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## Original Article

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

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*Keywords:* University, student-mothers, education, challenges, coping strategy

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#### *Abstract*

It has been argued that countries can achieve most Millennium Development Goals if female education becomes a priority. Although Ghana has reduced the gender gap in education over the last two decades, less emphasis has been placed on the challenges student-mothers face on campus. The study explored such challenges and how student-mothers cope at the University of Cape Coast. The study, guided by the bio-psychosocial model, adopted a qualitative approach to reach twenty-eight respondents for in-depth interviews. It was realized that respondents usually skipped lectures and tutorials to take care of their babies. Stigma and uncooperative attitude of some lectures increased their psychological stress. These collectively affected their academic activities. Emotion-focused coping strategies such as remaining indoors and crying were mostly used. While the University must develop a policy on the subject, its Counseling Unit must intensify the education on problem-focused coping strategy.

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#### *Introduction*

Undoubtedly, (formal) education is one of, if not the, most empowerment tools for human development. It has been argued that female education is critical to achieving particularly the first five Millennium Development Goals (MDGs) (Clark, 2010; UNESCO, 2010). A number of (developing) countries including Ghana have implemented various interventions not only to enable

them meet the third MDG, but also to encourage the upward education of females especially to the tertiary level through affirmative action. For instance, in Ghana, the Kwame Nkrumah University of Science and Technology (KNUST) has a quota for female students in the sciences while the University of Cape Coast (UCC), in addition, has a female admission cut-off grade point for most of the faculties

lower than that of the male admission cut-off grade point.

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

There is no comprehensive information on student-mothers at UCC. Perhaps, this can be attributed to the fact that the University does not have a specific policy on the subject. Given the varied needs and challenges of student-mothers (in relation to their academic work), emphasis also needs to be placed on issues that touch on student-mothers and their children. The study therefore explored child-rearing practices by student-mothers on campus. It assessed the associated challenges.

in relation to their academic activities at UCC and discussed the strategies adopted to cope with such challenges.

#### *Literature Review and Theoretical Framework*

The education of girls on the African continent has improved significantly. As indicated by Randell, et al. (2009), the

gender gap has lessened tremendously over the last decade and a half, owing to high priorities placed on girls' education in national, continental and international education agreements, conventions and policies, such as education policies regarding the girl child, poverty reduction and economic development strategies, the Millennium Development Goals (MDGs) and the Education for All (EFA) campaigns.

Education is contemporary regarded not only as a tool for development, but also a right. This right has been enshrined and strengthened in national and international laws, conventions and protocols such as the Human Rights Act, 1998. The 1992 Constitution of Ghana also provides every citizen in Ghana a right to education. At the basic level (grades 1-9), it is illegal under the Constitution for a child not to be in school. The introduction of the Free Compulsory Universal Basic Education (FCUBE) and the establishment of the Capitation Fund in 2004 have come to strengthen this constitutional provision.

After the Beijing Conference in 1995, emphasis has been placed on gender equality. The rights (including reproductive rights) and empowerment of females has now become a crucial tool for development. For instance, the Target 4 under the MDG 3 commits member countries to eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015. Some have even argued that education of women and girls constitutes a breakthrough for achieving all the MDGs. Indeed, the Administrator of UNDP by name Helen Clark holds

this view. She said in 25th March, 2010 that:

*I believe that investing in women and girls in itself constitutes a breakthrough strategy for achieving the MDGs, and that almost any investment we make in women and girls will have multiplier effects across the Goals*  
(see [www.oecd.org/dac](http://www.oecd.org/dac))

These, among many other reasons, have informed the implementation of interventions to increase female enrollment at all levels in Ghana. Notwithstanding, reproductive careers of females coupled with their socio-cultural and economic responsibilities have the potential to impede the academic endeavours of women. Generally women are noted to playing multiple roles. For instance, in her research, Oppong (1980) had recognised that women, in Ghana in particular and Africa in general, play numerous roles at home, in the family, society or community and also at work. Therefore, being a parent on campus is likely to have a much greater effect on studies for women than for men.

In their subsequent studies, Oppong and Abu (1987) developed the seven roles framework which examines the multiple roles women play in Ghana. The framework explains that women play, to greater or lesser extents, maternal, occupational, conjugal, domestic, kin, social and individual roles (Oppong and Abu, 1987). The framework is appropriate for this study in the sense that student-mothers are likely to perform these seven roles even on campus in addition to their studies. Culturally, such roles are largely

gendered. Although males have roles to play, it is a common knowledge in Africa and Ghana that much of such roles including child-rearing practice are performed by females generally.

Combining these seven roles with academic work is more likely to increase the stress and challenges student-mothers face. These consequently have implications and likely impacts on their studies as well. To analyse such implications, the present study adopted the bio-psychosocial model originally developed by Engel (1977). The model describes three main interrelated factors, namely, biological, psychological and social (BPS) factors or challenges that play significant roles in human health and wellbeing (Engel, 1977). The BPS model, although about three and half decades old, is still relevant in contemporary studies today (Adler, 2009). Indeed, Adler used the BPS model based on systems theory and on the hierarchical organization of organisms but extended it by the introduction of semiotics and constructivism to describe the relationships between the individual and his environment and to explain how an organism perceives his environment respectively.

The BPS model provides the key interrelated areas and sources of stressors that affect physical, psychological and social wellbeing of people. As defined by WHO in its Constitution, 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 2006, p1). The current study adapts the BPS model not only because it is relevant in contemporary studies (Adler, 2009), but

because it also provides nearly all the factors (or sources of stressors) students-mothers are likely to face on campus. However, it includes economic

factors as a related factor to the original model (Table 1) for the purposes of the study.

TABLE 1.

*Description of adapted bio-psycho-social model: factors acting on health and wellbeing*

Biological factors	Psychological factors	Social factors	Economic factors
Maternal-related factors (e.g. reproductive and hormonal issues, fatigue, etc.)	Academic stress (e.g. early attendance to lectures, inability to meet assignment deadlines, participate in examinations), emotional stress (e.g. uncompromising attitudes of lecturers, stigma etc.)	Social factors (e.g. access to spouse, family, friends, lecturers, leisure, etc).	Economic factors (e.g. adequate/inadequate funds for academic fees, books, handouts; accommodation, feeding; drugs, clothing, and other logistics)

Source: Based on Engel (1977).

Strategies adopted to deal with challenges are conceptualized as coping strategies. Anspaugh et al., (2003) define coping strategies as ‘survival skills’ available for people to deal with or manage challenges or problems associated with biological, psychological and social challenges. Two main coping strategies have largely been discussed. These are the problem-focused and emotion-focused coping (Folkman and Lazarus, 1980; 1984). Problem-focused coping seeks to solve or change the source of problems by gathering information, analyzing and making rational decisions to deal with a problem or challenge (Holt, et al., 2005). On the other hand, emotion-focused coping aims to reduce or manage the emotional distress associated with problems by seeking emotional support (Lane, Jones and Stevens, 2002; Crocker et al., 1998, cited in Lawrence, Ashford and Dent, 2006) or, for example, having a drink and using drugs.

It must however be emphasized that the use of any coping strategy does not always lead to or necessarily result in success. Notwithstanding, problem-based coping strategies are usually recommended. This is because problem-focused coping strategies aim at actively dealing with the problem. In contrast, emotion-focused coping is directed at dealing with the emotional distress that is evoked by the problem (Pienaar and Rothman, 2003).

A third coping strategy that has been suggested by Endler and Parker (1990) (cited in Pienaar and Rothmann, 2003) is avoidance. In reality, the avoidance coping strategy takes the person away from the stressful environment or the stressor unlike problem-based and emotion-focused coping where the person remains in and tries to manage the stressful situation (Kowalski & Crocker, 2001). However, Kashden et

al., 2006 classifies avoidance as an emotional-based coping strategy.

Endler and Parker (1990, cited in Pienaar and Rothmann, 2003) suggest that the third basic strategy that may be used in coping with stress is avoidance. Avoidance can include either person-oriented or task-oriented strategies. Avoidance differs from problem- and emotion-focused coping in that avoidance of a situation actually removes the person from the stressful situation, whereas whereas problem-based and emotion-focused coping enables a person to remain in and manage the stressful situation (Kowalski & Crocker, 2001).

#### *The study context*

The University of Cape Coast started as University College of Cape Coast placed in special relationship with the University of Ghana. After its formal inauguration in 1962 under the name 'The University College of Science Education', it was entrusted with the task of training graduate teachers in Arts and Science. Following a change in government in 1966, the College reverted to its original name of the University College of Cape Coast. It later gained a full university status in 1971. Presently, the University has decoupled the study of professional education courses from the main degree courses to allow flexibility and choice in its course offerings and thus, cater for specific needs of students, while focusing on its traditional mandate of training highly qualified and skilled manpower in education.

The University operates with nine (9) Faculties/Schools. Plans are far

advanced to establish a Faculty of Law to meet the contemporary requirements of students and society. Currently, there are three main modes of admission to pursue courses in the University. These are the regular, distance learning and sandwich programmes. In order to respond to the needs of undergraduate students from less-endowed areas and schools, the University admits into its programmes through other modes. These are the Science Remedial Programme, Mature Students' Examinations and Concessionary Selections from deprived schools.

The student population of the University has seen a consistent increase in enrolment from an initial figure of 155 in 1963 to 48,182 for the 2012-2013 academic year comprising 17,034 Regular Students, 2,800 Sandwich Students and 28,343 Distance Learning Students. The total population consists of 30,243 (62.8%) males and 17,939 (37.2%) females. It must however be emphasised that the University over the years has consistently increased female enrolment. For instance, there was an increase in female intake from 30.3% to 36.3% in the 2011-2012 and 2012/2013 academic years respectively (UCC, 2011, 2010).

The student population at UCC includes married and unmarried men and women of different ages. With the median age of first sex in Ghana around 17 years for females and 19 years for males (Ghana Statistical Service et al., 2009), the majority of the student population is likely to be sexually active. The University therefore, in its Students' Handbook, promotes the use of safer-sex practices.

### *Data and Methods*

The study adopted the accidental and snowball technique to identify 28 student-mothers on campus for in-depth interviews. The post-natal unit of the university hospital was used to contact student-mothers to schedule dates and time for interviews. The respondents then gave their location of residence as well as telephone numbers to reach them on agreed dates for the interviews. After each interview, the respondent called other student-mothers to inquire about their willingness to participate in the study. Those who consented were reached for interviews. This process (known as snowballing) was followed until the interview ended with the 28th respondent when saturation appeared to have been reached, in that no new themes were emerging from interviews.

This technique was used because not all student-mothers attend post-natal clinic at the university hospital. Again, the University (hospital) does not have records of all student-mothers. The interview guide and a digital recorder, a notebook and writing logistics comprised the research instrument and other support logistics that were used to collect the data.

All the interviews were conducted at the residence of the respondents. On few occasions, the interviews were paused to allow the respondents to (breast) feed the babies or attend to them when the need arose. On the average, an hour was spent to interview a respondent. The first semester of the 2010-2011 academic year was used to collect the data.

### *Results*

#### *Background characteristics of respondents*

As presented in Table 2 presents majority (17) of the respondents were between the age 25-29 years. Three of the respondents who were also less than 25 years were single (never married). The rest were married. With respect to their academic levels, majority (16) were in the third year while seven, four and one were in the second year, final year and first year respectively. About their occupation, fifteen of the respondents were professional teachers out of which four were on study-leave with regular monthly salary.

More than half (15) of the spouses of the respondents were teachers while the rest were engaged in other self-employed economic activities with few (4) travelled overseas. Three of the spouses were students of other universities in the country. The ages of the babies/children of the student-mothers were between two months and six years. It was realized that six of the respondents had two or more children on campus that they took care of. Children who were more than a year old usually attended pre-school in and around the campus. Generally, some of the student-mothers employed paid or unpaid female baby-assistants. These assistants comprised relatives and non-relatives made up of teenagers, adults or the aged. The relatives were usually not paid.

#### *Intention to give birth*

Generally, respondents did not want to give birth while schooling owing to perceived challenges associated with pregnancy and child-rearing. Some of the married students recounted that their pregnancies resulted due to failure of the

natural method of contraception (calendar method and withdrawal) that they practised. Some were also pregnant before they got admission to the University and gave birth on campus. A few others brought their babies to campus after gaining admission to pursue undergraduate programmes.

*husband and I) were using the withdrawal method and it failed. I was eight months pregnant when I got admission. I delivered at home. The baby was a month-old when I brought him to campus. He is now two months old. [A third-year married student-mother, 28 years]*

*Actually, I did not plan for the child. It was an 'accident'. We (my*

TABLE 2.

*Background characteristics of respondents*

<b>Characteristic</b>	<b>Frequency</b>	<b>Percent</b>
<i>Age</i>		
20-24	8	28.6
25-29	12	42.9
30-34	6	21.4
35-39	2	7.1
Total	28	100.0
<i>Marital status</i>		
Married	25	89.3
Single	3	10.7
Total	28	100.0
<i>Occupation</i>		
Teaching	15	53.6
Unemployed	13	46.4
Total	28	100.0
<i>Academic level</i>		
1 <sup>st</sup> Year	1	3.6
2 <sup>nd</sup> Year	7	25.0
3 <sup>rd</sup> Year	16	57.1
4 <sup>th</sup> or Final Year	4	14.3
Total	28	100.0

Source: Fieldwork (2011).





There were few others who, although planned their births, did so because their husbands insisted. The fear of losing their husbands to other women compelled such respondents to give in to the insistence of the spouses. Notwithstanding, some of the married respondents expressed that they intended to give birth before completing their undergraduate programmes. Considering their age and marital status, they opined it was appropriate.

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

All the single student-mothers got pregnant on campus, with two delivering the babies at the University hospital and one in a hospital at home. While two used the calendar method to prevent pregnancy (which failed), the other, who was a teenager did not use any form of contraception with no reason even though she knew that unprotected sexual intercourse can result into pregnancy. None of them however, preferred abortion as a choice because of their religious beliefs.

#### *Post-natal clinic attendance*

The student-mothers regularly attended post-natal clinic. Preference for a facility was influenced by proximity and place of delivery. Those who delivered their babies at home preferred to attend post-natal clinic at the University hospital

owing to proximity. A few preferred post natal services at the Regional Hospital. They believe that as a referral hospital, it has all the adequate medical resources to deal with complications if they arise.

#### *Child-rearing practices*

Respondents adopted various methods to care for their children. These include child-feeding practices as well as other structures put in place to support the rearing of children. The practices adopted were influenced by time schedules and duration of academic activities as well as availability of human and logistic supports.

#### *Child-feeding practices*

According to current biomedical recommendation, mothers are advised to exclusively breastfeed their babies for six months, after which other food supplements and water may be introduced. Given the academic activities on campus, it was realized that respondents rarely breastfed consistently beyond three months. This duration for exclusive breastfeeding is consistent with the 2008 survey findings of Ghana Demographic and Health Survey (Ghana Health Service et al, 2009). Even though there are no policies regarding student-motherhood and/or periods student-mothers are permitted to breastfeed their younger ones, they (student-mothers) would not be restricted from briefly absenting themselves to breastfeed their babies.

Two methods of breastfeeding were also adopted. The first method is feeding the baby with breast milk from the feeding bottle. Respondents extracted breast milk into feeding bottle(s) to enable their

baby-assistants to feed the babies on demand. The second method is feeding the baby directly from the breast. With this method, baby-assistants need to be closer to the student-mothers. Some of the baby-assistants positioned themselves at car parks and near the lecture halls (Photo 2). Based on a regular interval period, respondents attended to their babies to breastfeed.

Supplementary feeding was also common. Baby-foods such as Nan 1 (Nan 1 is a premium starter infant formula manufactured by Nestlé) was commonly used by the respondents because it is relatively nutritious and affordable. Other baby foods used include lactogen and SMA with the former more economical and the latter relatively expensive. Some of the respondents introduced supplementary foods and water to their babies after one month or sometime earlier contrary to the medical recommendation of six months of exclusive breastfeeding. Time constraint due to academic activities was the main factor that influenced early introduction of supplementary foods and water to babies.

#### *Care-giving activities*

Taking care of a child on campus as a student-mother was unanimously regarded by the respondents as an enormous challenge. They indicated that bathing, feeding, cuddling and putting a baby to sleep are challenging activities when one combines it with academic work. To be able to perform all these tasks in addition to their academic activities effectively, the student-mothers usually employed baby-assistants. As discussed in the subsequent subsections, they used mobile phones and

relied on an aspect of traditional knowledge to complement the child-rearing process.

#### *Use of baby-assistants*

Baby-assistants comprised female relatives and non-relatives such as mothers and mothers-in-law as well as house-helpers. In most cases, the non-relative baby-assistants were paid a minimum of GH 20.00 (\$13.00) and a maximum of GH 40.00 (\$27.00) per month. One factor that influenced the amount to be paid was the age of the baby-assistant. That is, the older assistants received higher allowance compared to the teenage baby-assistants. The reason was that the older baby-assistants are more likely to have some level of experience in child care-giving.

There were other non-relatives who offered help to some of the respondents without any remuneration. One of such assistants was the landlady of a second-year student-mother with a two-month old baby. The respondent could not afford to hire a baby-assistant due to financial constraints; fortunately, her landlady assumed the role as a baby-assistant without any fee.

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

PHOTO 1.

*Some baby-assistants on the corridors that lead to lecture halls at University of Cape Coast*



*Source: Fieldwork (2012) Photo by: Esia-Donkoh (2012)*

PHOTO 2.

*A baby-assistant talking on a mobile phone at University of Cape Coast Campus*



*Source: Fieldwork (2012) Photo by: Esia-Donkoh (2012)*

#### *Use of mobile phones*

The use of mobile phones was held to be essential in child-rearing among student-mothers on UCC campus. Most of the baby-assistants had mobile phones to communicate with the student-mothers whenever the babies needed a special attention (Photo 2). Those who could not afford to buy an additional mobile phone for the baby-assistants made arrangements with co-tenants to avail theirs to baby-assistants to communicate with whenever the need arose.

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

Undoubtedly, child-rearing by student-mothers on campus comes with challenges. These differed from one respondent to the other. The challenges have been categorised into biophysical, psychological and socioeconomic challenges (see model), which have to potential to impact negatively on academic work of the student-mothers.

#### *Biological/physiological issues*

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

#### *Psychological and emotional issues*

Psychological effects associated with child-rearing mostly emanated from stigma-related comments, doubts and poor grades. Certain comments from some lecturers and student became a source of worry to some of the student-mothers. For instance, one of the respondents recounted an experience

where a lecturer passed this comment: ‘...why did you in the first place get pregnant? The University is a place for students, not mothers’. This comment was made when the lecturer realized that the student-mother was consistently late to his 6:30 am lecture.

Another psychological challenge related to doubts about the ability of some of the (teenage) baby-assistants to take good care of the babies. Recruitment of baby-assistants was largely based on recommendations by relatives, other student-mothers and residents in the communities in which the respondents live. In many instances, the student-mothers did not have adequate or prior information about the background of their baby-assistants. Again, the teenage baby-assistant had inadequate knowledge about how to care for babies. These increased the doubts in the minds of the respondents who relied on such baby-assistants.

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

*Leaving my babies behind in the care of my teenage baby-assistant is not easy for me. At times I shed tears leaving my children behind. ‘How could she carry these ‘tiny’ twins if both are crying?’ I always think about them whenever I am away. Moreover, I don’t even know*

*whether she is a good or bad person. [A second-year married student-mother, 31 years]*

The most mentioned source of psychologically and emotionally disturbances and stress was whenever a baby fell ill. All the respondents said that the fear of losing a baby due to illness was so pronounced that they always stayed with them all the time until they got well. Thus, attendance to lectures and group discussions to a large extent was determined by the health of the babies of the respondents.

The issue about whether the babies of student-mothers in a way constituted a form of an obstacle were also discussed. Few of the respondents perceived that to some extent, their babies became obstacles to some aspects of their lives on campus. For instance, one of them had this perception when she suffered an ejection from her rented apartment by her landlord due to consistent cry of her baby. ‘The ejection made me feel that my child is an obstacle to me on campus. I decided to stop schooling but friends advised me not to’, said a 29-year old married student-mother. According to the respondent, the baby’s consistent cry at night was a nuisance to the other tenants. Another respondent had this to say:

*I cannot go out to converse with my friends. I cannot join them to socialize during hall weeks and other social activities because of these children. I cannot leave them. At times, I see them as obstacles to my student life on campus. [A third year married student-mother, 33 years]*



*Social issues*

Apart from attendance to church services, respondents did not involve themselves in organized social activities on campus. They however conversed with friends around and those who visited. They preferred to stay indoors to take care of their babies. Some of the student-mothers were of the view that their babies (and children) were obstacles to their social lives as students on campus.

*Economic issues*

Child-rearing also comes with an economic cost. Expenditure on diapers, food supplements, baby-attendants, accommodation (Table 3) and sometimes medicines (for the mother and the child) increase the cost of living for student-mothers. An expenditure estimation with the student-mothers revealed that on the average, a student-mother may incur a minimum of GH 192.00 (US\$148) as an additional recurrent cost per month for caring for a baby less than six months old on campus. Obviously, student-mothers with twin –babies are likely to incur additional costs.

Apart from these costs, there were others that were incurred by respondents as a result of University’s policy specifically on accommodation. That is, a student-mother cannot stay in the hall of residence. Therefore, all the student-mothers needed to look for alternative (private) places of residence which usually have higher fees comparatively. Again, all the student-mothers who came to campus with their babies paid accommodation fees (which is a component of the admission fees) but never got accommodated. Thus, they were compelled to look for residence elsewhere at an additional cost since the University does not refund accommodation fees already paid. It must be indicated that student-mothers usually went for ‘descent’ accommodation suitable to the baby in particular, and also the baby-sitter.

TABLE 3.

*Average cost of common expenditures associated with caring for one child on campus*

Expenditure	Monthly cost: Gh¢ (US\$)	Academic year (8 months) cost Gh¢ (US\$)
Accommodation	75 (50)	600 (400)
Diapers	90 (70)	720 (480)
Food supplements	7 (5)	60 (40)
Baby-sitter	30 (20)	240 (160)
Airtime	25 (16)	200 (133)
Total	242 (198)	1820 (1213)

Source: Fieldwork (2011)

\*Note: Cedi – Dollar exchange at the time of data collection was GHc1.5 = \$1

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

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

Nevertheless, there were others who indicated that although the challenges they faced had affected their academic activities, there were no or insignificant effect on their academic results. It could therefore be argued that apart from the challenges, there are other factors that could be responsible for poor grades of some of the respondents that need to be explored further.

#### *Coping strategies adopted*

Respondents' coping strategies were generally emotion-based. Withdrawal and weeping were the main coping remedies. For instance, one of the respondents indicated that 'I bear my difficulties alone in my room at times with tears'. While some kept the challenges they faced to themselves, others were comforted by some of their

friends who were privy to their predicaments. It is worth emphasizing that none of the respondents with such difficulties sought assistance from the Counselling Centre of the University. This was basically due to ignorance of the existence of the Unit and the services it provides. Some of the respondents gave reasons for not accessing any of the services rendered at the Counselling Centre.

*I did not visit the Counselling Centre for advice on how to cope with the challenges I face. I have heard about the Unit but I don't know its location. I also don't know the services they provide there. [A final-year married student-mother, 30 years]*

*I have not heard about the Counselling Centre on campus and what they even do. Naturally I don't go out so I don't know what happens outside my home and my baby. [A second-year married student-mother, 27 years]*

Few however, adopted problem-focused coping strategies. They arranged to have group discussions in their rooms. Others contacted some of their lecturers and peers for lecture notes and explanation to issues in the notes which they could not understand on their own. The respondents were however quick to indicate that the academic benefits one derives from any or all of the above arrangements do not match those derived from attending lectures.



*Sources of support*

The study identified three main types of support that the respondents relied on at campus. These are categorised into medical, social, economic (or material) and academic supports. Medical support was regular and almost free or very affordable. As a result of the free maternal health care intervention by the government, students-mothers found it easily accessible to seek medical health care from public health facilities. The proximity of the UCC hospital and PPAG clinic encouraged the student-mothers to attend post-natal clinics. At the UCC hospital, priority is given to student-mothers on specific days and times to enable them access services without undue delays at the hospital.

Social support included caring for babies, attending to various household activities, access to recreational facilities and relations. Some of the respondents were supported by the mothers, mother-in-laws and other hired and non-hired adults to support them in taking care of their babies. Other social supports such as encouragements came mainly from friends and spouses of the respondents.

*The advice of friends and my husband sustains and gives me hope for the future. In times of difficulties, stress and pain, they are my source of encouragements. Regularly, my husband calls to find out how we are faring. Some of my friends also visit and at times help me with the household activities such as cooking and washing especially on weekends [A third-year married student-mother, 28 years]*

Traditionally, economic support comes from the entire family to support the

upkeep of a new-born baby at least during the first year of its life. During the naming ceremony of the child, gifts, both in cash and kind are presented to the parents to welcome the baby with. Such supports are usually provided to mothers who have legitimate spouses. Some of the respondents received this type of support at home during the naming ceremony of their babies. Nonetheless, the onus of (economic) responsibility rests on the father of the baby. It was therefore realized that spouses of the respondents constituted the main source of economic support. Other sources included monthly salaries (for those on study-leave with regular monthly salary), friends and other relations.

With respect to academic support, friends, peers and lecturers were the sources. Friends were however the major source of academic support. They provided respondents with lecture notes and other academic materials to be photocopied and some agreed to hold group discussions at the premises of respondents enable them (student-mothers in the group) to participate.

*Discussion*

Female education is crucial for human and national development. In Ghana, there is the popular adage made by a revered educationist and statesman, known as Dr. James Kwegyir Aggrey (1875-1927) that 'if you educate a man, you educate an individual, but if you educate a woman, you educate a nation'. Consistently, the Ghana Demographic and Health Surveys, as well as other related research, indicates that a woman's education is very important

when discussing and promoting improved standard of living and healthy nation. Ghana's effort in this direction is therefore laudable as it also contributes to the achievement of the most of the MDGs.

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

Irrespective of their intention to have babies while schooling, student-mothers face challenges that affect their welfare. With reference to the framework used for this study, student-mothers perform most if not all the seven roles on campus in addition to an eight role; academic. Performing all these roles within a 'strict' academic system does not only compound the challenges they face, but subsequently impact on the results from these roles especially the academic roles. The effects of these challenges reflect in the total wellbeing of student-mothers because they relate to all the factors (biological, psychological, social and economic) that touch on human health and welfare.

Addressing the challenges of student-mothers is therefore an essential one in that it could ease part, if not all the challenges they face. A policy direction is therefore necessary to create a platform for in-depth analysis and the establishment of institutional structures to address the situation of student-mothers, their children and (teenage) baby-assistants on campus. Apart from the University, other social entities must integrate issues of student-mothers in their broad framework or agenda.

However, in the absence of these interventions, female students must exercise their reproductive rights appropriately. The advocacy for safer-sex practices by the University must guide sexual activities of (female) students especially those who do not intend to have babies while on campus. The use of modern contraceptives is proven to be more effective compared to that of natural methods.

Proverbially, 'a problem exposed is a problem solved'. This makes the Counselling Centre of the University relevant to students in general, and student-mothers in particular. With trained staff in counselling, the Centre must be the preferred option for guidance and counselling to student-mothers irrespective of pieces of advice from friends and spouses. The Centre might need to revise its approach to service provision in order to reach to students with challenges rather than the challenged students visiting voluntarily for services.

Possibly, other support systems such as financial interventions with very minimal or no interest rates tailored to support

childcare and associated costs will not only be relevant but also imperative. Such formal interventions do not exist in any of the financial and social organisations on the University campuses. While the University can consider this option, the Students' Representative Council (SRC) (the mouthpiece of all students) can impress upon the University to reflect on this intervention. In fact, the SRC can draw out proposals to financial organisations or develop such a support scheme in corroboration with the University. Such an intervention could be broad-based to incorporate 'special' accommodation support (i.e. finding and negotiating suitable accommodation) for student-mothers. This can materialize if the debate or discussions on the topic gain public platforms at the University.

### *Conclusion*

Undoubtedly, higher education of females is crucial to Ghana's development particularly on meeting the MDGs. As such, governmental and institutional efforts over the years have been commendable. Nonetheless, child rearing becomes a critical issue that challenges many a student-mother at University of Cape Coast campus, and perhaps other institutions of higher learning. Although, this issue has not gained much attention, its discussion is relevant and timely to complement the various interventions that have been implemented to make University education more accessible to females.

Institutional structures existing such as the Counselling Centre, SRC, and other student-related organisations including the religious ones need to (re)consider the issue at hand with alacrity. Much

discussion must go on among students, lecturers and management. This is essential to the development of appropriate institutional framework or policy and support scheme to meet challenges student-mothers face.

### *Recommendations*

The study makes the following recommendations:

- The Counselling Centre of the University must develop steps to reach out to student-mothers to intensify the education on safer-sex practices, best motherhood practices and problem-focused coping strategies.
- The University must develop a policy on child bearing, student-motherhood and child-rearing practices on campus. This is essential to guide the academic relationship between staff (lecturers) and students, and also the reproductive behaviours of students.
- Accommodation fees must be decoupled from the admission fees that first year students pay. Choice of accommodation must be optional to all students including first year students. This does not only promote the student's rights to choice but also reduces the financial stress imposed on first year student-mothers.
- The SRC with the University can (liaise with some financial or NGOs) to develop financial support scheme for childcare and associated costs on campus for student-mothers.

- Further research should focus on the welfare of children of student-mothers and baby-assistants on campus.

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