

## THE ROLE OF MOTHERS IN THE CARE OF CHILDREN UNDER FIVE YEARS ON ADMISSION

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### ABSTRACT

In the year 2000, WHO and UNICEF tasked a small team known as Child-Friendly HealthCare Initiative (CFHI) to develop and pilot a project across some selected nations in the world, to improve the physical, psychological and emotional care of children and their families. The team, though developed standards that recommend the involvement of mothers (families) in the care of their children less than five years on admission, the team failed to spell out the specific roles that mothers (families) have to play in such circumstances. The purpose of the study therefore, was to investigate the specific roles that mothers play in the care of their children less than five years, when such children are on hospital admission. A non-probability, cross sectional simple random sampling was used. A sample of 50 mothers was used for the study. Questionnaires were used in data collection. The results revealed, using Pearson correlation, a positive figure of 0.249, when the educational background of the mothers were compared with the roles they performed. The result is also statistically significant (2-tailed) with a value of 0.088. Thus, the ability of a mother to perform more roles depended on her level of education.

**KEY WORDS:** mother's role, children on hospital admission, and children under five years old

### INTRODUCTION

The role of mothers in the care of their children under five years on admission is century-old and the importance of the practice cannot be overemphasized, since mothers are the prime nurturers of children (Liles, 1980).

In 1987, a revolutionary document that defined the elements of family-centered care was published by the Association for the Care of Children's Health (ACCH) (Potts and Mandelco, 2002). The family-centered care is a philosophy of care that recognizes the centrality of the family in the child's life and inclusion of the family's (mother's) contributions and involvement in the plan for health care of children on admission, and the delivery of the plan of care. Unfortunately, the family-centered care document did not point out categorically, the specific roles mothers (families) have to play in the care of children on admission. In Africa, the story is even worse, where in some countries, mothers are not even allowed to stay with their children during "ward rounds".

In the year 2000, WHO and UNICEF tasked Child Friendly HealthCare Initiative (CFHI) to develop and

pilot a project across some selected nations in the world, to improve the care of children and their families. The project was carried out in the United Kingdom, Netherlands, Pakistan, Uganda, Bosnia and Kosovo. Though the team recommended the involvement of mothers (families) in the care of their children under five years on admission, just like ACCH documented, it failed to spell out the specific roles the mothers (families) have to play in such circumstances (WHO/UNICEF, 2000).

The situation is not different in Ghana, as Ghana's Demographic Health Survey reports in 2008 suggest that mothers are not aware of the roles they need to play when their children are admitted to the hospital. Ghana can therefore be far from achieving the Millennium Development Goal (MDG) 1, which is eradicating extreme poverty and hunger. It was reported that mothers whose children under five years admitted at AngloGold Hospital in Obuasi, Ghana did not actually contribute so much, when it came to the care of their children on admission. Thus, the nurse -in-charge of the ward had to assemble the mothers of such children every morning and encourage them to contribute their quota in the care of their children on admission. From the interaction,

it was clear that, the role played by mothers of children under five years on admission was inadequate and the specific roles such mothers have been playing over the years, have not been scientifically documented (Personal Communication).

Mothers playing important roles in the care of their children admitted at the hospitals will not only bring a better bondage between them and their children, but will also ensure good mother (family)-health worker relationship which will eventually facilitate speedy recovery of such children; as all mothers are the prime nurturers of their children (Lilies, 1980). Furthermore, if mothers play a significant role in caring for their children less than five years on admission, the workload of the health workers would be reduced and therefore the nurses can attend to other patients.

#### **Statement of the problem**

Research has shown that the role of mothers in caring for their children less than five years old on admission is very significant (Whaley and Wong, 1989). However, the missing link in the literature is the specific roles mothers are to play when their children under five years old are on admission, which is the focus of this study.

The purpose of the study therefore was to investigate the role of mothers in the care for their children less than five years, when such children are on hospital admission. The specific objectives were:

1. To investigate the specific roles the mothers play in the care of their children under five years on hospital admission;
2. To determine which roles of mothers in the care of their children under five years on admission, are more dominant; and
3. To investigate the factors that contribute to the roles mothers played while their children are on hospital admission.

#### **Methodology**

##### ***Research setting and Methodology***

The research setting took place at the Children's Ward at AngloGold Ashanti Hospital in Obuasi, in Ashanti region of Ghana. AngloGold Ashanti Hospital is a district hospital owned by AngloGold Ashanti, Obuasi Mine, a multi-national mining company with the headquarters in South Africa. The hospital has six wards namely Children's Ward, Male Medical Ward, Female Medical Ward, Surgical

Wards (Male and Female) Obstetric, and Gynecological Ward. The bed capacity of the hospital stands at 90, with the following staff strengths: Nurses- 30; Doctors- 8; other paramedical staff- 25 and supporting staff- 50 (AngloGold, 2007).

The Hospital is a referral point within the Obuasi Municipality, but other, referral cases were received from Adansi North and South Districts, Amansie East, West and Central Districts. The Children's Ward has a bed capacity of 35 and with nursing staff strength of 8. The ward is a large hall which has been divided into about 8 cubicles with about 7 to 8 beds per cubicle (AngloGold, 2007).

The study is a descriptive cross-sectional survey. Quantitative methods were used to assess the role of mothers in the care of their children less than five years on admission. Data was collected, using open and close-ended questionnaires. The study was carried out among mothers of children less than five years on admission at AngloGold Ashanti Hospital, Obuasi.

##### ***Target population and Sampling Techniques***

The target population was mothers of children under five years whose children were on admission at the children's ward of AngloGold Ashanti Hospital, Obuasi.

A non-probability, cross sectional simple random sampling was used to collect the data. The total population was 200 mothers, and out of the 200 mothers, (50) 25% were selected for the study. To obtain a representative of the 25% sample, the sample frame of 200 mothers was divided by the sample size of 50, which is 4. But because of the need to randomly start any systematic sampling, a number between 1 and 4 was randomly selected and the chosen number was 1. Thus, the first mother was picked and subsequently 4<sup>th</sup> mother was picked. This procedure was followed until the sample size of 50 was selected.

The research received a Human Subjects Protections Committee Review from the hospital administration, and was approved prior to the conduct of the research. Also, consent was obtained from the respondents before administration of the questionnaires.

**Findings and Discussion***Demography/Background Information of Mothers or Respondents*

Table 1 below presents the socio-economic information of mothers used in the study. The age bracket of 24-34 years had the highest number of

respondents, followed by those who fell within the age group of 35-45 years, followed by those within the ages of 13-23 years; as well as those above 45 years, accounting for 14% of the total respondents (Table 1). Table 2 shows that, 28% of the respondents had three children, while 24% each had one child, and 24% had two or four and above children.

**Table 1: Ages of respondents**

Item	Frequency	Percentage (%)
<b>Age (in years)</b>		
13-23	7	14.0%
24-34	26	52.0
35-45	10	20.0
Above 45	7	14.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

**Table 2: Number of Children of respondents**

<b>Number of Children</b>		
1	12	24.0
2	12	24.0
3	14	28.0
4 and above	12	24.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

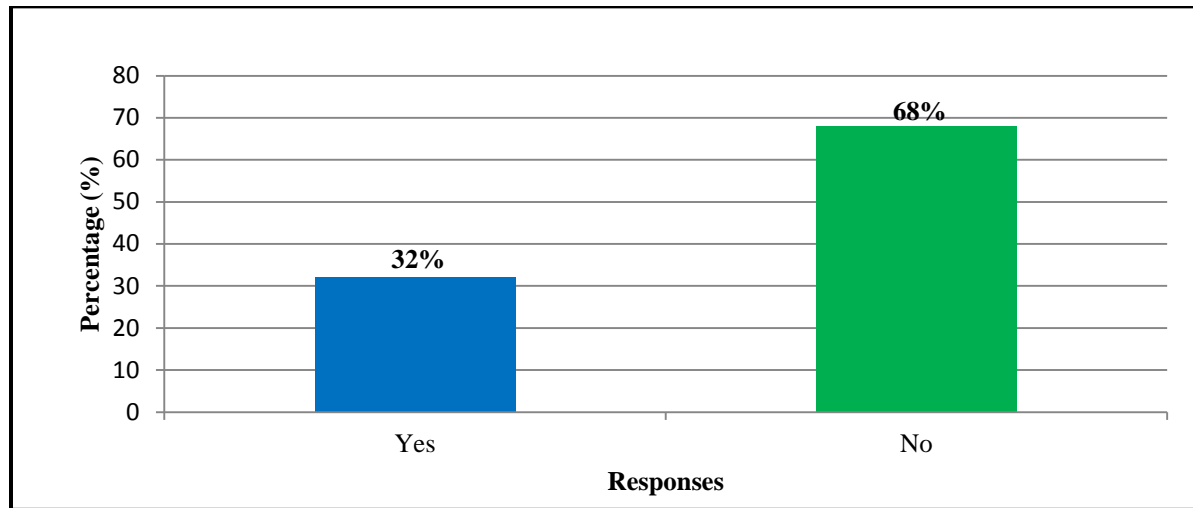
As high as 80% of the respondents were married, 14% were single, and 6% were divorced. More than 50% the respondents aged between 24 and 34 years. This finding is in line with Alters (1996) who pointed

out that the active reproductive years of women fall between the ages of 20 and 35. The findings also showed that, almost all the respondents were married with a minute percentage being divorced. This

revelation is supported by Lauer and Lauer (2007) who also made similar observation by maintaining that after 1981, divorce rates have declined tremendously to as low as 3.8 per 1,000 couple. They

went on further to say that, single parenting is a big challenge, so many people, especially women, decide to stay in an unhappy marriage rather than divorce.

*Role of Mothers in Caring for the Child on Admission*

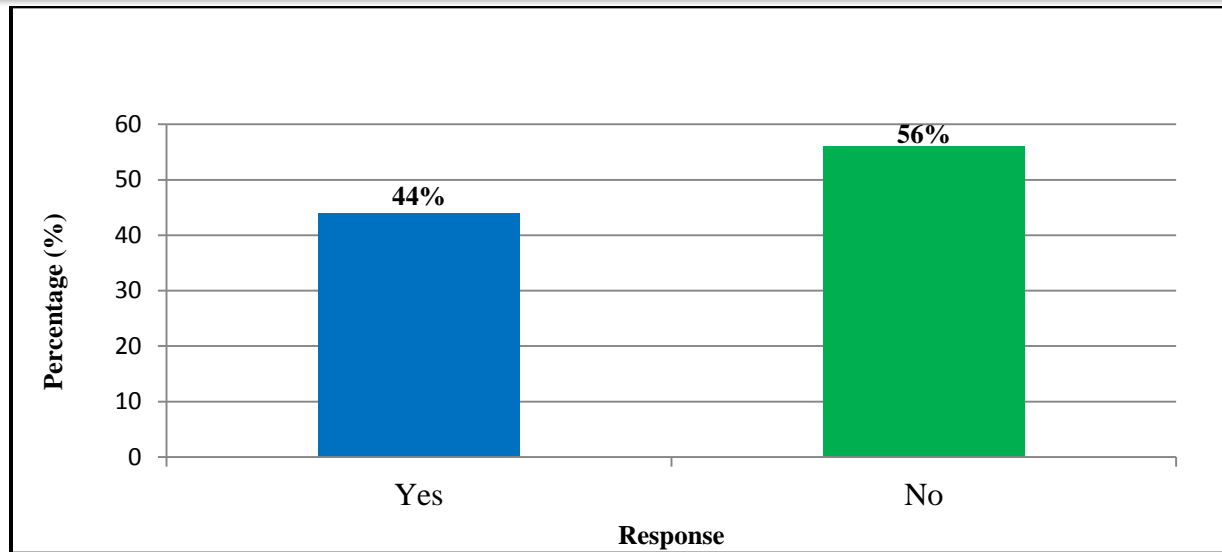


**Figure 1: The Possibility of Mothers to Perform Some Roles when their Child was admitted**

According to Figure 1, 68% of the respondents said it is not possible for every mother to perform all roles in caring for their children on admission whilst 32% said it is possible. Newton (2000) reported that health service systems and personnel are not doing enough to support and encourage mothers to contribute

significantly in the care of their children on admission.

Furthermore, the findings support those of Smith *et al* (1987) and WHO (2005) that mothers knew little about their responsibilities, when it comes to their involvement in the care of their children on admission. In some hospital, mothers are not allowed to stay with their admitted children as maintained by UNICEF (2009), so they have not realized the importance of the roles they have to play.



**Figure 2: Satisfaction of Mothers with the Roles they played in their Child's Care**

From Figure 2, 56% of the respondents indicated that they were not satisfied with the roles they performed in their child's care whereas 44% said they were satisfied. Thus, more parents were not satisfied with the kind of roles they played in the care of their children on admission. This shows that mothers think that health care provision is the sole responsibility of healthcare workers when their children are on admission.

The results are in support of Smith *et al* (1987) that mothers do not know the kind of roles they are to play in the care of their hospitalized children. Probably mothers did not want to partake so much in caring for their children when on admission because they did not want to be embarrassed by health care

providers as maintained by Whaley and Wong (1989).

***Specific Roles Mothers played to complement that of Health Care Providers***

Out of 248 multiple responses received from the 50 respondents, 19.8% of the responses were that their role was to assist in the medication and provision of information on their child's health status (Table 3). This was followed by 15.7% multiple responses that their role was to feed their children. The next was 12.5% multiple responses in favor of provision of emotional support, and the next were bathing/grooming which attracted 9.7% of multiple responses. The rest are as follow in a chronological sequence: 6.9% of the responses were on provision of spiritual support; 6.5% on mouth care, 6.0% on breastfeeding, and 3.2% on washing of their children's clothing.

**Table 3: Specific Roles Mothers play to complement that of Health Care Providers**

The specific roles mothers play to complement that of health care providers	Multiple responses	
	Frequency	Percentage
Breastfeeding	15	6.0%
Bathing/grooming	24	9.7%
Feeding(oral)	39	15.7%

Mouth care	16	6.5%
Assisting in medication	49	19.8%
Provision of information on the child's health status	49	19.8%
Provision of emotional support	31	12.5%
Provision of spiritual support	17	6.9%
Washing of child's clothing	8	3.2%
Total	248	100.0

It is not surprising that from the findings provision of information on the child's health status and assisting in medication had the highest number of responses. This is in alignment with Whaley and Wong (1989) that nursing of hospitalized children can never be complete, unless the mother (family) is considered as an "indirect patient." According to the authors, it is the mother who has to do a lot of things on behalf of the child. For instance, provision of information on the child's health status as well as receiving medication meant for the child, and in turn, serving the child with the medication.

tasks.

**Roles Mothers Performed More Frequently**

The most frequently performed role was feeding, which accounted for 30% of the responses, followed by provision of emotional support to the sick children, and the least frequently performed job was washing of child's clothing (Table 4). These findings support the views of Scipien *et al* (1990), Cameron and Hofvander (1983) and GHS (1995) that sick children's needs for food and natural love can only be provided by the mother, when these children are on admission, making feeding and provision of emotional support, as the most frequently performed

**Table 4: More Frequent performed roles**

The specific roles mothers perform more frequently	Multiple responses	
	Frequency	Percentage
Breastfeeding	11	8.8%
Bathing/grooming	9	7.2%
Feeding(oral)	37	29.6%
Mouth care	6	4.8%
Assisting in medication	19	15.2%

Provision of information on the child's health status	6	4.8%
Provision of emotional support	22	17.6%
Provision of spiritual support	10	8.0%
Washing of child's clothing	5	4.0%
Total	125	100.0%

**Roles Mothers Enjoyed Performing Most**

Just like the most frequently performed roles, feeding is the role that mothers preferred to perform most for their sick children under five years old, followed by provision of emotional support (Table 5).

The revelations from the findings agree with that of Scipien *et al* (1990) that children's need for food can only be provided by the mother. The findings also confirm the views of Riordan and Auerbach (1998) that supplementary feeding has been adopted by most

mothers rather than breastfeeding, for social and economic reasons.

Furthermore, from the findings, mothers also enjoyed performing the role of providing emotional support to their children on admission. This finding confirms the viewpoints of Hockenberry and Wilson (2003) and Milner and Hull (1987) who indicated that mothers provide emotional or psychological support for children on admission which eventually facilitates the child's full recovery.

**Table 5: Roles Mothers Enjoyed Performing Most**

The role(s) mothers enjoy performing most	Multiple responses	
	Frequency	Percentage
Breastfeeding	3	3.3%
Bathing/grooming	5	5.5%
Feeding(oral)	32	35.2%
Mouth care	4	4.4%
Assisting in medication	5	5.5%
Provision of information on the child's health status	5	5.5%

Provision of emotional support	21	23.1%
Provision of spiritual support	10	11.0%
Washing of child's clothing	6	6.6%
Total	91	100.0%

**Roles Mothers DID NOT Enjoy Performing**

Assisting in medication topped (68%) the least of roles that mothers did not enjoy performing; and 8% maintained that they did not enjoy assisting giving

medication and breastfeeding to their children (Table 6). The findings are in line with that of the (Whaley and Wong, 1989), which indicated that mothers do not want to see their children cry at any point in time, especially during medication administration.

**Table 6: Roles Mothers DID NOT Enjoy Performing**

The role(s) mothers do not enjoy performing	Frequency	Percentage
Breastfeeding	1	2.0
Bathing/ grooming	1	2.0
Assisting in medication	34	68.0
Breastfeeding, Assisting in medication	4	8.0
Bathing/grooming, Assisting in medication	1	2.0
Assisting in medication and Provision of information on the child's health status	2	4.0



Mouth care, assisting in medication and Provision of information on the child's health status	1	2.0
Total	44	88.0
Missing/No answer	6	12.0
Total	50	100.0

### ***Factors that contributed to the roles mothers played***

Many factors were assessed to determine if there was an influence on the roles that mothers played in the care of the children on admission. The factors that were assessed were education background, employment history, and the age of the respondents.

But the educational background of the mothers influenced the roles mothers' performed.

Comparing educational background of the mothers and their ability to perform more roles in caring for their children on admission showed a positive relationship, although very low. Pearson correlation gave a positive figure of 0.249, when the educational background of the mothers (respondents) was compared with the roles they performed. The result is also statistically significant (2-tailed) with a value of 0.088. Thus, the ability of a mother to perform more roles depended on her level of education. If the mothers' educational level was high, she performed more roles and vice versa.

Again, the findings support that of Whaley and Wong (1989) who indicated that, many of the least educated mothers are shy and in order to avoid embarrassment, they tend to leave every aspect of the care of their hospitalized children, including the assessment of pain, to the nurses. From the findings, it is observed that, the ability of mothers to perform more roles in the care of their hospitalized children was dependent on their educational background.

### **Conclusion and Recommendations**

The findings of the study have shown that, mothers performed several roles for their sick children less than five years on admission. While, they enjoyed performing some of the roles, they did not enjoy performing others. Some of the roles were performed more frequently than others, and there was a direct relationship between the educational level of mothers and the roles they performed.

It is recommended that mothers should be educated on the specific roles that should be performed while their children are on admission. Hospitals and Community Health Programs should assist in the education of mothers to curtail the problem of mothers not doing enough to complement health care providers in the care of their children less than five years on admission.

### **Acknowledgement**

We are grateful to the Presbyterian University College of Ghana, for sponsoring the study. We are also indebted to the mothers for participating in the study. We are truly grateful to Dr. Frank Arku for his great input. We thank Mr. Joseph Akorli for his active involvement during the data collection.

### **References**

1. Alters, S. (1996). *Biology: Understanding Life*, 2<sup>nd</sup> Edition. Missouri: Mosby.
2. AngloGold Ashanti Annual Report 2007 – Report to Society.
3. Cameron, M. & Hofvander, Y. (1983). *Manual of feeding infants and young children* (3<sup>rd</sup> Ed). Oxford University Press, Pp. 110-131.
4. GHS. (1995). National anemia prevalence survey. Ghana Health Service, Nutrition Unit. Accra.
5. Ghana's Demographic Health Report 2008

6. Hockenberry, M & Wilson, D (2003). *Wong's Nursing Care of Infants and Children*, 7<sup>th</sup> Edition, Missouri: Mosby.
7. Lauer, R. H. & Lauer J. C. (2007). *Marriage and Family: The Quest for Intimacy* (6<sup>th</sup> Ed.). New York: McGraw Hill.
8. Liles, R. M. (1980). *Good housekeeping family and medical guide*. New York: Hearst Book.
9. Milner, A.D. & Hull, D. (1987). *Hospital Pediatrics* (3<sup>rd</sup> Ed). Churchill: Livingstone.
10. Newton, K. (2000): "Trust, Social Capital, Civil Society, and Democracy"; *International Political Science Review*, Vol. 22 (2), pp. 201-214.
12. Potts, N. L., & Mandleco, B. L. (2002). *Pediatric Nursing: Caring for children and their families*. Clifton Park , NY: Delmar Sharpe.
13. Riodarn, J. & Auerbach, K. G. (1998). *Breastfeeding and human lactation* (2<sup>nd</sup> Ed). Jones and Barlett: Michigan.
14. Scipien, G. M., Chard, M. A., Howe, J., & Barnard, M. U. (1990). *Pediatric Nursing*. St Louis: Mosby.
15. Smith, M. (1987). *Child and Family: concepts of nursing practice* (2<sup>nd</sup> Ed.). Saunders: Philadelphia.
16. UNICEF. (2009). *Children in Informal Alternative Care*. New York: UNICEF
17. Whaley, L & Wong, D (1989). *Essentials of Pediatric Nursing* (3rd Ed). St. Louis: Mosby.
18. WHO. (2005). *Pocketbook of Hospital Care for Children: guidelines for the management of common illnesses with limited resources*. WHO Press, World Health Organization
19. World Health Organization and United Nations Children's Fund. (2004) 'Clinical Management of Acute Diarrhea', Joint statement, WHO and UNICEF, Geneva and New York
20. WHO/UNICEF. (2000). *The Child-Friendly Healthcare Initiative (CHFI)*. Health provision in accordance with the UN convention on the rights of the child. Twelve standards related to healthcare of children. WHO