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DYNAMICS AND CONTINUITIES OF CHILDCARE PRACTICES AND BEHAVIOURS

AMONG PARENTS IN ACCRA, GHANA.

BY

PATRICIA SERWAA AFRIFA

(10162160)

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DECLARATION

I, Patricia Serwaa Afrifa, hereby declare that except for references to other people's work which have been duly acknowledged, this thesis is the result of my independent research conducted at the Institute of African Studies, University of Ghana under the joint supervision of Professor Albert K. Awedoba, Dr. Osman Alhassan and Dr. Mrs. Delali Margaret Badasu. I also declare that as far as I know, this thesis has neither in part or in whole been published nor presented to any other institution for an academic award.

Signed..................................   Date...............................

Patricia Serwaa Afrifa

(Candidate)

(10162160)

Signed..................................   Date...............................

Prof. Albert K. Awedoba

(Principal Supervisor)

Signed ....   Date...............................

Dr. Osman Alhassan

(Supervisor)

Signed ....   Date...............................

Dr. (Mrs.) Delali M. Badasu

(Supervisor)

ABSTRACT

Traditionally, complementary childcare arrangements and practices in Sub Saharan Africa and specifically Ghana depend on the reliance on networks of support from the extended family. This kind of informal arrangement provided the needed support for the growth and social development of young children. The communality of childcare provision as expressed in sayings such as "it takes a whole village to raise a child" further emphasised the belief that apart from kin, other members of the community also help to provide childcare. However, in contemporary times, cultural, social and economic changes resulting from migration, monetisation of the economy, urbanisation, education, and women's work in formal spaces have undermined the traditional notions and practices of care. To this end, social relationships have been affected in a number of ways that have resulted in a situation where childcare is provided by kin or 'strangers' or a combination of kin and strangers, and institutions. At the global and national level, policies have been implemented to support the well-being growth and survival of children. Both the Millennium Development Goals (MDGs) and Sustainable Developments Goals (SDGs) have laid emphasis on health and survival of children. Despite the relevance of childcare, most of these policies have not paid adequate attention to care and the way in which it is provided.

There is paucity of research on the dynamics and continuities of childcare practices. In this regard, this study examined this phenomenon by: a) examining the nature and types of childcare arrangements in three geographical clusters in Accra; b) describing the range of factors influencing parental choices of complementary childcare arrangements c) identifying the ways by which care has been commercialised and d) exploring the challenges associated with childcare provision. It is a qualitative study which uses mainly ethnographic methods of data

collection such as in-depth- interview, Focus Group Discussions to collect data from parents with children aged 0-4 years, caregivers in Dzorwulu, Madina Estates and Nima. Stakeholders such as Officers from the Department of Social Welfare and Househelp Recruitment Agencies were involved in data collection. Two theories, namely, the Social Capital and Bronfenbrenner's Ecological theory were applied to the study. These theories complement each other because it provides the background that in the context of failing informal network of support for childcare, what other forms of networks are parents creating to support childcare and how are these promoting the social development of children.

The study revealed four types of care arrangements in urban households, and elements of commercialisation irrespective of the kind of care used. The study further discusses the challenges associated with childcare such as complications with the overreliance of unknown caregivers in the socialisation of children, recruiting processes, unreliability of caregivers. The study recommends the need for policy makers to see childcare provision as an issue of great importance since the future of a country relies on its ability to properly socialise its young.

DEDICATION

This work is dedicated to my parents, Mr. Sampson Afrifa and Ms. Comfort Peprah and all parents in urban households whose childcare stories have inspired me to conduct this research.

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encouraging and wishing me well. To everyone who has contributed in one way or the other to make this PhD journey a success, I say thank you and may God bless you all!

ABBREVIATIONS

WHO	World Health Organisation
IMF	International Monetary Fund
SAPs	Structural Adjustment Programmes
CRI	Care Reform Initiative
SDGs	Sustainable Development Goals
MDGs	Millennium Development Goals
UN	United Nations
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
GDHS	Ghana Demographic and Household Survey
DSW	Department of Social Welfare
PNDC	Provisional National Defence Council
OVC	Orphaned and Vulnerable Children
UNDP	United Nations Development Programme
GSS	Ghana Statistical Service
UNFPA	United Nations Population Fund
OECD	Organisation for Economic Co-operation and Development
CDWs	Child Domestic Workers
FGD	Focus Group Discussion
GoG	Government of Ghana

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

In recognition of the value of children, both the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have included child survival and well-being emphasising the need for governments to invest in the well-being of children as part of the development agenda. This study focuses on the changing nature of complementary childcare arrangements in Ghana. Childcare refers to the process of attending to the child's basic needs such as food, shelter, clothing and health (Myers and Indriso, 1987). It can also refer to caregiving behaviours such as breastfeeding, diagnosing illnesses, determining when a child is ready for supplementing feeding stimulating language as well as cognitive capacities aimed at providing emotional support (Lathman, 1995).

1.2 Background

Globally, the primary responsibility of caring for children lies with parents and guardians. According to the WHO (2002), the home remains the main setting for long-term care provision. However, parents can delegate their care-giving responsibilities through formal and/or informal caregiving arrangements in instances where they are incapacitated, have economic problems, are both working or have challenges of providing care (Afrifa, 2010; Badasu, 2004; Oppong, 1999).

Some studies on care options for parents show that different practices prevail in different cultures as far as parental care and delegated care arrangements are concerned. Whereas most industrialised countries use formal care alternatives such as statutory residential care, foster care, unregistered group home care and other care services, in sub-Saharan Africa, informal care

alternatives such as care by kith and kin, friends, and neighbours exist (Brown-Lyons et.al, 2001; Del Boca, 2015; Oppong, 2001). Pocock (2005) explains the difference between formal care and informal care. Whereas the latter is unpaid care from relatives, friends, neighbours and is emotionally driven, the former is paid for through the hiring of nannies, househelps and the utilisation of day care centres and is market driven (Pocock, 2005).

Brown-Lyons et al. (2001) explain that parents use informal care arrangements because of the familiarity and trust of family members, their availability, lower cost, flexibility of time and the constant availability for various ages of children, especially when regulated care arrangement is not available. Thus within the African context, and specifically the Ghanaian context, care of children has basically been dependent on kin-based support, not just because of the above factors explained by Tetteh (2005), but also due to the structure and characteristics of the Ghanaian family system.

According to Fisher and Toronto (1990), modes of caring can be categorised into two – i) household/community care in pre-capitalist societies and ii) market-place care in modern capitalist societies. According to these scholars, the household mode of caring is pre-capitalist in its origin and centres on family and community-based support for childcare. With this, resources are collectively mobilised to meet the needs of members of the household, especially children. With regard to childcare, there is sharing of more capabilities, knowledge and skills, and time to ensure the care and well-being of the child. It also dwells on the support of non-kin members in the community in instances where their assistance is needed or culturally determined. Such provision, thus practically affirm the school of thought that it takes a whole community to raise a child. Therefore, Pocock (2005) explains that informal childcare arrangements are emotional and thereby supportive in nature.

In contrast to the household-centered caring, the market place care has different characteristics. According to Fisher and Toronto (1990), capitalism creates a situation in which the emphasis on men's wage-earning capacities and a diminution of community resources make women's careers increasingly dependent on goods and services purchased in the marketplace. But the marketplace has a double effect on caring. It alters household and community-based caring and creates new forms for giving care outside household/community. Within the family, women usually continue to retain a strong orientation toward care provision as an obligation, but caregiving in the marketplace means meeting the demands of labour where care is purchased (Oppong, 2001). Thus, how much care one can purchase is dependent on the resources available to the household. Given this description, one can agree with Pocock (2005) when he says that formal care is market- driven with a focus largely on profit. Therefore, formal care relies on bureaucracies that define large-scale hierarchical organisations to accomplish caring in the marketplace and the public sector. Caregivers who are usually women sell their care labour services in the marketplace, offering their caregiving skills to those who can purchase care.

In Western societies, the above mentioned descriptions of market place care prevail. For instance, although the structure and characteristics of care systems differ significantly across countries in the West, in the United States and the United Kingdom, the private sector accounts for the largest share in the care market, with the government providing subsidies and tax allowances to assist poor households. Most European governments are directly involved in the provision of child care services (Del Boca, 2015). The situation in the African context, specifically West Africa, is different. Thus although governments have policies regarding early childhood development, complementary care arrangement is usually informal (Apt, 2005; Badasu, 2012). This is because within the African context, the household/ community model

which is the informal arrangement has been prevalent because of the extended nature of the African family system and its accompanying characteristics (Oppong, 2001).

Some studies on Ghana (Atobrah, 2005; Badasu, 2004; Lund and Agyei-Mensah, 2008; Oppong, 2001; Tsikata, 2009) specifically have shown that there are various systems of support for alternative care in instances where parents have to delegate care. Oppong (2001) documents how the child in the traditional Dagomba is seen as the 'darling' of the family and all arrangements are made to provide the needed support for its growth and maintenance. Lund and Agyei-Mensah (2008), Atobrah (2005) demonstrate the practice of kinship and non-kinship fostering for AIDS orphans by relatives and non-relatives among the Krobo. Thus findings from these scholars (Atobrah, 2005; Lund and Agyei-Mensah, 2008; Oppong, 2001) show that childcare is a cooperative venture in the African context for that matter, resources are pooled within the extended family and community to provide care.

Therefore, given the current socio-economic context of Ghana where migration had led to dispersal of kin coupled with dual earner parents/families, and the associated reduced availability of mothers to provide the care for their child formal care appears to be an alternative strategy. The cultural, social and economic transformations have affected the structure and functioning of the African family in ways that affect its ability to support its young (Badasu, 2005; Oppong, 2001). So, for instance kinship foster care is gradually shifting to institutionalised care in Children's Homes (Afrifa, 2010, Apt et al., 1998). This shows the introduction of institutionalisation of alternative care from informal to formal care. However, the prevailing situation has also required policies such as the Care Reform Initiative whose goal is to de-emphasise the institutionalisation of foster care and place orphaned and vulnerable children in families (CRI, 2006). Again, complementary care arrangements which used to be offered largely

by kin are now offered by non-kin and other institutions. Against this background, the present study explored the modes of complementary care arrangements working parents in formal, semi-formal and informal areas in Accra are using in support of their children in the context of socio - economic transformations.

1.2 Problem Statement

Even though governments have been encouraged by both the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) to ensure the well-being and survival of children, there are still challenges associated with the development of children. Some studies in Ghana on child care suggest that cultural, social and economic change have increased the use of complementary childcare sources such as nannies and househelp by parents (Badasu, 2004; Badasu, 2012,; Oppong, 2001). These transformations are due to monetisation of the economy, urbanisation, globalisation, migration, and increased access to education, especially for women, that influence their labour force participation. According to Magnuson and McGroder (2002), women's education, increases maternal earnings and directly enriches their home thereby improving the child's environment and the decisions that can be made to support the care and maintenance. However, scholars writing on crises in childcare provision, have argued that the changing maternal characteristics have dire consequences for childcare. This is because women perform most of the care task. Therefore their participation in the paid labour force means a more visible squeeze on time available for childcare and subsequent need for require making arrangements for alternative care arrangements (Ashiabi & Arthur 2004; Dayl, 2001; Lewis 2002, Standing, 2001).

Again, the implementation of neoliberal policies such as the Structural Adjustment Programmes (SAPs) in the 1980s and 1990s in Africa, including Ghana, have significantly

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minimised government's contribution in building their economies. This is because the removal of subsidies on health, education, and agriculture impacted the ability of the family to provide for its members including adequate childcare. In the process of retrenchment, most men lost their jobs. The major economic processes such as market liberalisation and structural adjustment reforms alter the demand for women in the market and subsequently affect the resources available for household maintenance (Sen, 1996). Generally, the neoliberal restructuring associated with SAPs widened inequalities in gendered ways. This is because in the context of men's reduced capacity to provide for their families, Ghanaian women increasingly became primary income earners, migrating independently – internally and internationally – to fulfill their livelihood needs and family obligations (Awumbila & Ardayfio-Schandorf, 2008; Manuh, 1994, 2001; Wong, 2000), to engage in transnational entrepreneurial activities (Darkwah, 2007), and to pursue career goals internationally. However, their increased involvement in the income earning activities rarely meant they were freed from the tasks of reproduction, although they could be performed from different rhythms. As a result, women's work day is seen as the most elastic – stretching and shrinking to meet both income earning and the maintenance of the household (Folbre, 2000). Thus Neoliberal policies reduce state intervention programmes that could support families (Becker, 1981). Penn (2007) asserts that in the United Kingdom, policies in childcare has been wrought by neoliberal reforms which promote the marketisation and privatisation of care, specifically childcare. In this regard, the state has certified for profit individual caregivers who are able to charge high fees for childcare. Consequently, the assignment of monetary value or the commoditisation of traditional practices including childcare has globally burdened parents, and guardians; Ghana is no exception in this regard.

In Ghana's urban centres, these changes have produced an increase in households with dual wage earner parents [1](where both parents work away from home) as well as a decline in the supply of kin-based informal child care support due to the nuclearisation of families (Badasu, 2012; Oppong, 2004). The high cost of living in urban centres, coupled with the increasing needs for childcare provision, necessitates two wage-earner parents in the family very supportive of household maintenance. However, the combined impact of increased working hours of mothers (particularly mothers with young children), continuing long hours of employment for fathers, coupled with the dwindling support from kith and kin gives rise to the possibility of a childcare deficit (Purdy, 1998). The literature further reveals that the transformations have undermined traditional care arrangements – mainly unpaid informal care and led to a gradual shift towards formal paid care, especially in urban centres. Thus, in the wake of weakening family support for the, child care, especially for children aged 0-4years, there has been an increase in the patronage of both formal care arrangements, (such as day-care/crèches and hiring of nannies), and informal care arrangements, (such as the use of friends, neighbours and househelps) in different households in urban centres (Badasu, 2004; Oppong, 2000; Oppong, 2003; Tetteh, 2005).

This study explored the dynamics and challenges of the rise of complementary childcare arrangements in formal, semi-formal and informal households in Accra, Ghana, and its implication for children's well-being. Several Theories could apply to this study. For instance, Value of the Child theory (Sam, 2002) emphasises the critical importance of children in the growth and development of every society, especially in Africa, and subsequently the

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[1] Time is more available to parents or mothers who are self- employed but working outside home compared to those who are employed by an employer.

arrangements through a network of social capital made for their maintenance and sustenance. The Bronfenbrenner's Ecological Model discusses the several interconnected systems that influence the development of children. Although some studies such as Seo, 2003, show a strong connection between the macro level (state norms), micro level (home) and the meso-level (systems of support network available for childcare), the Social Capital Theory major emphasis is on the networks, values and trusts as well as reciprocities available to an individual. This study focuses on the changes in nature of social capital (i.e the network of support) available to childcare within households and consequences for child protection. This is an important issue to be critically studied because, the resultant effect of the absence of appropriate care for children is the presence of children as liabilities to the state rather than assets. This situation can be detrimental to the peace and security of the state if appropriate measures are not taken (Abotchie, 2008; Ashiabor, 2014).

The importance of childcare and child welfare cannot be overemphasised. Various policies on development, both local and global, have paid attention to the care of children aged 0-5years because of the critical stage in their development. Both the Millennium Development Goals and Sustainable Development Goals recognised and incorporated survival of under-five children in the goals. The Sustainable Development Goals also discuss the promotion of the well-being of individuals within the society. It is therefore expedient to make the necessary arrangements to ensure that children access best care to grow well in a healthy environment (Badasu, 2012).

The study therefore explored the dynamics and continuities in childcare practices in households in three geographical areas by examining what factors have influenced the childcare,

the ways in which it has commercialised and the challenges associated with childcare provision among parents in Accra (specifically in Nima, Madina Estates and Dzorwulu).

1.3 Research Questions:

The study sought to answer the following questions:

1. What is the nature and what are the types of childcare arrangements in Accra, an urban setting?

2. What are the maternal and paternal characteristics influencing childcare arrangements?

3. In what ways has childcare been commercialised in Accra?

4. What are the challenges and opportunities associated with complementary childcare provision?

1.4 Objectives of the Study

The general objective of the study was to examine dynamics and continuities of childcare practices and behaviours among parents in three selected communities (Nima, Madina Estates and Dzorwulu) in Accra. Its specific objectives were:

1. To interrogate the types of childcare and the nature of childcare arrangements in households

2. To explain the parental characteristics that influence childcare arrangements and types in households

3. To examine how childcare has been commercialised

4. To assess the challenges that are associated with caregiving.

1.5 Rationale of the Study

Critical to the development agenda globally is the promotion of the health and well-being of all people including children. In this regard, global efforts and commitments such as the 17 Sustainable Development Goals (SDGs) have been instituted to progressively fill in the gaps of the eight goal bound Millennium Development Goals (MDGs). Goal 4 of the MDGs sought to reduce under-five mortality rate and therefore ensured a number of policies and practices. Goal 3 of the SDGs seeks to ensure the health and well-being of people at all ages. However, key to the thirteen sub targets of this goal is the attempt to ending preventable diseases for new-borns and under-five children. Countries like Ghana who are signatories to most UN conventions and have had policies in place such as the Early Childhood Development Policy to promote the survival and well-being of children aged 0-8years. In addition to this, specialised agencies of the UN such as WHO, UNICEF, UNESCO) have all played significant roles in the promotion of the well-being of children by institutitionalising programs that promoting the nutritional status of children that subsequently promote their health and well-being. A research report by the UNICEF (2009) showed that the three underlying causes of malnutrition are inadequate food, inadequate health and inadequate care. Although care is very important to the promotion of well-being and health of children, it is the most under researched.

Studies such as Badasu (2004); Goody (1982); Nukunya (2003); Oppong (2004) have shown that the family structure in Ghana has changed over the past decades, and in ways that effectively undermine its ability to promote child welfare and maintain its traditional role in child care support. Consequently, although there appears to be a merger of informal and formal care arrangements in different households and different geographical locations, nonetheless, as an emerging middle income country, socio-economic changes render it difficult to continue to rely

on informal childcare arrangement. However, much focus on childcare research in the Ghanaian context have largely been on the nutritional and health status of children in relation to global goals (see Badasu, 2012; Tetteh, 2005). Although paid care (formal) thus appears to be the most viable option for complementary care for some families, nonetheless, the question of how effective this option is in meeting the challenges of child care is of paramount importance to all stakeholders. Hence, the study interrogates broadly how socio-economic changes have resulted in the introduction of elements of commercialisation in childcare arrangements, affected household dynamics, and the challenges thereof and the cumulative impact of all these on childcare.

This study is therefore expected to highlight the dynamics and continuities of childcare practices among parents in Accra. It will also bring to the fore ways in which childcare has been commercialised, the dynamics of commercialisation and attendant challenges. Ultimately, the study will seek to contribute to knowledge on recent adaptations to child care arrangements. It makes a critical contribution to policy, especially policy on early childhood development by suggesting ways in which both formal and informal care arrangements can be utilised for childcare and how pitfalls can be obviated.

1.6 Definition of Concepts:

Bearing in mind that concepts can be mean differently depending on context of usage, this section defines concepts as will be used in the study. The concepts are as follows:

Household: According to the 2014 Ghana Demographic and Household Survey, household can refer to a person or a group of related and unrelated persons who usually live together in the

same dwelling unit(s) or in a connected premises who acknowledge one adult member as the head of the household and who have common cooking and eating arrangements (GDHS, 2014).

Earlier definitions (Carter et al., 1984,; GFS, 1983) of households emphasised the notion of a group of persons, who live together in the same house or compound, share the same housekeeping arrangements and are catered for as one unit; or a collection of persons who work together to provide mutual care, including the provision of food, shelter, clothing, healthcare, as well as socialisation.

The above definitions of household emphasise some commonalities - a group either related or unrelated who live together and share the same cooking and eating arrangements. This study finds the earlier definitions by (GFS, 1983 and Carter et al., 1983) more appropriate for this study because it further discusses household to include a group of people who do not just live together and share eating arrangements but also provide mutual care, such as food, shelter, clothing, healthcare, as well as socialisation (which will include childcare). It must be noted that in contemporary times there is nucleation of households (Kpoor, 2013).

Single-parent and couple - parent Household: The study takes single-parent household to refer to households with either mother or father and children, whereas couple household refers to households with both parents and children living together (Carter et al., 1983; Kpoor, 2013).

Live - apart couples: This concept was identified in the study to refer to married couples who do not live together not because they practice duolocal residence but are separated because of work. Ardayfio-Schandorf (2008) describes the scenario of migration and how it has resulted in couples not staying together. The study uses the term, lived apart couples to refer to such individuals in this category.

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Alternative Childcare arrangement: This refers to substitute care/ delegated formal/ informal care provided to children from relatives, friends, or neighbours of their parents. This can be done through kinship or non-kinship fostering (Afrifa, 2010; Apt et. al, 1998; Goody, 1982). It involves foster care and adoption (DSW, 2006). These arrangements are made due to the following reasons: parental death, illness, poverty, parent's work.

Complementary Childcare Arrangement: complementary childcare arrangement is defined by Wheelock and Jones (2012) as the situation where relatives, friends and neighbours look after children to allow their parents go to work, receive training or go for studies. Their emphasis is on the fact that this kind of care based on who is providing it, is not paid for. This kind of care is important especially in the context of the combined impact of mothers with young children in the workforce and the continuing high hours of employment of fathers. Other studies (Pocock, 2005; Waerness, 2002; Wheelock and Jones, 2012) explain that childcare needs and provision are available through formal approaches such as day care centres, after school clubs, child minders. The current study establishes that complementary care is conceptually defined as care provided by househelps, nannies, relatives, friends, co-tenants, nurseries, after school clubs as well as any other form for which a child is placed and looked after temporarily to allow his or her parents work, train or study. These forms involves payments either in kind or in cash. The difference between this kind of arrangement and the complementary childcare arrangement is the fact that in the latter parents are actively involved in the provision of care and they only delegate care in periods where they are unavailable.

Formal Care: This refers to paid care from childminders, out of school clubs, nannies, househelps. This kind of care, Pocock (2008) explains that it is commodified and usually carried out by agencies with the intention of market place profit and incentives.

Informal Care: Refers to instances/ situations where relatives, friends or neighbours look after care of children usually on unpaid basis to allow their parents go to work. This kind of care is not commodified but offered on principle of kin/ friendship obligations and other forms of reciprocity.

Commercialised care: Paid care provided by parental substitute to support children to enable their parents go to work. This kind of care is reliant upon a mixture of government and for profit providers (Coe, 2011). This takes various forms either through hired nannies, househelps or in day care centres. Working parents become the consumers of care and often based on their resources, purchase care for their children.

Caregiver: Refers to nannies and househelps who are looking after children to enable their parents go to work.

Continuity: According to Nukunya (2003), the extended family continues to exist in different ways even in the context of the driving forces of social and economic changes. In this regard, the study uses the concept continuity to refer to the resilience and tenacity of the extended family system in the contemporary Ghanaian society. In relation to childcare, it refers to the positive force that drives individuals within the family to strive to retain existing internal and external structures through adaptive choices that enable them to maintain the role of the family in childcare provision.

Dynamics: The different ways in which the Ghanaian family adapts to the contemporary ethos of childcare. So for instance, although grandmother's care is still used in contemporary Ghanaian societies, there has been some changes associated with it in ways that depending on the circumstances, the grandmother may not be physically present to provide support with childcare but may pay for the alternative arrangements and offer advice from time to time. Thus, despite

the continuity in childcare provision, it is embalmed with visible dynamism that incorporates new approaches to nurturing childcare.

1.7 Organisation of Chapters

This thesis is organised in eight chapters. Chapter One discusses the introduction and background to the study. It provides the introduction, problem statement and outlines the research questions and objectives, rationale for the study as well as a definition of concepts as used in the study. Chapter Two is the literature review. Here, the study puts the review of related literature into thematic areas as it corresponds with the objectives of the study. It begins with the African family and Childcare and subdivides the sections into the African Family Structure, Informal Alternative Childcare Arrangements, the reinforcing factors of social change and its impact on the social structure of the African family and childcare specifically. The chapter also discusses the theoretical framework (the Social Capital Theory and Bronfenbrenner Ecological Theory). Chapter Three provides a context for the study. It begins with a definition of concepts such as childcare, types of childcare. The chapter further describes commercialised childcare arrangements and provides description of the factors influencing childcare options. The chapter ends with the challenges of care.

Chapter Four discusses the methodology for the study. It has different sections which provide a description of the study area, research methods used. The study uses a qualitative approach as its research design and a description of the study population and the sampling techniques are provided in this section. The chapter also discusses the procedures for accessing study participants and the data collection and analyses methods. The study use of semi-structured interview guides for the different categories of study participants are spelt out in this chapter.

The chapter further provides a description of how thematic analysis was used for data analysis and lastly, a discussion of ethical considerations.

Chapter Five, captioned: The nature of childcare arrangements in Accra, is the beginning of the empirical chapters for the study. To put the issues into proper context, the chapter begins with a description of household composition and zooms in on the nature of childcare in urban households. Chapter Six broadly discusses the paternal and maternal factors influencing childcare arrangements. Specific sections in this chapter include factors such as parent's work, location of work, socio-economic background of parents and how that affect choice of child care options. Institutional childcare options as well as non-institutional childcare options with their characteristics are highlighted. The characteristics of caregivers and experiences with caregivers are described in this chapter. Chapter Seven highlights the commercialisation of childcare. It describes the recruitment of caregivers in urban households and highlights the elements of commercialisation of childcare and its impact on child's well-being. The other section also discusses the challenges of childcare provision. These challenges of childcare provision are described from the perspective of parents and other stakeholders. Chapter Eight provides the conclusion and recommendations made based on the findings of the study.

CHAPTER TWO

LITERATURE REVIEW: THE AFRICAN FAMILY AND CHILDCARE

2.1 Introduction

This chapter reviews relevant literature about childcare within the African family. The purpose of reviewing literature is to provide an overview of studies conducted in the area in order to situate the study within the relevant gaps identified. The current study reviews literature within the broader framework of the changing cultures of childcare and the factors necessitating the change. Specifically, areas that will be examined include but not limited to the following: a) the African family structure; b) reinforcing factors of social and economic change and impact on childcare as well as neo-liberal policies and the African family with specific emphasis on Ghana. The study applies Social Capital theory and Bronfenbrenner's Ecological Systems theory because of their relevance. This is because the former highlights the fact that social capital in the form of a network of support available for childcare provision is based on norms of intergenerational reciprocities. Thus, within the family, children are valued because of the economic, social and psychological roles they play within the family, even as minors, and later as adults. Hence, the family invests in it children and it is expected that children would to be given the necessary social capital to develop. Bronfenbrenner's Ecological Systems theory, on the other hand, focuses on the various interconnected factors that influence a child's development. Bronfenbrenner's Ecological Systems theory is expected to help the study examine the number of factors that influence parental choices of complementary care arrangements.

2.2 The African Family structure

This section provides an analyses of the African family by discussing its composition and residential patterns, and implications for childcare. Emphasis will be laid on the role and value of children and hence their position in the African family.

The family, though a universal social unit varies greatly in definition and in form, size, composition and structure. Even on a continent like Africa which exhibits a certain degree of cultural unity, there is the existence or presence of wide variations in the family organization and structure. Such variations include how child care practices are carried out. Despite, these variations, what is unique about the African concept of the family is that, generally it is more inclusive in depth and span, and embraces a wider membership than the word suggests in the Euro-American context (Boateng, 1996). The African family is extended and revolves around joint households. It includes the living and the dead (designated as living dead) as well as the unborn who the family considers as buds of hope (Awedoba, 2007; Mbiti, 1990). Due to these features of the family, childcare is organized as a collective venture rather than an individual affair (Oppong, 2000).

The African family, like most other families throughout the world, performs two broad universal functions. The primary universal function of the family can be described as the bedrock on which many societies are built, it creates and socialises the new generations to be useful citizens and members of society. This is because since the child is expected to go through the necessary training to become fully integrated into the society, physical birth alone is considered not enough (Abotchie, 2009; Boateng, 1996).

The secondary functions of the family consist of its political, religious and economic responsibilities. The family head is politically the symbol of authority within the lineage and is

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the custodian of family property. In addition to this, the head bears the responsibility of settling minor disputes among family members and ensuring their peaceful coexistence by enforcing norms and value of the family (Goody, 1982; Nukunya, 2003). Although such conditions are aimed at promoting law and order, this role Abotchie (2009) writes that it is the responsibility of the modern state to maintain law and order. Additionally, the lineage head is expected to administer the code of behaviour as well as appropriate secular and sacred sanctions. The religious function is performed through the indoctrination of its members on the requirements of the religion that the family practices. The family performs its economic functions by serving as the unit of consumption and production. In this regard, the family traditionally provided the needed labour force through reproduction. Thus large numbers of children within the family in the past to provide the needed labour for the family. However, in recent times there has been a decline in fertility rates (see Ardayfio-Schandorf and Ammissah, 1996; Caldwell, 1996) owing to social and economic changes such as education, the needs of children have increased and therefore makes it unattractive to have more children.

The African family's structure basically comprises of both nuclear families and the extended families but the latter has been more predominant. The nuclear/conjugal family, consists of a man, his wife and their children and comes into being when two people spouses marry (Awedoba, 2012; Nukunya, 2003). It increases in size when children are born into it. Although universally it expected that the husband will reside with his wife and dependent children. The extended family as Nukunya (2003) defines is a collection of nuclear families which includes parents, grandparents, uncles, aunts, brothers and sisters who may have their own children and other distant relatives. Both family types are found in different societies with variations.

The nuclear family, as it exists in Western Europe, Asia and America, is based on different residential arrangements. The Western concept of the nuclear family thrives on the notion of monogamous marriages where spouses reside with their children. Here, members of the family are usually found in the same household; they occupy the same flat, a semi - or fully detached house. This pattern changes only when children become adults. When children in the nuclear family come of age, they leave their parents to start their own nuclear families. In this kind of family, there is individualism and parents are solely responsible for the care and maintenance of children. Evidence exist to show that in Europe and other Western countries, childcare needs are largely accessed formal childcare delivered through state, market or voluntary institutions such as nurseries, childminders or out of school clubs (Wheelock and Jones, 2002). So parents in these societies have the moral and legal obligation to maintain their children until they are full adults. They are acquitted of this obligation to support their children either financially or materially when they have completed their education or attained the age of eighteen or sometimes twenty-one years. There is a pattern of uni-directional reciprocity between European parents and their children (Awedoba, 2012). In other words, children are not obliged to reciprocate this moral obligation when their parents are old.

Traditionally, the residential patterns in most African societies, bring a different dimension to the structure of its nuclear family. Scholars (see Addai-Sundiata, 1996; Nukunya 2003) have discussed the following residential patterns in Ghana:

i)   Patrilocal: Here married couples resides with or near the husband's parents.

ii)   Matrilocal: This represents a system where married couples resides with or near the wife's parents

iii) Duolocal: With this arrangement, married couples live in separate residences, all within their natal family.

iv) Avuncolocal: this is a kind of residence which operates in matrilineal societies where a married couple lives traditionally with a man's mother's eldest brother

v) Neolocal: Here, couples reside in a neutral place provided by themselves after marriage

Although the above listed residential patterns represent characteristics of the nuclear family, its uniqueness did not only lie in who provided residence for couples, but also living arrangements for children. Unlike the traditional European nuclear family which predominantly has couples living together with their children with sometimes occasional visits from extended family members, some scholars document that among the Effutu and Ga respectively, of Ghana, duolocal residence pattern prevails (Azu, 1974; Hagan, 2000). In this context, married couples may not live together under the same roof. For instance, the Ga and the Effutu of Ghana traditionally have duolocal residence patterns where men and women live in different residence. Therefore, depending on their sex and age, children may live with either parent. Even in instances where the nuclear family happens to reside together, they may be sharing the house with other relatives. In many parts of Northern Ghana, the compound homestead contains several nuclear families within it (Awedoba, 2007).

From the discussion, we can theorise that although the African family begins as a nuclear family, factors such as residential patterns and marriage makes it difficult for them to live in isolation. Therefore, the African family and specifically the Ghanaian family is extensive in nature. Here, the family includes parents, grandparents, uncles, aunts, brothers and sisters who may have their own children and other distant relatives. Joint households also constitute a family.

This is a consanquinal family unit that includes two or more generations of kindred related through either the paternal or maternal line who maintain a common residence and are subject to common social may refer to two or more brothers in patrilocal societies or sisters in matrilocal societies establishing one compound or compounds close to one another. Joint families may come into being when two or more brothers (in patrilocal societies) or sisters in matrilocal societies establish one or more compounds in close proximity. Additionally, such households may also house mother's brothers or sisters and father's brothers or sisters, depending on the lines of descent. In these situations, the maintenance of children is done collectively by adult members of the family (Ardyafio-Schandorf, 1996; Mbiti, 1990). The family in these cases may have mechanisms for responding to crises or difficult situations encountered by its members. It provides the needed social security that addresses cases of widowhood, orphans, widowerhood and even infertility. Therefore in cases where children are children are orphaned and abandoned, their care and maintenance are shared (Awedoba, 2007; Boateng, 1996; Weisner, 1997).

Depending on life span and longevity, the extended family generally may contain two or more generations: people of the parent generations, grandparents and children. In some traditional patrilineal African families, a woman usually lives with her husband's family after marriage. In such patrilineal systems residence is provided by the man after marriage (patrilocal), but it could also be neolocal. Examples of such societies are the Igbos of Nigeria and the Dagombas of Ghana (Nukunya, 2003). In other patrilineal societies like the Gas of Ghana, the residential arrangement is duolocal and couples after marriage live in separate households. Duolocal residence is also common among some matrilineal societies in Africa, e.g. the Akan of Ghana. Here, women live separately from their husbands, this will happen if they are in the same town or community. Another form of family is the matrifocal family which is headed by a

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woman. It is usually in the matrilineal systems where grandmothers together with their older children live in a common compound and raise their young children, especially where divorce is frequent and girls become mothers outside wedlock and have to send their children to their mothers (i.e. the children's grandmothers) to care for them while the young mothers look for jobs or partners. The residential patterns as well as type of family, determined where children would reside from when they were very young till they reached adolescence. Usually in patrilineal systems where there is duolocal residence, a young boy between the ages of eight and fifteen would live and be socialised in his father's household (Hagan, 2000; Nukunya, 2003). Although the extended family exists in Western Europe, it is less cohesive.   Thus in relation to childcare, members of the family such as aunties, grandparents, cousins may be involved on casual basis. It is appears more occasional than a daily affair and it is also dependent on individual families and how providing complementary care fits into their individual schedules. (Wheelock and Jones, 2002).

In most African societies, however, extended family members have obligations towards each other. The collective interest of the entire group is important to all its stakeholders. In this regard, child care is also done as a collective venture because of the value attached to children within the family. Family studies in Africa have highlighted the importance of the extended family and the value of children to the family (Caldwell 1966; Goody, 1982; Goody, 2007; Oppong 1973; Sam, 2001). The structure of the African family pays attention to kinship ties which are utilized to offer support (e.g. social, moral, financial, emotional) to family members. Boyden (1993) asserts that the need to protect the entire kin group takes priority over the individual's concern. The family has mechanisms for responding to crises or difficult situations encountered by its members especially children and the aged. This is because, globally,

childhood is considered very important and therefore various forms of support systems are provided to cater for them. In Africa, such support systems, which are based on shared informal care-taking, are utilized to ensure the child is provided with assistance, affection, food, education and protection. Here, older siblings, adult kin and other members of the community are expected to support child care.

Weisner (1997) asserts that in some parts of Kenya, child caregiving occurred as an indirect chain of support in which one child under a mother's or other adult management assists another, who assists a third who in turn assists another child. Girls are more likely to do the caretaking and domestic tasks. Both Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) point to the relevance of maternal characteristics to the well-being and welfare of their children - an assertion that other studies such as Badasu (2004) and Tetteh (2005) have expounded.

Again, the family has a sense of responsibility towards maintaining its young. Waerness (1984) in defining child care, contextualises it in the sense of shared responsibility between the carer and the cared for. However, the author further broadly defines caring as embracing human experience of feelings of concern for and assuming control of the well-being of others in person to person relationship. The issue of feeling concerned and being responsible have both practical and psychological implications for both the carer and the cared for. This is because the person needing care is invaluable to the one providing the informal unpaid care characterised by norms of 'norms of balanced reciprocity'.

According to Sahlins (1965), reciprocal obligations hold societies together. This is because reciprocity, irrespective of the type, is a kind of social gain that involves a continuous sequence of giving and receiving. The notion of norms of balanced reciprocity stems from

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Sahlins (1965) definition of balanced reciprocity. With this kind of reciprocity, there is an explicit expectation of a return of a gift of some sort. Kirk (2007) explains that it possesses features or characteristics of overt concern for equivalence and timelines of exchange. Therefore explaining from this, the norm of balanced reciprocity in relation to childcare, as it happens within the African context, adult members of the lineage are expected to take care of children so that in their old age, the children also take care of them. Thus, the provision of childcare in Africa is not restricted to parents alone; other relatives are involved as well. Parents have the moral obligation to maintain their children and provide their needs.

Unlike the European child who has fewer obligations towards their parents in their old age, the African child has obligation to reciprocate the care parents gave when they were young. The expectations of direct inter-generational reciprocity between parents and children are emphasized in many African societies. Although there are no legal obligations for ensuring reciprocities between African parent and their children, their reciprocities are life-long and are backed by religious and customary practices and sanctions. Children and parents who do not conform to such obligations are not spared but are ridiculed by society.

The reciprocity is not only life-long but also continues after death. This is expressed in religious prestations such as sacrifices and offerings at shrines erected for deceased parents in many African countries (Awedoba, 2007). Writing about the Akan of Ghana, Gyekye (1996) and Van der Geest (1997) both quote the Akan proverb 'if someone has looked after you to grow your teeth, you should look after him/her to lose his/hers' to buttress the point of reciprocity. Van der Geest goes on to note that the respect that the young owe the aged compels them to look after them. This is also true for other parts of Africa.

Sibanda (2011) also adds that in most ethnic groups in South Africa, childcare is based on norms of reciprocity. This is because children are seen as a source of social security for adults in old age. This belief fits into what Sam (2001) describes as the economic value of the child. Here, children are valued highly because of the benefits adults will get from them in their old age. Therefore, the more attention an adult pays to their care, the better his or her chances of getting adequate support in old age. Thus, in this regard, childcare is organised in a manner that allows other members of the family to provide alternative, complementary/supplementary care and support for the maintenance of young children.

2.3 Informal Alternative and Complementary Childcare Arrangements

Globally, various forms of care arrangements are made to maintain children Within the African and the Ghanaian context, child care arrangements within the kinship network are usually established through the delegation of parental roles (kinship fostering) or support within the household from other kin.

As Nukunya (2003) notes, polygyny has been a pervasive practice in Africa and for that matter large households and joint families in most African societies practice shared caregiving through institutions like polygyny, particularly when it is accompanied by large homesteads, and where co-resident children and co-wives are on good terms. Examples of such African countries include Kenya, Nigeria and Ghana. Writing on the Ghanaian case (Adam, 2012; Azu, 1992; Hagan, 2000; Gyimah, 2009), scholars have outlined several reasons why it was practiced. These include: prestige and need to have more children to be used for labour on the farm. The weaning taboo, which forbade nursing mothers from having sexual intercourse with their husbands, is another key factor. In some communities such as the Dagombas, inexperienced mothers of neonates take a maternal leave from their husband's house and move to their own

parents once they have children (Adam, 2012). It can be deduced from this description that there can also be the practice of duolocal residence when mothers have new babies.

According to Nanbigne (2010) children occupy a special place in the Dagaaba household. A child in the household is supposed to be comfortable and not lack anything. So, arrangements are made such that the child has several mothers and several fathers at any given time. So right from birth, the child is given the best of care the resources of the family can provide. The mother is given a long time off her normal everyday chores so that she does not only recover from the ordeal of child birth but also to allow her ample time to give the child ultimate care. Although this is expected to be the case, the reality may be different depending on the kind of support the mother receives. For a woman who is lucky to have a good mother-in-law, this is likely to happen. The time away from the husband's house allows for traditional birth spacing and ensured that weaning is not done in a hurry because another baby is on the way. Again, the nature of polygynous households allowed for collective care from older siblings and co-wives of children once mothers returned from their natal homes.

Apart from support from polygynous households, scholars (Nanbigne, 2010; Oppong 1999) also document how other kin provide care for children within the household. Oppong (2004), writes that in the past, the child was the 'darling' of the family. She cites Tallensi examples from Fortes (1949) where during the first three years, the nursing mother received support from kin to give her enough time to wean and give more attention to the child. Badasu (2004) adds that among the Ewes, care of young children was the duty of kin or the lineage despite the fact the mother was the primary caregiver. This is because the child is seen as the centre of life and also considered a dependent individual who needs to be cared for, socialised and supported by adult members of the family as the norms and values demands (Nanbigne,

2010; Nukunya, 1992). Within the households, grandmothers also played significant roles in childcare provision.

2.3.1 Grandmothers Care

Literature on the consequence of family or household structure on child well-being underscores not only the absence of parents but to a larger extent the absence of the grandmother in the household as a major determinant to the child well-being (Anderson, 2005; Astone and Mclahanan, 1991). Studies have shown that children living in an extended family with grandparents have been observed to benefit from the grandmother effect. By remaining actively involved in rearing of their grandchildren, grandmothers have a helpful effect on the reproductive success of their children as well as the survival of their grandchildren.

Clark (1999) writing on mothering and child care among the Akans, highlights the role of grandmothers in childcare. She describes how grandmothers take care of young children to allow mothers to go about their daily activities in the market. This practice is also common among the Dagaabas. Nanbigne (2010) asserts that the grandmother of a Dagao child usually helps in bathing and massaging it all over with sheabutter. As a child gets older and can be carried, it begins to be entrusted in the care of a girl, daughter of any of the brothers of the child's mother's brothers. She now becomes the babysitter who is expected to feed, clean, carry and rock the baby while the mother goes about her chores. In some cases, she accompanies baby's mother to the farm as she worked. The babysitter helped in feeding the child and the family also made sure that she was also well catered for. The belief among the Dagaabas is that the one feeding the child must always taste what the child eats and must also be fed properly to allow the child to feed. Although the mother is expected to do work on the farm such as joining the other women to sow or harvest, there are certain taboos regarding dos and don'ts on the farm.

For instance, she cannot use big hoes that are used for raising mounds for yam or millet. This is seen to be a back-breaking work and for a nursing mother, she is expected to reserve her 'back' for carrying her baby.

Furthermore, grandmothers reap the emotional benefit of caring for their grandchildren (Bledsoe and Isuigu-Abanihe, 1985; Neol Miller, 2006). Studies on provision of informal care show that there is always a feeling of satisfaction if the carer is able to give the necessary care for the child. In the context of Eastern and Southern Africa, the role of grandparents in caring for grandchildren has also increased because of the ravages caused by HIV/AIDS pandemic (Sibanda, 2011).

One can surmise that this scenario is possible because grandmothers are considered experienced because of their wealth of experience in caring for children in their lifetime – either their biological children, children of other members of the family (through fosterage). So, among the Dagaabas as Nanbigne (2010) explains, grandmothers support childcare to enable parents to go about their daily chores.

2.3.2 Foster Care

Child fosterage, a practice that detaches the child from his or her natal home to be reared by another person has been pervasive in most African societies. It provides an alternative for biological parents who are unable to care for their children since it provides a social network for the exchange of children between households. Its aims are diverse and could be dependent on patterns of solidarity and systems of rights and obligations associated with kin groups, or the need to ensure social bonds, or even maintain high fertility by spreading out the economic burden of caring for children. The types of fostering are kinship non-kinship and crises foster care (Fiawoo, 1978). Kinship fostering is performed with the context of either maternal or

paternal families or lineages. So, this practice is common among socieities where this is institutionalised within the structure of the family system. Oppong (1973) in her study of the Dagomba explains that a child was expected to reside with the father's sister who was to socialise him or her. Similarly, Goody (1982) writes that the Gonjas of Northern Ghana encourage the circulation of children through child fosterage. Here, from age five children are sent to their father's sister who holds the right to claim boys to foster wheras the girls are taken to their grandparents (Goody, 1982).

Among the Mendes of Sierra Leone, Bledsoe and Isiugo-Abanihe (1985) have shown that young children below the age of six years may be sent out to be raised by foster parents until they have reached an educable year. Typically, such children may be the children of teenage unmarried mothers, divorced mothers, fathers who do not accept responsibility for them or they simply might have lost their parents.

Non-kinship foster care according to Goody (1982) is a voluntary practice that allows children to be placed with non-kin within their community for purposes of acquiring training in a vocation. Afrifa (2010) also mentions that in recent times, there is a form of non-kin foster care that is institutionalised and children are cared for in Orphanages and Children's Homes.   The fact that non-kinship foster care exists shows that childcare is not only provided by members of the family but the community plays a critical role. However, the difference between this kind of foster care and the non-kinship care in Orphanages and Children's Homes is the fact that in the former, children are brought up in families whereas the latter socialises children in institutions-both of which have different outcomes on the child's development.

Additionally, crises fostering was also available to respond to the various forms of domestic crises such as parental illness or incapacitation, loss of parents, and other challenges

(Bledsoe & Isiugo-Abanihe 1985). Atobrah (2005) writing on Krobo orphaned children whose mothers have passed on as a result of AIDS, mentions the significant role of grandfathers and grandmothers in caring for such children. Bledsoe and Isiugo-Abanihe (1985) through interviews and observations confirm that young children are often sent to live with caretakers who are older, more rural and poorer than the child's parents. This can sometimes have negative effects on the child's growth and development.

Among the Dagaaba of Ghana, studies have shown that there could be occasional suffering orphan or children. However, the networks within the family have mechanisms for ensuring the child is properly maintained. Although the orphan may feel the absence of the parents such a child might already have been and under the care of the mother's brother in the case of a boy or the father's sister in the case of a girl. The child continues to receive care and the rest of the society just like any other society, will frown upon any maltreatment of the child.

In some context in Ghana, kinship foster care is not institutionalised and for that matter there is the practice of child lending. The aim of this is to allow young girls to stay in the homes of their kin to support them in providing childcare for younger children. Nanbigne (2010) describes the existence of this practice among the Dagaaba to enable the young girl look after the father's sister's child. It is also practiced among the Lowiilli of Ghana too (Goody, 1982).

Scholars writing on childcare emphasise the role of women and female headed households in supporting care and maintenance of children. Serra (2009) and Akresh (2004) compare the welfare prospects particularly in terms of schooling and nutrition needs of children living in female headed households and those in male households. They conclude that children in female-headed households are better placed than those in male-headed households.

On the contrary, Amertepe's (2001) study of Accra households has shown that children are usually placed with families who are better off than the child's biological parents in urban centers. The assumption is that the child may have better opportunities in an urban area than in a rural one. However, most of such children (especially girls) are turned into domestic helps and very few receive education or learn a trade under fosterage. Sibanda (2011) mention that in the South African case, teenage females have historically been fostered to meet household demands such as supervising younger children, cooking, fetching water and preparing meals. Although all these practices are supportive of childcare, in most contemporary African societies, such activities impact on household decisions on whether the child should stay in school or not.

In conclusion, the African family, by its extensive nature, largely depends on shared care to support the care and maintenance of children. Therefore, informal alternative and complementary care arrangements informed by polygyny, child fosterage, and child lending and support from grandmothers have been efficiently utilized to respond to the deficit in childcare. However, in contemporary times, these arrangements have been affected by socio-economic changes that have rendered traditionally built social support systems of childcare incapable of providing care for its young. The next section provides more details in that respect.

2.4 The reinforcing factors of Social Change and its impact on the social structure in Africa

Nukunya (2003), explains that social change in Africa, and in Ghana in particular, involves interplay of traditional indigenous elements on one hand and on the other, the factors of change, whether internal or external. The totality of significant changes in a society constitutes social change. Society has its own institutions and the ways in which they function. Any significant alteration or modification in the structure or functions of any or some of these parts

leads to alterations in others and eventually in the shape of the whole society. The consequences of these changes tend to restructure social relations and modify the meaning and content of social interaction. Studies have shown that of all the changes happening in Africa, the most critical concerns are issues of changes involving caregiving in the African family. Child care practices in contemporary Ghanaian societies have undergone certain transformations. For instance, socio-economic transformations predominantly evident in the urban setting create different categories of adaptation to delegated parenting.

To situate the work within the context of social and economic factors affecting social structure in Africa and specifically Ghana, this section examines how: i) urbanisation and migration have affected the family's ability to provide informal care; and ii) how formal education of particularly women and their work in the formal space have affected their roles as primary caregivers. Given these variables outlined the study then goes on to discuss contemporary childcare care approaches.

2.4.1 Urbanisation, Industrialisation, Migration, Education and Formal Employment

As societies change, new forms which invariably affect the care and maintenance of children also emerge. Since the task of nurturing, training and support into full adult status are affected by the actual structure of a society, the influence of urbanisation, industrialisation and spatial migration, education and formal employment play significant roles in the strategies of child care and maintenance (Awumbila, 2012; Badasu, 2004; Goody, 1982; Manuh, 2005; Nukunya, 2003; Oppong, 2004).

Over the past decades, rapid socio-economic changes (due to urbanisation, migration, industrialisation) have affected the extended family and its means of caring for children. Nevertheless, the existence of the extended family remains an important influence on the development of children in Africa and specifically Ghana. Studies such as Nukunya (2003), Oppong (2001), Badasu (2007) have explained that rapid urbanisation, brought in its wake, the centralisation of industries and infrastructural development - a situation that has resulted in widespread migration into the cities, leading to dispersal of kin. Internal migrations in Ghana involving the flow of people from the rural communities to urban centres in search for jobs, education, health, and also a means of escaping the rural conditions that some may find oppressive and distasteful, also as affects family functioning. Ohemeng (2009) suggests that, such changes have significant implications for the nucleation of the family and subsequently, the provision of informal child care.

Nukunya (2003) writes that the creation of industries in cities such as Takoradi, Accra and Kumasi paved the way for the creation of employment in these urban centres. This results in rural-urban migration since the push factors of urban life make people in the rural areas move to urban areas in search of "greener" pastures (Abochie, 2008). Usually, young men migrate first to the urban centre to survey the area and when they are settled they bring their families to join them. However, in other instances, unmarried mothers with young children may migrate to the cities leaving their children in the care of their grandmothers (Oppong, 2001). While in the urban centres, kin may not live together because they have either left their extended family behind in the rural areas or have currently moved to the cities with just their husband/wife and children. It is important to note that although some kin live together in urban centres, the whole extended family does not unite residentially in urban centres.

According to Oppong (1999), it is difficult to even find the extended family in rural areas even constituting a residential unit in rural areas. The issue of linearity among other factors account for this. She argues that the Dagomba *dang* (cognatic group) an extended family, may not have all of its members living together. Despite the fact that a person's extended family may be distributed among four or more dangs, there is the possibility to provide the needed support for childcare unlike the urban areas where the scenario is different. Thus, through migration, the kin group is dispersed and individuals may be confined to their nuclear families in most situations. Therefore, kin will no longer have the social network that was available to them as pertained in the extended family system where they lived closely together (Ohemeng, 2009).

Writing on social change in the Dagaare society, Nanbigne (2010) emphasises that extensive labour migration of young men from their kin groups results in a waning of feelings of responsibility towards their kin group. Industrialisation came with monetisation of the economy where goods and services had to be purchased with cash. Hence, the individual could migrate to look for employment in areas where development projects were on-going. Nukunya (2003) has indicated that the growth of many towns, especially Accra, Kumasi and Tema, was because of developmental projects like industries established there. Unlike the subsistence economy where wealth was collectively generated and corporately utilized under the supervision of the family head; in the monetised economy, wealth is independently accumulated. This is because in the latter, people can sell their labour independently to enable them acquire their own wealth. Therefore, individuals do not feel obliged to help relatives in need, such as children and the aged, since they may not have played any role in their success (Nukunya, 2003). Although this assertion is true, the issues are more complex than the unwillingness to support other members of the family. The point is the nature of urban life is not only stressful but also time constraining

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and burdensome to enable kin to offer help to other kin members. As Oppong (2004) expounds the needs of children in recent times have become more complex such that it makes it difficult for kin to provide the needed support for each other in raising children. One can surmise from this description that such scenario is a deviation from the family's norms of balanced reciprocity within the extended family.

Oppong's (1981) work on Akans living in Accra postulates that changes in the way wealth is accumulated and used have created dramatic conflicts between kin who renege on the wider kin responsibilities and those who have ignored theirs. Nukunya (2003) explains that this conflict is possible because social change has created a new twist to the existence of the extended family. In this context, the extended family is not necessarily about a collection of nuclear families living together in the same household and sharing obligations and responsibilities but also includes members who have migrated but maintain their relationship to the larger family by fulfilling their obligations of responsibilities as members of the larger unit.

Although most migrants share in the assertion of meeting their family obligations, the harsh conditions of urban life in the cities make them unable to fulfil those demands. The economic situations in the urban centres are very high as compared to rural areas and therefore supporting other people becomes problematic. For instance, in urban centres, people must pay high rents, for water, electricity, food, clothing, and also settle school fees, hospital bills, etc. (Abotchie, 2008). Therefore, the pressures and demands of kin members for migrant families becomes a drain on their own resources in the cities (Nanbigne, 2010). It is therefore important to note that as people migrate, and leave their families behind; they establish new social networks in the city. According to Hinson (2008), these networks established in the city are used for a variety of purposes, which may include child care and support.

Following, the conditions of urban life and how they affect urban families, kinship fosterage have also faced several challenges. Therefore, in contemporary times in Ghana, studies (such as Afrifa, 2015; Apt et al., 1998; Frimpong-Manso, 2014) have shown that a lot of children are left in orphanages and on the streets because their parents are either dead or not in the position to cater for the children. This is a deviation from what used to happen in the traditional extended family system which used to pool resources to cater for children in need. This invariably has serious implications for the development of children who may suffer various forms of social exclusion.

Apart from these factors, Manuh (1994) elucidates those other economic changes such Structural Adjustment Programmes (SAPs) were insensitive to the structure of Ghanaian households which is structured on the principle of joint pooling of resources and joint distribution. With the removal of subsidies on agriculture which was the mainstay of the economy, and provided a livelihood and informal employment for women, many women had to meet the conditions of formal employment by acquiring formal education. Furthermore, such decline in agro-based economic activities (see Francis, 2000; Oberhauser and Yeboah, 2001) also forced some mothers in rural areas to move to the urban centres in search of jobs. Most of these women, who do not find formal jobs, end up hawking and selling consumable goods as well as engaging in other informal economic activities.

With the lack of support from kin in the urban centres, most of these , women, who are either single mothers or expectant mothers , due to their vulnerability in the urban condition, usually find complementary means of caring for their children, either by sending them to the crèche or using the services of neighbours and friends. But it is worth noting that different categories of migrant women (i.e for those with formal education and those with no formal

education) use different arrangements depending on what is available to them and what they can afford (Badasu, 2004; Tetteh, 2005). This scenario feeds into what Wheelock and Jones (2012) discuss that mother's employment, and level of education have implication for their availability to provide care and protection of their children. However, within the Ghanaian context, the neoliberal regime brought with it the active participation of women in formal labour market. With this, although women receive wages, they are expected to balance domestic and maternal responsibilities with work demands and undergo role strain and role conflict.

Additionally, as the conditions of the formal labour market privilege people with higher education, therefore to meet these demands, in recent times, women are devoting more of their reproductive years to pursuing higher education to get to these positions. Apart from these, the work conditions, also affect women's ability to provide care for their children. Badasu (2004) has explained that women spend long hours at work. This situation coupled with long hours spent in traffic affects their availability to provide childcare and thus require complementary arrangements for their children. The situation is further worsened by the introduction of weekend work in the banking sector and other formal sectors which have profound impact on childcare (Adomako Ampofo & Anyidoho, 2015; Anyidoho and Adomako-Ampofo, 2017).

In summary, an examination of related literature of the Ghanaian family and childcare specifically, show significant changes on family have provided perspectives the African family system. But they remain oblivious of the state of childcare in contemporary Ghana. Key to their perspectives is the fact in urban centres, as a result of social and economic changes (urbanization, industrilaisation, formal education), the family structure is conjugalising. This has given rise to a shift from the communalistic attitudes of family members to a more individualistic perception (Oppong, 1999). Hence, the continual attention given to the nucleation of the family

to the detriment of the extended family bond which provided social capital for the vulnerable in the family.

2.4.2 Implication of socio-economic transformations on Family Structure

The aforementioned socio-economic transformations, have led to a reduced involvement of the extended family network in childcare provision. People have the tendency to disregard traditional reciprocal obligations and responsibilities to relatives outside their nuclear family system. In contemporary Ghanaian society, the exposure to socio-economic transformations has restricted people's responsibilities to their children and spouses at the expense of the extended family. Given such current conditions, there has been decline in child care strategies within the extended family (Goody, 2007; Nukunya, 2003; Oppong, 2000; 2001; 2004).

The gradual nucleation of the extended family has serious implication for kinship child care. This is because since many people in referring to family mean their husbands and wives and their children in exclusion of others, they will therefore have obligations towards these only or mainly. By implication, nucleation of family will mean that people will cease to honour their social obligations to other kin outside the nuclear family.

2.5 Contemporary Childcare Practices in Urban households

As already explained in earlier sections of this work, the social and changing economic factors have made the provision of childcare as a cooperative venture within the family very difficult. Studies have revealed crises of care in Ghana especially in urban centres such as Accra. Even though there is a combination of formal (paid care) and informal care (unpaid care) in the seeming absence of the collective effort of families in providing care, formal care appears

to take centre stage in different forms. These formal care arrangements include patronage of day care centres and hire of nannies and househelps. Thus, owing to the unfolding processes of economic development, in which tasks which used to be carried by families (e.g education and caring for children) are increasingly carried out by specialised institutions have been established to provide care to children. The establishment of crèches, childcare centres, and specially trained nannies has provided some degree of assistance to nursing mothers, who work in the formal sector of the economy. Informal care arrangements include depending on the services of friends and neighbours, inviting a family member from the village to the urban household to serve as a childcare giver.

In contemporary times, there is the institutionalisation of childcare either for profits or philanthropic purposes. For instance, kinship foster care which served as a means of responding to reproductive deficiencies[2] as well as deficit in childcare has taken a different turn. Social capital in the form of networks of support for the vulnerable and needy in the family has dwindled because of socio-economic transformations and changes. Oppong compares Fortes (1949) study of childcare among the Tallensis and explains that there is huge crisis of childcare such that practices such as kinship fosterage faced with challenges. The Care Initiative Report (2006) by the Department of Social Welfare, suggested the opening of orphanages and Children's Homes to cater for orphaned and vulnerable children in Ghana at an alarming rate. Apt et al. (1998) while tracing the history of Children's Homes in Ghana, mentioned that institutionalised foster care became a viable option in responding to deficit in childcare for

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[2] In an economy where there is division of labour according to age, sex, if an adult does not have a child to perform child related task, one of the options will be to foster a relative's child to respond to such deficiencies

Orphaned and Vulnerable Children (OVC) due to the breakdown in the extended family's support system of kinship fostering. Afrifa (2010) also discusses the challenges of childcare in institutionalised children's homes in Tema

Thus in response to the provision of institutional support to respond to the survival and development of children and thereby respond to the crises of childcare, various efforts both national and global have been made. At the global level, both the Millennium Development Goal as well as the Sustainable Development Goals have been made provisions for child survival especially for those aged 0-5years. Whereas the MDG Goal 4 sought to reduce infant mortality, SDG Goal 3 seeks to improve the health and well-being of all people. The latter's sub targets specifically makes room for ensuring the health and well-being of children (UNDP, 2014).

In Ghana, apart from Ghana being a signatory to the Children's Convention in 1990, there are also a number of child-friendly policies.   These include the Early Childhood Development Policy in Ghana, aims at promoting the development, survival and well-being of children aged 0-8. In this regard, the Department of Social Welfare supervises the opening and operation of day care centres and creches, is recognition of the provision of institutional care during social and economic transformations. However, the current situation especially in urban centres has also increased the opening and operation of many private day care centres (Badasu, 2012).   It is however important to note that the choice of day care facility is largely dependent on the resources available to the household. Parental poverty in urban centres has been shown to be detrimental to childcare. In a study of childcare among Ewe migrants in Accra, Badasu (2004) uses the case of Dzifa to explain the case of migrant children from poor parental background ant their choice of day care centres. She concludes that, such parents can only afford facilities that are cheap and do not have good sanitary conditions. However, because the

mother's work demanded that she left home early and came back late, Dzifa had no option but to remain in that kind of day care (Badasu, 2004).

Hiring of nannies and househelps is another form of complementary care arrangements in urban areas. These are either lived in or live out kind workers who provide care to children to enable their parents go to work. Tetteh (2005) has shown that the use of such services is dependent on the kind of household as well as the resources available in the household where the child resides. It is therefore important to examine this carefully to see the dynamics in households and how that affects the quality of care a child receives.   This is because in double parent households where both parents are working, resources can be pooled together to purchase adequate care and protection for the child as compared to single-parent households. This is can be detrimental to the well-being of the child given the fact that in the past grandmothers and other members of the extended family supported the care of such child; in recent the seeming nucleation of the family renders this a difficulty.

In rich families, however, a nanny is hired to cater for the child. Tetteh (2005) has documented that health workers in Korle-Bu rely on the services of nannies to care for their children while they go to work. The nature of care given to children is largely dependent on the age of the caretaker; level of knowledge of child care practices as well the resources available for the care of the child. It may also depend on the age of the child, health status of the child, level of education of nanny and/or parents, salary of parents and physical location amongst other factors. Findings from Tetteh (2005) revealed that most children were not properly catered for since some caretakers were very young and had very little knowledge on child care practices. Therefore, although parents of the children were health workers, majority of the children were underweight and malnourished. This instance explains how employment of mothers and the

nucleation of families affect shared child care. Although Tetteh (2005) discusses the role of nannies and househelps in these households, she fails to adequately describe the socio-demographic characteristics of these caregivers. The current study trusts that knowledge of these characteristics can throw more light on the challenges of childcare provision by these nannies and househelps. The current study therefore explores these in subsequent chapters.

Informal arrangements such as grandmother's care also used in some households. A study of care among Ewe migrants in Accra, Badasu (2004) documents that among well-to-do families (residing in residential areas) the grandmother is invited to support child care to allow mothers to work outside the home. . In other instances, house helps are also employed to support the grandmother. In other households where the grandmother is not available, mothers may employ two house helps and rely on the supervision of friends who live close by to ensure that the child is well looked after. However, recent publications of both Badasu (2012) and Bataar (2012) show that some mothers fail to use the grandmother support because they feel these grandmothers are not abreast with the current trends in childcare provision. Therefore for the mothers, they would prefer to hire a nanny or a househelp rather than bring in their own mothers or mothers-in-law. It can be deduced from this analogy that the issue of power relations plays a critical role in the choice of a caregiver. Whereas literature shows the relevance of grandmother's care to the child, the inability of parents to exert the same amount of control they would have exerted on a househelp or a nanny, make them choose the latter. Although these arrangements support child care, the child is unable to form attachment with the mother which is very essential for the growth and development of the child (Badasu, 2004).

Some households also use the informal care arrangements by inviting a relative from the village to help. As earlier mentioned, the hours/time parents spend in traffic to and from work in

urban centres require that they leave home very early and return late[3]. This may affect the time allocated for child care and may make it necessary to find some support from kin (Badasu, 2004). Therefore in instances where the family is properly housed (i.e. where the family has enough rooms to accommodate other members, water, and other facilities), a relative from the village is often requested to join the family in the urban area to help. Although this shows some level of kinship or extended family connection, it only applies to situations where the family has the facility to accommodate other members. This implies that if the family lacks proper housing facility it will be unable to rely on the services of relatives to support child care. According to Badasu (2004), since some urban families of comprising of Ewe migrants live in kiosks, shops and uncompleted buildings, it will be very difficult for such families to invite relatives from the village to support in child care.

In conclusion, it can be said that the socio-economic transformations discussed have led to the compression of genealogical ties since the network of relatives in the extended family is minimized. Therefore, in response to this, various strategies are being employed by the state to respond to the crises in childcare. An establishment of a ministry under the Fourth Republic as well as the Child and Protection unit under the Department of Social Welfare is to mandate these institutions to take care of the needs of children and persons on the margins of the society and to ensure that their basic needs are provided. Subsequent chapters of this work will explore the various policies of childcare to put the work in a better context.

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[3] In Ghana offices open at 7.30/8.00 am and close at 5.00 pm

2.6 Theoretical Framework

The theoretical framework provides the perspectives under which the subject of the changing culture of childcare in Ghana will be examined. Two theories were used in this respect: the Social Capital and Bronfenbrenner's Ecological Systems theory.

2.6.1 Social Capital Theory

The term social capital was propounded by Pierre Bourdieu in 1985. He defines it as an aggregate of the actual or potential resources that are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition (Bourdieu, 1985). However, the concept has been defined differently by several scholars working on the subject of social capital. According to Coleman (1988) social capital is not a natural occurrence but a creation of human capital relevant to an individual's survival and well-being. Coleman (1988) further adds that social capital is characterised by aspects of the social structures and how they facilitate certain actions of the actors involved. To this end, some of the mechanisms that social capital hinges on are reciprocity, group enforcement and norms. In the view of Baron and Schuller (2000), social capital basically refers to the social connections and their attendant norms and trust. The concept is broadly defined to include social networks, the reciprocities that arise from them and the values of these for achieving mutual goals where the reciprocities that beneficiaries receive are based on the value of trust for achieving mutual goals (Baron and Shuller, 2000). According to Putnam (2001), social capital refers to features of social life—networks, norms, and trust that enable participants to act together more effectively to pursue shared objectives. The components of social capital are networks and sanctions. Network refers to a cluster of norms, values, and expectancies that are shared by group members whereas

sanctions refer to punishments and rewards that help to maintain the norms and network. Social capital is best understood by examining mechanisms and processes by which resources in social networks are captured as investment. Woolcock (2000) also defines social capital in the common aphorism of who you know and what they can do for you? Practically, the different kinds of networks are guided by norms.

2.6.1.1 Usefulness of the Social Capital Theory to the Study

Following from all the various definitions of social capital, the common thread that runs through the various scholarly works and the level of convergence is that the concept is characterised by norms, networks, reciprocities and sanctions. In the context of family networks, social capital is utilised in the provision of childcare. Coleman (1988) writes that social capital is a form of parental and kin support for childcare. Hence in families where one parent is doing the rearing and the other is working, there is more social capital than one where both parents are working. In McLanader and Sandefur's (1994) study of children growing with single parents, they emphasized the negative effect of such mode of parenting on teenager's educational outcomes. Additionally, Putnam (2001) shows that there exists a positive correlation between social capital and education outcome. This is because once children have the needed support, they are more likely to perform well in school. Thus due to the relevance of social capital to the well-being of children, Gold (1995) further discusses that a change in the parental roles and the lack of community support in childcare provision can result in deficit in childcare. For instance in Israel, childcare is a collective venture which thrives on the close community bounds to supervise and rear children. Here, adults are expected to assume responsibility for the well-being of children (Gold, 1995).

Studies in child care practices in Africa and Ghana especially have focused on the possibility of kinship care based on the pragmatic use of high levels of social capital that ideally ensures care for the needy in the family; especially deprived children and orphans (Oppong, 2004). In sub-Saharan Africa, informal care from kin members ensure the socialisation, education and general maintenance of children. This kind of arrangement is based on a network of kinship support that ensures the collective care of children. This notion emphasises that the disruptions in social capital within the family can lead to the utilisation of formal paid care rather than family-based care or informal care (Bledsoe et al., 1988; Goody, 1982; Oppong, 2004).

According to Oppong (2004), there are adaptations to traditional care practices such as informal alternative and complementary care arrangements for children due to the lack of social capital. This study suggests that the availability of family support enhances a child's well-being. A number of works published by Oppong (2000, 2001 and 2004) apply the social capital concept to child care. Oppong conceptualises social capital as the network of kin support available for child care. She demonstrates this by citing an example of the Tallensi from Fortes's (1949) study of how infant care was offered in the traditional setting through the support of spouse, co-wives, kin and older children to ensure the development of the infant. Also, the practice of fostering (crises) as well as widow inheritance existed as security or safety net for children in need. Oppong has shown in these works (1999, 2000, 2001 and 2004) that care has been a critical determinant in children's wellbeing since networks within local, agnatic and support from matrikin provided a stable context for child care. Also, since kin relationships are based on rights and obligations among kin group members such as the collective care and maintenance of children which is enforced by family norms and values, a mother may for instance trust that she

could depend on kin for assistance in child care. Thus, the scope of care available to the child aims at ensuring that the child is properly socialised, educated and fed.

However, earlier discussions on the social and economic changes occurring rapidly in urban centres and other parts of Ghana, have rendered the use of this social capital quite impossible. Hence, the new environment of the child consequently prescribes what means of support can be provided for its care and well-being. Although several studies have noted the use of social capital in childcare provision, the aspect not covered by the theory are characteristics such as the household composition, nature and type of social capital and the dynamics and challenges of the new forms of social capital explored by parents in the urban space. The study complements this theory with the Bronfenbrenner Ecological System theory to provide a stronger analysis of the interconnected factors that affect childcare.

2.6.2 Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory proposed in 1989 explains that a child's development is influenced and surrounded by a number of interrelated factors at different levels. These are the microsystem, mesosystem, exosystem and macrosystem. These represent a different set of factors that influence the child and start from the innermost to the outermost section. The microsystem is defined as the environment in which the child spends more time, such as the home, though spaces other than the home may also qualify. However, the mesosystem involves a series of networks such as neighbours, community settings, and day care centres that serve as places where children spend time. The Exo-system consists of several contexts within which the child whose development is considered are not actually situated but have indirect influences on their development. For instance, parent's employment, the income levels and policies can affect the quality of time that parents spend at home and the kind of care

children will subsequently receive. The macrosystem is a context which encompasses a group's culture such as policies and values of a state. It envelops the remaining systems (Tudge et al., 2009).

In this regard, most scholars have used the Ecological Systems Theory in explaining aspects of child development and growth. However, others have applied it as the basis for understanding how child care practices affect the development of children. For instance, Seo (2003) applied this theory to the study of maternal childcare choices and emphasised a range of factors affecting the selection of non-parental care.

2.6.2.1 Usefulness of Bronfenbrenner's Ecological Systems Theory to the Study

The current study finds the Bronfenbrenner's Ecological theory suitable, because childcare choices can be affected by a series of interconnected factors. Firstly, at the macrosystem there are several state and international policies on children. Ghana was the first signatory of the Convention on the Rights of the Child in 1990 and has many other child-friendly policies that have been adopted to reinforce the value of children in the midst of social change. Again, Ghana is a signatory to several global policies emanating from UN, WHO and UNICEF as well as UNFPA that directly or indirectly affect children's well-being (Badasu, 2012). About childcare, the Early Childhood Development Policy exists to promote the building and monitoring of day centres in the context of socio-economic changes affecting families. It will be interesting to know how they play out in the Ghanaian context. Some research studies in Ghana on child care show that factors such as parents' employment status, the type of household and resources and networks available to them influence child care choices (Badasu, 2004; Tetteh, 2005). Although these studies discuss the relevance of these approaches in ensuring adequate

care for children aged 0-4 years, they fail to address the relationship between the macro level and the other levels - a gap this current study seeks to interrogate.

Currently, discourse on children in Ghana shows a growing concern for the implementation of social protection measures for child welfare. Although these policies are institutional efforts made to legitimise childhood as a stage of development, they are not holistic but/and only influential in health, education and other areas, without focusing on other levels (micro, exo and meso) that influence childcare. It is however, important to note that without holistically examining the information on childcare choices and how the policies influence the various systems in the child's environment, it will probably be impossible to make informed policy decisions. The use of the Ecological Systems Theory thus complements the Social Capital Theory by providing further details on the context within which childcare arrangements and choices are made. Thus whereas the theory of social capital discusses the failing network of support what other forms of care parents are creating; the ecological systems theory highlights the various interconnected factors that influence childcare options.

2.7 Chapter Conclusion

This chapter reviewed relevant literature on the subject of childcare within the African family. This was done to provide a broader framework to examine the changing cultures of childcare and the factors necessitating such changes. The chapter highlighted major social and economic changes informed by monetisation of the economy, urbanisation, as well as neoliberal policies such as Structural Adjustment programmes as major factors affecting the traditional informal care arrangements within the family. It is established that the contemporary forms of

alternative care provision are formalised in their approach and for that matter commercialised. The chapter further provided the theoretical perspectives – Social Capital and Bronfenbrenner's Ecological theory as framework for examining the causes of the changes in childcare and how parents are managing to provide care for their children looking at the interconnected relationships within the child's care provision.

CHAPTER THREE

THE CONTEXT

THE CONCEPT OF CARE, TYPES AND FACTORS INFLUENCING CHILDCARE ARRANGEMENTS

3.1 Introduction

The main focus of this chapter is to broadly define and describe the context of this study in relationship to the preceding chapters that have highlighted the failing family support for childcare and the kinds of arrangements parents are making for their children in urban households. This chapter is organised in six sections. Section 3.2 discusses the general definition of care; particularly childcare, the various types and forms. Section 3.3 focuses on a specific type of care - commercialised care and how it is explained from different perspectives. Section 3.4 defines the factors that influence parents' childcare options; Section 3.5 highlights the factors influencing childcare choices and Section 3.6 provides a conclusion of the chapter.

3.2 The Concept of Care

There are many facets of care and the theories differ within the societies being studied. These classifications provide deep insights into what prevails elsewhere and helps in highlighting policy gaps or other pertinent care issues within the socio-cultural milieu (Folbre, 2001). According to scholars such as Folbre (2001), Abel and Nelson (1990), and Waerness (2001), although there is limited scholarship on care in most African written literature, the concept has been looked at from several disciplinary approaches in Europe and America mainly through

feminist and non-feminist approaches; (Folbre and Nelson, 2000; Waerness, 2006) as well as structural lines approaches (Abel and Nelson, 1990).

The perspectives of such disciplinary lines have paid attention to various contexts in providing a definition of care. The concept however, is defined broadly by looking at 'what is care', who are the carers, the difference between the types of care. There are different types of care. These include care for the elderly, the ill and the physically challenged, and care of children (Folbre and Nelson, 2000; Waerness, 2006). These kinds of care have different meanings and apply to different contexts and situations, Standing (2001) defines care by merging elderly care and childcare. He explains that care can be conceptually defined as the activities and relations which involve (d) caring for the ill, elderly, handicapped and young dependents.

Tracing the origin of care, scholars such as Oppong and Abu (1987); Daly (2001) posit that care began as a woman-specific concept as it was seen mainly as part of the household chores – an unpaid domestic-labour. Care was conceived in the context of unpaid domestic labour as part of kinship and marriage responsibilities. That is the idealised concept of women's roles being the ability to provide care for children, the elderly and physically handicapped. Thus care tends to be seen as a gift and or responsibility inside the sphere of kinship or friendship (Joel and Martin, 1991). Obviously, based on its description as a domestic role which is dependent on affective ties from familial and friendship relationships. It is perceived as an obligation more than work and therefore not paid. Folbre and Nelson (2000) add that as an instrumental task, women were expected to perform these tasks in addition to others such as cooking and cleaning in a more personalised and emotional way. In this regard, research on care has not concentrated on this perspective of caregiving. This is because over time, scholarship has placed more emphasis on paid care (Graham, 1991; Standing, 2001). But in contemporary times, due to

women's substantial entry into the world of paid work, many traditional intimate tasks are being performed in relationships that involve the explicit movement of money through payments (Dankyi, 2014; Folbre and Nelson, 2000). Due to such changes, it has therefore become difficult to provide definitions of the categories of care due to possible overlaps between formal and informal care (Atobrah, 2009). Formal care is defined as care provided by the public institutions, paid for directly or indirectly, and often provided by a professional caregiver. Informal care on the other hand is seen as domestic activity, unpaid and provided by family, friends and volunteers. According to Abel and Nelson (1990), caregiving in the domestic space is characterized by intimate relationships, and services are delivered at the time and in forms dictated by human needs. Providers of such kind of care are known as informal caregivers and their labour is not linked to cash, ergo their work is constructed as labour of love. These categorisations can be applied to either childcare, care for the sick, elderly or physically challenged.

Although the definition of formal care (see Tsikata, 2009) hints on the provision of such care by institutions and by trained caregivers, one finds some overlaps of instances where domestic care is provided by paid caregivers who may be trained or untrained. This also reflects the issue of the domestic space being formalised to an extent. For that reason, it is difficult to limit the definition of formal care to institutions. Again, one cannot conclude that informal care (from family, friends, and other volunteers) can be defined as unpaid care. This is because the notion of reciprocity within the family setting for instance requires members of the family to pay back in kind when the need arises. Chapter Five of the study revealed that in recent times, within the Ghanaian context, it is even difficult to talk of just norms of reciprocities due to socio-economic transformations leading to changes on relationships with family members. For that

matter, the social contract that existed between kin, friends, family and other volunteers cannot continue without cash remuneration.

Fisher and Tronto (1990) suggest that caring as a process involves four (4) main components namely: caring about, taking care of, caregiving, and care receiving. 'Caring about' involves paying attention to our worlds in such a way that we focus on continuity, maintenance and repair. 'Taking care of' involves responding to these aspects, taking responsibility for activities that keep our world going. 'Caregiving' involves concrete tasks, the hands-on work and maintenance and repair. Caregiving involves the responses to the caring processes of those towards whom caring is directed at (Fisher and Tronto, 1990). Several resources are needed in caring. The caregiver needs to have detailed knowledge and understanding of the situation around the one being taken care of, and strategizing to meet the daily needs of the one being taken care of. Thus to fully understand and function effectively, the caregiver needs to be experienced, skilled, and have the ability to improvise and have a sense of judgement in performing her task (Fisher and Tronto, 1990).

Scholars such as (Waerness, 1989); (Abel and Nelson, 1990), discuss that caregiving involves both performance and instrumental tasks such as time, knowledge and skills. Preconditions of caregiving include ability factors such as time, material resources and knowledge and skills. A caregiver is expected to provide both love and labour through the special connection between the caregiver and the care receiver (Waerness, 1989; Abel and Nelson 1990; Graham 1993). Although affection and emotions are instrumental in caregiving particularly within the domestic space and predominantly in familial caregiving, Waerness (2000) debunks the reliance of emotions as the only active ingredient for providing care. She argues that, realistically, proper care depends on some levels of rationality. The context of care

provision determines what kind of care is needed as well as its expectations. For instance, care for the sick will differ significantly from childcare provision.

Gender pervades the scholarship as well. It is worth noting that a vast majority of carers whether paid or unpaid are women (Folbre, 2001; Waerness 1984; Fisher and Tronto 1990). The division of labour is linked to feminist views as the feminisation of care. This is because globally, women have been identified to overwhelmingly perform the greater portion of care work (Folbre, 2001; Waerness 1984; Fisher and Tronto 1990). In some context, women's execution of care work, be it in the domestic space (either paid or unpaid labour), or an institution; is being associated with their nurturing roles and a natural ability for women to care better than men (Gilligan, 1982; Hochschild, 1997).

In this regard, (Gilligan, 1982) and Hochschild (1997) discuss that women's massive involvement in care gives them fulfilment through the intrinsic rewards they derive from these activities. On the contrary, other scholars (see Glenn, 2000; Fisher and Tronto, 1990) assert that women's active involvement in rather care perpetuates the subordinate position of women and the intrinsic reward women derive is incomparable to the heavy burden of care. This notwithstanding, feminist scholars have lamented that care work for women is invisible and not counted in national accounting for gross domestic product and more importantly not rewarded (Boserup, 1970; Folbre, 2001; Elson 1995).Writing on childcare in the Netherlands, Van Ham and Mulder (2005) explain that although women are involved in the workforce, their choice of employment (i.e. full-time or part-time) is dependent on their ability to find a reliable means of complementary childcare.

Within the Ghanaian context, works by Oppong (1999, 2000, and 2004) basically discuss the role of women in childcare provision. Her earlier studies with Abu in 1987, findings on the study the seven roles of women and how their inability to balance all the roles show causes role strain and conflict (Oppong and Abu, 1987). More recent studies (see Agbodza, 2012; Bataar, 2012; Badasu, 2012; and Adam, 2012) on childcare to a large extent corroborate Oppong's study on the role of women. Thus having discussed the care generally, one can conclude that irrespective of the kind of care, provided women play important roles in care provision. While some authors associated with their natural tendency as nurturers and family's obligation for women to provide care, others described the feminisation of care of subordinating. In relation to the current study, it can be said that the fact that care provision within the family cannot only be based on social contract, reflects in the different dynamics care provision is assuming especially within the Ghanaian context.

3.2.1 Childcare

Globally, children are valued and for that reason arrangements are made for their care and maintenance. According to Huston et al. (2002), childcare is an umbrella term that covers any form of non-parental care that occurs on regular basis. A child in this context refers to infants and children under the age of five years. Badasu (2012) explains that children in this category requires both active tasks (such as cooking for the child, feeding, bathing, changing diapers etc.) and passive tasks (such as keeping watch over them, holding, and socialising through play) in their care provision. Thus it is the primary caregiver's responsibility to perform these kinds of care to ensure maximum security for the child both inside and outside the home. Globally, parents have been seen as the primary caregivers who receive support from others – family, friends or institutions. Many scholars such as Wheelock and Jones (2012) as well as

Gbadegesin and Alabi (2014) have attested to the fact that childcare has become an issue of public concern due to the influx of large number of mothers in paid or outside home workforce. It has therefore become expedient for parents to find alternative avenues in providing care for their children. Childcare has been defined by several authors in different ways. Scholars explain childcare to practically fit within two main contexts; formal organized care and domestic care as described by Abel and Nelson (1990).

Din and Racionero (2017) also distinguish between primary and secondary childcare time. Primary child care which is defined as being engaged in child care tasks such as playing, reading or talking with children as the main activity. The secondary activity on the other hand, is defined as being engaged in child tasks while doing other activities such as cooking, entertaining or gardening rather than the child being the main activity. Primary child care requires more effort from parents and it is thought of to be more productive in terms of the child's development, than secondary childcare. This is because it has been shown that parents spend the total time providing secondary child care than primary childcare regardless of their employment status. This is because it is difficult in the current context where parents find themselves not able to multitask by combining work and other responsibilities with childcare. There is however, no conclusive evidence on the way parents adjust their primary and secondary child care time, and in particular whether they prioritise one over the other, when they increase work time.

According to Bubeck (1995), the act of providing care has certain elements that connote a sense of dependency and relationship; these being factors relevant to childcare. Bubeck (1995) defines caregiving as the act of meeting the needs of one person by another through face-face interaction between carer and the cared-for. Here, emphasis is placed on the

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relationship between the carer and the cared-for who relies on the support of the former for his or her survival.

Parents have been recognised as the primary caregivers. However, socio-economic situations may result in difficulties in providing the needed care. As mentioned earlier, domestic care per its characteristics is often described as informal care. This is care offered by parents, other kin members, siblings and even friends and other community members. It is usually unpaid and based on intergenerational reciprocities where emphasis is made on parents/adult members of the family taking care of the children who will serve as social security for them in their old age by also providing the needed care and support. Formal care on the other hand is paid for and the actors involved are usually professionals, with special skills and training to care for children in institutions such as day care centres, creches, after school care services. Looking at these classifications it is difficult to ascertain whether formal care only takes place in institutions. This is there is the possibility of hiring nannies and househelps in households requiring such services, it is not appropriate to label it as formal care although it happens in the domestic space. It is also expedient to classify childcare based on who is providing care.

As already stated, childcare can be delegated to enable parents go about their work activities (Fisher and Tronto, 1990). Some authors have classified this as complementary care whereas others see it as secondary care. Wheelock and Jones (2002) define alternative childcare as childcare options/on an irregular and occasional basis in order to allow mothers to attend to other responsibilities. However, globally, the concept of alternative care from the perspective of child protection experts refers to the situation where parents are removed from

the provision of care for child (or detached from the role of caregiver) altogether. It encapsulates practices such as foster care and adoption (Munroe, 2008).

According to Wheelock and Jones (2012), complementary care is a form of childcare arrangement made temporarily on regular basis to provide support for children whose parents have to go to work or have other engagements. Such arrangements include non-centre based care/ informal care such as grandmother's care, care from friends, neighbours and other members of the community. There are also formal arrangements such as day care centres, after school care services among others. These arrangements, according to Gbadegesin and Alabi (2014), are known as centre-based care. Here, the institutions are licensed and with specialized programmes aimed at aiding in the cognitive development of children. Another form of center-based care is Family Childcare Homes. Here children are cared for by a professionally trained non-relative who has registered her home to provide such services (Gbadegesin and Alabi, 2014; Hochschild, 1997). Gbadegesin and Alabi (2014) further categorise other forms of care as it pertains in Nigeria to include the following:

i)   Baby Sitters' Care/Nanny Care: care provided by non-relative caregivers

ii) Grandmother's care: In this instance, care is provided by mothers of either of the spouses in either their homes or in the home of the grandmothers with other extended family members. This takes many forms, which include occasional babysitting, through regular help with childcare, to being the sole provider of care while parents are working.

Gbadegesin and Alabi (2014) summarise the kind of care arrangements to broadly involve relative and non-relative care. Relative care involves siblings, cousins, aunties. Non-relative care on the other hand involves in-home baby sitters and nannies, friends, and housemaids.

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In the case of Australia, it is a different scenario. According to the Australian Bureau of Statistics (ABS, 2003), approximately, 655 of children aged 0-4 years attend childcare. Those providing childcare services are the government and other private institutions. In this regard, grandparents have raised concerns about young parents who are perceived to be commodifying their childcare (Goodfellow, 2005). According to Pocock (2005), such childcare services are sensitive to the demands of meeting quality childcare requirements and parent needs. Pocock (2005) further explains that childcare has a business orientation where parents purchase care and cost an element of productivity is a significant factor in such purchasing. Such care exists in a climate where there is debate about the nature of mother care from the perspective of familial and non-familial carers. Hence Goodfellow (2005) explains that in Australia, although many grandparents valued the intensive, responsive nurturing and the consistency of this paid care, they also perceived familial care as a moral activity situated within familial relationships. Such care involves attentiveness, responsibility, competence and responsiveness as well as an appreciation of the vulnerabilities of both caregiver and the child.

However, Goodfellow (2005) explains that many families with young children either who do not have ready access to relatives who can assist in caring for their children, and so would rather buy services than owe their parents (Goodfellow, 2005). Pocock further explains the reasons why some parents choose not to ask their own parents to care for their children because they do not want to feel obligated to them others relish their emotional thoughts of fostering stronger bonds - a view Goodfellow (2005) also share. In view of these, the next section, discusses commercialisation or commoditization of care.

3.3 Commercialised Childcare Arrangements

This section starts with a definition of commercialisation (interchangeably, commodification), ways in which childcare has been commercialised, dwelling more on modes of recruitment, and modes of engagement. Commercialisation/commodification refers to the process whereby issues like informal care that occur through family exchange have been supplanted by market provision (Hall, 2011). A shift in the commodification of care/commercialisation of care has been discussed as part of the neoliberal discourse that portrays care recipients as autonomous and independent actors who are free to choose the type of care they wish to buy from the care market (Hall, 2011). This occurrence is as a result of what has been discussed as a matter of socio-economic transformations that has led to dual earner family- a situation that has subsequently affected the time for social reproduction (Folbre and Nelson, 2001). Some authors point to the fact that neoliberalism, irrespective of the geographical context within which it occurs, is characterised by self-sufficiency and autonomy (Daly, 2001; McDowell, 2004).

According to McDowell (2004), these measures although promote labour participation regardless of parent's caring responsibilities, have not been accompanied or fully compensated for provisions of accessible and affordable public care service either for the elderly or for children. As a result, individuals are left to individually set up the so-called care strategies of balancing care and employment hence to compensate for the reduced available time for reproductive labour. Therefore, families purchase a replacement of their domestic labour of childcare provision. This scenario has been succinctly explained by Folbre and Nelson (2000) to capture the fact that the instrumental tasks women performed in the private space (domestic), which was characterized by personal and emotional components, have been brought to the public

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space due to women's entry into paid work. For this matter, these traditional intimate tasks are now happening in relationships that involves the payment of money (Folbre and Nelson, 2000). Hence the delegation of formally unpaid care responsibilities is what has been described as commodification of care (Casen, 2011).

In some settings, the state provides welfare subsidies for low income households to assist them pay for the cost of childcare (Daly, 2001). Attention has also been drawn to the market logic of choice which may have both advantage and disadvantage of recipients of care benefits. Care benefits are also ways defined by conditions which specifies who is expected to receive care or otherwise. However, these policies on care disregard the complexity of care arrangements, which in most cases include the number of people from within and without the family as carers and care managers (Hall, 2011). Therefore, commercialisation of care ignores persisting dependencies and gendering inequalities. Dayl (2001) for instance shows the shift of state policies towards workforce programs and the ideal of a universal adult worker still infused with gendered norms. Having abandoned the ideal fulltime employment, policies promote financial independence based on paid employment policies to promote the financial independence based on paid work that employ for mothers.

In this regard, cash benefits are introduced to assist the cost of paid care. However, Daly (2001) points out that these benefits are insufficient to cover the costs of full-time paid care. Indeed, they are not meant to enable both parents to work full time, but rather they are designed to complement unpaid care rather than substitute it. The new benefit schemes thus rely on the parent to still take over considerable share of the care during working hours. In most cases, this role is performed by women (Folbre, 2000; Gbadegesin and Alabi, 2014).

Due to challenges of women combining work and childcare provision, within the Ghanaian context, most of these women go to the rural areas to recruit young girls as domestic workers (Tetteh, 2010; Tsikata, 2009). There are usually informal agents who act as go-betweens for the parents of the girls and the employer. The employers use these agents because of the expectation that they will bring them good girls. These agents benefit from the earnings of these girls who they refer to as their nieces. Awumbila et al. (2016) posit that this phenomenon is not limited to only children but for adults who are also recruited through the informal agent for domestic work and remuneration.

Child walk-in is also another recruitment method especially in the urban centres. Here, children make the decision to go and search for employers themselves. Tetteh's (2010) study discovered that 14% of CDWs indicated going to the employees themselves children find their employers and negotiate their own terms- a situation which could be fraught with both benefits and draw-backs. This is because although some children are able to negotiate their own terms and conditions, but, at their age they are ignorant and unable to negotiate well working terms.

There are also formal house help recruitment agents. These are individuals who are registered to recruit domestic workers for households. Parents who need their services, either visit their website or visit them in person, specifying the kind of worker they want. They later bring in the person based on the request and specification of the client requesting for the service (Awumbila et al, 2016).

In conclusion, this section examined the commercialisation of childcare and emphasised the recruitment processes of the aforementioned, and the changing dynamisms in childcare. The

next section discusses the factors that influence parents' choices of commercialised care arrangements.

3.4 Factors Influencing Childcare Arrangements

According to Seo (2003), factors that influence childcare arrangements include environmental, social networks, and family characteristics. Gbadegesin and Alabi (2014) also suggest that other factors include hours of operation of the facility, the finances available at the household, convenience or even the cost of alternative childcare. Additionally, other factors of relevance span the availability of transportation, quality and quantity of different types of care, needs for different family members, family beliefs, values, and preferences including cultural beliefs and language use. Despite the relevance of all these factors, scholars (see Cassels et al., 2007; Kaestner and Korenman, 2008) assert that parent's preferences and priorities in the selection of care arrangement are influenced principally by the quality of care. They classify quality into two categories: namely structural features and process oriented features.

The structural features specify characteristics such as the provider experience and training, provider education and a low child adult ratio in an institution. For some parents, such structural features influence the choice of care facility. Kensinger Rose and Elicker (2008) explain that one of the topmost priorities of parents who were ethnically and economically diverse was the educational level of the caregiver. Using survey that involved different family backgrounds, Kensinger Rose and Elicker (2008) further discovered that even for low income families, where there is value for a relatively cheaper child care, parents still prioritised child care providers who had experience in providing appropriate training for their children.

The process oriented features on the other hand, as expressed by parents, include cognitive, academic skills and social skills and open communication between the caregiver and the parents of the child. All these quality features are tied to centre based care. According to Gbadegesin and Alabi (2014), in most places, the parents' top most priority has been a concentration on the health and safety of their children and their trust for the provider. These quality features are also dependent on the age of the child and the parents' characteristics. Families with high socio-economic status have been believed to have more success in accessing and providing high quality care because they have a high range of resources to promote and support young children's development (Cassells et al, 2007).

Another set of factors considered in choice of childcare are the child's characteristics such as age, temperance and social skills. Multiple studies document parents with infant and toddlers prefer parental or relative care to centre-based care. For instance, Rose and Elicker (2008) found that mothers of infants and toddlers prefer parental or relative care whereas mothers of preschoolers prefer centre-based care. Weisner (2004) adds that low- income families use more home based care than high income families. Badasu (2012) however, mentions that despite such preferences of parents, it is difficult to access relative care for infants and toddlers. Baxter (2005) has explained that non-parental care is common in the early childhood development due to the increasing number of dual-earner and one-parent families- a view Gbadegesin and Alabi (2014) also share.

Apart from structural, process and child characteristics, parents also consider the contextual factors related to the child care market (availability, accessibility, affordability and parental awareness of supply) in selecting childcare. Child care options for infants tend to be more limited than options for pre-school. According to Baxter (2005), in rural areas, there is the

tendency to have less centre based care providers than in urban areas. This is because in rural areas, parents have the benefit of using social capital such as networks from either relative care or from other members of the community.

Additionally, child care availability is characterised by the presence of care options for parents irrespective of the context within which they find themselves. Therefore, regardless of the type of care, whether marketplace or domestic care, parents are concerned about the availability of childcare that responds to the needs of their children. Closely related to the availability of care is the accessibility. Here, the focus is on how easy or convenient it is for parents to have the kind of childcare they want for their children. With regard to centre based care, the location of the facility is important to parent's choice. A study by Van Ham and Mulder (2005) explains the choice of mother's employment being dependent on the geographical access to day care centres. Gbadegesin and Alabi (2014) further explain that information on the facility and how to access the facility are also relevant to the choices parents make. The sources of information for childcare options are also very important to enhance parents' search as well as choices. However, there is limited access to sources of information to facilitate parent's decisions on childcare options. According to Pungello and Kurtz- Costes (1999), most parents begin their search based on information from informal sources (example family, friends and neighbours) whereas a minority sought information from referral agencies.

One key factor that is also considered is the cost involved in childcare. Sometimes, the choice of one centre-based care may be dependent on a range of factors, but one of the key areas is the cost of childcare provision. Family income and generally socio economic status and family structure are associated with parental preferences for care. Thus the level of family income has been negatively associated with the attainment to cost when selecting childcare

arrangement (Leslie et al. 2000, Rose and Elicker, 2008). Thus, although most parents may be interested in the quality of care, the high cost of childcare deters them from patronizing care. Badasu's works (2005; 2012) speak to the issue of households of different socio-economic backgrounds and their child care choices dependent on the availability of resources. For instance, she makes the case of a child in a low income household whose parents are unable to afford a good day care facility for her except for a sub-standard facility that is overcrowded with poor sanitation conditions. Thus depending on the income level of parents, different care options are selected. Whereas, high income families can use a combination of paid child care options, low income families use subsidized childcare arrangements usually considering only one option (Ramsburg and Scott 2005; Wheelock and Jones, 2012).

Another factor influencing parental childcare preferences is the transportation condition. In the USA and UK, studies show that among families who are reliant on public transportation, accessibility to care options is limited by the routes of public transport (Cassells et. al, 2007). However, in the Ghanaian case, scholars highlight the traffic situations, especially in urban centres, as a major factor affecting working parents in their choice of care. For instance, Oppong (2009) has suggested that the traffic situation affect the hour's parent have to travel to and from work. As a result, parents spend long hours in traffic and this affects the time they have to leave and return home. In order to beat the traffic, parents leave home very early and also return late in order to avoid the evening traffic (Badasu, 2012).

Additionally, the nature of parental employment also informs childcare preferences. Preferences vary by the kind of work parents are involved in. Employment factors such as shifting and unpredictable work schedules, non- standard hours and inflexible work policies, limit family's child care options (Rose and Elicker, 2008). Working mothers place more

emphasis on practical considerations than quality considerations (Kim and Fram, 2009). For instance, Peyton et al. (2001) emphasise in their study that between part-time mothers, unemployed mothers and full-time working mothers, the latter were more likely to pay extra attention to practical considerations such as the specific hours available for care.

Gbadegesin and Alabi (2014) discuss that in Nigeria, mothers swift change in work schedules in most instances create difficulties in accessing childcare. Closely related to this is the access to resources- primarily, information on care options. For low income parents, a majority of them have information about resources and referral services but do not use this for their childcare. Why is this the case? In the Ghanaian case, knowledge on recruitment processes was available through friends, neighbours, and work colleagues. However, the fear associated with the recruitment agency and how they operate prevented parents from exploring. Again the lack of knowledge on state provisions of childcare have been associated with parents using a preferred type of care (Tetteh, 2010).

Another key factor that affects childcare options is parental characteristics such as their education. Research shows how parents' education and ethnicity influence childcare options. For instance, with regard to maternal education, it has been observed by some scholars (see Leslie et.al, 2000; Johansen et al., 1996), that mothers with less education place a higher emphasis on safety and practical features (cost and hours) more than structural features . In Leslie et al. (2008) study, where mothers were asked to select centre-based care with varying characteristics, it was discovered that compared to women without college degrees, women with college degrees were more likely to endorse child-staff ratio curriculum in their selection of child care options. A study by Johansen et al. (1996) explain that both mothers and fathers of three year olds with higher level of education (such as college or advanced degrees) reported the educational

components of child care to be more important than mothers or fathers with less than a degree. For instance, for children whose parents have less than a college degree, they place more emphasis on safety and practical features such as cost, and location. On the other hand, those with more than college degree were less likely to place emphasis on quality features. Studies also found that parents who were working and particularly full-time are more likely to focus on quality features, than parents who are not working or working part-time. Likewise, family income has become positively associated with parents endorsement of quality as compared to practical features (e.g. cost, location) as top priorities (Johansen et al, 1996).

Additionally, preferences vary by parental stress and childrearing beliefs. Mothers with high level of parenting stress made decisions based on practical considerations including hours of operation, cost, convenience and location in a centre to be more important. But Rose and Elicker (2008) mention that mothers with traditional family role ideologies considered and valued the use of home-based relative care as compared to market care. In addition to this, Lowe and Weisner (2004) highlighted the importance of family routines and beliefs sets in determining parental priorities. Gbadegesin and Alabi (2014) also add that parental cultural, religious and ethnic beliefs about childcare influences care options.

Lastly, parental preferences of childcare are influenced by geographical location. According to Johansen et al. (1996), the kinds of environment within which the child care take place influence childcare options and choices. This is because the kinds of networks available within the environment (community or metropolitan areas) have proven useful or otherwise for childcare provision. Ispa et al. (1998) in a survey of 127 couples in Missouri for both parents, gender and social class found both parents in metropolitan areas were more highly value the developmentally appropriate practice in child care programmes.

In summary, this section discussed the factors that influence parental choices of childcare arrangements. It stressed the fact that irrespective of what choices parents made or continuously make, the quality of care, either structural, contextual or process oriented, was the most important factor influencing their choice of childcare. Some of the key factors discussed as influencing parents' preferences of childcare are employment status, cost of care, availability and accessibility of care, as well as parental stress and beliefs about childcare among others. The next section discusses the challenges of care.

3. 5 Challenges of Care

According to Waerness (2012) in all societies and at all times, childcare poses complex challenges for those directly caught up in the daily intricacies. Throughout the world, the crucial role played by the vast majority of parents and especially mothers, has been to ensure the survival, health and security of their offspring. As it has been emphasised over and over in this dissertation, the social change in relationship to childcare such as modernisation processes and its accompanying changes such as urbanisation, globalisation, proletarians, migration and a rapid increase in the formal education not least among women has affected childcare. All these processes have had different ways that led to a weakening of social control and make it more difficult to get informal care and help in local communities (Waerness, 2012). These changes have led to new problems not only in childcare but also for the elderly and disabled. The challenges of childcare can be from the perspective of contextual, structural or process oriented factors. Parents are usually the point of call in decision making regarding childcare arrangements. The contextual factors that pose challenges to parents' choices are: limited

availability, accessibility and parental awareness of supply (Davis and Connelly, 2005; Chaudry et al., 2010).

With regard to limited availability, family child care decisions are dependent on the supply of care in their commitment and the opportunities available to them. In a study by Davis and Connell (2005) who used a sample from Minnesota, results showed that families were more likely to use the care of relatives, friend or neighbor or when they knew someone who was available to provide care. Similarly, Henley and Lyons (2000) interviewed low–income mothers in Los Angeles and reported that despite the proximity of informal caregivers, the competing provider obligations and relationship conflicts limited availability of informal arrangements. Additionally, availability is also associated with child family characteristics since this can also affect the care options within a community. Other studies (Chaudry et al. 2010; Davis and Connelly, 2005) report that parents of infants and school aged children had fewer childcare options. Again, there are fewer child care options than parents of pre-school-age. Gbadegesin and Alabi (2014) also report a similar incidence in Nigeria among mothers with young children.

Furthermore, features of parental employment and characteristics can enable and constrain family's access to care. According to Riley and Glass (2002), white, married and standard hour's workers couples (in Mid-west) are likely to use fathers when they worked in the evening or shift work. Employment factors can constrain formal child care options available to families (Bromer and Lyons, 2004; Sandstorm and Chaudry, 2012). Low income families or workers who had non-standard hours, unpredictable or evening or night, shifts had difficulties in finding affordable care arrangements that can accommodate their schedules. Gbadegesin and Alabi (2014) mention that mothers in Lagos had limitation in accessing childcare options when their work schedules changed.

More so, limited accessibility of providers is another challenge of care. Studies show parents' choice of childcare options is influenced by their accessibility of providers. Chaudry et al. (2010) explain that low income working families in Providence Rhode Island and Seattle described how they relied heavily on public transportation in accessing child care programs. For these, parents travel beyond their community to seek additional child care opportunities and programs which were possibly of higher quality. Low income mothers in Los Angeles travelled long distances to access care providers.

Additionally, limited affordable childcare options was seen as a challenge to parents. High childcare costs constrain families options especially those who do not qualify for care assistance or subsidized early care and education have limited funds to purchase high quality care. Badasu (2012) explain that children from different geographical clusters in urban areas are constrained by the family's socio-economic background to choose the kind of care that will ensure their optimum development because of the cost involved. According to her, the expensive nature of day care centres or other forms of paid care will make parents opt for services that have low quality.

Also, there is the problem of unmet childcare needs such as communication gaps and finding care for children with special needs. Chaudry et al. (2010) found that low income families with limited English proficiency who wanted a provider who spoke their language had fewer care options than English speaking families. Again, two studies have found parents of children with special needs that are difficult to accommodate, have limited number of childcare providers (Chaudry et al 2010; Ward et al. 2006). Again, childcare arrangements within the

home such as use of househelps are also constrained by the issue of language gap and finding a carer who can meet the needs of children with special needs (Gbadegesin and Alabi, 2014).

Another challenge is the limited awareness of childcare options for parents. One key problem for most parents is the limited sources of information since some are e unaware of how to search for available options (Sandstrom et al. 2012; Ward et al, 2011). People such as immigrants and refugee families usually do not have information on state free childcare provisions that they could apply for. So they used relatives as caregivers since they could not afford the high cost market place. According to Gbadegesin and Alabi (2014), one of the key challenges of childcare for parents in Nigeria is the difficulty in accessing information on how to find childcare options for their children. In this regard, most patterns of recruitment of househelps and nannies for instance were through informal processes such as recommendation from friends, family and neighbours. This is similar case to the Ghanaian modes of accessing childcare (Awumbila et al. 2016; and Tsikata 2009).

From the perspective of caregivers, several challenges abound in their provision of childcare. Caregivers are individuals providing the needed support and care for children as their parents or guardians go to work or are engaged. Standing (2001) has explained that globally, there is the tendency for migrants to be used to fulfil the role of the carers. Many carers worldwide are migrant women and there is a chain of care stretching from the less developed nations to the industrialized countries (Osterle & Bauer 2015). Many of the care workers in the West have left their own care responsibilities in their countries of origin. These scholars further explain that recourse to paid care is plaque with new sets of problems as caregivers are recruited from either certain ethnic groups or from third world countries to the developing countries

passing on care work to women from developing countries. Young women from different parts of the world seem to be drawn increasingly into a chain of care relationships. It takes different forms. Whereas some move from isolated villages to a distant city to care for strangers, others go abroad to care for middle-class households, and sometimes go to labour in institutions that provide care for the frail and elderly. In the Philippines, care work is the country's prime export. This raises political, legal concerns. In Australia, Osterle and Bauer (2015) write that migrant care work in private households has become an important but often illegal source of long-term care in several European countries such as Australia. In this regard, the 2007 Reform of the 24 hour care work in Austria was therefore a comprehensive attempt to regularize previously illegal arrangement (Osterle and Bauer, 2015).

In all cases, one of the key challenges associated with care is that caregivers usually struggle with oppression, potential oppression and exploitation. According to Daly (2001), because care is associated with domestic work and typically classified as women's work, even when found in the market place, it is poorly paid for. Tsikata (2009) also writes about the poor conditions under which househelps and nannies work in urban households in Ghana. Caregivers also leave behind their own children in the care of relatives or older children to render care as a service for a fee moving from an unpaid nurturing space to a paid job. They do this to get money to give the children they have left in the care of others a better standard of living. The care givers may subject themselves to abuse or harassment because they want a better life for their children.

Challenges of care by stakeholders vary from context to context. In Ghana, the Department of Social Welfare is the agency responsible for the opening and monitoring of day care centres. Hence their role is to monitor care within institutions and not care provided by

househelps and nannies.   One of the key challenges is the difficulty in monitoring all the day care centres. Additionally, there is the problem of unlicensed and unregistered day care centres. This affects the ability to monitor these institutions. In Canada, a study on childcare arrangements in New Brunswick shows the issue of unlicensed informal childcare which has given rise to numerous problems including insufficient support of informal care given the numerous problems including quality care as well difficulty in parents finding and maintaining stable care arrangements. The major issue is a lack of available information on the various aspects of childcare. Other stakeholder's challenges from the perspective of the operators of day care centres, is the low payment and lack of payment of fees charged by the institutions by parents (Badasu, 2012).

In conclusion, the section has discussed the challenges of childcare provision from the perspective of parents, caregivers and stakeholders

3.6 Chapter Conclusion

This chapter discussed the context of the study. It began with a definition of the concept of care, the various types and zoned in on childcare in line with the objectives of this thesis. Key sections that were discussed include the commercialisation of childcare, factors influencing childcare options and the challenges of care. Care generally began as a woman-specific job mainly as part of household chores. It thus operates within the context of unpaid domestic care and within the family based on norms of reciprocities. But literature exists to show that due to socio-economic transformations that has affected social relationships, it has become difficult to perceive it social contract that can continue without remuneration. This chapter discussed the

commercialisation of childcare expressed in modes of recruitment and terms of engagement as a result of these changes. The chapter further discussed the factors influencing childcare. Challenges associated with childcare provision were discussed from the perspectives of parents, caregivers and stakeholders to have a comprehensive appreciation of the different levels of challenges.

CHAPTER FOUR

METHODOLOGY FOR DATA COLLECTION AND ANALYSIS

4.1 Introduction

This chapter gives an overview of the various methods used in this study. As a very essential chapter of the study, it covers different sections such as the study area, study design, methods of data collection and analysis, procedure, and ethical considerations. It begins with an examination of the study area, the Greater Accra Region (specifically, Dzorwulu, Madina Estates and Nima, the study sites). It also provides a justification for the selection of this area for the current study by defining its characteristics in order to ascertain the feasibility of achieving the study's objectives. The third section throws light on the research method adopted for the study by explaining the research approach and providing the researcher's justification for embarking on a qualitative study and, more importantly, for using ethnographic techniques for data collection. The section further provides a description of the study population and sampling techniques. Also, the researcher describes the instruments for data collection in this section. Sources of data collection as well as the procedure for data collection are explained. Other key areas highlighted in this section are the management and handling of data as well as data analysis. The last section reports on ethical considerations.

4.2 The Study Area

This study was conducted in Accra, the political and administrative capital of Ghana. Accra has been the home of an urban population around which a modern city has developed and among whom migrants have settled. Following the transfer of the administrative capital of the Gold Coast from Cape Coast to Accra in 1877, Accra has become the concentration point of

socio-economic and political activities of the country. Like many cities in Sub-Saharan Africa, Accra continues to experience rapid population growth. It is estimated that it would have about 4 million people by 2020 (GSS, 2014). As the most urbanised part of the country, it hosts industries, government offices and departments as well as banks and many others. As a result, Accra attracts many people from both rural and other urban areas, not just because of its infrastructural developments but the job opportunities. It is the traditional home of the Ga people who have lived there for several centuries.

Accra, a cosmopolitan area, has significant representation of most of ethnic groups in the country, it has been sub-divided into eleven administrative entities called sub-metros (City of Accra, Ghana Citizens report, 2010). This development has meant that different settlements have emerged in Accra, usually depending on the social class of the people involved. The growth and expansion of the city has resulted in the development of large settlements which have become the home of high income households while others have become predominantly homes of low income households. In consequence, there are practically three settlement systems (see GSS, 2014) in Accra: a) formal (some with gated communities) areas, usually referred to as high income areas, b) semi-urban settlements (middle income) and c) informal settlements (low income communities).

Examples of high income areas are Dzorwulu, East Legon, and Airport residential area. These are neighbourhoods that have good roads, housing and adequate provision of social amenities such as hospitals, schools. Some of semi-urban/semi-formal settlement areas include Lakeside Estate, and Madina Estates; and are middle-income areas predominantly occupied by business, administrative and professional families. Much of the housing are privately owned, by

state or private sector organisations. Most part of areas are planned. The third category of residential areas is largely unplanned. The infrastructure is limited and dwellings are of poor quality of construction. Examples of informal settlements are Nima and Maamobi. Nima for instance is described as the biggest slum in Accra. It is a community which has the largest concentration of poor and mostly illiterate people (Modern Ghana, 2016).

Previous works (Badasu, 2007; Tetteh, 2010) on childcare arrangements have focused on some sections of urban areas and certain groups of migrants. For instance Badasu (2007) was based on high, middle and low income areas. That study centered on children of Ewe migrants in the three types of settlement patterns where the author examined childcare practices in relation to nutrition and health status of children. Very little has been done in terms of a comparative analysis of childcare alternatives at all the geographical clusters in urban Accra. For this study therefore, three neighbourhoods in Accra were chosen as study sites, namely, Dzorwulu, Madina Estates and Nima representing the formal, semi-formal and informal settlement respectively. The study participants are of diverse ethnic groups that are resident in all the study sites.

The spatial and architectural layout of Nima, Dzorwulu and Madina Estates have a direct reflection on childcare practices. This is because the more close knitted a community is, the greater the element of communality that is brought to bear on childcare practices. In the same way, spatial boundaries determine the extent to which other members of the society are looped into the architecture of childcare. In Nima and to some extent Madina Estates where buildings are closer to each other, and some residents tend to live in compound houses, and for that matter, it is likely for children to enjoy multiple care from their natal families, co-tenants, and neighbours. While this sort of corporate living is not scripted in these communities, even the

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kind of work predominantly in the informal sector also make way for support from co-workers. In other parts of Madina Estates, the fact that people lived in gated communities created artificial physical boundaries, demarcating the level one could nose into other families. This was similar in Dzorwulu, because these middle-income families per the nature of their living arrangements, could rarely depend on neigbour support and tended to rely on formalised childcare practices. Thus the choice of these study areas helps in understanding how residential and spatial patterns expressed greater influence on childcare practices in Nima, Madina Estates and Dzorwulu.

Savin-Baden and Major (2013) argue that the research site constitutes an integral part of the knowledge to be uncovered and highlight the fact that it is equally relevant to have multiple sites. This creates room for breadth of exposure and for comparisons across the sites. Thus, the logical basis for choosing three sites is to be able to provide a comparative and contrasting analysis of the multifocal expressions of complementary childcare arrangements in Accra. Tables 4.1.1 - 4.1.3 present the socio-demographic background of study participants in Dzorwulu, Madina Estates and Nima respectively.

Table 4.1.1: Socio-demographic characteristics of Parents in Dzorwulu

Participant N= 8	Age	Marital Status	Number of children	Education	Occupation	Ethnicity	Religious Affiliation
Afranewaa[4]	35	Married	2	Tertiary	Banking	Akan	Christian
Akorfa	37	Married	2	Tertiary	Researcher and Consultant	Ewe	Christian
Naa Karley	40	Married	3	Tertiary	Banker/PhD Student	Ga	Christian
Esenam	36	Married	2	Tertiary	Investment Banker/ Housewife	Ewe	Christian
Adwoa	35	Married	2	Tertiary	Lecturer	Akan	Christian
Kekeli	35	Married	2	Tertiary	Executive Secretary	Ewe	Christian
Mansa	32	Married	3	Tertiary	Media Practitioner/ Lecturer	Akan	Christian
Kwakye	37	Married	2	Tertiary	Lawyer	Akan	Christian

Source: Fieldwork, 2017.

The interviews were conducted with eight participants at Nima. The interviews took place around the Nima market and in the homes of the study participants. The sample comprised six women and two men. The highest level of education for this category of participants was Senior High School and they were all involved in work that was located in their neighbourhood. The low educational background of participants in this low-income neighborhood reflected their overall lower socio-economic status. Another important factor that the study considered was the household composition (see Chapter 5, Table 5.1.1) and how that reflected in the nature of childcare arrangements

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[4]Pseudonyms have been used throughout the study to ensure anonymity and confidentiality of study participants.

4.1.2: Socio Demographic Characteristics of   Parents in Madina Estates

Participant N= 9	Age	Marital Status	Number of children	Education	Occupation	Ethnicity	Religious Affiliation
Elizabeth	42	Married	3	Tertiary	Teaching	Akan	Christian
Dzifa	37	Married	2	Tertiary	Teaching	Ewe	Christian
Araba	27	Married	1	Tertiary	Public Servant	Akan	Christian
Sonia	32	Married	1	Tertiary	Nurse	Ga-Dangbe	Christian
Felix	30	Married	2	SHS[5]	Taxi driver	Akan	Christian
Mavis	30	Married	4	JHS [6]	Trader	Ewe	Christian
Abiba	28	Single	3	Primary	Cleaner	Mole-Dagbani	Christian
Doreen	27	Single	2	SHS	Hair dresser	Akan	Christian
Lydia	32	Married	3	Tertiary	Fashion Designer	Akan	Christian

Source: Fieldwork, 2017

As already referenced in the Tables 4.1.1 - 4.1.3, for ethical reasons, the names used in this study are pseudonyms in order to protect the participant's identity, and to ensure confidentiality. All names used are coined by the researcher and they will be used throughout the study.

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[5] Senior High School

[6] Junior High School

Table 4. 2.1.3: Socio-demographic Characteristics in Nima

Participant N= 7	Age	Marital Status	No. of children	Education	Occupation	Ethnicity	Religious Affiliation
Adizatu	27	Married	4	No Education	Trader	Konkomba	Muslim
Baba Nurudeen	52	Married	4	Tertiary	Retired Automechanic	Dagomba	Muslim
Ali	40	Married	3	JHS	Tailor	Dagomba	Muslim
Ayishetu	27	Married	2	JHS	Housewife	Dagomba	Muslim
Bernice	35	Married	3	JHS	Trader (Food seller)	Akan	Christian
Sekina	35	Married	3	SHS	Seamstress	Kokomba	Muslim
Agartha	32	Married	4	Primary	Chop bar[7] attendant	Akan	Christian

Source: Fieldwork, 2017

4.3 Research Methods

This section discusses the research design, study population and sampling, data collection, data management and analysis.

4.3.1 Qualitative Research Design

The research design adopted for a study is essential in determining the validity of the findings of the study. In choosing the research design, the researcher reviewed the various methodological choices employed by several scholars who conducted similar studies (see Agbodza 2012; Badasu, 2012; Oppong, 2004). As in all other social and scientific inquiry, researchers in the field of childcare both global and local, depending on the aims of their study, have used either quantitative or qualitative approaches or a mixed research design. Whereas quantitative data have involved data gathered through large scale surveys, qualitative data, on the other hand, focuses on gathering data through in-depth interviews, observations and focus group discussions. Therefore, the quantitative studies have been useful in providing information on large samples,

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[7] Stopped the work to take care of her children. She narrates that the work was so demanding for her.

whilst the qualitative studies have served as means of enriching the data by providing details and insights into the study population.

The aim of this study was to provide an understanding dynamics and continuities of childcare practices among parents in three distinct geographical clusters in Accra. The study finds qualitative research design the most appropriate because of several reasons. Firstly, the principles of qualitative research emphasise that knowledge is created through the understanding of a phenomenon, text, and object within a particular context and not solely through the discovery of objective truths (Patton, 2002; Savin-Baden and Major, 2013). Following from this, the qualitative approach is chosen in order to allow the researcher to interrogate the factors affecting complementary childcare within the context of the changing cultures of childcare as a result of socio-economic factors such as urbanisation, migration and monetisation of the economy which are affecting the structure of the African family (Ardayfio- Schandorf, 2012). Within the Ghanaian context, as in many other African contexts, traditional complementary childcare arrangements have to a large extent been made through informal support from kin (Adam, 2012; Goody, 2007; Oppong, 1973, 1999, 2004, 2012). Examining these arrangements from the context of urban households is expected to provide insights into the nature of contemporary practices.

Secondly, qualitative approaches allow for in-depth analyses of issues through the experiences of individuals and groups. Thus the relevance of conducting this study using a qualitative approach is therefore to provide a window to examine experiences of complementary childcare arrangements by conducting in-depth interviews with parents, and other stakeholders involved in childcare such as caregivers (househelps and nannies, kin), officials from Househelp Recruitment Agencies and the Department of Social Welfare.

According to Creswell (2007), qualitative research allows the researcher to present a complex holistic view of the worlds of those being studied. Patton (2002:94) for example, defines qualitative methodology as a naturalistic approach that seeks to understand phenomena in context-specific setting. Additionally, qualitative research gives voice to the group understudied, so that the group that the researcher is studying is not objectified (Silverman, 2005). Again, the qualitative approach helps the researcher to generate an in-depth account that will present a lively picture of the participant's reality (Holloway, 2005). Apart from the above mentioned advantages of qualitative research methods, its other key component is that it involves tradeoffs between breadth and depth (Patton, 2002). The nature of the methods of data collection employed for qualitative research, permit inquiry into selected issues in great depth with careful attention given to detail, context, and nuance since the data collection is not constrained by predetermined analytical categories (Patton, 2002).

Gaskel (2000) explains that the real purpose for qualitative research is not to only explore a range of opinions, but the different representations of the issue to maximize the opportunity to understand the different positions taken by various actors in a particular context. So for this study, the researcher sought not to only take the views on childcare arrangements from parents, but also to understand the range of opinions offered by caregivers (both formal and informal) on the subject matter. Some of these caregivers had their employers included in the study. The perspectives of other stakeholders[8] involved in child care arrangements and child welfare were also sought in this study. They were basically asked questions about the current childcare

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[8] The Family Welfare unit and the Child Protection Unit of the Department of Social Welfare who are involved and child and Family issues. Also Househelps Recruitment Agencies who are involved in the direct involvement of parents who want househelps or nannies.

arrangements in urban households and any changes in the family that have necessitated that. Various instruments were provided for the different groups of the research participants.

4.3.2 Study Population

There were three target populations for this study. These were:1) parents with children under five years who were involved in different types of complementary childcare arrangements, 2) institutional agencies such as recruitment agencies, 3) the Department of Social Welfare and After School Care Centers as well as 4) caregivers (kin, and non-kin).

The justification for choosing parents with children aged 0-4 because this is the period of childhood considered the most critical part of their development. To this end, global efforts through the implementation of both the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) have specified this age category for strategies aimed at their survival. Badasu (2012) also notes that for the same reason, policies and programmes have been implemented in Ghana to ensure the survival of this category of children since the 1970s. However, in the urban space most children under five years have dual wage earner parents and this renders it difficult to provide adequate care (Badasu, 2004). Therefore complementary care arrangements are made through various kinds of caregivers.

Caregivers refer to individuals who look after children while their parents are at work or engaged in other activities that make it impossible for them to take care of their children. They constitute different categories of individuals. Kin members include grandmothers, parent's siblings, aunties or older children of parents. Non-Kin caregivers include, househelps, nannies, neighbours, church members and friends of the child's parent. The study focus on caregivers was based on kin and non- kin caregivers. The kin caregivers identified in the study were

grandmothers whereas non-kin caregivers involved househelps and nannies.

Institutional Agencies refer to institutions that are concerned with the childcare arrangements as well as the promotion of the well-being of children. These include Househelp Recruitment Agencies and the Department of Social Welfare. The study selected one Househelp Recruitment Agency. It was also observed that there were informal agent and one of them was identified and included in the study. The Department of Social Welfare, has different sections/units who are tasked with different responsibilities. The sections that fit into the study goals were the Child Protection and Promotion Unit and the Family Welfare Unit.

The focus of this study is to understand the childcare arrangements in urban households and what factors influence parent's behaviour on one arrangement or another. However, the researcher uses three participant groups as earlier explained in the preceding paragraphs. These three groups of participants were chosen to provide a more comprehensive understanding of complementary childcare arrangements among the study population and all the factors that influence their patronage. The chose parents from three different geographical areas because she wanted to find out the dynamics in the use of complementary childcare arrangement options these locations. Other stakeholders (househelps and nannies, kin) who are involved in childcare were also interviewed. For instance, Househelps Recruitment Agency were involved in the study to allow the researcher glean data on categories of parents who access their services and what their expectations are from them. It is expected that this data will add on to already existing scholarship (see Tetteh, 2010) on recruiting processes of househelps and nannies. Again the inclusion of the Department of Social Welfare (namely the Child Protection Unit and Family Welfare unit) was helpful in providing a general overview of childcare in Accra and how

complementary childcare arrangements are made.

4.3.2.1 Sampling Techniques

According to Savin-Baden and Major (2013), sampling in qualitative research takes into consideration the time available for the study, the study population and the accessibility to information. At the initial stages of the study, the researcher went through the process of observation and informal interviews in order to have a fair idea about how much time each interview was likely to take. The initial observations offered the researcher insights into these observations. Considering, all these factors, the researcher was mindful of the sample size; as Creswell (2007) explains it is important to use a population that is not too large to ensure the feasibility of data collection within a specified period.

The choice of purposive sampling was to enable the researcher select information rich participants who had a dearth of knowledge on the issues being investigated in the study. Thus in purposive sampling, the participants are selected in order to get information that cannot be provided from elsewhere. Creswell (2007) identifies four aspects of purposive sampling, namely: achieving representativeness of the context, capturing heterogeneity in the population, examining cases that are critical for the theories undergirding the study and establishing comparisons to illuminate the reasons for differences between settings or individuals.

In the current study, using purposive sampling facilitated the four aspects that Creswell (2007) describes. First, in terms of representativeness, the study describes the urban context, which has characteristics that renders the use of informal care arrangements difficult. Therefore the urban space allows for the use of other forms of care arrangements (Badasu, 2004; Badasu, 2012; Tetteh, 2005; Tetteh, 2010). Secondly, the heterogeneity of the sample also rests with the

fact that the study seeks to do a comparative analysis of childcare arrangements in three distinct geographical locations in Accra. In these three sites, parents share a commonality since those selected had children aged 0-4. It was therefore expected that the differences in socio-demographic characteristics of parents will offer a nuanced description of childcare arrangements. Finally, the choice of the study area helped in engaging the various geographical clusters in Accra. It is expected that the study would be able to find out the various factors that are widely considered by parents from all the social levels/classes in their decision about engaging the services of complementary childcare providers.

In addition to purposive sampling, the study employed snowball sampling. As a qualitative research, my aim was not to have a sample that was representative of a larger population. Rather my sampling was influenced by an understanding of experiences of parents using complementary childcare arrangements (either formal/informal) and the sensitive nature[9] of the research and the difficulty of getting respondents in identifying their ways of providing childcare and why they chose various options. This was because the researcher was not resident in any of the three study sites and was completely a stranger walking into people's homes to ask about their childcare arrangements. Using snowball sampling allowed the researcher to use informal contacts to establish initial contacts with participants. Contacts were asked if they knew parents who had children aged 0-4 years at the time of the interview. These participants who were the key informants also nominated and referred the researcher to other individuals who qualified to be part of the study. Using both snowball and purposive sampling techniques strengthened the sampling process. This is because although purposive sampling helped the

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[9] Sensitive because participants had to disclose their household childcare arrangements and share with me their experiences either with formal or informal arrangements. This was not an area people felt so comfortable to talk about.

researcher to identify the research participants, snowball sampling helped to get access to other study participants. Purposive sampling was first used to select respondents based on the care arrangements parents used. It therefore enabled the researcher to speedily select the specialised population of parents who use complementary childcare arrangements. Snowballing was then employed to identify respondents through pre-established networks which led the researcher to other participants who qualified for the study.

Through these sampling techniques, a total of fifty-eight (58) participants were selected for the study. This comprised twenty-two (22) parents (7 from Madina Estates, 8 from Nima and 9 from Dzorwulu); six (6) caregivers (2 from each cluster), and three (3) institutional agents: two officers (2) one (1) from a Househelp Recruitment Agency, one (1) informal agent/intermediary for househelps and one (1) Officer each from the Child Protection Unit and the Family Welfare Unit of the Department of Social Welfare.

For the Focus Group Discussions (FGDs) there were seven participants in a Focus Group Discussion at Nima; twelve (12) participants (six in each of the groups) in two Focus Group Discussions from Madina Estates, eight participants in another FGD at Dzorwulu.

As a qualitative study aimed at providing an in-depth understanding of the phenomenon being studied, large sample size was considered. This is because the sample size was dependent on what the researcher wanted to know, the purpose of the study, what is at stake, what will be useful, what will have credibility and, more importantly, what could be done with available resources and time (Creswell, 2007). It is important to know that although the researcher considered the time and resources available for the study, her focus was not to study a large population. This is because the study's focus is on an open range of experiences for a smaller

number of people seeking in-depth.

As noted by Patton (2002), in qualitative research, there are no rules for sample size, rather, the samples depend on, amongst other things, what is being investigated and the purpose of the research. This number of respondents was therefore enough to provide the in-depth, rich data that was required in the study since the study reached its saturation point.

4.3.3 Procedures for Negotiating Access to Potential Study Participants

Different approaches and procedures were used in accessing the participants and collecting data from them. Whereas some participants were contacted face to face or by phone, others were contacted through email; in other sites such as Nima, the researcher had to go through a gatekeeper who was expected to engage potential participants for the study and provide the researcher with necessary information.

In Nima, the researcher had to go through a gatekeeper - a respected youth in the community whose father was a former Assemblyman of Nima. The gatekeeper was identified by one of the researcher's assistants who was formerly a resident of Nima. Before, arriving at Nima, the gatekeeper had already contacted potential participants who could participate in the study. In all the invitations that were made for the study, the gatekeeper explained the purpose of the study as well as the objectives to the participants. Once these were communicated to the participants, a follow up was made to find out about the dates and the time participants would be available for the interviews. The gatekeeper, confirmed the date, the time and venue for the interviews. It is important to note here that not all interviews in Nima were pre-arranged. However, the researcher's identified study participants also referred the researcher to other people who fit into the study's criteria and so the team took the opportunity to interview them.

Additionally, some participants, especially for the Focus Group Discussions, could not be contacted earlier before our visit since they could not confirm their respective availability. However, the team was able to meet some participants who fit into the category and were used for the focus group discussion based on their willingness to participate at short notice. The interviews were conducted in Nima market and also in households and shops.

In Madina Estates, the researcher visited a number of households and collected data with her research assistant. However, through informal conversations it was found out that the Pentecost Hospital, found in the same location, offered post-natal services for parents with young children. Through observation and initial informal contacts, it was confirmed that at the Pentecost Hospital, parents (predominantly mothers and a few fathers) come for post-natal care from time to time. Therefore, the researcher sent a letter of introduction from the Institute of African Studies to the facility's Human Resource Manageress explaining her study and her desire to conduct the study in their facility. As the protocol of the Hospital demanded, she also attached a copy of the consent forms as well as the research instrument (a semi-structured interview guide). A memo of approval was written by the Human Resource Manageress in response to the letter of introduction to grant the researcher access to the facility.

Although the researcher was officially granted access to the facility, she encountered difficulties accessing the participants because there were occasions that she missed either the days for the post-natal clinics or went to the wrong place. She only made progress after she spoke with a hospital staff who introduced me to the Nursing Officer in charge of the Public Health Unit. She then provided information on the days and site for the post-natal visits. After explaining the study to her, she in turn introduced the researcher and her assistant to the parents and then the data collection began. The researcher's presence in the hospital made her observe

how parents care for their children in a health facility. I also observed how mothers came for post-natal care with the support of either family members, husband or other members of the household or *na akoraa*[10].

The initial plan was to take the respondents' telephone numbers and follow up in their respective homes. However, the participants opted to be interviewed in and around the hospital. So the researcher and her assistant found an appropriate venue to sit and get things done. We spoke with the participants as they waited for their turn to see the doctor. Once, their names were mentioned, we paused the interview and waited till they returned from the doctor's consulting room.

The participants in Dzorwulu were identified through referrals. She identified the first person through informal conversations with a resident of Dzorwulu. She in turn referred the researcher to participants who fitted into my research category. Most of them were contacted through telephone calls and others by text and WhatsApp messages. A number of dates were suggested and participants chose what date, time and location of the interviews would be suitable for them. Most of the participants in this site, once identified, were interviewed in their respective work places usually during their break time at work. This was because it was difficult to find time within their schedules to interview them at home.

Interviewing other stakeholders such as the officers of the Department of Social Welfare also required a series of procedures. First, a letter of introduction, together with the semi-

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[10] This was a term that was used to refer to househelps who had accompanied their employers (mothers with young children) to post-natal clinic

structured interview guide were addressed to the Director of the Department. The researcher then took the contact details of the secretary to the Director to follow up. After two weeks of failed attempts to reach the secretary for feedback, the researcher went back to the office. It was confirmed that the letter had been forwarded to two officers (Family Welfare Unit and the Child Promotion and Protection Unit) for their action. The researcher was able to interview the head of the Family Welfare Unit on the next visit but the interview with the head of the Child Promotion and Protection Unit had to be rescheduled. Through a follow up with telephone calls, the interview was conducted a week later.

The contact with the Director of an After School Care service was also made through a contact person who had listened to a conference presentation from the researcher. He offered to take the researcher and one of her assistants to the place in Dansoman. However, the Director was not available at the time of the visit so she was also contacted by phone and preparations were made to interview her after she had agreed on a date and venue.

The informal/intermediary househelp recruiter was also contacted by telephone and he agreed on the date, venue and time for the interview. Caregivers (either formal/informal) were contacted in various ways. Whereas some were contacted by phone and even granted telephone interviews, others did face-face interviews. In Madina Estates, the caregivers were contacted by face-face interviews. One was a grandmother whereas the other was a food vendor in the neighbourhood who doubled as a caregiver for a nurse resident. In Dzorwulu, caregivers were contacted and interviewed over the phone. In Nima, face-face interviews were conducted with caregivers.

A total of thirty-seven (37) interviews and four Focus Group Discussions (FGDs) were conducted. The one-on-one interviews lasted between seventeen (17) minutes and one hour, thirty minutes. The interviews were conducted in three languages (namely, English, Twi and Hausa) based on participants preference in the different research sites. In Nima, most interviews were conducted in Hausa. As we went through the study, the research assistant, interpreted to the researcher to enable her ask follow up questions that were necessary for the study. In Madina Estates, interviews were basically conducted in English and Twi whereas in Dzorwulu, interviews were conducted in English.

Different approaches were used to begin the interactions. In Nima for instance, the research assistant was fluent in Hausa and so begun the interview with a brief description of his childhood experiences to discuss further how childcare arrangements have changed as a result of modifications within the family. The researcher also began with sharing stories of informal conversations she had on childcare arrangements and her experiences with serving as a caregiver for family and friends from time to time. To the study participants, there was the impression that because of the researcher's position she could not properly understand the issues at hand as far as childcare arrangements. This is because the participants asked if she had a child and she responded no. Although sharing her personal experiences and the informal conversations had in relation to childcare provision, helped to alleviate this sense of alienation from the issues at hand; most of them most of the study participants still explained that there were some issues they could not explain to the researcher fully until she experienced.

For the Focus Group Discussions (FGD), the researcher used different approaches. In some instances, she started with a controversial statement or rhetorical question that 'provoked'

participants to get deeply involved in the discussion. In one of the Focus Group Discussions that wanted to fully pay attention to participants' experiences with caregivers, she began with a short video of an abusive househelp which was trending on social media. She got varying reactions as at the beginning of the process, all the participants confirmed that they had either heard or watched half of the one minute fifty-five seconds video of a househelp abusing a child in Uganda. Their facial reactions of disgust and pain gave me impressions about their attitude towards using some forms of commercialised care; and they are fully captured in the discussion chapters. The socio-demographic characteristics of participants of the FGD is included in the Appendix.

4.4 Data Collection Methods

Data collection is an essential component of the study that defines ways by which evidence is obtained and manipulated and techniques that can be used in analysing data. Semi-structured interview guide was used as instrument in collecting data. Since the study had different participants, four separate semi-structured interview guides were designed. Both primary and secondary data were utilised for this study. Neuman (2013) has explained that in-depth interviews, focus group discussions as well as field notes, photographs and videos are essential ways of collecting primary data in a qualitative study.

The current study's methods of data collection for primary data were in-depth interviews, observations and focus group discussions as well as field notes. A semi-structured interview guide was designed to seek answers to the research questions. Semi structured in-depth interviews and Focus Group Discussion were used to collect information in an open and non-controlling manner but moderated. Tape recorders and field notes were used to record data in

cases where respondents gave permission for their use. In situations where respondents were not comfortable with the use of tape recorders, the interviews were recorded in field notebooks by both the researcher and her research assistant. This approach was important to enable me cross-check what observations and issues had not been properly captured through the comparison of field notes with the research assistant.

4.4.1 Data Collection Instruments

Semi - structured interview guide was the main data collection instrument. The semi - structured interviews consisted of key questions that defined the themes the research sought to investigate. One advantage of the instrument is that it allowed the researcher to digress from time to time to pursue ideas and response that emerged during the interview session. Again, it was appropriate because the research sought to elicit information from the respondents (through their descriptions) about their meanings and interpretations of childcare arrangements and to allow for flexibility for the emergence of themes related to the experience which were not previously anticipated by the researcher. With this instrument, the respondents became active participants of the communication process and were able to reveal their subjective meanings through their verbal and non-verbal cues (Krueger and Neuman, 2006).

Due to the fact that there were different categories of participants (parents, caregivers, officials of care institutional agencies) for this study, separate semi- structured interview guides were designed and used to elicit information from the study participants. The designing of these tools were facilitated through observations and informal interviews. At the early stages of the study, I observed childcare arrangements in different kinds of households. This was followed with informal interviews with parents and caregivers. The advantage of this approach is that the

participants saw the informal interview as a conversation and were more open to speak more freely. Although this helped my understanding of the issues at hand, its weakness lay in the fact that I could neither record nor transcribe verbatim what responses they gave. The researcher had to rely on notes taken at the time of the conversation. But the researcher reflected on the conversations from time to time and made notes that supported in the design of the interview guide. Generally, initial questions used at the beginning of the interview were direct and descriptive and sought to obtain information that provided the background for probing further on subsequent questions. After the initial questions, I began to probe for the participant's experiences and perspectives. Explanations about the nature of questions asked in each of the sections of the respective interview guides threw more light on the instrument.

The interview guide for parents had four sections. The first section discussed the nature of childcare arrangements. Before being asked to mention the types and kinds of complementary care arrangements parents utilized, parents were asked to give some socio-demographic background about themselves. The second section also examined the factors (maternal and paternal characteristics) that influenced the choice of one alternative over the other. Attention was paid to how previous experiences affected their current care arrangement or otherwise. Section three highlighted how participants recruited caregivers or how they accessed a childcare facility for their children. The section highlighted the various ways of recruiting caregivers, and modes of payment, among other others. This was to highlight the ways in which childcare has been commercialised. The fourth section is on changes in care provision, the challenges of care and the recommendations for improving the childcare provision.

For caregivers, their interview guide had three sections. Section one focused on socio-

demographic background and on how they got recruited to provide care, and their relationship with child's parent. Section two focused on remunerations, the socio-demographic background of caregiver's employers/parents who use their services. The third section examined the challenges of associated with childcare.

The Interview guide for Househelp Recruitment Agencies and informal agent/intermediary had three sections. The first section basically sought to find out a brief historical background about them, how long they had been in operation and the category of parents they recruit for. Section two focused on the recruitment processes and what the terms of conditions are, what factors they consider in the selection of caregivers. Section three is on their perspectives on the challenges of care provision in Accra.

For the Department of Social Welfare, their interview guide covered three sections. Section A highlighted the core mandate of the Child Protection and Promotion Unit and the Family Welfare Unit. Section B focused on the various policies on childcare and whether these took into consideration complementary childcare arrangements in households. Section C highlighted the current complementary care arrangements and the changes within the family and sought to find out ways in which the Department of Social Welfare exercised oversight responsibility over private and public institutions/individual agencies providing complementary care for children. All the interview guides are in the Appendix.

4.4.2 Primary Data

Primary data was collected for this study through in-depth interviews and Focus Group Discussions.

4.4.2.1 In-depth interviews

Some studies have shown that interviews are an integral part for gathering data in qualitative research. The interviews help the researcher to have a conversation with the study participants who are asked questions based on the themes of the research, which they in turn responded based on their perspectives.

The basic subject matter of the research interview is the meaningful perspectives conveyed by the participant. The participant's role is to share something from his or her own perspectives. The researcher in turn has the responsibility of guiding the conversation and striving to understand the participant's views as well as the meaning of what they say (Savin-Baden and Major, 2013).

Using in-depth interview technique served several purposes. The researcher did not only to gain complex in-depth information from participants which was most prominent, as Wengraf (2001) explains, but also facilitated her ability not to necessarily strive to uncover facts (Kayle, 1996), but understand the interpretations of people's situations based on their perspectives. Interviews are important for a number of reasons. Although there are different types of interviews (structured, semi-structured and unstructured); looking at the nature of this study and its objectives, the researcher chose the semi-structured interview option. This is because semi-structured interviews allows for more flexibility. The strength of the approach is that it helps the researcher not to only decide on how best to use the limited time available but also keep the interaction focused. This is because when a researcher uses a semi-structured interview guide, he or she is not expected to follow a set of preset questions but also include additional questions in response to participant's comments and reactions. In this regard, with the current study, I relied

on an interview protocol, by asking questions and covering the themes of the research, but from time to time stayed from the guide. These were instances when follow up questions based on participant's responses were asked. However, from time to time, I referred to the interview guide in order not to digress completely from the specific questions I sought to ask respondents. Throughout the interview, the questions did not necessarily follow a set order strictly as they should do in structured interviews.

Data from the semi - structured interviews was supplemented by observation of verbal and non-verbal cues. This approach provided the researcher with what Lincoln and Guba (1986) refer to as an in-depth here- and – now experience of respondents. In addition, field notes and observations, thoughts and ideas concerning the entire research process were made during and/or at the end of the data collection process. The researcher continued to take notes on any random thoughts or ideas and encounters that she had on the subject of childcare which were in line with my research objectives.

In summary, this is the breakdown of the types of data gathered:

- In-depth interviews with key informants comprising of the officials with the Department of Social Welfare, Househelp Recruitment agency, Caregivers (both formal and informal)

- Follow-up interviews and conversations with parents, caregivers and other key informants to collect primary data

- Study of some child welfare and protection policies, adverts for househelps recruitment agencies and after School Care Services

It is worthy of mention that interview protocols were developed for the study. This is a guide which defined the processes to be followed for the interview. The study's protocol consisted of a header, script and the question set. To help the data analysis process, a header which contained

information about each session, such as names of interviewer, interviewee, location, time, date was developed. The script also contained essential information about the study to share with participants. These included information about the nature of the study and the fact that the interview will be recorded. Before the start of any interview, I reminded the participants of informed consent and assured them of their confidentiality. The question set which was the interview guide was also made available and it included a list of primary questions that will form the body of the interview. The closing of the interview contained final comments about the research and provided a prompt to thank participants for his or her time and involvement in the study. A sample of this is attached to the Appendices.

4.4.2.2 Focus Group Discussions

Focus group discussions were held in the selected study sites in order to have a collective view of how the concept of childcare arrangements is defined in these areas. According to Berg (1998, p. 100), "focus group interviews are either guided or unguided discussions addressing a particular topic of interest or relevance to the group and the researcher". It involves open-ended interviews with groups of five-eight people on specifically targeted issues. So for the focus group discussions that were organised, the focus of interest was the nature of complementary childcare arrangements in urban households.

The number of people for each of the focus group discussions was between six and eleven people as this falls within the range of 6 to 12 people recommended by Neuman (2013) to facilitate easy discussions. The composition of the group was based on certain characteristics such as being a parent with children aged 0-4 years, sharing with other FGD participants common socio-economic backgrounds and utilising varying forms of complementary care

arrangements. In some instances, there were Same Sex FGDs whereby only males or females were involved and other instances too, there were Mixed Sex FGDs whereby both males and females were involved. At Nima, it involved eight men, four of whom were married and 2 in consensual relationships and the remaining two were unmarried but had children. At Madina Estates, two FGDs were held. The first one involved five women and the second one involved seven women.

The study organised one FGD at Dzorwulu. This involved eight participants (seven women, one man). The selection of participants was based on their socio-demographic backgrounds to allow for easy communication and interaction in the groups. The respondents sampled enabled the researcher to have a deeper understanding of the factors necessitating the use of complementary arrangements.

The Focus Group Discussions enabled informal interviews with the respondents in an open and non-controlling manner but was moderated as the facilitator ensured no one dominated the discussions. A focus group discussion is important because it creates the avenue for expressions of opinions and counter opinions on attitudes, beliefs and practices (Kumekpor, 2002). This, therefore, enabled the researcher to have a broad view of the subject through participants' different opinions on the topic through their personal experiences and observations. Berg (1998) explains this to mean that there is a group interaction where members reacts to comments made by others. This synergy, according to Berg (1998), allows one participant to draw from another or to brainstorm collectively with other members of the group. This benefit allowed the researcher to get a wide range and variety of information from the various respondents.

Another benefit of focus group discussion in the study was the fact that it was less expensive than the individual interviews with respect to time and cost as Berg (1998) explains. It is less costly because the researcher can get collective views within a space of time. But the researcher queries how it could be less cost when one had to spend time organising the participants, finding a suitable venue, some for which has to be paid for and lastly getting some refreshments for the participants. The researcher facilitated all the discussions with the help of her research assistant who recorded and took notes while the discussions were going on. Before the discussions, the researcher and her assistant introduced themselves to the groups and spelt out rules for the discussions. The participants were asked not to interrupt when someone was making a contribution or responding to a question and were also to show respect for each other. They were assured that there were no right and wrong answers to any of issues discussed and persons could feel free to express their thoughts. These rules made all the discussions very interactive and insightful. Each focus group discussion lasted between forty-five minutes and two hours, thirty minutes.

Primary data was collected between a periods of six (6) to eight (8) months. Three research assistants were involved in the collection of data. However, one of them assisted with transcriptions.

4.5 Secondary Data

The primary data were supported with secondary data through the review of relevant literature. Information was gathered from books, periodicals, journals, articles, reports, newspapers and the internet. Reference was also made to some unpublished dissertations written in the area of childcare arrangements generally.

4.6 Data Management and Data Handling

The process of data management began with a manual verbatim transcription of tape recorded interviews with parents, caregiver (househelps, nannies, and kin), Househelp Recruitment Agencies, officials from the Department of Social Welfare, and After School Care centres. Adequate care was taken to ensure participants' anonymity. Data was stored in a password-protected folder on a password-protected laptop. Again, the field notes were kept safely to avoid it being damaged or missing.

4.7 Data Analyses

Qualitative data gathered through conversations, semi-structured in-depth interviews, observations, focus group discussions were recorded and transcribed. The researcher did a descriptive analysis of the socio-demographic characteristics of participants. The socio-demographic characteristics of participants which were recorded before the start of the interview.

The qualitative data was managed manually through the use of thematic analysis as the main tool for data analysis. In this regard, the data was organised and categorised according to patterns and structures that connected to the themes of the study. The reason for doing this was to allow the researcher to obtain a full and clearer picture of the subject matter under discussion. Some of the themes and concepts derived from the research questions included the nature of childcare, types of care arrangements, factors that influence the choice of care arrangements and the challenges of care in Nima, Dzorwulu and Madina Estates. According to Braun and Clarke (2006), thematic analysis is flexible and provides a holistic account of participants' experience.

The study drew insights from the six phases of thematic analysis as proposed by Braun and Clark (2006) to analyse data. Interviews were audio-recorded, and transcribed verbatim.

Transcripts were checked against original recordings for accuracy and analysed using a general inductive approach. As recommended by Thomas (2006) the first stages involved preparation of the raw data and familiarisation with the data through close readings and re-reading of the transcripts.

The first phase is familiarisation with the data. Therefore, at this stage, the data were transcribed, read and re-read. At the second phase, initial codes were generated. According to Braun and Clarke (2006), this phase is the systematic coding of interesting features of the data. In the third phase, there is the collation of the codes into potential themes and the gathering of data relevant to each theme (Pretorious and Morgan, 2011).

In analysing the data, in line with the description above, after transcription of all the interviews, the researcher read and re-read through the transcripts to familliarise herself with the data. Next, she generated codes which enabled me to identify the themes and sub-themes. These codes were highlighted in different colours. Subsequently, she read through the transcripts again to gather all the information pertaining to the themes and sub-themes. All these themes were in line with the study's objectives. Snippets of the interviews were used to support the various themes identified in the study.

4.7 Ethical Considerations

According to Creswell (2007), irrespective of the approach used in qualitative research inquiry, many ethical issues surface during data collection, analysis and the dissemination of qualitative reports. Therefore before starting this research, the research sought ethical clearance. Full ethical approval was granted by the Humanities Ethics Committee, University of Ghana. Written consent was obtained from each participant before data collection began. In the process

of seeking both written and verbal consent, the participants were informed about the aims of the study, its potential risks and benefits in the language they could understand before they agreed to participate. In instances where the participant was non-literate, the consent form was read aloud in translated language to the participant in the presence of a literate witness who is not a part of the research team. Both verbal and written consent were sought from the study participants. Written consent was obtained either through a signature or thumbprint. Since the study is qualitative one, during the consent process, participants were made aware that they would be digitally recorded, and the audio recorder was only turned on when consent was obtained. Permission was also sought from study participants so that their direct quotes can be included in the snippets that will be used to support data analysis.

The participants were further assured that participation was voluntary. By this, it was explained to the potential respondents that they under no obligation to participate in the study and that they were free to withdraw from the study at any stage of the interview. They were also not obliged to answer all questions.

Additionally, they were assured of confidentiality. These steps were taken to ensure the privacy and confidentiality of the data collected. The participants were assured that the data that was collected would be kept strictly confidential and publications resulting from the research would ensure complete anonymity of participants. Emphasis was placed on the fact that pseudonyms would be used to represent their responses so that no one can associate their names with statements from the interview. In this regard, the researcher made all efforts to establish rapport with the study participants and did follow ups on the interviews via telephone calls and sometimes WhatsApp messaging. These helped especially parents and caregivers to be relaxed

about sharing their experiences with me.

4.8 Chapter Conclusion

This chapter discussed to the methodology that was used for data collection and analysis. Sections covered include the study site, of sampling, study design, and procedures for accessing participants and ethical considerations.   It is a qualitative study that used snow-balling and purposive sampling techniques in the selection of study participants in three different geographical clusters in Accra. Semi-structured interview and Focus Group Discussions were used in data collection.   Thematic analysis was employed for analyzing data.   Ethical considerations were made throughout data collection and analysis.

CHAPTER FIVE

THE NATURE OF CHILDCARE ARRANGEMENTS IN URBAN ACCRA

5.1 Introduction

The chapter discusses the nature of childcare arrangements in Accra. Of particular interest in this chapter is the manner in which complementary childcare arrangements cohered with the indigenous childcare arrangements practices among Ghanaians in Accra. In order to do this, the study examined the changes within the family system with regard to the household composition in all the three study sites namely: Dzorwulu, Madina Estates and Nima. These sites represent residential, semi-formal and informal settlements respectively.

5.2 Household Composition

The household composition determines whether the family is an extended or a nuclear one. As described by most scholars of family studies in Africa and Ghana, the household composition of most societies have consisted of several kin. According to Oppong (2000), the Dagomba households in the mid-1950s comprised of a husband or grandfather, and one or more his wives, children and with possibly one or two resident kin such as man's sister or foster children such as sister's son, or a wife's brother's sister. This represented an extended family system that provided support for childcare. But over the years there has been changes within the society. The present study examined household composition to understand how that influenced the nature of childcare arrangements. Table 5.1 shows the household composition of parents in Nima, Dzorwulu and Madina Estates.

It was observed in all the study sites that children in the households. According to the 2010 Population and Housing Census children form the largest proportion of household

composition (GSS, 2014). Whereas some households comprise both spouses and children and other members of the extended family, others comprise one spouse living with their children. Writing on changes in household composition in Accra, Ardayfio-Schandorf (2012) maintains that changes in household composition have become important for determining the household size. And as a result although in many parts of Ghana, the head of the household is male, there are instances where women have become household heads. In Ghana, economic migration as part of the modernization process is creating de facto female households (Ardayfio-Schandorf, 2012). A study of the household composition shows that some participants, although were married, did not have their husbands co-residing with them. Such situations were evidenced in single parent households.

The findings from the study indicate that participants whose spouses were working outside of Accra emphasised that their spouse's absence affected their childcare arrangements. Table 5.3.1 shows household composition of participants and the living arrangements of themselves and their children. It also shows the kind of families that participants have. From all three study sites, it was observed that most of them lived with either their spouses, other family members, or caregivers (househelps and nannies). The formal and semi-formal settlement, Dzorwulu and Madina Estates had both kin and non-kin (househelps and nannies) members living with them, whereas in Nima, with the exception of kin members, none of the participants had either nannies or househelps living with them. It was more common to have parents live with their kin in Nima, but Agartha's case was exceptional since she lived with only her spouse and children.

> My husband and I live in this compound house with our children. None of our family members live with us. I take the children to their grandmother from time to time… (Interview with Agartha, Nima, Accra)

Table 5.3.1: Household Composition of Participants at Nima, Dzorwulu and Madina

Estates

Participant	Location	Household Composition
Adizatu	Nima	Spouse, children, sister and mother
Baba Nurudeen	Nima	Spouse, children, brother, sister
Ali	Nima	Spouse, children, brother, sister
Ayishetu	Nima	Spouse, children, husband's sister,
Bernice	Nima	Spouse, children, sister, mother
Sekina	Nima	Spouse, mother, sister, children
Agartha	Nima	Spouse and children
Afranewaa	Dzorwulu	Spouse, children, nephew, spouse's mother,
Akorfa	Dzorwulu	Children, niece, nephews, househelp
Naa Karley	Dzorwulu	Spouse, children, househelp
Esenam	Dzorwulu	Spouse, children, spouse's brother
Adwoa	Dzorwulu	Spouse, mother, brother
Kekeli	Dzorwulu	Spouse, children
Mansa	Dzorwulu	Spouse, children and nanny
Elizabeth	Madina Estates	Spouse, children and househelp
Dzifa	Madina Estates	Children, househelp
Araba	Madina Estates	Child
Sonia	Madina Estates	Child, househelp
Felix	Madina Estates	Spouse, children
Mavis	Madina Estates	Spouse, children, househelp
Abiba	Madina Estates	Children
Doreen	Madina Estates	Children, mother

Source: Fieldwork, 2017

5.2.1 Changes in Household Composition and Kin Involvement in Childcare Provision

`Earlier studies (see Badasu, 2004; Nukunya, 2003) emphasised that the dispersal of kin as a result of economic migration and urbanisation have affected the existence of the extended family, giving way for the prevalence of the nuclear family system in Ghana and especially in most urban places.This study, however found that the extended family system living arrangement is more common in Nima and not in Dzorwulu and Madina Estates.

In Nima, for example thirty-year old Bernice, who sells food in front of her house, said that both her mother and sister support with childcare. She recounts:

> When I wake up in the morning to start preparing my food to sell, my mother and my younger sister help to get the children ready for school. While my mother is bathing them, my sister will also be preparing their breakfast. My sister takes them to school. Although from time to time I also help with other things, their support gives me time to focus on my work…(Interview with Bernice, 4th August, 2017, Nima, Accra)

Similarly, Sekina who is an apprentice whose shop is very close to her house also explained that:

> My sister lives in this neighbourhood. We all have young children but I come to work. My sister is currently unemployed. I am able to leave my baby with her while I come to work. If she wants to go out she can also bring her children here. So we alternate in that way (Interview with Sekina, 4th August, 2017, Nima, Accra).

Adizatu explains how her mother supports in the care of her two older children to allow her concentrate on her trading activities.

> My mother has done so much for me. She has been very helpful since I started having children. Currently, she together with my younger sister, are taking care of my two older children while I concentrate on my trading activities…. (Interview with, 3rd August, 2017, Nima Accra).

Ayishetu also adds that:

As for your younger siblings, when they live with you and you have children, they have to help you. So my sister helps with the bathing and feeding of my children. Sometimes she cooks for them. But I don't leave everything for her (Interview with Ayishetu, 3rd August, 2017).

These narratives show how involved the extended family provides support for childcare. When I visited Nima and met Sekina at her shop, she was actually carrying a baby at her back while another was asleep. Upon enquiry, she explained that the baby sleeping was her own baby and the one who was asleep was her older sister's child, who she was taking care of because her mother had gone to Accra central for shopping.   The ability of Sekina and her sister to alternate the care of their children shows the nature of network within the extended family used in care provision.

On the contrary, in Dzorwulu and Madina Estates, although most of the participants had their family members living with them, they did not have support for child care from the extended family members. When asked about whether she gets support from her extended family members, Adwoa, a resident of Dzorwulu, puts it this way:

No! I have a brother living with us…but he is almost always not around. I cannot rely on him. He runs shift, he goes for night and morning shifts. But on days that he is around, he helps me with the kids. He sometimes picks my boy from his day care especially when he is on morning shift. So I do not have to rush (Interview with Adwoa, 26th July, 2017, Dzorwulu, Accra).

Esenam of Dzorwulu also shares similar sentiments:

My husband's brother lives with us but he goes to work. He leaves very early and comes back late. He just finished polytechnic and is doing his National Service. I cannot rely on him (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

According to Akorfa, she lives with four adult relatives: two nieces, nephew and a friend of her nephew. She adds that from time to time, both her mother and one of her sisters comes in to spend about a week or more. However, she narrates that:

> I cannot rely on any of these people to support me with caring for my children. They are all very busy! I need someone who is reliable and consistent. Because when I had my child, my younger sister was a national service personnel, so she leaves for work early…She was working at La General Hospital. She wasn't reliable. In fact I cannot depend on her… that is her life too. She has to continue her human development. And my mother too, I cannot rely on her. She has her business and she always wishes to go back to it (Interview with Akorfa, 5th August, 2017, Dzorwulu, Accra).

The narrations by the study participants suggest the minimal involvement of kin with the support of care. This is because in Dzorwulu and Madina Estates households, the level of income of these households suggest that relatives are economically engaged and are not available to support the households with childcare provision. Akorfa mentions that even her mother cannot be relied upon to support her childcare. Studies show the critical role of grandmothers in the support of childcare. Usually the choice of grandmothers is seen as appropriate because of the flexibility with their care (see Wheelock & Jones, 2012) and the fact that they have cared for many children (Agbodza, 2012; Nanbigne, 2010; Adam, 2012). However, socio-economic context has affected the availability of grandmothers to provide the needed support for childcare. These factors notwithstanding, Adwoa of Dzorwulu narrates: "As for my mother she feels so obliged to help. She said the children are her grandchildren so she must take care of them". An interview with Adwoa's mother further buttressed this point. She explains it this way:

> When you start having children you love them. When they grow old and they also have children, the love you had for their mothers or fathers is transferred to them. In that regard, you feel obliged to care for them too and you are happy when you are able to do it (Interview with Grandmother Henrietta, 29th July, 2016, Dzorwulu, Accra).

In a similar vein, a grandmother in Nima also adds that it is an obligation to support in childcare provision. She explained:

> When your daughter has a child, you need to give her the necessary guidance in how to handle the baby especially if it her first time. You know as grandmothers, we have experience because we have already had several children. I had eight children. (Interview with Grandmother Adjo, 5th August, 2016, Nima, Accra).

The expectation that grandmothers should provide support in childcare stems from the traditional expectations of the grandmother. Deeply rooted in the family norm is the active care offered by grandmothers. Adam (2012) reports that among the Dagombas it was traditionally required for the grandmother to stop having children as soon as their own children started having children. This was a mechanism which Awedoba (2007) refers to as social menopause was to give them ample time to take care of their grandchildren. It was considered an embarrassment to have a mother and daughter still having children concurrently. Although they may not be questioned, the fear of insults and insinuations to be cast on them, put the grandmothers in check. Although it has become more essential for grandmothers to even support childcare, since other practices such has siblings care has dwindled (see Baataar, 2012; Adam, 2012) findings this study shows that, because of their economic activities , it has become difficult to find grandmothers who are free to fully take care of their grandchildren since they are economically engaged. Even Adwoa, who explains that her mother feels obliged to care for her children explains that her mother is a beautician who has to leave her work to be with her and provide support for her childcare.

5.2.1.2 Factors influencing the Minimal Involvement of Kin in Childcare Provision in Urban Households

The study identifies the close knitting of the extended family in poor community like Nima for which reason, it is expected that childcare support will be available from kin. But, Ali

from Nima explains that for a number of reasons, he and his wife did not rely on their family

support. He explains this way:

> My wife and I have decided to care for our children ourselves although both my sister and my brother stay with us, I do not actually leave the care of the children in their custody for a number of reasons. My sister is in Accra to learn a trade so she leaves the home very early and comes back home late. My brother is also busy with other things. But you see, staying with people is difficult, even if they are family. Sometimes you may do something, which they do not like, but to avoid family conflict, they will keep it to themselves. Now when they get your child, they will vent their anger on them…so it is a number of issues. (Interview with Ali, 3rd August, 2017, Nima, Accra)

The study largely departs from the narrative of other scholars (Badasu, 2004; 2007; Nukunya,

2003; Oppong, 1999; 2004), who argue that, following rapid urbanisation and industrialisation,

the extended families are losing their influence, and the extent of close family knitting is

breaking. In as much as the urban process leaves many kin behind in original settlement areas

and as such in the big cities, a majority of migrants are likely not to find their kin irrespective of

the kind of household, findings of this study rather suggests that in poorer communities such as

Nima, close family ties still exist; although there are few cases where these ties are not used for

childcare provision. The study suggests that that most of the respondents live with their family

members in Accra. The only difference is the extent to which family members are involved in

raising the children of the respondents. Again, the nature of occupation also makes it possible

for kin to be highly involved in childcare or otherwise as the case of Ali's brother shows. The

theme of work conditions and childcare provision is disused in detail in Chapter Six of the study.

It is important to note however, there were also others who have decidedly avoided

staying with extended family members give multiple reasons for their decision. These include

fear of familial conflicts and the need for privacy. At Nima, Ayishetu, who lived with only her

husband and their four children, gave the reasons why they had restricted extended family members from living with them:

> I have four children, whose care is very difficult, but my husband and I decided to do it ourselves. So I stopped working. My husband is a businessman so he takes care of us. We are not allowing any family member to live with us, not because we cannot afford it. But these family members when they come, if you don't take care, they will create conflict in your marriage. They are so nosy…everything they see, they would like to say it…and when they go to talk about it to other family members and then they can become envious of you. Others can even bewitch you. So me I don't want any trouble…I won't allow any of them here… (Interview with Ayishetu, 3rd August, 2017).

Kekeli from Dzorwulu also emphasizes:

> My husband does not like bringing in family to live with us, although he knows we need help because we are both very busy. He said they could create conflict for us. We have enough space in our house, we can accommodate family members but my husband said he doesn't want any issues so we should just manage (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra)

Three key issues arise here from participants' responses regarding the role of kin in childcare provision. The involvement or lack of involvement can be attributed to the following reasons: Firstly, involvement is as a result of family obligation. Scholars (see Badasu, 2012; Goody, 1982; Oppong, 1999; 2004) writing on childcare within the African family and the Ghanaian family specifically have indicated that childcare provision has been the collective responsibility of the entire family (and indeed the responsibility of the entire community depending on what time and place you are referring to). Awedoba (2007) adds that the family has obligation towards raising its young ones through various practices such as kinship foster care, grandmother's care, and sibling care. The thought that it is an obligation is what makes Ayishetu say that her younger sibling once they live with her must support her to take care of her children. Likewise Ayishetu and Adwoa find their mother's support as well as sister and brother's support relevant

to enable them take care of their children. According to Clark (1998) grandmothers play critical roles for Akan traders. She explains that among the Akan traders, grandmothers took care of their grandchildren to allow their (daughters) focus on their trading activities.

Secondly, family conflict. Nukunya (2003) explains that the relationship within the family is sometimes characterized by varying levels of conflicts. As a group it always appears united and together but when one gets closer, one observes the various degrees of conflicts among others. These conflicts can become longstanding and could be transferred from one generation to another. Writing on childcare among Ewe migrants, Badasu (2004) notes that some mothers refused to allow either their own mothers or mothers-in-law to support them in their childcare provision for fear of creating misunderstanding that could lead to conflicts. The major reason for being careful is that the mother's ideas about childcare may conflict with that of mother-in-law's. In the case of the current study, the reason for not leaving the childcare in the custody of Ali's siblings is borne out of the fear that he might unconsciously offend his siblings who for respect of seniority and for the maintenance of peaceful coexistence, may not voice it, but instead vent their anger on the innocent child. So to parents like Ali, it is a way of protecting his children.

Thirdly, family interruption was a factor that prevented families from allowing family members to stay with them. Following the impact of socio-economic transformations on the family, urbanisation and migration brought dispersal of kin. Since the economy has been monetised, people create their own wealth. These changes brought changes in the residential patterns of families, making it different from that of the traditional setting where families lived closer to each other. The new family arrangement where families migrate and therefore create their own families also reduces the extended families presence within urban households.

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Awedoba (2007) documents changes the privacy within the family to include the way in which buildings in some parts of the city appear. He points out that in Accra, some areas have buildings that have big gates and a security man who mans the gate. Therefore, family members cannot just walk in but need to give their relatives prior notice, who will then pass on the information to the security. This is because in the city, the individual acquires his or her own wealth and does not feel obliged to assist the family.

The fear of family members coming in to the individual's home and seeing what wealth has been accumulated is what Ayishetu tried to avoid. So for Ayishetu, quitting her trading activities in the market to take care of her children is a better option than allowing family members to come in to provide support. This is because knowledge of one's wealth will lead to higher expectations about her within the extended family. According to Nukunya (2003), the changes within the extended family is expressed in the different ways in which it exists. Thus, family members no longer live together as in traditional setting due migration and its subsequent dispersal of kin. However, family members still perform their family obligations in terms of monetary contributions for family's events and projects.

One important observation made, as far as household composition is concerned, is the ages of the children. Within the Ghanaian context, there is the practice of sibling care. This refers to instances where older siblings take care of younger ones as a means of supporting their parents. So older siblings, depending on the ages of their younger siblings play specific roles: these include paying for their educational needs, feeding, playing with the child and sometimes saddling the baby at the back, or cuddling it to sleep. This is a common practice in most societies in Ghana (Goody, 1982; Nanbigne, 2010). The ages of the children in all the three study sites showed that some parents had older children. However for participants like Elizabeth in Madina

Estates the oldest child who is a 17 year old girl, (in Senior High School), is unable to provide any support for her other younger siblings. Elizabeth explains:

> As for my daughter, she can hardly do anything to help me at home. I do not want to bother her. She is in her final year, getting ready for her exams. Sometimes, I feel she is overburdened even with her schoolwork and if I cannot help her, I should not add on to her work. So I got a househelp (Interview with Elizabeth, 4th August, 2017 Madina Estates, Accra).

Badasu (2012) has explained that with the introduction of formal education, the availability of siblings to support childcare has been negatively affected. She adds that for this reason, parents in urban households may be compelled to find other forms of assistance such as a child helping with household chores. Amertepe (2001) also mentions that for working mothers whose children are also in school and are unable to assist in childcare and other household chores, househelps are employed to provide the needed assistance in childcare. This study corroborates the earlier findings.

5.2.2 Parenting Situation and Childcare

The study sought to interrogate the notion of how different parenting situations influence childcare arrangements and subsequently the development and well-being of children. The study observed that of the 15 households in the formal (Dzorwulu) and semi-formal (Madina Estates) sites, 5 households had married couples whose husbands did not live with them. Tetteh (2010) explains whereas dual parents are better placed emotionally, materially and financially to take care of their children. The situation of single-parent household could be different since the child/children would lack the complementary support of both parents. However, the socio-economic background of a spouse in a dual-parent household could affect their ability to provide the complementary support expected. For instance Ayishetu of Nima mentions: *'my husband is unemployed and can hardly support in the provision of care of our children'*. It would have been

expected that once the husband was unemployed, he would assist in caring for the children. However, this was not the case because such occurrence involves the classification of gender roles. According to Amadiume (1997), motherhood is classified as feminine and in the socialisation of boys and girls these categorisations are done. In the current study, it was observed that although very few of the participants were single parents and they did not entirely struggle to take care of their children. Doreen explains that her mother and her neighbours support her. She narrates:

> Sometimes, things can be hard for myself and the children, but my mother gives us money and she comes around to help me too. My mother's friend who lives close to me also assists us financially from time to time. Apart from that, when I want to go somewhere too, I can leave the child with her (Interview with Doreen, 7th August, 2017, Madina Estates, Accra)

Although some studies have shown the key role of mothers in the provision of childcare (see Goody, 1982; Oppong, 2001, Badasu, 2012), interviews with some study participants showed that the absence of their husbands was problematic for their childcare. In Madina Estates, three participants namely Dzifa, Araba and Sonia were married but their husbands did not live with them for various reasons. In Dzorwulu, Akorfa and Mansa found themselves in similar situation. These snippets further explain their situation:

Case 1, Araba:

> If my husband were here, at least, he would help me in taking care of Abena. He can play with her while I am at the kitchen. Or even help me pick her from school. We would have managed it…run shifts with some things. But I am alone here in Accra and he is working in Tafo so I look for help from elsewhere (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

Case 2, Mansa:

> My husband works outside Accra. My work is very demanding and I cannot do the care of these two children alone. Although if he were here, I would have still had a nanny because he is a government worker and he leaves home very early and comes back late, I

would not have had a lived-in nanny. He would have assisted me in caring for our two children (Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra).

*Case 3,*Sonia :

My husband works at Kenyasi in the Brong Ahafo Region. Although we have only one child, I still need assistance because I am a nurse and my work requires that sometimes I run shifts. So I had to get a househelp to assist me (Interview with Sonia, 20th August, 2017, Madina Estates, Accra).

Reflections from these submissions by the participants show how the absence of husbands affects childcare arrangements. Although scholarship on primary caregivers for childcare highlights the significant role of mothers, Kwansa (2012) shows that fathers play critical roles in the care of their children. He mentions that fathers perform certain care activities such as playing with the child, feeding them and changing diapers. In a Focus Group Discussion involving only men, the general perception of men's involvement was positive. Contrary to the notion that childcare was predominantly a female role, some discussions with the men revealed their involvement.   Abu a 40 year old father of four shared his experience:

I have five children, the youngest child is four years. I help my wife. I take the children to school. Help in dressing up the younger one. He eats better when I am feeding him. I feed him. (Abu, in a Focus Group Discussion, 4th August, 2017, Nima, Accra)

 Also, Seidu, a 36 year old businessman also adds that he supports in the care of his children apart from providing financial support. He explains that although his job involves a lot of travel, he supports his wife anytime he is home.

As for me, most of the times, I am not around because I travel most of the times to do business transactions. But once I am home, I get involved in childcare. I supervise the children while my wife is cooking. I play with them, especially the baby (Seidu, in a Focus Group Discussion, 4th August, 2017, Nima, Accra).

These snippets show the various roles fathers play to ensure their children are properly cared for. However, Ardayfio-Schandorf (2012) explains given the current socio-economic context, access to employment is the primary reason why many households migrate. Most of the

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participants explain that the husband's work has taken them away from Accra. Although these fathers perform their financial obligations towards their children, their absence affects the childcare provision as explained by the research participants. This finding was quite intriguing as it was observed from the majority of the participants who had their husbands in Accra, but still had househelps. This can be explained that the physical presence of fathers alone was not enough to show their involvement but the roles they played when they were present. Badasu (2012) has explains that disruptions in maternal care provision has occurred as a result of monetisation of the economy that requires that most women get formal education and get formal employment. The conditions and expectations of work are such that it makes it strenuous to combine their childcare with occupational activities. For this reason, since childcare is seen as the role of the mother, arrangements are made, of which the hiring of househelp is inclusive. Subsequent chapters on childcare recruitment processes will provide more insights on how maternal characteristics influence the choice they make. Again, a description of paternal characteristics in the different urban households is expected to explain their availability or unavailability for childcare. Based on these findings, the study further examines the nature of childcare arrangements in urban households in the next section.

5.3 The Nature of Childcare in the Urban Households

The nature of childcare arrangements takes different forms. Scholarship (see Fisher and Tronto 1990; Pocock, 2008) on childcare have largely distinguished between two main forms-formal (paid) and informal (unpaid) care. Whereas the informal care is unpaid care from relatives, friends, neighbours and is emotionally driven, the formal care is paid care through the hiring of nannies, househelps and the utilisation of day care centres and is market driven (Pocock, 2005).

Findings from the study show four types of care arrangements in urban households. These are: non-formal care arrangements, semi-formal family care arrangements, semi-formal non-kin care arrangements and formal care arrangements. This section basically explains how systems of complementary childcare has cohered or changed given the socio-economic transformations.

Participants across the three study sites attested to the fact that non-formal care arrangements is the first consideration as far as childcare arrangements are concerned. This involves the use of family members, friends, neighbours. It does not involve any kind of monetary payments. Rather it involves voluntary giving out of gifts such as foodstuffs, cloths and basic things to support the caregiver. Kekeli from Dzorwulu explains:

> When I had my first child, my mother was working so she could not help much. So after my maternity leave, I started leaving my son in my friend's house and then in the evening when I close, I will pick him up. She doesn't ask for anything but sometimes at the end of the month I buy foodstuffs then I go and give to her… (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra).

> Naa Karley adds that:

>> My mother comes in to help at least for two months when I give birth and then because she has a poultry farm, she has to go and attend to it. So she arranged for one of my aunties to come in to assist me…. (Interview with Naa Karley, on 25th August, 2017, Dzorwulu, Accra).

The situation is not very different from Felix of Madina Estates

> When my wife delivered our first child, she went to stay with her mother for about two months. She was inexperienced. Her mother helped her to bathe the child, massage the baby and assist her carrying the baby. We don't pay her mother but we buy her gifts from time to time. … (Interview with Felix, 27th August, 2017, Madina Estates, Accra)

> Ayishetu of Nima also explains:

> When I have my child, my mother comes round to help. She teaches me how to bathe the child, to observe him to know when he is sleepy or wants to breastfeed. My younger

sister was on vacation too, so she comes around to help (Interview with Ayishetu, 3rd August, 2017, Nima, Accra).

These snippets from study participants acknowledge the role of family and friends in the provision of complementary childcare. The key issue is, in this case, it is seen as an obligation and no monetary exchanges are involved. Although gifts are involved from time-to-time, it is not compulsory or fixed and the individual uses his or her own discretion. Felix of Madina Estates, does not only mention his mother-in-law's support for his wife and the baby but the fact that she relocated to her mother's place for a while. The time spent with the mother provided the wife with the needed support she required. Writing on cultural practices that supported maternal and child well-being, Adam (2012) explains that the practice of mothers lying in after birth is a common practice in Dagbon as well as many places in Ghana. He asserts that it is normal for mothers to be confined at home and elsewhere usually with her mother for two weeks or more after delivery. Here, she is given nutritious meals that includes meat and more fish to enable her recuperate after possibly loosing blood and strength during delivery. This is also to help gain enough energy to breastfeed properly. Despite these provision that supported childcare, Adam (2012) mentions that this useful cultural practice is crumbling because of socio-economic transformations.

The second type of care identified is the semi-formal family care arrangements. This is the arrangement that involves the use of family members but arrangements are made to either pay cash or do some investment for the caregivers who are either mothers or aunties to the parent of the child.   Although this is done voluntarily, the reason behind doing this is to make up for the time the caregiver is losing as he or she provides the support for the parents. This kind of arrangement was found in Dzorwulu. According to Adwoa of Dzorwulu:

There is no agreed form of payment. But for the financial aspect we are doing some form of investment on her behalf. That is what we have instituted for her and we also take care of her other needs. If there is something she needs, I try to provide it for her. She is aware of this investment plan, she signed all the documents (Interview with Adwoa, 26th July, 2017, Dzorwulu, Accra).

Esenam of Dzorwulu narrated:

When I had my second child, I was working and needed somebody to help me because my own mother lives in the United Kingdom. My husband's mother is also a teacher and does not work in Accra. So I sent for my aunty from Nigeria. I had to send her transportation for her to come down. When she came down too, apart from providing her basic needs, my husband and I gave her 150 Ghana cedis at the end of the month (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

Even though childcare is seen as collective responsibility of the extended family that required no payments (See Goody 1982; Nukunya, 2003), the study found this kind of arrangement. Therefore, reaction of family members concerning this arrangement was probed. Adwoa explains her mother's reaction....

She did not want to accept it but we said no! We said it was from us, so far as she dedicates some time, hours to be around and support us, we thought it was appropriate. Because she has left her work to be with us…' (Interview with Adwoa, 26th July, 2017, Dzorwulu, Accra).

Esenam also explains that:

…even though she was not willing to take the money, I wanted to give her something at least. She is an elderly person and may need something which she will need money to buy something…so I agreed to give her, she did not want to take it but I insisted that I will give her something at the end of every month… (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

The reaction of these family relatives is in conformity to the Ghanaian family norms of having collective responsibility for caring for the family's young ones. They saw it as an

obligation. As Adwoa had earlier indicated, her mother felt more than obliged to come and take care of her grandchildren. However, because both Adwoa and Esenam recognize that their caregivers are engaged in their own work which they have left to be with them, they felt obliged to pay a token for their support.

The third kind of arrangement identified is the semi-formal non-kin care arrangements. This type involves the use of neighbors, friends, church members as well as apprentices or work colleagues to support childcare arrangements. This type was common in Madina Estates and Nima. Mavis is a seamstress/ Fashion designer at Madina Estates. One of her apprentices, Emefa lives with her and her three children, doubles up as a househelp. When I asked Mavis if she pays Emefa, this was her response:

> I do not pay her any money at the end of the month. I am teaching her how to sew. I did not collect any money from her. I provide her with the basic necessities. I feed her and cloth her and give her money to buy pad and credits. (Interview with Mavis, 6th August, 2017, Madina Estates, Accra).

The situation is quite similar to that of Sekina in Nima. Sekina is a seamstress but has a one of her apprentices, who she does not live with but takes care of her baby when they are at work. She recounts:

> Amina is one of my apprentices. Although I have three more apprentices, she is the one who takes care of my baby anytime we come to work. I do not pay her any regular money. But sometimes I teach her more than her colleagues. I give her small tips from time to time (Interview with Sekina, 26th July, 2017, Nima, Accra).

Adizatu also discussed that she did not have any househelp but relies on the young men and women who assist her in her trading activities to help with her daughter, Rukaya. She added that she does not pay them anything for it per se. However, from time to time, she gives them some

money and also provides ideas on trading activities. Araba of Madina Estates also discusses how a church member assists her to take care of her daughter:

> She is a church member. She has a shop in the nieghbourhood. Usually, Abena's school bus drops her off her and she takes care of her until I return from work. I do not pay her per se. But at the end of the week, I give her GHC 50 (Fifty Ghana Cedis) and also do groceries for her (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

Although semi-formal non-kin care arrangements was seen as beneficial to some parents, during a Focus Group Discussion with men in Nima, other views were expressed. Mahamadu, a 30 year old, father of two who was in a consensual relationship narrated:

> As for me, I do not buy this idea of leaving your child with a church member or neighbour. If the person has anything against you, he or she can harm you through your child. I cannot trust people that much. One has to be careful since it is usually a gesture of kindness. (Mahamadu, in a Focus Group Discussion, 4th August, 2017, Nima, Accra).

Findings of the study indicate the fact that parents are involved with caregivers who are non-kin but no arrangements have been made to pay them. Observations show that payment for such services comes in the form of cash and in kind. In both Mavis and Ayishetu's case, they provide free tuition for their caregivers who double up as people they work with. Tetteh (2010) mentions that remuneration of domestic helps take different forms. She mentions that payment can either be in kind or in cash, depending on the situation at hand. The current study corroborates it.

Finally, there is a formal care arrangement was identified as well. The nature of childcare in some households shows characteristics of formal care arrangement. In these households, caregivers are unrelated to the family and are tasked with the responsibility of providing childcare. Such arrangements are either within or outside the home depending on the age of the child and the nature of the parent's work. Within the household, a parent may hire a nanny or a

househelp. Outside the home, other arrangements include the patronage of day care centres, after - school care services and community care services.

The community care service involves the community and churches making arrangements to provide activities that support children while they are on vacation. Although a focus of this in the past has been on older children who are tasked to learn crafts while on long vacation, considering the need to support care of younger children, there has been the inclusion of children aged 0-4 years. A caregiver in a church community care service explains:

> These days as you know, parents are busy and so when they are on vacation, the children's department of the church has put this school in place during vacation. We encourage parents to bring their children from age 2. We engage the children through play and study. Because it is a church, we charge the parents something little to take care of volunteer's transportation. (Aunty Gladys, 24th August, 2017, Madina Estates, Accra).

After-school care services offer different kinds of support to parents. These include picking children from school, helping them do their homework and offer general care of children.   These institutions were also involved in also taking care of children if their parents had other engagements during weekends. A caregiver in Cheerful Home said:

> We work from Monday to Saturday. Work starts very early in the morning and closes when the last parent picks their child. We are rendering a service and we give you time to pick your child but if you over delay you may have to pay something little in addition. (Interview with Aunty Josephine, 20th September, 2017, Dansoman, Accra).

In the households, the househelps and nannies were used. The subsequent chapters will examine the recruitment processes and modes of engagement. Interviews with parents in all study sites showed that in Nima for instance, parents did not utilise househelps or nannies. But in Dzorwulu and Madina Estates, parents patronized the services of househelps and nannies. Mansa

of Dzorwulu shares her experience and remarks that between her two children, she has had ten househelps and nannies. The story is not so different from Naa Karley, Esenam, Akorfa who have had eight, seven, and give househelps and nannies respectively. In Madina Estates, Sonia mentions that she had also had two househelps although she had only one child. It was observed that some of these househelps were live-in whereas others were live-out. The live-in househelps are resident with the parents and their children and agreements[11] are made on how they will work in the home. The live-out househelps, on the other hand, do not stay with the family she works with. There is an agreed time when she is expected to report to work and also close from work.

A number of reasons were given by participants for choosing one kind of arrangement over another:

Mansa puts it this way:

> My husband does not work in Accra. He only comes during weekends. When the driver brings the children from school, there must be someone to receive them and help them with their homework before I return in the evening. Also I will need someone at home to support me even in the night when there is something happening. So I prefer the househelps living with me (Interview with Mansa, 3ʳᵈ April, 2017, Dzorwulu, Accra).

Akorfa also adds:

> My work involves travelling and my husband too does not live in Accra. So I prefer someone who I can have continuous access to. So a live-in is more appropriate. You have access to her all the time (Interview with Akorfa, 21ˢᵗ July, 2017, Dzorwulu).

However, Afranewaa was not comfortable with the idea of a live-in househelp for the following reason:

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[11] Full details of the working conditions of househelps and nannies will be explained in subsequent chapters

> My husband does not prefer that option. He is a security personnel and he feels that if we allow the person to come and live with us, we will be opening ourselves to a lot of issues including armed robbery (Interview with Afranewaa, 17th July, 2017, Dzorwulu, Accra).

In Madina Estates, Sonia maintained that she had a live-in househelp and was comfortable with her.

> My husband is not here (referring to Accra). I need someone who can be available to assist me as and when I need her. Besides, I am a nurse. Sometimes I run night shift and because my husband is not here I will need someone who will take care of my daughter. I am not afraid because other co-tenants are there and they can always monitor my househelps in my absence (Interview with Sonia, 20th August, 2017, Madina estates, Accra).

Apart from the husband's preference and challenges of security, issues of privacy were also mentioned as being reason for not having a live-in househelp.

> I like to have my space. I am a private person. I need to have some breathing space with my husband and my child. Besides when she is live-in, you are sure to have everything about your home out there in the neighbourhood. When you go to work, she will visit other househelps and they will be comparing notes. So as you are walking in the neighbourhood, everyone will know what is happening in your house. I cannot have someone (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra).

The above discussions by these participants show three main factors for choosing live-in househelp. The absence of husband coupled with the unavailability of family support, husband's preference and fear of intrusion and a sense of being security conscious and unlimited access to the househelp. In the case of Mansa for instance, apart from her husband not working in Accra, her parents also live in Agona Swedru and are unable to provide the support she needs to care for her children. Again, experiences of parents and that of their friends also make them opt for a live-out. Afranewaa explains that media reports of househelps and nannies giving tip-offs to armed robbers to rob people's houses, make her to be security conscious because these

househelps have full access to the house. Kekeli's need for privacy of home accounts for the reason for opting for a live out househelp.

In Nima, there was no respondent that was using paid househelps or nannies. When asked why, most of the study participants talked about the cost involved in hiring them, issues of accommodation.

Adizatu, for instance, sees it as a good idea to have a househelp or a nanny considering the nature of her job. She puts it this way:

> It is not a bad idea to have a caregiver, but it is also about the money. I do not think my husband who is not presently working will be able to raise a good amount to engage the service of a caregiver. And me too, I cannot get a considerable amount from my business to pay a caregiver. Already I am struggling financially to take care of my children.

Sekina expressed her opinion on the subject matter this way:

> I really will like to have a househelp but the question is where would she sleep? Considering that my family has only two rooms? And if I am to pick a young househelp, then I must make sure I take care of her education, as well as her feeding and upkeep. Where will I get the money? The issue is the money. (Interview with Sekina, 26th July, 2017, Accra).

These opinions expressed shows that although they consider the use of househelps or nannies as useful, the lack of resources affects their patronage. In addition, the issue of accommodation was also key if one wanted a live-in househelp. Badasu (2004) has explained that the choice of caregiver in urban households is influenced by several factors among inadequate accommodation is prominent. She mentioned that some urban families live in single

rooms, kiosk and uncompleted buildings and in that manner, although they may need support for childcare, are unable to afford it.

5.4 Chapter Conclusion

In summary, this chapter broadly discussed childcare practices with specific emphasis on the nature of childcare arrangements in the three study areas. It identified two other forms- semi-formal family care arrangements and semi-formal non-kin care arrangements which were different from the two main types of care that scholars (see Fisher and Toronto 1990, Pocock, 2005), identified. The study establishes that although participants from Dzorwulu and Madina Estates used formal care arrangements, they combined these with informal and semi-formal family and semi-formal non-kin care arrangements. However, participants from Nima patronised only the informal and semi-formal non-kin care citing monetary and accommodation challenges as factors influencing such decisions. These disparities are evident because of the varying socio-economic backgrounds of the participants in the study sites. In effect, although there have been changes within the nature of childcare arrangements, the current forms cohere with what existed in the past to some extent. For instance, within the household, complementary care practices involving kin, community members and neighbours still exist. However, due to changes in the society where it has become difficult to get people to do things for 'free' because the economy has been monetised, one has to pay for the services being rendered. The modes of recruitment of caregivers which is a combination of traditional and contemporary have also changed over the years. The subsequent chapters will provide further details on that.

The findings of the research point to the direction of the extent to which the changes within childcare provision has not reflected quintessentially childcare practices as exists in

Western societies. This is because while the extended family system has not yielded completely to the forces of globalisation to disintegrate, the traditional role of the extended family system has significantly diminished. The ethos of neoliberalism, which disengages the state from the running of the economy, has had a debilitating effect on the family system. Since the 1980s, when neoliberal policies crystallised in Ghana, the postcolonial family system has suffered remarkably. Family relationships have suffered so much, as family members move to urban areas in search of greener pastures. Social services such as childcare, which in traditional settings would have been free and seen as mutual obligation on family members, have now deeply been monetised.

CHAPTER SIX

PARENTAL CHARACTERISTICS INFLUENCING CHILDCARE ARRANGEMENTS

6.1 Introduction

Several factors influence childcare arrangements. Chapter Five examined the nature of childcare arrangements in urban households and concluded that in the three geographical clusters, different types and kinds of care arrangements exist. Since parents play very significant roles in these choices, this chapter provides a discussion on how parental characteristics influences childcare in households. I will look at parents' socio-demographic characteristics in more detail. Key areas of focus include educational background, occupation and its characteristics / conditions of work that influence care options. In describing the maternal characteristics, I used three case studies representing mothers in the three geographical clusters. This is supported by evidence from other study participants in the analysis. Paternal characteristics are also presented in this chapter.

6.2 Maternal Characteristics

Several studies on childcare focus on the pivotal role of the mother as the key provider of primary care. The socio-demographic characteristics of the mother (refer to Chapter Two, discuss for instance the both negative and positive influences of a mother's education on childcare). Other maternal characteristics that are likely to influence childcare options is the level of experience, mother's age, the number of children she has had and the ages of her children. It is often seen that the older the mother, the more experienced she would be at

providing childcare (Seo, 2003; Tetteh, 2005). Although these factors have influences on the childcare provision, insights from the Bronfenbrenner's Ecological Theory highlights the fact that the exo-system plays critical role in child welfare and development. Thus, age, experience, number of children can all be described as external factors, - a mother's occupation, although an external factor, has a direct relationship with the childcare provision within a household.

Therefore, in order to establish the relationship between a mother's work and the nature of childcare provision, I paid critical attention to and placed emphasis on the features of mother's occupation. In all the three study sites, the mothers were in different occupations. In Nima, mothers were largely in the informal sector; in Madina Estates, mothers were in both formal and informal sectors; whereas in Dzorwulu[12] mothers were in the formal sectors.

The occupation of mothers in Dzorwulu include Banking, Research Consultancy, Lecturing, Secretary and Media. Whereas in Madina Estates, some mothers were Teachers, Public Servant, Nurses, others were Seamstresses, Traders, cleaners and Food vendors. In Nima, prevalent occupations of the mothers were trading, seamstress, chop bar attendant as well as food vending. Maternal characteristics especially with regard to occupation differ in the three study sites because of levels of education. Findings of the study showed that with the exception of a few mothers in Nima and Madina Estates who had either primary or Senior High School Education, all mothers in Dzorwulu had tertiary level education and these were reflective of their occupations. The work of mothers and their influence on childcare are described in narratives

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[12] The residential patterns in Ghana are not clearly defined and there is the possibility of finding traces of informal settlements in the formal. Despite the fact that rents are high in the area, and people of higher economic status reside in Dzorwulu, there are some residents who are of the lower economic status. However, the focus of the study was on the majority, who are in the formal sector, hence the choice of mothers in the formal sector.

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from the three study sites. The case studies are Adizatu, who is a trader, for Nima, Elizabeth, a

teacher, for Madina Estates, and Naa Karley, a banker, for Dzorwulu.

Case1: Nima: Adizatu

I interviewed at Nima market where she was selling her goods with her one-seven months-old baby on her lap. She is Konkomba and has been trading in Nima market for more than 10 years. She lived with her husband and had two children.   To effectively manage her trade, her mother-in-law supported her to care of her young children but she died. Three years later, her husband also died. Saddled with the burden of childcare and her trading activities, she was compelled to relocate to Togo in order to get support from her mother. Her senior brother, domiciled in Benin came for the children when they were older. While in Togo, she remarried to a commercial driver and had two children with him. At the time of the interview, the husband was unemployed. The older one lives with her mother and her younger sister. When she also relocated to Togo, she crisscrossed the borders with her baby girl. Every week, Adizatu travels from Togo to Accra (Nima market) with her one- year -seven months old daughter, Rukaya, for her trading activities. She comes on Tuesdays and returns on Friday after the Jum'ah congregational prayer. Apart from the fact that her trading activities involves travelling long hours, it also involves carrying goods from one location to another and supervising her assistants to arrange her goods properly. Upon arrival, she resides with some old friends and family and gets up very early the following morning to participate in the brisk business of the market. She added that she used to trade with her mother, but as a result of old age, she has assumed full control of the business. Asked why she does not leave her baby with her mother and travel for her trading activities, she reasoned that she does not want to overburden her aging mother. She further reported that her mother had already done a lot for her since she started having children, because according to her, she, together with her younger sister, were taking care of her older children. "I cannot burden her anymore", she explained. She argues that she does not have money to hire the services of a nanny so she relies on the erratic and informal assistance of young men and women from her village in Togo who come to Nima to trade. She narrates: "at the high point of the market, I leave my baby in the care of these young men and women from my village. Although I do not have any familial ties with them, because we come from the same village in Togo and also we are bound by a common faith, Islam, I trust they will take good care of Rukaya".

Case 2: Elizabeth, Madina Estates

Elizabeth is a forty-two-year old mother of three. Her youngest child is 5 years old. She is a Basic School teacher and married to a banker. She explains that she

has had different experiences with all her three children. As a public servant, she is entitled to three months of maternity leave after delivery before reporting to work. After her third child, she felt very ill and therefore requested for extension of her leave. However, after several pleas to the head teacher, she was still declined the leave. Elizabeth felt compelled to go to work. But when the head teacher saw how frail she was, she asked her to return home and was granted one month of extended leave. After reporting to work, she was expected to close two hours earlier than the closing time. She brought in her younger sister[13] to support her take care of the baby. But, "I cannot leave everything for her. I have to wake up early, prepare food, wash my baby's clothes and do everything because I did not want to leave everything to my sister. I did not want her to be busy doing other things when the baby needed her attention. So I do everything, then I rush to work, sometimes with a little lateness", she narrated. Elizabeth reasons that although the head teacher knew she had to close two hours earlier, sometimes she pretended not to know. She narrates that although she has had several challenges combining her work expectations with her childcare, one of the experiences she narrated to me, brought her to tears. According to Elizabeth, her younger sister called her one afternoon that her son was not well. She had gone to seek permission from her head teacher but unfortunately, she was not in her office. She asked permission from the assistant head teacher and was given. Just when she was about leaving the premises, she met her head teacher who screamed at her to go back to the classroom. She said, "You have been caught! Maa, my son is sick and I want to go and attend to him", Elizabeth pleaded. "Serwaa, I will never forget that day!, she said with tears in her eyes". Elizabeth explains that apart from these experiences, she also suffered from the long hours of travel to and from work and the traffic associated with it. Based on these experiences, Elizabeth was keen on taking transfer to work in another place other than Accra with its brisk of city life. (Interview with Elizabeth, 4th August, 2017, Madina Estates, Accra)

Case 3: Dzorwulu (Naa Karley)

In Dzorwulu, I interviewed Naa Karley a 42- year - old woman with 3 boys. She is married to a Food Scientist and also works as Operations Manager in a reputable bank in Accra. She explains that for all her three children, she has had similar experiences combining her work with childcare provision. She opts to share her experience with her second son, although the experiences with all three boys are very similar. She explains that when she had her second son her mother was there to assist her. She stayed home for three months as the policy on maternity leave stipulates[14], but

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[13] A Senior High School Graduate awaiting her results to enter the tertiary institution

[14] Government stipulates that mothers on maternity leave should be entitled to half day of work after three months of maternity leave until the infant is a year old. The half day is to be done until the infant is one year old. But unfortunately Naa Karley did not enjoy this.

unfortunately, it was still not enough, but she had to return to work. As the Head of Operations, her work was very involving. "It included everything, from marketing to managing of customers' accounts, sometimes, I had customers calling me on their request, and so I was very busy. I get to work very early in the morning by 7:30 am. I get busy throughout and even eating lunch is even a problem for me, I had to even eat late," she narrated. Naa Karley reasoned that she wished she had asked for more days of maternity leave but she added that the expectations were so high. It is not possible to request for more days, the companies require that you resume work once your maternity leave is over. The expectation is so high. Naa Karley explained that considering the fact that she left home early and returned late and despite the fact that she could close at 12 noon, she explains that in practice, it was always difficult and seemingly impossible. This is because sometimes, one get carried away by the volume of work of the day and forget about the time. The point even is, if one leaves it, one will be expected to come back the following day to continue the same work and the activities of the new day will also double it up", she explains. She therefore wished she had added her annual leave to it. But she narrates that in the bank where she worked, one could not do that. The options were to either take your leave before the maternity or you split it. There is no opportunity to have the two together, she explained. Naa Karley added that apart from the strenuous working conditions at the bank, the transportation system and its accompanying traffic situation further compounds the availability of time for childcare. She reasoned that the long hours parents spend in traffic to and from work really affects their childcare. She adds that in her workplace, one has to report to work by 7:30 am. Looking at the distance from her house to the workplace, she has to leave home as early as 5:30 am in order to beat the traffic. (Interview with Naa Karley, 25th August, 2017, Dzorwulu, Accra)

The narratives from the three study sites highlight the relationship between work conditions and availability of time for childcare. The mothers in these narratives work in both the formal and informal sectors of the economy. These sectors are characterised by different features that influence childcare in different ways. According to Fudge (2013), the formal economy as an organised system of employment has clear and written rules of recruitment code of conduct and job description. It is characterised by fixed working hours and generally a system of operation that can affect childcare (Tettey, 2002; Waterhouse et al., 2017). The informal sector, on the

other hand, does not have written rules or agreement on job descriptions. It is usually characterised by verbal understanding of job expectations. It does not have fixed working hours and no fixed salaries but relies on daily earnings (Fudge, 2013). With these descriptions of the characteristics, it is important to analyse how the working conditions described by these mothers in the narratives affect their provision of childcare.

In Nima, Adizatu, who works in the informal sector, talks about the nature of her trading activities how it affects her childcare. Adizatu, like her other colleagues in Nima are in the informal sector where it is expected that there will be some flexibility of time to support childcare. Unlike Naa Karley and Elizabeth, Adizatu could carry her child to work and check up on her from time to time. Bernice a food seller in Nima, also discusses that she has a bit of flexibility in combining childcare with her work. She noted:

> I have a girl who helps me with the selling of the food. She sometimes carries my child while we are selling. We alternate it... (Interview with Bernice, 4th August, 2017, Nima, Accra).

Similarly, Sekina who is a seamstress added that although sometimes her children obstruct her work, she admits that because she is the boss with apprentices, combining her childcare with her work is manageable. She explains it this way:

> …Sometimes when my baby is crying and I am busy with a client, one of my apprentices quickly attends to her without me requesting. She also picks up the five year old from school when he closes from school and I am busy and cannot pick him up myself… (Interview with Sekina, 26th July, 2017, Nima, Accra).

Despite the assumed flexibility of working hours within the informal sector, the nature the work affects the availability of time and provision childcare. For instance in the case of Adizatu and Bernice, the possibility that the health and safety of the child can be compromised was very high. Badasu (2005) writing about childcare among Ewe migrants describe the case of Dzifa whose mother's food vending activities affected her childcare provision. Dzifa was left to play in an environment that was not conducive for her as she was exposed to the scotching sun while her mother sold her food. Similarly, in a study of economic activities of mothers with infants and toddlers in Dzemeni market, Agbodza (2012) contends that involvement in the economic activities of their mothers especially in the scorching sun or other environmental spaces that are not conducive is detrimental to the health and safety of these children. He further adds that the long hours toddlers and infants are compelled to spend in the sun does not only deprive them of their infant energies but also their natural needs since most of them are unable to get appropriate feeding and enough rest. He noted that feeding arrangements and practices are affected by children's mother's economic activities. Adizatu, Case Study 1, acknowledges that her daughter's participation in her economic activities affects her feeding arrangements and generally childcare but she has no option but to do this work since her husband had lost his job as a commercial driver. The survival of her household depended on her trading activities. This corroborates Agbodza's (2012) finding that for mothers whose households depended on their economic proceeds to survive…"After childbirth, nearly five months lay-off or forced leave they took for their delivery started to weigh heavily on them on them economically. It will be suicidal for a fresh mother to even stay beyond three months, after giving birth to a child" (Agbodza, 2012: pp. 230)

The case of Elizabeth and Naa Karley highlights the challenges of combining work and childcare in the formal sector. The narrative of Elizabeth typically describes the formal sector and its non-flexible working hours, thereby creating difficulties for mothers with young children. Dzifa who is a teacher in a private Montessori School explained, the policy in the school could not allow her to bring her own child to the as a matter of policy, one could not bring his or her child to the school. She narrates this way:

> Right now, I am on maternity leave, I will resume next month, but I cannot take my daughter to the school where I work. So I have looked for another school close to my workplace… (Interview with Dzifa, 9th September, 2017, Madina Estates, Accra).

As a nurse, Sonia is expected to run shifts and this affects her childcare. As already mentioned (Chapter Five) Sonia's husband works in the Brong Ahafo Region. As a lived-apart couple, Sonia has no option but to hire the services of a househelp who supports her with childcare. According to Sonia:

> My morning shift is from 8am-2pm, afternoon shift, 2pm-8pm and night shift is 8pm-8am. In all of these shifts, I have to report thirty-minutes earlier so that the nurses on duty can hand over the cases to me before I take over. I get very busy at work and although my house is close, I cannot pass through to check on my daughter from time to time.   So my househelp takes charge. Sometimes I think of my daughter, but I cannot help it, especially when she is sick and I have to go on night shifts because duty calls and her father is also not with us in Accra (Interview with Sonia, 20th August, 2017 Madina Estates, Accra).

These cases narrated describe mother's work and its influence on childcare. Different careers in the formal sector has different ways of operating, thereby affecting mother's time and their time availability. Others like Abiba who is a cleaner, in a hospital, noted that she was given maternity leave and since her son was still breastfeeding, she did not do any shift schedule:

> After my maternity leave, I was supposed to go to work from 6am-12noon but my supervisor understood my situation so allowed me to report to work by 7am. So I leave my boy with my aunty with whom I live in the same house with and go to work. The workplace is a walking distance from my house so as soon as I close, I rush home to attend to the boy (Interview with Abiba, 4th May, 2017, Madina Estates, Accra)

Abiba's story talks about the fact that although there may be strict workplace regulations, sometimes negotiations can be made to accommodate mothers' childcare needs. Abiba's case is different from that of Elizabeth whose head teacher was not cooperative. It could be explained further that different job specifications also require individual availability and some levels of rigidity. In Abiba's case, although her work is important for the functioning of the hospital, she could afford to be late because other cleaners could stand in for her. But Elizabeth's case requires that she reports to work at a specific time and is not negotiable. It is therefore important to note that depending on the context and nature of negotiation, the formal system of employment can also have some flexibility.

Naa Karley's case shows more rigidity with the formal space. Fudge (2012) explains that one of the benefits of the formal space is leave from work. This varies, however, from organisation to organisation. Maternity leave is one of the policy directives aimed at helping mothers in the formal sector of the economy to attend to the needs of their infants and practice exclusive breastfeeding, if they so wish. With this policy, mothers are given three months of maternity leave aside from their annual leave after which they return to work and do half day until their children are one year old. Despite this policy, certain factors such as location of workplace and the long hours of travel affected the ability of mothers to enjoy the benefits of this policy. This case represents a case of dysfunctional motherhood. In their study, Oppong and Abu (1987) focus on how the seven roles of women namely conjugal, maternal, domestic,

occupational kin, individual and community cause role strain and conflict. Thus in the case of Naa Karley, her inability to combine her maternal and occupational roles due to other external factors caused serious challenges to her to the extent that she could not make full use institutional support. Naa Karley would have loved to add her annual leave to the maternity leave in order to continue her exclusive breastfeeding, a critical area of maternal care. However, her organisation would not allow her to do so. Naa Karley's case shows a case of dysfunctional motherhood.

The issue of not being able to negotiate for how one leave should be taken reflects in the lives of many women who are in the formal space and are struggling to combine maternal activities with childcare. Mansa who is a lecturer and a media practitioner gave an account of her daily routine to me:

> My work involves teaching and going to the field to film programmes. I wake up bathe my children, feed them and go to work. Although my classes are not always early in the morning, but there is still stress with combining with childcare. Because by the time the children close from school, I will still be at work. My husband too does not work in Accra. So in the morning, I have a driver who drops off the children and drops me off at work and picks the children up after school. I have a nanny who takes care of them until I return from work. (Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra)

The case of Akorfa further explains her own situation:

> I have two children, 2 years and 4 years. I am a researcher and consultant. My work involves travelling to collect data to support research findings. Although sometimes I have the liberty to decide when to go to work and I can work from home, however, the deadlines and expectations of my clients is a push force to create some official working hours to get things done. Again, travelling to conferences to do presentations, also take me away from home all the time. My husband, who is an Engineer travels more than I do. We do not live together. He moves from one country to another to work. He is hardly at home, unless holidays or when he is on leave. So for our two children, I have had a number of househelps who have supported me with my childcare… (Interview with Akorfa, 21st July, 2017, Dzorwulu, Accra).

Differences in workloads are reflected in the submissions that the mothers give. Whereas some mothers had more, others had less. In Dzorwulu, it emerged that mothers who worked in the bank were burdened with workload and had difficulties combining work and child care responsibilities. Although mothers who were tertiary teachers were seen to have some flexibility of time and could combine their childcare with work, the general workload affected childcare provision. As explained in the case of Mansa, the practical aspect related to her work (such going to the field to film programmes) becomes more demanding. Similarly, the deadlines that Akorfa has to meet put pressure on her to work extra hours. The study also discovered some mothers quit their jobs in instances where they had difficulties combining their work activities with childcare. In contrast to what other studies report (see Gbadegesin and Alabi, 2014) have discussed that maternal and occupational role conflicts are experienced by women in the formal sector, the current study explain that it can also be experienced by all categories of women including those in the informal sector. Esenam explains that she quit her job because of bad experiences with househelps. She and her husband decided that she stayed at home to take care of the children.

Esenam narrates:

> I used to work as an investment banker. I had to wake up early to beat traffic on my way to work. So when I had my children, I realised that combining childcare was difficult. My parents are in the UK and my siblings are also busy. After suffering from bad experiences with househelps who I relied on to support my childcare, my husband and I decided that I resign to take care of the children. (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra)

Esenam's decision to quit her job and provide the care herself was due to the fact that she did not have adequate support for childcare. The absence of kin and her inability to completely rely on

househelps largely influenced her decision. Although it is often assumed that informal employment allows some level of flexibility that allows mothers to combine work with childcare, the case of Agartha, a chop bar attendant[15] in Nima, is different. As she explains in the snippet below, she had to quit her work not just because she had difficulties combining work and childcare, but she explained that the daily income she made was not worth the struggle:

> Each morning I get up and prepare my children for school. I take them to school in Nima before I go to work. I close by 3pm and rush home to pick my children when they close from school. But in most cases, I am unable to get home early enough to pick them from school and cook their meals. Sometimes, my neighbour picks them up for me because I am caught up in traffic from Tudu to Nima. I realised I was not getting ample time for the children. Besides the work was too stressful for me so I decided to quit, especially when I was not paid for my services, only a meagre of GHC 15.00 for transportation. (Interview with Agartha, 8th August, 2017, Nima, Accra).

Agartha works with her mother-in-law who operates a chop bar at Tudu. She explains that she started doing this work when her children were two and four years old. She reasons that she decided to work to support and maintain her children but the conditions of the work was not conducive for her. She added that just like Esenam in Dzorwulu, she had a discussion with her husband and they agreed that she stops work to take care of the children. Studies have shown that problems with childcare availability and quality childcare often impede women's participation in the labour force. In instances where there have to be trade-offs of attending to childcare needs or quitting jobs due to challenges of combining work and childcare, women were more likely to opt out (Cassells et al., 2007; Gordon et al., 2008; Kisker & Ross, 1997; Waterhouse et al, 2017).

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[15] An eatery where local cuisine is served

In summary, the descriptions and narrations that the mothers give regarding their work and childcare show the many ways in which their work either in formal or informal sector affect their work. But as the study has earlier indicated, in the informal sector, there is some flexibility in combining childcare activities with work. Although the study did not record this, there are also instances where some offices allow mothers to bring in their children in the company of a minder (Tetteh, 2010). Thus in response to ensuring that women in the formal sector are able to provide childcare, Badasu (2012) asserts that the government of Ghana in line with UNICEF, WHO and other international organisations' recommendation on best childcare practices permits mothers with infants less than six months to work half day to enable them practice exclusive breastfeeding (GoG, Labour Act, 2003). But the travel time to and from work affects them negatively as they are unable to enjoy the full benefits of the government's stipulated time for lactating mothers. The case of Elizabeth is a typical example. For this reason, all mothers interviewed mentioned that they have depended on the support of others to provide care for their children. The kind of support they get is dependent on a number of factors such as resources availability, spousal preferences, presence or absence of spouse, previous experiences with a caregiver. To further understand these key issues the study examined the influence of paternal characteristics on childcare.

6.3. Paternal Characteristics and Childcare

The paternal characteristics were based on information from the mothers on the fathers. This is because it was difficult to access the fathers. As explained in Chapter Five, all the participants interviewed on one-on-one basis, only four were fathers. However, there was also focus group discussion that involved only men in Nima. The basic features examined were their socio-demographic characteristics with particular emphasis on their occupation.

In Nima, I identified Baba Nurudeen who is a retired auto mechanic, he is married with three wives. His oldest child is 32 years and his youngest child is five years old. As a retired auto mechanic, Baba Sadat is always home and supervising the socialisation of his children. He however recounts that his availability to support the care of his children has differed from one child to another. He recounts this:

> When I married my first wife and we had children, I had to travel to Nigeria to work in order to support the family. I was not available to support the care of my children. But I asked my younger brother who lived in the same compound with my wife and three children at the time, to support my wife (Interview with Baba Sadat, 18th September, 2017, Nima, Accra).

Baba Nurudeen's explanation here speaks to the theme of absentee fathers in search of greener pastures to provide for their families. Isaken et al.(2008), writing on the theme of global care crises, highlight the fact that family life of global working fathers continue to flourish even in the absence of the father. Unlike mothers, when fathers migrate, it is seen purely as economic and not much of social cost is attached. In Baba Sadat's case, his idea of migrating to Nigeria was to enable him provide the needed support to his family as expected of him as a father. Baba further explains to me that, since he returned to Ghana, he took on his job as an auto mechanic and later retired and after taking a third wife, he is home to provide care for his children. He narrated his recent experience:

> When I used to work about five years ago, I was busy. I left home very early. By 6am sometimes and returned home late, depending on the business of the day. But now that I have retired, I am always home and I can supervise and help my wife take care of the children. Especially, the youngest one who is only five years old. I am really fond of him…(Interview with Baba Nurudeen, 18th September, 2017, Nima, Accra).

Ali is a tailor who is married and has three children. Ali's shop is very close to his house and he sees that as a big advantage to him. As he explains, "I can always avoid all the traffic in Accra". Asked whether he is able to support his wife in providing care for the children. He asserts that:

> I think I am trying my best. But I wish I could do more. You see this work, I am in this neighbourhood and I always have so much to do. All I can do sometimes is to help supervise my oldest son, who is seven years to get ready for school. Apart from that, with the youngest one who is two years, I sometimes carry her and play with her when her mother is busy. Because depending on my workload, sometimes I leave home early and return late when she is asleep (Interview with Ali, 3rd August, 2017, Nima, Accra).

The narration shows that the nature of work and the demands of the work affect father's availability to provide care. Kwansa (2012), explains that although it is generally assumed that childcare is principally provided by the mother, fathers also provide support from time to time. Agbodza (2012) also confirms this in his study on women traders at Dzemeni and reasons that mothers from time to time benefited from the support of their husbands in caring for their children especially with regard to health-seeking. Whereas some fathers reminded the mothers of dates for their children's next vaccination, others were escorted to the clinic for post-natal care and also playing with the child. (Agbodza, 2012).

Such findings bring to mind, Felix at Madina Estates, who is a taxi driver and is married with two children. I met him at a post-natal clinic which was dominated by nursing mothers, with his one-month old baby boy in the company of his wife. Surprised at an unusual event, I asked Felix what his motivation was and why he did not go to work. This was his narration:

> My wife and I live here without any family members. I cannot leave her alone to do all the work. There is no family member who is available to help us. I am a taxi driver, I have control over my time and schedules. So although I am working, I make the time for her. I am not doing this because she had a son for me. When she had our daughter too, I was with her. Even now, at home, I still help her. If I do not, how will she manage? We

cannot afford to hire a househelp for several reasons… (Interview with Felix, 27th August, 2017, Madina Estates, Accra)

Felix's narration can be descriptive of gender role switching when people migrate internally. Buabeng (2010) explains that when people migrate, gender roles are not upheld. This is because due to the decline in social capital due to the absence of family to support childcare provision, men therefore support their wives, which otherwise they would not have done if they were in their hometowns. Writing about the Agona's who have migrated to Accra, Buabeng (2010) explains that gender roles for men were not observed as men even took active part in childcare provision – a role traditionally labelled women's work. So for Felix, exigencies of the time 'compelled' him to support his wife. Again, Morell and Jewkes (2011) in a study of twenty males in three different locations in South Africa conclude that men's involvement in care work and childcare is born out of many reasons, of which a lack of resources was a propelling factor.

Despite such occurrence, in a focus group discussion with men at Nima, it was observed that in as much as men would love to help, the nature of their work prevented from doing so. Tahiru, a 41 year old auto mechanic gave this narration:

> These days the men help the wives with caring for the children. But you see, the nature of work is the problem. I go to work very early in the morning and return late. As a man I need to work hard to be able to provide for the family. That is why I am unable to help my wife…sometimes I really want to, but the work…(Tahiru, 4th August,2018 in a Focus Group Discussion at Nima, Accra).

In Dzorwulu, I encountered Mr. Kwakye, a lawyer, a father of three children, aged seven, five and three, who shared similar sentiments. He explains to me that his work involves booking appointments with his clients and going to the court almost on a daily basis. He said *"I cannot help my wife to take care of the children, not just because I do not have the time, but also for the fact that I was not socialised to do domestic chores which includes childcare"*. The remarks

made by Mr. Kwakye shows the gendered nature of socialisation processes within the Ghanaian context. Adomako Ampofo and Boateng (2009) in their study of socialising children in Ghana mention how girls are socialised to take on roles assigned chores which include learning to care for younger siblings. Such forms of socialisation thus becomes self-reinforcing mechanism that childcare is a maternal duty. Thus boys are socialised to take on other tasks within and outside the home. I therefore asked Mr. Kwakye what provision he had made in support of childcare provision. So he said: *"because I cannot help her and it is difficult for her to combine childcare activities with her workload, we agreed to have a househelp, a teacher who helps the children with their homework and then a Physical Education teacher who helps them with their physical activities like cycling".*

The narrations of fathers describe their availability or otherwise to provide childcare for their children. Whereas for people like Mr. Kwakye who had the resources and could afford a househelp, others like Felix could not afford a househelp and were compelled to provide the support themselves.

With regard to paternal characteristics described by the mothers, accounts were given from all the three geographical clusters where the study was conducted. In Madina Estates, Sonia who is a nurse, recounts that her husband works in the Brong Ahafo Region. He only comes home during some weekends and for that matter, they agreed to have a househelp. The same can be said of Araba whose husband works in the Eastern Region. On her part, she sends her daughter to a Day Care Centre. But because she is unable to pick her up after she closes from school, Araba and her husband agreed to allow their daughter be dropped off in a neighbour's house after school. In Dzorwulu, Mansa, a lived-apart couple, Mansa talks about how her husband agreed with her to get a househelp and a driver to help with the care of their two children since

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her husband was not available to provide support. Other modes include using the grandmother as is evidenced in Adwoa's case (see Chapter Five, discussion 5.2). In the case of Naa Karley, her husband works in Accra as Food Scientist and has a very busy schedule. In this regard, the suggestion to have a househelp was welcomed. One interesting finding in Dzorwulu, is the case of Kekeli. Kekeli is an Executive Secretary of a company and the husband an Internet Technology Consultant. Kekeli narrates:

> …with my husband work, he runs on shift so he has arranged with me that he will pick the children up from school. He said he doesn't want househelps. The children's school is close to my mum so on days that he is busy, my mum picks them up from school and when I close, I go to pick them up before we go to home (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra).

The characteristics of fathers described in this section shows that inasmuch as some fathers may be willing to help, their work expectations affected their ability to provide support. Like the mothers in Dzorwulu, all the fathers were also professionals who hardly seemed to have time to help in providing care. These fathers were employed in both public and private sectors of the economy. These occupations were said to be demanding and for that matter, parents spent long hours away from home (Badasu, 2012).

As a result of the demanding occupations of parents, most mothers have delegated their maternal care activities to househelps, nannies, their own mothers, other relatives, day care centres, after school care services. Parental characteristics influenced choice of childcare. The next section discusses the factors parents consider in the choice of childcare arrangements.

6.4 Factors Associated with Choice of Childcare Arrangements in Urban Households.

Based on the maternal and paternal characteristics, especially regarding their occupation, different care arrangements were chosen. As already explained in Chapter 5, the care

arrangements identified were formal, semi-formal family care, semi-formal non-kin care and informal. These can be broadly categorised as institutionalised and non-institutionalised. Whereas the formal institutionalised largely described Formal the non-institutionalised encapsulates semi-formal family care, semi-formal non-kin care and informal. For each of these, parent's choice was generally influenced by quality of care, age of caregiver, educational background, religious background as well as experience with caregiving. This section discusses the factors that various childcare arrangements.

6.4.1 Institutional Childcare Arrangement: The Use of Formal Care Arrangements

The formal arrangement include day care centres, After-School service and vacation schools. For parents using any of these services, their choice was based on the quality of care to be obtained, the conditions of the service, location of facility and cost. Some studies show that that most parents are very particular about both the structural and practical quality. According to Hellburn and Howes (1996) these features of care promote the well-being of children. This is because structural quality for instance are those aspects of child care environment that are regulated by government, such as the child - caregiver ratio of a group. Again aspects of the facility such as floor space, availability of toilets, and general sanitary conditions are all monitored from time to time (Cassells et al., 2007).

For parents using institutional childcare arrangements in Dzorwulu, structural quality was considered important. For instance Kekeli of Dzorwulu noted:

> My husband and I decided to take our son to a school (day care centre) where the classroom number is not large. We believe that when there are few children in the classroom, the teachers and other caregivers will have ample time for the children. So my son's class has only 8 children in the class (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra).

Esenam also expresses similar sentiments about class size and the fact that her children's school has a small class size of 8-10 children. However, she adds that her choice of day care for her two children is also dependent on issues of affordability and flexibility of conditions of service.

> You see for some of these schools, they are very strict on time for drop off and pick-up. The drop-off is not a problem to me but the pick-up time. Whereas, others have arrangements to engage the children if you delay, others do not have such offers. My children's school is accommodating. If for one reason or another, you are unable to pick the child, you only need to call and they will keep the child for you till you ready to pick him or her up (Interview with Esenam, 17th July, Dzorwulu, Accra).

Asked why this situation is possible, Esenam, further explained that the proprietor of the school is a retired educationist, who has built the school attached to her house. So the combination of home and school environment is also another factor that enthuses her about the day care centre. Kekeli also confirmed that her children's school similarly fall within such category.

It is important to note that for other parents/mothers in Madina Estates, the factors that influence their choice of a particular day care is a combination of proximity of facility to work or home, affordability and the offering services such as school bus for pick up and drop off of children. Araba of Madina Estates talked of the convenience of using a day care centre that had a school bus.

> In the mornings, I only need to get Maame ready and take her to my neighbour's house to wait for the bus while I rush out for work in Accra. After school, I do not need to bother about going to pick her up, the bus drops her off at my neighbour's house again and when I close from work, I pick her up (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

Sonia also agrees that the school bus is very convenient and safe.

> All I need to do is to get my daughter ready in the morning to be picked up and dropped off in the afternoon when school closes. Even if I am on afternoon shift at the hospital, I

do not have to worry about how she will get home (Interview with Sonia, 20th August, 2017, Madina Estates, Accra).

Despite the fact that some parents see the convenience in using a school bus a prerequisite for choosing a day care centre, Mansa does not agree to use a school bus.

> The school bus for me, is not a prerequisite. This is because the buses are usually overcrowded and for me I do not think that is conducive for my children. So I have a driver who picks and drops them off in the morning and pick them up when they close (Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra)

Expressions of preferences by these mothers show that different socio-economic backgrounds affect the choices that mothers make. Whereas Mansa lives in a residential location and is a lecturer and a media practitioner, she can afford to hire a driver to send her children to school. Sonia and Araba on the other hand, are residents of Madina Estates whose socio-economic background will make hiring a driver for their children, a luxury they will be unable to afford.

The other issue is the proximity of the care facility to work place. The location of the day centre is a critical point to be considered since that also accounts for convenience for mother's care duties and responsibilities. For instance, Bernice remarked that she found placing her daughter in a school close to her work place more appropriate.

> My work is not far from my home. My daughter is only one year old. I place her in a day care centre that is close to me so that when I have my break, I can 'sneak' out to check up on her. Again, in the mornings, I can easily drop her off on my way to work and pick her up on my way back home (Interview with Bernice, 4th August, 2017, Madina Estates, Accra)

Similarly, Afranewaa, found sending her children to a school close to her work place very convenient. She narrated:

> My children's school are a few kilometres away from my work. This is because it is less stressful to have it this way. When I am driving to work, I could drop them off and my husband helps me with their pick up from school when I am busy. It is really convenient for me (Interview with Afranewaa, 17th July, 2017, Dzorwulu, Accra).

On the whole, proximity of facility to work place was seen as an advantage to most parents, but Araba mentioned that the convenience of her daughter was also key to her choice. Thus she did not consider the proximity as necessarily an advantage in the remark she makes:

> There are good schools in the Central Business District, Accra. But my daughter is too young to allow her go through traffic from Madina Estates to Accra each day. It will be too much for her. (Interview with Araba, 25th April, 2017, Madina Estates, Accra)

The location of day care centre plays a role in the choices parent make. For the sake of convenience most parents would prefer day care centres which are closer to home or workplace. In the view of Cassells et al. (2007), availability of childcare facilities in the location of parent's workplace is beneficial in providing support with childcare for working parents. Again, Kisker and Ross (1997) add that the location of the day care becomes even more relevant, when parents are able to find the kind of care appropriate for the ages of their children.

After-School Care Services and Vacation Schools were also mentioned as forms of complementary childcare arrangements. Although parents interviewed attested to the fact that they were aware of After School Care Services, none of them utilised that facility. However,

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vacation school was used by some parents. In focus group discussion at Dzorwulu, Rebecca said: *"*when my children are on long vacations, I pay for them to attend these vacations schools in order to engage them so I can go to work*."*

Adwoa of Dzorwulu similarly mentioned that her church organises vacation schools for children during long vacations. She explains that the leaders understand that parents are busy and such provision will be useful in providing support with childcare. She narrates the benefits of patronising such services: "… I sent my son to this vacation school and it was helpful". Adoma of Madina Estates in a focus group discussion also mentions that she sends her children to the vacation school because they help to *"*engage my two children while I go to work especially during long vacations"*,* she narrates.

6.4.2 Non- Institutionalised Childcare Arrangements

Apart from the formal childcare arrangements which are institutionalised, other non-institutionalised caregiving arrangements (semi-formal family care, semi-formal non-kin care and informal) are used in households as parents delegate care tasks. These arrangements included using matri-kin, neighbours, church members, friends, and hiring of househelps and nannies. This section throws light on the factors that parents, especially mothers, consider in selecting caregivers. In all three residential areas, different forms of arrangements were made. Scholars (see Awumbila et al., 2017, Badasu 2012; Tetteh 2010) writing on the factors that influence parent's preference of one caregiver over another have looked at the sex of the caregiver, age, behaviours, as well as educational background.

The results of the data analysis showed that for those in Madina Estates and Dzorwulu, in addition to relying on neighbours, church members, friends, they also hired househelps and

nannies. But for Nima, childcare was delegated to relatives, apprentices, attendants as well as neighbours. Table 6.1 provides a summary of the number of caregivers and category of caregivers that the participants have had.

Table 6.1 explains the category of caregivers parents in each of the settlement areas used. What runs through all of these parent category of caregivers is the presence of kin. All participants attested to the fact that once they had children, the first point of support is either mother's mother, mother-in-law or an aunty. The works of scholars such as Nanbigne (2012) and Adam (2012) have all discussed the critical role of the grandmother in providing support in childcare. In a similar vein, Wheelock and Jones (2002) further emphasise that due to the flexibility and availability of time associated with grandmother's care, most parents prefer that arrangement.

Table 6.1: Number of Caregivers and Category of Caregivers

Nima			
Participant	Number of Children	Number of Caregivers	Category of Caregivers
Adizatu	4	4	Mother, husband's mother.. (mother-in-law), sister, attendant
Baba Nurudeen	4	2	Brother and wife's mother
Bernice	3	2	Sister, attendant
Sekina	4	3	Sister, mother and apprentice
Agartha	3	1	Husband's mother
Ali	3	1	Wife's mother
Ayishetu	2	2	Mother, siblings
Madina Estates			
Elizabeth	3	4	Mother, sister and 2 househelps
Dzifa	2	7	Mother, sister and 5 househelps
Araba	1	3	Maternal aunty, Neighbour and church member
Mavis	4	3	Sister, househelp, neighbour
Felix	2	1	Wife's mother
Abiba	3	2	Aunty, Older daughter
Doreen	2	2	Mother-in-law, apprentice
Dzorwulu			
Afranewaa	3	4	Husband's mother and 3 househelps
Akorfa	2	7	Mother, sister and 4 househelps
Esenam	2	6	Husband's mother, maternal aunt, 4 househelps
Adwoa	2	2	Mother and brother
Kekeli	2	3	Mother, neighbour, friend
Mansa	2	10	Mother and 9 househelps
Mr. Kwakye	2	3	Househelps, 2 teachers

Source: Fieldwork, 2017

Responses by study participants such as Naa Karley and Agartha show the role of grandmothers in childcare which corroborates the assertions of Nanbigne (2012) and Adam (2012). Naa Karley narrates:

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.. Anytime I give birth, my mother comes to assist because new born babies are very fragile and they need special attention or care (Interview with Naa Karley, 25th August, 2017, Dzorwulu, Accra)

According to Agartha, anytime she has a baby, she receives support from her mother-in-law. She narrates:

I usually relocate to my mother-in-law's place before I have my baby. I stay with her for at least one month before I return to my husband in Nima.. (Interview with Agartha, 15th September, 2017, Nima, Accra).

Within the Ghanaian context, due the critical role of grandmothers in childcare provision, it is a common practice that after childbirth, the nursing mothers go to stay with their mothers in order to receive support. According to Oppong (1999), maternal grandmothers are usually available to provide support in childcare. This is premised on the notion that because mothers are primary caregivers, the first substitute for childcare support must be their mothers who are believed to have socialised their girls to become mothers. However, the current study found paternal grandmothers also involved in childcare provision, and therefore queried the reasons for such occurrence. Mothers who experienced their husband's mothers providing childcare attributed such occurrence to factors as such migration, accommodation challenges, death and the unavailability of their mothers because they were engaged in caring for the sick or other young children within the extended family or they were still working.

For instance, Agatha relies on her husband's mother to support her because she lost her own mother at an early age. Asked if she could not call any of her mother's sisters to help her? She replied: "they are not in Accra and even if I invite one over, where will she sleep when she comes?" Esenam's mother lives in the United Kingdom and so her husband's mother offered to

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assist her when she had a child. Unlike Agatha whose mother-in-law could support her for at least a month, in Esenam's case it was a combination of both husband's mother (mother-in-law), a househelp and her aunt. She recounts:

> …so when I had my first child, I had a caesarean section and I needed help because I could not lift things and do certain things. My mother in-law stayed with me for one week but afterwards brought in ' somebody' to come and assist me because she had to go back to work. The person stayed with me for six months and left. It was just me. Then I got pregnant again and I was working so I needed help but I could not find anyone to help me. So I called my aunty from Nigeria to come and assist me… (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

The snippets from all three locations shows the involvement of kin (grandmothers, mothers-in-law and aunty). Whereas some grandmothers relocate to their daughter's house to assist them, others are unable to as a result of their work or unavailability of accommodation. Agartha of Nima, for instance explains that she had to relocate to my mother-in-law's place because she is a chop bar operator and cannot leave her work to stay with them for a period of one month. Agartha further added that space was also another issue. "We live in a chamber and a hall, where will my mother-in-law sleep when she comes to stay with us?" she added. As noted by Badasu (2012) in her study, accommodation in the urban space is problematic for many households. According to her, the kind of arrangements parents choose for childcare is also dependent on their accommodation situation. She mentions that in Accra, some households live in kiosks, and congested apartment and this can be difficult for them to bring in a family member to support childcare.

Some scholars (see Agbodza 2012 and Awedoba, 2002, Clark, 1999; Adam, 2012) write about the role of grandmothers in the care of children. Nanbigne (2010) for instance mentions that among the Dagaabas of Ghana, the grandmother is seen to be more experienced in childcare

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because she has cared for many children in her life-time. Clark (1999) adds that the maternal grandmother is considered a great asset to households among the Akans because for market women, the presence of their mothers within the households gave them a reliable source of delegated childcare to enable them go about their trading activities. Although Adam (2012) discusses the role of maternal grandmothers, in childcare provision, the current study records the role of paternal grandmothers. In the case of both Esenam and Agartha, the maternal grandmothers were not available. Further enquiries into this showed the unavailability of maternal grandmothers. Agartha explains that she had lost her mother at an early age and Esenam also mentioned that both parents reside in the United Kingdom and her mother is unable to come and assist her. Her husband's mother was her next available option. However, she added that, she employed the services of a househelp because her mother-in-law is a teacher and can only be with them when schools were on holidays.

> My mother-in-law is not in Accra and she is also a teacher. So she can only come when she is on vacation. Even that she doesn't usually come every vacation… When she comes the longest she stays is two weeks. That is the reason why she brought someone (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

One other aspect that affected grandmother's availability was competition for attention among siblings. An interview with Kekeli in Dzorwulu pointed to this fact:

…. It is always like my big sister and I almost give birth at the same time and it is always difficult for my mother to be with me for long. The other time she asked me to bring my son so we stay together with my mother in her house because she had a child first and she had to resume work, I had also had a fresh baby. But my husband did not agree (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra).

Apart from siblings' competition, how grandmothers feel about staying longer with their daughters also affected their support for childcare. In Madina Estates, whereas Aunty Comfort feels excited about helping her daughter care for her children, Afranewaa on the contrary,

mentioned that her mother did not want to stay with any of her children in Accra. She would prefer that her children rather come over to her end with their children. According to her mother, she was also staying in her husband's house and would not leave to stay in her children's house. In a focus group discussion, Lydia mentioned that her mother although willing to provide support for childcare, she did not want to stay for long. This is because she felt she will be a burden economically to couples beginning their lives together. Adam (2012) writes that within most Ghanaian traditional setting, pregnant women went back to their natal homes (parent's home) to deliver their children and go back to their marital home later. In the current study, Araba of Madina Estates remarked that when she was almost due to have her baby, she travelled to Tafo, where her aunty is to have her baby and stayed there for three months before returning to Accra.

Again, another kind of kin care is sibling care. In Madina Estates for instance, Abiba, talks about how her older daughter (aged 10 years) helps in caring for her son who is a year old. Table 6.1 showed that in all the study areas, there was the use of non-kin care. These were recorded in all the three study areas. In Nima, the study recorded the use of attendants and apprentices, neighbours and friends. In Madina Estates, there is the use of apprentices, househelps, neighbours, friends and church members. Househelps, nannies and friends and neighbours are used in Dzorwulu.

One important aspect the study considered was what factors influence the choice of non-kin support. In Nima, findings showed that the age, ethnic affiliation, availability of caregiver and religious background were considered very important. For instance Ayishetu explains that when she comes to Nima to do her trading activities, she leaves her daughter in the care of her attendants because she believes they will take good care of her because:

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…we come from the same hometown. We are all Dagombas. They will see her as their younger sister. Besides, we are bound by a common faith, Islam that teaches us to be kind to our neighbours... (Interview with Ayishetu, Nima, Accra).

Bernice, who is a seamstress, has several apprentices, but the one who takes care of her children is a twenty-one year old mother of one. According to her, because she has had a child before, she understands the needs of children. *"The others they can play with my children but they do not really understand the children"*, she explained.

Araba notes that the support she receives from her neighbour and church member is as a result of her availability. Her neighbour, Maame Akosua operates a convenience store in front of her house. She is a church member who although does not have children of her own, but takes care of three fostered children. Church members who live in the neighbourhood have arrangements with her to drop off their children with her after school so when they return from work they pick them up. Maame Akosua takes care of Araba's daughter too and Araba picks her up after she closes from work. "She feeds my daughter, changes her uniform and supervises her play with other children," Araba narrates.

In Dzorwulu, Kekeli talks of her friend Korkor who supports her with childcare. According to her on days that her husband is unable to pick her children from the day care, the bus drops them off at her friend's house.

Korkor lives in a very big house with her mother and other relatives. She is currently unemployed. Sometimes, my children are dropped off with them after they close from school and when I close I pick them up. Korkor changes their clothing and feeds them. Sometimes, she assists them to do their homework (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra)

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In traditional settings, childcare was collectively done and hence the saying that it "takes a whole village to raise a child". This acknowledges the notion that childcare is not only offered by parents and kin but non-kin are also involved in the process. Neighbours and friends as expressed in both Nima and Madina Estates have shown to be useful in the provision of childcare as it used to happen in traditional settings. According to Gyekye (1998) as part of societal norms and values, members in a community are expected to take part in the socialisation of young ones. As explained by mothers whose childcare was delegated to neighbours and friends, these caregivers supported in various ways such as feeding and were generally being supervised to take appropriate behaviours. One key finding that was noticed in both Nima and Madina Estates is the use of co-tenants in caring for children. According to Dzifa her co-tenant, Mama Fafa and her have a mutual agreement of helping each other with childcare.

> We are both housewives. We stopped our trading when we had children and we could not get enough support. So what we do is when I am going out I can leave my child in her care and she does same when she also wants to go out (Interview with Dzifa, 9th September, 2017, Madina Estates, Accra).

These negotiations were also made in Nima as Sekina also mentioned that she and her co-tenant had such an arrangements. According to her it is very reliable and comfortable. In choosing caregivers, parents are usually concerned not just about the quality of care to be provided but the relationship between the child and the caregiver. In the case of co-tenants, their familiarity with the children because they reside in the same compound, helps in their provision of care.

The other group of non-kin caregivers identified in the study were househelps and nannies. Table 6.1 shows that with the exception of Nima, a majority of parents in Madina Estates and Dzorwulu, parents used househelps and nannies. The prevalence of househelps and

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nannies however, was more evident in Dzorwulu than in Madina Estates. With the exception of Adwoa who was not using a househelp, all other study participants were using househelps and have had different experiences with them. The factors considered in selecting them were based on: age, behaviour of househelp, and experience with childcare and educational background as well as spouse's preference. Table 6.2 presents information on current househelp or nanny.

The age of a househelp/nanny was considered an important component in the selection of a caregiver. Whereas some mothers preferred househelps who are older, other wanted younger ones. Afranewaa for instance narrates to me that her husband is very particular about whoever you are bringing in to help. *"He says it will be child abuse to bring someone under the age of 18 years.* So all my househelps have been between 20 and 45 years"*, Afranewaa explains. Additionally, a look at the overall ages of all househelps showed that they were all adults and could take decisions for themselves as to whether they wanted to provide the service or not. This finding counteracts Tetteh (2010) who asserts that a majority of domestic workers are children whose fundamental right to education is denied.

The issue of age of the caregiver is important owing to literature on child domestic workers. This is because the government of Ghana as signatory to various conventions on the abolition of child labour, forbids the practice. It has however been argued that the society consider some work as a component of socialisation owing to the fact that been argued that in traditional African societies, there is division of labour based on sex, age and status. Children learn to work alongside parents. The issue of child labour or child abuse is not identified but the question of whether the chores assigned commensurate that of the physical strength and skill of the child. In Nima, as already explained, there are cases of attendants who are minors working with adults and also providing care. Gathering the views of these adults on whether they saw

this as child labour, they replied in the negative. Rather, they claimed that these girls[16] were working to make some savings to either continue their education or learn a vocation. Despite what these study participants explained, other studies on kinship foster care highlight the contrary.

Also some informal care arrangements could also be considered child labour. Unlike kinship foster care which can sometimes also result in child labour, sibling care on the contrary enhances the bond between siblings and provides reliable form of support for childcare. According to Bledsoe et al. (1998), fostered children from low income families being fostered in high income families are catered for in exchange of their labour. Similarly, Ameterpe (2001) maintains that children are placed with families who are better off than their biological parents and who live in urban areas.

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[16] Usually, had completed the Junior High School (JHS) and either performed poorly or only completed their Primary education.

Table 6.2: Characteristics of Househelps

Name of House-help / Nanny	Age (Years)	Marital Status	Number of Children	Educational Background	Religion	Ethnicity
			Madina Estates			
Ama	21	Single	None	SHS	Christian	Akan
Maame Aba	44	Married	3	SHS	Christian	Akan
Linda	18	Single	None	SHS[#]	Christian	Ewe
			Dzorwulu			
Aunty Juliet	49	Married	3	SHS	Christian	Akan
Aunty Hannah	40	Widowed	42[17]	Primary	Christian	Akan
Nuna	35	Consensual	1	Vocational	Christian	Ewe
Maame Durowaa	50	Widowed	4	SHS	Christian	Akan
Naana	22	Single	None	SHS[#]	Christian	Akan
Oko	19	Single	None	SHS[#]	Christian	Ga

Source: Fieldwork, 2017
Note: # awaiting results at the time of the interviews in 2017

However, most of these children (especially girls) are turned into domestic helps and very few receive education or learn a trade. Apt (2005) further provides examples from the Northern and Upper West Regions of Ghana to further buttress the point that children who are fostered could be burdened with domestic work which includes childcare. In consequence, the children either perform poorly at school or are either not in school or learning a trade. However, the case of Abiba cannot be described as child labour, rather, sibling care. Studies show this form of informal family care was relevant to providing support in childcare from older siblings to their younger siblings (Goody 2007; Oppong 1999).

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[17] But also takes care of her grandchildren

Another issue about age that the study found out was that, some mothers preferred younger caregivers because of the belief that they would respect them. According to Esenam who as at the time of the fieldwork collection had no househelps and had quit her work to provide care for her children by herself:

> I prefer to have a househelp that I am older than. The last househelp I had realised she was about four years older than me and she felt too big in her shoes to take instructions. There was a time she even told me she will beat me up if I pushed her to the wall (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra)

Naa Karley also added that she is careful of the age because of the Ghanaian cultural norms on respect for the aged. She narrates:

> Before I got Oko, a friend brought a middle-aged woman to me. When I spoke with her and realised she was almost my mother's age, I decided not to engage her services. I could not instruct her to do things for me. I will feel guilty… (Interview with Naa Karley, 25th August, 2017, Dzorwulu, Accra).

Gyekye (1998) writes that the Ghanaian respect for the aged is a cultural norm that is cherished. Several proverbs and folklores are couched around the theme of respect. It is therefore an expectation that the younger generation accords the older ones the needed respect they deserve.

Apart from age, the educational background of the caregivers was considered by the mothers. Most mothers preferred to have caregivers who had some level of education to enable them read and write. Whereas respondents like Mansa thought that the educational level could help the househelp assist her children in doing their homework, Akorfa explained that: *"the househelp needs to be able to read and write. Otherwise even if she has to read prescription on a drug and give to your child in your absence and she cannot read, she will do it wrongly and it can have adverse effects on the child".*

Issues such as these made the educational background of the househelps important. In her work on childcare among Ewe migrants, Badasu (2012), noted that respondents in Airport Residential Area considered the educational background of the caregiver as a very important factor in their selection of a caregiver. This is due to the likelihood that adults who have formal education and specialised training tend to use their knowledge when they interact with children and are more sensitive to responding to childcare needs. Studies (see Cassells et al., 2007; Helburn and Howes 1996) show that access to educated caregivers helps to improve the quality of care provision since it helps in responding to children's social behaviour in a more positive and sensitive fashion.

Another factor influencing childcare option is the sex of the caregiver. In all three study sites, with the exception of two study participants in Dzorwulu who had male caregivers, the remaining had female care caregivers. This observation corroborate already existing literature (see Folbre, 2001; Standing 2001) on care work as primarily a female role and in instances where men provide it, they are seen to be 'helping'. This is due to the fact since care is considered as a reproductive role which is performed within the private space (domestic setting), when brought into the public domain in a capitalistic economy where it is considered as productive role, it is still characterised by low incomes and other poor working conditions. Despite this observation, Morrell and Jewkes (2011) in a study of men engaged in care work in South Africa emphasised that men's involvement in care work, was a way of challenging gender norms by showing that men can play a role in the area of work regarded as the responsibility of women. Aside that, the exigencies and necessities of the time can also influence men's role in care work. Findings of the current study indicate that Naa Karley's caregiver, Oko took up the work because he needed money to continue his tertiary education. Naa Karley explains:

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Oko takes care of my three boys. Because they are all boys, they are happy together. This is the first time, I am having a male househelp. It is exciting and things are different. Oko is doing this to raise money to support his tertiary education. He has just completed Senior High School and awaiting his results (Interview with Naa Karley, 25th August, 2017, Dzorwulu, Accra).

When Oko was asked how he felt serving as a caregiver for the three boys. He explained that, he was happy. An observation of Oko at a family event of how employer showed the enthusiasm with which he served guests while intermittently checking up on employer's children to see if they were behaving right. He narrates:

I am happy to be working with my madam. I call her Maa. She is like a mother to me and her children are like my younger brothers (Interview with Oko, 28th August, 2017, Dzorwulu, Accra).

Despite the fact that Naa Karley feels comfortable with a male caregiver because her children are all boys and they relate better with him, however, Araba of Madina Estates expresses fear of using female caregivers let alone male caregivers. She explains that her neighbour with whom her daughter is dropped off after school has a young girl who support her. She explains:

… Sometimes, I fear the teenage girl who helps my neighbour could sexually abuse her. As for a male caregiver, media stories of males defiling babies scare me so much… (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

Thus Araba's knowledge of sexual abuse deterred her from choosing a male caregiver.

6.5 Chapter Conclusion

This chapter discussed how some socio-demographic characteristics (age, educational background, occupation and its conditions) of parents influence childcare arrangements. All mothers in the study sites with the exception of a few were not first time mothers and had some experience with childcare. Again their ages showed that there were adults who were either married, single or in consensual relationships. Both mothers and fathers worked in the formal

and informal sectors respectively. Findings suggest that whereas mothers in the formal sector had no flexibility to easily combine their work with childcare provision, those in the formal sector could do so since their work was more flexible. However, the health and safety of their children could be compromised through their children's involvement in their economic venture in an environment not conducive for their children.

A description of paternal characteristics from both the perspectives of the mothers and the fathers showed the extent to which fathers were involved in childcare provision. For fathers in Dzorwulu and involved in formal work were equally busy as their wives and could not provide primary support with childcare. However, arrangements were made to provide complementary childcare. The case of Nima and Madina Estates was different as the fathers had to participate in childcare because they lacked the resources to hire househelps.

In summary, based on these parental characteristics in the three study sites, the study observed that parents broadly selected two main care arrangements, namely: institutionalised and non-institutionalised childcare arrangements. In all these caregiver's characteristics were considered as very key. These included age, educational background, behaviour and sex of the caregiver.

CHAPTER SEVEN

THE COMMERCIALISATION OF CHILDCARE IN URBAN HOUSEHOLDS

7.1 Introduction

The preceding chapters have mainly discussed the changes in the family system that have reflected in the provision of childcare. With reference to Chapter Six that discusses the socio-demographic characteristics of caregivers, it was observed that both kin and non-kin members were used in the delegation of childcare. In Nima caregivers were largely kin members and non-kin caregivers were predominantly neighbours, co-tenants, friends, attendants and apprentices. In Madina Estates, parents used a combination of househelps, nannies, friends, neighbours, and the vacation school facility. The situation in Dzorwulu was quite distinct as many of the participants used formal childcare arrangements, with a few using informal care arrangements.

In a bid to discuss the ways in which childcare has been commercialised, this chapter seeks to examine the type of childcare parents are using in the different households and to answer the question of whether there were a combination of different childcare arrangements. These issues are discussed in the context of the recruitment processes, for the various types of arrangements. For instance, for informal care arrangements, who does the recruitment and how does he or she do it? Are there laid down procedures? This chapter begins with the recruitment processes of caregivers, examines terms of engagement and looks at the ways in which childcare has been commercialised within all the forms and nature.

7.2 Recruitment Processes of Caregivers in Urban Households

The recruitment of caregivers, depending on the kind of care arrangements, can be formal and informal. Studies also show the socio-economic background of parents also determine what processes are used. Tetteh (2010) assert that the use of non-relative care by low-income families is often based on referrals and recommendations they receive from family members, friends or neighbours. In Tetteh's (2010) work on child domestic labour, she identifies five patterns of recruitment processes. These were kin fosterage, non- kin fosterage, and informal agent or rented niece placement, child walk-in and formal househelp agencies. Of the five patterns identified, the four informal types were more prevalent. The current study identifies both informal and formal recruitment processes. For participants in Nima, recruitment processes were largely through informal networks. Need I say, these were not actual recruitments in the strict sense of the word, because as per their description, because these were already family members, who saw providing support in childcare as obligatory. For their attendants and apprentices who supported childcare, their recruitment was not based on their ability to provide care.

Bernice who is a food vendor explains that in choosing an attendant, her focus was on a more matured girl who could perform the activities she needed to support her business.

> I needed someone who could help with fetching water, washing the dishes and serving my customers. So for her to help me with caring for my child is just a bonus (Interview with Bernice, 4th August, 2017, Nima, Accra).

The same case holds for Sekina, a seamstress who explains that she does not necessarily go recruiting apprentices who are expected to do childcare.

> When I am accepting apprentices, I do not use their ability to provide support with childcare as a criteria. I actually do not force them to take care of my children. It is a sheer coincidence that one of them has taken interest in my children and helps me from time to time… (Interview with Sekina, 26th July, 2017, Madina Estates, Accra).

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The case of Bernice and Sekina, shows the fact that although apprentices and attendants are not necessarily expected to help with childcare, circumstances of their employers make it possible for them to combine learning a career and childcare, sometimes to the detriment of the one or the other. However, such circumstances do not lead to any special incentives for them and as Sekina explains, she does not give any special favours to her apprentice who helps in her childcare provision. This case can be compared to what Awumbila et al. (2016) write about female domestic workers. The study notes that unlike their male counterparts, females employed as domestic workers, usually do not have specific role specifications and what they do is determined by the exigencies of the homes where they work as apprentices. Unfortunately, this does not reflect in their salaries.

The case however, in Madina Estates is different. Lydia, for example, who is a fashion designer explains that for one of her apprentices, Dela, she agreed to have her in her shop on condition that she was going to be both an apprentice and househelp.

> Dela lives with me and supports me in caring for my three children aged 6, 4 and 2 year respectively. She was brought to me by my electrician friend. She is also an apprentice at my shop. Because she takes care of the children and helps me at home, she closes early than all other apprentices… (Interview with Lydia, Madina Estates, Accra)

So for Lydia, her househelp was recruited through a friend. Other participants in Madina Estates such as Sonia also explain that their recruitment was done through friends. Other recruitment processes identified here were also based on recommendation through work colleagues, neighbours, church members and family members. Araba for instance, narrates that when she returned from maternity leave and was struggling with her childcare arrangements, a work colleague approached her and said to her: "*me ma wo obi*"[18]. Araba adds that her first househelp

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[18] Translated as 'I will look for someone for you' in Twi, a dialect of Akan language.

was selected based on the recommendation her colleague gave her. These were based on his assertion that the girl was of good behaviour. She explains:

> Kwesi (my work colleague) said he was going to give me someone who would help me take care of Abena. So he brought this girl from his hometown. She had completed JHS. He explained that his aunt recommended the girl and spoke highly of her so he could trust she was a good girl and would be helpful… (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

Tetteh (2010) explains that the recruitment of domestic workers by informal agents or friends of parents is often based on recommendation by others. Thus, the current study's findings is in tandem with Tetteh's (2010) findings since Araba's recruiter claims his choice of a caregiver for her was based on her aunt's recommendation.

Recruitment processes in Dzorwulu were both through formal and informal approaches. Of the eight (8) participants interviewed here, only two of them used the Househelp Recruitment Agency. The remaining six (6) recruited their caregivers through informal agents, recommendation from family members, friends and work colleagues. These findings cohere with that of both Apt (2005) and Tetteh (2010) who discuss that recruitment of caregivers is usually through informal processes more than formal. The study therefore sought to find out why parents who have recruited caregivers for their childcare have chosen not to use the formal childcare recruitment process. According to Elizabeth of Madina Estates, although she considered them when she wanted a househelp, discussions with a friend and the testimony she heard, discouraged her:

> Elizabeth: She said (referring to the agent) I could get someone for you but the conditions that they attached to it, I felt like I couldn't meet those conditions. Like the salaries you have to pay, yes, for that person and it was like there was middle person too. So…
> Interviewer: Who was the middle person?

Elizabeth: When you recruit them they will take a certain amount… you will pay the person through someone else and then they have their own percentage. It's not like you will stay with the person and then you give… you will negotiate with the person. There was a middle person, that's who negotiates…, that they come with their own standards and demands. I realised I couldn't so I declined. Apart from these, you had to take care of her other expenses like hair do and buy her clothes and provide toiletries (Interview with Elizabeth, 4th August, 2017, Madina Estates, Accra).

From the interview with Elizabeth, the conditions of service from the recruitment agency were not something she could afford. As explained earlier in Chapter Six, issues of affordability play a key role in the selection of care arrangements. Apart from issues of affordability, Mavis also mentions that the recruitment agency is not a place she can trust to have someone recruited to take care of her child while she is at work. She narrates:

I doubt where they take these workers from. I wonder how well they know them. What measures they have in place to carefully check the background of these people they employ. Because the stories you hear of them are not pleasurable at all. But with the informal agent, I know Mr. Arthur already and I trust him to bring me someone he also knows well and is of good character (Interview with Mavis, 6th August, 2017, Madina Estates, Accra).

Kekeli of Dzorwulu also adds that her husband does not want to hear of the househelp recruitment agency because of the negative stories he has heard about them. Esenam talks about experiences of her friends:

Some of these househelps recruited from the agency give out information to armed robbers. They know when you are home and when you are not. So it is not just about you but your safety. So one of my friends got this househelp from an agency and because they thought it was from an agency, they trusted the person. As usual, they go to work and left the househelps home, by the time they got back, they had taken everything in the house and the househelp was nowhere to be found. And they called the number the person had provided, it could not be reached. They tried severally but couldn't reach her. They checked the address with the recruitment agency. They could not locate her. Everything was fake and the agency could not help in any way

(Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

Esenam's revelation shows that the inability and unwillingness of some parents to use househelp recruitment agency does not only stem from the fact that it is expensive but also the fact that they cannot trust these people, not just with the security of their children but also safety of their homes too. Tsikata (2009) notes that the idea of using strangers with no ties to the parents discourage parents from using househelps from the recruitment agencies. Awumbila et al. (2016) also assert that the inability to trust the househelps who take care of their children make parents feel more comfortable using informal recruitment methods since they can trust the recommendation of the informal agent. Findings from the study paid critical attention to the issue of trust and security as expressed by most study participants. There was always the assertion that: "*you always do not know the people you are bringing to your house and it is scary"* as Naa Karley narrates.

In Nima, although none of the study participants had hired a househelp through the Recruitment agency, their perception of them was horrible. Discussions with Sekina showed that the fear associated with getting people from the agency was due to the fact they had no relationship with the child or whoever they were going to be working for. She explains:

> When you get a househelp through a family recommendation or friend/neighbour, the person in question knows they have a kind of relationship between you and the intermediary. They start call you Maa. So they know your children are their siblings/cousins. But with the recruitment agent, there is nothing of that nature, the person only sees you as their boss and they barely relate to your child well (Interview with Sekina, 26th July, 2017, Nima, Accra).

Technically, the househelp recruitment agency is not utilised by most people for these reasons that people mention. However, one critical issue that was also mentioned was the lack of

information on where to access them. Sandstrom et al. (2012) mention that the limited awareness about where and how to search for available care options create difficulties for parents in their search. According to Mansa, although her first experience with the recruitment agency was a sour one she could not trust informal agents either. She however, said she wanted a number of recruitment agencies to compare their services but for the difficulty in accessing them. "It was through discussions with my friend that she recommended one in Taifa for me", she explains. Given the fact that these agencies are in business, one would expect that there would be easy access of information on them, but this was not the case.

Interviews with a director of a househelp recruitment agency showed that they have their own challenges too. According to Mrs. Effah who has been operating the agency for the past seven years, issues of registration have been a major challenge for most operators. The bureaucracy involved in the registeration processes accounts for their inability to advertise themselves through appropriate channels for fear of being tagged as doing illegal business. Based on this, the means of advertisement has been through informal networks and WhatsApp groups. According to Tsikata (2009) the formalisation of domestic work, informed by the use Recruitment Agencies, has been fraught with challenges for the provision of domestic labour generally and childcare specifically.

Due to the lack of security expressed by these participants, the researcher interviewed an Officer of the Child Protection Unit who explained that the unit was fully aware of the presence of Househelp recruitment agencies but unfortunately it was not in their jurisdiction to monitor them. He mentioned rather the role of the Labour Department in monitoring these agencies, despite the recognition of the numerous challenges associated with the use of househelp recruitment agency.

The study further examined the elements of commercialisation in both the recruitment process and the execution of delegated care in itself.

7.3 Elements of Commercialisation in Childcare

Several authors (see Daly, 2001; McDowell, 2004; Pocock, 2005) have talked about the characteristics of commercialised childcare/ the corporatization of childcare (c.f. Chapter Three). According to Pocock (2005), it is a formal care arrangement that is characterised by profit and loss. Key areas include the mode of recruitment of caregivers and terms of engagement as well as the services provided, the ways of accessing information on their services. Commercialised care is characterised by the use of paid caregivers, who may either be properly trained for the task they are involved with or otherwise. There are also specific guidelines on the recruitment processes of these caregivers. With regard to the provision of services, some day care centres as well as nannies have websites where prospective clients could access for information that could influence their choice. Others also run adverts on the print and social media. In a bid to better inform parent's choices, the institutions also provide data on caregiver's profile. The terms of engagement are based on several factors such time for pick up after closing. For instance, parents are expected to pay more money if they delay in picking up their children after school. Other services include allowing children to reside in the day care centres all week and picking them up during weekends when parents would have the time to provide care for the child. This scenario was evidenced in the After- School Care Service where the researcher visited. The case of Afi, a two year old who was seen in the facility with the caregiver, is a typical example. Afi's parents are both bankers with very busy schedules and are unable to provide childcare, so she is dropped in the facility in the mornings and depending on the parent's schedules she either stays there all

week or goes home late on some of the days. Such services are paid for. The use of nannies and househelps provided by institutions is guided by laws (Pocock, 2005**).**

7.3.1 Recruiting of Caregivers

The findings of this study suggest that there are elements of commercialisation of childcare in the study areas. Attention is paid to the recruitment processes, terms of engagement and the types of services provided.   Firstly, with the recruitment processes, there is some amount of payment. Participants used both formal and informal recruitment procedures. Whereas it is generally expected that the informal processes characterised by familial relationships and friendships will not involve any payment, the nature of the payment was only different from the formal. The formal by its characteristics is supposed to involve payments.

Discussions with Mr. Attram, who is an informal agent, showed that the recruitment of a househelp requires some payment between all the various actors involved. According to him, he recruits caregivers from Brong Ahafo Region. He explains:

> I have an intermediary. He lives in the community and he knows the people. So I give him the qualities of the kind of person I am looking for. Once he finds him or her, I ask my client to pay a fixed amount as transportation to bring the person to Accra. The money is then sent via mobile money to the intermediary with an additional tip for his effort (Interview with Mr. Attrams, 24th August, 2017, Accra).

Mavis of Madina Estates, confirms what Mr. Attrams discusses about using an informal agent.

She explains:

> There is a man our neighbourhood who helps working parents get househelps from his hometown. Once you give him the qualities you are looking for, when he finds the person, he requests for money to bring the person to Accra (Interview with Mavis, 6th August, 2017, Madina Estates, Accra).

She adds that to facilitate the arrival of the househelp she had to send the money through her informal agent to the househelp and the mother was bringing her daughter to Accra. She reasons this way:

> My househelp came from the Volta Region with her mother. I was informed ahead of time that her mother will be coming with her since the girl has never been to Accra. So I had to pay transportation both of them and when they got here too I paid her mother's return trip as well (Interview with Mavis, 6th August, 2017, Madina Estates, Accra)

In Dzorwulu, Esenam explains that she had to send for aunty (Mama Bless) in Nigeria to come support her. She explains that she was desperately in need of help so she "called her aunty to come all the way from Nigeria. Esenam adds: "I *had to send money for her transport, you know for her to come down".*

Apart from these informal arrangements, Mansa, who has gone through the formal househelp recruitment agency, explains her experience:

> We bought the application forms for… and we were made to also pay …amount of money as medical check-up fees before the girl is brought to the client" (Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra).

One striking aspect of the modes of commercialisation is captioned in Araba's brief narration:

> The caregiver for my daughter is a neighbour and a church member. She tells me she will not collect anything (as in money) for taking care of my daughter because it is her grandchild. But I realise that nothing is for free. She cooks for my daughter and when her gas finishes I feel obliged to fill for her. Every Friday, I do groceries of about 50 Ghana Cedis for her. During festivities, I buy her cloth and from time to time, I give her money too. She does not refuse any of these gifts. When I put all these together, I think I spend not less than 300 Ghana Cedis on her every month. So for me, these days nothing is for free (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

According Kekeli of Dzorwulu, she does not use househelps from the recruitment agency or those recruited through informal processes. Rather, she uses the day care centre and relies on the support of one of her friends. She explains that for the day care when they break for holidays, although the centre does not run vacation schools for the children, the proprietor gives her a special offer. She reasons that the proprietor has the school in her house and she has her own grandchildren and lives with one of the caregivers. So she only negotiates and drops her children off if she is going to work. According to Kekeli, Maame Dede, tells her not to pay anything to her for that service. But "I feel I have to give her something (referring to money)". Therefore Kekeli explains:

> I give her money at the end of the week. At least 50 cedis. I also give the caregiver 20 cedis at the end of the week. From time to time I buy them gifts to maintain the relationship. So although they do not request anything, one cannot take things for granted (Interview with Kekeli, 7th September, 2017, Dzorwulu).

Again, in Madina Estates, I encountered Abrafi, a caregiver. Abrafi sells food in the neighbourhood and also cares for the three children of a nurse who is her mother's friend. According to her, the nurse does not pay her any fixed amount. She explains:

> She is not consistent in how much she pays me. Sometimes she gives me 20 Ghana Cedis the whole week, other times 50 Ghana Cedis, other times too, 30 Ghana Cedis. I know I am not charging her. Because she knows that taking care of three children, this is not enough. There used to be like an After School Care Service in this neighbourhood and parents paid not less than 200 Ghana Cedis every month to keep their children from about 3pm-6pm daily. (Interview with Abrafi, 28th June, 2017, Madina Estates, Accra)

7.3.2 Working Conditions

The other aspect of the commercialisation of care is the working conditions. These conditions are dependent on the kind of care arrangements. For parents using day care centres,

the conditions were different from those using househelps, nannies or friends or neighbours. Day care centres operate within specific periods of engagement. Most parents send their children there in the morning from 8am and pick them up by 3pm. With regard to the informal arrangements, as already mentioned, use of friends, neighbours, co-tenants is largely reliant on availability. In this regard, the study paid more attention to other caregivers such as shop attendants, assistants, apprentices, househelps and nannies who had a more contractual agreement with the parents. This section therefore throws light on the working conditions and wages or modes of remuneration.

The first aspect working conditions discussed in this section, is modes of remuneration. Different modes of remuneration were used for caregivers. This ranged from paying monthly wages to daily tips and paying them in kind. According to Mansa of Dzorwulu who had employed up to nine househelps as at the time of the study stated that payment of househelps was dependent on whether they were live-in or live-out. She gave an explanation:

> So I pay all the househelps I have hired so far… if the person is a lived in I pay her…. Because she will not take transportation to work. I provide her toiletries, she eats three times a day here and so at the end of the month, I give her GHC150.00. However, if the person is a lived-out, I pay her GHC 250.00 because she is taking transport and I do not have to provide her with toiletries and other things… (Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra)

Afranewaa of Madina Estates also has different rates for live-in and live-out caregivers. But she adds that she considers the age of the caregiver, her wealth of experience and her other background characteristics of the caregiver;

> For one of my househelps who was a lived in, I paid her One Hundred Ghana Cedis (GHC100.00) at the end of the month. She lived with me. She was attending remedial classes to rewrite some of her papers for the WASSCE. I paid for that too. With my current househelps, she does not live with me. She is middle-aged woman with older children. So I put all that into consideration before paying her. I pay her Three Hundred

and Fifty Ghana Cedis GHC350.00 at the end of the month. (Interview with Afranewaa, 17th July, 2017, Madina Estates, Accra).

In the case of Naa Karley in Dzorwulu, she discussed that her modes of remuneration had to be varied depending on the needs of the caregiver. According to her:

> So my caregivers have varied and depending on the needs, we (referring to her husband ad herself) decide how much must be paid. So in the first instance it was my maternal aunty. But I paid her One Hundred and Fifty Ghana Cedis (GHC150.00) at the end of the month. But she lived with us and we provided her with other essentials. Then I had another househelp who also lived with us. I paid her GHC150.00. But my current househelp, Oko, I do not pay him money directly. But I have paid his fees he owes in his school to allow him access his WASSCE results. My husband and I have also planned to help him pay his fees in the tertiary institution. But for now, we provide him food, clothes and buy airtime for his phone and little tips here and there from time to time…(Interview with Naa Karley, 25th August, 2017, Dzorwulu, Accra).

An analysis of these transcript shows that generally, househelps are paid a minimum of One hundred Ghana Cedis (GHC100) and a maximum rate of Three Hundred and Fifty Ghana Cedis (GHC350.00) a month depending on whether the caregiver is a lived-in or lived-out. These rates although on the low side, it is higher than the Forty Ghana Cedis (GHC40.00) minimum rate Awumbila et al. (2016) discuss as payment for domestic workers in Accra. This is dependent on whether the caregiver is a lived in or lived out. One striking thing that run through all these narrations was the fact that parents considered the provision of basic necessities such as food, clothing and accommodation as essential components that determined the salaries that were paid the caregivers.

Awumbila et al. (2016) writing on the subject of domestic workers and their madams, highlight the deplorable working conditions under which some domestic workers operate. They

however, pay attention to the fact that because childcare requires special skill and experience, parents paid nannies a good price unlike other forms of domestic work that do not necessarily require any special skill. Awumbila's et al. (2016) study further emphasised that lived-in domestic workers have unregulated working hours unlike their colleague lived-out domestic workers. Findings of the current study suggest that preference for lived-in househelp was dependent on the limited access the parent had to the caregiver , in Dzorwulu, Akorfa mention that she preferred a live-in househelp to a lived-out. This, according to her, was because she had unlimited access to the caregiver. She enumerates the benefits of having a live-in caregiver.

> It is better to have a live-in househelp. You have access to her anytime. She will be available to help anytime and you can travel out easily and she will be there to take care of everything. Some of my friends who have househelps talk about not choosing lived in because that is more expensive. You have to provide them food, accommodation and other things, but they forget the unlimited access you have to the person (Interview with Akorfa, 21st July, 2017, Dzorwulu, Accra).

But despite such arrangements, Awumbila et al. (2016) reported that in other instances lived-out domestic workers could be called outside of their regular working hours in urgent cases

With regard to the other caregivers such as friends, grandparents, neighbours, apprentices, attendants, and co-tenants different arrangements were made.   Such arrangements were usually found in Madina Estates and Nima, with minimal patronage in Dzorwulu. In Madina Estates, participants using neighbours, and friends, mentioned they did not have regular payment. But they confirmed that it was not for free, however. Araba captures it clearly in this submission:

These days nothing is for free…since I returned from my aunty's place, it is a church member who has been helping me to take care of my daughter. She has not requested for any money but I decided to give her 'something'. I cannot let my daughter be with her from Monday- Friday when she closes from school and then I do not pay anything. I give her 50 cedis every week (usually on Fridays) and then I do groceries shopping for her at the end of the week. If her gas finishes too I fill it for her. During festive occasions too, I buy cloth for her (Interview with Araba, 25th April, 2017, Madina Estates, Accra)

She further adds that she does not only give to the woman who helps her take care of her

daughter but also pays fees for a girl in her neighbourhood who supports in caring for Abena her

daughter, while she is at work. In the case of Adizatu who uses the erratic support of her

attendants at the market, she does not pay Amina at the end of the month. But she explains:

"I give her something small as a way of motivation. Sometimes, it is not just money, it could be food. So I give her gifts from time to time to time".

For Mavis who relies on her neighbours and co-tenants, she explains that although she

does not pay her co-tenant any money but she also provides some kind gestures. She explains*:*

"So for instance, if I go to the market and I see something nice I can buy for her daughter as a gift. This I do to maintain a healthy relationship with her in order to continually receive her support".

In the case of Adwoa of Dzorwulu, whose mother provides support for in the care of her

children, she narrates that she has put an investment plan in place for her. This is in addition to

the provision of all her basic necessities including medical bills. Kekeli of Dzorwulu also

maintains that for her friend and her mother who support her in providing care for her children,

she gives them some money from time to time as well as gifts. She adds:

"one cannot take these things for granted… they are using their time and these days, time is money so you need to give them something even if they are family…"

It is important to note that irrespective of who was taking care of the child, some modes

of remuneration either in kind or in cash was done. However, the difference in the forms of

payment lies in how these wages were negotiated and coordinated. So for those who paid in cash

to househelps who were hired through househelp recruitment agencies, negotiations were done

through the agent.   In Dzorwulu, Mansa narrated this way:

> When I went to the recruitment agency I was asked to pick a form and fill. Afterwards,
> they requested money for medicals and then discussed the salaries and how it will be
> paid. I was to pay a part of the salary to them for the first month when the househelp
> starts work and subsequently I pay the rest to her and also pay her SSNIT contribution.
> The forms were signed by both the agency, the househelp and myself (Interview with
> Mansa, 3rd April, 2017, Dzorwulu, Accra)

It is important to mention here that other narrations showed that, not only did agents do the

negotiations, informal agents who helped to recruit househelps also did some negotiations as

well. In the case of Sonia in Madina Estates, she narrates that:

> The agent requested that I give him transportation to go and bring the househelp from her
> hometown so I did. But it was agreed that the girl's mother wanted to see where her
> daughter was staying so extra money was given for her to join them in coming to Accra
> from the Volta region. So when they came, I together with my husband and the girl and
> her mother sat down to negotiate the conditions of service and modes of payment. We
> agreed on how much we were going to pay and the dos and don'ts of the work (Interview
> with Sonia, 20th August, 2017, Madina Estates, Accra).

These kinds of arrangements are prevalent in all study areas where househelps were hired either

through formal or informal agents. Here the agents acted as the intermediaries between the

employers and the caregivers. But here are also instances where there are no third parties. For

instance, Afranewaa explains that although her nanny was recommended through a family friend,

negotiations on payments were done between herself, the family friend and the nanny. Again,

one informal agent indicated to me that contrary to what is acclaimed that agents leave the

househelps to their fate when they get to the households where they will be working, he makes it a point to check up on them.

> I make it a point to check up on them, I make sure their employers register them on national health insurance and also pay SSNIT for them. I also negotiate that they allow them a day off every two weeks. I believe it is important that they go out of the house and if they want to go and visit their friend and do something or even go to have sex. The point is most of these girls are sexually active and if you don't allow them some freedom, they will sleep with your husband or any available male (Interview with Mr. Attram, informal agent, Accra).

The negotiations with both formal and informal agents were not only about wages but also about the general conditions of service. From the narrations in the transcripts, the caregivers were not only interested in their wages but also their general well-being. This is contrary to what Awumbila et al. (2016) studies found the relationship between househelps and the recruitment agents. They mention that due to the fact that agents usually receive monies from the employers, their allegiances are rather with employers rather than the househelps or domestic workers. For that reason in cases where they had been exploited, the agents were not able to help much. They further assert that some of these agents even encouraged these domestic workers to agree to sexual demands in order to maintain their jobs.

The current study digresses from this assertion and explains that agents focus on the well-being of househelps. However, critical issues on terms of engagement are not discussed. For instance none of the recruitment agents stated that they negotiated for scheduled working hours for lived in househelps, and even for lived-out and whether they were compensated for working outside their official working hours. According to Tsikata (2011), there has been the entry of formalised and semi-formalised agencies into the recruitment domain of domestic workers.

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However, this has had a very limited impact on the highly informalised and unregulated labour regime and thus affecting househelps and nannies negatively.

In summary, the elements of commercialisation involve the manner in which recruitment processes are done, how wages are negotiated and the manner in which conditions of service are defined. It was observed throughout the study that the methods of recruitment were predominantly informal. Although some recruited through formal househelp recruitment agencies, the study establishes that there were negotiations for recruitments that were done through formal and informal agents on how much should be paid and the conditions of service depending on whether the househelp is lived - in or lived - out.

The nature of negotiations for wages was also dependent on the mode of recruitment. Whereas recruitment agents took active part in the process of negotiations - acting as intermediaries between the caregivers and the parents, - the case of kin and friend support was different. No agreements were made. No papers were signed but parents paid their caregivers in either cash or kind. This aspect of the study thus resonate with Araba's (a participant from Madina Estates) assertion that: "*these days nothing is for free*". Thus childcare which was initially an informal domestic labour has been commodified in ways that makes it necessary to even provide predominantly financial support to those supporting parents in caring for their children (Folbre, 2011). Several studies have mentioned the challenges associated with this kind of arrangements and the changes in care. The next section therefore discusses the challenges of care.

7.4 Challenges of Care

According to Waerness (2012), arranging for childcare is one of the daunting tasks that parents struggle with everyday. This is because the choices made are influenced by several factors. This section thus highlights the challenges associated with childcare from the perspective of parents and officers from the Department of Social Welfare (DSW) as well as Househelp Recruitment Agencies. As already established in this work, the current situation of parents where they have to combine childcare with work, creates problems of fully providing the required care for their children. It is in this regard that complementary care has become necessary to provide support for parents. It is important to highlight that parents from the three geographical clusters had different challenges with their childcare choices. In Dzorwulu, the key challenge was accessing the right kind of care whereas parents in Madina Estates and Nima struggle with issues of affordability and accessibility. The common challenge for all parents is this location was the issue of trust.

In Dzorwulu, parents complained that the key challenge in accessing care was difficulty in accessing the right kind of care. Although generally, it has been accepted that complementary care is becoming a norm, there are no policies regarding how it should be arranged and how information on care arrangements can be accessed. Given such situation, parents report that usually, there is the difficulty in accessing credible information on appropriate childcare option. For this reason, they have to rely on the recommendation made by their friends, neighbours, family, work colleagues and sometimes church members. Dzifa recalls:

> Irrespective of what kind of care I have used for my children, I am always not able to find information on them. I always have to rely on my friends and sometimes family. Their perception of what is good may not be the same for me. (Interview with Dzifa, 9th September, 2017, Dzorwulu, Accra).

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Araba of Madina Estates adds that the choice of day care for her daughter was based on a recommendations from her work colleagues and also the out -of - home care was recommended by a church member. She narrates:

> As I indicated to you earlier, I have lost both parents and so when I had my daughter I lived with my aunty who was helping me. When I had to return to Accra, a church member recommended a woman at church who lives in my area and takes care of other children in the area once their parents go to work. I obliged and used her services (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

The challenge with these kinds of recommendations and the point of recruitment of caregivers and selection of day care centres is the inability of parents to verify the information they receive prior to the choices they make. In Araba's case for instance, she narrates that apart from the church member recommending a woman in her neighbourhood, she also had earlier consulted a work colleague who had agreed to look for a househelp for her. The challenge is that, this colleague of hers brought the househelp from his hometown based on recommendation of people in the hometown. Araba narrates:

> When this lady came it was hell for me. She was always on the phone with her boyfriend. She was bigger and taller than I was. She would not take instructions from me and because she has had children before, she wanted to do things in her own style contrary to how I wanted to handle my daughter. So she did not stay with me for long, and I decided to let her go… (Interview with Araba, 25th April, 2017, Madina Estates, Accra).

In the case of Elizabeth, her mother brought in the househelp from their hometown as well. She was confident the girl was going to provide her the needed support but she observed that the girl had a different agenda. She explains:

> Esi did something that I became very suspicious. One evening my husband was in the hall and she was sweeping. I realised the skirt she wore was short and when she got to where my husband was, she bent down in a seductive way. My husband just shook his head and I was very surprised. I called her to order! My husband then told me when I am not around, she tries to seduce him. I was shocked and called my mother to let her know.

> She then did further enquiries and was told that Esi used to stay with her big sister in Accra and she seduced her husband so the sister sacked her from the house and she had come back to live in the village..(Interview with Elizabeth, 4th August, 2017, Madina Estates, Accra).

Awumbila et al. (2016) emphasise that the fear of househelps snatching their employer's husbands has been a key factor that influences the choice of househelp. As noted in their study, some of these househelps may keep an affair with their boss's husbands in order to get favours in the household. In Madina Estates, Mavis noted that these househelps pretend to be angels when they are being recruited but once they get to the house, they reveal their actual agenda. She narrates:

> These girls have a mind of their own. This one here that my brother brought. I have told her without number to shut the door when she sleeps but she will not. She sleeps without panties and opens her legs. It is only a girl who has an agenda who will do that. These girls go about snatching people's husbands. I recently heard a story like that. The man was going to close the househelps door that has been left ajar after using the washroom. Before he realised he was lying on top of her…(Interview with Mavis, 6th August, 2017, Madina Estates, Accra)

These snippets show the inability of informal childcare recruitment agents to do adequate background checks on the househelps they recruit is a key challenge to childcare. But interviews conducted in Dzorwulu showed the case is not peculiar to only informal recruitment processes but also the formal recruitment processes as well. She narrates how a nanny whom she recruited from the Househelp Recruitment Agency almost killed her son:

> …after paying so much to get a nanny from the agency, the lady almost killed my son. Knowing my son, he doesn't sleep so much in the afternoon but since the lady came, anytime I called, she would say, he is asleep. That went on for some time and my son fell very ill after a while and when I went to the hospital, it was diagnosed that he had high dosages of sleeping tablets in his blood. When I asked the nanny, she apologised and said she did that so the baby could sleep for her to do other things. But I did not leave the entire work at home for her to do… It almost became a police case…(Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra).

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Esenam was also quick to add that she refused to go with the recruitment agency's recruitment because of a friend's experience with them. She narrates:

> So my friend and the husband hired this househelp from a recruitment agency. Little did they know this lady was an armed robber. She connived with her gang to come and loot everything from their house one day. When they got back from work she had absconded with everything. They went back to the agency to report and look for this lady. Unfortunately for them, the telephone number she provided for the agency was wrong as well as the house address. They could not trace her… (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

The difficulty in accessing the background of caregivers within the households creates more challenges with the already complex situation of arranging care. Closely tied to the background of caregiver is the nature of socialisation they provide for children left in their care. According to Gyekye (1996), socialisation of children within the African context and the Ghanaian context is largely influenced by the environment within which the socialisation processes takes place. One challenge of most parents in all three geographical areas is the conflict in modes of socialisation between the caregivers and the parents. In Madina Estates, Afranewaa explains that in the socialisation of her children, she provides some restrictions on which kind of Television programmes they could view but one of her househelps influenced them badly.

> You know… my children what they know is Smart kids TV, they do not know any other station. So because of that their daddy has placed the channel there for them. When they come to my room and I'm watching something I will ask them to either go back to their room or I will change the channel to Smart TV channel. But my second child will call me and ask me to come and see vampires and I said vampires? When did you see vampires? I asked. Sister Ama watched it with us, he reported. I was upset because I have told her several times not to allow them watch some programmes. But she watches whatever she feels like watching when I am not at home. So I see that some of these things are challenges. The person might pretend when you are there it's different. When you are not there, you are leaving your children with them, you don't know the outcome. So all do is

just pray that, I've left my children, God should help you to come and meet them. And as they are growing too you look out for certain things. Maame Adwoa (my daughter) once was starting to dance in a certain way. When I asked her where she learnt that from, she said, sister Ama has those videos on her phone. Sometimes she will put the earpiece in her ears and then they will be dancing… (Interview with Afranewaa, 17th July, 2017, Dzorwulu, Accra)

In a similar vein, Araba describes her situation to highlight the fact that because her church member operates a convenience store in front of her house, several parents also bring their children for her care of them while they are at work till they return. Similar arrangements have been made to that effect. In this regard, there are always several children with the woman and as a result supervision is poor.

She has many children and sometimes by the time I go to pick my daughter she will be looking all dirty. One weekend when her father came to Accra, he said he had observed some traits in our daughter. She will be using abusive words. In our house nobody does that so we knew she picked it from the caregiver's house. (Interview with Araba, 25th April, 2017, Madina Estates, Accra)

According to Kekeli, her husband found going to leave her children in the friend's house problematic because of certain behaviours he observed them pick up. She narrates:

 I observed my son would talk back at me in a way that is not the usual. He started talking like that and sometimes using abusive words when you are talking to him… (Interview with Kekeli, 7th September, 2017, Dzorwulu, Accra).

From these snippets, it was observed that parents are very concerned about how their children are socialised. In an interview with Abrafi she emphasised that the restrictions on how children should be socialised by parents affects the extent to which one can assist them.

You see these three children are so stubborn. Sometimes when they can do things that are so upsetting. If you tell them to stop they will not. But their mother said I should not even shout at them, let alone spank them when they do something wrong. So it is really difficult and one needs a lot of patience (Interview with Abrafi, 10th August, 2017, Madina Estates, Accra).

The point is that parents worry about the modes of socialisation from their caregivers either in their homes or outside their homes. This is because within the Ghanaian context, the success of a parent is not based on his or her career achievements but his or her ability to also bring up their children in appropriate ways.   During a focus group discussion at Dzorwulu, participants' views on child socialisation were in tandem with that of Gyekye (1996) who mentions that appropriate socialisation processes for children was a cherished societal value in Ghana. Belinda was quick to mention that one of her fears in life is not to be able to socialise her son in acceptable ways.

> So every time I feel I am under so much pressure. The pressure to succeed in my career and the pressure to also have a well-brought up child. So women's participation in the labour market has further compounded the issues. Society expects me to advance and at the same time have well brought up children. When work conditions and policies do not favour my ability to do so… it is really difficult! (Belinda, 10th August, 2018 in a Focus Group Discussion, Dzorwulu, Accra).

Similarly, Akua in the same Focus Group Discussion adds that even before she had her child she had taken the decision ahead of time to take care of her if she did not get any support. This is because she had seen the abuse of some househelps trending on social media. Adoma also agreed to Akua's assertion.

> I have always wanted to do my childcare myself. In that way, I will socialise my child the way I want without any interference. Socialisation of a child is a collective effort in our context but I would want to get someone I can trust. I was lucky to have gotten a reliable person, otherwise I would have stopped working to do it myself. Because if your child does not turn out the way you want, they will become a liability to you for the rest of your life (Akua, 10th August, 2018 in a Focus Group Discussion, Dzorwulu, Accra).

The fact that Adoma was more concerned about the kind of work she would do is stated:

> Before I started having children, I thought of the kind of job I wanted to do because I knew my job could influence my ability to care for my child. And I consider the socialisation of my child a priority to the extent that I will quit work or school to do it

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myself if I do not get the needed support (Adoma, 10th August, 2018 in a Focus Group Discussion, Dzorwulu, Accra)

The study observed that this case was not exceptional to only Adoma but also Esenam of Dzorwulu. According to Esenam, she decided to quit her job to do her childcare largely because of poor working conditions and her own experiences and a narration of someone's experiences her husband shared with her.

> So these person in question according to my husband's narration, were all professionals, with very busy lives. They left their children to be cared for by a househelp and a driver. In their absence, the househelp and the driver will be watching pornographic movies and will be having sex in the presence of the children and will ask them to do same. Their parents never got to know. They grew up with that attitude and by the time the parents got to know, it was really out of hands and nothing could be done. So I decided to just do it myself when all my options did not work properly for me. When they are older, I will go back to work, the formative years are always difficult and that is when they need all the attention (Interview with Esenam, 17th July, 2017, Dzorwulu, Accra).

It is expected that people in the formal sector, such as Esenam who used to be a banker, were more likely to quit their jobs in order to care for their children. However, Agartha in Nima, who was a chop bar attendant also said she quit her job in order to take care of her children. She explains:

> As I already told you, I used to work with mother-in-law at her chop bar but I stopped because I could not combine the work with taking care of my two children. By the time I close from work and get home, they would have returned from school and it is always my neighbour or co-tenant who takes care of them until I am back. It is something I was so uncomfortable with. I wanted to socialise my children myself. My neighbour is a Muslim, I am Christian. Our doctrines are different…so I was not happy…(Interview with Agartha, 15th September, 2017, Nima, Accra)

The snippets show that the choice of career is influenced by how the conditions of work allows some flexibility for mothers to provide the needed care for their children. For fear of not raising socially acceptable children who will be assets to society instead of liabilities, mothers were willing and some had even quitted their jobs to allow them take care of their children.

Gbadegesin and Alabi (2014) note that childcare provision has led many women to either defer progress in their career or abandon their career completely in order to be available for their children.

It is important to also mention that abuse from caregivers is not just between the caregivers and the children they care for but also between the caregivers and the parents of the children. One mother confessed that although she is the boss of the home, she is afraid to sometimes take sanctions against her caregiver for fear of her abusing the child in her absence. Thus most of these mothers are emotionally abused by their children's caregiver but because they feel helpless they learn to accept it. Mansa explains it in this way:

> I am in my house but I do not have absolute control over situations. Because these househelps and nannies if they do something and you do not like it and you do not say it in a way they are comfortable with, they will avenge their anger on the child in your absence. So I am always cautious not to step on her toes… (Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra).

Awumbila et al. (2016) mention a similar occurrence in their study of how some mothers try to negotiate with their caregivers even in circumstances where they are wrong. This kind of negotiation was done to avoid making the caregivers angry and the for fear of the unknown when they are absent. During a Focus Group Discussion, Belinda mentioned that although some parents also abuse the caregivers especially househelps and nannies through exploitation, the way the househelps get back at their employers is so severe because it involves an innocent child. Commenting on a video trending on social media of a househelps abusing a six months old baby in Uganda, Belinda recounts that the anger and frustration was due to the fact that parent of the child refused the househelp's request to go and visit her sick mother. So whatever she did to the child was due to anger and frustrations.

Again, issue of parental stress and conflict on childcare practices was found to be a challenge on caregiver selection. Whereas, some respondents wanted their mothers to provide them support with care, others were also not comfortable with the idea. In a Focus Group Discussion, Adoma discusses how her mother-in-law had different views on how her son should be brought up which were in conflict with her ideas and that of her husband:

> My mother-in-law still holds on to the old practices of how children should be cared for. So when she came in she wanted to be massaging the baby's head with warm water and we told her, those things are no longer in practice. She wanted to be giving the baby sheabutter to drink and even white clay to be mixed with something. The list is endless… If you tell her these things no longer work for the children and that there are new methods, she would get angry. She said we were internet …computer parents. It created a rift between us for a while and she wanted to even go back to the village but we tried to make her understand but in the end she agreed to stay on and go by what we wanted. But at the initial stages, it was very difficult (Adoma, 10th August, 2018 in a Focus Group Discussion, Dzorwulu).

In the same Focus Group Discussion, Belinda also recounted that her mother was more careful about how she cared for their son.

> She would always ask me to go and ask my husband, if she could give our child sheabutter, or massage his head etc. But my husband told her from day one that she has mothered several children who have all survived so whatever skill she has, she could use for our child too. (Belinda, 10th August, 2018 in a Focus Group Discussion, Dzorwulu, Accra)

The point of stress is for the fact that in Adoma's issue her husband was too careful about what new methods his mother brought along. But in the case of Belinda, the husband was more accommodating of the mother-in-law's support. Apart from these, amongst the parents they there are also challenges with care. The problem always lies with whose method or approach is the best, since both parents always come from different backgrounds.

Closely related to conflict, is the conflict generated among couples by the househelps. In Dzorwulu, Afranewaa shared her experience.

So one night I returned from work and she was watching TV. So when I walked in I was like, Ama, you didn't iron the children's uniform. She said, Maa no! I replied and you are watching TV. Do know when they are doing to school tomorrow? She said I will do it before I sleep. I said go and get the things and iron. I think some few minutes she took the things, my husband came. When he climbed upstairs, he saw her at the place with the head at the ironing board. What is it? He asked. My head is aching and Maa says I should come and iron. So my husband immediately entered the room and he asked me with a straight face..so if someone is even not well is she still obliged to do what she has to do? I was lost! So I asked him, what is it about? Then he responded: Ama is complaining of headache and you have given her the children's uniform to iron. Can't others in the house do it? I then explained to him that when I came she was watching TV, she never told me she has head ache. So I wouldn't have asked her to do anything which I know there is something wrong with her. Then my husband said go and look at how she is lying down? Then he added, you don't treat someone's child like that and then he left the house.. I felt bad (Interview with Afranewaa, 17th July, 2017, Dzorwulu, Accra).

Excerpt from Interview Record

Mavis: the lady said he was forcing to sleep with her

Serwaa: why did the girl seduce him?

Mavis: I think it's because of the way [she] sleeps. She normally goes almost naked not with the intention to be sexually attracted to him but only to feel comfortable.

Serwaa: and does his attitude worry you?

Mavis: not at all! I care-less about these things.

This narration shows the case of purported case of abuse which Afranewaa had no thought about and for that matter, hard to prove to the husband. Again in Madina Estates, conflict ensued based on a sexual affair between the househelp and the employer (Mavis') husband. According to Mavis, the househelp was behaving funny and was always withdrawn. Having read in between the lines, she confronted her to ask what the matter was and she mentioned to her that Mavis' husband had raped her one of the nights and warned her not to tell the wife. When she confronted the husband on the issue, he denied it and this resulted in a conflict between them. It is in the context of such deliberation that she told me as stipulated in the interview excerpt that

the househelp also needed to be blamed for her negligence. Eventually, the househelp had to be sent away according to her. Another challenge is unreliable nature of househelps. This is captured in a statement by Naa Karley of Dzorwulu.

> These househelps have a mind of their own. They can decide when to leave and when to come back to you. I did not have any issues with my househelp, I used to give her days off every two weeks. But one day, she just got up and said she will not come again after her days off. It was really tough for me because I knew she was going to be available and I had not made any plans for another person to take over (Interview with Naa Karley, 25th August, 2017, Dzorwulu, Accra).

In a similar vein, Sonia also mentioned that she returned from work one day to see that her househelp had left. She said but for the timely intervention of her co-tenant, her daughter who was a baby at the time, would have really suffered.

> She left the baby in the room. When she realised that everyone had left the house, she just run away. It was my co-tenant who heard the baby crying and when she called the househelps name several times without response, she decided to go and check on the baby. She was shocked to realise she had just left like that. She called me from work and I sought permission from work to rush home. I was so distraught! (Interview with Sonia, 20th August, 2017, Madina Estates, Accra).

Following from such negative confessions about househelps, and sometimes caregivers in general, I asked the parents if they had any positive aspects with caregivers how they have supported their provision of complementary care. Afranewaa commented as follows:

> no!!! What I want to say is that, I'm not saying all the house helps are bad. At least with the experience I told you we had some good ones. We appreciate them so much. Someone like Beatrice helped me to finish my Master's that time. If she hadn't been there like I would have found it really very difficult. And then, I will say that we appreciate them, they are good. Those who are good are good. Those who are bad too are bad. (Interview with Afranewaa, 17th July, 2017, Madina Estates, Accra).

In Dzorwulu, both Mansa and Dzifa mention that, the involvement of househelps and nannies have been beneficial to their economic progress. Mansa explains:

Some are good others are bad. I have experienced them all – both good and bad. But what I can say is the good ones really helped me. Their presence and support enabled me to pursue my career. My husband doesn't work in Accra and I always wondered how I would have managed to take care of these two children (Interview with Mansa, 3rd April, 2017, Dzorwulu, Accra.)

In conclusion, this section discussed the challenges associated with childcare provision. It established that contrary to what earlier scholars have mentioned about the key challenges such as affordability and accessibility, the current study identified the challenges of socialisation, conflict, inability to trust caregivers as critical challenges of childcare provision that need to be given maximum attention.

7.6 Chapter Conclusion

In summary, this chapter looked at the commercialisation of childcare. Attention was drawn to elements of commercialisation and it proceeded to examine the challenges of childcare. The study in agreement with earlier scholars revealed that recruitment processes of caregivers were largely through informal means. The reason for this choice for most parents was because they could trust the kind of caregiver they were going to get because of the one who was recruiting them. The formal modes of recruitment were not well patronised not just because parents could not trust the kind of caregiver they could get, they also felt not secured with leaving their child with a complete stranger. Again the conditions associated with the recruiting agents also deterred most parents from patronising their services.

The study further identified elements in the recruitment processes of caregivers. Here, it was discovered that, in the recruitment of even informal caregivers, one was expected to pay monies in transporting the caregiver to Accra and also give some monies for the intermediaries. This was the case in Dzorwulu and Madina Estates. Negotiations were also made on wages that were going to paid and how they were going to be paid. This was done through both formal and informal means. Negotiations were different depending on the nature of recruitment. For formal recrutiments, agent took active part in the process. However, in the case of kin and friends, no written agreements were made but parents paid their caregivers in both cash and kind. The challenges of care were also described from the perspective of parents, caregivers and other stakeholders. Issues such as poor socialisation from the caregivers, low incomes for caregivers and difficulties in finding the right kind of care for a child were discovered in the study.

CHAPTER EIGHT

SUMMARY, CONCLUSION AND RECOMMENDATIONS

8.1 Introduction

This chapter presents a review of the previous chapters, draws general conclusions from the entire study and its findings and makes recommendations particularly towards policy and for future inquiry.

This study examined the changing cultures of childcare arrangements in Accra. Existing literature on complementary childcare arrangements in sub-Saharan Africa and specifically Ghana shows the predominant utilisation of informal care practices because of the extended nature of its family systems (Badasu, 2004; Goody, 1982; Oppong, 2000; Oppong, 2001). However, studies show how the reinforcing factors of social and economic changes such as migration, monetisation of the economy, urbanisation, formal education, women's work in formal spaces and or outside home have undermined traditional notions of care (Badasu, 2004; Tetteh, 2005). Therefore, in Ghana's urban centres, for example, these changes have produced an increase in households with dual earner parents; a decline in the supply of kin-based informal child care support due to nucleation of families, and a general transformation in social relations (Nukunya, 2003; Oppong, 2004). Hence, creating a situation that affects the use of kin support in childcare to a reliance on paid childcare by both kin 'strangers' especially for children aged 0-4 years.

Within the context of the changing cultures of care, this study examined the dynamics and continuities of childcare practices and behaviours in three geographical clusters in Accra, namely Dzorwulu (formal), Madina Estates (semi-formal) and Nima (informal). The specific objectives for the study were to: i) interrogate the types and nature of childcare arrangements in

urban households; ii) explain the parental characteristics that influence childcare arrangements and types; iii) examine how childcare has been commercialised and iv) find out the challenges that are associated with caregiving. The qualitative research approach was used for the study. A total of fifty-eight (58) participants were involved in the study. Key issues emerging from the study are summarised in this chapter and conclusions are drawn.

8.2 Summary

In discussing the types and nature of childcare arrangements, the study examined the household composition of the three different sites in order to understand how traditional notions of care have been conceptualised. In as much as the study agreed with earlier scholars that there is dispersal of kin in the urban space as a result of migration, findings of the study suggested that in all three geographical locations household composition included kin rather than the couple and their children. This is because, findings showed that parents received kin support from grandmothers, aunties and siblings in all three geographical areas. However, the situation was more evident in Nima as families were still more closely knitted than in Dzorwulu and Madina Estates. The study observed that such scenario was possible in Nima because as an informal residential area characterized by a sense of communality, and low educational background and involvement in informal employment, kin have control over their time and can provide childcare support. However, in Dzorwulu and Madina Estates, the study observed that factors such as education and involvement in formal economic activities accounted for the minimal support of kin in childcare provision.

Again, different parenting situations also influenced the nature of childcare. Of the fifteen households interviewed, five of the households in Dzorwulu and Madina Estates,

although married, did not live with their spouses. These live-apart couples mention that the absence of their spouses coupled with the absence of their kin caused a strain on their ability to provide care for their children.

Based on this, the study identified four types of care arrangements. These are: i) non-formal care arrangements, ii) semi-formal family care arrangement, iii) semi-formal non-kin care arrangements and iv) formal care arrangements. The study observed that in all the study sites, participant's first consideration of complementary care was the non-formal childcare arrangements. This kind of care involved the use of family members, friends, neighbours. This does not involve any kind of monetary payments. Instead, there is voluntary giving out of gifts, foodstuffs, pieces of cloth and basic food to support the caregiver. The semi-formal family care involves the use of family members but arrangements are made to voluntarily pay cash or have financial investments plan in place for either mothers or aunties or siblings of the parents who are providing care for the household. This kind of care was seen in Dzorwulu.

The semi-formal non kin care, a type of care evident in both Nima and Madina Estates, involved the use of neighbours, friends, church members as well as apprentices or work colleagues who support childcare arrangements. Payment comes in the form cash and in kind (such as providing free tuition in apprenticeship). The formal care arrangement involves unrelated caregivers who are given prior arrangements of payment plan for the services they are to render. Depending on the household, it ranges from hiring of househelps, nannies to the institutional level such use of day care centers, after school care services, community services (church and the community at large). Parents in Dzorwulu and Madina Estates predominantly utilised this form of care. These classifications of care types in the study go contrary to other scholars have described as either formal or informal. The study thus adds to knowledge that

within the African context and Ghana for that matter, the nature of childcare arrangements in urban households cannot be classified in binary terms but in a more nuanced manner as has been described in the study.

With regard to parental characteristics that influence childcare options, age, educational background occupation and its characteristics and how that affects availability of time for childcare were examined. The study established that just like other studies have concluded, childcare especially nurturing is an expected female role and thus the work conditions of mothers affect their ability to provide childcare adequately for their children. Fathers on the other hand, to a large extent provided financial support for the care of their children. In-depth interviews were used as cases to represent the three different geographical locations to describe how mother's work influences childcare provision. The study further highlighted that the educational level of parents influenced the kind of career they were involved in. Whereas parents in Dzorwulu had tertiary education, those in Nima had no education, primary education or senior High School Education. In Madina Estates, it was a combination of primary Education, Senior High School and Tertiary. Based on these, most participants in Nima worked in the informal sector of the economy, whereas those in Madina Estates worked in both the formal and informal sectors respectively. Parents in Dzorwulu were however in the formal sector. In this regard, the study has shown in the discussions that occupational activities and conditions of work in the three study sites had varying effects on availability of parents to provide childcare for their children.

In Dzorwulu, the study identified what it describes as dysfunctional motherhood – a situation born out of the difficulties encountered by mothers in combining childcare activities with their work. The severity of the issue was pronounced in instances where some mothers

could not even enjoy the full benefits of government policy on maternity leave which permitted mothers with infants to have three months of leave and also work half-day until the child is a year old. This is because other related structural issues such as the traffic to and from work affects their ability to fully enjoy such benefit. The situation accounted for the decision of some mothers in this situation to quit their job, due to her inability to combine childcare with their career. Such findings corroborate what earlier studies talk about in relation to the rigidity associated with the formal space. The study also corroborated earlier findings on the flexibility associated with the informal space and the subsequent ability of mothers to combine work with childcare as was evident in Nima. However, the study identified the case of Agartha who quit her job in the informal sector because of low wages in order to take care of her children. These findings show the importance and value of children despite the current projection of women to be more career centered to the detriment of their young children.

The characteristics of fathers examined in the study showed that inasmuch as some fathers may be willing to help, their work expectations affected their ability to provide support for childcare. Like the mothers in Dzorwulu, all the fathers were also professionals who hardly seemed to have time to help in providing care. Besides, the involvement of the fathers was not entirely associated with their work but their willingness to provide childcare as well as the exigencies of urban life. In Nima, the study found that the absence of network from kin, which represented a form of social capital, coupled with father's inability to pay for the care of children compelled him to provide the needed support. This showed that in the urban space, the exigencies of urban life results in gender neutral roles. However, due to the gendered socialisation processes, fathers who can afford to pay for the services of caregivers do not provide the support themselves.

In this respect, findings of the study pointed to availability of kin support (for instance, the presence or absence of a grandmother) as a factor influencing parent's choices of childcare. It was observed that contrary to findings of earlier studies on the role of maternal grandmothers in the support of childcare provision, there was the presence of paternal grandmothers due to the exigencies of urban life. The study further observed that sibling's competition over grandmother's attention affects their availability to provide care. Also some felt that they were being a burden to their children if they stayed with them long after the birth of the children.

Based on these parental characteristics in the three study sites, the study observed that parents broadly selected two main care arrangements, namely; institutionalised and non-institutionalised childcare arrangements. In all these caregiver's characteristics were considered as very key. These included age, educational background, behaviour and sex of the caregiver. Several factors were identified associated with the parent's choice of complementary care arrangements. Two forms were identified: institutionalised and non-institutionalised care arrangements. For non-institutionalised care included care from kin, friends, neighbours, co-tenants, househelps, and parents in all the three geographical areas considered the availability of the caregiver, age, and experience with caregiving. The results of the data analysis showed that for those in Madina Estates and Dzorwulu, in addition to relying on neighbours, church members, and friends, they also hired househelps and nannies. But in Nima, childcare was delegated to relatives, apprentices, attendants as well as neighbours.

In relation to the theoretical framework of the study, findings of the study showed how socio-economic transformations have resulted in different forms of social capital utilised by parents. The study established that in addition to existing forms of support identified by previous studies, there are new forms of social capital (neighbours, co-tenants, apprentices, shop

attendants) which have created new network of support for childcare. However, these are dependent on several interconnected environmental factors described in Bronfrenbrenner's Ecological theory. For example the kind of home (representing the micro) and the nature of accommodation situation has shown to influence on whether parents will choose to have a live-in househelp or even have a househelp at all. Again, the parent's employment (the meso system) informed by level of education, and working conditions determined how much time, a parent could have to care for their children.

The study further discussed how this new forms of social capital in supporting care have been commercialised in different ways. An examination of childcare in the different households highlighted elements of the commercialisation regarding modes of recruitment, and terms of engagement of caregivers. The study identified that the modes of recruiting were both formal and informal. Informal recruitment processes through recommendation from kin, friends, neighbours was seen as the most common form of recruiting. Informal agents were also involved in this kind of recruitment. This process involved payment of money to intermediaries in the case of informal agent in order to search for the househelp or money to be used as transportation to bring them to Accra. Most parents in all geographical locations found this mode of recruiting more reliable because they could trust the people who were recruiting the caregivers on their behalf.

Formal recruiting processes such as the use of Househelp Recruiting Agency, was not well patronised by parents. Out of eight participants interviewed on the use of their services, only two have engaged the househelp recruitment agencies. The reasons for such occurrence was as a result of bad experiences some have had using househelps from the agencies. Others also mentioned that the conditions of service of the recruiting agencies deterred them from using their

services. Again, the lack of trust for the kind of caregivers, was given as a reason why some parents were unwilling to patronise their services. Parents mentioned that most of these agencies do not do adequate background checks on their staff. For that reason, one could not only think just child abuse but the safety of their homes, since these caregivers are more likely to be at home

The remuneration for care provision was dependent on the kind of care arrangement made. For instance, day care centres operate at specific times and are reliant on their availability. The study identified that for caregivers recruited through informal means, whereas some had verbal contractual agreement on wages, others had none. It is important to mention that in Nima, caregivers did not have regular wages for either their kin, other caregivers (shop attendants and apprentices) but rather gifts or tips from time to time. The same could be said of neighbours and friends who provide care. For those with contractual agreement, it was based on whether a caregiver was live-in or live-out. Live-in caregivers were paid higher than lived-out since parents mentioned that for the latter, they took care of their accommodation plus other living expenses in addition to their monthly wages. It is important to note that depending on the recruitment method, negotiations for wages were done by different actors.

The kind of household and the resources available, influenced the care arrangement. The study therefore examined the challenges associated with providing childcare from the perspective of parents, caregivers and other stakeholders such as the Househelp Recruiting Agency and the Department of Social Welfare.

In Dzorwulu, parents' major challenge was difficulty in accessing credible information on appropriate childcare. This is because the recommendation of a good facility based on the judgement of friends and kin was not always a suitable choice, as parents could not verify

information provided to them. In Nima, the major challenge was the cost of childcare. The inability to pay for childcare fees at day care centres, made prevented parents from considering the quality of care in the choices they made. In Madina Estates, parents complained that their inability to check the backgrounds of caregivers created issues of socialisation in the process childcare provision. In agreement with parents in Madina Estates, those in Dzorwulu, also indicated that caregivers could pass on bad habits to their children.

Again, another challenge of care provision identified in the study was the unreliable nature of caregivers and the lack of trust that parents had for them. In both Madina Estates and Dzorwulu, where care by kin was limited in care provision, parents worried about the security of their children left in the hands of 'strangers'. Moreover, some caregivers decide to quit the care work without prior notice to the parents created difficulties for parents. Some caregivers also created conflicts amongst spouses.

From the perspective of officers from the Department of Social Welfare, the fact that most households constantly change caregivers within was problematic for the development of the child. The study identified for instance Mansa of Dzorwulu, who in between her two children, had up to nine househelps with the exception of her kin and kith. Additionally, the lack of registration of day care centres, affects their inability to monitor and supervise their activities. On the part of caregivers, one key challenge that faced them was poor remuneration and sexual abuse from the husband of Mavis. Although the researcher was told about one case of sexual abuse from the husband of Mavis in Madina Estates. This episode was described from the perspective of Mavis, the mother whom the househelp lived with, she did not empathise with her but blamed her for not covering up well when she goes to bed at night.

8.3 Conclusion

In conclusion, the findings of this study highlight the socio-economic transformations that have caused a decline in the kind of social capital derived from the extended family for the provision of complementary care for young children. In this respect, especially in the urban space, various kinds of childcare arrangements have been made, hence creating new forms of social capital for childcare. Although this new form show ways in which society is adapting to changes occurring in the society, unlike the informal mode of social capital, the context in which this new form is occurring is characterized by elements of commercialisation. As identified in the three geographical areas where the study was conducted, the study contributes to knowledge with the following:

Firstly, there are some levels of continuities in the provision of complementary care even in urban households. This is because, the findings show that parents, non-formal family care still remains the first option for parents. However, the unreliable nature of this kind of care has led many parents to choose other types as identified in the study. The study further explains the parental characteristics informed by the nature of household, the kind of work and geographical cluster defined the context in which childcare options were made.

Secondly, whereas in some geographical areas such as Dzorwulu and some households in Madina Estates, parents could afford to hire househelps and nannies and use other non-kin care arrangements, those in Nima relied entirely on kin and erratic help of friends, neighbours, co-tenants or apprentices. Evidence from this study has highlighted that irrespective of the type of care parents employed, it involved elements of commercialisation and this came with payment either in kind or cash for the services they were receiving. The study has also established that this new forms of social capital available for providing care for children in urban households has

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been fraught with challenges which have been described from the perspective of caregivers, parents and stakeholders.

Again, in relating the findings of the study to the theoretical framework-the Social Capital theory is used to describe the networks of support for children based on reciprocities; whereas the Bronfrenbrenner Ecological Systems theory, was applied to the study to understand the interrelated environmental context that influence childcare options in urban households. Findings of the study suggest that in response to changing society, four main types of care arrangements namely non-formal family care, the semi-formal family care, semi-formal non kin family care and formal care were identified as the new forms of social capital for childcare provision. However, the ability of a parent to use any of these types is dependent on several factors within the households such as parents work, resources available which will determine the possibility or otherwise. This feeds into Bronfrenbrenner's Ecological Systems theory which mentions the various interconnected factors affecting child development. The study thus contributes to knowledge by i the four main types of childcare arrangements in urban households and also describing the various ways in which childcare has been commercialised and also establishing that there are instances of dysfunctional motherhood.

8.4 Recommendations

Based on the findings of the study, the following recommendations are made:

i)   There is a strong need to implement the Early Childhood Development Policy that ensures the opening and maintenance of day care centres. To ease the stress associated with combining childcare and work, it is imperative for the Department of Social Welfare to ensure that organisations are able to build and maintain day

care centres in support of working parent's childcare provision. Again organisations must adhere to the maternity leave policy and adopt measures in place to make it practically possible for mothers to fully enjoy this benefit. Arrangements can be made to reduce the workload of mothers with young children to enable them attend to their childcare needs. Flexible working hours that are compatible with maternal and child care tasks can be considered.

ii) The Department of Social Welfare together with Labour Department need to find ways of regulating Househelp Recruiting Agencies. This must be done in order to ensure that they are properly registered and operate on terms and conditions that protect and enhance the well-being of their clients. The agencies in collaboration with the Department of Social Welfare must offer training on providing appropriate childcare work to child caregivers. Also the agencies must do proper background checks on their recruits.

iii) There is the need for further scholarly research that establishes the effect of complementary childcare provision on child well-being. This study must be comparative in nature to determine the variations in the development outcomes of children cared for by kin and those cared for by others (househelps, nannies, day care centres etc).

iv) There is the need for the government to ensure efficient systems for parents especially mothers so that they can combine childcare with work activities. For instance, road networks must be improved to reduce traffic congestion in order to reduce the travel time. This will enable mothers enjoy the benefit of policies such as the maternal leave policy which seeks to give them some time off work to care

for their young children. Even though they take half day off, they spend a lot of time in traffic and that reduces the half-day off work. Flexible working hours that help parents especially mothers avoid the peak of traffic hours is recommended.

v)   There is the need for the appropriate bodies to recognise that as a result of the changes in childcare arrangements and the forces driving the change, avenues have been created for the commercialisation of childcare. It is therefore important that as part of the Youth Employment programme, this aspect is picked up and well-regulated in order to protect the youth and the rest of the populace who participate in this venture.

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Appendices
Appendix A

A. INTERVIEW GUIDE FOR PARENTS

To be filled by Interviewer before Start of Interview]

Interviewee's Name:	
Location Address:	Date of Interview:
Start Time:	Time Completed:

SECTION A: SOCIO- DEMOGRAPHIC BACKGROUND

A1. Age: 1. 15-19 years [   ]   2. 20-24years [   ]   3. 25-29 years [   ]   4. 30-34 years [   ]
5. 35-339 years [   ]   6. 40 + [   ]

A2. Sex: 1. Male [   ]   2. Female [   ]

A3. Religious Affiliation

1. Christian [   ]   2. Muslim [   ]   3. Traditional [   ]   4. Others (Specify):_____
A4. Marital Status

1. Never Married [   ]   2. Married [   ]   3. Consensual [   ]   4. Separated [   ]

 5. Divorced [   ]   6. Widowed   [   ]

A5. What is your ethnicity?

1. Akan [   ]   2. Ga- Dangme [   ]   3. Ewe [   ]   4.Mole- Dagbani [   ]

5. Other_____

A6. What is the number of children in your household? 1. 1 Child [   ]   2. 2 Children [   ]

3. 3 Children [   ]   4. 4 Children [   ]   5. 5 Children [   ]   6. More than 5 Children [   ]

A7. How many children do you have and what are their ages?

A8. What is your household composition? I live with

1. Spouse [   ]

2. Child/children [   ]

3. Nieces [   ]

4. Nephews [   ]

5. Spouse's Sister [   ]

6. Spouse's Brother [   ]

7. Spouse's mother [   ]

8. Spouse's mother [   ]

9. My mother [   ]

10. My father [   ]

11. My Aunty [   ]

12. Others (Specify) [   ]

A9. What is your highest level of education?

1. No formal education [   ]   2.Primary [   ]   3. Middle/ JHS [   ]   4. Secondary/SSS [   ]

5. Technical/Vocational [   ]   6. Tertiary [   ]

A10. What is your spouse's highest level of education?

1. No education [   ]   2.Primary [   ]   3. Middle/ JHS [   ]   4. Secondary/SSS [   ]

5. Technical/Vocational [   ]   6. Tertiary [   ]

A11. What is your occupation? _____

A12. What is your spouse's occupation? _____

A13.What is the nature of your work?

A14. How easy is it to get home from your workplace?

A15. How long does it take you to get to work?

Less than 1 hour [   ]   2. 1-2 hours [   ]   3. 3-5 hours [   ]   4. More than 5 hours [   ]

A16. At What time do you return from work?

Before 3 pm [   ]   2. Between 3-4 pm [   ]   3. 4-5 pm [   ]   4. 5-6 pm [   ]

6. 6-7 pm [   ]   8. 7-8 pm [   ]   9. 8-9 pm [   ]   10. After 9 pm [   ]

A17. What time do you spouse return home?

Before 3 pm [   ]   2. Between 3-4 pm [   ]   3. 4-5 pm [   ]   4. 5-6 pm [   ]

6. 6-7 pm [   ]   8. 7-8 pm [   ]   9. 8-9 pm [   ]   10. After 9 pm [   ]

A18. What time does your spouse leave home?

Before 5 am [   ]   2. 5am-6am [   ]   3. 6am-7am [   ]   4. 7am-8am [   ]

5. 8am-9am [   ]   6. After 9am [   ]

7. Other (Specify) _____

B. CHILDCARE ARRANGEMENTS IN THE HOUSEHOLD

B1. What are your child care arrangements (i.e. who takes care of the child) for your children/child and why? (Probe for kinds/types of complementary care arrangements apart from what participants uses)

B2. Do you have any previous experiences on the use of complementary child care arrangements and what are they? (Ask follow-up questions such as, preference for informal care/Paid care, benefits of using informal care over other forms of arrangements?)

B3. What influenced the type of childcare arrangements you have chosen? (Probe for factors such as presence/absence of spouse, why the need for the services of a caregiver, nature of work?)

B4. Can you tell me how many househelps/nannies/ you have had? (Probe for ages of the caregivers, when and how current caregiver was recruited)

B5. How have you been getting domestic caregivers to work for you and who recruits for you? (Probe for various agents/informal agents and how they recruit, what makes the recruitment arrangements in the household,)

B6. Can you describe the processes involved at the recruitment agency/ or informal agent (e.g. did you sign any contract? Did you pay any money etc?).

B7. What are the demographic characteristics (age, ethnicity, marital status, educational background) of your househelp/nanny?

B8. What factors do you consider before employing a nanny/househelp or choosing other forms of arrangement?

B9. What are some of the changes in the provision of complementary childcare? (Probe for changes in recruitment, forms of remuneration, kind of agreement?)

B10. Can you describe the changes in the working conditions of complementary care providers?(e.g. kind of wok in the home, whether caregiver is lived in/live out, what time they report to work, what time they close, any means of addressing challenges of work?)

C. INTERVIEW GUIDE FOR CAREGIVERS

[To be filled by Interviewer before Start of Interview]

Interviewees Name:	
Location Address:	**Date of Interview:**
Start Time:	**Time Completed:**

SECTION C - DEMOGRPHIC CHARACTERISTICS

C1. How old are you?

18-25 years [   ]   2. 26-35 years [   ] 4. More than 36 years [   ]

C2. What is your religious affiliation?

1. Christian [   ]   2. Muslim [   ]   3. Traditional [   ]   4. Others (Specify):

_____

C3. What is your ethnic group?

1. Akan [   ]   2. Ga- Dangme [   ]   3. Ewe [   ]   4.Mole- Dagbani [   ]

5. Other_____

C4. What is your employers' ethnic group?

1. Akan [   ]   2. Ga- Dangme [   ]   3. Ewe [   ]   4.Mole- Dagbani [   ]

5. Other_____

C5. What is the highest level of education you have attained?

1. No Formal education [   ]   2. Primary education [   ]   3. Secondary [   ] 4. Tertiary [   ]

5. Other_____

D. WORKING CONDITIONS OF CAREGIVERS

D1. Tell me about the family you are working with? (E.g. are you related to the family in any way, the composition of the household?)

D2. How does your relationship/ absence of relationship with the child's parent influence the kind of care you give?

D3. What are your prior experiences in caring for children?

D4. Have opportunities for domestic work changed since you started working as a domestic worker? (Probe for wages, conditions of work, whether caregivers have prior information of domestic work)

D5. What are the challenges of child care?

D6. In your view, what are the benefits in becoming a caregiver?

D7. What difficulties did you anticipate will be associated with this work?

SECTION D - RECRUITMENT PROCESSES AND WORKING CONDITIONS

D8. How did you get recruited to do this work?

D9. Can you explain the procedures for engaging you in this kind of work? (E.g. do you have a contract with the agency and your employer as well?)

D10. Can you enumerate some demographic characteristics of your employer? (E.g. sex, occupation, marital status, number of children, etc.)

D11. How has recruiting of domestic workers been done? (Probe for changes, what type of agents are involved, fees charged, terms of agreement, preferences? etc.)

D12. Can you explain any form of agreement between your employer and yourself before you started work? (Whether it is written/verbal and what is stipulated in the agreement?)

D13. Are you a lived in or a lived out (Probe for main type of work? Number of children cared for? Find out if caregivers care for other people apart from children?)

D.14 Did you sign a contract on the job? (Probe for type and details such as means of addressing grievances, leave/days off etc.)

D15. What forms of remuneration do you receive for the kind of work you do and how regular/irregular is it?

D. INTERVIEW GUIDE FOR DEPARTMENT OF SOCIAL WELFARE

To be filled by Interviewer before Start of Interview]

Interviewee's Name:	
Location Address:	**Date of Interview:**
Start Time:	**Time Completed:**

D1. What are some of the early childcare policies in relation to alternative child care arrangements you know of?

D2. Does the Department of Social welfare have any oversight of alternative private agencies that recruit for households?

D3. In what ways do these arrangements have implications on child welfare?

D4. What in your view are some of the challenges of alternative childcare arrangements?

D5. What are some of the steps being taken to address the challenges of complementary child care arrangements?

D6. Is the Department of Social Welfare aware of recruitment agents/agency for house helps?

D7. Are there any policy framework guiding the recruitment and patronage of paid caregivers in households and any changes being addressed?

D8. How pervasive is the practice of complementary child care in Accra

E. INTERVIEW GUIDE FOR RECRUITMENT AGENCIES/INFORMAL AGENT

To be filled by Interviewer before Start of Interview]

Interviewee's Name:	
Location Address:	**Date of Interview:**
Start Time:	**Time Completed:**

E1. How long have you been in operation? Are you registered?

E2. Can you give me a little historical background of your office/or when you started recruiting?

E3. What kinds of recruitment services do you offer (house helps, nannies etc)?

E4. What factors do you consider in the selection of a nanny/house help? (Sex, age, previous experience in childcare, educational background, ethnic group)

E5. Can you tell me something about the socio - economic background of parents who patronise your services?

E6. Could you outline the terms and conditions of service you give to parents in their relationship with your recruits? (Contracts- how they are signed, who signs it, whether there are written or verbal contracts?)

E7. What forms of training do you offer to your recruits?

E8.What are some of the expectations of your recruits in the execution of their tasks?

E9. In what ways does your agency help in responding to the deficit in childcare?

E10. Is the Department of Social Welfare aware of your organisation and how do they supervise and or support you?

E11. What are the challenges you face in your work as an employer?

UNIVERSITY OF GHANA
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

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

My Ref. No ……………….

25th July, 2018

Ms. Patricia Serwaa Afrifa
Institute of African Studies
University of Ghana
Legon

Dear Ms. Afrifa,

ECH 088/16-17: DYNAMICS AND CONTINUITIES OF CHILDCARE PRACTICES AND BEHAVIOURS AMONG PARENTS IN ACCRA, GHANA

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for an amendment and the following actions taken subject to the conditions and explanation provided below:

Expiry Date:	24/07/19
On Agenda for:	Amendment
Date of Submission:	24/07/18
ECH Action:	Approved
Reporting:	Bi-Annually

Please accept my congratulations.

Yours Sincerely,

Rev. Prof. J. O. Y. Mante
ECH Chair

CC: Prof. Dzodzi Tsikata, Institute of African Studies, University of Ghana.

UG./ISSER/ECH
VALID UNTIL
24 JUL 2019
APPROVED DOCUMENT

Tel: +233-303933866

Email: ech@ug.edu.gh | ech@isser.edu.gh

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UNIVERSITY OF GHANA

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Knowledge for Development

Ethics Committee for Humanities (ECH)

| PROTOCOL CONSENT FORM |
| In-depth Interview |

Section A- BACKGROUND INFORMATION

Title of Study:	DYNAMICS AND CONTINUITIES OF CHILDCARE PRACTICES AND BEHAVIOURS AMONG PARENTS IN ACCRA, GHANA.
Principal Investigator:	PATRICIA SERWAA AFRIFA
Certified Protocol Number	

Section B–CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

I am Patricia Serwaa Afrifa, a PhD Candidate at the Institute of African Studies (IAS), University of Ghana. I am conducting a study on the changing nature of complementary childcare arrangements in urban households in Accra. I make the assertion that social and economic changes have led to a decline in kin-based informal care support in urban households are creating the need for the reliance on paid caregivers. My study specifically aims to examine ways in which childcare has been commercialised, identify what factors are influencing such arrangements, examine the dynamics at the different household level as well as the challenges of using paid caregivers. My study will use a combination of methods, namely: in-depth interviews, focus group discussions as methods of data collection.

This consent form which you will read or will be read to you, is to show that you have been informed about this study and are willing to be part of the project. After reading, depending on your preference, you will also be asked to sign or thumbprint the consent form. I will give you a copy of this form for your personal records. In case you find words in the consent form that you are unfamiliar with, kindly draw my attention to it for further explanation.

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The purpose of this study is to elicit information from the parents, caregivers and other stakeholders involved in childcare provision and arrangements in urban households. The information provided in this study is important because it will contribute towards knowledge on the dynamics of alternative child care arrangements and how parents in urban centres are navigating their way in the wake of dwindling family support. It will also provide avenues for improving policies relating to childcare in Ghana and Africa. So, we will have conversations on specific issues raised in the study.

If you agree to participate in this study, you will be interviewed for about forty-five minutes. To allow me capture details of the conversation accurately, I will use a tape recorder for the conversation and also take field notes. In case, there is something that you do not want me to record, kindly tell me and I will pause the recording and continue when you ask me to do so. No medical tests will be conducted in this study. A total of 38 participants comprising parents, caregivers as well other stakeholders will be interviewed.

Benefits/Risk of the study

There are any risks associated with your participation in the study. The interviews will not ask questions that will affect you emotionally, physically or in any other way. I will not pay any money for your participation but when the findings of the study provide information on childcare, it will be of benefit to the whole country including individuals such as you.

Confidentiality

I wish to assure you that all information given is solely for academic purposes and will be treated as confidential. Your name and address will not be recorded on your interview guide and you will not be named in any write-up I may have on the study. Your biographical data will be kept confidential. Pseudonyms will be used in the write up. The research records will be kept securely at the Institute of African Studies and the Balme Library. However, other students, faculty and other researchers may refer to the thesis that will be produced out of my interactions with you.

Compensation

This research does not offer any compensation in cash. However, a token of telephone credit cards will be given as compensation for the contact you may need to make to confirm your availability for the interview.

Withdrawal from Study

Your participation in this study is entirely voluntary and you are not obliged to answer all questions. You may choose not to answer a question or choose to stop the interview altogether if you so desire. If you choose to stop the interview, all responses you have already provided will be deleted from the tape.   The study is an ongoing discussion and therefore, the researcher will notify you of any new information on the study and if you are willing to participate, arrangements will be made to collect more data from you.

Contact for Additional Information

After our interview, if you have any additional questions about this research or any concerns regarding the study you may contact me, Patricia Serwaa Afrifa on   0244 689699/0204352843 or yserwaaaafrifa@gmail.com or Dr. Edward Nanbigne. Institute of African Studies. P. O. Box LG 73 University of Ghana-Legon nanbigne@gmail.com or 024 465 0661

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@isser.edu.gh / ech@ug.edu.gh or 00233- 303-933-866.

Section C-VOLUNTEER 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 Volunteer

_____

_____

Signature or mark of volunteer   Date

If volunteers cannot read 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   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 B

Socio-demographic Characteristics for FGD Participants

Nima				
Participant	Age	Number of Children	Marital Status	Occupation
Abu	40	5	Married	Driver
Seidu	36	4	Married	Businessman
Habib	32	3	Consensual	Tailor
Tahiru	41	6	Married	Auto- Mechanic
Mahamadu	30	2	Consensual	Businessman
Abdul	35	3	Single	Driver
Malik	38	5	Married	Businessman
Nana Kwame	34	2	Single	Administrative Assistant
Madina Estates (Group A)				
Nyarkoa	29	1	Married	Trader
Rhoda	37	3	married	Teacher
Irene	42	4	Married	Nurse
Adelaide	28	1	married	Teacher
Rachael	32	2	Consensual	Trader
Sarah	30	1	Consensual	Seamstress
Lois	45	4	Married	Secretary
Dzorwulu				
Belinda	30	2	Married	Project manageress
Akua	30	2	Married	Journalist
Maxewell	34	2	Married	Lecturer

Shirley	36	2	married	Senior Research Assistant
Sheila	30	2	Married	IT Analyst
Agnes	28	1	Married	Banker
Bertha	32	2	Married	Lecturer
Jocelyn	30	2	Married	Secretary