

# A Case for 'Prevailing Ecology' as Premium Determinant in Home-Based Child Care Conceptualisation and Measurements

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## Abstract

*This paper is based on a 22-month ethnographic study of child care practices of Tongu Ewe mothers located in Dzemeni a migrant, lakeside community in Ghana. It asserts the relevance of establishing the ecology for childcare as a premium yardstick within the practice of conceptualisation and measurement of childcare practices of mothers. It builds a case from the analysis of definitions and concepts in care literature. Notable among these are the works of Fisher and Tronto, Folbre, Longhurst, Oppong, Van Esterik among others. These are juxtaposed against the definitions and conceptual frameworks used to analyse child care in the Dzemeni study. The ethics of care framework propounded by Fisher and Tronto (1990) and the conceptual framework on care developed in 1995 by the UNICEF/Cornell University are examined in terms of their suitability as 'models' for assessing childcare practices universally. The paper proposes a re-evaluation of the tools of assessment of home-based child care costs in order to be able to construct a more encompassing framework.*

**Key words:** childcare; childcare measurement; migrant mothers; itinerant mothers; Volta Lakeside; Tongu Ewe

## Résumé

*Cet article est basé sur une étude ethnographique de 22 mois portant sur les pratiques de garde d'enfants des mères Tongu Ewe, situées au Dzemeni, une communauté migrante au bord du lac au Ghana. Il affirme la pertinence de mettre en place l'écologie de la garde des enfants en tant que critère privilégié dans la pratique de la conceptualisation et de la mesure des pratiques de garde des mères. Il construit un cas à partir de l'analyse des définitions et des concepts dans la littérature sur les soins. On peut citer parmi les œuvres de Fisher et Tronto, Folbre, Longhurst, Oppong, Van Esterik entre autres. Elles sont juxtaposées aux définitions et aux cadres conceptuels utilisés pour analyser les services de garde dans l'étude Dzemeni. Fisher et Tronto (1990) et le cadre conceptuel sur les soins mis au point en 1995 par l'Université. UNICEF / Cornell sont examinés en fonction de leur aptitude à servir de «modèles» d'évaluation*

*universelle des pratiques en matière de garde d'enfants. Le document propose une réévaluation des outils d'évaluation des coûts de garde d'enfants à domicile afin de pouvoir construire un cadre plus global.*

**Mots - clés:** soins aux enfants; Mesure des soins aux enfants; Les mères migrantes; Les mères itinérantes; Volta Lakeside; Tongu brebis

## Introduction

### *Unique nature of Care*

Due to its 'multi-faceted nature' and the 'inconsistency' in its meaning, definitions of care are not only quite complex they also produce 'a partial and fragmented picture of caring in society' (Thomas, 1993). It is further instructive to note that the 'concept of care is not uniformly defined, nor its epistemological status clear' (ibid.). This has necessitated the need for a proper delineation of the specific aspects discussed in each study and analysis. Thus the reference to care in this paper does not invoke all of its associated generic connotations but the specific home-based mother-child care<sup>2</sup>.

As care demands and generates multiple needs and expectations care is seen as what we need and are supposed to give every time. This places a higher obligation on those who are to provide it for those who are very vulnerable and helpless especially young children. If the quantitative terminology 'indices' can be used to define them, then those human acts and expectations that define care would be multiple, varied and encompassing of the totality of the human experience. It would include how we access, provide and utilize resources on behalf of dependent others. Agreeably, this could as well lead us into a definitional and interpretational labyrinth. In view of this, this paper attempts to construct a framework of care that seeks to include all the other factors missing in the two well-known care frameworks, Ethics of Care framework (1990) and UNICEF/Cornell University framework (1995).

Whereas the Dzemeni study is not the basis for this paper the inability of the two frameworks to suitably and adequately serve to analyse and assess the childcare practices of resource-deprived migrant mothers necessitated the need to develop a framework that would take into consideration the multiple factors that made their case unique and that probably goes for mothers in other geographical and socio-economic contexts.

### *The Study in Dzemeni*

The study in Dzemeni involved the use of ethnographic approaches such as in-depth interviews and observation to study the home-based childcare practices of migrant Tongu Ewe mothers, who are also itinerant traders, in their homes and in the market over 22 months. Dzemeni is the first lakeside community located a few kilometres at the upper section of the Akosombo Dam in Ghana. The Tongu, mainly fishers, formed about 80 per cent of those displaced during the construction of the Volta River Project (VRP: the

Akosombo Dam and the Volta Lake) in the mid-1960s. [See Geker (1999), G. W. Lawson (1963), R. M. Lawson (1961, 1963, 1968, 1972) and Tsikata (2006) on the displacement and livelihoods of the Tongu Ewe as a result of the VRP.] The reality of dwindling fish stocks around Dzemeni has more often surfaced, and also used as the pretext by men to row their canoes farther away and never return for months and years. Mothers and their children are often left behind with little or no resources to fall on. As mothers embark on economic activities in order to survive, problematic forms of childcare practices are produced which are misunderstood and misjudged by both health workers and outsiders. Incidentally, these assessments of childcare output are not juxtaposed with even a cursory glance at a fragment of care ecology; the in-flow of input - resources available to mothers as against the portfolio of indispensable resources necessary for the provision and fruitful benefits of meaningful childcare services. This has necessitated the need to include ecology as an important index in the tools of assessment of childcare or mothering practices.

#### *Mothering Practice and Focus on Care*

The 1987 SOWC (State of the World's Children's) Report stressed that the child's first two years are crucial in the sense that they constitute the 'months when growth should be rapid, energy needs are great and the period when guarding against diarrhoeal disease is most important' (UNICEF, 1987). This has called for greater attention to and examination of acts that involve and are concerned with the use of mothers' time, energy and resources to meet the needs of their infants and young children. Meanwhile, Latham (1995: 282) lamented that in spite of its huge significance in ensuring human survival, care was the least investigated. It is also the least understood among the three elements [nutrition, health, and care]. Latham thought it was unacceptable that few programmes designed to improve nutrition included a set of actions, aimed at addressing the problems related to care. The three-pronged model—in which food [nutrition], health and care are 'each considered necessary but not sufficient' has not only received wide acceptance, it also represented a 'conceptual evolution from earlier and simpler models of the determinants of child welfare' (Ruel and Arimond, 2003: 3).

The emergence of the study of care and the premium placed on it in the UNICEF conceptual framework in 1995 signifies its critical importance. It is even more significant that the attention of scholars from philosophy, psychology, sociology, economics, anthropology and paediatrics, among many other disciplines has been engaged to child care and survival. Hopefully, it seemed the neglect of care had come to an end as the case for singling out care in child survival had been made.

It was also noted that in the decade [1990-2000], care as a component of the model received increasing attention. It was a remarkable development that anthropologists and others have 'intimately studied care and nurturing of children, which is as deeply rooted as any human behaviour' (Ruel and Arimond, 2003: 3). However, bringing care into the spotlight was 'new', because the crucial nature of care was ignored in many

policy works and child nutrition and survival studies, especially in the period before the 1990s (ibid.). It is therefore a welcome development that in the pronouncements and writings of international and national organizations, the focus is now being placed on the problem of infant hunger and malnutrition (Oppong, 2001: 7). This has shown in the fact that they have increasingly acknowledged the need to include mother care as an important determinant of the nutritional status of infants (ibid.). This attention to care is supported in the scientific basis provided by UNICEF (cited earlier). With this, the definitions of *care* gained greater attention in academic and policy circles.

#### *Care and its Supply: Some Perspectives*

Care has been defined from different disciplinary perspectives. But the treatise of care by an economist is seen as revolutionary and hence the indulgent attention here. Folbre (1999: 78-79) desires that a carer should have the 'feeling' to care. It should also be seen from the perspective of being:

an emotional involvement or a state of mind. Personal identity and personal contact - especially face to face contact - are key elements of care services, involving a sense of connection between the givers and receivers. The care giver may be motivated by affection, altruism or social norms of obligation. The care receiver has a sense of being cared for. These elements are frequently there even when the caregiver is a paid employee. The commitment to care for others is usually thought to be altruistic-involving love and emotional reciprocity. But it is also a social obligation, socially constructed and enforced by social norms and rewards.

Another suggestion is that care should be seen from the perspective of 'the provision in the household and community of resources in the form of time, attention, love and skills to meet the physical, mental, and social needs of nutritionally vulnerable groups' (Longhurst, 1995 cited in Winkvist, 1995: 389). In Africa, although child care is largely associated with women, yet, the cost to women is seldom analysed or discussed. According to Noddings (1984), it feels 'natural' rather than 'moral' for a woman to take care of her own child. Since 'the impulse to respond, to nurture the living infant is overwhelming', a woman who allows her own child to die of neglect could normally not be considered 'immoral' but rather 'sick'. This 'sickness' could be interpreted as a form of incapacitation - physical and mental. It would rather be more appropriate then to apportion the cause of her action [the act of the perceived neglect] or her circumstances to a pathological condition, since the impulse to care is 'innate' (ibid).

Likely, this innate, intrinsic impulse to care, 'felt in the bosom of women' ideology has helped to erect the notion universally upheld in Africa that the relationship between women and child care is natural, symbiotic and coterminous. As such, women could not be offered any soft grounds to negotiate their time and energy out of this 'God-given', 'nature-fashioned' obligation. And, this has crafted a monstrous barricade within the informal discourse of child care acts and costs. This could have helped to set the stage for their objective analysis to be blighted as well.

And so whereas actions and inactions in childcare practices endanger child survival, this could not be openly conceded by mothers as this ideology reigns supreme superseding other biological, physical and physiological conditions at play in contextually peculiar circumstances. The cultural values and orientations of the Ewe, for instance, have no place for the 'intentional diminution' of the most 'sacred assignment' of 'mother nature'-*Bomeno*. To that extent, no one would intentionally contribute to it. Indeed, the generalization of this could represent a deceptive picture of the reality. Worldwide, and especially in Africa, most childcare practices are seen by most men as mere domestic activities and as such they do not strive to adequately invest in them. That only a mother is left to supply it perhaps stemmed from the belief that women [but not men] are well endowed by nature with its abundant source of supply.

#### *Diminishing Altruism and Care*

About the supply of care, Folbre (2004) noted that intrinsic motivation but not extrinsic reward is the driving force behind a large proportion of all care that is supplied. As such, while most of the care provided within families is unpaid, much of the care provided in markets is underpaid (ibid.). Meanwhile, the constituents of the determining ingredients of the strength of this intrinsic motivation are not really known. But, she further alerts us that the signs are clear and the times have proved that we cannot ignore the danger in continuing to take it for granted. This is because 'as our growing problems with environmental devastation warn us, misuse of natural resources can undermine their sustainability' (ibid.). To Folbre, this aptly reflects a manifestation of the capability of culture to shape the natural in the same way as the physical environment is said to be changing for the worst as a result of human activity.

Globalization has made a significant impact on care and human development as it has reshaped the nature and the use of women's time (Folbre, 1999: 78-79). It has been identified to be a prominent factor 'putting a squeeze on care and caring labour' (ibid: 77). She further noted that evolving demographic and economic trends have affected the resources of the family. For instance, 'needs once provided almost exclusively by unpaid family labour are now being purchased from the market or provided by the state' (ibid.). As such, it is becoming clearer that the increased participation of women in the labour force leading to the increase in the time women spend outside the home and changes in economic structures are transforming how care services are being provided. 'Perhaps most important, the

expansion of markets tends to penalize altruism and care' as local communities are becoming disconnected from markets, and as market relationships are becoming more impersonal there is an increasing reliance on families as a source of emotional support even as they are becoming demographically and economically less stable (ibid.: 79).

Altruism seemed to have been quietly pushed away as science and technology and corporatism assumed the driving seat dictating and defining labour, resource allocation and access in a controlled market. Consequently, women's time for and execution of domestic labour, whose market value continues to remain unmatched, has been downgraded as in a financial institution rating system by Standard and Poor's, Fitch or Moody. Incidentally, Folbre laments that individuals and institutions have both benefitted from and taken-for-granted the caring labour that was mainly provided by women (ibid.). This sounds a loud call for a more constructive examination of society's expectations of childcare and its providers. We would need to come to terms with one fact that needs further analysis; that is, whether women would be able to continue to provide such labour without fair remuneration [and adequate support] (ibid.). But at present, mother-child-care remains transfixed in difficult-to-define terms as mothers' lives, occupations and resources seemed set in uncertainty.

#### *Conflict in Mothers' Roles*

The reality of the shortage of time for child care has been discussed by others. Child care in particular has lived in myth and mystery. This is because, actions and pursuits of parents and mothers could be either positive for or turn counterproductive against child care. This induces the opinion and observation that on one hand, parents with multiple role demands might be experiencing a parenthood that is like an 'agenda crammed with conflicting priorities' (Zeitlin and Megawangi, 1995: 402). Thus the time and role constraints of parents, who were compelled to juggle priorities within their multiple roles, could make child nutrition suffer severe disruption from the inevitable compromises (ibid.).

Oppong (1999, 2001) and Gordon (1975<sup>3</sup>) have also noted that mothers' work and role conflicts have the potential to disrupt child survival chances. Perhaps the problem has persisted largely due to the fact that the real root of the problem has been left unaddressed by economic and social welfare programmes. At this time, we cannot ignore the fact that African mothers' work burdens and constraints are increasing more rapidly now, just at a time when many of their traditional and conjugal supports are dwindling and that the plight of hungry infants is an outcome of the disruptions in mothers' care of infants (Oppong, 2001: 41). Other factors such as low income of households have aggravated the situation where poor households barely have enough good food to eat. Migration of men and women is one of the major factors responsible for the diminishing time and attention for child care. And the disruptions in mother care are 'part of the wider disruption of gender roles and relations occurring as a result of economic and demographic transformations since colonial times' (ibid.).

Oppong (2001) further noted that the high rate of mobility; the dispersion of kin; men and women migrating away in 'flowing streams', 'splitting spouses and separating parents and children' has consequences for conjugal relationships, livelihood security and child well-being. And the widespread feminisation of poverty has resulted from the situation of the high proportions of households maintained by women alone without husbands/fathers in many countries (p. 36). Consequently, this has impacted women's workloads. The rippling effect of these changes and challenges have redefined and shaped child care. Indeed, if the status of mothers, environmental conditions and socio-cultural contexts of child care in the migrant, settler community could influence the quality of childcare, then we cannot attribute the dire conditions of children to lack of a caring heart or knowledge and skill of the mothers. To this end, an assessment of the earlier frameworks provides a firmer basis.

#### *Earlier Care Frameworks*

The UNICEF/Cornell University conceptual framework provides enormous insight into the prospects for child survival and development. According to the framework, the main elements that determine childcare are the national and household characteristics. These are also influenced by community and national factors. Quality of care provided to children is determined by the totality of all the factors at the various levels. It points out that caregivers' behaviour (attitudes) during feeding of complementary foods contribute significantly to the adequacy of children's nutrient intake and in effect their nutritional status. The framework suggests that the two most proximal causes of malnutrition are inadequate intake of nutrients and disease while the three underlying causes are *inadequate food*, *poor health*, and *deficient care* (emphasis mine). Each of these is essential to good nutrition. In the same vein, good nutrition impacts on health and adequate care significantly influences both.

Another important proposition the framework underlines is that the care of women is as important as the food security and health of children. It also stated it clear that although food, health and care are all necessary, none alone is sufficient for healthy growth and development. The adequacy of the three elements is paramount in ensuring the proper nourishment of children. However, it is better understood in the context that even if external factors such as poverty cause food insecurity and limited health care, enhanced care giving can make a big difference in ensuring optimal utilization of the few available resources to promote good health and nutrition.

Regarding the way to assess care, Van Esterik (1995) advocated that care should be measured with psychological, economic or nutritional instruments such as, 'the time it takes the care giver to respond to the crying (distress signal), the proximity of the caregiver to the infant, caregiver availability and breastfeeding rates'. Meanwhile, it is acknowledged that any discussion of care without the critical examination and analysis of caring capacity is both unfair and unreliable. Caring capacity is thus indispensable to any

care analysis and discourse. Therefore any study, analysis, measurement or assessment of care with any tool(s) that fail(s) to allot significant consideration to the assessment and examination of the caring capacity of carers is incomplete. Longhurst (1995) identifies this 'caring capacity' as 'the ability to perform care behaviours, to use human, economic, and organizational resources to the benefit of infants and young people [and people in vulnerable groups such as the aged, frail and sick]'.

In the circumstances unveiled above, care is deemed crucial and important in ensuring the survival and well-being of the individual. It could be illustrated with this scenario: food could be in the kitchen, it would not be ingested, unless a human being prepared it and fed it to the child. Similarly, a health facility could be easily available yet it would be of no value and significance unless someone took the child to the clinic or health post, and showed real commitment to abiding by the recommendations on prescriptions given in favour of the child (UNICEF Care Framework, 1995).

#### *The Ethics of Care*

Fisher and Tronto (in Abel and Nelson, 1990: 40) observed that the knowledge of the components of caring would enable us fully appreciate why caring could be both 'so rewarding' [satisfying and fulfilling] and yet 'so exasperating [so distastefully exacting]'. They contend that lack of ability factors such as *knowledge* and *skill* can lead to destructive and ineffective patterns in the caring practices of women. But another reality exists. The issue of other facilitators of care such as the father and other members of the kin group or hired carers are crucial in creating a congenial atmosphere for care. Here, the 'capacity for care' assumes the position of prominence that cannot simply be glossed over. Although the economic status of mother and the conditions of the household inject an important dynamic into child care, yet this has often been side-lined in the assessment of child care.

It is acknowledged that women, in general are often pressed to care about more than they can really manage, and are criticized for not caring enough (Fisher and Tronto in Abel and Nelson, 1990: 40). Women/mothers are often unjustly judged to be 'unable to do much' in the care of their children. Even without an assessment of whether they can genuinely afford the type of quality care they were expected to 'supply' or not, their child care efforts are 'measured' and labelled. Although some of these attacks seem contrived especially at the community level, professional health workers, politicians and journalists are at the forefront of the pack that often openly criticized women's efforts. Any woman who has 'failed' in this way is also deemed to have failed in attaining a basic and fundamental natural 'gender identity'. It could be seen as a major failure at being 'womanly, motherly, or nurturant' (ibid.: 42).

Noteworthy, however, these accusations and judgements of mother care performance do not normally identify whether or not the mothers *who have failed* are among other things economically self-reliant; or endowed with adequate kin resources and a congenial household

environment; or occupationally conditioned, physically fit and mentally orientated. If any of these is not provided in its full - appropriate and adequate measure, constraints would rise against the attainment of child survival expectations and goals. Though left to wade in these constraints, the ways of its assessment have remained blurred, inconclusive and the moods privately or publicly expressed have remained loud, passionate and often times largely subjective. Thus, the need to incorporate a wider swathe of factors/‘indices’ referred to here as care ecology, which identifies a mother’s peculiar circumstances (prevailing ecology) in order to clarify the conceptual haziness and definitional mistiness arose.

#### *Working Definition of Ecology*

In this paper, what we shall refer to as care ecology shall comprise a mix of the following: a fluid social policy framework that is mother friendly; enabling socio-cultural ideologies; human, economic and physical resources, factors, situations, circumstances; appropriate household and environmental conditions that generate a congenial atmosphere, are taken altogether as the core, ideal ecology for childcare. The ecology here is to be understood as a bundle, a conveniently-classed-cohort of services and activities. By this it transcends geographical space, physical representation of a household but encompasses all factors that assume place of prominence as necessary and critical resources in providing meaningful childcare and ensuring child survival.

Therefore the geographical and environmental conditions coupled with the availability of spousal/kin support, economic opportunities that have resulted thereof as a consequence of the nature of the peculiar environment and many other salient factors are taken together as the prevailing ecology for care. Consequently, in this concept, these terminologies will be applied: *Favoured* or *preferred ecology* for what is desired, or close to the ‘ideal’ and *prevailing ecology* for what is available in a particular or peculiar circumstance or context. By extension, ‘context for care’ and ‘ecology for care’ shall assume symbiotic connotations. But, why should ecology be important in childcare assessment and analysis?

#### **Ecology as Theoretical Framework**

Julian Steward (1902-72) is acknowledged to be the most consistent anthropologist to establish the analysis of culture based on ecological context (Barfield, 1997: 449). Steward ‘persistently developed a theoretical and methodological framework for studying cultural change as adaptation in which environmental influences were especially important’ (ibid.: 448-9). The critical relevance of this link between environment and culture as a major consideration in anthropology underpins the desire to do the same in this paper. This falls in tandem with the belief of existentialist sociologists that in order to fully understand human behaviour; their natural environments [of those under study] with their feelings, angst and fears must be brought into perspective and scrutiny (Scott and Marshall, [eds.], 2005: 204-5).

Naturally the study of child care in any context would not fall within the domain of existentialist sociology. Yet, bringing the ‘ecological’ background of, for instance, their status as natives or migrants, [for example the Akosombo Dam and the ‘re-creation’ of Tongu Ewe<sup>4</sup> migrants], their socio-cultural and economic conditions into perspective is crucial in understanding their peculiar needs and expectations and child care challenges. This approach, based on existentialist sociology’s basic philosophy is intended to enhance both the content and scope of the analysis of the practices and *new culture*, if any, of mothers and their households in any community/society where childcare study is conducted. This effort is intended to link the influence of the ecology on the ‘make-up’ of their socio-cultural lives, economic opportunities and associated childcare behaviours and practices. For instance, in the Dzemeni study, it came out clear that the child care practices of mothers and households were borne out of the effects of the Dam - the ‘forced’ migration – the normative, abandoned mother and child households, the impoverishment risks and the inherent threats to human survival. If the ecology approach is adopted for any childcare study, a holistic political-economy for child care in peculiar circumstances would be built. Thus, we can make the case that any analysis of childcare would most likely be seen to be incomplete without a critical examination of the ecological.

#### *Justification for Ecology Framework*

The Ethics of Care Framework by Fisher and Tronto (1990) and the UNICEF/Cornell University Framework (1995) have been cited for their inadequacy in providing universal yardsticks for the assessment of care. The Fisher and Tronto model for instance stresses on *knowledge* and *skill* of mothers as being crucial in determining the survival chances of young children. The UNICEF/Cornell University Framework (1995) emphasizes the household and national factors as being crucial in determining the survival chances of young children. These factors are not disputed. Either separately or combined, they still miss some crucial factors which the ecology framework, with the baggage of a myriad of scenarios in which childcare could be taking place, takes into account.

Meanwhile, both the Fisher and Tronto and the UNICEF/Cornell University framework (1995) in different ways identified the difficulty of measuring care in a holistic way. According to Fisher and Tronto, women are judged to be ‘unable to do much’ whether they were capable of supplying the quality of care demanded or not. And when they failed, they question their being women. It must be noted that it is not easily detectable that the complexity of measuring care could be much more enormous than can be imagined. It does not easily occur to us that it would be easier to measure civil servants’ output at work than to attempt to measure care. The observation by Van Esterik (1995) that it is easier to measure access to health care and household food security [nutrition] than care provides the platform for us to construct an ecology framework. The difficulty stems from the fact that *care* requires attending to relationships, emotions, experiences, ethics, values, whose study contradicts much of the scientific tradition of

the West. It was also noted that, the real contexts within which caring relationships develop are not captured by these indicators. Just as it would be difficult to find adequate indicators for spiritual values, in the same vein, there are not many indicators that can capture the complexity of care (ibid.). This has left unresolved, what appropriate and universally applicable tools of measurement to adopt.

Ruel and Arimond (2003: ix) suggest that there would be the need to find those 'simple, valid and reliable tools' that can acceptably measure many aspects of care. They also noted that past measurements have focused on *outputs* of care reflected in terms of improved health and education in the Human Development Index, instead of finding the more satisfactory measures of the *inputs* into care. Folbre (2006) also indicated the need to develop indices that would focus on 'burdens of financial and temporal responsibility' for dependents that women shoulder.

#### *A Case for an Ecology Framework*

Indeed, the difficulty in finding a universal tool to measure care underlines another reality - the definitions, meanings and expression of care could assume different forms in different contexts. Cultural relativity is at play in the 'limited' definitions and conceptualizations. Farquhar (1990: 80) observed that 'what might be quality [of care] for one cultural group or in one country may not necessarily be so for other cultures or in other countries'. Indeed, the existence of such universal hazy concepts of quality have allowed and created the tendency in menfolk and others to easily cut resource-deprived mothers' efforts up and hurriedly dump them as 'poor', 'bad' or 'inconsiderate' mothers.

Especially in situations where a mother is not seen to be hurriedly putting her incessantly crying child to the breast, the reaction is invective-inducing; and the verdict obvious, and comes in a consciously recorded chorus: 'what type of mother is this?' 'She is uncaring'. 'What is the breast milk meant for?' 'Give it [the child] the breast!' 'Wait, if she continues to deny her crying baby the milk, it will grow sour, it will go bad [coagulate] and become stale, it will give her sickness, and she will see'. These concerns many times looked legitimate without any other consideration of, for instance, whether the baby had just been breastfed or why mothers seem to temporarily neglect their crying babies.

#### *Proposed Ecology Framework*

In the proposed prevailing ecology framework, the following twelve factors/capacities ['indices' if allowed] which are considered crucial in creating a congenial atmosphere, and making it possible for a mother to take care of and ensure the survival of her child: individual, personal capacity/physical capability; spousal support; national resources (social policy); household resources; time/space; cultural beliefs; economic resources; status of mother; nature of residence; knowledge and skill of mothers, community/environmental resources; kin resources.

**Individual Capacity:** A mother's capacity to care must first be assessed. Society could have wrongly assumed that every woman who has given birth to a child has the capacity and emotional disposition to take care of her baby. [Studies of Oakley (1979) and Everingham (1994) and Miller (2005) and other ethnographic studies have evidences to the contrary]. In-depth interview methods and clinical assessments could be used to find out if a mother was mentally conditioned to really take care of her child.

**Spousal Support:** Support from spouses is crucial in the provision of quality childcare. In the cases where husbands and male partners are absent, single mothers struggle to take care of their offspring. In many instances too, especially in patriarchal societies, where the division of labour takes men away from domestic chores, childcare is largely seen as a woman's obligation. For mothers who live with their spouses, they could be asked to rate the amount of support their husbands provide towards childcare; in physical and emotional terms (not monetary).

**Social Policy:** State policy on the family and childcare is crucial in providing support to mothers in the care of their infants and young children. Unlike in South Africa, Ghana does not have a clear state policy on support for child care. However, in many developing economies, social protection strategies and social policy on child care seems to be placed on the back burner as competing developmental needs and financial challenges face these economies. In the case of Ghana, the recent attempt to re-designate the Ministry of Women and Children with emphasis on Social Protection and Gender and the increase in the amount given out and the number of beneficiaries in the LEAP (Livelihood Empowerment Against Poverty) programme<sup>5</sup> is recognition of state support to vulnerable households. Beneficiary households are being paid monthly stipend for sustenance. Though the number of beneficiaries and amount paid are still paltry, it is a significant step. If all vulnerable mothers could be located and the programme replicated in all deprived households in Ghana, and indeed if such programmes exist for all vulnerable mothers in the developing world, the foundation for a suitable ecology of childcare, though yet still frail, would have been laid.

Scandinavian examples have shown that support in policy is crucial in determining and creating an effective and vibrant ecology for child care at the household level. Without it, the programmes aimed at addressing the child care challenge would remain as usual an inadequate and haphazard approach.

**Economic Resources:** Mothers could be asked to rate the way their spouses and their own resources stock up the household provisioning basket for the up-keep of the home. The items provided by the husband, and what she provides. A deduction is made to get exactly what the husband provides. Contributions could be in the form of food stuffs or bills for services such as rent and water. Monetary values of these could be weighed against the minimum wage (if a particular country's minimum wage could be universally accepted as a standard that could ensure survival).

**Household Resources:** This would refer to physical structures and possessions in a home. Is the house habitable, safe for human life, for instance? Do they have mosquito nets to prevent malaria to the mother and child? Do they have access to safe drinking water, sanitation facilities, etc. Does the house belong to the family or they are in rented premises?

**Time/Space:** The nature of a mother's occupation is crucial in determining the amount of time she has to spend on child care. The time she leaves home; the time she returns and the number of hours she is allowed to spend away from her infant are important in assessing how the care for the child can be affected by her absence. Is she leaving the home at 4am and carrying her infant along the journey on a rickety public vehicle, for instance?

**Nature of Residence:** The geography of the community is crucial in determining the quality of care a mother may give her child. If the mother lives in a self-contained flat in a plush serene community where the walls and tiled floors are brandishing a spick and span pedigree and overflowing affluence, and another lives a rural area in a patched-thatched roof, and clay floors and ants and bats stream into and out of their 'bedroom' at will; the childcare quality in the different scenarios would be different.

**Status of Mother:** There could be multiple scenarios here. The unique status of a mother could determine her emotional state and ability to take care of her child. If the mother is a migrant in a 'strange' land or she is in her own town with the conferment of the full rights of a 'true citizen', there would be differences in access to the needed psychological resources necessary for quality care for her child. In another instance, if the mother is the 'madam' in her own house or she is a maid working and living in a small room in another woman's house, these conditions would definitely introduce different dimensions into the quality of childcare.

**Community/Environmental Factors:** This refers to a congenial atmosphere that could enhance the survival chances of children. It refers to the availability of basic social amenities. We have to find these out: does the community have a rubbish-dump, or a rubbish collection system and toilet facilities? Are there abandoned bushy patches in the community that can be turned into toilets? Do they have patches of stagnant water that freely breed mosquitoes? Can children walk freely or crawl around in compounds? If they fetch water from a common source such as a stream/river or lake, we can find out whether it is polluted beyond wholesomeness or not.

**Kin Resources:** Childcare can arrest all the time of a mother in the 24 hours. That is the main reason home based childcare used to be heavily supported by kin resources. This is the assistance provided mothers by her relations, friends and the relations of the child's father. Any mother who has access to kin resources would have the advantage of being able to find some time for other engagements away from childcare.

Sudarkasa (2004) has observed that normally in nuclear families in the global north, a mother's behaviour does not necessarily attract the keenly observing lenses of adults.

In contrast, however, a mother's behaviour is observed and if necessary scrutinized by other women in African extended families. A woman's in-laws, co-wives, members of her husband's lineage and a good number of people in the community assume the responsibility and obligation of watching over her behaviour. Her child care and rearing practices, 'including the way she relates to, interacts with, teaches and disciplines her children are all carried out under the watchful eyes of others' (ibid.: 8, 9). Moreover, the care and upbringing of children is never left exclusively to parents in extended families. Kin play an active part. Women in the kin group serve as, and see themselves, as resources for each other in the care and upbringing of children. "Only societies with extended family structures, and supporting ideologies and values, could have produced the proverb that 'it takes a village to raise a child'" (ibid.).

Gordon (1975) and Oppong (2001) assert the importance of non-parental kin in child care. Nukunya (1969) attests to the fact that mechanisms are either readily available or are constructed to provide care for children who have lost their mothers. Among the Ewe for instance, and in other ethnic groups in Africa and across the world, especially in the pre-globalisation era, the communal instinct to ensure the survival of every individual is upheld.

**Knowledge and Skill:** It is acknowledged as the Ethics of Care framework proposed, that a mother's knowledge and skill are critical in ensuring the survival of her child. The ecology framework incorporates it as a one of the twelve factors that can be assessed as well. However, it is also noted that in the circumstances where other more pressing factors such as access to resources are lacking, a mother's knowledge and skill may be rendered irrelevant.

**Cultural Beliefs and Childcare Practices:** The importance of situating the study of child care within the context of cultural variation and how it influences the lives of children in childcare has been stressed (Moss and Pence, 1994). Definitely, people have different ways in which they subsist in the various ecologies. As such, there are differences in the beliefs and behavioural patterns entertained by the culture, and socialization processes geared towards the accomplishment of the cultural goals (Yovsi, 2003). Thus, it is imperative to note that agreeably though some practices could be, not all childcare practices in every part of the world could be harmonised into a standard practice. It is noteworthy that mothers subsist in different ecological, economic and cultural contexts. And in many of such ecological enclaves, child rearing values and child developmental expectations are regulated, and controlled by cultural values and attitudes (Rosenthal, 1999). These prove that the influence of cultural practices on child care and rearing is real and powerful but also an important index in childcare assessment and conceptualisation.

Legitimately, parents would allow what they consider adaptive in their cultural setting to define their [child care] practices and beliefs about the welfare and development of their children. This is hinged on the observation that children 'as a reservoir of human resources are raised according to physical and social conditions that promote their

optimal survival and development' (Yovsi, 2003: ii). But, it must be noted, this influence of culture could crumble in the face of severe strains from changes in livelihood, including the economic disempowerment of mothers. It can therefore not be downplayed, and the ecology framework agrees with Oppong (2001) that the twin-capacity of economic empowerment of mothers (and households) and adequate kin support could be rated as major determinants of childcare practice.

Scoring each of the twelve items on a scale of 1-5, a mother who scores above 55 is more likely to be capable of providing quality care to her child. Meanwhile, the likelihood exists that a mother who scores between 30 and 55 is considered to be capable of providing minimal but not very good quality care. A mother who scores between 10 and 25 overall would most probably have her child be in a dire situations of struggling for survival. But in such scoring, not only figures are put out; the prevailing ecology of her childcare space would be described as well.

## Conclusions

Different childcare frameworks and definitions of the concepts of care were reviewed with their relation and relevance to the proposition of a new framework on child care practices of mothers. The paper concludes that based on the findings from the analysis of care from the literature, and their inadequacy in suiting the analysis of care and caring capacity from the field study the most important index in the assessment of childcare anywhere needs to be the *peculiar* or *prevailing ecology*. The prevailing ecology of childcare must first be assessed and critically examined in and with their peculiar cases and environmental challenges in any such analysis or assessment of childcare. The paper assumes the position that the attempt to use a universal standard or yardstick for the measurement of 'appropriate care everywhere' that does not take into consideration the peculiar circumstances of mothers and their children in terms of their geographical location/environment, economic, social and cultural beliefs, access to social amenities and social reliefs by the state in terms of social policy, would be unproductive. It would be rendered an exercise that would fail to produce a fair outcome. Such an attempt could be devoid of objective and logical conclusions. It would not only be exclusively biased. It would be inapplicable if the ecology or the holistically configured environment for care is ignored as an important index of valued prominence in the childcare assessment process. That is the motivation for the proposition of the twelve-factor ecology of care framework in childcare assessments and measurements. If childcare assessments would consider the relevance of prevailing ecology, some fairground would be established when assessing and drawing conclusions on mothering practices from different ecological backgrounds.

## ENDNOTES

1. Peter Atakuma Agbodza, PhD, is a lecturer in the Multi-Disciplinary Studies department of Ho Technical University, in Ghana.
2. Perhaps due to its unique nature and difficulty in studying, there is not a profuse stock of literature on home-based mother child care as we find on formal or institutional care which is not the focus of this study.
3. Gordon conducted the study while serving as a nutrition officer in Bawku in the Upper East Region of Ghana.
4. Tongu Ewe is a sub-dialectical group within the Ewe ethnic group located in South Eastern Ghana.
5. The LEAP (Livelihood Empowerment Against Poverty) programme was started in 2003 by the NPP government of President John Agyekum Kuffour as a social intervention programme that provides cash and health insurance to poor households in the country. The NDC government of President John D. Mahama has pledged to increase the coverage until every identified poor household is satisfied. 'The payment supervised by the Department of Social Welfare, uses a set of indices which include the number of children in a household, the number of disabled persons a household has, as well as the number of aged persons, among others, to calculate the payment for beneficiaries' (Source: *Daily Graphic*, August 5, 2013). As of July, 2016, the number of beneficiaries rose to 147, 881 while the projection is that by the end of 2016, the total number of beneficiaries would have reached 250, 000. (Source: <http://www.graphic.com.gh/news/general-news/gender-ministry-to-increase-leap-beneficiary-households.html>: Sept 8, 2016). (Accessed: December 3, 2016).

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