

The Constraints to Good Child-Care Practices in Accra: Implications for Programs

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Life in urban areas presents special challenges for maternal child-care practices. This study used data from a representative survey of households with children less than 3 years of age in Accra, Ghana, to test a number of hypothesized constraints to child care. These constraints included both maternal factors such as education, employment, marital status, age, and health status; and household-level factors such as income, calorie availability, quality of housing and asset ownership, availability of services, household size, and crowding.

An age-specific child-care index was created using recall data on maternal child feeding practices and use of preventive health services. A hygiene index was created from spot-check observations of proxies of hygiene behaviors.

Multivariate analyses showed that maternal schooling was the most consistent constraint to both the care and the hygiene index. Limited household resources such as poor housing quality, few assets, and limited access to water, garbage, and sanitation services, on the other hand, were constraints only for hygiene practices. These household-level factors as well as income and food availability did not appear to limit the mothers' ability to feed their children appropriately and to take them for immunization or growth monitoring.

The study also identified various child-feeding practices during the first year that could be improved. First, although breast-feeding was the norm, very little exclusive breast-feeding (recommended for infants from birth to 4-6

months of age) was observed. Mothers used a variety of complementary liquids and foods during the first four months of life. Second, most mothers use nonfortified, traditional complementary foods, and up to 10 percent introduced family foods directly into the child's diet without using any type of transitional foods. Finally, a large proportion of children were not helped or encouraged to eat, even those who refuse to eat. As documented previously (Discussion Paper No. 62), these non-optimal feeding practices were found to be strongly associated with poor nutritional status in this sample of children 436 months of age. The prevalence of stunting among children whose mothers were in the lowest care practices tercile was more than three times higher than among those whose mothers had better care practices. Thus, efforts to relieve the constraints to the adoption of optimal child feeding practices in this population could have a significant impact on childhood malnutrition.

Program and Policy Implications

Maternal education, the strongest constraint to good care practices in this population, is amenable to change in the long term. Promotion of girls' schooling needs to be high on the priority list of policy-makers in Accra, especially because it will have long-term benefits that go far beyond the effects on child care. In this study maternal schooling was associated with a range of other positive outcomes, namely higher household income, food

The study confirms that in Accra, Ghana, maternal education is a crucial asset for good caregiving practices related to child feeding, the use of preventive health services, and good hygiene.

availability, diet quality, better paid employment, and lower child malnutrition and morbidity. For the short term, an alternative to maternal schooling would be to implement effective nutrition education and behavior change interventions targeted to mothers and other caregivers such as older siblings, grandmothers, and day-care providers. The potential of these interventions to have a major impact on reducing childhood malnutrition in Accra is great. This is because not only are care practices and maternal education key determinants of nutrition in this population, but also because socioeconomic factors are not such overwhelming constraints. Evidence shows that in contexts where resources are too limited, maternal education and knowledge are just not enough, and education interventions must be accompanied by poverty alleviation strategies in order to achieve an impact on child outcomes. This is not to say that income generation and poverty reduction activities are not also needed in Accra, but rather the success of nutrition education is not contingent on the synergism between the two approaches.

Keywords: child care practices, child feeding practices, Ghana, hygiene, urban nutrition

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