges that have been identified as peculiar to young mothers raising their children in slums include difficulties with sleeping arrangements, health seeking behaviour, feeding arrangements, childcare arrangements, and poverty.

Coping is an important construct in understanding how young mothers react to the stressors in their daily lives. On the coping mechanisms of young mothers, literature suggests that mothers in slums and poor neighbourhoods rely on faith, reduced food intake, friends and family, husbands, community members, and church groups. That notwithstanding, the kinds of support young mothers received were based on the available resources of their kin group. The literature discussed the empirical findings of previous studies and, in a large measure, set out the framework of this study, with regard to filling the research gaps.

2.7 Theoretical Perspective

Theories have been recognized as providing broad explanations for a phenomenon as well as serving as a lens for finding answers to research questions (Kivunja, 2018).). The ecological influences on parenting and child development theories have been adopted for this study.

2.7.1 Ecological Influences on Parenting and Child Development (Jack 2000)

An ecological viewpoint encourages people to think about the whole environment and the implications of systemic interactions on individuals. The ecological model is based on Bronfenbrenner's (1979) model of human development ecology, which suggests that parenting involves a complex interplay of individual, interpersonal, social, cultural, and environmental elements. As a result, these aspects must be evaluated in terms of their existence at each level as well as their interaction across levels in order to comprehend parenting. Bronfenbrenner's ecological systems theory articulates a wide range of characteristics that explain the ecological perspective, as adopted by Jack (2000) in a study on ecological influences on parenting and child development. The factors include the social ecology of families; interaction between stresses in families; protective factors; individual and structural influences on social support networks; and community-level influences on social support and parenting.

According to Jack (2000), the idea of family social ecology focuses on the balance of stress and help in the family environment, as well as the interactions between them. These include the individual's immediate surroundings as well as the individuals with whom he or she interacts, such as family members, neighbours, peers, co-workers, and church members. It calls into question the parts of the child's surroundings that have the greatest impact on his or her development. The

concept further questions the factors that influence parents in the way that they bring up their children in urban neighbourhoods. This reinforces the importance of the environment in both child development and parenting (Belsky, 1984).

Second, Jack (2000) emphasizes family pressures to encompass the effects of inequality that are examined in this concept. This level attempts to incorporate Bronfenbrenner's microsystem's interactions. In this regard, relationships between the family and children's services, between the family and support networks, between the family and the school, or between the family and the mother's workplace are all examples of this.

The third idea, which involves ecological influences on parenting and child development, according to Jack (2000), could be considered to have an indirect effect on an individual's life is protective factors. Protective factors as identified include: the nature of the young mother's job, which may have an impact on the amount of time she devotes to childcare activities. Furthermore, the young mother's economic level may influence how she can provide for the baby's wide range of demands in terms of health and childcare practices and may even influence the young mothers' day-care arrangements.

In parenting, social support and social capital are regarded as influencing factors. For instance, study findings (Dunst et al., 1988 as cited in Jack, 2000) show that a network of social support relationships is linked to favourable influences on families, parents, and children. In the case of parenting, comprehensive literature on social support suggests the diverse role of social support for young mothers as it provides emotional support, instrumental assistance, and gives the individual some direction of social expectations (Mitchell & Trickett, 1980; Powell, 1980 cited in

Belsky, 1984). Emotional support is characterized as the love and acceptance a person receives from others, either through explicit statements or as a result of thoughtful and caring behaviour (Darling & Steinberg, 2017). Instrumental assistance could take several forms, including offering information and guidance as well as helping with routine activities, such as childcare. Finally, social norms act as standards for what is and is not acceptable behaviour (Belsky, 1984).

Concerning social support, Jack (2000) argues that it constitutes a web of relationships that exist between individuals and a wide range of people, including relatives, friends, neighbours, work colleagues, peers, and professionals. The structure of these networks in terms of size, proximity, and frequency of contact is important for parent-child interactions. Jack (2000) explains that children growing up in high-risk environments could be protected by an enduring relationship with a special person outside of their household. Thus, this concept of resilience articulates that recognition and achievement outside of the home (perhaps educational or sporting success in a church or youth group) could lead to improved life chances in adulthood. Also, Jack (2000) highlights social capital as the last category of protective factors to be addressed, referring to the larger social and cultural context in which all systems operate. According to Jack (2000), it is possibly the most significant aspect of the larger community environment for children's development. Social capital consists of a wide range of community-level interactions, both informal and formal, between members of a particular population.

Individual and structural influences on social support networks as sources of coping mechanisms are the theory's next topics. This theory proposes that parental qualities, educational attainment, and income have an impact on parenting and child development and thus on mothers' coping

abilities. According to Werner (1995), education has been demonstrated to have a major impact on social networks, and higher educational success is connected with larger social networks.

The last idea described by Jack (2000) as influencing parenting and child development, as well as its impact on coping for mothers, is community-level influences on social support and parenting. It is argued that the social ecology of families and children's development outcomes are highly influenced by the communities in which they live. Coulton et al. (1995), for example, observe that poor urban neighbourhoods often have weak bonds among neighbours and a larger emphasis on family interactions. It is critical to determine which of these characteristics apply in the context of young mothers raising children in Accra, the selected slums of Accra.



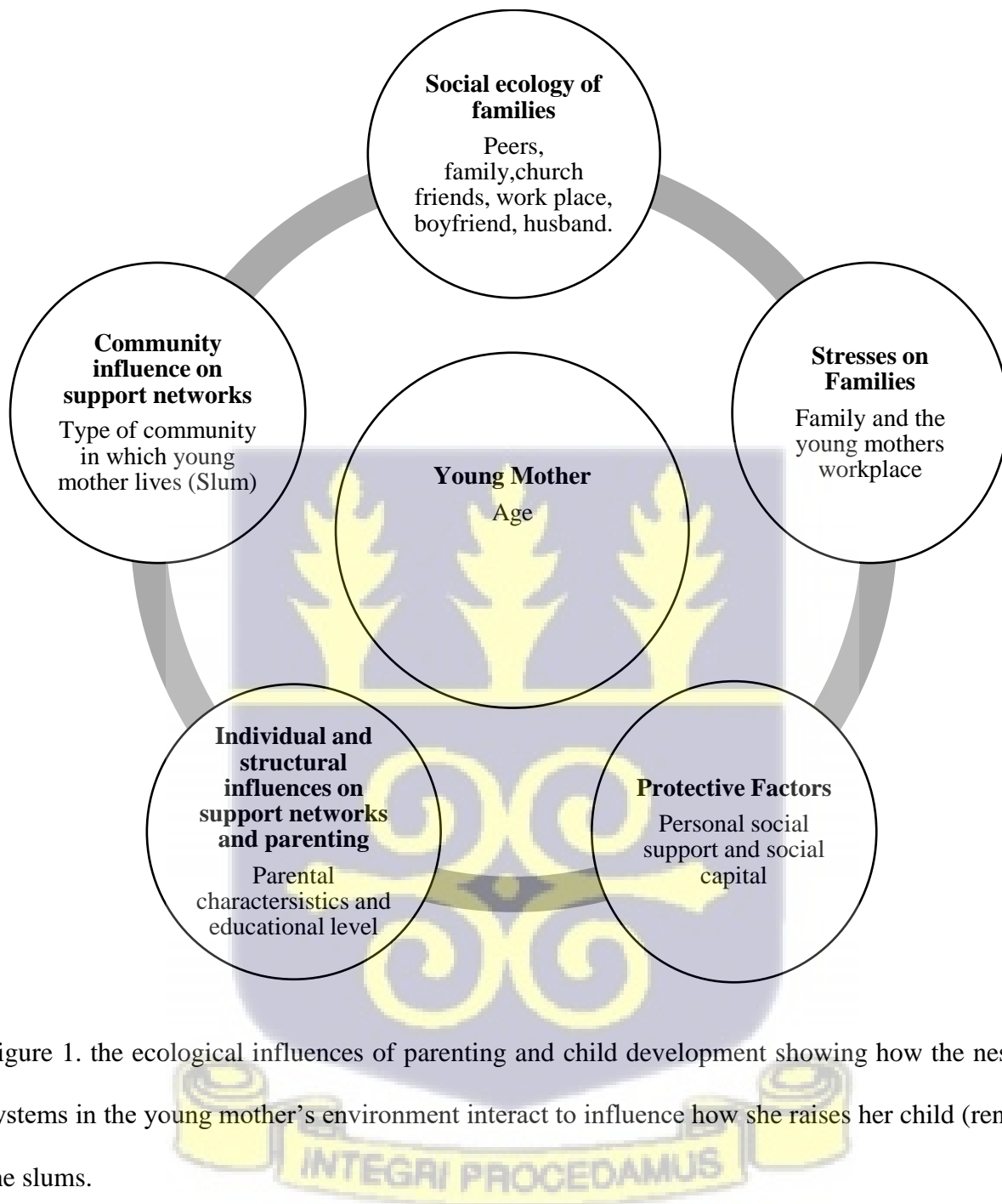


Figure 1. the ecological influences of parenting and child development showing how the nested systems in the young mother's environment interact to influence how she raises her child (ren) in the slums.

2.7.2 The Usefulness of the Theory to the Study

The theory was useful as it helped the researcher to understand the objectives of the study in terms of the lived experiences of young mothers, their challenges and coping strategies while they raise their children in the slums.

2.7.3 Childcare Practices of Young Mothers in Raising their Children in Slums

The theory was useful as it provided the researcher with an understanding of the childcare practices of young mothers in terms of their health-seeking behaviour and childcare arrangements across different levels of interactions. The theory also throws more light on the roles of family members in providing instrumental support in the form of guidance and assistance to the young mother as she raises her child in the slum.

2.7.4 Challenges Young Mothers Encounter in Raising their Children in Slums

Furthermore, the theory enabled the researcher to comprehend the various difficulties that a young mother may face when raising a child in the slums. For instance, where the young mother might be earning less, the provision of the child's needs may be affected to some extent, thus affecting the ability of the young mother to provide the basic needs to ensure the overall growth and development of the child. Also, the theory further highlights the roles of inequalities and the existence of a high-risk environment in influencing how mothers take care of their children. Thus, determining how young mothers used various means to correct and reinforce positive behaviour.

2.7.5 Coping Mechanisms used by Young Mothers in Raising their Children in Slums

In terms of coping amongst young mothers in slums, the theory helped the researcher to highlight the various ways in which young mothers coped while raising their children in slums. The forms

of coping were in the form of social support, which constitutes a web of relationships that exist between individuals and a wide range of people, including relatives, friends, neighbours, work colleagues, and professionals. Again, the theory facilitated my understanding of the interaction that exists between young mothers and their support systems and how the nature, proximity, and type of relationship influence the parenting practices of young mothers towards their children. In understanding the role of social support in the parenting of young mothers, the theory helped in explaining how the availability of resources and the frequency of contact between young mothers and significant others affect their parenting. Thus, the theory helped in providing an understanding of the levels of coping in terms of community and individual support.



CHAPTER THREE

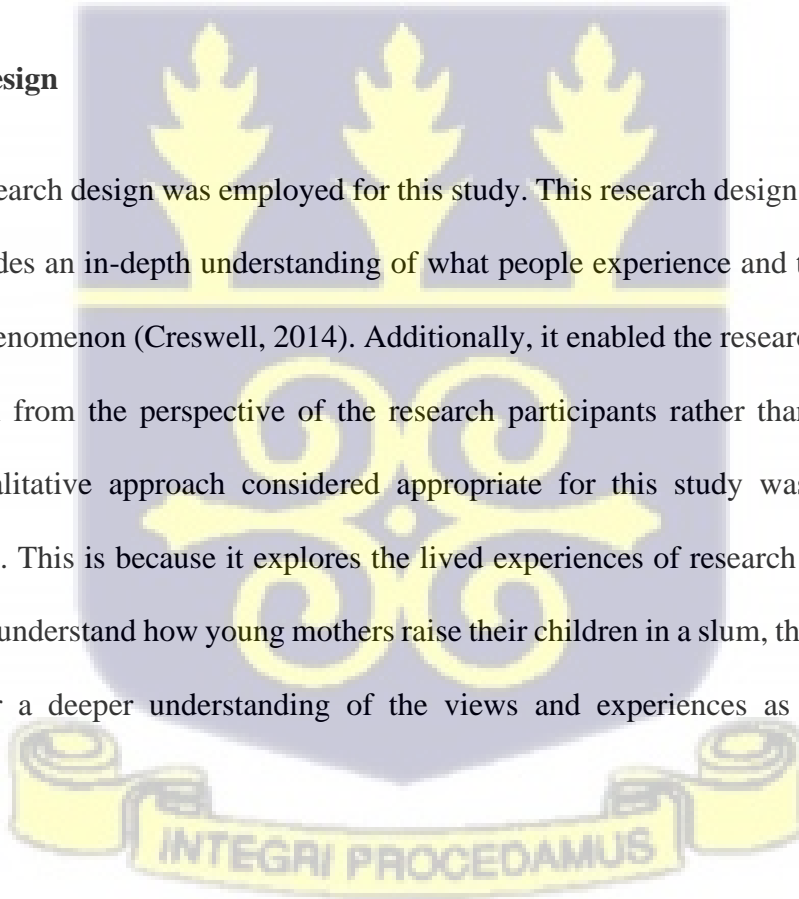
METHODOLOGY

3.1 Introduction

This chapter outlines the methodology used for this study. The research methodology includes the following: the research design, study area, target population, study population, sampling technique and recruitment, sample size, methods of data collection, data management, data handling, data analysis, ethical considerations, limitations of the study, and dissemination of findings.

3.2 Research Design

A qualitative research design was employed for this study. This research design is suitable for this study as it provides an in-depth understanding of what people experience and the meanings they ascribe to the phenomenon (Creswell, 2014). Additionally, it enabled the researcher to understand the phenomenon from the perspective of the research participants rather than just generalized results. The qualitative approach considered appropriate for this study was phenomenology (Creswell, 2014). This is because it explores the lived experiences of research participants. As a study seeking to understand how young mothers raise their children in a slum, this design provided the platform for a deeper understanding of the views and experiences as described by the participants.



3.3 Pilot Study

The researcher conducted a pilot study with three participants outside the twenty (20) participants recruited for the study at Mensah Gidi, a slum in the Greater Accra Region. The purpose of the pilot study was to find out if the research instruments could elicit the needed responses to answer the research questions. Participants used for the pilot study were not included in the actual study. The pilot study also helped the researcher to gain an insight into the study and also aided in the design of the final interview guide. It also gave me a fair idea of some of the challenges that may be faced and enabled the researcher to adopt appropriate measures to mitigate those challenges during the actual study. For instance, it helped me to know the appropriate time to schedule interviews with participants at their various homes.

3.4 Study Area

Greater Accra is the capital city of Ghana, located in the southern part of the country. It is one of the largest cities in Ghana with a population of 5,055,883 (Ghana Statistical Service, 2020). One of the major reasons for the rapid urbanisation of Accra and Kumasi is rural-urban migration. The GSS (2020) in their surveys and population census data indicate that Accra and Kumasi are net gainers of people moving from rural areas to urban areas. All residents, particularly slum dwellers, would face socioeconomic, environmental, and housing challenges and problems as a result of urbanisation and migration to the region (Gregorious, 2014). As a result, most migrants resort to slums since they provide migrants with affordable and cheap housing. Gregorious (2014) strongly indicates that due to the advent of urbanization and industrialization, poverty problems in Greater Accra are rampant. The study sites are Old Fadama and African Eleven. Old Fadama, also

popularly known as Sodom and Gomorrah, is the largest slum settlement in Ghana, located in the capital city of Accra. It occupies 146 hectares of land between the Odaw River and Korle-Gonno (Housing the Masses, 2010)². The place was initially used as a settlement for migrants from Konkomba and Nanumba after the war in 1994 and now houses a large number of people due to the affordable housing it provides. In 2009, the population was estimated to be around 79,684 with a population density of 2424.18 people per hectare (Housing the Masses, 2010). The majority of the people who live in Old Fadama are petty traders, scrap dealers, and head porters, who are mostly migrants from the northern part of Ghana. It is characterized by filth, poor drainage and sewage systems, pockets of violence and crime, floods and fire outbreaks due to unplanned building structures and the nature of building materials used (Awumbila et al., 2014).

African Eleven, also known as Kiosk Estate or Orlando Yard, is also a slum located within the enclave of Spintex and situated in Tema West Metropolis. According to the GSS (2013), the Tema Metropolis is made up of 292,773 people. The slum was named after a football team that was formally dominant in the area but is now defunct. There are a little over 1,000 residents of African Eleven, with a majority of them in the formal sector, specifically factory workers in and around Spintex. African Eleven is also known as the "kiosk estate" or "Orlando Yard" [named after the caretaker of the slum] (E. Quartey, personal communication, January 2, 2021).

The selected study sites are not homogenous given their location and the social characteristics of the residents. Consistent with the UN categorization of slums into slums of hope and slums of despair, this study took a cue from this categorization in its selection process. The first are

² The struggle for paramountcy and autonomy, ownership and control of land, struggle for acceptance and self-esteem and need for separate cultural identity are among the various causes that occasioned this exodus.

settlements on an upward trend, largely made up of newer, usually self-built structures that are in or have recently been through a process of development, consolidation, and improvement. Whereas the slums of despair are declining neighbourhoods in which environmental conditions and domestic services are undergoing a process of degeneration, thus, African Eleven, which is an emerging slum, is a slum of hope, whereas Old Fadama is a slum of despair (UN-Habitat, 2003). Situating the study within the Greater Accra Region is convenient because it afforded the researcher easy access to participants since most of them are migrants from the rural areas to the cities and are domiciled and work in the region. The study sites are appropriate for this study because studies done on parenting in Old Fadama do not exist, with little to no research done in African Eleven on parenting amongst young mothers. Furthermore, Greater Accra is the most urbanized region in Ghana with prominent slums, according to the GSS (2013).

3.5 Target Population

As defined by Martínez-Mesa et al. (2016), a target population constitutes the entire set of subjects or people for which the study is to be used to make conclusions. The authors explain further that the target population of a study defines those units to which the study's findings are meant to apply. For this study, the target population were young mothers in the slums of Accra.

3.6 Study Population

The study population were young mothers who were between the ages of 15 and 24 years old and living in the selected study sites, either Old Fadama or African Eleven.

3.7 Sampling Technique and Recruitment

As asserted by Etikan (2016), purposive sampling is usually done when participants are being selected based on a certain criterion. He explains that purposive sampling pays attention to the qualities participants possess and their knowledge and experience with regard to the study. For this reason, young mothers in the selected slum of Accra were selected with regard to their experiences and knowledge relevant to the research topic. The young mothers' age and gender disposition qualified them to be recruited for the study.

The researcher conducted a reconnaissance study in November 2020 to familiarize herself with the two study sites, Old Fadama and African Eleven. Subsequently, in the early parts of May 2021, the researcher held informational meetings with the authorities of the selected study sites to brief them on the aim of the study and to explain the purpose of the study and the data collection procedure. Introductory letters and a copy of the IRB clearance that were obtained from the Ethics Committee on Humanities of the University of Ghana were handed over to the key stakeholders and yard authorities. The authorities, after being satisfied with the nature and purpose of the research, made announcements in the yard from time to time. The researcher was rescheduled for a later date. The researcher then scheduled a time and place with the research participants. Again, participants were assured that the information they provided would be used strictly for the purpose of the study and that their real identities would be concealed by using pseudonyms to ensure confidentiality. Permission was then sought from the research participants by signing a written informed consent before the one-on-one interviews were conducted. The study utilised primary data that was collected through interviews with the participants. Notes were also taken from the

field. The interviews were audio-recorded with the use of a digital audio recorder. The interviews were conducted through the use of semi-structured interview guides.

3.7.1 Inclusion Criteria

Young mothers between 15 and 35 years old with a child or children and living in Greater Accra (precisely Old Fadama and African Eleven) were considered for the study. Research participants who did not possess the aforementioned characteristics were not included in the study.

3.7.2 Exclusion Criteria

Young mothers below 18 years were excluded from partaking in the study when their guardians or parents (s) were not available to give consent on their behalf. Young mothers were not between 15 and 35 years old with a child or children and living in Greater Accra (specifically, Old Fadama and African Eleven) were considered for the study. Again, young mothers who had not resided in the slum for at least one year and above were also excluded from partaking in the study

3.8 Sample Size

Consistent with qualitative research designs, the study recruited 20 participants. For this study, 10 participants were recruited from each study site. Creswell (2013) suggests that the sample size for qualitative research should be in the range of five to twenty-five participants to gather enough data to reach data saturation. Smith et al. (2009) have stated that the aim of a phenomenological study is not to reach saturation. Thus, the number of participants recruited for this study was not based on saturation purposes but on the adequate number of participants needed for qualitative work.

3.9 Methods of Data Collection

The researcher collected primary data physically from the research participants. This was done through interviews with participants with the aid of a semi-structured interview guide. This enabled the researcher to probe the participants to elicit more information. The researcher also employed the use of observation to observe the nature and characteristics of the slum areas, while the interviews helped the researcher to obtain the viewpoint of the participants and gain an appreciation of their personal experiences (Qu & Dumay, 2011). Observation tactics adopted by the researcher offered the opportunity to witness some of the issues being narrated by the participants at first hand. The individual interviews lasted between 45 minutes and 90 minutes. The researcher interviewed participants in English and Twi as they were the only languages participants could freely express themselves in.

3.9.1 Data Management

A strict data management system was implemented to ensure that the data acquired was not lost. This system was primarily focused on data records. Along with the main audio recorder purchased for data collection purposes, a field notebook and a data collection notebook were kept.

3.9.2 Audio Recording

All interviews were audio-recorded with their consent in order to accurately convey participants' perspectives. The interviews were taped to help overcome the natural limitations of human memory and any intuitive glosses that may have emerged as a result of simultaneously listening and writing. Despite the fact that some participants were worried about having their voices

recorded, efforts were made to ensure that all of them agreed to it and were comfortable with it. It was crucial to securing their consent by assuring them of confidentiality and anonymity, as well as presenting a signed consent form that spelled out the limitations within which the data was being collected.

3.9.3 Field Notes and Diary

The field notes and diary acted as a backup for the participants' audio tape recordings. In addition, the notebooks were also utilized as secondary data recording instruments for brief notes on other observations that could not be caught on tape, such as mood, body language, facial expressions, including cues, and other occurrences in the environment.

3.10 Data Handling and Analysis

The audio data from the interviews was stored on the researcher's computer and secured with a password so that third parties did not get access to them. Copies of these files were sent to the researcher's email and a copy was saved on Google Drive as a backup and to prevent data loss. The researcher translated the interviews in Twi (the local language) to English while transcribing the data from audio to text. A data management software, NVivo 12 Pro, was then used to manage and code the data from interviews and to generate themes and quotes. The researcher imported all twenty (20) transcripts from the word document into the Nvivo 12 Pro software. The researcher then later created nodes for parents and children based on the interview questions for all transcripts, one after the other. Afterwards, the researcher exported the transcripts from the software onto her desktop.

The Interpretative Phenomenological Approach is a qualitative research approach based on phenomenology and hermeneutics (Smith et al., 2009). The interpretative phenomenological approach is phenomenological, which means that it focuses on a rich, in-depth investigation of a certain phenomenon. It is also hermeneutic in that it places a strong emphasis on the importance of interpretation in experiencing and researching events. Participants are recognized as interpreters of their world by IPA, who communicate their interpretation of a phenomenon (in this example, "parenting") with the researcher through their own unique lenses. The researcher takes an active role in this process by writing interview questions, conducting interviews, and thoroughly analysing the results. In this approach, the researcher her own lens to engage with the participants and their comments.

Owing to that, the researcher analyzed the data using Smith and Osborn's (2008) four steps of the Interpretative Phenomenological Approach (IPA):

- I. **Multiple reading and making notes:** The analysis began with reading the transcripts and listening to the audio recordings several times to become familiar with the interviews that were conducted, as advised by Pietkiewicz and Smith (2014). While making notes about experiences and observations, reading and rereading the transcripts helped to clarify the meaning of the transcripts. Participants' comments on noteworthy things they said during the interviews were written down (Smith & Osborn, 2008). The transcripts were categorized line by line, and several themes emerged as a result of the process (Fade, 2004). Symbols, pauses, and repeats in the various transcripts were also taken into consideration (Pietkiewicz & Smith 2014). Statements that were noticeably different from others, as well as responses accompanied by emotions, were looked out for (Pietkiewicz & Smith, 2014).

- II. Transforming notes into emergent themes:** This stage centered on the previous stage's notes. The notes were interpreted, and words and sentences were constructed, all based on the participants' accounts (Pietkiewicz & Smith, 2014). The codes and words in various transcripts were used to identify emerging themes (Smith & Osborn, 2008; Osborn & Smith, 1998). The notes and transcripts were then organized under each of the emergent themes, which were copied and listed in a table (Fade, 2004).
- III. Seeking relationships and clustering themes:** Emerging themes were recognized, as well as the connections between them (Smith & Osborn, 2008). Some themes arose as master themes, while others originated as sub themes (Smith & Osborn, 2004). For each master theme, a table was produced that linked the numerous sub-themes and included transcript excerpts (Fade, 2004). The relationship that exists between these ideas was thoroughly elucidated.
- IV. Writing up an analysis:** The study's findings were narrated by picking each theme and discussing it with direct quotes from the interviewees to add more depth to the themes (Pietkiewicz & Smith, 2014). The discussion part was built around the researcher's analytical comments and the relationship between the current study and the existing literature (Pietkiewicz & Smith, 2014; Smith & Osborn, 2008).
- V.** In addition, the notebooks were also utilized as secondary data recording instruments for brief notes on other observations that could not be caught on tape, such as mood, body language, facial expressions, including cues, and other occurrences in the environment.

3.11 Ethical Considerations

Consistent with National Association of Social Workers (NASW) guidelines on ethical considerations in conducting research, particularly during Covid-19, this study adhered to all the laid down principles and procedures. The researcher ensured that all ethical procedures in social work research were adhered to in this study. The following ethical principles were taken into consideration: Covid-19 protocols, confidentiality, informed consent, voluntary participation, and plagiarism.

3.11.1 Covid-19 Protocols

The researcher collected data from participants physically, with the aid of an interview guide. The researcher informed the research participants upfront of the need to ensure COVID-19 protocols. In adhering to COVID-19 protocols, the researcher provided hand sanitizers and nose masks to research participants. Likewise, the researcher ensured that research participants disinfected their hands from time to time and maintained a maximum distance of 2 meters from me when the interview was conducted.

3.11.2 IRB Clearance

Ethical clearance for the study was sought from the Ethics Committee for Humanities (ECH) of the University of Ghana in March 2021 and was approved in May 2021.

3.11.3 Child Assent

Children were not coerced to participate in the study. The researcher sought assent from them before beginning the interview. This was duly obtained because some participants were less than

18 years old. However, for young mothers who were more than 18 years old, the study was explained to them, and their written consent was obtained.

3.11.4 Confidentiality

The researcher ensured that the identities of participants in the study were not revealed to any third party. Moreover, pseudonyms were used to hide the identities of participants in the write-up of this study. The assurance of confidentiality enabled participants to express their thoughts on the subject matter without fear.

3.11.5 Informed Consent

The researcher made the research participants aware that the study was mainly for academic purposes. The nature and content of the study were explained to the research participant. Again, the researcher sought the consent of research participants before engaging them in the study. This was done with the use of a written consent form on which research participants read and appended their signatures.

3.11.6 Voluntary Participation

Research participants were not coerced to partake in the study. They were made to understand that their participation was voluntary and could decide to opt out at any time.

3.11.7 Plagiarism

The researcher ensured that every source of data used in this study was properly acknowledged. Concerning this, the researcher made use of in-text citations, references and Mendeley [a referencing tool] in the study to avoid any form of plagiarism.

3.11.8 Credibility and Trustworthiness

Peer debriefing and respondent validation were used to guarantee the credibility of this research. With peer debriefing, the researcher consulted her supervisors and colleagues to confirm the validity of the study and aid in probing his thinking around the research process (Given, 2008). The researcher upheld respondent validation by submitting the transcribed data to the research participants to check for correctness and ensure that their perspectives were well captured (Birt et al., 2016).

3.11.9 Bracketing and Reflexivity

The researcher employed the use of bracketing and reflexivity to guard off her bias in influencing this study. According to Chan et al. (2013), one way of ensuring reflexivity and bracketing in qualitative research is by engaging in mental assessment. Thus, the researcher began the data collection with the mental assessment of putting away his knowledge of the phenomenon under study. The researcher specifically used field notes to document her feelings, values, beliefs, thoughts and perceptions that could influence the research process. Referring to the field notes offered the researcher the opportunity to ward off her bias and to guard her efforts throughout the entire study process. By so doing, the researcher was deterred from influencing the responses of the study participants as well as their understanding of the phenomenon with their own experiences.

In effect, the researcher used bracketing and reflexivity to produce a report that reflected the true representation of the experiences of participants engaged in this study. The use of bracketing helped in ensuring neutrality throughout the entire research process. This was achieved by keeping journals and field notes to serve as a guide against possible personal biases.

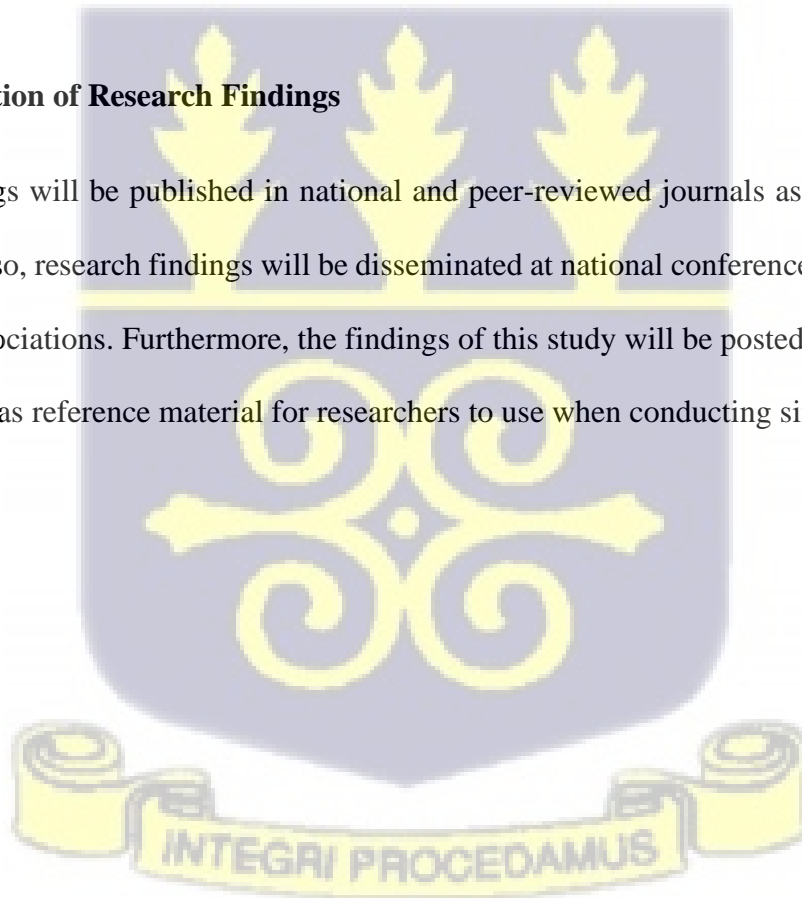
3.12 Limitations of the Study

Data loss may occur during data transcription, which could be attributed to the difficulties in obtaining the exact English language equivalent for particular Twi phrases. However, the researcher tried as much as possible to find similar words for the terms to minimize losses.

Again, the researcher encountered some difficulties in conducting the interviews with the research participants. Some of the research participants did not keep to the appointed times and days scheduled for the interviews. At some point, the researcher had to wait to collect data in the evening.

3.13 Dissemination of Research Findings

Research findings will be published in national and peer-reviewed journals as well as statewide publications. Also, research findings will be disseminated at national conferences and meetings of professional associations. Furthermore, the findings of this study will be posted on the University of Ghana Space as reference material for researchers to use when conducting similar studies.



CHAPTER FOUR

PRESENTATION OF FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings and discussions of the study. Firstly, the demographic information of the participants is presented. This is followed by the lived experiences of young mothers, the various challenges the young mothers face in relation to parenting, and the coping mechanisms the young mothers use in raising their children in slums. Furthermore, the findings are discussed in relation to the reviewed literature and the ecological influences of parenting and child development theory.

4.2 Socio Demographic Characteristics of Participants

Table 4.1 shows the socio-demographic characteristics of the participants. The researcher interviewed twenty participants for this study (Table 4.1). The study found that the average age of young mothers ranged from 15 to 35 years old (Table 4.1). In addition, the findings from the table revealed that the status of young mothers was either married, single, cohabiting, or divorced. With regard to the level of education of young mothers, there are two young mothers with primary and secondary education. The majority of the young mothers had no form of education, while eight of them had only junior high education. Most of the young mothers were engaged in trading and other businesses, while two of the young mothers were engaged in head portering. That being said, the majority of the young mothers were in the informal sector.

The number of children per young mother ranged from one to four. The study found that the majority of the children born to young mothers were not enrolled in school.

Table 4.1 Socio-demographic characteristics of young mothers and their children interviewed (n=20)

CHARACTERISTICS	CATEGORY	FREQUENCY
Age of young mothers	15-20	4
	21-25	7
	26-30	6
	31-35	3
Marital status of young mothers	Married	2
	Single	10
	Divorced	1
	Cohabiting	7
Educational level of young mothers	Primary	2
	Junior High	8
	Senior High	2
	Vocational	0
	None	8
Sector of employment of young mothers	Formal	1
	Informal	19
Type of employment of young mothers	Others	7
	Kayayei	2
	Trading	3
	Hairdressing	2
	None	6
Number of young mothers with children	Number of children	
	1	8
	2	5
	3	4
Age of children	4	3
	0-5	23
	6-10	14
	11-15	3
Children's educational status	16-20	2
	Kindergarten	5
	Creche	3
	Primary	7
	Junior High	3
	Senior High	0
None	22	

Locations where young mothers were sampled (Old Fadama and African Eleven)

An environment that is unsupportive, harmful, lacks relevant social amenities and is evidenced by few resources may hamper the growth and development of the inhabitants. As highlighted in the methodological section of this study, research participants for this study were recruited from two study sites: Old Fadama and African Eleven.

Upon a visit to Old Fadama, one is greeted by the sight of both young and old people carrying different wares on their heads, selling sachet water, toffees, and other consumables under the scorching sun while strapping their children to their backs. The bad odour and sweat that emanated from the bodies of these teenage girls clearly showed that they were tired as they practically had to meander their way through the huge crowd of people on the streets. Others work in shops as shop attendants, cleaners, and cooks. Most of the work of these young girls required physical strength.

In the houses where these young mothers were recruited in Old Fadama, one had to walk through muddy waters, jump over heaps of rubbish and refuse, fold up jeans and jump over big gutters in a bid to interview them. Some of the children of these young mothers pick up all manner of objects from the floor into their mouths. During some of the interviews, some children were seen squatting and defecating watery stool in public spaces without any hinderance. Again, it is common to find the deafening sound of music playing from shops close to the street while the public address systems of some pastors are busily preaching the gospel to passers-by who pay no attention to the message being preached.

Old Fadama [Sodom and Gomorrah] is a place of lawlessness and a safe haven for criminals. Residents in this area could easily point out slum areas where criminals and prostitutes frequently hide, as well as the strategies they used to outwit their victims and hide from the police. For such people, the means to an end was not the main focus, but rather the end in itself. Like “kokonsa”³ a popular area in Old Fadama, one could see girls in skimpy, tight, and short dresses looking dapper, all in a bid to attract customers who were ready to pay for their services. These girls were generally between the ages of 13 and 25, approximately.

The wooden structures in Old Fadama are small in size and tightly packed together, with some having no windows at all, as people feared being robbed if they made some windows for fresh ventilation. The issue of waste management is a problem in Old Fadama. One can see open defecation all around. Residents in the surrounding areas were frequently forced to empty their garbage into open gutters, while others littered the area with waste products. It was a common scene to find food sellers sitting directly opposite a refuse dump or public toilet selling food. It is clear that issues bordering on safety and cleanliness are compromised. Open defecation is the norm for residents as toilet facilities are almost absent from the slum site. Others even dump refuse into the Odaw River or lagoon. Basic amenities are found lacking in Old Fadama. Social amenities such as portable water, schools, waste collection sites, and health facilities that are common in many neighbourhoods are lacking in the slum. Nonetheless, there are pharmacies around the area where residents can get over-the-counter drugs. Illegal electricity connections were evident in the slum sites. It is, however, not surprising that a participant reported that her child died of electrocution.

³ Kokonsa is a place located within Old Fadama that serves as a home for prostitutes.

In African Eleven, the case was different as compared to Old Fadama on one ground: waste management. The conditions in the African Eleven were better. The place looked neat and clean when one approached the yard. Yet, in the homes of the individual participants, one could find heaps of rubbish just by the door of the kiosk. Rubbish is disposed of by waste management collectors who charge a weekly sum to dispose of the refuse for individuals who have subscribed to their services. On rainy days, the place looks muddy and flooded. On one such hot Sunday afternoon after a heavy downpour, the researcher visited the study sites and was met with a flooded yard with litter and rubbish floating on top of the water.

Sports betting shops and local bars are numerous in both Old Fadama and African Eleven. Clean water and toilet facilities are present in African Eleven, but residents are charged a fee as it is the private business of the caretaker of the slum. In African Eleven, school blocks and hospital facilities are missing from the yard. Residents have to travel a long distance to access these services in other neighbourhoods.

4.3 Childcare Practices of Young Mothers in Raising their Children

A major theme that was observed in this study was childcare practices. This relates to issues such as: health seeking behaviours, accommodation arrangements, maintaining discipline of children, and schooling and education of children in slums.

4.3.1 Health Seeking Behaviour

Studying the health seeking behaviour of a group of people is an attempt to understand how they deal with illnesses and sicknesses and how they utilize available health care facilities. The factors that determine how a group of people utilize healthcare differ. This study sought to understand the

decisions of young mothers when they found their children sick. Findings from the study indicate that for several participants, their children's health conditions were caused by poor sanitation management, which is evident in Old Fadama [a slum of despair]. Participants interviewed mentioned that the common sicknesses their children suffer from are malaria, high temperatures, stomachaches, and headaches. Most of the participants mentioned that their choice of health care for their sick children (ren) was determined by the nature of the child's (ren) sickness.

This place is our home, and we have no other place to go. Over here, there exist poor sanitation management here...refuse here and there with poor sanitation management here.... mosquitoes are our friends. We have no option...I am not surprised my children often contract malaria (Participant 14, Old Fadama).

In addition to the above, an uneducated married young mother shared her view in the voice below:

...sister! [referring to the researcher] the mosquitoes here are not friendly [laughs a bit]. Malaria is common here. The environment here even betrays us. I do my best to keep my surroundings clean, but the majority of people here do not see the need to do same. Dumping of refuse here and there with no regulation to check sanitation issues...why won't our children fall sick (Participant 15, 31 years old, Old Fadama).

Furthermore, participants mentioned that in such instances where their children fall ill, their first point of seeking health care for them is the pharmacy. It is evident that participants' choice of a pharmacy as the first option is because they had no other alternative to choose from within the slum sites, as hospitals were not located anywhere near the two slum sites. The only clinic at Old Fadama is shutting down due to a lack of needed equipment and money to run the place. Most of the participants mentioned that their choice of health care for their sick children (ren) was

determined by the nature of the child's (ren) sickness. A 23-year-old married mother and a resident at Old Fadama shared:

My first choice is the pharmacy when my son falls ill...because the clinic here is not in operation...besides, my son normally suffers from headaches, so I purchase some paracetamol from the pharmacy and give it to him (Participant 1, 23 years old, Old Fadama).

In similarity with the above, this married young mother had this to say:

When any of my children are sick, I buy medicine for them from the pharmacy withing the yard depending on the severity of the sickness. When they are not getting better, their father and I take them to the hospital as a second option (Participant 15, 31 years, Old Fadama).

At Old Fadama, while I was interviewing a young mother on a walkway near the Korle Lagoon, two children approached me [a 4-year-old boy and a 3-year-old girl] with a cup of porridge each, bare chested and without slippers, and played in the muddy water just beside the walkway. The little girl then placed the cup on the ground and, squatting by the cup, passed watery stool. Her grandmother, who yelled at her, picked up a used diaper from a dustbin close to her and wiped the buttocks of the child with it. When I later queried her jokingly, she retorted that "sickness is part of every human being." Her response immediately drew my mind back to the statement that "African germs do not kill." This was the view of the single young mother, who describes what she does when her child has a stomachache vividly in the excerpt below.

When my daughter runs temperature, I buy herbs and prepare it. It is a Dagomba herbal medicine, called "musoolo"...when preparing it we add a little pepper and ginger to it

and mix them together with water then insert it into the anal region of the child and it reduces the high temperature (Participant 12, 18 yrs, Old Fadama).

A single 30-year-old mother who happens to be a kayaye⁴ and a mother of four who looked pale with a one-month child on her laps had this to say:

When I realize his temperature is high and I get money from work I visit a drugstore and explain to the pharmacist, and he gives me drugs for the child (Participant 13, Old Fadama)

From the above responses, it is clear that for both African Eleven and Old Fadama, participants combined two methods of health seeking behaviour, traditional or herbal medicine and medicines purchased from the pharmacy. A 26-year-old mother of three and a divorcee explained that she patronises herbal medicine and the hospital when her son is seriously ill. Her concerns are summarized below:

.....the youngest child could not sleep as he was complaining of his stomach and he was crying. The way things were looking I told my mother I have to take him to the hospital, so I proceeded on taking him to the hospital. If not for that day, normally when he is sick, I go to the drug store to get medicine for him but if he is not getting well then, I take him to the hospital. On some occasions too, there is a pastor around here, I tell him what exactly is wrong with my child then he gives me herbal medicine to administer. When I visit the pharmacy to purchase some drugs, I don't spend much unlike the hospital. When I go to

⁴ Kayaye or Kaya Ye is a Ghanaian term for a female porter or bearer. They transport goods to and from various markets and places at a fee.

the drug store, I spend close to GHC 50 or GHC 40 but the hospital I spend much (laughs a bit) that is how I manage (Participant 16, African Eleven)

Prominent in Old Fadama, as mentioned earlier, is the indiscriminate disposal of both solid and liquid waste. Unlike in African Eleven, mothers had a controlled mechanism to dispose of waste. This mother shared her experience after visiting the hospital. She mentioned how she was queried by the health professionals about how she took care of the child. For the mother, the overcrowded nature and the heat in the room were contributing factors that caused her son to fall ill. She also bemoaned the indiscriminate disposal of refuse in open gutters and around the neighborhood. The mother was convinced that her son's illness was caused by improper waste disposal. She admitted not maintaining some personal hygiene and also not keeping a close eye on her son. Her experiences are summarized below.

Personally, I hardly fall ill no, but my younger child was sick recently. I took him to the hospital. He was given three drips of water and was admitted. I paid GHC 60.00 as a cost of the bed. I had also bought drugs so in all I spent about GHC 400.00 at the hospital. He was vomiting and at the same time having a running stomach... the nurse said he was exposed to mosquito bites and bed bugs on the bedsheet at where he sleeps on. The nurse again mentioned that he had cholera and advised me to keep my environment clean and again said I am not taking proper care of the child (Participant 2, Old Fadama).

4.3.2 Accommodation Arrangements of Young Mothers in Slums

This study sought to find out the housing and sleeping arrangements of research participants. Three key things emerged. First, the nature, type, and size of the structure of the young mothers.

Participants sleep in a kiosk or a poorly constructed wooden structure, roofed with aluminium zinc. These wooden structures are close to each other with little ventilation. Each wooden structure is made up of 25 metres wide, leaving the rooms very small, some without windows because they do not want people breaking in. Some young mothers lived in small kiosks, houses constructed of blocks, or houses with leaking roofs.

The structures are closely together and small in size. There are no windows, just a door because I do not want thieves penetrating through the window. Stealing is dominant here (Participant 12, 18 years old, Old Fadama).

The kiosk is made up of plywood and roofed with aluminium zinc. The kiosk is not really strong, but we make do with it. That's what I can afford. The kiosk here are a lot in number, in fact, we are many here (Participant 3, 20 years Old, African Eleven). Our house is constructed of blocks. I am on the top floor. The stairs are made of wood, and it is not that strong. Sometimes, my children and myself have to descend and ascend on a ladder. It is a normal practice here. It more like a story building [laughs a bit].

Despite the general view that kiosks in slums are small and closely together, as in the excerpt from mothers in Old Fadama, in African Eleven, different views emerged. Although young mothers shared the same views on the size of their kiosks, participants lived in kiosks but had windows and doors. Again, the kiosks within African Eleven were not closely packed together as in the case of young mothers in Old Fadama. The following excerpts demonstrate the differences in the nature of accommodation arrangements in African eleven:

Our house is made of plywood. It is not really spacious. The structures are not crowded in here. Mobility within the slums is very easy (Participant 16, 26 years, African Eleven).

My kiosk is made up of a chamber and a hall [laughs a bit]. That does not mean it is spacious. Improvised a way of portioning it to contain our belongings. There is enough distance between the kiosk in here, they are not closely packed together (Participant, 22 years old, African Eleven).

Secondly, issues regarding the sleeping arrangements of young mothers and their children emerged from the findings. Young mothers had to devise some strategies in their sleeping arrangements to make space for their children to sleep and contend with the heat that comes from living in small structures. For instance, in African Eleven, a 27-year-old mother of two children laments bitterly concerning the sleeping arrangements of her children and herself. The mother, who is cohabiting with the father of her two children, asked her husband to ask her sister to vacate the room as she had outlived her welcome. The young mother appeared untidy, and her 4-year-old son walked about with a running nose. The full account is in the excerpt below:

My husband, my in-law, myself and my two children are all living in this room. So, we are five that sleep in the room. The place is very small, I sometimes quarrel with my husband to let his sister go because the space is small, and she has come to stay with us. My husband, the children and I are on the same bed and the sister sleeps by us. The elder child sleeps this way [at where our foot ends-demonstrating how they sleep on the bed] my husband sleeps that way [horizontally], I also sleep this way and the little child sleeps by my side. There is so much heat in the room. Even when you put on the fan, there's still heat. You can't sleep well so my children and myself sit outside in the afternoon, and when it is around 3pm to 4pm thereabout then we go to the room. In the afternoon we are unable to sleep in

the room. I'm unable to keep my children inside. I get a mat and lay them on it outside when they are feeling sleepy (Participant 5, 27 years old, African Eleven).

Another mother who has never been to school before and a mother of three narrated her ordeal below:

We are many in a room. At most a total of 15 people in this small kiosk. The heat in here is too much especially when it is in the afternoon. It becomes unbearable. Sometimes my child finds it difficult to sleep at night because of the heat. I have to sleep sideways and try and squeeze some space to put her down and that is not easy. We are many. Each individual pays GHC 7.00 a week. I have to buy a bucket of water at GHC 50p to bath the child, pay for electricity bill at the end of the month, toilet user fees and even pay that of the bath house at a cost of GHC 50p. Life here is a struggle. Sister, (referring to the researcher) it is not easy! (Participant 13, Old Fadama)

For some reason, this young mother improvised some means to create some space in her room. In the evenings, participants take turns making sleeping shifts to allow their children to have some space and sleep. This young mother lives with her mother and her five siblings. A young mother of two boys who had attained secondary school complained of a constant flood. She recounted:

Our house is constructed of wood. It is very small, so we have created a wooden closet up there to contain our belongings. When it rains, the room gets flooded. The only option I have is to try and drain the water in the room. In the evenings, when we are about to sleep, to make space for the children, I go to kokonsa and I sit there until when it is about 5am then I come to the room to sleep. By then some would have left for work (Participant 14, 21 years old, Old Fadama).

When it rains, participants report having to check their rooms for leaks. Whereas some participants mentioned that they sleep in groups with their work colleagues, other participants said otherwise. This finding was prominent in Old Fadama only. For instance, a 35-year-old mother from the Northern Region and a divorcee with five children, who had the younger child sucking on her breast while the interview was in session, explained her point this way:

In a day I pay GHC 7.00 so because of that we are many in a room; about 10 in a room. You can imagine the heat in here. Now they have all travelled to the north. Otherwise, we are more than 10 in a room (Participant 2, Old Fadama).

Young mothers reported having to struggle to breastfeed their children at night due to the small size of their rooms. For some of them, they had to adopt some sleeping strategies that were uncomfortable. Others also had to sleep outside with their children due to the heat in the rooms. These findings were consistent across both slums, Old Fadama and African Eleven.

A cohabiting 20-year-old mother, who was kicked out of the house by her father after getting pregnant, mentioned that she found a home with her sister-in-law after the father of the child decided not to house her and the baby. She mentioned that the room was small and that she had to struggle to breastfeed her child at night. She expressed her situation in these words:

Myself, my child and my sister in-law live in a kiosk and put a student mattress on the floor and sleep on it. Although it is small in size, we cannot complain. We are fortunate unlike others. Our room is also not spacious enough. I struggle to change position to even breastfeed the child at night, at night because we have defaulted in the payment of electricity bills, our light has been disconnected. As a result, at night, I find it difficult to navigate my way in the room (Participant 3, African Eleven).

The third stream of events related to accommodation arrangements for young mothers had to do with issues of constant flooding. This finding was dominant in the Old Fadama only. The rainy season is particularly difficult for them because the roof of their kiosk leaks, an 18-year-old mother laments. Unlike participant three in African Eleven, this young mother and her 2-year-old daughter sleep on a piece of cloth. She recounts her situation this way:

My mother, my child and myself sleep in this kiosk. It is made of plywood. The room is not that big but at least it is a bit spacious enough for the three of us. We sleep on a cloth, the three of us. During the raining season like this, the weather becomes cold and it's not conducive to sleep on the floor especially for my child. I cover him up with extra cloth and double the cloth I lay on the floor for him, so he doesn't feel cold. Currently my mom and I are trying to save some money, so we change the roofing sheets. It's not the best but that is what we have (Participant 12, Old Fadama).

A 31-year-old mother of three who had no formal education with three children shared a similar thought. She narrated below:

The three of us, myself and the small one and their father sleep on the bed [with a mosquito net] and the children sleep on the floor. I put old curtains on the floor for them to sleep on. When it rains, the room gets flooded. Madam, see [referring to the researcher] even currently as you can see, we are surrounded by water (Participant 15, Old Fadama).

4.3.3 Schooling and Education

Some of the participants discussed how they maneuvered their way through sending their children to school, while others gave reasons why their children are not in school. Participants mentioned

that there are no government schools in their neighbourhood, so those who can afford private schools enrol their children in them. The payment of school fees is done on a term basis, but for these young mothers, they leveraged with the principals of the schools to pardon them and allow them to make payments in instalments. This method was successful at some point, but in other instances, some young mothers had their children sacked from school for defaulting on the payment of school fees. This was evidently seen among single and divorced mothers.

A 26-year-old divorcee and a mother of three vividly shared her experience:

The eldest son goes to school around this area. It is a preparatory school. I pay GHC 120.00 for a term, but I do not pay it in full. I pay in instalment. Even this year I have not paid yet. I only paid for 2020 I am now going to pay this year's bills but for this term I am now paying it bit by bit when I get money but I have not started yet with the payment as of now. There is a government school at Kotobabi but it is far from here. I have decided that starting from this year when the school vacate, I will not allow him to go there again he can walk to school because most of the children here walk to and from school. He will follow them, so they all walk back home. I have decided he won't go there again he will go to the government school. I have no option. There is no money (Participant 16, African Eleven).

Other young mothers reported that due to the young age of their children, the proximity of the school to their home and financial constraints, they are unable to enrol their children in school.

This was the case for both study sites, Old Fadama and African Eleven.

A 24-year-old mother with four children lamented that, due to financial constraints, all four of her children are at home. Although her children are home, she hopes to see them become better than her in the future. Her experience is captured in this excerpt:

It is because I don't have money for their education; the two, thus the first born and the second born have one father, he fell sick [insane] so we separated before I came to Accra. The third born too her father deceived me that she would marry me but didn't. I am with the father of my last born currently but he doesn't know my family; he has not married me, so I don't have any work to do. I tried to enrol them in the Government school, but I was told the school is full. For the rest of the schools, I would have to pay fees and this my husband too doesn't have any good job. Despite the fact that I never went to school, I want my children to go to school and be better than me. For now, all I want is for me to get a job to do and ensure my kids get educated.; I didn't get that opportunity, so I want it for my kids (Participant 18, African Eleven).

Despite young mothers reporting that financial constraints deterred them from enrolling their children in school, this young mother of 24 clearly understands the importance of education. She explains that she never had the opportunity to go to school and, as a result, she can neither read nor write. For her, her main goal is to ensure that her children have the best education possible, and she will do anything, including starving, in order to see them go to school. Her experience is captured in this excerpt:

The two children go to school at Pentecostal Academy. I take them to school but sometimes I make a motorcycle to take them to school because the place is far, and they can't go on

their own, so I make the motorcycle take them... I never went to school so I am unable to read nor write. My children's education is very important to me. So even when I do not have, I try my best to provide for them (Participant 15, Old Fadama).

A participant explained that there were some instances where her child had to drop out of school because she had no money to pay her school fees. Due to that, it has had a toll on the child's schooling in that she is still in kindergarten two instead of being in class one. This 21-year-old mother of two puts her message across this way:

... So, my child stays at home for three days until I get my salary to take her to school again. Due to monetary issues, it has stalled her educational progress. That is the main reason why the first born is still in kindergarten 2 and unable to move to the next class (Participant 4, Old Fadama).

4.3.4 Maintaining Discipline of Children

All the participants interviewed showed considerable consciousness about the positive role of correction and discipline in reinforcing positive values in children. However, the tools for exerting positive values varied among parents. Corporal punishment [beating], withdrawal of privileges [restraining them from playing around], and counselling/advising were used at one time or another. Participants also discussed how their choice of corporal punishment is influenced by their children's behaviour.

Corporal punishment such as beatings was mostly used by young mothers in Old Fadama. For instance, this single young mother, who is 21 years old, explained that she had to beat and drag her son to school. She expresses herself below:

...last week Tuesday, my son refused to go to school because the teacher had beaten him the previous day. I had to beat him and drag him to school because that little boy is stubborn. He is always throwing stones at the least provocation. I think the absence of a male figure makes him put up unruly behaviour. (Participant 14, Old Fadama).

Likewise, another mother also had this to say:

I discipline them, I beat them sometimes but not always, I mostly discipline and beat them when what they do is very bad afterwards, I tell them they should not repeat what they did.

On the other hand, young mothers in African Eleven preferred talking to children out of negative behaviours. Despite the fears some young mothers expressed concerning the slum environment, others also reported that they preferred talking to their children anytime they went wrong.

Growing up we were not shouted upon, when I was with my grandmother, she calls us at dawn to advise us and so I do the same with her. However, if I advise her three consecutive times and she refuses to adhere I shout at her saying I told her not to do this but that's what she's doing (Participant 7, 32 years, African Eleven).

I mostly talk to him, but my child is very stubborn. If you tell him not to go to this place he will go (Participant 5, 27, years old, African Eleven).

Another popular approach young mothers preferred to use in correcting children was withdrawing certain privileges, and most parents who withdrew privileges mostly mentioned denying/refusing

their children from going out to play with friends. This approach was particularly used by some young mothers in Old Fadama. According to this 23-year-old mother, she does not allow her children to go out and play with other children. She fears that in such a community characterized by bad behaviour, her children could be influenced by friends. Below is how she shared her fears:

Life is tough! I do not want my children to suffer. I teach them how to live well so that they will not suffer. They do not go out, after they come back from school, they stay indoors watching cartoons on the television. I do not want them to learn bad behaviours in here. In this place, you will see so many things. Young ladies moving around aimlessly without no sense of responsibility. It looks like normal but for my children, I do not want them copying such kind of behaviour. Not at all, none of them do not go to their friends. Some friends can teach bad things. Over here, what kind of good behaviour can they exemplify? I do not trust friends in here. I do not want anyone to bring me trouble, or I am lying? What will I do if they bring trouble? (Participant 1, Old Fadama).

Similarly, this young mother of 18 years with a three-year-old daughter has this to say:

... betting shops and drinking spots are on the rise here. Motors parade here and there. Motor riders do not ride carefully; it is only those who are levelheaded that ride carefully. Someone can smoke and drink so when he is on the motor he doesn't drive carefully. And even if you are a grown up and you are not careful, they can knock you down. It happens most often over here. Living here, one must be extra careful especially with children roaming about. There was even an incidence where a moto bicycle knocked down a 2-year-old boy who was playing around. The rider was being followed by the police for allegedly engaging in some drugs. In a bid to escape the police he sped with a high speed and ended

up running over that boy. Madam! [referring to the researcher] it was all sorrow and mourning. Eventually he was caught but the child was gone! Due to such incidences that occasionally happen here, I try my best to keep an eye on my child. I am extra careful. I keep her indoors (Participant 12, Old Fadama).

Others also registered their fears over the likelihood of their children being influenced negatively to engage in deviant acts prevalent in the slums. For these young mothers, the only way to monitor their children is to be strict and carefully monitor them in the best way possible. All these were measures young mothers put in place to control the behaviour of their children.

I have fears about they growing up here. During the night like you can see here: [referring to the researcher] this place is noisy. You see young girls and boys flirting around but I have nowhere anywhere to go. I am not happy raising my children here. I do not want any of them to copy bad lifestyles over here. So, I do my best to warn them and admonish them to be very careful. (Participant 16, 26 years, African Eleven).

I do not want my child to grow here. If I had someone to help me, I would like to move my child from this area to another. The lifestyle here is not the best. As a result, I really do not want my child to grow in such an environment (Participant 9, 18 years, Old Fadama).

For this young mother, owing from her own experience where she lost her son to electrocution, she prevents her children from going out to play.

I don't allow them to go outdoors. At first, I allowed them to be going out but because of what happened to me. At first children could come to my end and play with my children. There was one child that was almost electrocuted. Since that I didn't want children to come around because I don't know what can happen and I also don't allow my children go to

others house to play. I don't let them go outdoors. When it is 6:00pm they go to bath, and they stay indoors. When I step out and I tell them to stay indoors they stay indoors till I come. They are males and may be very stubborn but by God's grace I am able to handle them. I monitor the children in the choice of programs they watch on the television. I allow them to watch television only during the weekends thus Fridays after school to Sunday. The current western movies that have come are negatively affecting the children, so I don't allow them to watch because of the love and romance in them. I only allow them to watch cartoons (Participant 15, 31 years, Old Fadama).

4.4 Challenges Young Mothers Encounter in Raising their Children in Slums

The study findings revealed that young mothers in slums encounter several challenges in their bid to raise their children. These challenges were peculiar and different with regard to the two study sites, African Eleven and Old Fadama. The young mothers raised issues concerning various challenges which encompassed: role overload, health [distance barrier, financial constraints, lack of a natural health insurance scheme card], feeding and clothing challenges, and challenges related to work.

4.4.1 Role Overload

Participants lamented how due to being either a single mother or the unwillingness of their partner to help them cater for their children, they had to struggle with combining various roles. This was particularly among single mothers and cohabiting young mothers in both Old Fadama and African Eleven.

A young mother expressed how difficult it was for her in performing dual tasks:

Having to combine roles is a bit difficult. There's no one I can leave my child with. His father is at home yet unwilling to help me around. goes to work so he is not around to assist me... (Participant 6, 29 years old, African Eleven).

In Old Fadama, a similar ordeal was shared by this single young mother who cohabits with the father of her child:

Combining work with housework and taking care of the family is not easy. My son's father is unwilling to help out. There is no one here to assist me. I work from dawn to dusk. It is really tiring being a single mother of three (Participant 9, 18 years old, Old Fadama).

4.4.2 Challenges with Health Seeking Behaviour

The in-depth interviews conducted with participants revealed that they experienced some challenges in terms of their health-seeking behaviour. These challenges revolve around distance barriers, financial constraints [lack of transportation fares] and a lack of health insurance coverage. Thus, they were unable to take their children to hospitals or get them some medicine from the pharmacist, but rather resorted to the use of natural remedies they knew best to treat their children when they were sick or ill. Others also explained that they could not send their children to the hospital because they were not subscribers to the national health insurance scheme.

4.4.2.1 Distance Barrier

Participants in both slums mentioned that distance was a factor that deterred them from patronizing services at the hospital when they or their children were sick. For these participants, they had to

commute a long distance before accessing a hospital or clinic. Some had to go to other communities to seek health care.

There is no hospital within this community. The only hospital close around here is even in Ashiaman. It is far from where we live. You would have to take three public transport before you get there. Having to travel that distance often deters me from patronizing the services of the hospital. I rather prefer to stay at home or get some Panadol for my child when he is sick (Participant 5, 27 years old, African Eleven).

A similar case was reported in Old Fadama where a young mother mentioned that travelling that distance was a barrier to accessing health care services at the hospital:

Unless we go the Central Business District to access healthcare. Sometimes, we have to go to James town. Look at the distance. I rather prefer to opt for alternative ways than trekking that distance. But if my son is getting unwell despite the first aid I give him, I painfully trek that distance. If not for that, I would not go (Participant 20, 18 years old, Old Fadama).

4.4.2.2 Financial Constraints

Some young mothers also explained that financial constraints prevented them from sending their children to the hospital anytime they were ill. Other young mothers also explained that they lacked transportation fares to take their children to the hospitals or to buy them drugs anytime they were ill. Similar findings were seen in both slums. Young mothers put it succinctly:

The third born was playing with some friends within the yard, and that is where one of the kids he plays with pierced his eye with a stick. It's been a while, about a year. I complained to mother of the boy he hurt my son. All she said was to say sorry and beat up his son. I took him to the hospital and the doctors said it could be treated. The doctor requested for GHC 2000.00 to perform the surgery. I later went to the perpetrator's mother again and asked her to assist with some money, so I take my boy to the hospital to perform the surgery, but she told me she does not have money. She bemoaned how she will help to raise such an amount since she is an orange seller. My husband also tried his best but to no avail. Due to financial constraints, I did not follow it up again. Madam, take a look! [referring to the researcher] only one of his eyes is functioning properly (Participant 18, 24 years old, African Eleven).

...what to eat is even difficult, let alone to talk about transportation fare to Asshiaman to access quality health care from the hospital. I do not have money for transport (Participant 3, 20 years old, African Eleven).

I do not have enough money to send my child to the hospital when she is sick. Because of that I patronize the services of the drug storekeeper. Usually when I take her there, I pay GHC 20.00 which is a bit affordable. Even that one on a bad day it's difficult to get that kind of money. And you see my husband does not work so I am the only breadwinner (Participant 13, 30 years old, Old Fadama).

When you go to the hospital or clinic, the amount they will collect from you, instead when you take Gebedol it is better. I frequently buy Gebedol anytime they complain of headaches.

I put it in water solution and give it to them and they end up feeling better (Participant 14, 21 years old, Old Fadama)

This mother lamented that, efforts to get a loan to take her child to hospital proved futile as creditors had no sympathy on her:

hmmm, the money issue, if you don't have health insurance, they charge exorbitant amount for health care and I don't have money; getting a loan too is not easy, the creditor won't even give you if they even have. They will even insult you when you leave (Participant 2, 35 years old, Old Fadama).

4.4.2.3 Lack of Health Insurance Card

Some of the young mothers explained that due to the fact that they did not possess a national health insurance card, they feared taking their children to the hospital anytime they became ill, while other mothers believed that renewing the premium of the health insurance card without using it was a waste of money. For those who had national health insurance cards, it did not cover all the treatment of their sick children.

For this mother, her child's health insurance card could cover the bed fees but not the cost of treatment.

I paid some deposit before my child was attended to. The nurse put a drip on him. I was told he had some blood infection. I did not pay all the required amount at once. I begged them to allow me to settle the bills later while they treat my child... I inquired from the hospital about the health insurance, and they said it covers only the bed and not the cost of the treatment (Participant 16, 26 years old, African Eleven).

On the other hand, delays in acquiring a national health insurance card at the appropriated centre mandated to work for that purpose due to long queues and network issues at the centres deterred young mothers from acquiring a health insurance card.

For the health insurance, we have been there like three times but we even went to Nungua with a friend and her children including my children too and they said the network is not good so we did not go anymore so when they are sick, I don't take them to the hospital because they do not have a health insurance, I am scared the hospital will cost higher without the card of which I cannot afford (Participant, 17, 25 years, African Eleven).

Whereas in African Eleven, mothers reported that long queues deterred them from renewing their health insurance cards, young mothers in Old Fadama raised the issue of time wastage. In the in-depth interview with a mother of two, she reported that renewing the national health insurance card was a waste of time and, due to financial challenges, she could not afford to renew the health insurance card for her children.

When the National Health Insurance card expires, we don't have money to renew it. And it was when I gave birth to my eldest child that was when we were forced to renew it in the hospital. From that side until now I haven't renewed it. And you can pay that 30 cedis and you won't fall sick and that will be waste. And then next year you would have to go and pay again so it is just there. Even at the moment I don't know where mine is (Participant, 14, 21 years old, Old Fadama).

4.4.3 Challenges with Feeding

Some young mothers reported how, due to the incapacitation of their partners, they struggle to earn any substantial money to take care of their children. Single unemployed young mothers in this study struggled to care for their children in both African Eleven and Old Fadama. Out of the twenty (20) participants interviewed, one mother mentioned how she regretted giving birth as she felt she was not a good parent for her children because of her inability to provide for their basic needs.

For this young mother, when her child's food items get finished, she has to mount pressure on the child's father for support until he sends some money, when they go hungry. A participant shares her experience vividly below.

He is very headstrong. Sometimes, the child's food items can get finish and I will be in desperate need and I wouldn't know what to do so I will have to give him a lot of pressure before he sends something small...sometimes when I desperately need something for the child, I normally call my sisters for help but they also they don't always provide for me... when that happens, we go hungry (Participant 10, 21 years old, African Eleven)

For others, they simply appeared helpless with unspoken regrets. In one case, the young mother regretted not committing abortion due to the hardship she was facing having to cater to the needs of her children. It is simply exasperating, as can be seen in the account below:

... as I speak, they have brought a funeral invitation, so I have asked my kids to stay behind for me to go because I don't have enough to buy tickets for all of us. Now that's the only challenge I am facing and depression; how I will manage to cater for the kids is a burden weighing me down. That's why people have been saying people die from depression; in

fact, I regret ever having these kids, I should have aborted the pregnancy then...taking care of them is not an easy task. In these times that finding money is very difficult ... sometimes when you wake up the only thing you take in is porridge, sometimes too nothing if you don't get money; all you do is roam (Participant, 2, 35 years old, Old Fadama).

Sometimes we do not have any food to eat. A day if we have enough, we eat twice, and you know the children will still want to eat. So sometimes I do something little for them but if there is no money, we go hungry all day (Participant 16, 26 years, African Eleven).

4.4.4 Work-related Challenges

In a bid to provide for the basic needs of their children, some mothers mentioned that they had to engage in menial and part-time jobs to take care of them. Some young mothers risked being knocked down by a vehicle and being refused pay for their services. Of the twenty (20) young mothers interviewed, nineteen (19) of them worked in the informal sector. Participants engaged in the selling of wares and engaging in petty trade to raise some income to cater for the needs of their children, while others had to take on double jobs to compliment the income of their partners.

One young mother in Old Fadama reported how she was laid off after her employer discovered that she lived in a slum. As a result, this young mother had no other choice than to engage in prostitution and in the selling of drugs to cater for her children. An illustrative quote from a young mother interviewed is shared in the following extract:

It is difficult finding work because we live in the slum. I was sacked by my previous employer because I lived here...when things started getting tough, I decided to be a town

girl⁵ even with that, I do not earn much. So, this place they regard us as town boys⁶ and town girl...so now, I take wee⁷ toffee from a friend of mine and sell for her then later I take my share of the money from it. The toffee cost GHC 1.00 per one. I do all these to meet the needs of my children (Participant 14, 21 years old, Old Fadama).

For this single young mother in apprenticeship, she found s found it difficult in taking care of their children because they earned no money.

...but now that I am undergoing training as a hairdresser and things are very difficult for me, I am not being paid. It is just like being unemployed (Participant 17, 25 years, African Eleven).

For this young mother, although she is working, her income is meagre, and she is unable to provide adequate food for her two months old baby. During the interview, had this to say:

My partner is unemployed...If my husband has, I wouldn't be here or if my mom has, I would be here. At first, I used to buy cerelac and I prepare for my child. But now things are difficult. There is no money from the “kaya” business that is why I give him Tuo Zaafi⁸ instead at this young age [2 months old baby] (Participant 13, 30 years, Old Fadama).

⁵ In old fadama, a town girl is a derogatory word for a prostitute.

⁶ In Old fadama, a town boy is a derogatory word for an armed robber.

⁷ Wee in the local parlance means marijuana or india hemp

⁸ Tuo zaafi is a Northern Ghanaian meal produced by combining maize or millet flour with water and boiling it. Tuo means stirred in Hausa, while zaafi indicates heated in Hausa. Tuo zaafi is a sticky, starchy, high-carbohydrate dish that is traditionally served with okra soup.

For this young mother, she shared that her work as a “kaya” involved some daily risks she had to contend with. She recounted one such occasion where a colleague of hers was killed by a vehicle. That being said, she mentions that her children do not want her to continue as a “kaya” anymore because of the risk involved:

When I inform my children that we have to do "kaya" they are not too happy about that; one of us was knocked by a vehicle, she has even transferred her funeral to our hometown. My children tell me to be on the road and I also tell them what will I do if I don't be on the road; if someone hires me and tells me they would be crossing the road I would have to cross the road eventually...sometimes you can be in the market all day and you will not get anything to carry. The whole day I haven't had any job; one woman asked me to braid her hair and I received the news of the funeral in the course of it. I have stopped the work and I'm mourning. If you don't braid too, you don't get anything to eat (Participant 2, 35 years old, Old Fadama).

On the other hand, in African Eleven, this young mother recounted how her partner eventually squandered her capital, which was meant for her credit transfer business. As a result, she lacks the capital to continue operating the business; as a result, she is currently unemployed and unable to meet her own and her children's needs.

I used to do a credit transfer business. Thanks to my partner, all the profit I gained from the business is gone. He I don't work, but he [referring to her partner] gives me a little money to top up credit on my phone and when he sees that the money is increasing, he refuses to give us feeding money. Anytime I ask for money he tells me to take it from the credit transfer money, eventually, it finishes so I sit idly doing nothing until I get some

money to top up again and even that too he will tell me to cook with it again. (Participant 5, 27 years old, African Eleven).

This young mother described instances where after washing people's clothes for them, they refused to pay her the money due her. Instead, she was tossed to and from and, in the long run, had to abandon the chase for the money.

Oh, it has happened before. I can wash for people, and I will be told to come back for it later, when I go, they tell me to come back later. It happens several times. At the end, I am not paid. So, I decide to forget about it (Participant 6, 29 years old, African Eleven).

This mother mentioned that she was a casual worker and was prone to being sacked anytime, thus she felt the need to learn a trade to supplement her meagre income she gets from her work:

You see, the one I'm doing now is company work and because I'm a casual worker we can be sacked at any time and if that happens, I won't get anything for us to eat. But nobody can sack me if I'm sewing on my own with the skills (Participant 4, 21 years old, Old Fadama).

4.5 Coping Strategies of Young Mothers in Raising their Children in Slums

Owing to the various challenges encountered by young mothers in raising their children in the slums, the young mothers in this study adopted various coping strategies to help them handle some of the above-listed challenges. Participants coped through endurance and denial, adopting some feeding strategies, prayer and faith in God, and saving and credit facilities. Again, participants utilized social support from community members, friends, and relatives through informal support

and childcare arrangements as a means to cope with the challenges they encountered in raising their children in slums.

4.5.1 Endurance, Tolerance and Denial

Some mothers raising their children in slums chose to ignore comments from others, acted unconcerned and tolerated whatever others said about them, and reassured themselves that they could tolerate anything for the sake of their children as a form of their coping strategy.

I just sometimes behave unconcerned. Because if you want to look at people and listen to everything, you will feel bad.... Anytime I am facing challenges, I always tell myself that because of my child I can go through any circumstance in life. So, he is the one that gives me courage (Participant 11, 20 years old, African Eleven).

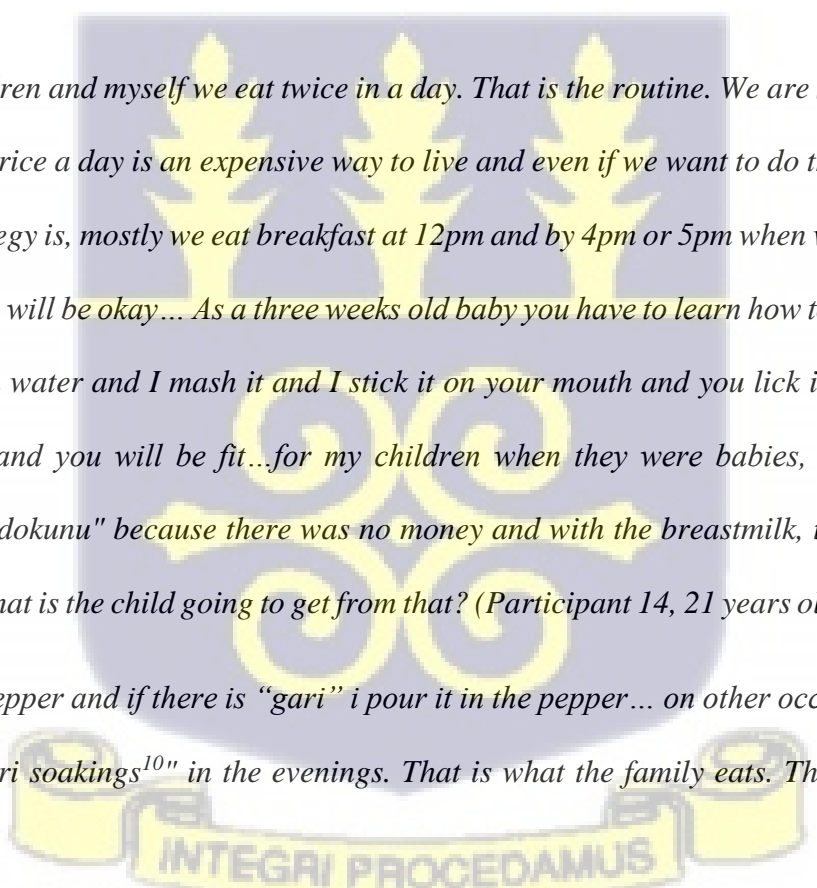
What motivate me is that the man I stay with if he gets something, he shares with me and when there is nothing, he notifies me that there is nothing, so this motivates me. If I go back to my mother's place, she has nothing to offer me...that why I am still staying and enduring the hardships here (Participant 19, 16 years old, Old Fadama)

This mother devised a strategy of keeping her children indoors anytime they complained of hunger. Thus, they had to endure hunger in the afternoon in a bid to get food to eat in the evening.

In the afternoon, the children complain of hunger, we don't have enough to afford afternoon meals so when they come complaining of hunger, I keep them indoors. If I give them food in the afternoon, we won't get anything to eat in the evening. As a mother, it's difficult to see that I am unable to give them any food in the afternoon, but I have to be strategic else we will go hungry in the evening (Participant 18, 24 years, African Eleven).

4.5.2 Adopting some Feeding Strategies

As a method of a coping strategy that young mothers used, some of these mothers resorted to one particular meal plan, ate once or twice a day, prolonged the time they ate in a day, or sometimes had to fast and skip some meals. Another strategy young mothers employed was to stick to a particular meal plan, thus leaving no room for variety in their meals. These findings were the same for both slum sites. This was in a bid to save money. At first, these strategies seemed like a good fit to ensure that at least their children had some food to feed on in a day. For these young mothers, it was about surviving, not the quality of the food. The illustrated quotes are found below.



The children and myself we eat twice in a day. That is the routine. We are seven in number. Eating thrice a day is an expensive way to live and even if we want to do that, we can't. On The strategy is, mostly we eat breakfast at 12pm and by 4pm or 5pm when we get something to eat, we will be okay... As a three weeks old baby you have to learn how to eat "dokomu"⁹. I put it in water and I mash it and I stick it on your mouth and you lick it, then it will get finished and you will be fit...for my children when they were babies, I gave them the kenkey," dokunu" because there was no money and with the breastmilk, there is no water in it so what is the child going to get from that? (Participant 14, 21 years old, Old Fadama). I grind pepper and if there is "gari" i pour it in the pepper... on other occasions too I give them "gari soakings"¹⁰ in the evenings. That is what the family eats. That is the way we

⁹ Kenkey is a typical Ghanaian dish made from fermented white corn, which is widely consumed throughout the country by Ga people from southern Ghana. The Fante tribe calls it dokono.

¹⁰ Gari soaking is popular Ghanaian dessert made with gari (a powdery food material flour made from the tuberous roots of a cassava plant). As the name implies, it is made by soaking the gari in water or milk.

manage over here.... If we have, we eat morning afternoon and evening but if we do not have enough, we eat late in the day so before I will be done preparing the food then it is late that is how we eat. We do not buy food from outside. Maybe you have GHC 5 you can buy corn dough GHC 1.00 and cassava dough 1cedis so we manage, I can grind pepper and even buy fried fish or even okro you can manage and cook. But should I buy from outside it won't be beneficial to the children and myself because GHC 5 cedi is not enough [laughs a bit] (Participant 16, 26 years old, African Eleven).

This mother gave reasons why she maintained the same dishes for her children for a reason. For her, it is in a bid to have some money put aside to cater for their needs:

There's no variety in our food and it is that way for a reason. I'm doing so because I don't know when I will be called to pay for some fees or any other payments, so I keep the little I get (Participant 7, 32 years old, African Eleven).

Mm, with our feeding I adopt a strategy... we mostly eat banku as compared to rice, beans and other meals. When my uncle gives us the money, I use it in buying corn dough and cassava dough to prepare banku in the morning for them (Participant 7, 32 years old African Eleven).

In addition, another young mother had this to say:

oh sister! In these times that finding money is so difficult. Sometimes when you wake up the only thing you take in is porridge, sometimes too nothing if you don't get money; all you do is roam. In situations where there is no money, what we do is wait till in the evening then we go and buy food and eat together afterwards we sleep (Participant 2, 35 years old, Old Fadama).

This mother revealed that, she had to make do with a leftover soup and porridge to feed her children. With her son on her laps and the eldest son in sight, she mentioned:

Yesterday I bought “kokonte¹¹” without fish to eat. The leftover soup is what I fed them with banku this morning. You can even ask him. In the afternoon he didn't eat until evening I gave him the leftover porridge we took in the morning. You can even ask him (Participant 5, 27 years old, African Eleven).

4.5.3 Prayer and Faith in God

Praying and having faith in God were also listed by some of the young mothers in this study as a coping strategy. Some young mothers stated that they coped by praying to God during the difficult situations they encountered. Participants believe in leaving everything to God and then praying through the challenges they encounter, hoping for a change.

...because we don't have anybody so whatever happens we accept our fate and rely on God for better days (Participant 15, 31 years old, Old Fadama).

...I have this hope that God will make a way someday I know one day I will leave this kiosk and stay at a better place but for now I do not have a choice apart from God and I am waiting upon him (Participant 16, 26 years old, African Eleven).

... now it is my prayer that God will take care of us and that none of us will fall sick. That's all I ask for (Participant 2, 35 years old, Old Fadama).

¹¹ Konkonte is a Ghanaian dish made from cassava flour usually eaten with soups.

This single young mother mentioned that as long as God lives, she and her children will survive.

Although she is unemployed, she hopes that God will sustain her and her children:

...So as long as God lives, I am going to get a job and take care of my child, we shall survive (Participant 14, 21 years old, Old Fadama).

4.5.4 Savings and Credit Facilities

In a bid to provide for the needs of their children, some young women chose to save some of their money and also credit some food items to survive.

Sometimes I save with Adepa savings near KICC ¹²[Kingsway International Christian Centre] but when it gets to GHC 40.00 cedi and above then I go for it because there is not enough money.... Yes, it is like a susu company so when I don't have money, I go back there to take my money.... even the least I save I take it back in time of need because we really do not have much to save more often talk less of what to spend (Participant 16, 26 years old, African Eleven).

I prefer to keep my money myself. I don't give it to anyone. I have a susu box which I put the money in. Sometimes to I save it for my mother or my children so that when they are not well, I can get them drugs (Participant 17, 25 years old, African Eleven).

On the contrary, while other young mothers saved a part of their money for future use, this young mother opted to borrow from a neighbour.

¹² Kingsway International Christian Centre is a Church whose headquarters is in London with branchers all over the world. This branch of KICC is located in Spintex in Accra, Ghana.

When I don't have money, I borrow from the old woman I leave my child with in the yard and pay her when I get it (Participant 4, 21 years, Old Fadama).

This young mother resorted to purchasing food items on credit from her colleague who is from her hometown.

I go to the woman from my hometown to credit food items on days when my husband has no money at all. I think about my children, if I do not do that, they will starve the whole day (Participant 18, 24 years old, African Eleven).

4.5.5 Coping through Social Support

Jack (2000) describes social support as constituting a web of relationships that exist between individuals and a wide range of people, including relatives, friends, neighbours, co-workers, and professionals. The structure of these networks in terms of size, proximity, and frequency of contact is useful for parent-child interactions. The study set out to find out if young mothers had social support in the process of child rearing in the various slums. Thus, social support is considered part of informal support.

4.5.5.1 Coping through Informal Support

Coping through formal means has to do with formal institutions' target of providing help to mothers in slums. Coping informally entails seeking assistance from community members, spouses or partners, peers, friends, relatives, and so on. This support was in the form of instrumental support [financial assistance and material provision], informational support [advice], and payment of hospital bills.

Some young mothers reported that they sometimes received assistance from their colleagues within the slum. Thus, contributions are made to them when they are ill, or their children are sick.

When a person is sick, community members go to the hospital to visit the person and later raise some funds for the person and when someone dies. Even I have received such benefit from the community in such instance before, so I know what I am saying (Participant 12, 18 years old, Old Fadama).

In contradiction to what participant 12 said, participant 15 had another view, despite being a resident of Old Fadama. For her, the situation was different. She never witnessed members of the slum contributing toward the ill health of a child or the mother in the slum.

Okay for here, I know that when someone passes away, they are going to contribute for the funeral and to some family members but when the person is ill and indoors, I have never seen anything like a contribution. And that is the problem, it is when the person is ill that we have to contribute but for this place they will wait for the person to die before they start to gather and contribute. But for contributions to be made for those who fall sick is not very common here (Participant 15, 31 years old, Old Fadama).

For this mother, when she fell ill sometime back, her husband and community members came to her rescue.

None of my family members came around, my husband was the one taking me to the hospital little by little, and the landlord made everyone around here to contribute and gave me GHC 1000.00 for treatment at the hospital until I become better.... Yes, when someone is in need, they usually do it to help the person. The community members are

supportive. That is what really helps me to cope (Participant 5, 27 years old, African Eleven).

According to this mother, her friends provide her with assistance in the form of money:

“...No, only them. This is because I don't want any future consequence [insult] from any other person I take money from. So only I receive assistance from my friends” (Participant 6, 29 years, African Eleven).

Peculiar to all the interviews conducted with the research participants, amongst the twenty (20) participants interviewed, one person put across that she often received advice from her friend in the slum.

Over here, when something is bothering me or if I face any challenge, it is my sister, Mariama who helps me solve it. She advises me and I listen because she is older than me and her pieces of advice are sound (Participant 2, 35 years old, Old Fadama).

For this young mother, her church member remained a source of support to herself and her child:

My child's father used to work for a certain woman in my church...the woman has taken me like her daughter. So, she said if there are any issues, I should reach out to her. She buys me some clothing's for my child (Participant 8, 22 years old, African Eleven).

This young mother reported that she received some financial assistance from friends at some point, which helped her in the provision of her child's needs.

Sometimes my friends who come around normally gives money for the upkeep of the child so that is how we get money to buy clothes for the child (Participant 11, 20 years old, African Eleven).

This young mother received support from her friend who she mentioned give sound pieces of advice:

Over here, when something is bothering me or if I face any challenge, it is my sister, Mariama who helps me solve it. She advises me and I listen because she is older than me and her advises are sound (Participant 2, 35 years old, Old Fadama).

4.5.6 Childcare Arrangements

Research participants in this study alluded to adopting different childcare arrangements. Some of the young mothers preferred to leave their children in the care of their partners, siblings, relatives, and friends while going to work or performing other household chores. It was realized that, for some of the young mothers, the trust they had for their friends made them leave their children in their care anytime they were not around or had gone to work. These findings were the same for both Old Fadama and African Eleven.

After some months when I gave birth, I became seriously ill but by God's grace my friend helped me, and I was restored to normal. She took care of my child for me until I was well. I trust her (Participant 10, 21 years old, African Eleven).

When I am not around, the woman who used to guide me bath the child she is the one who takes care of the child. She is a good woman and i know my child is always in a safe hands (Participant 11, 20 years, African Eleven).

When I do not have money to take her to school, I leave her in the care of someone here then I go to work. I trust the person that's why I leave her with the woman in here (Participant 4, 21 years old, Old Fadama).

In addition to the above, for instance, this young mother indicated that in their absence, their mothers and siblings took care of their children.

When I am not around, my mother takes care of the child for me. My mother is like a rock to me. I have a good relationship with her so I can rely on her for all my needs and that of my daughter (Participant 12, 18 years old, Old Fadama).

The 14-year-old assist me sometimes. When I am going to work, I ask her to bath her brother and she should also cook so that they eat (Participant 17, 25 years old, African Eleven).

4.6 Discussion of Findings

The goal of this thesis was to examine the lived experiences of young mothers in the urban slums of Ghana in terms of parenting in Accra. The study adopted a qualitative research design. The study explored (a) the childcare practices of young mothers in raising their children in the urban slums of Accra; (b) challenges young mothers encounter in raising their children in the urban slums of Accra; and (c) coping strategies young mothers utilize in raising their children in the urban slums of Accra. In-depth interviews were held with participants for the qualitative study in two slums of Accra: African Eleven and Old Fadama. Thus, the discussion highlighted some differences and similarities that exist between the two study sites. The discussion is conducted in line with the research objectives and the theoretical framework of the study.

4.6.1 The Childcare Practices of Young mothers in Raising their Children

This present study revealed that young mothers in Old Fadama had their children fall ill frequently. The children of these young mothers mostly suffered from runny stomachs, headaches, and malaria. This could be explained by the fact that because Old Fadama is close to the Korle lagoon and there was improper liquid and solid waste disposal, personal hygiene among young mothers was poor, contributing to their children's illness. Although in African Eleven, it was also noted that children complained of headaches, the frequency of the complaints was not as high as in Old Fadama due to the proper sanitation efforts put in place by community members. As a result, it can be deduced that in Old Fadama, a lack of personal hygiene among young mothers in the vicinity contributed to their children's illness.

In response to what young mothers do in terms of their first option when their children are sick, most participants in African Eleven preferred to purchase medicines from the pharmacy, with a few resorting to herbal medicines. This could be because for young mothers in slums, they have no other alternatives to consider since in African Eleven, there are no hospitals close by and in Old Fadama, the only available clinic within the community is shut down due to a lack of logistics and equipment to run the clinic, as reported by one participant.

In both Old Fadama and African Eleven, young mothers combined herbal and orthodox medicine in treating their children. Young mothers revealed that they only resorted to taking their children to hospitals when they realized their children were not getting better and that the severity of the child's illness influenced their patronage of hospitals. Similar findings were reported by Manna et al. (2013), Amuyunzu-Nyamongo and Nyamongo (2006), and Caldwell et al. (2014), who found

that mothers resort to pharmacies to purchase drugs to alleviate the sickness of their children; mothers only visit hospitals when their children are severely ill; and mothers preferred traditional medicines from traditional healers. Even though mothers resorted to herbal medicines for their children's illnesses, it was revealed that in Old Fadama, young mothers preferred to purchase herbal medicines from pastors instead of traditional healers. This could be attributed to the belief that these pastors could offer spiritual prayers for their children in addition to the purchase of herbal medicine.

4.6.2 Accommodation Arrangements of Young Mothers

The findings of the study revealed that in both slums, Old Fadama and African Eleven, young mothers lived in small kiosks. In Old Fadama alone, the kiosk had doors but no windows, while in African Eleven, there were both doors and windows. This could mean that, considering the influx of armed robbery and gang attacks in Old Fadama as reported in the study findings, young mothers feared that they could be robbed through the windows as their doors are made of metallic bars as a safeguard.

Again, in Old Fadama, young mothers often complained of leaking roofs and flooding. Old Fadama is close to the Korle lagoon, and residents dispose of both liquid and solid waste into the lagoon and open gutters. As a result, when it rains, there is a higher chance that the choked gutters will flow over and thus enter the rooms of residents in slums. In African Eleven, such a case was not recorded in the study's findings.

This study found out that most mothers complained about leaking roofing, constant flooding, and a small amount of available space. Mothers had to drain the room and strap their children to their

backs during rainy seasons. The study findings also revealed that some young mothers slept on mattresses while others slept on clothes in both study sites. This finding somewhat contradicts the study of MOWAC (2007), which found that females in Agbobloshie and Old Fadama sought shelter from cardboard and wooden structures during the rainy seasons. The difference could be associated with the period in which the study was conducted, that is, 2007 as compared to the current study, which is 2021.

Young single mothers in Old Fadama slept in groups, while in African Eleven, young mothers shared a room with their children and/or families. Furthermore, the study's findings showed that participants teamed up with colleagues of different ethnic groups in terms of their sleeping arrangements. This was particularly amongst young mothers in Old Fadama. This could be because, since Old Fadama is located close to the Central Business District in Accra, youth from the North have a persistent belief that Accra provides a better opportunity for them to improve their lives and, in so doing, migrate to the South. Since they are migrants, they seek shelter from colleagues who share their ethnic background, thus making friends with them and seeking an abode with them to work or learn a trade. The above findings are in line with previous studies by Imam and Tamimu (2015) and Ahlvin (2012) that found young female migrants share "kiosks" with their colleagues with similar backgrounds and contribute to the weekly payment of rent.

Another issue identified in the study was related to overcrowding. Participants in the Old Fadama study revealed that due to the number of people that shared a room, their rooms were overcrowded, thereby causing unbearable heat in the room. However, on the issue of room occupancy rate, the problem is peculiar to both communities. Therefore, young mothers in such instances had no choice but to sleep outside in the open arms of mosquitoes with their children.

The result from the housing conditions thus shows variations among residents in the two communities. On the whole, it can be assumed that people at African Eleven may be better-off compared to Old Fadama, even though this is not to suggest that everything is fine at African Eleven. For instance, the fact that more people at Old Fadama live in kiosks without windows is a serious issue and falls short of the international standards of decent housing, which should offer protection against weather and other forms of insecurity.

4.6.3 Schooling and Education of Children in the Slum

The findings of the study indicated that nine of the twenty participants that were interviewed enrolled their children in schools. Proximity, age, and financial constraints were found to be reasons why the majority of the participants in both slums could not enrol their children in schools. It is worthy to point out that young mothers' failure to enrol their children in schools is not in accordance with the spirit and letter of the Children's Act of Ghana (ACT 560) and the Convention on the Rights of the Child. Indeed, the Children's Act of Ghana (ACT 560) of 1998 states that "No person shall deprive a child access to education." Thus, despite the provision of this legal instrument as a guide and a backing to enforce mothers not to deprive their children of education, it was nevertheless seen that the majority of the children born to young mothers were not enrolled in school. This could be attributed to the young mothers' lack of financial resources to meet their children's stationery needs. This study found out that for one young mother, who had no level of education, she was poised to have her children educated. It was found out that the young mother had no intention of having her children become uneducated like them. This could be because the young mother believes that when her children are educated, it could alleviate their poverty level in the future and make them better people in society.

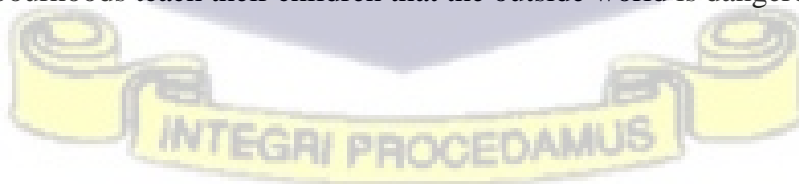
Another finding peculiar to this study is the issue of financial challenges. Due to financial challenges, young mothers whose children were not enrolled in school reported that they could not afford to educate their children. One would have thought that with the passage of the Free and Compulsory Universal Basic Education [FCUBE] policy in Ghana, which sought to provide free quality education to all at the basic levels, parents would have enrolled their children in school. This finding is attributed to the proximity of the schools to the slums where these young mothers live. Therefore, despite the availability of such provisions, proximity served as a barrier to the attainment of the FCUBE. Thus, some young children stayed at home to their detriment. This finding is explained by the theory of ecological influences on parenting and child development, which explains that the economic and income level of the mother influenced the resources the young mother had to invest in her child. Thus, as indicated in the findings of the study, most young mothers work in the informal sector, earning meagre amounts of wages that cannot cater to their children's educational needs. Again, both married unemployed and single young mothers in both slum sites who earned less indicated that they could not afford stationery and transportation costs for their children to school.

4.6.4 Maintaining of Discipline of Children in Slums

All the participants interviewed showed considerable consciousness about the positive role of correction and discipline in reinforcing positive values in children. However, the tools for exerting positive values varied among young mothers. Corporal punishment (beating), withdrawal of privileges, and counselling/advising were used at one time or another. However, young single mothers in African Eleven preferred talking to children because of negative behaviours, while young mothers in Old Fadama seemed more inclined towards beating and withdrawing privileges,

including preventing their children from engaging in outdoor games. The reason for this could be that, according to Awumbila et al. (2014), there exists a great deal of tension and criminal activity in Old Fadama. Hence, young mothers in Old Fadama preferred to use stricter measures to deter their children from engaging in unruly behaviour. Young mothers resorted to this because they feared that their children could be negatively influenced by their friends and peers in the slum. This finding is in consonance with Goldstein (2003), which states that harsh parenting was utilized to deter children from being involved in gangs in risky neighbourhoods. In contrast to Bradley and Corroyn's (2002) findings that mothers were incompetent and irresponsible because they failed to instil good behaviours in their children, this study discovered that young mothers attempted to exert some control over their children's behaviour.

The absence of a father in the case of single-headed young mothers in this study makes it all the more intricate for the young mother to discipline the children because, in Ghanaian families, fathers generally take the responsibility of disciplining. On the contrary, this study's finding revealed that young mothers exercised control and discipline over the behaviour of their children. Thus, limited control, as reported by Furstenberg et al. (1993), was not lacking in this study as this was seen to buffer against deviant peers and neighbourhood violence. Similarly, the findings of the study also resonate with the findings of Gillies (2008), who made a strong case that parents from poor neighbourhoods teach their children that the outside world is dangerous.



4.7 Challenges Young Mothers Encounter in Raising their Children in Slums.

4.7.1 Challenges with Role Overload

The findings of this study revealed that young mothers faced several challenges in raising their children in slums. This included challenges in combining roles. This finding was similar in both slums: Old Fadama and African Eleven. Young mothers usually complain of the difficulty of combining roles and performing dual tasks.

In the performance of household duties, children were strapped to the backs of young mothers, thereby slowing their work speed. The ecological influences on parenting and child development theory support this finding, thus suggesting that weak bonds that exist between neighbors and weaker interactions between families [community-level influences and individual-level influences] often make it difficult for their significant other to offer them support. However, due to the fact that young fathers were not included in this study, the viewpoints of fathers were not captured, thus making it impossible to appreciate their various experiences in relation to this study. Again, the findings of Tausig and Fenwick (2001) revealed that parents found it difficult to balance childcare with work, thereby making the transition period to parenthood difficult. This confirms the findings of this study, which revealed that some parents struggled to juggle housework with caring for their children, thereby reducing their work time and, subsequently, their daily income. Although, young mothers lacked support from their significant others or partners, which would have, to a large extent, contributed to developing knowledge and skills in healthy parenting, nonetheless, the young mothers mentioned that this actually motivated them and made them resilient against all odds.

4.7.2 Challenges with Health Seeking Behaviours

The implementation of the National Health Insurance Scheme (NHIS) has often been touted as a good example for many developing countries. Largely subsidized through the taxes of citizens, the NHIS requires its subscribers to pay a modest annual premium. Despite this provision, it is worth mentioning that not all people are enrolled in it. A few participants from both study sites were not signed up for the NHIS. Particularly in Old Fadama, for instance, one young mother felt that renewing the NHIS premium was a waste of time as their child rarely falls ill. This was so because, for this young mother, she hardly patronized the hospital services. In African Eleven, young mothers who had the NHIS scheme mentioned that it did not cover all health needs. Young mothers lacked information on the exemption of children from paying the national health insurance premiums, as some of them mentioned that they had no money to pay the NHIS premiums for their children. This finding is intriguing considering that children under 18 years of age are exempted from paying the required annual premium.

Furthermore, long queues at destination centres mandated to register NHIS subscribers often deterred young mothers from enrolling in the scheme. This was because participants felt it was going to affect their daily working hours as time meant to be spent working would be used at the centre.

Another finding that emerged from the study was transportation issues. The lack of transportation fares resulting from financial constraints was a deciding factor that prevented young mothers from patronizing health care facilities and even pharmacies. Young mothers lamented that they were financially constrained and, as a result, could not commute to the health facilities and reported that

distance was a barrier to the patronage of these facilities. However, it was reported that these mothers, out of fear of being charged exorbitant fees, preferred to administer unprescribed drugs to their children anytime they fell ill. This study's finding is in tandem with that of Islam et al. (2019), who highlighted that the high cost of payments for health services deterred slum dwellers from accessing healthcare services. This could be attributed to the ease of access to licensed pharmacies and the affordability of the drugs.

Again, poverty levels that are evident in slums could inhibit the ability of young mothers to patronize the services of hospitals. With this, the purpose of Sustainable Development Goals 1 and 3, which aim to eradicate poverty for all people and ensure the good health and well-being of all populations, will be defeated. This finding brings to the fore that children living in poverty are more likely to suffer illnesses, a finding the UNDP (2007) noted for youth in urban centres. Again, the findings of this study are particularly useful in understanding that poverty or financial constraints could contribute to child neglect, which is seen as the deprivation of the basic needs of a child, which include health care.

4.7.3 Challenges with Feeding

This study also found that some young mothers struggled to provide for the basic needs of their children. These needs ranged from feeding, clothing, etcetera. This could be attributed to financial constraints. This finding is in support of Begum et al. (2013), which indicated that a lack of resources affects care practices just like in the case of married women in this study of mothers in the slums of Dhaka. Findings from this study revealed that despite the fact that married women received financial assistance from their spouses, it was not enough to cater to all the needs of the

household. This finding is in line with the findings of Goudet et al. (2016), which showed that due to income challenges, mothers struggled to provide their children with good meals. Following on from the preceding discussions, parenting is by no means easy, and it is important to note that one person cannot fill the void left by both father and mother. Raising a child as a single mother in a slum is a huge task that was found to be difficult. It is necessary to underscore that single parenting is therefore not in consonance with the Children's Act of Ghana and the Convention on the Rights of the Child. The Children's Act of Ghana (Act, 560) of 1998 Section (b) states that "parents should provide care, assistance, and maintenance for their child and the overall wellbeing and development of the child." In the circumstances of parenting in slums and some single young mothers in the study, one party usually takes custody of the children. In this regard, the findings of this research stimulate knowledge in different ways. It stimulates an increased awareness about the importance of fathers being directly involved in the development of a child. Concerning young mothers in slums, the study again highlights the need for a regularized system that will assist young mothers in slums, particularly in their parenting responsibilities, to ensure that children in slums are not neglected.

In addition to the above, the findings call for the need for targeted education of young mothers in slums, particularly in the areas of parenting their children in high-risk communities such as the slums. Awumbila et al. (2014) note that the slum is characterized by high risk and is home to criminal and violent activities. Again, these findings contribute to knowledge in respect of highlighting the greater need for ensuring child support in Ghana. The Department of Social Welfare and Community Development should send strong messages to men that if they father a child, they ought to support the growth and development of that child.

4.7.4 Work-related Challenges

Notable amongst the study's findings was the issue of discrimination. A participant from the study shared with the researcher that she was laid off from work because she lived in a slum. From her account, the employer feared that she could be robbed because she lived in Old Fadama. Her belief stems largely from the fact that slums are notorious for being hotbeds of criminal activity, and she was concerned that he would be victimized. This goes to further propagate the negative stereotype that people have concerning slum dwellers.

Again, another challenge identified from this study was socially and economically related. Young mothers who headed families as singles attributed their inability to provide for the basic needs of their children to the lack of jobs and lower incomes. The income earned by these mothers was low and mainly from hand to mouth, thus inadequate to meet their personal needs, let alone their children's. The lack of young mothers being educated impeded them from getting better-paying jobs, thus leaving them with no other option than to venture into petty business, resulting in their taking up low-paying jobs to support themselves and also to take care of their children. In addition, the findings of this study revealed that some young mothers, due to their inability to earn a substantial income, had to undertake double jobs. Furthermore, due to the nature of the jobs young mothers engaged in, such as the "kaya" business, they faced the risk of being knocked down by a moving vehicle. This was particularly the case among young mothers in Old Fadama, the slum site, because the predominant business there was that of the "kaya" business (Badasu, 2004).

4.8 Coping Strategies of Young Mothers in Raising their Children in Slums

When young mothers face challenges in raising their children, coping strategies become very useful for these young mothers. These strategies include tolerance, endurance, and denial; feeding strategies; prayer and faith in God; savings and credit facilities; social support from friends, spouses, relatives, and kin groups; and coping through care arrangements. In both Old Fadama and African Eleven, young mothers adopted similar coping strategies.

The findings of the study revealed that a handful of young mothers chose to ignore negative comments from others and tolerate hardships for the sake of their children. In some cases, young mothers and their children had to endure hunger as a coping mechanism. This study finding aligns with Swart (2013), who revealed that women in slums used endurance as an escape strategy from violence. However, in this current study, this strategy was used by mothers who were parenting in slums.

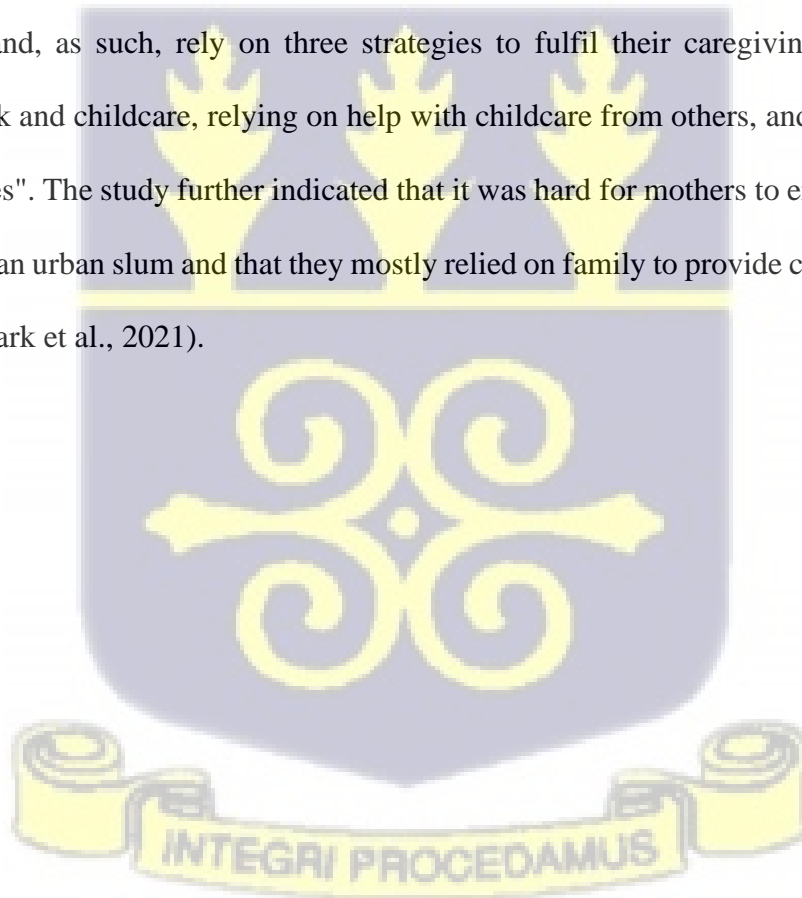
Again, young mothers and their children prolonged their eating time, fed once, skipped meals, and fasted as coping strategies to combat feeding challenges raised in the study. In some instances, young mothers had to resort to crediting food items to cook for their families and children. This finding is in line with the ecological influences on parenting and child development, which explains that social capital serves as a protective factor for individuals. Thus, the findings of this study reveal that young mothers had their friends as a resource for them, whom they could borrow some money from and credit with food items anytime they needed. Again, this finding reveals a strong bond and a good relationship that exists between the young mothers and their creditors. Thus, the power of social capital under this theory provides a strong explanation for this finding.

Additionally, resorting to prayer and faith in God as a coping strategy demonstrates how religious some participants are and their belief that their confidence in God could overturn their challenges and misfortunes. This finding shed light on the role of spirituality in the lives of these young mothers. In addition, some young mothers received support from community members, friends, relatives, kin groups, and colleagues in raising their children in the slums. Occasionally, community members made contributions for mothers anytime they or their children were ill. In a worse case, community members helped young mothers offset hospital bills for their children. Although young mothers reported receiving help from community members, others reported otherwise. This could be explained by the theory of ecological influences on parenting and child development, which explains that in poor neighbourhoods, weak bonds exist amongst community members. Again, the nature of the relationship as social capital and a protective factor under the theory explains that the quality of interaction and frequency of interactions amongst community members could determine the resources that young mothers receive. Thus, some young mothers' not receiving support from community members shows that there were weak bonds that existed between community members and the young mother.

In furtherance of the above, again, the relationship that exists between people is a basis for support. The sources of support that young mothers received ranged from friends, partners or spouses, peers, and relatives. The kind of support ranged from informational support (advice) to financial and material support towards the welfare of their children. Although young mothers received support from their partners, this was inadequate to meet the needs of the child, which ranged from feeding, shelter, schooling, etcetera. The ecological influences on parenting and child development

will be fruitful in explaining this. From the above experiences, the role of networks was seen as an important factor that helped them cope with their various parenting challenges.

Again, regarding the childcare arrangements of the young mothers, it was found out from this study that most mothers preferred to leave their children with friends within the neighbourhood anytime they had to leave for work. while others left their children in the care of their mothers. Young mothers in this study highlighted that trust was a determining factor for their choice of care arrangement for their children. This is in tandem with the findings of Clark et al. (2021), which revealed that mothers in Africa and other developed countries find it challenging to balance work with childcare and, as such, rely on three strategies to fulfil their caregiving responsibilities: "combining work and childcare, relying on help with childcare from others, and using care-based childcare services". The study further indicated that it was hard for mothers to ensure the safety of their children in an urban slum and that they mostly relied on family to provide care for them while they worked (Clark et al., 2021).



CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter highlights the key findings of the study, its conclusion, implications for social work practice, and the recommendations for the eventual improvement in the wellbeing of young mothers and their children in the slums of Ghana's capital, Accra. The key findings are presented in consonance with the objectives of the study, which examined the lived experiences, the challenges, and the coping strategies of young mothers in raising their children in the slums of Accra.

5.2 Summary of Key Findings

5.2.1 Childcare Practices of Young Mothers in Slums

A greater proportion of young mothers lived in kiosks with their friends, whereas others with their families. Averagely, a few mothers complained of leaking roofs, floods, and the lack of mattresses. A handful of young mothers slept in a kiosk, with an average of 10 to 14 people in each room. Due to the heat, young mothers preferred sleeping outside with their children. Moreover, the study found that a few young mothers slept in groups, particularly with colleagues from work, as a means of protecting one another. In some instances, they collectively rented kiosks to sleep in with their babies as a means of protecting themselves and their babies.

Furthermore, the strategy that influenced young mothers' health-seeking behaviour was the resort to accessing health from chemical shops or pharmacies. Most of the mothers mentioned that their

children normally suffered from malaria, high temperatures, stomach-aches, and blood infections. The overriding factor explaining this behaviour was that participants could not afford hospital services and considered going to the hospital a waste of their time. Again, the lack of hospitals in both study sites frequently forced young mothers to self-medicate their children or rely on pharmacies as their first choice. The absence of health facilities within the two slums puts young mothers in a state of despair, thus further worsening their plight as young mothers lacking the required facilities needed in every community to adequately take care of their children. The study further found that the health-seeking behaviour of young mothers was largely influenced by the severity of their children's sickness.

With regard to discipline and behaviour control of children in slums, all the participants interviewed showed considerable consciousness about the positive role of correction and discipline in reinforcing positive values in children. However, the tools for exerting positive values varied among parents. Corporal punishment [beating], withdrawal of privileges [restraining them from playing around], and counselling/advising were used at one time or another. Participants also discussed how their choice of corporal punishment is influenced by their children's behaviour. This finding varied across the two slums. This was because in Old Fadama, the area is known for its criminal activities, gaging involvement, and risky environment, so parents preferred using strict methods to regulate their children's behaviour. In African eleven, the environment is much calmer, so parents preferred speaking to their children out of negative behaviours. The study also found out that some young mothers had fears over the likelihood of their children being influenced negatively to engage in such deviant acts. For these mothers, the only way to monitor their children was to be strict and carefully monitor them in the best way they knew.

Again, with regard to the education and schooling of children in slums, this study found that young mothers manoeuvre their way into sending their children to school, while others gave reasons why their children were not in school. Despite the unavailability of school blocks in both Old Fadama and African Eleven, young mothers enrolled their children in neighbouring communities that had schools. Again, for some of the young mothers, their children were not within the school-going age, so they could not be enrolled in schools, while for others, financial difficulties put a strain on them to be able to enrol their children in schools.

5.2.2 Challenges Young Mothers Encounter while Raising their Children in Slums

The findings of this study revealed that young mothers raising their children in slums faced several challenges. One of these challenges was role overload. Young mothers in both slums had to combine several tasks such as working, cooking, and cleaning without any support from their significant others or any family members. In terms of health seeking behaviours, young mothers did not fully grasp the benefits of being enrolled in the NHIS scheme, as mothers did not patronise hospitals because they thought the NHIS card could not cover the treatment of their younger children.

Additionally, young mothers in both slums struggled with feeding as some had no food to eat, while others had to go hungry and make use of the little they had. In terms of work-related issues, young mothers, especially in Old Fadama are stereotyped and laid off due to where they live. Access to the formal sector became impossible because young mothers did not possess the educational qualifications to secure jobs in the formal sector. Hence, young mothers engaged in petty trading, head portering, and other trades to earn an income to take care of their children and themselves.

5.2.3 Coping Strategies of Young Mothers in Raising their Children in Slums

As a result of the challenges that the young mothers encountered, they employed some coping strategies to help them deal with the challenges. Some of the young mothers coped through endurance, tolerance and denial; adoption of feeding strategies; prayer and faith in God; savings and credit facilities; and through adopting childcare arrangements. Again, young mothers coped through social support from their spouses, family relatives, neighbours, and peers. The forms of support received were in the form of financial, instrumental, and kin support. On the other hand, some of the young mothers also expressed neglect by their spouses and families during their time of need.

5.3 Conclusions of the Study

In this study, young mothers had varied experiences in terms of raising their children in slums. On account of the childcare practices of young mothers, the experiences of young mothers ranged from issues relating to health seeking behaviour, accommodation, and child discipline. The study concludes that some young mothers lacked knowledge about the benefits of being a subscriber of the NHIS. Again, the two slums lacked basic amenities and facilities like schools, hospitals, and recreational facilities. It can be concluded that young mothers could not enroll their children in school due to the absence of schools. This finding calls for much needed attention from relevant stakeholders to ensure that no child is deprived of their basic rights as enshrined in the Children's Act of Ghana 1998, Act 560.

On account of the challenges experienced by young mothers in raising their children in slums, many were engaged in menial and low-paying jobs, with some being rendered unemployed,

thereby affecting the feeding practices of young mothers and their children. Again, this study concludes that the inability of young mothers to patronise the services of hospitals and clinics is due to the lack of these amenities in both slums. This often puts their children's wellbeing at risk.

Finally, young mothers mostly received informal support from their friends, neighbours, co-workers, and peers, with a few young mothers reporting receiving support from their partners and their families. The kinds of support rendered to young mothers include financial assistance, informational (advice) and material support. Thus, social support plays an important role in the lives of young mothers as they raise their children.

This study significantly contributes to knowledge through the adoption of a qualitative design that combines two methods; interviews and observation, to comprehensively understand the experiences of young mothers in raising their children in the slums of Ghana's capital, Accra.

5.4 Recommendations of the Study

The findings of this study found that young mothers lacked an understanding of the benefits of being a subscriber of the NHIS. On account of this finding, this study recommends that the Ministry of Health, in conjunction with hospitals and clinics and authorities of the National Health Insurance Authority (NHIA), should engage in community sensitization programs on the need and usefulness of the NHIS card to subscribers. Again, the NHIA should incorporate some diseases and illnesses not covered in the scheme into it. Moreover, the study found that young mothers most frequently patronized the services of pharmacies as their first option because their communities lacked hospitals and clinics. In the long run, the various assemblies within the districts should team

up and renovate the existing ones or put-up clinics to cater to the health needs of young mothers and their children.

As a matter of priority, the government should ensure that schools are built in slum areas to enable young mothers to enrol their wards in schools. This is because the findings of the study revealed that young mothers could not enrol their children in schools because schools were non-existent in the two slums. Again, young mothers in slums should be given some financial support and enrolled in the Livelihood Empowerment Program (LEAP) to enable them to earn some income, support themselves and pull themselves out of poverty.

In the case of young mothers in Accra's slums, the Ministry of Gender, Children, and Social Protection should develop a program specifically for them. The Ministry, in collaboration with the National Youth Authority, should launch a program to provide self-employment training to young mothers in the slums. It is recommended that Ghana's government re-evaluate its policy of holistic poverty reduction techniques and embrace a focused poverty reduction strategy for the country's vulnerable populations. For instance, the government could identify one or more disadvantaged groups in the country, such as young mothers with children, post-primary and secondary school dropouts, or youth with disabilities, and develop specific strategies to address their issues at all levels.

Again, employers should be sensitized not to stereotype young mothers living in slums. This study found that a young mother was laid off after her employer realized that she lived in a slum. Instead, their willingness to work and their qualifications for the job should be paramount.

5.5 Implications for Social Work Practice

The findings of this study have some implications for social work in the areas of policy, practice, and research. In the area of policy, social workers should advocate for the implementation of existing child-centered interventions and legislation (e.g., the Children's Act and the United Nations Convention on the Rights of the Child) to be intensified. In championing this course, practitioners should clearly establish and assert to policymakers that young mothers and children are entitled to all the amenities that will improve their quality of life. Again, the lack of basic amenities within the two slums further worsens the plight of young mothers, as such, putting them in despair. To exploit or scale up the hope of young mothers in slums, the efforts of the government, stakeholders, and local and civil society groups (including community-based and faith-based organizations) should aim at improving the socio-economic conditions (especially education, health, and infrastructure) of both slums on a sustainable basis. In the long run, social workers should help link young mothers and families to resources, interventions, or organizations that could help them improve their well-being.

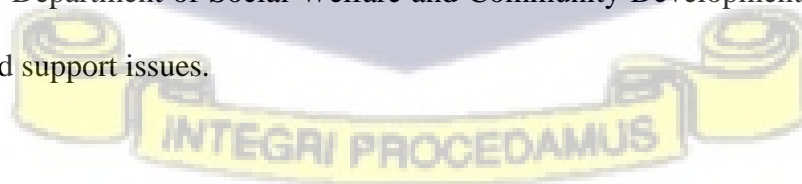
In the long run, social workers could help link young mothers and families to resources, interventions, or organizations that could help them improve their wellbeing in the long run. Community social workers should adopt and fight for inclusion, social justice, and the provision of resources for vulnerable populations. The government and NGOs should stem the tide of extending vocational training to the youth in poor communities, especially in slums (both indigenous and migrant communities). Young women should be empowered with skills and be assisted with the necessary logistics needed to enable them to establish themselves after training.

In so doing, jobs will be created and social vices such as crime and prostitution will be reduced in the cities.

Families in Africa continue to play an important role in the development of children, particularly young females. To assist young mothers in reducing stress, interventions at the family level must be tailored to address the social support functions of families and community members. District Assemblies and non-governmental organizations must use social workers to implement models that train parents in the management of children at their prime ages.

To assist young mothers in reducing stress, interventions at the family level must be tailored to address the social support functions of parents, families, and community members. District Assemblies and non-governmental organizations must use community social workers to implement models that train parents in the management of children at their prime ages.

Again, these findings contribute to knowledge in respect of highlighting the greater need for ensuring child support in Ghana. The Department of Social Welfare and Community Development should develop programmes on good parenting skills, particularly in the urban slums of Ghana. Young mothers and their partners who get them pregnant need to be targeted for education and training on how to parent, especially in the urban setting. Workshops and programmes should be organised by the Department of Social Welfare and Community Development targeting the role of fathers in child support issues.



5.6 Direction for Future Studies

Research on parenting and child development is critical given the vast and growing number of children raised in urban slum areas in developing countries. Understanding parenting and its antecedents should be a priority for social workers and other disciplines concerned with social change and the well-being of individuals and communities at both the local and global levels.

The findings of this study provide direction for research relating to young mothers in the slums of Accra. Future research could include a comparison study of young mothers with and without children in terms of their lived experiences, coping strategies, and implications. In addition, a future study may consider looking at the experiences of fathers in parenting in slums as a means to reveal the various experiences of fathers in parenting.



REFERENCES

- Adu-Gyamfi, E. (2014). Assessing the effect of teenage pregnancy on achieving universal basic education in Ghana: A case study of Upper Denkyira West District. *Journal of Education and Practice* Vol, 5.
- Ahlvin, K. (2012). The burden of the Kayayei: cultural and socio-economic difficulties facing female porters in Agbogbloshie. *Pure Insights*, 1(1), 4.
- Alsarhi, K., Prevoo, M. J. L., & Alink, L. R. A. (2020). Sensitive parenting in urban slums in Makassar , Indonesia : the roles of experienced child maltreatment and sociodemographic risk Sensitive parenting in urban slums in Makassar, Indonesia : *Attachment & Human Development*, 00(00), 1–13. <https://doi.org/10.1080/14616734.2020.1828546>
- Amendah, D. D., Buigut, S., & Mohamed, S. (2014). Coping strategies among urban poor: Evidence from Nairobi, Kenya. *PLoS ONE*, 9(1).
<https://doi.org/10.1371/journal.pone.0083428>
- Amoako, C., & Cobbinah, P. (2011). Slum improvement in the Kumasi metropolis, Ghana: A review of approaches and results. *Journal of Sustainable Development in Africa*, 13(8), 150-170.
- Amos, P. M. (2013). Parenting and culture—Evidence from some African communities. In *Parenting in South American and African contexts*. IntechOpen.

Amuyunzu-nyamongo, M., & Nyamongo, I. K. (2006). *Health Seeking Behaviour of Mothers of Under- Five-Year-Old Children in the Slum Communities of Health Seeking Behaviour of Mothers of Under-Five-Year-Old Children in the Slum Communities of Nairobi, Kenya.* 8470. <https://doi.org/10.1080/13648470500516261>

Appiah-Opoku, S. (2001). Environmental impact assessment in developing countries: the case of Ghana. *Environmental Impact Assessment Review*, 21(1), 59-71.

Arif, G. M. (2004). Child health and poverty in Pakistan. *The Pakistan Development Review*, 211-238.

Asiedu, A. B., & Agyei-Mensah, S. (2008). *Traders on the run : Activities of street vendors in the Accra Metropolitan Area, Ghana Traders on the run : Activities of street vendors in the Accra Metropolitan. 1951.* <https://doi.org/10.1080/00291950802335806>

Awumbila, M., Alhassan O., Badasu, D. M., Bosiakoh, T. A., & Dankyi, E. K. (2011). Sociocultural dimensions of migration in Ghana. Centre for Migration Studies, University of Ghana; Migration Studies Technical Papers Series, No. 3.

Awumbila, M., Owusu, G., & Teye, J. K. (2014). Can rural-urban migration into slums reduce poverty? Evidence from Ghana. *Migrating Out of Poverty, April*, 1-41. <http://migratingoutofpoverty.org>

Badasu, D. M. (2004). Childcare among Ewe migrants in the city of Accra: cases of crisis. *Institute of African Studies Research Review*, 2004(sup-6), 17-37.

- Balanda-bałdyga, A., Pilewska-kozak, A. B., & Łepecka-klusek, C. (2020). *Attitudes of Teenage Mothers towards Pregnancy and Childbirth. International Journal of Environmental Research and Public Health*, 17(4), 1411.
- Banerjee, S., & Goswami, K. (2020). *Self-employed or Paid Employed: Who can Earn more among the Slum Dwellers and Why? 1*, 7–25. <https://doi.org/10.1177/1464993419870961>
- Baqtayan, S. M. S. (2015). Stress and coping mechanisms: a historical overview. *Mediterranean Journal of Social Sciences*, 6(2 S1), 479-479.
- Begum, H. A., Moneesha, S. S., & Sayem, A. M. (2013). *of Public Health Child Care Hygiene Practices of Women Migrating From Rural to Urban Areas of Bangladesh*. <https://doi.org/10.1177/1010539511420132>
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 83-96.
- Berg, K (2007). The Kayayei: survival in the city of Accra Social capital and vulnerability in the lives of female head porters in Accra, Ghana.
- Bianchi, S. M. (2000). Maternal employment and time with children: Dramatic change or surprising continuity?. *Demography*, 37(4), 401-414.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). *Member Checking : A Tool to Enhance Trustworthiness or Merely a Nod to Validation ?* <https://doi.org/10.1177/1049732316654870>

- Bissell, M. (2000). Socio-economic outcomes of teen pregnancy and parenthood: A review of the literature. *The Canadian Journal of Human Sexuality*, 9(3), 191.
- Boamah, N. A. (2015). *Housing Policy in Ghana: The Feasible Paths Housing Policy in Ghana: The Feasible Paths. June 2014*. <https://doi.org/10.4314/gjds.v11i1.1>
- Bradley, R. H., & Corwyn, R. F. (2002). Socioeconomic status and child development. *Annual Review of Psychology*, 53(1), 371-399.
- Braimah, F. R., & Lawson, E. T. (2014). Does It Matter Where I Live? Comparing the Impact of Housing Quality on Child Development in Slum and Non-Slum Areas in Ghana. *International Journal of Child, Youth and Family Studies*, 5(3), 375-393. <https://doi.org/10.18357/ijcyfs.braimahfr.532014>
- Brandon, P. D. (1999). Income-pooling arrangements, economic constraints, and married mothers' child care choices. *Journal of Family Issues*, 20(3), 350-370.
- Brilli, Y., Del Boca, D., & Monfardini, C. (2013). State-of-the-art report: Child care arrangements: determinants and consequences. Working Paper, Families and Societies Working Papers.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.
- Bryson C., M. Brewer, L. Sibieta & S. Butt. (2013). *The role of informal childcare: understanding the research evidence*. Nuffield Foundation.

- Caldwell, B. K., Rashid, S. F., & Murthy, S. (2014). The informal health sector and health care-seeking behaviour of mothers in urban Dhaka slums. *Journal of Population Research*, 31(2), 111-129.
- Capizzano, J., & Adams, G. (2000). The Number of Child Care Arrangements Used by Children under Five: Variation across the States. No. B-12. Assessing the New Federalism: An Urban Institute Program to Assess Changing Social Policies.
- Carlson, A. (2012). How Parents Influence Deviant Behavior among Adolescents: An Analysis of their Family Life, Community, and Peers. *Perspectives*, 4(1), 6.
- Ceglowski, D., & Bacigalupa, C. (2002). Four perspectives on child care quality. *Early Childhood Education Journal*, 30(2), 87-92.
- Clark, S., & Cotton, C. (2017). *Who Helps Single Mothers in Nairobi? The Role of Kin Support*. <https://doi.org/10.1111/jomf.12404>
- Clark, S., De Almada, M., Kabiru, C. W., Muthuri, S., & Wanjohi, M. (2021). Balancing paid work and child care in a slum of Nairobi, Kenya: the case for centre-based child care. *Journal of Family Studies*, 27(1), 93-111.
- Cohen, B. (2006). Urbanization in developing countries: Current trends, future projections, and key challenges for sustainability. *Technology in Society*, 28(1-2), 63-80. <https://doi.org/10.1016/j.techsoc.2005.10.005>

Cohler, B. J., & Musick, J. S. (2018). Adolescent parenthood and the transition to adulthood. In *Transitions through adolescence* (pp. 201-231). Psychology Press.

Coley, R. L., Lohman, B. J., Votruba-Drzal, E., Pittman, L. D., & Chase-Lansdale, P. L. (2007). Maternal functioning, time, and money: The world of work and welfare. *Children and Youth Services Review*, 29(6), 721-741.

Cotton, C. (2013). Growing up on the edge: the well-being of children and youth in the slums of sub-Saharan Africa. *Montreal: ISD, McGill University*.

Coulton, C. J., Korbin, J. E., Su, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child development*, 66(5), 1262-1276.

Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed-method*. Sage Publications.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed-method approaches*. London: Sage Publications.

Darling, N., & Steinberg, L. (2017). Parenting style as context: An integrative model. In *Interpersonal development* (pp. 161-170). Routledge.

Dasgupta, A., Battala, M., Saggurti, N., Nair, S., Naik, D. D., Silverman, J. G., Balaiah, D., & Raj, A. (2013). Local social support mitigates depression among women contending with spousal violence and husband's risky drinking in Mumbai slum communities. *Journal of Affective Disorders*, 145(1), 126–129. <https://doi.org/10.1016/j.jad.2012.04.043>

Department of Children (2015). Report on Rapid Assessment of the Living Conditions of Kayayei.

DeVito, J. (2010). How adolescent mothers feel about becoming a parent. *The Journal of Perinatal Education*, 19(2), 25.

Dlamini, L. S., Van der Merwe, M. M., & Ehlers, V. J. (2003). Problems encountered by teenage mothers in the Southern Hho-Hho region of Swaziland. *Health SA Gesondheid*, 8(3), 74-85.

Durand-Lasserve, A., & Clerc, V. (1996). *Regularization and integration of irregular settlements: Lessons from experience* (p. 113p). UNDP, UN-Habitat, World Bank, Urban Management Program (UMP).

Dworsky, A., & Meehan, P. (2012). The parenting experiences of homeless adolescent mothers and mothers-to-be: Perspectives from a shelter sample. *Children and Youth Services Review*, 34(10), 2117-2122.

Easterbrooks, M. A., Chaudhuri, J. H., Bartlett, J. D., & Copeman, A. (2011). Resilience in `and *Youth Services Review*, 33(1), 42–50. <https://doi.org/10.1016/j.childyouth.2010.08.010>

Etikan, I. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1.

Fade, S. (2004). Using interpretative phenomenological analysis and dietetic research: a practical guide. *Proceedings of the Nutrition Society*, 64, 647-653. doi: 10.1079/PNS2004398.

- Fearnley, B. (2018). Contemporary young motherhood: experiences of hostility. *Journal of Children's Services, 13*(2), 64–78. <https://doi.org/10.1108/JCS-07-2016-0014>.
- Filmer, D. (2005). Fever and its treatment among the more and less poor in sub-Saharan Africa. *Health Policy and Planning, 20*(6), 337–346. <https://doi.org/10.1093/heapol/czi043>.
- Furstenberg, F. F., Belzer, A., Davis, C., Levine, J. A., Morrow, K., & Washington, M. (1993). How families manage risk and opportunity in dangerous neighborhoods. *Sociology and the public agenda, 231-258*.
- Ghana Statistical Service. (2013). *2010 Population & Housing Census: National Analytical Report*. Ghana Statistics Service.
- Gillies, V. (2008). Perspectives on parenting responsibility: contextualizing values and practices. *Journal of Law and Society, 35*(1), 95-112.
- Given, L. M. (2008). *The SAGE encyclopedia of qualitative research methods*. Thousand Oaks, CA: SAGE Publications, Inc.
- Glick, J. E., & Hohmann-Marriott, B. (2007). Academic performance of young children in immigrant families: The significance of race, ethnicity, and national origins. *International Migration Review, 41*(2), 371-402.
- GNYP (2010). Ghana National Youth Policy: Towards an Empowered Youth, Impacting Positively on National Development. Retrieved on October 07, 2020.

- Goldstein, D. (2003). *Laughter out of place. Race, class, violence and sexuality in a Rio shantytown.* Stanford: University of California Press
- Goli, S., Arokiasamy, P., & Chattopadhyay, A. (2011). Living and health conditions of selected cities in India: Setting priorities for the National Urban Health Mission. *Cities*, 28(5), 461-469.
- Goudet, S. M., Kimani-murage, E. W., Wekesah, F., Wanjohi, M., Grif, P. L., Bogin, B., & Madise, N. J. (2016). *How does poverty affect children's nutritional status in Nairobi slums? A qualitative study of the root causes of undernutrition.* 20(4), 608–619. <https://doi.org/10.1017/S1368980016002445>.
- Grundy, J., & Annear, P. (2010). Health-seeking behaviour studies: a literature review of study design and methods with a focus on Cambodia. *Health policy and health finance knowledge hub working paper series no, 7.*
- Hajare, R. (2018). Regulation of Pharmacy Council of India and Assessment of Quality Life Among single Mother -By-Choice 'Residing in slums Linkage Pharmaceutical Institutions in Pune, India. *Drug Designing & Intellectual Properties International Journal*, 1(3), 3–4. <https://doi.org/10.32474/ddipij.2018.01.000115>.
- Hand, K. (2005). Mothers' views on using formal child care. *Family Matters*, (70), 10-17.
- Hill, C., Stein, J., Keenan, K., & Wakschlag, L. S. (2006). Mother's childrearing history and current parenting: patterns of association and the moderating role of current life stress. *Journal of Clinical Child and Adolescent Psychology*, 35(3), 412-419.

- Hill, E. J., Mårtinson, V. K., Ferris, M., & Baker, R. Z. (2004). Beyond the mommy track: The influence of new-concept part-time work for professional women on work and family. *Journal of Family and Economic Issues*, 25(1), 121-136.
- Hiraskar, G. K. (1993). *Fundamental of Town Planning*. New Delhi: Dhanpat Rai Publication (pvt) Ltd.
- Hoeve, M., Dubas, J. S., Eichelsheim, V. I., Van der Laan, P. H., Smeenk, W., & Gerris, J. R. (2009). The relationship between parenting and delinquency: A meta-analysis. *Journal of Abnormal Child Psychology*, 37(6), 749-775.
- Holgate, H. S., Evans, R., & Yuen, F. K. O. (2006). Teenage pregnancy and parenthood: Global perspectives, issues and interventions. In *Teenage Pregnancy and Parenthood: Global Perspectives, Issues and Interventions*. <https://doi.org/10.4324/9780203597040>.
- Honderich, T. (2005). *The Oxford companion to philosophy* (2nd ed.). Oxford, England: Oxford University Press.
- Housing the Masses. (2010). *Housing the Masses To People's Dialogue on Human Settlements(People's Dialogue, Ghana) on Community-Led Enumeration of Old*. 2–34.
- Hutchinson, F. (1997). *Dictionary of Geography*. London: Brockhampton Press Ltd.
- ILO. (2010). Accelerating action against child labour. In *Report of the Director General: International Labour Conference*. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_126752.pdf.

Imam, H. A., & Tamimu, H. (2015). Networks as a Coping Strategy for Northern Migrants in Accra. *Asian Journal of Social sciences and Management Studies*, 2(1), 25-43.

IOM, WHO and UNHCHR (2013). *International migration health and human right*. Retrieved from https://www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf.

Islam, M., Arafat, Y., Connell, N., Mothabbir, G., McGrath, M., Berkley, J. A., ... & Kerac, M. (2019). Severe malnutrition in infants aged < 6 months—Outcomes and risk factors in Bangladesh: A prospective cohort study. *Maternal & child nutrition*, 15(1), e12642.

Ispa, J. M., Thornburg, K. R., & Venter-Barkley, J. (1998). Parental Child Care Selection Criteria and Program Quality in Metropolitan and Nonmetropolitan Communities. *Journal of Research in Rural Education*, 14(1), 3-14.

Jack, G. (2000). Ecological influences on parenting and child development. *The British Journal of Social Work*, 30(6), 703-720.

Jerome, F. (1990). *Human Geography: Landscape of Human Activities (2nd ed)*. USA: WCB Publishers. 313.

Kabir, A., & Maitrot, M. R. L. (2017). Factors influencing feeding practices of extremely poor infants and young children in families of working mothers in Dhaka slums: A qualitative study. *PLoS ONE*, 12(2), 1–15. <https://doi.org/10.1371/journal.pone.0172119>.

- Kazembe, L. N., Appleton, C. C., & Kleinschmidt, I. (2007). Choice of treatment for fever at household level in Malawi: Examining spatial patterns. *Malaria Journal*, 6, 1–13. <https://doi.org/10.1186/1475-2875-6-40>.
- Khan, M. A. U., Hossen, M. A., Sharmin, Z., & Kubra, T. J. (2015). Displacement and deplorable living conditions of slum dwellers: with special reference to Sylhet city. *International Letters of Social and Humanistic Sciences*, 46, 51-64.
- King, R. S., & Amponsah, O. (2012). The role of city authorities in contributing to the development of urban slums in Ghana. *Journal of Construction Project Management and Innovation*, 2(1), 285-313.
- King, R., Orloff, M., Virsilas, T., & Pande, T. (2017). Confronting the urban housing crisis in the global south: adequate, secure, and affordable housing. *World Resources Institute Working Paper*.
- Kivunja, C. (2018). Distinguishing between theory, theoretical framework, and conceptual framework: A systematic review of lessons from the field. *International Journal of Higher Education*, 7(6), 44-53.
- Kriesberg, L. (1970). *Mothers in poverty: A study of fatherless families*. Transaction Publishers.
- Kuddus, M. A., Tynan, E., & McBryde, E. (2020). Urbanization: A problem for the rich and the poor? *Public Health Reviews*, 41(1), 1–4. <https://doi.org/10.1186/s40985-019-0116-0>.
- Kumar, M., Huang, K., Othieno, C., Wamalwa, D., Madeghe, B., Osok, J., Kahonge, S. N., Nato, J., & Mckay, M. M. (2018). *Adolescent Pregnancy and Challenges in Kenyan Context :*

Perspectives from Multiple Community Stakeholders. 11–27.

<https://doi.org/10.1007/s40609-017-0102-8>.

Kuppens, S., & Ceulemans, E. (2019). Parenting Styles: A Closer Look at a Well-Known Concept. *Journal of Child and Family Studies*, 28(1), 168–181.

<https://doi.org/10.1007/s10826-018-1242-x>.

Kwankye, S. O., Anarfi, J. K., Tagoe, C. A., & Castaldo, A. (2007). Coping strategies of independent child migrants from northern Ghana to southern cities. *Development Research Centre on Migration, Globalisation and Poverty Working Paper Series, University of Sussex*.

Lanrewaju, A. F. (2012). Urbanization, housing quality and environmental degeneration in Nigeria. *Journal of Geography and Regional planning*, 5(16), 422-429.

Laughlin, L. L. (2010). Who's Minding the Kids? Child Care Arrangements: Spring 2005/Summer 2006. Current Population Reports. P70-121. *US Census Bureau*.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.

Luong, T. T. H. (2014). The texture of livelihoods: Migration and making a living in Hanoi. *Journal of Development Studies*, 50(3), 368-382.

- Malacrida, C. (2009). *International Journal of Qualitative Studies in Education Performing motherhood in a disablist world : dilemmas of motherhood , femininity and disability. February 2014*, 37–41. <https://doi.org/10.1080/09518390802581927>.
- Mangeli, M., Tirgari, B., Cheraghi, M. A., & Rayyani, M. (2018). Exploring the experiences of Iranian adolescent mothers about the maternal role: a qualitative study. *Electronic Physician, 10*(5), 6812.
- Manna, B., Nasrin, D., Kanungo, S., Roy, S., Ramamurthy, T., Kotloff, K. L., Levine, M. M., & Sur, D. (2013). *Determinants of Health Care Seeking for Diarrheal Illness in Young Children in Urban Slums of Kolkata, India. 89*(Suppl 1), 56–61. <https://doi.org/10.4269/ajtmh.12-0756>.
- Martínez-Mesa, J., González-Chica, D. A., Duquia, R. P., Bonamigo, R. R., & Bastos, J. L. (2016). Sampling: how to select participants in my research study?. *Anais Brasileiros de Dermatologia, 91*, 326-330.
- Matthews, Z., Channon, A., Neal, S., Osrin, D., Madise, N., & Stones, W. (2010). Examining the “urban advantage” in maternal health care in developing countries. *PLoS medicine, 7*(9), e1000327.
- Mawusi, P. (2013). Parenting and Culture – Evidence from Some African Communities. *Parenting in South American and African Contexts. https://doi.org/10.5772/56967*.

- Mcneely, C. A., & Barber, B. K. (2010). *How Do Parents Make Adolescents Feel Loved? Perspectives on Supportive Parenting From Adolescents in 12 Cultures*. <https://doi.org/10.1177/074355840935723>.
- Miles, S., & Paddison, R. (2005). Introduction: The rise and rise of culture-led urban regeneration. *Urban studies*, 42(5-6), 833-839.
- Mili, D. (2011). Migration and healthcare: access to healthcare services by migrants settled in Shivaji Nagar Slum of Mumbai, India. *The Health*, 2(3), 82-85.
- Ministry of Water Resources Works and Housing. (2015). *Ministry of water resources, works and housing national housing policy 2015. II(Housing)*, 52.
- Ministry of Women and Children's Affairs (2007). *Gender and economic growth assessment for Ghana, 2007*.
- Minnery, J., Argo, T., Winarso, H., Hau, D., Veneracion, C. C., Forbes, D., & Childs, I. (2013). Slum upgrading and urban governance: Case studies in three South East Asian cities. *Habitat International*, 39, 162-169.
- Mitchell, R. E., & Trickett, E. J. (1980). Task force report: Social networks as mediators of social support. *Community mental health journal*, 16(1), 27-44.
- Mizen, P., & Ofose-kusi, Y. (2010). *Unofficial truths and everyday insights : understanding voice in visual research with the children of Accra's urban poor Unofficial truths and*

everyday insights : understanding voice in visual research with the children of Accra's urban poor I. 5878. <https://doi.org/10.1080/1472586X.2010.523278>.

Montgomery, M. R. (2008). The urban transformation of the developing world. *science*, 319(5864), 761-764.

Mulenga, C. L. (2003). Lusaka, Zambia. *Case study for the United Nations Global Report on Human Settlements*.

Mullins, L. J, & Christy, G. (2013). *Management & Organisational Behaviour*. Pearson Education.

Mumma, J. A. O., Cumming, O., Simiyu, S., Czerniewska, A., Aseyo, R. E., Muganda, D. N., Davis, E., Baker, K. K., & Dreibelbis, R. (2020). Infant food hygiene and childcare practices in context: Findings from an urban informal settlement in Kenya. *American Journal of Tropical Medicine and Hygiene*, 102(1), 220–222. <https://doi.org/10.4269/ajtmh.19-0279>.

Mwase, I., Mutoro, A., Owino, V., Garcia, A. L., & Wright, C. M. (2016). *Poor Infant Feeding Practices and High Prevalence of Malnutrition in Urban Slum Child Care Centres in Nairobi : A Pilot Study*. October 2015, 46–54. <https://doi.org/10.1093/tropej/fmv071>

National Library of Medicine (NLM) (2014). 'Urbanization' Olatidoye, O. P. (2015). *Effect of maternal employment on nutritional status of pre-school children from low-income households area of Oyo state*. January 2010.

- Nonvignon, J., Aikins, M. K., Chinbuah, M. A., Abbey, M., Gyapong, M., Garshong, B. N., ... & Gyapong, J. O. (2010). Treatment choices for fevers in children under-five years in a rural Ghanaian district. *Malaria Journal*, 9(1), 1-8.
- O'Reilly, A. (2010) Encyclopedia of Motherhood edited. United Kingdom: Sage Publications
- Olaniyan, O. & Sunkanmi, O. A. (2012). Demand for child healthcare in Nigeria. *Global Journal of Health Science*, 4(6), 129–140. <https://doi.org/10.5539/gjhs.v4n6p129>
- Olatidoye, O. P. (2011). Effect of maternal employment on nutritional status of pre-school children from low-income households' area of Oyo State. *Electronic Journal of Environmental, Agricultural and Food Chemistry (EJEAFChe)*, 10(7), 2574-2580.
- Oldewage-Theron, W. H., Dicks, E. G., & Napier, C. E. (2006). Poverty, household food insecurity, and nutrition: Coping strategies in an informal settlement in the Vaal Triangle, South Africa. *Public Health*, 120(9), 795–804. <https://doi.org/10.1016/j.puhe.2006.02.009>
- Osborn, M., & Smith, J. A. (1998). The personal experience of chronic benign lower back pain: An interpretative phenomenological analysis. *British Journal of Health Psychology*, 3(1), 65-83.
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, 20(1), 7-14.

- Pogoy, A. M., Verzosa, R., Coming, N. S., & Agustino, R. G. (2014). Lived experiences of early pregnancy among teenagers: A phenomenological study. *European Scientific Journal, 10*(2).
- Prakash, S., Manhart, A., Amoyaw-Osei, Y., & Agyekum, O. O. (2010). Socio-economic assessment and feasibility study on sustainable e-waste management in Ghana. *Öko-Institut eV in cooperation with Ghana Environmental Protection Agency (EPA) & Green Advocacy Ghana, Ministry of Housing, Spatial Planning and the Environment, VROM-Inspectorate*.
- Prasad, R., & Singh, M. N. (2016, March). Living Condition and Lifestyle of Mankhurd Slum Dwellers. In *2016 Annual Meeting*. PAA.
- Qu, S. Q., & Dumay, J. (2011). The qualitative research interview. *Qualitative Research in Accounting & Management, 8*(3), pp. 238-264.
- Rains, E., & Krishna, A. (2020). Precarious gains : Social mobility and volatility in urban slums. *World Development, 132*, 105001. <https://doi.org/10.1016/j.worlddev.2020.105001>
- Raniga, T., & Ngcobo, N. (2014). Economic experiences of single mothers in bhambayi, kwazulu-natal, South Africa. *Social Work (South Africa), 50*(4), 516–528.
- Sajjad, H. (2014). Living standards and health problems of lesser fortunate slum dwellers: Evidence from an Indian city. *International Journal of Environmental Protection and Policy, 2*(2), 54-63.

- Santos, A.D.L., Teston, EF, Cecílio, HPM, Serafim, D., & Marcon, S.S.(2015). Grandparents' participation in the care of the children of adolescent mothers. *Revista Mineira de Enfermagem* , 19 (1), 55-64.
- Schrag, A., & Schmidt-Tieszen, A. (2014). Social Support Networks of Single Young Mothers. *Child and Adolescent Social Work Journal*. <https://doi.org/10.1007/s10560-013-0324-2>.
- Shaikh, B. T., & Hatcher, J. (2005). Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *Journal of Public Health*, 27(1), 49-54.
- Sherr, L., Macedo, A., Cluver, L. D., Meinck, F., Skeen, S., Hensels, I. S., & Tomlinson, M. (2017). Parenting, the other oldest profession in the world—a cross-sectional study of parenting and child outcomes in South Africa and Malawi. *Health Psychology and Behavioral Medicine*, 5(1), 145-165.
- Shlay, A. B. (2010). African American, White and Hispanic child care preferences: A factorial survey analysis of welfare leavers by race and ethnicity. *Social Science Research*, 39(1), 125-141.
- Simelane, H. Y. (2013). *The interplay of urban land tenurial systems and its effects on the poor: A case study of Manzini in Swaziland* (Doctoral dissertation, University of Sussex).
- Singh, B. N. (2016). Socio-economic conditions of slums dwellers: a theoretical study. *Kaav International Journal of Arts, Humanities & Social Sciences*.

- Smith, J. A. & Osborn, M. (2004). Interpretative phenomenological analysis. In G. M. Breakwall, (Ed.), *Doing social psychology research*. Cornwall: Blackwell.
- Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis, In J. Smith (Ed.) *Qualitative Psychology: A Practical Guide to Research Methods*.
- Smith, J. A., Flower, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Smith, P. H., Coley, S. L., Labbok, M. H., Cupito, S., & Nwokah, E. (2012). *Early breastfeeding experiences of adolescent mothers : a qualitative prospective study*. 8–10.
- Summers, L., Lee, Y., & Lee, H. (2017). Contributing factors of teenage pregnancy among African-American females living in economically disadvantaged communities *Applied Nursing Research*, 37, 44-49. <https://doi.org/10.1016/j.apnr.2017.07.006>.
- Swart, E. (2013). Doing Survival: Strategies for Coping With Gender-Based Violence in Kenya's Kibera Slum. *Affilia*, 28(1), 40-50.
- Taher, M. T. & Ibrahim, A. (2014). Transformation of slum and squatter settlements: a way of sustainable living in context of 21st century cities. *American Journal of Civil Engineering and Architecture*, 2(2), 70-76.
- Tausig, M., & Fenwick, R. (2001). Unbinding time: Alternate work schedules and work-life balance. *Journal of Family and Economic Issues*, 22(2), 101-119.

The Bojean Project (2020). Slums in Ghana: Challenges with Growth. Retrieved from <https://borgenproject.org/fwd-slums-in-ghana/>. Accessed July 15, 2021.

Tolan, P., Gorman-Smith, D., & Henry, D. (2004). Supporting families in a high-risk setting: proximal effects of the SAFE Children preventive intervention. *Journal of Consulting and Clinical Psychology, 72*(5), 855.

Turkstra, J., & Raithelhuber, M. (2004). Urban slum monitoring. In *24th Annual ESRI International User Conference, 9th-13th August*.

Turner, K. M. (2004). Young women's views on teenage motherhood: a possible explanation for the relationship between socio-economic background and teenage pregnancy outcome?. *Journal of Youth Studies, 7*(2), 221-238.

Twintoh, R. F., Anku, P. J., Amu, H., Darteh, E. K. M., & Korsah, K. K. (2021). Childcare practices among teenage mothers in Ghana: a qualitative study using the ecological systems theory. *BMC Public Health, 21*(1), 1-12.

UNDP (2007). "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Ghana 2003." New York: Population Council.

UNICEF Joint Water Supply, & Sanitation Monitoring Programme. (2014). *Progress on drinking water and sanitation: 2014 update*. World Health Organization.

UNICEF. (2012). State of World Children: Children in an Urban World. In *Report*. van Dijk, A., de Haan, M., & de Winter, M. (2020). Armoured with morality: Parental perspectives on

moral education in the violent context of Brazilian slums. *Journal of Moral Education*, 49(4), 436-453.

United Nations Human Settlements Programme. (2003). *The challenge of slums: global report on human settlements, 2003*. UN-HABITAT.

United Nations Human Settlements Programme. (2012). *State of the World Cities 2010/2011: Bridging the Urban Divide*. UN, New York.

van Dijk, A., de Haan, M., & de Winter, M. (2020). Armoured with morality: Parental perspectives on moral education in the violent context of Brazilian slums. *Journal of Moral Education*, 49(4), 436-453.

Vearey, J. (2008). Migration, access to ART, and survivalist livelihood strategies in Johannesburg. *African Journal of AIDS Research*, 7(3), 361-374.

Virasiri, S., Yunibhand, J., & Chaiyawat, W. (2011). Parenting: What are the critical attributes?. *Journal of the Medical Association of Thailand*, 94(9), 1109.

Werner, E. E. (1995). Resilience in development. *Current directions in psychological science*, 4(3), 81-84.

Wiemann, C. M., Agurcia, C. A., Rickert, V. I., Berenson, A. B., & Volk, R. J. (2006). Absent fathers as providers: Race/ethnic differences in support for adolescent mothers. *Child and Adolescent Social Work Journal*, 23(5), 617-634.

Yurdakul, M. (2018). *Perceived social support in pregnant adolescents in Mersin area in Turkey*. 34(1), 115–120.

Ziraba, A. K., Mills, S., Madise, N., Saliku, T., & Fotso, J. C. (2009). The state of emergency obstetric care services in Nairobi informal settlements and environs: results from a maternity health facility survey. *BMC Health Services Research*, 9(1), 1-8.

APPENDIX I

Demographic Information

1. Age of participant.....
2. Age of child (ren).....
3. No. of children.....
4. What is your marital Status? Please mark the one that applies to you.
 - a. Married.....
 - b. Co-habiting.....
 - c. Divorced.....
 - d. Single.....
5. What is your level of education? Please mark the one that applies to you.

Primary.....

Junior High.....

Senior High.....

Others..... Please specify.....
6. What is the educational status of your children? Child (ren) Educational status

- a. Kindergarten/Creche.....
 - b. Primary.....
 - c. Junior High.....
 - d. Senior High.....
 - e. Others.....
7. Residence
8. Duration of stay

APPENDIX II

Interview Protocol for Young Mothers

I am a student from Department the of Social Work, University of Ghana. As part of my MPhil Program, I am conducting a study on the topic, “Raising children in urban slums of Ghana: Exploring the experiences of young mothers in some selected slums of Accra”. As a Social Work student, your input will help give me a better understanding of the experiences of young mothers raising their children in slums. The knowledge gained from this study will add to the existing literature in the field of parenting. This interview is anonymous and the information gathered will be treated with confidentiality. You would be required to answer a couple of open-ended questions in addition to providing your demographic information. You will also be expected to sign a consent form or give an oral consent which will signify your willingness to partake in this study. Participation is voluntary and you can decide to opt-out at any stage of the research.

Childcare practices of young mothers

1. Can you share with me how your typical day looks like?

2. Could you share your experiences of how you take care of your child(ren)? Probe (childcare practices, health-seeking behaviours, schooling, accommodation arrangements).
3. Could you share your experiences in combining roles? Probe (work-related, childcare arrangements, education, health-seeking behaviour).
4. How do you control the behaviour of your child (ren)?
5. Can you share your experiences with me if you have ever visited a health facility before?



Challenges young mothers face in raising their children in slums

6. Can you tell me some personal challenges you face here in the slum?
7. Can you tell me some of the challenges you face while you raising your child(ren)?
Probe (financial, childcare practices, childcare arrangement, family, health-seeking behaviour, work-related).

Coping Strategies utilized by young mothers in raising their children in slums

8. What coping strategies do you utilize in respect of the challenges of parenting?
Probe (Feeding, childcare arrangements, health, work, combining roles).
9. In what ways do you receive support from these people?
Probe (parents, friends, partner, kin group, relatives, community members, peers).





APPENDIX III

IRB ETHICAL CLEARANCE AND APPROVAL

UNIVERSITY OF GHANA
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No...ECH 121/ 20-21 ...

May 9, 2021

Portia Nana Ama Brempong
Department of Social Work
University of Ghana
Legon

**ETHICAL CLEARANCE
(ECH 121/ 20-21)**

The protocol title below has been reviewed and approved by the ECH Committee.

**TITLE OF PROTOCOL: RAISING CHILDREN IN URBAN SLUMS OF GHANA:
EXPLORING THE EXPERIENCE OF YOUNG MOTHERS IN SOME SELECTED
SLUMS OF ACCRA**

PRINCIPAL INVESTIGATOR: PORTIA NANA AMA BREMPONG

Please note that the final review report must be submitted to the Committee at the completion of the study. Your research records may be audited at any time during or after the implementation. Any modification of this research project must be submitted to ECH for review and approval prior to implementation.

Please report all serious adverse events related to this study to ECH within seven (7) days verbally and in writing within fourteen (14) days.

This certificate is valid till May 8, 2022. You are to submit annual reports for continuing review.

Please accept my congratulations.

Yours Sincerely,

Professor C. Charles Mate-Kole
ECH Chair

Cc: Dr. Kingsley Saa-Touch Mort, Department of Social Work,
UG Dr. Eunice Abbey, Department of Social Work, UG

APPENDIX IV

UNIVERSITY OF GHANA



OFFICE OF RESEARCH, INNOVATION
AND DEVELOPMENT

Ethics Committee for Humanities (ECH)

Official Use
only
Protocol number

NEW PROTOCOL SUBMISSION FORM

Requirements:

- i. A new protocol must be submitted to the ECH at least five weeks before the proposed commencement date of the research.
- ii. All sections of the form must be completed before protocol can be considered for review.

Section A – Background Information

1. Project Title: Raising children in urban slums of Ghana: Exploring the experiences of young mothers in selected slums of Accra.

2. Proposed Date of Commencement: 30th April, 2021

3. Principal Investigator: Portia Nana Ama Brempong. P.O. Box MD 19-Madina. Department of Social Work, University of Ghana Legon. 0544577771 pnbrempong@st.ug.edu.gh

4. Co-Investigator(s) (Name; Title; Qualifications; Postal Address; Institution/Department; Phone number; Email address)

5. Student Investigator(s): Portia Nana Ama Brempong. P.O. Box MD 19-Madina. Department of Social Work, University of Ghana-Legon. Email: pnbrempong@st.ug.edu.gh Contact:0544577771
Supervisors: Dr. Kingsley Saa-Touh Mort Department of Social Work, University of Ghana-Legon
Email: kmort@ug.edu.gh Contact: 0555597265
Dr. Eunice Abbey Department of Social Work, University of Ghana-Legon
Email: eabbey@ug.edu.gh Contact: 050497038

5a. Indicate status

Undergraduate

Masters Level

Doctoral Level

5b. Thesis Approval Letter and Introductory Letter from Head of Department
(Attach Letter of approval)

Section B – Project Information

1. Proposed Project Duration - From: 30 th April,2021 To: 30 th October,2021																						
2. Collaborating Institution (if applicable)																						
3. Funding Status of Project? Funding pending <input type="checkbox"/> Funded <input type="checkbox"/> Not funded <input type="checkbox"/> Other <input type="checkbox"/>																						
4. Source of funding: N/A																						
5. Research Location(s): Greater Accra																						
6. Data Collection Instruments (ie. Interview, questionnaire, observation et cetera) Interview Guide																						
7. Consent Process (Circle all that applies): (i) Written (ii) Oral (iii) English language (iv) Local language (v) Other																						
9. Work Plan (Attach Work Plan)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">DATE</th> <th style="text-align: left; padding: 5px;">ACTIVITY</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">28th February 2021</td> <td style="padding: 5px;">Submission of Research Proposal</td> </tr> <tr> <td style="padding: 5px;">29th- 31st March, 2021</td> <td style="padding: 5px;">Application for Ethical Clearance</td> </tr> <tr> <td style="padding: 5px;">8th April- 16th April, 2021</td> <td style="padding: 5px;">Proposal Presentation</td> </tr> <tr> <td style="padding: 5px;">30th April- May 30th, 2021</td> <td style="padding: 5px;">Data Collection</td> </tr> <tr> <td style="padding: 5px;">1st July-30th July 2021</td> <td style="padding: 5px;">Data Analysis</td> </tr> <tr> <td style="padding: 5px;">1st -30th August 2021</td> <td style="padding: 5px;">Presentation of Findings</td> </tr> <tr> <td style="padding: 5px;">1stSeptember-30th September,2021</td> <td style="padding: 5px;">Oral Presentation</td> </tr> <tr> <td style="padding: 5px;">30th October, 2021</td> <td style="padding: 5px;">Submission of Thesis</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </tbody> </table>	DATE	ACTIVITY	28th February 2021	Submission of Research Proposal	29th- 31st March, 2021	Application for Ethical Clearance	8th April- 16th April, 2021	Proposal Presentation	30th April- May 30th, 2021	Data Collection	1st July-30th July 2021	Data Analysis	1st -30th August 2021	Presentation of Findings	1stSeptember-30th September,2021	Oral Presentation	30th October, 2021	Submission of Thesis				
DATE	ACTIVITY																					
28th February 2021	Submission of Research Proposal																					
29th- 31st March, 2021	Application for Ethical Clearance																					
8th April- 16th April, 2021	Proposal Presentation																					
30th April- May 30th, 2021	Data Collection																					
1st July-30th July 2021	Data Analysis																					
1st -30th August 2021	Presentation of Findings																					
1stSeptember-30th September,2021	Oral Presentation																					
30th October, 2021	Submission of Thesis																					

<p>1. Will the study involve participants who are particularly vulnerable or unable to give informed consent? (eg people under the age of 18, people with learning disabilities, students you teach or assess, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, state the category of persons? Young mothers within the age bracket of 15-17 Persons withing the age range of 15-35</p>
<p>2. Will it be necessary for participants to take part in the study without their knowledge and consent at the time? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, state why?</p>
<p>3. Will the study involve any audio or visual recording of people in public places? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, State which type? Audio recording</p>
<p>4. Will the study involve the discussion of sensitive topics? (e.g. sexual activity, illegal drug use, illegal activities, death, whistleblowing) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, state the topic type?</p>
<p>5. Will the study involve invasive, intrusive or potentially harmful procedures of any kind? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, State procedures?</p>
<p>6. Is physical pain or psychological stress from the proposed project likely to cause harm or negative consequences beyond the risks in normal life? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, State how?</p>
<p>7. Will financial inducements (other than expenses) be offered to any of the participants? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, State how?</p>

Section D – Signature

Name of person completing the form: Portia Nana Ama Brempong

Role on the study: Principal Investigator

Signature:

Date: 18th March, 2021

For all student projects:

Portia Nana Ama Brempong
Student Investigator

18th March, 2021
Date

Supervisors Signature

22/03/2021
Date

For Thesis Supervisor(s)

I the undersigned supervisor have read through the proposal thoroughly (Scientific Review of the proposal) and reviewed the research instrument(s).

Supervisors Signature

22/03/2021
Date

Supervisors Signature

22/03/2021
Date

Note:

As the **Principal Investigator/Student Investigator** on this project, my signature confirms that:
(i) I will ensure that all procedures performed under the study will be conducted in accordance with UG –wide policy statement on ethical conduct of research involving human subjects as well as the Standard Operating Procedure of ECH.

(ii) I understand that if there is any change from the project as originally approved, I must submit an amendment to the ECH for review and approval prior to its implementation. Where I fail to do so, the amended aspect of the study is invalid.

(iii) I understand that I will report all serious adverse events associated with the study within seven days verbally and fourteen days in writing.

(iv) I understand that I will submit progress reports each year for review and renewal. Where I fail to do so, the ECH is mandated to terminate the study upon expiry.

(v) I agree that I will submit a final report to the ECH at the end of the study.



APPENDIX V

UNIVERSITY OF GHANA



Official Use only
Protocol number

Ethics Committee for Humanities (ECH)

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Raising children in urban slums of Ghana: Exploring the experiences of young mothers in selected slums of Accra.
Principal Investigator:	Portia Nana Ama Brempong
Certified Protocol Number	

Section B- CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This study aims to explore your experiences on raising children in an urban slum of Accra. This study seeks to explore your lived experiences, coping strategies and support systems available unto you as you raise your children in slums. During the study, the researcher will interview participants withing the range of (60) to (90) minutes.

The researcher will collect data from participants physically with the aid of an interview guide. The researcher will inform the research participants upfront on the need to ensure COVID 19 protocols. In adherering to COVID 19 protocols, the researcher will provide hand sanitizers and nose masks to the research participants. The researcher will ensure that the research participants disinfect their hands from time to time and maintain a maximum of 2 meters distance from the researcher when conducting the interview.

An interview guide will be used to solicit for information through one-on-one interview at a time and a place convenient to you. This means I will ask you questions and you will tell me about your experiences. With your permission, the interview will be audio- recorded and complemented with

notes taking. All questions will be open ended in order to solicit for more information and get rich data. Also, during the interview, the questions will be open ended ones. This is to help in getting enough and meaningful information required for the study.

Benefits/Risks of the study

This study will enhance your knowledge about parenting in slums. Also, the challenges shared, can call for the support of government, NGOs and philanthropists in meeting the needs of young mothers in raising their children in an urban slum. This study will not in any way pose any risk to you.

Confidentiality

The researcher will ensure that the identities of participants of the study are not revealed to any third party. Moreover, pseudonyms will be used to hide the identity of participants in the write-up of this study. Also, the researcher will seek the consent of research participants before engaging them in the study. This will be done with the use of a written consent form.

Compensation

You will be given a compensation in the form of biscuits and drink in appreciation for your time and participation in the study.

Withdrawal from Study

You are free to opt out of the study whenever you want to. You are not obliged to partake in the study and neither will you be penalized should you decide not to partake in the study any longer.

Contact for Additional Information

If you have any concerns, please contact:

Name: Portia Nana Ama Brempong

Institution: University of Ghana-Legon

Address: P.O.BOX MD 19 Madina

Contact: 0544577771

Email: pnabrempong@st.ug.edu.gh

For further enquiry and questions about the study, you could also contact my supervisors:

Dr. Kingsley Saa-Touh Mort

Department of Social Work

University of Ghana-Legon

P.O.BOX LG 419

Email: kmort@ug.edu.gh

Contact: 0555597265

Dr. Eunice Abbey
Department of Social Work
University of Ghana-Legon
P.O.BOX LG 419
Email: eabbey@ug.edu.gh
Contact: 0504970381

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANT
AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

Name of Participant

Signature or mark of Participant

Date

If participant cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name of witness



Signature of witness / Mark

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person who Obtained Consent

Signature of Person Who Obtained Consent

Date



APPENDIX VI

UNIVERSITY OF GHANA



Official Use only Protocol number

Ethics Committee for Humanities (ECH)

GUARDIAN /PARENTAL PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

Title of Study:	Raising children in urban slums of Ghana: Exploring the experiences of young mothers in selected slums of Accra.
Principal Investigator:	Portia Nana Ama Brempong
Certified Protocol Number	

Section B- CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

This study aims to explore your experiences on raising children in an urban slum of Accra. This study seeks to explore your lived experiences, coping strategies and support systems available unto you as you raise your children in slums. During the study, the researcher will interview participants withing the range of (60) to (90) minutes.

The researcher will collect data from participants physically with the aid of an interview guide. The researcher will inform the research participants upfront on the need to ensure COVID 19 protocols. In adherering to COVID 19 protocols, the researcher will provide hand sanitizers and nose masks to the research participants. The researcher will ensure that the research participants disinfect their hands from time to time and maintain a maximum of 2 meters distance from the researcher when conducting the interview.

An interview guide will be used to solicit for information through one-on-one interview at a time and a place convenient to you. This means I will ask you questions and you will tell me about your experiences. With your permission, the interview will be audio- recorded and complemented with

notes taking. All questions will be open ended in order to solicit for more information and get rich data. Also, during the interview, the questions will be open ended ones. This is to help in getting enough and meaningful information required for the study.

Benefits/Risks of the study

This study will enhance your knowledge about parenting in slums. Also, the challenges shared, can call for the support of government, NGOs and philanthropists in meeting the needs of young mothers in raising their children in an urban slum. This study will not in any way pose any risk to you.

Confidentiality

The researcher will ensure that the identities of participants of the study are not revealed to any third party. Moreover, pseudonyms will be used to hide the identity of participants in the write-up of this study. Also, the researcher will seek the consent of research participants before engaging them in the study. This will be done with the use of a written consent form.

Compensation

You will be given a compensation in the form of biscuits and drink in appreciation for your time and participation in the study.

Withdrawal from Study

You are free to opt out of the study whenever you want to. You are not obliged to partake in the study and neither will you be penalized should you decide not to partake in the study any longer.

Contact for Additional Information

If you have any concerns, please contact:

Name: Portia Nana Ama Brempong

Institution: University of Ghana-Legon

Address: P.O.BOX MD 19 Madina

Contact: 0544577771

Email: pnabrempong@st.ug.edu.gh

For further enquiry and questions about the study, you could also contact my supervisors:

Dr. Kingsley Saa-Touh Mort

Department of Social Work

University of Ghana-Legon

P.O.BOX LG 419

Email: kmort@ug.edu.gh

Contact: 0555597265

Dr. Eunice Abbey
Department of Social Work
University of Ghana-Legon
P.O.BOX LG 419
Email: eabbey@ug.edu.gh
Contact: 0504970381

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANT
AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding my child's participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

Name of Participant

Signature or mark of Participant

Date

If participant cannot read and or understand the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name of witness

Signature of witness / Mark

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person who Obtained Consent

Signature of Person Who Obtained Consent

Date

