POLICIES AND PROGRAMS TO PREVENT CHILD MALTREATMENT AND PROMOTE FAMILY WELLNESS IN GHANA

By

Bright Isaac Asante

Honours Bachelor of Arts (Psychology), University of Ghana, Legon-Accra.

Ghana, 1996

THESIS

Submitted to the Department of Psychology

in partial fulfillment of the requirements

for Master of Arts degree

Wilfrid Laurier University

1999

To the glory of God and my late mother, Yaa Mako. Mum, I love you .

.

small way to make me what I am today, I owe them my heartfelt appreciation and

gratitude, I love you all.

Abstract

This study examined policies and programs to prevent child maltreatment and promote family wellness in Ghana. In the thesis, I discussed values that guide child-care in Ghana, the daily realities of children and families, and policies and programs to promote family wellness and prevent child maltreatment. Lastly, I looked at the climate for prevention and early intervention. I presented recommendations under each of these sections.

In the first part of the literature review, I examined some definitions of child maltreatment, the prevalence rate, etiology, and consequences of maltreatment. In the second part, I reviewed some polices and programs to prevent child maltreatment in the industrialized world. In the third section, I gave a brief account on Ghana and its people and then analyzed child maltreatment in the African/Ghanaian context. I investigated some child-rearing practices of African society, causes of child maltreatment in Ghana, and lastly, delineated policies and programs instituted and implemented to prevent child maltreatment and promote family wellness in Ghana.

This qualitative study used interviews to elicit response from participants, which allowed them to express their views in a vivid manner. The results indicate that Ghanaians love children and cherish them but due to economic hardships and other issues, these values are being relegated to the background. It was found that child maltreatment is rife in Ghana and that there are some policies and programs to prevent it. However, these policies and programs have been plagued with problems. In the discussion section, I integrated the available literature with the results. I organized them according to the five main categories of the results: values, context of the problem,

policies, programs, and climate for prevention. Lastly, I made practical suggestions and recommendations under each of the categories for serious consideration to prevent child maltreatment and promote family wellness in Ghana.

Table of Contents

List of Tables

OVERVIEW OF THE RESEARCH

The dream of some children in the world today, to grow up well as healthy adults, is impeded by abuse or maltreatment. Child maltreatment is a social problem, which cuts across every society in the world, in both developed and developing countries (Oates, 1992). In recent times much attention has been paid to the problem of child maltreatment, even though child maltreatment has been with us for centuries. This attention came as a result of research that has documented the adverse consequences of abuse on its victims (Oates, 1992). Consequently, this condition brought about a great awakening and grave concern to governments and the general public all over the world. In addition, these concerns led some governments to formulate policies and implement programs to reduce or abate the incidence of child maltreatment.

The objective of this research is to investigate the existence and prevention of child maltreatment cases in Ghana. This study evaluated policies and programs to prevent child maltreatment in Ghana. The research analyzed how these policies and programs have helped to prevent child maltreatment and promote family wellness in Ghana. The study will contribute to the prevention of child maltreatment in Ghana by making some recommendations to improve policies and programs to promote family wellness and prevent child maltreatment in that country. In the literature review section, I reviewed the problem of child abuse as seen in the industrialized world. I looked at the various definitions of child maltreatment, prevalence and incidence, etiology and consequences of abuse. I also reviewed some policies and programs instituted in the industrialized world to curb this menace. Later, I made an in-depth discussion of how Africans/Ghanaians view child abuse. In addition, I discussed the child-rearing practices that is associated with abuse, causes of child maltreatment in Ghana and examined some of the policies and programs that have been formulated and implemented to prevent child maltreatment.

1

LITERATURE REVIEW

Introduction

Children are born to be loved, adored, and well cared for, so that they may grow up, develop their potential, and become useful citizens. Children are the most valuable treasures; they deserve our protection. However, children's right to protection is often not upheld. Not a single day passes without one hearing or witnessing of children being abused. Steele (1977) wrote:

> Next to making sure of its own individual survival, the prime task of any organism is to reproduce and provide offspring to ensure the survival of its species. In child abuse we see a seriously distorted form of this biological process. The offspring are treated in ways which damage them, rather than ways which assure their optimal growth and development so as to form the healthiest possible generation (p. 1).

Child maltreatment is a social problem that occurs in every part of the world, both developed and developing countries, and also cuts across people of all socioeconomic strata (Carver, 1978; Kempe, 1978; Oates, 1982).

Definitions

The term "child abuse or maltreatment" was first officially used in Britain in a 1980 government circular (DHSS, 1980). However, experts differ in defining it. Emery and Laumann-Billings (1998) stressed that people conceptualize violence and abuse through their own inherent social judgments and not by unchangeable social standards or by empirical science. Nonetheless, according to Emery and Laumann-Billings (1998), there should be a consensus on a definition that cuts across all the four areas of child maltreatment: physical abuse, sexual abuse, emotional maltreatment, and neglect. One of the many definitions used presently is that child maltreatment is a term used to describe the many forms of maltreatment inflicted on children by

parents and other care givers. Child maltreatment includes physical injury, emotional

maltreatment, sexual abuse, and neglect of a child's basic needs. Wolfe (1998) also defined child

maltreatment "as the physical or mental injury, sexual abuse or exploitation, negligent treatment

or maltreatment of a child under the age of 18 years by a person (including any employee of a

residential facility or any staff person providing out-of-home care), who is responsible for the

child's welfare" (p.104). In another document the National Center on Child Abuse and Neglect

defines it as follows: "A child maltreatment situation is one where, through purposive acts or

marked inattention to the child's basic needs, behavior of a parent/substitute or other adult

caretaker caused foreseeable and avoidance injury or impairment to a child or materially

contributed to unreasonable prolongation or worsening of an existing injury or impairment"

(NCCAN, 1981, p. 4).

A closer look at these definitions indicates that the problem of child abuse/maltreatment

has been with society for a long time but it is not until recent times that it has been considered

seriously. Carver (1978) and Oates (1982) also share this view that child abuse is not a new social

phenomenon; it has occurred throughout human history but it has been recognized as a problem in

recent years. For example, sexual abuse, which is defined as sexual exploitation of children by

adults' acts ranging from inappropriate fondling to rape, has been with us for centuries (Kempe,

1978). Sexual abuse is also defined by Glaser and Frost (1988): "any child below the age of

consent may be deemed to have been sexually abused when a sexually mature person has, by

design or by neglect of his/her usual societal or specific responsibilities in relation to the child,

engaged or permitted the engagement of that child in any activity of a sexual nature which is

intended to lead to the sexual gratification of the mature person" (p. 8). This definition pertains to

whether or not it involves genital contact or physical contact and whether or not there is a

discernible harmful outcome in the short-term. Kempe (1978) found that sexual abuse, for example, has featured in centuries through incest, child prostitution, and in recent times rape. On the other hand, physical abuse usually includes scalding, beatings with an object, severe physical punishment, slapping, punching, obligations such as failure to meet the educational, supervisory, shelter and safety, medical, physical, emotional needs of the child, as well as physical abandonment (Wolfe, 1998).

Prevalence of Child Maltreatment

The incidence rate of child maltreatment is overwhelming. There are records from Canada and the U.S.A. to attest to this fact. On her program, the Oprah Winfrey Show, Oprah confessed that she was raped at the age of 9 by a cousin, and was subsequently sexually abused by an uncle until the age of 14. She commented on the prevalence and the incidence rate of child abuse in the U.S. when she decided to sponsor and lobby a bill to pass by Congress to protect children (Bly, 1993). "Our children in this country are not safe. They are not safe at the hands of strangers. Oftentimes they're not safe in the hands of their own of relatives and friends and even their own parents. One of every six violent crimes in this country is committed against a child" stressed Oprah Winfrey (Bly, 1993 p.270). In a sample drawn from Ontario in 1993, Trocmé, McPhee, Kwan Tam, and Hay (1994) found that out of 2,950 cases of family intake drawn from a total population of 53,000 open cases across Ontario, two-thirds of the cases in the sample (1,898) were suspected of abuse involving 2447 children.

The U.S. National Committee for the Prevention of Child Abuse's (NCPCA's) 50-state survey estimates that approximately three million children were reported to Child Protection Services in 1995, about one-third of whom (996,000) were substantiated as victims of maltreatment. Out of these estimates 54 of the cases were physical neglect, the form of

4

maltreatment most clearly associated with poverty (Pelton, 1992). Sedlak and Broadhurst (1996) estimated that between 1.5 and 2.8 million children were maltreated in 1993 in the U.S. When abuse is defined as a substantial risk of endangerment, estimates of incidence rates ranges between 23 to 42 per 1000 children. According to the National Incidence Studies of Child Abuse and Neglect, approximately 2% of American children were determined to have been sexually abused in a Gallup poll in 1995. In another development, in a recent inquiry into the prevention of child abuse in England and Wales it was found that 1 million children are harmed each year and that, of these, 155,000 suffer from severe physical punishment. According to the report, up to 100,000 children each year have a potential harmful experience and 300-400,000 children live in an environment which is consistently low in warmth and high in criticism (National Commission of Inquiry into the Prevention of Child Abuse, 1996). However, as observed by Emery and Laumann-Billings (1998), the increase in incidence of maltreatment is due at least in part to increased in awareness of its occurrence. Additionally, researchers who believe that child maltreatment is rising attribute the growing problem to increased used of illicit drugs, massive poverty, increased overall violence in the U.S. and other places and, above all, disintegration of communities (Garbarino, 1995; Lung & Daro, 1996; Sedlak & Broadhurst, 1996).

Etiology of Child Maltreatment

There are varied reasons why child maltreatment occurs. It has now been established that child maltreatment does not occur from one single risk factor but a combination of factors (Wolfe, 1998). Using an ecological model, Belsky (1993) and Bronfenbrenner (1979) outlined some factors that may contribute to maltreatment. These are individual personality factors, family interaction patterns, poverty, social disorganization, acute stressors and the cultural orientation in which the individual lives. Again, Bronfenbrenner (1979), through the ecological approach,

delineated the four levels of analysis of abuse: (a) individual characteristics, (b) the immediate

social context, (c) the broader ecological context and lastly, and (d) the societal and cultural

context. Wolfe (1998) also used this notion of an ecological approach. He suggested that a

combination of factors from the individual, family, environmental and socio-cultural context could

cause abuse. Wolfe (1998) further augured that child abuse occurs from infancy when parents

assume responsibility of caring for the child and parents grapple with the task of socializing the

child.

Characteristics of the social context of the family can perpetuate abuse (Emery &

Laumann-Billings, 1998). Some of the social context factors include family structure and size,

acute stressors such as the loss of job or death in the family, and characteristics of styles of

resolving conflicts in the family. Most research has confirmed the relationship between child

maltreatment and socioeconomic stress (Pelton, 1978; Trocmé, et al., 1994). Examples of some of

the socioeconomic stressors are unemployment, restricted opportunities for work and education,

family violence and instability, low social class, poverty and financial-related stress. This means

that child abuse is directly related to quality of life factors in the community such as poverty,

social isolation, and the lack of cohesion in the family (Belsky 1993; Garbarino & Kostelny,

1992). The relationship between poverty and social isolation has now been well established across

all categories of abuse (Belsky, 1993; Emery & Laumann Billings, 1998; Korbin, 1994;

Thompson, 1994; Wolfe, 1998). However, not all poor parents abuse their children (Garbarino &

Crouter, 1978; Garbarino & Kosltelny, 1992). Korbin (1994) also stressed that isolated parents

may lack significant social networks and social agencies able to provide needed assistance. This

condition makes maltreatment very difficult to detect and may stifle any initiative of community

agents who could promote healthy parent-child relationships.

Viewing abuse from individual psychological factors, Wolfe (1998) wrote: "a person's ability to be a good parent is often compromised by his/her own experience of child abuse or neglect, psychological immaturity, or depression, stressful living conditions, and inadequate social support" (p. 117). Wolfe (1985) found that parents who are raised in families where family violence and instability are rampant are most likely to be abusive as parents. They had bad childhood experiences and were traumatized or abused as children. This means they lack appropriate exposure to positive parenting skills and may find child rearing a difficult and unpleasant task. They may also lack the skills for effective child stimulation (Wolfe, 1987). To Wolfe (1985), these parents possess low levels of competence in child rearing.

Furthermore, personality factors such as low self-esteem, poor impulse control, external locus of control, negative affectivity, and heightened response to stress can cause parents to be abusive. Belsky (1993) wrote that poor physical or mental health, behaviour deviance and difficult temperament or personality features characterize abusive parents. Abusive parents have also been found to be more likely to be alcohol or drug dependent than the general population (Kantor & Straus, 1990; Pan, Neidig, & O'Leary, 1994). Widom (1992) found alcoholism rates ranges from 18% to 38% in child-maltreating parents. This indicates that parents' lifestyles and habits also influence a developing parent-child relationship, for example the use of alcohol. "These parents show problems related to emotional arousal, and control of anger and hostility; they react swiftly to provocation by the child" (Vasta, 1982, p. 111).

Marital/family violence can also trigger violence towards a child. Straus, Gelles and Steinmetz (1980) found that in 40% of families where adult partners are violent toward one another, there is also violence toward a child at some point during a given 12-month period. A child's own behaviour that is very challenging to deal with can aggravate maltreatment

(Herrenkohl, Herrenkohl, & Egolf, 1983). Examples of such behaviours are refusal, fighting and arguing, accidents and child's immoral, dangerous, or sexual behavior. However, Herrenkohl, Herrenkohl, and Egolf (1983) noted that chronic adult inadequacies and unsafe homes precipitate abuse more than a child's own behaviour.

Analyzing the etiology of child maltreatment in its socio-cultural context, it has been found that abuse is perpetuated by cultural beliefs and values (for example the use of physical punishment), extremes in family privacy and violence in the popular media (Finkelhor & Dziuba-Letherman, 1994; Garbarino, 1977). Belsky (1993) and Korbin (1994) also identified certain cultural practices like child rearing practices, geographical distinctions, and kinship systems that trigger child abuse and neglect.

Consequences of Child Maltreatment

The consequences of child abuse can be very adverse to the overall development of a maltreated child. The consequences can be in the form of physical injury and psychological distress or disorder and trauma. Lung and Daro (1996) estimated that 1200 to 1500 children die each year in the U.S. as a result of physical abuse. According to Sedlak and Broadhurst (1996), nearly 50,000 children were victims of "serious" physical abuse in 1993 in the U.S. Also, Baladerian (1991) found that an estimated 18,000 become severely disabled each year as a result of child abuse. In her work with maltreated adolescents, Gil (1996) asserted that the abused adolescent is at peril for many developmental disabilities or impairments in areas such as moral, social and personality development as well as identity formation.

Psychological problems such as aggression, anxiety, depression, clusters of symptoms (e.g., disorders like posttraumatic stress disorder [PTSD]), in addition to specific symptoms can ensue from child abuse. Guilt and self-blame, particularly among victims of sexual abuse are also

8

common (Wolf, Sas, & Wekerle, 1994). Some moving testimonies from adult survivors (mostly women) about the longer-term devastating consequences of sexual abuse attest to this position. A powerful example is from Maya Angelou, who described her own elective mutism as a result of sexual assault. She illustrated clearly how sexual abuse compounded her suffering from racism (Angelou, 1984). Another example is Oprah Winfrey, when she spontaneously disclosed live on the air in 1995 that she had been sexually abused at the age of nine by a 19 year-old cousin and at the age of 14 by a uncle, which affected her psychologically and in many ways up until now (Bly, 1993). According to Bly (1993), Oprah has lived all these years in self-blame for her sexual abuse by her family members. In addition, adults have reported what children have said to them during different stages of treatment, as noted by Finkelhor and Browne (1995), who described traumatic sexualization, betrayal, stigmatization, and powerlessness as the core psychological injuries which make the trauma of sexual abuse unique. Cicchetti and Toth (1995) suggested that some consequences are the disruption of child development task such as the formation of attachment, affect regulation, self-esteem and peer relationships. Additionally, Emery and Laumann-Billings (1998) said there is also an adverse practical consequence for the children. For example, 244,000 children were placed in foster homes in 1994 in the U.S., the majority as a result of abuse or neglect (Tatara, 1994).

Summary

In the preceding sections I defined and explained the problem of child maltreatment. Child maltreatment is seen as a serious and complex social problem that cuts across all socio-economic strata. Also, the problem of child abuse occurs in every country of the world. From the literature, it was also discussed that the prevalence and incidence rate of child maltreatment is high and overwhelming. However, the increase in the incidence rate of child maltreatment is partly due to

the increased awareness of its occurrence. In the analyses of the etiological factors of child maltreatment, Belsky (1993) and Bronfenbrenner's (1979) ecological approach was used. It has now been established that child maltreatment does not occur from one single risk factor but a combination of factors (Wolfe, 1998). Using the ecological approach, I delineated four level of analysis of abuse: (a) individual characteristics, (b) the immediate social context, (c) the broader ecological context and lastly, (d) the societal and cultural context.

The consequences of child abuse, which can be very adverse to the overall development of a maltreated child, were also discussed. Some of the consequences of child maltreatment are physical injury, psychological distress or disorder and trauma. Psychological problems such as aggression, anxiety, depression, traumatic sexualization, betrayal, stigmatization, low self-esteem and powerlessness (Angelou, 1984; Finkelhor & Browne, 1995; Wolf, Sas & Wekerle, 1994)can ensue from abuse.

Policies and Programs to Prevent Child Maltreatment in the Industrialized world

The magnitude of adverse consequences to children, the immediate family as well as a country as a whole calls for effective policies and programs to reduce the incidence of child maltreatment. Public policy is defined as "a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems" (Pal, 1992, p. 2). Adapting this definition, policy to prevent child maltreatment is defined as any course of action or inaction chosen by governments or any organizations to address the problem of child maltreatment. In other words, child or family policies are regulations or laws that aim to improve the quality of life of children and their family. On the other hand, a program is defined as the actualization of a policy.

Over the years policies and programs to prevent abuse in the U.S. and Canada were seen to be a failure (Wolfe, 1998). Funds towards a child's education, health, mental health, justice, housing, and action-oriented research to protect the child, had not been available. Rather, as the U. S. Advisory Board on Child Abuse and Neglect (ABCAN) (1993) admitted, billions were spent on law enforcement, juvenile and criminal courts, foster care and residential facilities and treatment of adults who themselves have been maltreated in a prior generation.

Policies to Prevent Child Maltreatment in the Industrialized World

For a child protection strategy to be effective it should be comprehensive, child-centered, neighborhood-based, and family-focused (U.S. ABCAN, 1990). Over the years research has shown that child maltreatment with its multiple causative factors is predictable (Wolfe, 1998). It is in this vein that Wolfe (1998) suggested that policies to prevent maltreatment should, "... increase parents' ability to cope with external demands and provide for the developmental and socialization needs of the child; and to reduce the stress that families experienced" (p. 21). Also there should be healthy socialization in communities to attract supportive roles from the communities and neighborhoods to meet the needs of children. After extensive research and discussions the following policies have been found to be effective and should be pursued vigorously. "(a) strengthening urban, suburban, and rural neighborhoods as environments for children and families, (b) reorienting the delivery of human services, (c) improving the role of government in child protection, (d) reorienting societal values that may contribute to child maltreatment, (e) lastly, strengthening and broadening the knowledge base about child maltreatment" (Melton & Barry, 1994, pp. 8-9).

On this note, some of the wider policies that have been instituted over the years to improve the quality of life and the overall development of children and their families are as

follows: economic support for parents, policies about daycare, health care, child benefits, and parental/maternal leaves. It is presumed that such policies for families will promote family wellness and thereby prevent child Maltreatment.

Maternal and Parental Leave Policies

With the acceptance of women as equal partners in the workforce, both parents now constitute the workforce. This condition lessens the economic burden of the family. Nonetheless, this doesn't happen without a price. Women or men have the responsibility to rear their children to grow up to attain their full potential. In this regard, parents are torn between child rearing and work, especially the mothers who most of the time takes more roles in child rearing. It is on this note that the policies on maternal or parental leave have become crucial and critical. Maternal leaves are granted to mothers after giving birth so that they can take good care of the babies, who deserve care, love and above all, attention at that early age. In Canada, women are granted 15 weeks of paid maternal leave of about 57% of their wage. One's eligibility depends upon a confirmed continuous employment for 20 weeks prior to confinement. The duration of maternal leave is longer in some countries like Denmark (28 weeks), Finland (53 weeks), Norway (35 weeks), and Sweden (65 weeks) (Peters, Peters, Laurendeau, Chamberland & Peirson, 1999).

Child Care Policy

Child care policies have been one of the ways the industrialized world has used to support parents with children to lessen their burden of parenting. In Canada, where child care policies fall under the jurisdiction of the provincial and municipal governments, some of the services the government renders for parents are subsidized day and family care centres, family resources centres, early childhood centres, drop-in centres for low and modest income earners. Sweden is another country where the existence of strong child care policies has helped more men and

especially women to enter the labour force without any hindrance. In France, extensive policies on child care, have been judged to be among the best in the world; children of 3-6 year olds are funded not through parental fees but through payroll deductions. The pre-school system (écoles Maternelles) in France is one of uniqueness and innovation in the world. This is done on the belief that parents are performing a duty to the society since children are the future leaders. Thus, they deserve society's maximum assistance. The ideology in France is opposed to the notions of countries like the U.S. and Canada, whose systems appear to be based on the notion that the rearing of children is the sole responsibility of parents (Peters et al., 1999).

Child Welfare Policy

Over the years, child welfare system policies have been based on two important roles: protective and preventive roles. Protection of children from abuse and neglect has been the main focus of child welfare policies in North America and in Europe for some time now. Nevertheless, over the years, it has been found that prevention is better than cure. Consequently, the prevention role of the child welfare policy now gets more attention. The prevention focus of child welfare places emphasis on the role the family plays in the development of the child, so it tends to provide supportive services to parents and attempts to preserve the family. Intensive home-based services, including family preservation programs, are one area where child welfare agencies have attempted to provide family support to prevent children coming into care (Peters et al., 1999)

Child Support Policies

Child and family financial support is one of the ways industrialized countries like Canada, the United States, Australia, Great Britain, and other countries have used to ease the financial burden of needy families. In Canada for instance where the child poverty rate is extremely high and is ranked the second highest among the industrialized world, this social assistance is

appropriate and has ease the ever increasing burden of parents who have children (National Anti-Poverty Organization, 1998). In Canada, both the Federal and Provincial governments give some benefits to all low-income families with children. In some industrialized countries where this is the practice, this benefit is applied universally (Peters et al., 1999). The universal system operates this way: the fact that you have a child entitles you to the benefit. Examples of countries that still uphold this universal component of family allowances are France, United Kingdom, Sweden, and Norway (Peters et al., 1999). Much as the universal system is costly, the argument is that no children are missed; administrative costs are lower; and above all, it avoids social stigmatization/labeling, which is attached to selective programs. Countries like Canada, Australia and Germany which only support low-income families, also argue that the universal system puts money in the hands of people who are better off. The need to reduce public spending and desire to better support lower-income families are reasons given to justify their selective payment. But such selective programs are socially stigmatizing. In addition, this selection of low-income parents for assistance can exclude some needy children, which need assistance badly. Another type of benefit parents with children/dependents receive from governments of industrialized countries is tax cuts and concessions through credits, deductions or exemptions.

Programs to Prevent Child Maltreatment

To prevent child maltreatment many programs have been put into place. The primary programs address either high-risk or universal populations. The high-risk approach is based on the assumption that some people are at a higher risk than others for developing the tendencies to maltreat their children. Consequently, those individuals are targeted for prevention programs. In the universal approach, programs are designed to include all individuals in a particular geographical area or setting. This indicates that in the universal approach efforts are made to

involve all people instead of a smaller group considered to be high-risk. Although high-risk approaches tend to be more efficient, they also tend to stigmatize and label the targeted population. On the other hand, the universal approach avoids the problem of stigmatization but it can be very expensive to undertake and sometimes be directed at individuals who do not necessarily need them. Also, universal programs eliminate the difficulty of false negatives, that is individuals who are not considered to be at risk but develop child maltreatment problems (Bloom, 1980).

Research has shown that programs tend to be quite effective when high-risk individuals are targeted early (Wolfe, 1998). An outstanding example of high-risk programs is the home-visiting program for new parents in difficulty. Their difficulty may stem from the fact that they are single mothers, teenage or poor mothers. Through programs like home-visitation, family support, parent training and education, and self-help groups, these mothers are supported with material, psychological and educational resources. The fulfillment of material, psychological, and educational needs through preventive programs have been found to generally improve family/psychological well-being and reduce child maltreatment (Macmillan, MacMillan, Offord, Griffith, & MacMillan 1994).

Family Support Programs

Healthy families and communities are the basis of a productive society. Well-functioning families are better positioned not only to rear competent children, but also to contribute to the work force, economy, and the creation of strong and vibrant communities (Kyle & Kellerman, 1998). The United Nations (1991) has referred to the family "as the basic unit of society."

> The family is appreciated for the important socio-economic functions that it performs. In spite of the many changes in society that have altered its role and functions, it continues to provide the natural framework for the emotional, financial and material support essential

to the growth and development of its members, particularly infants and children, and for the care of other dependents, including the elderly, disabled and infirm. The family remains a vital means of preserving and transmitting cultural values. In a broader sense, it can, and often does educate, train, motivate and support its individual members, thereby investing in their future growth and acting as a vital resource for development (Vanier Institute, 1994, p.10).

To create this congenial/positive atmosphere that the Vanier Institute (1994) is referring to, there is a need for a program to help parents who are in need and are not in the position to make this happen. Family support programs help parents to fill this gap. Family support programs focus on promoting family/parental wellness, and parent-child wellness and, indirectly child wellness (Allen, Brown, & Finlay 1992; Kagan & Weissbourd, 1995)

Cameron and Vanderwoerd (1997) and Wolfe (1994) stressed that for family support programs to be effective in preventing child maltreatment, such programs must address the concrete daily living of families and parents as well as the parent-child relationship. It is for this reason that social support should include informal and formal resources. Informal sources of support include family members, neighbors, friends, and others, as well as social groups (churches, clubs and neighborhood organizations) that people turn to for information and help with daily living (Gottlieb, 1981; Unger & Powell, 1980). Formal sources of family support include various professionals (a family doctor, school social worker) and agencies (public health departments, welfare offices and children's aid societies) that are organized to provide material aid and other assistance to families, especially when their informal sources of support are unable to provide sufficient assistance (Dunst, Trivette, & Deal, 1988; Unger & Powell, 1980).

When done effectively, family support programs have the potential to prevent child maltreatment since they can reduce the stress of parents and can also provide them with other vital needs. The Homebuilders program is one such family support program, which has proved

effective in preventing child maltreatment (Dagenais & Bouchard, 1996). The Homebuilders program was first instituted for families of children who are at-risk. Through crisis intervention and skill-building programs, the Homebuilders have been successful in helping parents at-risk (Fraser, Pecora & Haapala, 1991). Due to its success in preventing out-of home placement since it was developed, it has been replicated and implemented in 42 states and some provinces in Canada (Dagenais & Bouchard, 1996).

Home Visitation Programs

Home visitation programs are for families or parents who are at risk of abusing or neglecting their children and/or some other negative outcomes. Many of the "at risk" mothers are those who are young or teenagers, unmarried, and economically disadvantaged. Home visitation programs are sometimes also geared towards the parents of pre-school children, particularly during the prenatal and postnatal periods. Home visitation may begin during pregnancy and the period of intense concentration of home visiting is during the first two years of the child's life. The focus of home visitation is on the needs of the parent (mother) and parent-child relationship.

Many home visitation programs have often used nurses or other paraprofessionals (Barth, 1991). These nurses or paraprofessionals often visit the women in their homes. The focus of such visits is to promote maternal health during pregnancy, to focus on the promotion of childcare and child development, and mother – child attachment and, above all, to support mothers in their parental, social, occupational and educational roles after the baby is delivered. According to Steinhauer (1998), adequate parenting and childcare during the infant's first 18 months of life is critical to optimal brain and central nervous system development of the child. It is for this reason that it is important for needy/underprivileged parents to receive this support, in the form of home visitation, to assist them in the early years of the child growth and development. Furthermore,

Barth (1991) and Steinhauer (1998) stress that the relation between the home visitor and other intervention components, including education, goal-setting, problem-solving, referral to community services, and mobilization of informal supports and community resources could go a long way to assist the mother to adequately serve the needs of the child.

Meanwhile, there is now enough evidence to prove that home visitation programs can help to prevent child maltreatment. In a study by Taylor and Beauchamp (1988), they compared mothers who were assigned to a control group to those in the intervention group (mothers who received home visitors). Their finding was that those in the intervention group reported significant greater knowledge about the social/personal development of the child. They also showed positive attributes to prevent child maltreatment (Taylor & Beauchamp, 1988). Another effective home visitation program geared towards the prevention of child maltreatment is the Prenatal/Early Infancy Project developed by David Olds and colleagues (Olds & Korfmacher, 1997, 1998). Developed originally in 1978 in Elmira, New York, by David Olds, the Prenatal Early Infancy Project targeted the most economically disadvantaged women in the U.S. Reports indicate that it was so successful in preventing child physical abuse and neglect that it is being replicated in many urban communities in the U.S. (Olds & Korfmacher, 1998).

The Hawaii Healthy Start program established in 1985 is another home visiting program, which has helped to prevent child abuse and neglect (Breakey and Pratt, 1991). Breakey and Pratt (1991), in an internal evaluation of the Hawaii healthy start program found that out of the 176 families who had participated in the program for at least a year, only 4 cases of child abuse and neglect were reported by the program staff. That number represents about 2% in a follow up external evaluation of the same program by the Center of Child Abuse Prevention (1996). In the evaluation of the Healthy Start Program it was found that participants have become aware of child

abuse and the problems associated with it. There is considerable evidence that home visitation

programs have a beneficial effect on maternal and infant health as well as mother's knowledge,

attitudes and behavior regarding parenting (Gray, 1990; Olds & Kitzman, 1993). Furthermore,

home visitation programs have been found to improve the general maternal functioning of

mothers according to a long-term research study conducted by David Olds in the U.S. (Olds,

Henderson, & Kitzman, 1994). Such a study is being replicated in Hamilton, Ontario and

preliminary reports indicate it is successful (Wolfe, 1998). However, research indicates that the

length of the intervention has a significant effect on the success of home visitation to prevent child

maltreatment (Center on Child Abuse Prevention, 1996).

Parent Education and Training Programs

Parent education and training Programs for any parents or parents at risk could be in the

form of public health programs or education that use visual and print media to convey messages

about positive parenting and the prevention of child maltreatment. On the other hand, there are

ones done on small-group basis to parents using different educational and training formats and

models of parenting (Nelson, Laurendeau, Chamberland & Peirson, 1999). An example of public

intervention intervention/program to educate parents is the "Don't Shake the Baby Program"

which was introduced in the U.S. by Dr John Caffey in 1972 (Showers, 1992). The ultimate goal

of this extensive and effective program was to educate parents about the risk of shaking and

proper handling and care of babies when they cry. Reports documented that more than half of the

parents that got the message were less likely to shake their babies. Andrews, McLeese and Curran

(1995) also reported about a mass media campaign to create the awareness about the linkage

between child maltreatment and drug and alcohol consumption. Laurendeau, Gagnon, Desjardins,

Perreault, and Kischuk (1991) reported another mass media public education program for new

parents. In that campaign, Parent magazine was distributed to new parents free of charge. Through the reading of this magazine by these new parents, they were able to acquire basic knowledge about parenting and most importantly family support resources.

Parent education and training is also sometimes conducted exclusively for at risk parents. An instance of one of such parent education-training program was implemented in Montreal. It was called "Je Passe Partout" (Saint-Pierre, 1994). "Je Passe Partout" was conducted for elementary school-based children who found it extremely difficult to complete their assignment/homework and at the risk of academic disintegration. When the "Je Passe Partout" program was evaluated in 1994, compared with a control group it was found that the academic self-concept of students in the control group decreased significantly over time, while there was no comparable change for the intervention group (Saint-Pierre, 1994). From this finding, it appears the intervention prevented further deterioration of academic self-concept of the experimental group.

There is research evidence to support the notion that parent education and training can help in preventing child maltreatment. In a survey by Riley, Meinhardt, Nelson, Salisbury, and Winnet (1991) to evaluate the effectiveness of public education and parent training, a newsletter about good parenting was sent out to 683 parents. Out of 683 parents, 297 who received the newsletter, responded that the newsletter was helpful and it caused them to smile, kiss, and hug their babies more. In another study of the same intervention, it was found that parents who received the newsletter scored significantly lower on a measure of child abuse potential than the control group (Riley, Salisbury, Walker, & Steinbeing, 1996).

Self-Help/Mutual Aid Groups

Self-help/mutual aid groups consist of people with a problem in living or common experience who come together on a voluntary and equal basis to share their experiential knowledge and to provide and receive informal peer support (Humphreys & Rappaport, 1994; Hyndman, 1996). There are varied reasons why people will come together to form such mutual aid groups. Some do to fight addiction, abuse, bereavement, separation/divorce, health and illness concerns, parenting problems, mental health problems, dissabilities and many others. Even though there are different kinds of self-help groups, and may differ in functions, their primary focus/objective is often the same. First of all, their focus is to promote empowerment for their members. Additionally, they provide and receive peer support, create and enhance a psychological sense of community, and advocate for social and environmental change.

Parents Anomymous, which was founded in 1970 by a mother who had once abused her child and a social worker, is by far the largest and most prominent self-help/mutual aid organization to help mothers to avoid abusing their children (Lieber, 1983). As reported by Riessman and Carrol (1995), there are now about 1200 Parents anonymous across North America. The numerous Parents Anonymous chapters across the U.S. and Canada offer telephone help lines for parental support during crises and give out written information about good parenting (Paiement, 1984). What is unique about these self-help/mutual aid groups is the support, unconditional acceptance, confidentiality and guidance members offer to each other.

There is limited evidence to suggest that self-help/mutual aid groups are effective to reduce child maltreatment (Humphrey, 1997). In an evaluation of Parents Anonymous by Lieber and Baker (1977), 613 members of various different chapters were surveyed. It was found that there are significant decreases in verbal and physical abuse after they joined Parents Anonymous.

In another survey, of 173 members of Parents Anonymous chapters in Illinois, McCray and Wolf (1997) reported that most respondents reported significant improvements in several areas of their life (e.g., self-esteem, family relations, anger management, parenting skills, stress reduction) after joining Parents Anonymous.

Summary

For child maltreatment cases to be lessened or abated there is the need for effective policies and programs to combat the problem. In this vein, some policies have been put into place to prevent child maltreatment from occurring in different countries. Some of the policies that I dealt with in the last section were Maternal and Parental Leave policy, Child Care policy, Child Welfare policy, and lastly, Child Support policy. Working in conjunction with these policies are the following programs, which if implemented, effectively possess a great potential to help prevent child maltreatment. Some of the programs that were identified to prevent child maltreatment are family support programs, home visitation programs, parent education and training programs, and finally, self-help/mutual aid groups.

In the following sections of the literature, I am going to focus on Africa and particularly, Ghana. I will give a brief description of Ghana and its people. I will then proceed to analyse child maltreatment in the African/Ghanaian context and how child abuse is understood in the African/Ghanaian society. Additionally, I will delineate some of the traditional child-rearing practices of the African society, which is sometimes associated with child abuse. Furthermore, I will look at the causes of child maltreatment in Africa with particular reference to Ghana. Finally, I will discuss some policies and programs that have been instituted and implemented to prevent child maltreatment and promote family wellness in Ghana.

A Brief Description of Ghana and Its People

Until March 6, 1957 Ghana was called the Gold Coast. The country was named the Gold

Coast when the first Europeans (the Portuguese) first came into contact with it in 1471 and

discovered that the Ghana had plenty of natural resources, especially gold (Vogt, 1979). Ghana

was the first black African country to attain independence from British rule (Huq, 1989). The

country is located on West African's Gulf of Guinea, only a few degrees north of the Equator.

Ghana extends inland for 675 km and lies approximately between latitudes 5 degrees and 11

degrees North and longitudes 1 degree East and 3 degree West. The country is bordered on the

east by Togo, on the north by Burkina Faso and the west by the Cote d'Ivoire. The south of the

country, which faces the Gulf of Guinea, has 554 km of Atlantic coastline. The 554-km coastline

is mostly a low, sandy shore backed by plains and scrub. Ghana covers a total area of 238, 538

square km (92, 000 miles). The climate is tropical. The eastern coastal belt is warm and

comparatively dry; the Southwest corner, hot and humid and the north hot and dry. There are two

distinct seasons – dry and wet.

The country is divided into 10 administrative regions: Ashanti, Brong-Ahafo, Central,

Eastern, Greater Accra, Northern, Upper East, Upper West, Volta, and Western (see p. 24 for the

map of Ghana showing all the administrative regions and capitals). Ghana has a population of 17,

748, 400 by 1996 estimate (Ghana statistical services, 1997). The population growth rate of the

country is 3.12% with a population density of 175 per square miles, and 33% of the population

Ghana: Regional Boundaries and Capitals 1983
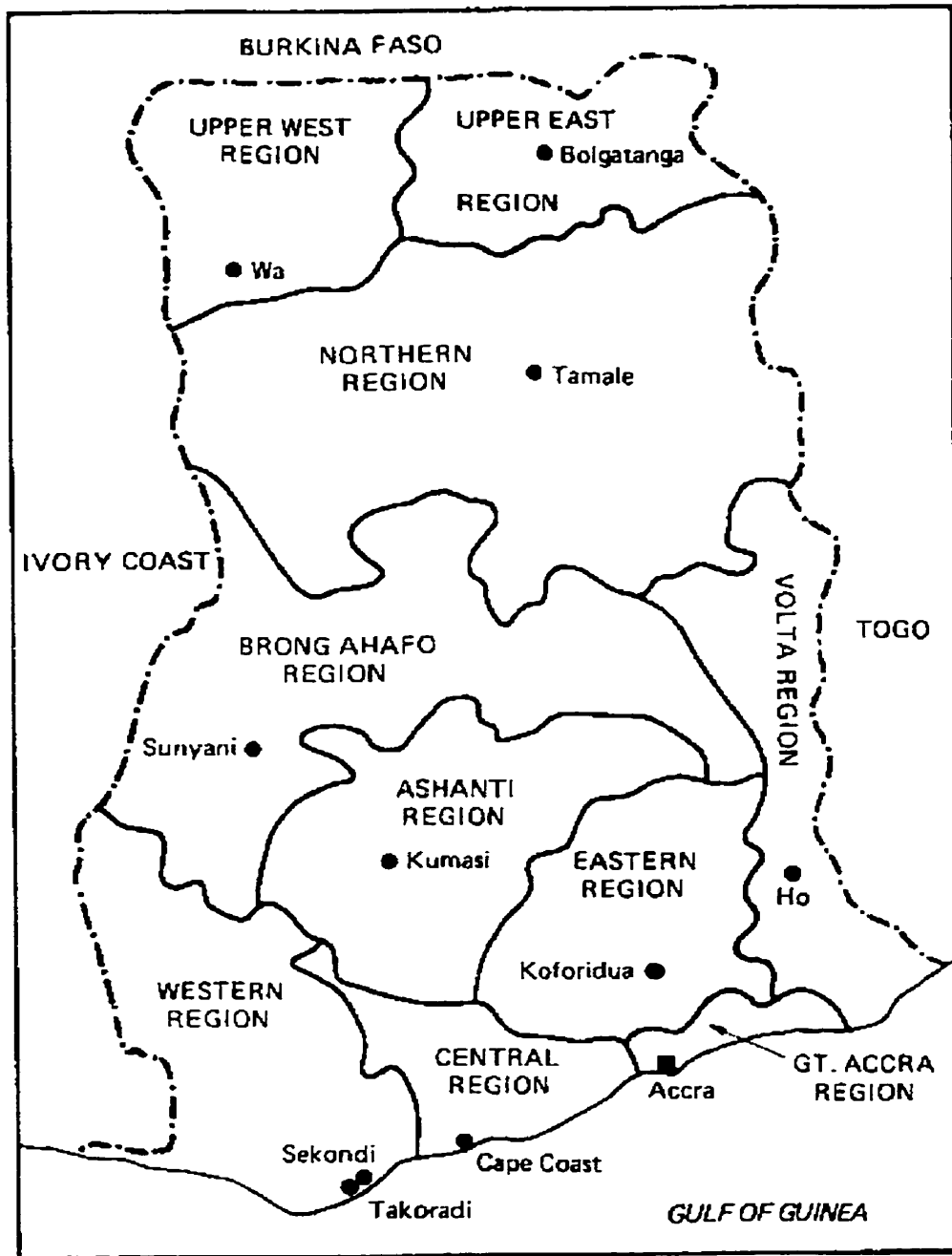
living in the urban areas. According to the Statistical Service of Ghana the average annual growth

rate of the urban population is 3.2%. The 1993 estimate of the birth rate of the country is 44.66-

births/1000 population while the death rate 12.52 deaths/1000 population. The same estimate gives the infant mortality rate at 84.5 deaths/1000 live births. The life expectancy at birth of the total population is 55.19 years. The life expectancy of males is 53.27 years and females is 57.17 years. 99.8% of Ghanaians are black Africans with the following major tribes Akan (44%), Mole-Dagomba (16%), Ewe 13%, Ga (8%), and Europeans and other (2%). Within these major tribes are different ethnic groups with 50 different languages but "Twi" is the largest spoken language in Ghana. About 42.8% of Ghanaians are Christians; 12% are Moslems; and 38.2% are African Traditional Religion and others religions. The country has a literacy rate of 60% with the literacy rates being 70% for males and females. As a developing country, agriculture and fishing employs 54.7% of the labour force, 18.7% work in industry, 15.2% work in sales and clerical, 7.7% work in services, transportation, and communication, and lastly 3.7% are professionals.

As in most developing countries, there is a strong extended family system. Poorer members may seek financial assistance from their better off relatives when they are in need. The extended family system is the hub around which social organization revolved (Berry, 1994). It functions as a mutual aid society in which each member has both the obligation to help others and the right to receive assistance from it in case of need. Among the matrilineal Akan, members of the extended family include the man's mother, his maternal uncles and aunts, his sisters and their children, and brother. A man's children and those of his brothers belong to the families of their respective mothers. Irrespective of the composition of the family, in either matrilineal or patrilineal societies, each family unit is usually headed by a senior male or headman who might either be the founding member of the family or have inherited that person. Elderly female members of the family may be consulted in the decision-making process on issues affecting the family, but often the men wield more influence. According to Berry (1994), to ensure that

obligations and privileges of the family are properly carried out, the family also functions as a socializing agency. The moral and ethical instruction of children is the responsibility of the extended family. Traditional values may be transmitted to the young through proverbs, songs, stories, ritual, and initiations associated with rites of passage (Wilks, 1989). Among the Krobo, Ga, and Akan, puberty rites for girls offer important occasions for instructing young adults (Anquandah, 1982). These methods of communication constitute the informal mode of education in the traditional society. It is, therefore, through the family that the individual acquires recognition and social status. As a result, the general society sees the individual's actions as reflecting the moral and ethical values of the family (Berry, 1994). Debts accrued by the individual are assumed by the family upon a member's death, and, therefore, his/her material gains are theirs to inherit.

In Ghana, women in pre-modern society were seen as bearer of children, retailers of fish, and farmers. Barrenness is considered a misfortune. The traditional belief was that children are the security for the future. This notion made women give birth to more children, especially the rural dwellers and the uneducated. But this trend has changed dramatically due to the increase of educated women and urbanization (Oppong & Abu, 1987). According to Oppong and Abu (1987), urbanized, educated, and employed women have fewer children. This is because the security that procreation provided was greater in case of the rural and uneducated women. By contrast with guaranteed incomes and little time at their disposal in their combined roles as mothers and employees, the desire to bear more children has declined in educated and urbanized women.

Child Maltreatment in the African and Ghanaian Context

Types of Maltreatment

"In Africa south of the Sahara children remain the most highly valued of their parents: they represent the continuation of religious and moral life as well as economic hope for the future" (LeVine & LeVine, 1981, p. 35). Consequently, what an African mother wants for her children is not substantially different from what parents elsewhere in the world want: health and physical survival, and the development of their economic and social competence (LeVine & LeVine, 1981). Against this background, in most African settings maltreatment is seen to be rare. As reported in Afrifa (1994), what qualifies as abuse is a relative question and must be viewed, even in Ghana, in the light of cultural, ethnic and community standards. What is defined as abuse varies from culture to culture in different historical periods. Certain forms of physical cruelty, such as female circumcision, tribal markings, and skull-shaping have in some cultures deep symbolic and religious significance. Furthermore, traditionally, children have been considered as the property of their parents, and the parent's right to punish, as they deem fit is taken for granted (Mensa-Bonsu & Dowuona-Hammond, 1994). However, a more careful look suggests that abusive behaviour is embodied in these sacred traditional and cultural practices (LeVine & LeVine, 1981). Most Africans as a disciplinary or corrective measure will see some of the practices that will be referred to as abusive in the western world. Most parents believe that they have the liberty to handle their children as they desire or think fit to conform to the socialization goal of one's culture. This condition means that most Africans have difficulty in reaching agreement on what kinds of behaviour constitute child maltreatment.

In spite of these complexities, through the efforts of the United Nations (UN) and its bodies, like UNICEF (United Nation Children Fund) and UNESCO (United Nations Educational,

Scientific, and Cultural Organization), there is an agreement on some behaviours that constitute abuse that is generally practiced in countries like Ghana, South Africa, Nigeria and other African countries. Some of the broad conditions that constitute abuse or neglect are: (a) neglect-of the child's survival and developmental needs; (b) physical or emotional injury or harassment; and (c) subjecting a child to measures, situations and experiences which interfere with the child's healthy development towards adulthood (e.g., child labour, child marriage, female circumcision /Female Genital Mutilation [FGM], child abandonment, etc.) (Akeredolu-Ale, 1986; Mejuini, 1981; Okleahialam, 1984; Wilson-Oyelaran, 1991).

Familial work is one of the most common and prevalent types of child labour in Africa (Mejuini, 1981). In the rural areas most children are engaged in agricultural labour. The need to get enough labor to work on one's farm is embedded in African society and motivates married couples to give birth to more children. The need to get enough farm hand is used to justify polygamous marriages in the African society. In the urban areas due to the harsh economic order, children engage in all sorts of petty trading to supplement the income of their parents. Also in Ghana, the new social class that is emerging has brought another form of the phenomenon of child labor, which is domestic help. Children of needy parents are given to an economically more affluent family to serve as a domestic servant. Much of the time, these domestic helpers are maltreated. The fact that they leave the families as young children is emotionally disastrous. Another aspect of child labour is street children. In Accra (the capital of Ghana) alone, it is estimated that there are more than 100,000 street children (OAU & UNICEF, 1992).

Child marriage, which is rampant in most African societies, is a form of child maltreatment. Child marriage is the practice where a girl child is betrothed to an adult male before she is mature. In Ghana, for example, a girl is deemed mature and needed to marry when she

attains the age of 18 years and above (Constitution of Ghana, 1992). However, some ethnic

groups in northern Ghana through the betrothal of girls to older men often infringe upon this law.

As observed by Mejuini (1981), among some tribes in Ghana and Nigeria, especially the Hausas,

childhood marriage is a tradition which is acceptable and encouraged. He gave an example of a

13-year-old girl who refused to marry a man about 4 times her age. For lack of compliance, the

irate father chopped off the poor girl's legs. The girl subsequently went on a hunger strike and

died. Another form of maltreatment in Africa is child abandonment. Due to the breakdown in

family structure and some influence of foreign culture, the single-parent syndrome is being

experienced in that part of the world. Lack of opportunities, social programs, and above all

poverty, leads mothers, especially teenage mothers, to abandon their children. In African society,

corporal punishment is accepted but sometimes it becomes abuse, in which children are inflicted

with harsh punishment. Also, sometimes children get injured through intentional burns meted on

them by their parents/caregivers. In a community-based survey of children aged 0-5 years in the

Ashanti region of Ghana, it was found that of 650 children who had been burned, 35 (5.4%) had

been purposely been inflicted (Forjour, 1995). Finally, in some parts of Africa there is the

traditional practice where young children are subjected to female genital mutilation. The physical

and psychological trauma that the woman goes through cannot be easily assessed.

"In Ghana, children have never had it easy. A considerable proportion of them have been

neglected and abused" (Afrifa, 1994, p.11). Afrifa (1994) continued that at the beginning of this

century, probably one Ghanaian child in ten did not live to see his/her first birthday. Through

technological and medical advancement, good sanitation and nutrition worldwide, the mortality

rate has declined considerably all over the world. Nonetheless, in Ghana children continue to die

or suffer needlessly. Every year, thousands of Ghanaians babies/children go unvaccinated against

common childhood diseases. According to the available government statistics, about half of the deaths in the country each year are through these common childhood diseases which could have otherwise been prevented (Ghana Statistics Services, 1988). Furthermore, the Ghanaian Statistical Services reported that in 1988, 210,000 deaths were recorded in all the heath institutions in Ghana. Of these deaths, half of them (105,000) were children under the age of five. According to Afrifa (1994), the concern is not about the numbers per se but of all the deaths of the children 70% of which could have been prevented successfully if these children were immunized. A World Bank Report on Ghana revealed that a tiny proportion of our children get immunized or vaccinated against common childhood diseases (World Bank, 1988). The document observed that from 1983-1988, just over 20% of children aged between 12-23 months were immunized.

In Ghana, child neglect is also seen in the education sector. Even though children's right to education was promulgated in the constitution of the first republic by making basic education free and compulsory, yet after about 40 years since Independence, about 50% of children of school-going age are not enrolled in primary schools (Afrifa, 1984). There are variations in the regions and between the urban and rural areas, where in the rural areas the enrolment rate is as low as 20%. This picture depicts clearly the seriousness of the problem of child neglect in the education sector in Ghana. Such a gloomy picture accounts for the hoards of young children in the streets, market place and lorry stations during school hours.

Another good indicator of child neglect in Ghana, stressed Afrifa (1994), is the astronomic increase and prevalence of teenage pregnancy cases. Teenagers register half all the pregnancies recorded in our health institutions. The argument about this position is that due to lack of care and love by parents, most of these teenage girls are left on the street to fend for themselves at an

early age, not equipped with any skills to enter the workforce. To make them survive, they end up practising prostitution. The end result is pregnancy with no man even to cater for them and the unborn baby. This perpetuates the cycle of poverty, which is also one of the causes of child neglect in Ghana.

According to Afrifa (1994) and Mensa-Bonsu and Dowuona-Hammond (1994), Ghanaians have difficulty reaching a conclusion on what constitutes child abuse, but it is hypocritical and unrealistic to deny its occurrence in everyday life. According to them, many children are kicked, beaten, knocked against the wall, and even burned. Some have their bones broken, teeth knocked out, eye-sight destroyed and their intestinal organs injured. In extensive coverage everyday in the Ghanaian media is the issue of rape, sexual molestation and incest. There isn't a single day that it will not feature prominently both in the print and electronic media. In addition, parents deliberately molest and maltreat their stepchildren and maidservants both physically and psychologically. The consequences of these abuses, most of the time causes an irreparable mental, physical and psychological damage to the children.

Child Rearing Practices in Africa and Ghana in Particular

It has now been established that even though a traditional African may think maltreatment is rare, it is common place. The problem is that less attention is paid to maltreatment than in the industrialized world. Before I attempt to analyze the causes of child maltreatment in Africa, I want to expand on traditional child rearing practices, which, as suggested by Okeahialam, (1984) are associated with maltreatment. Jinadu (1986) and Okeahialam (1984) state that there are traditional child-rearing practices related to discipline and treatment of childhood diseases, which inflict physical and emotional trauma on the child.

In traditional African Societies, stressed Jinadu (1986) and Okeahialam (1984), adults see themselves as "ordained" by God to care, protect and direct children and therefore believe that children should obey them unquestionably. As expressed by Mends (1994), the Ghanaian society cherishes children and places a high value on child-bearing, child-nurturing, and advancement. However, children are considered more as a property of their parents and the society demands that children behave according to the norms and values of the society unquestionably. This property attitude was captured vividly in Sarpong (1974):

> The Ghanaian property attitude towards children does harm to the sanctity of the sexual act. The child is the property of the mother in the matrilineal system. He is the property of the father in tribes where patrilineal system is practised. Ownership of many children, like the possession of wealth, is a status symbol. The child must by all means be had either by marriage or outside it. The woman who has achieved all her ambition but failed to secure the man of her heart is not complete if she has no child and so she must have a child outside marriage... (Sarpong, 1974, p.4).

Consequently, children are not seen as distinct individuals and personalities with special needs and rights, which must be given priority (Mensa-Bonsu & Dowouna-Hammond, 1994). To this end, the Ghanaian society is seen to be adult-oriented and within family circles, the child is not permitted to give his or her opinion or views. When the child fails to behave or comply with what adults think is right for him/her or societal norms and values, they are punished, accordingly. The African/Ghanaian society has various ways in which they enforce this unquestionable disciplinary measure. Some are through myths, proverbs, and above all, the Bible. In this regard, child rearing includes the use of physical force toward children by parents, caregivers and others responsible for their socialization.

With people who are Christians, apart from the traditional child rearing practices that endorse the use of corporal punishment as a legitimate way to discipline a child, they also justify maltreatment with the Bible. To justify this inclination they quote extensively from the Bible. For

example, Proverbs chapter 22: 15, states, "Folly is bound up in the heart of a child, but the rod of discipline will drive it far." Others are Proverbs 23:13 and 29:15. Armed with these strong quotations, parents believe some of the ways that a child can be wise are reached through the use of corporal punishment. This means that the Christian culture encourages the use of subtle punishment for misbehaviour exhibited by a child. This assertion is experiential, something I have heard and seen in Africa. However, they will only punish a child when he or she misbehaves in their eyes.

The traditional African society places much emphasis on the social development of a normal child. He/she is taught early the roles expected of him/her within the family and the community such as, an older child taking care of a younger sibling when parents are away. Sibling caretaking is an accepted norm of society. Most children enjoy it and it is not abusive (Mejeini, 1991; Okeahialam, 1984; Wilson-Oyelaran, 1989). It contributes to the emotional and social development of the sibling. It is upon this same line of thought that African culture and traditional practices accept child labour. Obikeze (1986) observed that traditional customs in Nigeria prescribe that the child should be assigned some domestic work or activity commensurate with his/her age, sex, and physical ability. Such activities serve to provide the child with a sense of personal worth, pride and accomplishment and also supplement family income. The endorsement of child labour is vividly seen in the case of the Abaluyia of Western Kenya, the following comment has been made: "The sort of things and chores that children do is (sic) not too demanding given their endowments and capabilities so that they are not injured in any way, mentally, physically, spiritually etc..." (Fox, 1967, p.7). To most Africans/Ghanaians child labour becomes abusive when it is done on a regular basis in income-yielding activities for which the children are not the direct beneficiaries.

Causes of Child Maltreatment in Africa with Particular Reference to Ghana

To look for the causes of child maltreatment one can trace it from most of the traditional practices described above. Practices like female circumcision, also known as female genital mutilation, and tribal marks are encouraged and entrenched in some societies in Africa. Corporal punishment as well as child labour also came about as a result of traditional beliefs (Obikeze, 1986). However, apart from the traditional practices there are other socio-economic factors that precipitate abuse. For instance, the economic realities in most African countries today contribute enormously to abuse. Other circumstances that contribute to child maltreatment in Ghana are limited physical accessibility to social, economical and environmental services as basic education, primary health care, safe water and sanitary means of excretion disposal, and inadequate shelter. The rest are large family sizes and total breakdown in the communalist social tradition.

Some forms of sexual abuse/exploitation exist in relation to customary practices of certain ethnic groups in Ghana. One of these practices involves the debasement of the "Trokosi" system by the Ewes ethnic group of the Volta region of Ghana (GNCC, 1997). Trokosi is a cultural practice where female children are given to fetish priests and trained in the local culture, which tend to pervert the future of the girl child. As a ritual enslavement of girls, the girl child is given to these fetish priests as atonement for the sins of their families to serve in their shrines for most part of their active life, and sexual abuse/exploitation takes place. These girls are not given any formal training but they are just there to satisfy the sexual desires of the priest - sometimes about 6 times their age. The Trokosi system does not allow these girls to work, and also, marry outside the shrine but only serve and have sex with the fetish priests. By not allowing the Trokosi girls to work or marry outside the shrine, these girls grow up as women very impoverished, disfranchised, disempowered and live in perpetual abject poverty. They are also sometimes physically abused,

and the fact that these young girls leave their parents at such an early age to serve in these shrines is emotionally traumatic.

Poverty and unemployment is the number one factor of the many cases of child neglect in Ghana. Most African countries are experiencing adverse economic conditions due to obvious reasons. The acute poverty condition has worsened the plight of most people and impoverished them. Such conditions have aggravated child abandonment, abuse and neglect since most parents are not able to care for their children. As observed by Afrifa (1994), "poverty exposes parents to the increased likelihood of additional stress and frustrations that in turn limit or weaken their capacities to care adequately for their children" (p.15). Due to poverty most people cannot send their children to school. Also, poor mothers are less likely to receive adequate prenatal care much less postnatal care. By this statement, I am asserting that children begin to suffer right from their mother's womb, and subsequently, continue the suffering when they are born. With no proper care the result is a great increase in child labour and street children. For families to be able to keep the momentum and make ends meet, children are given away as domestic helps. Some also engage in street "hawking." In Ghana presently, many parents now see child protection as an impossible goal (Afrifa, 1984). Many parents - as matter of economic, and survival necessities – simply are not there when the child returns from school and cannot exert day-to-day control over their children's activities. The result is the breakdown of authority and delinquency. Still others, as a matter of survival, enter the adult world prematurely. Considerable proportions of urban children are always on the street – selling, soliciting or stealing. In describing this precarious situation, Afrifa (1994) put it this way: "Ghanaian children are robbed of their childhood by being exposed too early to the 'secrets' and vagaries of adulthood – violence, illness, death and sexuality" (p. 15).

In addition to these causes, the large family size makes it difficulty for families to care for all their children adequately. In a typical Ghanaian traditional society, there is an attitude that giving birth to a large number of children is a big asset to the aged parents in the future; since the combination of efforts of many children is an assurance of one's future well-being. Allied to this is the problem of teenage pregnancy, which is on the ascendancy. As compiled by the World Bank report in 1988, over half of the births the health institutions are from teenage girls - mainly 15-17 years. The result is that most infants nowadays are exposed to the scenario where they have a teenage mother, a youthful grandmother, and a middle-aged great-grandmother who are most usually in their prime. As grandmothers who are not biologically/socially "retired" they are not available most of the time to assist to care for the child. In Ghana where traditionally grandmothers are mostly used as babysitters or caregivers when the mothers are not available, this social function is eroding. This social dislocation makes the poor child to bear the brunt of not having adequate care, attention and love. This situation led Afrifa (1994) to express this feeling: "the idea of childhood as a sheltered time, free of anxieties, sadly, is becoming a nostalgic luxury in Ghana" (p.14). Furthermore, migration and broken homes are additional factors related to maltreatment.

The breakdown in the traditional communalist system is one factor that has considerably perpetuated the problem of child abuse and neglect in Ghana. The traditional system ensured that child upbringing was a collective effort, involving all members of the extended family. These collective efforts insulated children, youth and even adults from poverty, hunger, malnutrition, waywardness, and some of the emotional and psychological problems that afflict the individualized and alienated societies of the industrialized world. Afrifa (1984) stressed that the disappearance of this cherished tradition is not due to "modernity"; it is due to necessity, - a

condition brought about by the profound social, economic and demographic changes that have occurred over the last two decades. Some of these social, economic and demographic conditions that militate against adequate support and secure lifestyles for children are urbanization, unemployment, shortages of housing, and low informal sector wages. These changes have thus removed the support system that existed in traditional society.

Policies to Prevent Child Maltreatment in Ghana

When child maltreatment was found to be a reality in many African countries, efforts were launched to curb its incidence. Under the auspices and within the framework of the U.N. Convention on the Rights of the Child, many policies were drawn to safeguard the rights of children. A brief summary of the rights recognized by the United Nations in its Declaration of the Rights of the Child is as follows:

- The right to affection, love and understanding.

- The right to adequate nutrition and medical care.

- The right to free education.

- The right to full opportunity for play and education.

- The right to a name and nationality.

- The right to special care, if handicapped.

- The right to be among the first to receive relief in times of disaster.

- The right to learn to be a useful member of society and to develop individual abilities.

- The right to be brought up in a spirit of peace and universal brotherhood.

- The right to enjoy these rights, regardless of race, colour, sex, religion, national or social origin.

Ghana was the first signatory worldwide to ratify the Convention of the Rights of the Child on February 8, 1990. This declaration became international law in September of that same year. After ratifying this treaty, Ghana has given greater recognition to the rights of children to the fact that the protection of these rights have been an integral part of national policies and programmes for development (Mensa-Bonsu & Dowuona-Hammond, 1994). Since then, several policies have been put into place to help reduce this social problem of the maltreatment of children. One of the first policies the government formulated was the formation of an institution whose main aim is to promote and safeguard the rights of children. The name of the agency is Ghana National Commission on Children (GNCC). As laid out in the National Programme of Action for Children, the commission was mandated, among others, to guide government to formulate policies in harmony with the rights set out in the Convention of the Rights of the Child and to ensure that children enjoy adequate living standards. The commission also has the responsibility to ensure that children obtain full access to appropriate education and guaranteed protection from all forms of exploitation, cruelty and abuses (Government of Ghana, 1992). The Ghana Commission on Children then became the main coordinating body; both for publicizing the Convention of the Rights of the Child after its ratification, as well as facilitating the processes needed to give effect to the provisions in the Convention. Accordingly, the commission became the main government agency responsible for advocacy on behalf of children and coordinating the activities of child related agencies in respect of services to promote child welfare and abate child maltreatment cases (GNCC, 1997).

Allied to the formation of this agency, the Department of Social Welfare, that has over the years played the role to promote the welfare of the child, was strengthened to be more effective in meeting the needs of Ghanaian children. The Department of Social Welfare has the responsibility

for maintenance, the adoption of children and supervision of day care centres. The department also has supervisory roles over Family Tribunals where abusive or irresponsible parents are brought forth and punished where necessary.

The policy of Maintenance was formulated to primarily to punish irresponsible parents and in case of Ghana wayward fathers. For example, the policy enables other persons, including the mother who neglects the child the responsibility for maintaining a child to be sanctioned. This policy made provisions for the establishments of the Family Tribunal. But as was reported by de Grant-Johnson (1994), despite the existence of the Family Tribunal, many men escape responsibility for maintaining their children because many women find it embarrassing to pursue any claims which may lead to their morals being questioned, even in camera. For this reason, officials of the Department of Social Welfare usually try to settle these matters amicably before deciding to proceed to the Family Tribunal. The mediation role of the officials therefore plays a significant part in the resolution of child welfare conflicts. Another problem that militates against the maintenance for children's policy is that men who neglect their children are those who have more children than they can afford to cater for. As a result, when an award is made in respect of child maintenance, it is insufficient and daunting task to enforce (GNCC, 1997).

Under the adoption policy, the Department of Social Welfare maintains Children's Homes where care for abandoned children is provided. Under an established procedure such children can be adopted or assigned to foster parents till they reach the age of 18 years. The main significance of this policy is to ensure that proper arrangements are made for the care of abandoned children. In addition, such arrangements also ensure that the children are provided with appropriate levels of protection as well as the possibility of living within a family situation.

The Day-Care-Centres legislature not only gives power to the Department of Social Welfare to establish its own day care centres for children under three years of age to assist mothers when they go to work, but also to exercise control general supervisory role over private ones. As of 1992, de Grant-Johnson (1994) reported that there are 454 Day Care Centres in the country that have been established by the Department of Social Welfare. Throughout the country there were about 1500 privately owned Day Care Centres which are under the control and supervision of the Department of Social Welfare. Even though these Day Care Centres are established by laid down regulations, they received poor supervision. This is because the Department of Social Welfare lacked adequate resources to exercise its mandate effectively. The poor and ineffective supervision generated into sub-standard conditions for most of these Day Care Centres to the detriment of the children it was created to serve. Commercialization also took the better part of the Day Care Centres. Furthermore, most of these Day Care Centres were poorly housed, poorly maintained, and very few of the teachers or attendants are professionally qualified for the job.

Another giant and important step the country took was in the 1992 Constitution that guaranteed some rights and freedoms for Ghanaian children. The commission on Human Rights and Administrative Justice is now available under the Constitution to protect the human rights of children. The provision enjoins Parliament, the highest legislative body, to enact such laws as are necessary to ensure the survival, development and protection of children. It further gave a single age definition of a child - that is a person below the age of 18. Another policy, which came to enhanced the care of the child in the 1992 constitution, was the policy on maternity leave. The maternity leave policy guarantees a reasonable period (not less than three months) of maternity leave with pay for working mothers (Constitution of Ghana, 1992). However, as stressed by

GNCC (1997) in the rural areas maternity leave is only really available for the small number of women working in the formal sector.

It can be seen that there exists a considerable amount of legislation designed to protect children from neglect and abuse/maltreatment. Nonetheless, apart from a small number of juvenile offenders being brought to court the protection laws are rarely invoked (GNCC, 1997). Culturally, it is felt more appropriate for child maltreatment cases to be dealt with at the family and community level. Other reasons advanced for the lack of enforcement/compliance are inadequate resourcing, bureaucratic inertia, lack of appropriate logistics and infrastructure and out-dated legislature (GNCC, 1997). There is therefore the need and the challenge for the GNCC to exert a greater influence on policy and administration in order to remedy this situation.

Programs to Prevent Child Maltreatment in Ghana

In the wake of this situation, and the preparedness of the GNCC to streamline and guide policies of the government, some programs were initiated to help reduce the incidence of child maltreatment in Ghana. For instance, the government and non-governmental organizations (NGOs) are helping a great deal to solve the problem of street children, with programs to address health, education and training needs, and programs to counsel them to go back to their family. A few NGOs have established shelters and vocational institutions for street children.

The government has developed a policy to coordinate all non-governmental organization and government activities for the alleviation of the plight of children. To sustain this momentum of the various NGOs, the government has a program that brings together all these institutions in child-related activities to brainstorm to bring sanity and harmonization in all their activities. The program by the government is in the form of seminars, workshops and symposia. Since all these institutions complement the efforts of the other, these workshops, seminars and symposia have

help to minimize duplication of services and for that matter, make the utilization of scare resources to be more focused and directed. It has also considerably led to maximize scarce resources (GNCC, 1997).

Some of the policies were geared towards compulsory and free basic education. There is now an education reform, which opened the educational system to admit more children, and through its curricular reform to ensure that at the end of a basic nine-years in school, children acquire basic skills in one trade or another. The new educational program/curriculum is designed to provide opportunities for pupils to acquire basic pre-vocational, pre-technical and scientific knowledge and skills that will enable them to improve their aptitudes, bring out their potential and induce in them the desire for self-improvement, appreciate the use of the hand as well as the mind and make them creative and production-oriented (Ghana, Ministry of Education, 1987). With such a program it is believed that most children can fend for themselves after school in case the parents are not able to do so. But as noticed by the GNCC (1997), the new educational reform program has encountered some teething problems for these laudable goals to be achieved. Some of the problems are in terms of appropriate teaching, personnel and facilities. Also, parents find this system of education more expensive because of the high cost of the technical materials they need to purchase for their children. In effect, the expensive nature of this type of education is also causing some students to dropout and contributing to the neglect of children in the educational sector. Finally, through this reform program, more day care centres and nurseries have been opened at a subsidized price for more parents to send their children there.

There are also programs to improve the health of the child through immunization programs. In the area of health care, various activities and innovations had been initiated to promote Primary Health Care (PHC) and facilitate the Expanded Program of Immunization (EPI).

The Public Health Unit of the Ministry of Health has been strengthened to facilitate effective public education on preventable childhood disaeses. As a result more immunization centres have been established for easy access to immunize children against what is known as the six childhood killer diseases in Ghana – tetanus, diphtheria, cholera, measles, whooping cough, polio-meningitis (Ghanaian Ministry of Health, 1997)

In addition, through the assistance of some NGOs, social service activities are now centred on ways to deal with problems such as child labour, street children, child maintenance, abandoned and orphaned children. The SOS (Save the Children Fund) has now opened more orphanages for orphan children. Awareness has also been created among the public and corporate bodies to donate to such centres to assist these unfortunate children. There is also nutritional activities including promoting exclusive breast-feeding for babies and use of WEANMIX (a local preparation) as weaning food for infants and children.

In a recent meeting of the United Nations organization, under the auspices of the Committee of the Rights of the Children, the Ghanaian delegation acknowledged the problem of child maltreatment in the area of neglect, street children, child labour, child abandonment. They mentioned that the government of Ghana is concerned and together with NGOs it is seeking to address the problem through programs aimed at reducing poverty by means of comprehensive strategies, and programs to educate the general public and parents on their responsibilities towards children. Also, the government in conjunction with organizations like the Planned Parenthood Association of Ghana is promoting family planning programs to encourage smaller family sizes. There is also an intensive general public education on the need to keep family numbers down (Government of Ghana, 1992).

RESEARCH GOALS AND OBJECTIVES

The overall purpose of this research is to make a contribution towards the prevention of

child maltreatment and the promotion of family wellness in Ghana. In pursuit of this goal, the

following are the specific objectives of the study.

(1) To learn about the values and priorities that guide helpers in the course of their work to

prevent child maltreatment in Ghana.

 (2) To investigate the Ghanaian context of child maltreatment.

 (3) To learn about policies to prevent child maltreatment in Ghana.

(4) To learn about programs and their effects on the prevention of child maltreatment in Ghana.

(5) To generate ideas and make recommendations to strengthen and improve policies and

programs to prevent child maltreatment and promote family wellness in Ghana.

Through interviews, information was gathered from childcare officers of the Ghana

National Commission of Children and Department of Social Welfare from all the 10 regions of

Ghana. As people responsible for policies and programs to promote the rights of the child, their

experiences, opinions and feelings assisted a great deal in generating the data needed for the

study. (For the interview guide see Appendix A).

To address the first research objective, participants were asked the following question: In

your opinion what are the most important values and priorities to promote for children and

families in general, and more specifically for children and families at-risk? To address objective

number two, I asked participants: What are the realities and challenges facing children and the

families in general in Ghana, and children and families at-risk in particular? What are their needs?

In addressing the third objective, participants were asked the following question: What policies

can you identify which are currently in place in Ghana which have a beneficial effect on:

promoting child and/or family wellness, and preventing child maltreatment? To address the fourth objective, participants were asked the following question: What programs can you identify in your country that have a beneficial effect on: promoting child and/ or family wellness, and preventing child maltreatment? Finally, to address the last objective participants were asked the following question: In general terms, what is the climate for prevention and early intervention policies and programs in Ghana?

The basis for the inclusion of objective one is to learn and know about the utility, the attention and priorities they apply to their work as child care workers to help prevent child abuse cases in Ghana. Objective number two is included because it is imperative to understand which behaviour people in Ghana consider as maltreatment and also to know which people are predominantly at risk of this problem. This is very important because many behaviours that constitute abuse in the West, in particular in the U.S. and Canada may not be referred to as abuse in Ghana. In this regard, an objective of that nature went a long way to review the true status of the realities and challenges facing children in Ghana as well as their families. Furthermore, objective number two would go a long way to let me know the main causes of child abuse in Ghana.

Objectives number three and fourth, which are the main focus of this research, concern policies and programs to prevent child maltreatment in Ghana. For children's rights to be upheld effectively there is a need for good policies to protect them. In this vein, this research studied the sort of policies that have been established over the years to fight against the menace of child abuse. On the other hand, policies alone cannot prevent maltreatment of children without education or preventive programs. Over the years, there have been some social programs to prevent child maltreatment in Ghana. What are the programs? What is different about these

programs as compared to those from other countries? And finally, are they effective in preventing child maltreatment in Ghana?

Finally, the inclusion of objective number five is understandable in the sense that after learning about policies and programs it will be good to come up with some concrete proposals or recommendations to improve child care in Ghana. By looking at the general climate of intervention one could be in a better position to contribute some ideas to policy-formulation and prevention programs in the country.

METHODOLOGY

Document Review

Through archival and document review, I reviewed the general context of the problem of child maltreatment in the industrialized world, Africa and Ghana in particular. I also recorded and discussed the policies and programs that have been formulated and implemented in the past, present, and that may be used in the future. I reviewed materials related to policies and programs to uphold children's rights and prevent maltreatment.

Participants

In an interview (see the interview guide at Appendix A), a researcher sought participants' views, opinions, feelings and experiences on matters related to policies and programs to prevent maltreatment of children in Ghana. The researcher interviewed the10 directors of Ghana National Commission on Children (GNCC) and Department of Social Welfare. Due to financial constraints, I was not able to go to Ghana in person to do the interviews. Rather a Psychology Professor at the University of Ghana, who is a graduate of the Community Psychology program from Wilfrid Laurier University, well-versed in qualitative research, was hired to do the interviews.

I chose to interview officials of the GNCC for the following reasons. The GNCC was established in 1979. The GNCC is the principal government institution for advancing the general welfare and development of children. It has the key advocacy role in Ghana relating to children's rights. As an institution charged under the National Plan of Action to monitor the implementation of the Convention on the Rights of the Child, it has the sole responsibility on matters pertaining to policies and programs to promote the welfare of children. Their primary areas of work are all matters relating to children's rights and physical, health, educational and economic well-being. Consequently, their operation covers technical support and training for childcare providers,

advocacy, research and information and lastly, service provision. Their main target populations

are children (0-18), women, families, and communities.

The Directors of Department of Social Welfare were included in the study for several

reasons. Until the emergence/formation of the GNCC in 1979, the Department of Social Welfare

was the sole institution, which advocates for the rights of the child in Ghana. The Social Welfare

Department was established when Ghana first attained independence on March 6th 1957, a leading

role integrating the disadvantaged and the vulnerable in the Ghanaian society to the main stream

of cultural development. The department has four main functions. They are:

1. Advocacy for child rights and protection. Under this function, the department is in charge of

    child maintenance, support, and adoption policy in the country. They sometimes arbitrate

    marriage conflicts,

2. Administration of justice for children and families and had jurisdiction over family tribunals

    in the country,

3. Supervision of day-care-centres, and

4. General community-care for the disabled and the elderly including the establishment and

    supervision of community-based rehabilitation centres.

For administrative purposes, Ghana is divided into 10 regions (see map of Ghana on page

24). In this regard, the GNCC and the department have representatives affiliated with each of the

10 regions of Ghana. The researcher interviewed 10 people, one from each of the regions for this

study. The administrative heads of all the 10 regions were contacted for the study. The interview

of administrative heads of each of the 10 regions of Ghana increased the credibility of the study as

by such choice the data became somehow representative of the entire country. This is because the

directors represent every region of Ghana. The directors are also good informants because as

people in charge of the GNCC and Department of Social Welfare, they have insight into all policies and programs pertaining to child welfare and well-being. They are also knowledgeable about high-risk people and conditions that trigger child maltreatment in Ghana. In a region where a GNCC official was not interviewed, an official of Department of Social Welfare was interviewed. In all, six Directors of GNCC and four Directors from Social Welfare Departments were interviewed. There were six men and four women among this group.

Prior to the interview, an information package (see Appendix B) was sent to each of the participants, at least a week before the date of the interview. The information included letters (Appendix B) to thank the participants for availing themselves for the study. There was a brief summary of what the study entails, a consent form (see Appendix C), and the interview guide. Each participant was asked to bring the consent form and sign it before the commencement of the interview. With their consent, the interview sessions were audio-taped, transcribed and analyzed.

Data Analysis

This research used qualitative methods in the collection of data. There was an in-depth open-ended interview and review of documents. As a result, the data include quotations from participants and a detailed description of policies and programs. Through this method of data collection the researcher gained a holistic understanding of the policies' and programs' impacts from the perspective of those involved. This method of data collection also afforded the participants the opportunity to tell their story in a vivid manner.

The data were analyzed by coding all responses and synthesized into a final report. Where necessary, quotes from participants were used. This position is consistent with Patton (1990). As reported by Lincoln and Guba (1985) and Patton (1990), rather than containing table and numbers, a report based on qualitative method analysis would likely include many quotes and

description of observations to help give the reader a sense of what it was like to be part of the study and how it affects those involved. This indicates that the use of interviews as a method of data collection allowed depth and viability of responses, as well as letting participants tell their own stories in their own words unimpeded. In analyzing the data, I read through the entire transcript, marked/recorded portions of the data that could answer my research questions. I also included direct quotes from participants. I looked for themes and categories of information that satisfy the study. I then coded these themes, and continued to add themes as I read through the transcript repeatedly. I would note any significant pattern that I would identify anytime I would come across them. This means that I thoroughly read the transcript on a number of occasions to extract the relevant information that answers the research questions. Through content analysis and careful organization, I was able to put pieces together sequentially and later attached meaning to it, so as to capture the stories of the participants.

Trustworthiness of the Data

To ensure the reliability of the data I employed the method of triangulation, a method that allows for comparison of data from different sources. The method that was used in this study is interviews and data from archival sources. Another triangulation method I used is to give the transcript to all participants to read through the data. This condition allowed the participants the opportunity to validate and confirm the data before it is analyzed. Also, I compared my data with the literature review to see whether they are consistent with the results. Above all, I took maximum care in analyzing the data so as to capture, understand and report accurately.

ETHICAL CONSIDERATIONS

Estimate of Risks and Benefits

There were no known perceived risks for this study since participation was on a voluntary basis. However, there are a number of benefits that could be derived from this study. First, this research could contribute to the prevention of child maltreatment in Ghana. As people in charge of the welfare of children in Ghana, the research afforded the interviewees the opportunity to evaluate their work. Any improvement of policies and programs would help to better the lot of many children in Ghana. Secondly, this study afforded the researcher the opportunity to know the sort of policies and programs that have been implemented over the years to prevent child maltreatment in Ghana. I therefore developed the insights about how effective and affordable these policies and programs have been, so that they could be adopted for other places. On the other hand, if they have not been effective, this research could study them and may come out with some alternatives. Finally, the recommendations this study proposed would help the overall policy-formulation and program-implementation to help decrease or abate the incidence and prevalence of child maltreatment in Ghana.

Confidentiality

The confidentiality, anonymity and privacy of participants were assured. The researcher would not disclose any information about participants to anybody. To deal with ethical issues in this study the interviewer personally approached and spoke to participants to seek their participation. She described and explained the study to them and asked them for their voluntary participation. Subsequently, a letter was sent to all participants outlining the benefits and ethical considerations this study entails. Consequently, their participation in the study was purely voluntary as it was in their interest to assist in the study. In the course of the discussions with

them, she assured them of their confidentiality if they participate in the study. My former professor in Ghana who assisted me in collecting the data and I were the only persons who heard the audio-tapes. However, my researcher advisor saw the transcribed data and, as agreed upon by participants, the Family Wellness Project team did so as well. Tapes were erased once they were transcribed. Issues of confidentiality were outlined in the information package (see Appendix B). The top priority this study places on ethical issues required the participants to sign an informed consent form (see Appendix C) which addressed some of the ethical procedures of the study. Before the interview began the researcher gave them the interview guide to read and also informed them to ignore / refuse to answer any question they were not comfortable with. Lastly, as specified in the informed consent, the transcript was sent to each of the participants for approval and confirmation of what they said. The final report will also be made available to them after completion of the thesis.

FINDINGS

The findings of this study are grouped into five sections: values, context of the problem,

policies, programs and climate for prevention and early intervention. An overview of the findings

is presented in Table 1 (see page 54).

Values

Main Values and Priorites for Children and Families

Love and caring: Ghanaians as a people, cherish, adore and love children. Participants

stressed that Ghanaians have goodwill towards children. They care for children and hold them in

high esteem.

We Ghanaians have goodwill towards children because we love them.

Another participant expressed this opinion:

> *I think children need to be loved, not only that but they must feel loved by others and feel respected. I also think that children and families must be respected regardless of their situation.*

Further, children should be shown an unconditional love irrespective of their behaviour.

Another value, which should be promoted, is proper care in the family as a way of promoting

domestic love, unity and understanding.

Children are seen as an economic asset to their parents. This is because most Ghanaians

see having children as a safeguard to the future when parents are old. In Ghana, children care for

their parents in their old age. Children are therefore valued as property to the parents/caregivers

and serve as a great security for the future.

We see having children as prestigious and have an economic value.

TABLE 1. OVERVIEW OF FINDINGS

MAIN CATEGORIES	THEMES
	Main values • Love and caring • Provision of basic necessities of life • Voice and self-determination • United and strong family ties **Challenges** • Breakdown of extended family ties and lack of support • Cultural practices • Poverty and other causes • Urbanization
CONTEXT OF THE PROBLEM	**Daily realities** • Existence of child maltreatment cases • Harsh economic condition • Lack of social support/family breakdowns • Urbanization and modernity • Inadequate shelter and child related services • Ignorance and illiteracy • The ineffective judicial system
POLICIES	**Current policies for promoting child/family wellness** • The ban of the use of corporal punishment in schools • The formation of Ghana National Commission on Children • Amendment of the criminal code act • Strengthening of the Department of Social Welfare • Free compulsory universal education • Free immunization of children • The creation of the Commission of Human Rights and Administrative Justice • The Children's Bill • The passage of Intestate succession law **Barriers for implementation** • Traditional, cultural and religious beliefs • Male dominance and patriarchy • Family interference • The ineffective judicial system • Ignorance and illiteracy **Future direction in policy** • Enforcement of existing laws • Free medical care for children and pregnant women
PROGRAMS	**Promising Programs** • New educational reforms • Family planning programs • Public education programs • Free immunization programs
CLIMATE FOR PREVENTION	**Climate for prevention** • Quite favourable

54

Provision of basic neccesities of life: Participants value the provision of food, clothing and shelter, education and good health, and leisure and good cultural activities for children and the family in general and most importantly for the family at risk.

> *There should also be the provision of the needs of the family (food, clothing and shelter, education, health and sanitation needs).*

Voice and self determination: They also value that children should be given voice and self-determination and not be seen as an economic value or a property to the parents. Also, children should always be protected from harm, and their needs should be given much attention.

> *In the past, children were not supposed to be heard, but society is changing so fast, so dynamic that our children are also demanding that we should listen to them. If we are talking about protection and rights of children, then, I think the most important value to be promoted is to give the children a listening ear. Sometimes children bring very good and constructive suggestions which we the adult can probably make use of.*

A united family: Some of the values and priorities respondents think should be promoted for children and families in general are the following: The family, be it the nuclear or extended family, must stay united. This means that there is the need to keep families together always, no matter what. Consequently, before marriage is contracted, the two families should have a good understanding of the couples, and check the authenticity of the love of each party to forestall future and unnecessary breakdown of marriages.

> *I think we should try and build our extended family system once again, because it plays a vital role in the family.*

> *The most important values include proper care in the family as a way of promoting domestic love, unity and understanding.*

Participants also value the empowerment of families for them to feel good about themselves. Lastly, participants felt strongly that the best value/priorities that should be promoted is the need for children to grow up in a family where they have both a father and a mother.

That children grow up in a family where we have both a father and mother. In my own vision, children I believe should be loved and well cared for. I think it is when they grow up in a family with a father and mother that they can feel loved.

Challenges for the Implementation of Values

Participants agree that most Ghanaians endorse the above values and priorities. However, due to social and economic changes over the years, these values and priorities are being relegated to the background.

Erosion of extended family ties and lack of support: One issue that all participants cited to support this assertion is the erosion and unity within the family.

Yes to some extent. There's still the belief in the family system but the economic situation is breaking this cherished value apart. In the olden days, children share clothes, food etc. You could go to your uncle or auntie to eat. But now people care for only their children without the children of his/her other family members. Thus, though we still value the family system, it is now breaking down.

To the question "what are some of the challenges affecting the implementation of these values and priorities," participants mentioned the following factors:

Cultural practices: First of all, some of the cultural practices were cited as one of the main challenges affecting the smooth implementation of these values.

The major challenge is our culture - the African perception of the child as one not to be heard or make decisions on his/her own.

Poverty and other causes: Others are poverty, modernity, breakdown of marriages, irresponsible parents/caregivers and inadequate social programs and facilities for children and their families.

The obstacles that prevent these values to be put into practice are poverty, urbanization, breakdown of marriages and separation of families. I believe the challenge facing us is mainly that of finance. Economic hardship is the sole factor because of the low-level of employment (sometimes it is non-existent), low income and low standard of living all face us as challenges if we really want to seek the well-being of children.

The rest are dominance of men over women, and lastly, the typical African

notion/perception that the child must always obey unquestionably, and must not be heard.

Context of the Problem

Realities and Challenges Facing Ghanaian Children and Families

There seems to be some agreement among participants that families in general experience

the same realities and also face the same kind of challenges as families at risk. Nonetheless,

respondents agree that the realities and challenges will be more intense and pronounced in families

at risk than families in general since they are more vulnerable.

> *First of all, let me say both families, that is, families in general and families at risk face
> the same realities and challenges as well as have the same needs.*

Participants agree that the Ghanaian child is also under the threat of abuse and most

especially, neglect. Respondents recognized the fact that neglect manifest itself in the education

sector, child abandonment, child prostitution, female genital mutilation, intentional burning of

children, rape, incest, battered children and many more. Aparently, some of the traditional and

cultural practices were cited as one of the causes of some of these forms of abuse like the

"Trokosi."

Harsh economic conditions: In the current Ghanaian context some of the realities and

challenges facing children and families in general and families at risk in particular, which was cited

by participants, is the harsh economic order. This economic system has culminated in high

inflation, which parents are not able to cope with due to poverty. Others are high unemployment

and underemployment among families, and poor housing/shelter. In a nutshell, most families live

on a low income, which does not sustain the family.

The major challenge for children, families in general, and families at risk is the harsh economic situation compelling us into poverty. We cannot make ends meet as a result of high and galloping inflation.

Poverty and lack of social programs: Describing the unfavourable economic condition that has affected many families and their children and the fact that there are not enough social programs and welfare system to cushion the effect, a participant had this to say:

The realities facing the Ghanaian child, I can say is 85% poverty. Most children are neglected and not sent to school because their parents cannot afford to send them ...sometimes a family wake up without the knowledge of where even a day's meals will come from. There are not enough social programs and welfare system in Ghana to assist families or families at risk.

Family breakdowns: Some of the challenges are family breakdowns and the erosion of natural support. Furthermore, there are inadequate social programs for families in general and families at risk to access for social support when the need arises.

Some of the realities and challenges are how parents can educate their children and also provide them with good health facilities. I also believe one challenge that faces children involve getting love, care and protection from their parents.

The need for basic necessities of life: On the question of the needs of these families and children, respondents mentioned the need for good housing, good sanitation and health, jobs for families, education, leisure activities, etc. It was also identified that there are limited child services in the country.

Realities and challenges facing children and families in general and families at risk are lack of housing facilities, child related services and the need for a stable source of income and job opportunities.

Urbanization: Participants also thought that urbanization as well as modernization can also be blamed for some of the problems that children and families at risk face.

Some of the realities and challenges are urbanization and modernity - our children are now curious, have high expectations, which influence them to behave inappropriately.

Some of the factors, events, and circumstances that place children, families in general and families at-risk of accessing child welfare and protection services are: ignorance about protective laws and out-dated protective laws, which do not take care of present-day realities.

Illiteracy: On the issue of illiteracy, a participant put it this way:

Illiteracy rate in the region and country as a whole is detrimental to children and families at risk. The bulk of the population live in the rural in illiteracy. Parents scarcely send their children to school as well as accessing child welfare and protection services which is most of the time non-existent in the rural areas.

Ignorance: Touching on ignorance a participant stressed:

Ignorance, which I also think plays a major role by compounding the whole problem. Since parents are economically handicapped and do not have any education they do not understand some issues and sometimes don't see the need for their children's education.

Cultural and religious practices: The other problems include some of the cultural and religious practices of Ghanaians, the ineffective judicial system and how it handles cases of maltreatment against children. Lastly, the lack of transparency and delay/miscarriage of justice is also a factor. These are the sentiments which were expressed by respondents:

Some families would not contact child welfare and protection services for help when they are facing problems. The main reason for this is our complex socio-cultural variables.

Also, due to some cultural beliefs most parents want their children to take up their profession to continue a family tradition. Consequently, these children are not sent to school since their parents never went to school.

There are at times discrimination in the delivery of such child welfare services. Besides, some children and families at risk do not even know about the existence of such welfare or protective service.

Participants agree that factors, events and circumstances that could protect children and families at-risk and for that matter, enhance the well-being of children and families, are good family ties, good protective laws to protect children, good housing and sanitation, food, health, education and respect of the views of children. In addition, the government should create an

awareness of these families and educate them on where and how to access assistance when in need. More importantly, respondents stressed that events/circumstances that could protect children and families at risk and enhance their well-being are programs that will alleviate families from poverty and for that matter, empower them.

> *Events to promote child and family wellness include poverty alleviation programs by NGOs and the government, and the provision of good and adequate health, educational, and sanitation facilities for children and families at risk.*

Policies

Current Policies for the Promotion of Child/Family Wellness

Ghana was the first signatory to the United Nations Declaration/Chapter on the Rights of the Child. Since then, some of the positive policies participants identified currently are:

1. The ban on the use of corporal punishment in schools.

2. The formation of a body known as the Ghana National Commission on Children to promote and look into the implementation of the UN Convention on the Rights of the Child.

3. Through the efforts of GNCC there has been some law reform in the Criminal Code Amendment Act and now it is an offence punishable by law to practice female circumcision, the Trokosi system, and incest. In addition, people are prosecuted when they molest their children.

4. The Department of Social Welfare has also been strengthened to discharge and exercise its roles in Day-Care-Centres.

5. There is also the health care policy, which includes free immunization for children, antenatal and postnatal care for pregnant mothers.

6. The policy of free compulsory universal education popularly known as FCUBE.

7. The creation of the Human Rights and Administration Justice (CHRAJ) to prosecute parents or caregivers who violate the fundamental human rights of children. Also there are the family tribunals where family cases are adjudicated.

8. A creation of funds under the District Assembly Common Fund to support women's groups to become economically independent and improve their economic status.

9. Furthermore, there is currently the Children's Bill in Parliament which when passed will go a long way to promote children and family wellness.

10. Some of the policies that guide the government and promote the welfare of children are the UN Convention on the Rights of Children and Organisation of Africa Unity policy on the child.

11. The passage of the Intestate Succession Law and empowerment of women.

> *Policies currently in the country include the establishment of the Commission of Human Rights and Administration of Justice (CHARAJ), which investigate and reprimand all parents who maltreat their children. When any case is sent to CHARAJ they study it and if they find any necessary need to send the parents to court, they do so. By this, CHARAJ has been bringing the awareness to everyone that children need to be loved and cared for and not maltreated. We also have family tribunals, set by the government to trial cases when children are maltreated by any of their family members. The Department of Social Welfare also plays a very important role in helping to prevent child maltreatment. They have a whole section purposely for this program and they give a lot of awareness and education to the general public. GNCC is also working in conjunction with the Department of Social Welfare to promote early childhood development. This is promoted by ensuring proper functioning of Day-Care-Centres in Ghana.*

Barriers for the Effective Implementation of these Policies

To the question of barriers that exist or existed for the effective implementation of the policies identified above, participants stated a number of hindrances.

Traditional, cultural and religious practices: First on the list is the traditional, cultural and religious beliefs of most Ghanaians, especially in the northern part of Ghana, which in many ways impede an effective implementation of these policies.

> *I think it is our culture and traditions. We do not report things when it comes to the family to outsiders. We always want to deal with it within the family and the family too cannot deal with it effectively and appropriately. For instance, we have people who are abandoning their babies. If you should ask these women to give their children for adoption they will refuse. Meanwhile, they cannot care for the children but there is a long list of people who want to have children for adoption but in our culture system to give up your child for adoption when parents are alive is uncalled for. Some even see it as abominable.*

> *Then we have religious practices too, which are not in our interest. For example, there are avenues for improving the lot of the disabled but our religion (moslem) encourage the people to beg instead of going for training and live on their own.*

Perception of gender roles: Secondly, the Ghanaian attitude towards certain issues like gender was also cited as one of the impediments for the realisation of these cherished values and policies.

> *Traditional values make preference for educating boys instead of girls. This is because people believe that the boy is the head of the family, as he would take over from where the father stopped. On the other hand, there is the tendency that the girl-child would grow to adulthood and get married elsewhere and become somebody's own. Even when the girl-child is sent to school, she is betrothed at an early or tender age and when she begins to show signs of maturity or otherwise, as deemed fit by the would be husband, she is withdrawn from school to join the husband. Thus, according to many people here, it is a waste of time sending girls to school. This presumption is seriously undermining the smooth implementation of government policy of education for all.*

Attitude towards a child who reports abusive parent: People react negatively towards a spouse or children that reports an abusive parent to law enforcement agencies was also mentioned.

> *The attitude of the people is one of the barriers that exist for the effective implementation of these policies. For example if a father abuses the wife as well as the children and is sent to the people the whole society begins to point accusing fingers on the wife. They often argue that if you send your husband to court, who will care for the children.*

Through such blame, the case is often settled out of court without the offending father being reprimanded.

Male dominance and patriarchy: Participants agreed that men's attitudes towards women as the weaker sex and blatant lack of interest of family planning militates against smooth execution of policies identified. In other words, in Ghanaian society is resources, decision-making and above all, power are generally under male control.

The barriers mainly relate to the attitude of people towards women and children. For example, some men see women as instruments of creation and would not understand the need for birth control. Thus, when they make women bring the children into the world, they are the same people who do not behave responsibly towards these children.

Family interference: Interviewees also believed that family interference with the law is a hindrance for the effective implementation of these policies.

Family relations hinder the work of the police to implement these policies to the letter...just as police are making headway into their investigations to prosecute the accused after someone has abuse his/her children, the parents come in to withdraw the case to settle it out of court.

The ineffective judicial system: Another problem that was discussed was the judicial system in the country, which tends to discourage many people from seeking justice.

Our judicial system is also very slow and cumbersome and discourages families to seek justice.

Ignorance and illiteracy: Further, ignorance and illiteracy were also cited as some of the issues that hinder effective implementation of these policies.

Also, due to ignorance and illiteracy, the majority of the population is not aware of the existence of the laws. Again because of ignorance parents refuse to immunize their children against the deadliest six killer diseases.

Finally, lack of finances has also hampered the smooth realization of these policies.

We must encourage parents to go into small scale business to be self sufficient.

They also suggested that education and better knowledge of the law through translation to local languages could help minimize or remove some of these barriers.

There is the need for constant education. Laws must be strictly enforced on child maltreatment such as rape, defilement, child labour etc. The awareness must be brought to people on these issues so that the UN convention on children can be enforced.

Translation of the laws into local languages to make them effective and enforceable.

People should be educated and encouraged to talk about when it occurs. They think that teachers and other significant people in the child's life should be educated to identify abuse when it occurs.

I believe people should be educated on the extent of abuses that some children face in their families. People do not report those abuses because incest for example is a taboo. I think it is in all societies and not only in our culture not to report such cases. As a child, once you are still under the care of your parents, it is difficult to come out to talk about things like incest etc. Most often, it is when people grow that they talk about it.

Lastly, participants suggested that due to the prevailing economic conditions children should have access to free medical care. They think that by such move, parents will send their children to the hospital when they are sick.

I think that due to economic hardship there should be a waiver for children to have free medical care.

Future Directions in Policy

Some policies that should be beneficial to promote child and/or family wellness and prevent child maltreatment are as follows:

Enforcement of existing laws: First of all, participants agreed that there should be strict enforcement of the existing law and people who infringe it and abuse children should be punished accordingly. Also some of the existing laws should be modified to correspond to modern-day realities.

Free medical care: Participants observed that if there was a policy of free medical care for children it would go a long way to promote child and/or family wellness in Ghana.

I think due to economic hardships there should be a policy of a waiver where children can attend hospital free of charge.

Intersectoral Cooperation

Government departments that participants think should come together to create integrated policies for family wellness are: (a) Ghana National commission on Children, (b) Department of Social Welfare, (c) Centre for National Culture (CNC) , (d) National Council on Women and Development (NCWD), (e) Ghana Library Board, (f) Ministry of Health (MOH), (g) Ministry of Education, (h)United Nations International Children Emergency Fund (UNICEF), (i) Save the Children Fund, (j) Defense of Children International, (k) The Ghana Police Service (GPO), and (l) Attorney General's Department. Participants responded that when the Children's Bill was being formulated some of these institutions participated in the deliberations and did an excellent job. They agreed, however, that there has not been any serious effort to integrate policies of all these institutions to promote family wellness.

Programs

Promising Programs

Ghana has now recognized the plight of children through abuse and initiated some programs to minimize its impact. For instance, street children are now being counseled and trained to go back to mainstream society. There is also a program geared towards free and compulsory basic education. Also, there is a new educational program, where children are trained to acquire basic life skills to make them self-sustainable when they finish school. Additionally, the Ministry of Health has instituted the expanded program of immunization to immunize children

against childhood killer diseases. Since large family size makes it difficult for families to care for all children adequately, family planning programs have been strengthened to educate the population to reduce their birthrate.

Participants mentioned the following programs, which include the family planning program, Free Compulsory Universal Basic Education and the Ministry of Health program of free immunization, antenatal and postnatal care for mothers. Interviewees also responded that government has established guidance and counseling centres in schools with skilled staff to help children on various important issues. There is also the "Weanimix" project, children's park and library complexes and child literacy programs. Lastly, the GNCC through public education sensitizes parents, families and Ghanaians in general about the effects of abuse to the child.

Through women groups and the celebration of the International Day of the Family, we select issues of concern like child abuse and highlight it through the media. We try to sensitize people as to what the real family wellness should be.

Climate for Prevention

The fact that the Government of Ghana has now recognized that abuse is prevalent in the country is a good sign for its prevention. The climate for prevention and early intervention policies and programs is favourable. Nonetheless, a lot has to be done in terms of public education to sensitize the people about children's issues.

There were some mixed feelings from participants on the climate for prevention and early intervention policies and programs in Ghana. Whilst some participants see it as favourable with some reservations, others see it as a daunting task but will not say there is no favourable climate. Some of the reservations respondents expressed are the attitudes of Ghanaians towards childcare, law enforcement, ignorance about the law, and some cultural practices of Ghanaians.

The climate is favourable but.... I say but because as far as children are concerned, people don't seem to really let justice take its course. For example, when people report cases of rape/incest, but somewhere along the line you see family members coming to beg and withdraw the case. I think we need to make a few examples, in terms of punishment. That is the law should be enforced so that we can really protect children.

It has not been easy because of the factors we have mentioned earlier like ignorance. People think that the child has to be beaten, deprived of food, they think it is normal and do not understand change. They think you want to spoil the child but education will help make people treat children with respect.

Respondents acknowledged that the climate for prevention is being spearhearded by

government and non-governmental organizations, but it will take attitudinal change from the

Ghanaian public for this climate for prevention and early intervention to blossom.

I think the climate is quite favorable because the government is really working towards the protection of children by the enactment of the new children's bill. However, I believe a lot depends on us as individuals by changing our attitudes, etc to see that every child is loved and safe.

The good news is that children have now been enlightened enough to report abuse when

it occurs.

We have a favourable condition since the children are very much aware of their rights now. Children now approach us to report their abusive or irresponsible fathers or caregivers. Which is a good sign because children know where to go when something happens or they are in difficulty.

This awareness is a positive sign; it marks the beginning of a favourable climate for

prevention and early intervention of child maltreatment cases in Ghana.

DISCUSSION AND RECOMMENDATIONS

The discussion of the findings is organized according to the five main categories of the results: (a) values, (b) context of the problem, (c) current policies for promoting child/family wellness, (d) programs, and (e) climate for prevention and early intervention. I compared the findings with the available literature, made some interpretations and followed these with some recommendations.

Values

There is an African/Yoruba proverb which goes like this "Children are the cloth of the body. Without children, you are naked." It is based on this saying that children are of special value to both men and women in the African society. In the African/Ghanaian traditional society a man's wealth may be measured in part by the number of children he has and subsequently, a woman's value to her husband is determined by her ability to bear children. Consequently, the society regards children as the most important asset in every successful marriage and for this reason, childless couples become an object of ridicule in their communities. In some serious situations childless couples often face marriage instabilty. This is because the Ghanaian culture puts a great deal of emphasis on children.

It is against this backdrop that participants thought that love, care, respect and unconditional acceptance should be the value or priority that should be promoted for children and families, in general, and, more importantly, for families at risk. According to participants, Ghanaians love, care for and cherish children. As described by Mends (1994), Ghanaian society cherishes children and places high value on child-bearing, child-nurturing, and advancement. This assertion was also made by LeVine and LeVine (1981): "In Africa south of the Sahara children remain the most highly valued: they represent the continuation of religious and moral life as well

as economic hope of the future" (p. 35). This statement was also comfirmed by respondents who stressed that having children in Ghana is prestigious and brings or is an economic value. But the notion of children being seen as an economic value might sometimes lead to exploitation of children and child labour (Jinadu, 1986). The property attitude also leads to parents and society demanding that children behave according to the norms of the society without question. Sarpong (1974) put the property notion into perspertive this way:

> The Ghanaian property attitude towards children does harm to the sanctity of the sexual act. The child is the property of the mother in the matrilineal system. He (sic) is the property of the father where the patrilineal system is in practised. Ownership of many children, like the possession of wealth, is a status symbol. The child must by all means be had either by marriage or outside it. The woman who has achieved all her ambition but failed to secure the man of her heart is not complete if she has no child and so she must have a child outside marriage... (Sarpong, 1974, p.4).

Children being seen as an economic value and property do not make children to be seen as distinct identities with special needs and rights, which should be given priority (Mensa-Bonsu & Dowouna-Hammond, 1994).

The family as the basic unit of society plays a very important role in the upbringing of a child. Well-functioning families are better positioned not only to rear competent children, but also to contribute to the work force, economy, and the creation of strong and vibrant communities (Kyle & Kellerman, 1998). Participants asserted that a key value that should be promoted for children and families in general is a vibrant and united family. They desired situations where children will grow up in a family where they have both the father and the mother. To them such a situation will create the congenial atmosphere a child needs to develop. Such conditions also promote domestic love, unity and understanding. The promotion of a united and responsible family as a value is supported by the Vanier Institute (1994).

The family is appreciated for the important socio-economic functions that it performs. In spite of the many changes in society that have altered its role and functions, it continues to provide the natural framework for the emotional, financial and material support essential to the growth and development of its members, particularly infants and children, and for the care of other dependents, including the elderly, disabled and infirm. The family remains a vital means of preserving and transmitting cultural values. In a broader sense, it can, and often does educate, train, motivate and support its individual members, thereby investing in their future growth and acting as a vital resource for development" (Vanier Institute, 1994, p.10).

What an African mother wants for her children is not substantially different from what parents elsewhere in the world want: health and physical survival, and the development of their economic and social competence (LeVine & LeVine, 1981). This statement was confirmed by participants, who valued the provision of food, clothing, shelter, education, good health, leisure, and cultural activities for children and the family at risk. It is envisaged that when families have their basic necessities provided for, the tendency to neglect their children is minimized.

The promotion of the above values will help to promote the welfare of children, but as agreed by participants, over the years these values and priorities are being hampered (Afrifa, 1994). Mensah-Bonsu and Dowouna-Hammond (1994) found that the breakdown of the traditional communalist system is one factor that has gone against children. This is because the traditional system ensured that child upbringing was a collective effort, involving all members of the extended family. This collective effort insulated children, youth and even adults from poverty, hunger, malnutrition, waywardness, and some of the emotional and psychological problems that afflict the individualized and alienated societies of the industrialized world. This finding clearly illustrates that social advancement is shifting focus from extended family to nuclear family system. Consequently, as a result of erosion of natural support and strong extended family ties, needy families have no place to go for support when they are in need.

Another challenge confronting the attainment of these cherished values are some of the cultural practices of Ghanaians. One of these cultural practices is the African perception of children that they are not to be heard and they cannot make a decision on their own (Jinadu, 1986; Okeahialam 1984). In the traditional African Societies, stressed Jinadu (1986) and Okeahialam (1984), adults see themselves as "ordained' by God to care, protect and direct and therefore believe that children should obey them unquestionably. By such cultural practices children become too over-protected, which stifles their freedom and sense of initiative.

An additional formidable task impeding the practice of important values is poverty. Poverty prevents parents from providing their children with the basic necessities of life like food, shelter, clothing, health and sanitation and lastly, education. Afrifa (1994) states that "poverty exposes parents to the increased likelihood of additional stress and frustrations that in turn limit or weaken their capacities to care adequately for their children" (p. 15). In the event of such conditions, these values are being undermined. Apparently, children and families now lack vital social support and assistance, given that there are not adequate social programs to replace the erosion of family and natural support, which used to be the cornerstone of child care in Ghanaian society.

Recommendations

1. It is recommended that the state, parents and the general public should not recognize children as an economic value but they must be respected and listened to. Children should be seen as people with the potential and abilities to assist adults to improve the life of their communities. Giving voice and self-determination to children would improve child welfare in Ghana and consequently make children have a strong identity and confidence. This would lead to children being assertive and speaking out when the need arises. The promotion of self-determination

and assertiveness can be done through home-based and school-based programs. As reported

by Wurtele, Salawsky, Miller and Kondrick (1992), both home-based and school-based

programs are effective for children, as they can lead to greater level of knowledge about

sexual abuse and its prevention. Here children would have to be taught to say "no" in firm,

assertive manner when an adult talks to or touches them in a way that makes them feel

uncomfortable. With the use of drama, comic books and films children can be taught to be

assertive without being disrespectful.

2. Since parental love and care is needed for the healthy development of the child, all efforts

    should be made to keep the family together. Families should support their children and

    appreciate their contributions and share their aspirations. Children should be loved

    unconditionally and be provided with food, shelter, housing, clothing, leisure and education. It

    is suggested that governments' organizations like the GNCC and Social Welfare department

    should be well funded to assist families at risk. They should also provide free counseling and

    free medical care for families at risk.

Context of the Problem

There was an agreement among participants that families in general experience the same

realities and also face the same kind of challenges as families at risk. "In Ghana, children have

never had it easy. A considerable proportion of them have been neglected and abused" (Afrifa,

1994, p.11). Respondents also agreed that the Ghanaian child is always under the threat of

maltreatment. Participants recognized that child abuse is manifested in the education sector (most

children's educational needs are neglected), child abandonment, child marriages, female genital

mutilation, intentional burning of children, rape and incest, battered children and many more

examples (Akeredolu-Ale, 1986; Mejuini, 1981; Okleahialam, 1984; Wilson-Oyelaran, 1991). For

instance, in a community-based survey of children aged 0-5 years in the Ashanti region of Ghana, it was found that out of 650 children who had been burned, 35 (5.4%) cases had been purposely inflicted (Forjour, 1995). These findings annulled the notion that child maltreatment is rare in the African/Ghanaian society. It is time to discuss it openly so that it can be addressed directly through proactive and pragmatic programs.

Cultural beliefs and values can perpetuate child maltreatment. For example, the use of physical punishment, extremes in family privacy and violence in the popular media aggravate the problem (Finkelhor & Dziuba-Letherman, 1994; Garbarino, 1977). Belsky (1993) and Korbin (1994) also identified certain cultural practices like child rearing practices, geographical distinctions, and kinship systems that trigger child abuse and neglect. This was indeed the case where participants mentioned that some cultural and child rearing practices of Ghanaians trigger abuse in Ghana.

Most research has revealed the relationship between child maltreatment and socioeconomic stress (Pelton, 1978; Trocmé, McPhee, Kwan Tam, & Hay, 1994). Examples of some of the socioeconomic stressors are unemployment, restricted opportunities for work and education, family violence and instability, low social class, poverty and financial-related stress. This indicates that child abuse is directly related to quality of life factors in the community such as poverty, social isolation, and the lack of cohesion in the family (Belsky 1993; Garbarino & Kosltelny, 1992). The relationship between poverty and social isolation has now been well established across all categories of abuse (Belsky, 1993; Emery & Laumann Billings, 1998; Korbin, 1994; Thompson, 1994; Wolfe, 1998). These findings are consistent with the current Ghanaian context where most families live on a low income, which is also not sustainable. Participants intimated that some of the realities, difficulties and challenges facing children and

families in general and families at risk are the present economic situation in Ghana, which has culminated in high rate of poverty, unemployment and underemployment, social isolation and tearing families apart. These conditions have exacerbated child maltreatment cases in the areas of child neglect, abandonment, child labour and teenage pregnancy (Afrifa, 1994). What has worsened the situation is the fact that there are not sufficient social programs and not a strong welfare system in Ghana to assist families. Participants suggested the need for good housing, good sanitation and health, jobs for families and education to remedy the situation.

Even though participants mentioned that there are some child welfare and protection services in Ghana, families find it difficult to access these services. Some factors which cause this discrepancy are illiteracy, ignorance and lack of transparency in the judicial system. Ghana has one of the highest illiteracy rates in the world. With no access to formal education, these people are largely ignorant about some of their rights and also some facilities that they could access when in need. In this regard, they don't take advantage of the limited child welfare and protective services and put their children into a greater disadvantage. Sometimes, this situation makes them not to send their children to school as well.

Other factors that impede families' access to child welfare and protective services are cultural and religious practices. A participant put it this way: "Some families would not contact child welfare and protection services for help when they are facing problems. The main reason for this is our complex socio-cultural variables." In the Ghanaian culture, children's upbringing is the responsibility of parents and other family members, so any attempt at accessing social programs will be seen as a failure. This cultural belief makes people shy away from welfare services. The judiciary was also cited as a problem. The judicial system is too cumbersome to access so when the need arises for families or children to go to them for protection this situation is avoided.

Finally, as described by GNCC (1997), culturally, it is felt more appropriate for child maltreatment cases to be dealt with at a family and community level.

To minimize some of these problems, participants agreed that factors, events and circumstances that could protect children and families at-risk and enhance the well-being of children and families are the following: good family ties, sound protective laws, adequate housing and sanitation, food, health, education and respect for the views of children. In addition, the government should create an awareness of these families and educate them on where and how to access assistance when in need.

Recommendations

1. In light of the finding that child maltreatment is prevalent in many situations but most Ghanaians think it is rare, it is recommended that the issue be widely publicized. It should be discussed in the open so that a solution can be found to abate it. Recognizing the importance of research in revealing the true state of affairs in such situations, both qualitative and quantitative data should be collected more often for the public to give them the real picture of child abuse cases in Ghana. Based on such findings, solutions could be sought. Through such awareness, all protective and welfare services for children and families should be made known to the people. The government should also make all appropriate efforts to ensure easy and full access to basic services, including education, health and social services, to all children and their families to promote family wellness. The media should strongly play a part in this public campaign.

2. It is further recommended that any traditional practices that are inimical to the growth and development of children should be eliminated. Education should be intensified to traditional authorities to lead the crusade of eliminating all traditional practices like female genital

mutilation, child marriage, and others that harm the sanctity of the child. Such campaigns

should involve all the sectors of society with the view of changing attitudes.

3. In addition, efforts should be made to make jobs accessible to families. In this vein, it is

    recommended that community development programs with some emphasis on economic

    development should be implemented to improve the economic conditions of parents. As much

    as possible, such economic development venture should put emphasis on community

    ownership rather than individual ownership of property. Cooperative organization is a good

    example of such collective ownership. Also, such community development venture should be

    strategic enough to interpret the importance of children and their needs to parents and the

    community as whole.

Policies

Ghana was the first signatory to the United Nations Declaration on the Rights of the

Child. Since then, some beneficial impacts are as follows. First of all, there have been the

formation of a commission known as the Ghana National Commission on Children (GNCC)

whose main aim is to safeguard the rights of the Ghanaian child and see to the implementation of

the UN Convention of the Rights of Children (Governement of Ghana, 1992). As laid out in the

National Programme of Action for Children, the commission was mandated, among others, to

guide the government to formulate policies in harmony with the rights set out in the Convention

of the Rights of the Child and to ensure that children enjoy adequate living standards (GNCC,

1997). Ghana has since given greater recognition to the fact that the protection of these rights has

been an integral part of national policies and programmes for development (Mensa-Bonsu &

Dowuona-Hammond, 1994). Participants acknowledged how the enactment of this policy and

subsequent creation of this commission has help to coordinate and publicize the UN declaration,

which is now the focal point for child welfare policies in the country. It is envisaged that if all the provisions in this UN declaration are observed to the letter, it will make a lot of inroads in promoting child/family wellness and also prevent child maltreatment cases in Ghana.

Meanwhile, through the efforts and advocacy role played by the GNCC and another governmental bodies like the Human Rights and Administrative Justice set under the 1992 constitution, there has been a law reform in the Criminal Code Amendment Act. Through such reform and education by these two bodies, the ritual enslavement of girls practice in the Volta region of Ghana, to atone for the sins of their relatives known as Trokosi system is being eradicated. It is now punishable by law through punitive fines and incarceration to practice such traditional practices like female circumcision and the Trokosi and incest, which in the past were taken for granted. The creation of the Human Rights and Administrative Justice under the constitution to prosecute parents or caregivers that violate the fundamental human rights of children is also in the right direction (Constitution of Ghana, 1992).

To concretize the work of these two bodies named above, the participants mentioned the policy of the strengthening of Department of Social Welfare to discharge and exercise its duties effectively. Under child rights and protection functions, the department is in charge of child maintenance, support and adoption policies in the country. The child maintenance policy was formulated to sanction irresponsible parents or caregivers (de Grant-Johnson, 1994). It also made provisions for the establishment of family tribunals. But as was reported by de Grant-Johnson (1994), despite the existence of the family tribunal, many men escape responsibility for maintaining their children because many women find it embarrassing to pursue any claims which may lead to their morals being questioned, even in camera. A participant reiterated this fact by saying, "I think it is our culture and traditions. We do not report things when it comes to the

family to outsiders. We always want to deal with it within the family and the family too cannot deal with it effectively and appropriately." This situation has rendered the policy of child maintenance ineffective. Another problem that militates against the maintenance of children's policy is that men who neglect their children are those who have more children than they can afford to care for. As a result, when an award is made with respect to child maintenance, it is a daunting task to enforce (GNCC, 1997). One infers from these problems that this policy, even though it has good intentions, is being defeated by poverty and women's desire not to pursue cases against men who violate the law.

Another policy that participants spoke about is the enactment of the Intestate Succession Law. Most Ghanaians die without making a will. Consequently, when they die, due to the cultural system and matrilineal type of inheritance, their children in most circumstances are deprived of their parents' properties by the deceased's nephews or nieces. This type of inheritance system brings a lot of hardships to the deceased's children especially if they are young. It was the Intestate Succession Law which came to their rescue and brought about clarity and sanity into the inheritence system. This law became the legal backing for children to seek redress when any of the parents die intestate and family members want to take advantage and cheat them. The law as it stands now has helped to promote family wellness since it has been able to rescue children from the hard-heartedness of some family members.

Barriers for Effective Implementation of These Policies

Participants were concerned about some of the traditional, cultural and religious practices of Ghanaians, which had become an impediment to the realization of these policies. To buttress this point, a respondent said:

... For instance, we have people who are abandoning their babies. If you should ask these women to give their children for adoption they will refuse. Meanwhile, they cannot care for the children but there is a long list of people who want to have children for adoption but in our culture system to give up your child for adoption when parents are alive is uncalled for. Some even see it as abominable.

Such cultural orientations defeat the purpose of the policy on adoption.

The attitude of the Ghanaian society towards children and spouses who report their abusive parents or partners to law enforcement agencies was recounted as one of the barriers to the implementation of these policies. de Grant-Johnson (1994) wrote that many women find it very embarassing to report their husband's. Such a societal attitude does not motivate children or other people to seek redress when they are molested by their abusers. Participants referred to the total dominance of men over women as one of the impediments that hinders the execution of these policies. In a patriarchical society where vital decision-making, power, and most resources are controlled by men their attitude toward programs like family planning is not helping the desire of women to control pregnancies.

Moving in conjunction with societal attitudes and influences is family interference. Participants acknowledged that family interference in the work of the polices and other law enforcement agencies hinders some of these policies from taking their course. Other reasons advanced for the lack of enforcement/compliance are inadequate resourcing, bureaucratic inertia, lack of appropriate logistics and infrastructure and out-dated legislation (GNCC, 1997). Participants felt the same way, as most people think the courts do not address their needs. They felt that it takes too long to get justice and this situation turns most people away from seeking justice when there is the need to do so. Delays in the administration of justice and lack of co-operation from law enforcement agencies and the judiciary make the realization of the social rights of children difficult to attain. Much as participants believed bureaucratic inertia is pushing

people not to seek justice, it was also found that most people who are illiterates have no knowledge about the existence of protective laws and policies. This is because, as participants stressed, most of these people are illiterate, which has rendered them ignorant about many things that affect their well-being. Such ignorance is a big barrier to the effective implementation of policies. Lastly, it was found that a lack of finances to publicize and concretize these policies has been a barrier.

Participants underscored that for most Ghanaians to be knowledgeable about the law, thorough education should be undertaken. They suggested the translation of these laws into the local language for easy access to all people. Furthermore, they hinted that education should encourage people to talk about abuse when it occurs. They also indicated that due to the prevailing economic conditions, children should be made to enjoy free medical care. Such a move would reduce the situation where parents refuse to send their children to the hospital when they are sick.

It has been identified that there are enough policies to promote family wellness and prevent child maltreatment, what should be done is the removal of all these barriers to make it more functional and accessible to the people they were made to serve. It is in this vein that participants agreed there should be a strict enforcement of the law/policies. Accordingly, people who infringe upon the law should not be spared. They also intimated that some of the laws/policies, which are obsolete, should be modified to correspond to modern-day realities.

Intersectoral Cooperation

To create integrated policies to promote family wellness and prevent child maltreatment there should be an intersectoral cooperation among government departments, agencies and non-

governmental organization that work on the welfare of children and families at risk. In Ghana, participants identified some governmental departments for such integrative policies to occur.

Recommendations

1. To eliminate ignorance about policies that protect children and families, intensive public education should be put into place. Child care and protective services should be included in the curriculum of the functional literacy program. Since this program takes care of illiterate people it will minimize ignorance about some of these policies. The public education campaign should be undertaken to prevent and fight all forms of discrimination against female children.

2. The laws and policies to protect children should be allowed to take their full course, and all forms of interference in their execution should be eradicated or reduced as much as possible. Bureaucracy in the justice system in the country should be streamlined to bring confidence into the judicial process. This would attract people to the courts when maltreatment occurs.

3. Much intersectoral collaboration had not been done until the children's bill was formulated. In the light of this, it is recommended that co-operation among governmental organizations like GNCC, Department of Social Welfare, CNC, NCWD, MOH, Ministry of Education, UNICEF, the Ghana Police Service, Save the Children Fund and the Attorney-General Department should be instituted and intensified. Such a move could save resources and avoid duplication and create comprehensive policies on children. Furthermore, this collaboration and integration would lead to coordination and strengthening of policies on the rights of children and promote their welfare. In addition, it would create the congenial atmosphere for the policies to be inclusive and responsive to needs of Ghanaian children and families to promote family wellness and prevent child maltreatment cases.

Programs

Ghana has now recognized the plight of children through abuse, and for that matter, taken some steps and initiated some programs to combat and minimize its impact on children and families. Family planning programs are being promoted to curb the rate at which families have children. Participants mentioned that family-planning programs have been strengthened to educate the general public to reduce the birth rate, space births and give birth when they know they have the resources to care for the child. The government, in conjunction with organizations like the Planned Parenthood Association of Ghana, is promoting family planning programs to encourage smaller family sizes. There is also an intensive general public education on the need to keep family numbers down (Government of Ghana, 1992). The importance of family planning program in Ghana cannot be overemphasised since as found in this study most of the child maltreatment cases in Ghana are caused by poverty, a situation that makes most parents neglect and become less responsive to the needs of their children. But as also identified in this study, for the family planning program to succeed the cooperation of men is fully needed. As the saying goes "it takes two people to tango." Men should play their part for this program to achieve the laudable goals of reducing the birth-rate of Ghanaians. Also, the traditional notion that children are assets to their parents when in old age should be erased.

Another program that participant mentioned is the new education system and the Free Compulsory Universal Education (FCUBE) program. Under this program, basic education is free for all children and therefore compulsory. The objective of the policy is that such free basic education will relieve parents of the burden of paying school fees. It is envisaged that such a move will encourage parents to send their children to school. The new educational program/curriculum was designed to provide opportunities for pupils to acquire basic pre-vocational, pre-technical and

scientific knowledge and skills that will enable them to improve their aptitudes, bring out their potential and induce in them the desire for self-improvement, appreciate the use of the hand as well as the mind and make them creative and production-oriented (Ghana, Ministry of Education, 1987). But as reported by Afrifa (1994), children's rights to education were promulgated in the constitution of the First Republic, yet about 40 years after independence about 50% of children of school going age are not enrolled in primary schools. One observes that in spite of the constitutional provisions guaranteeing basic education and government efforts at providing free compulsory universal education, the reality is that free basic education remains as distant today as it was in some years back. Again, as noticed by the GNCC (1997), the new educational reform program has encountered some teething problems like lack of teachers, personnel, and facilities for these laudable goals to be achieved.

Participants mentioned that the Ministry of Health has initiated an Expanded Program of Immunization (EPI) and also promoted Primary Health Care. As a result more immunization centres have been established for easy access to immunize children against what is known as the six childhood killer diseases in Ghana – tetanus, diphtheria, cholera, measles, whooping cough, and polio-meningitis (Ghana, Ministry of Health, 1997). If this program is sustained and implemented effectively, the mortality rate of Ghanaian children will be reduced drastically, as research has identified these childhood diseases are the cause of death of children in Ghana.

Recommendations

1. For the family planning program to be effective, men should also be the targets for education. Husbands need to be involved in every process of the program. Family planning programs should highlight the benefits of having smaller families as against the traditional Ghanaian notion that more children are an asset to the parents. The program should emphasize the fact

that people should not give birth just for the sake of it, but to have a child because they are prepared and ready to give this child all the support, love, comfort and care it deserves.

2. To make the government program of FCUBE effective and increase enrolment in basic education, steps should be taken to develop guidelines for the full participation of all children in the life of the school and any hindrance that prevents children to go to school should be eliminated.

3. Since most parents are found wanting when the issue of abuse is mentioned in Ghana, family education and training programs should be instituted. In this education, it should be recognized that parents are influenced by culturally defined norms for appropriate behavior. Consequently, the family education program should be conducted with support, empathy and focus on strength of parents. Parents/adults should be sensitized and supported to change their attitudes towards children. The intervention must offer immediate and positive benefits that are perceived to outweigh the cost of peoples' time and efforts to change (Reimer, Wecker & Koeppl, 1987). To Wolfe and Manion (1984), educational programs that provide pragmatic information about maltreating children in real life situations, such as, information on child compliance techniques, have been successful in changing the interactional patterns of low-functioning parents with their children. It is hoped that such family education programs can improve safety skills and knowledge of children and parents about child abuse. This will encourage children to talk about abuse when it occurs.

4. It is recommended that family supports programs be instituted for some limited families who are at risk. As indicated by Dagenais and Bouchard (1996), family support programs are effective in preventing out-of-home placement. Such identified families can be linked to welfare agencies for daily assistance and also be given free medical care.

Conclusion

The climate for prevention looks quite favourable, in that the government of Ghana has now recognized that child maltreatment is prevalent in the Ghanaian society, and, if it is not curbed, it will grow out of proportion. As reported by a government white paper, in a recent meeting of the United Nations organization, under the auspices of the Committee of the Rights of the Children, the Ghanaian delegation acknowledged the problem of child maltreatment in the area of neglect, street children, child labour, child abandonment, and more (Government of Ghana, 1992). This affirmation of child maltreatment cases to such an august body is a positive sign and confirms the government's commitment to minimize or eradicate this social and community problem in Ghana. Additionally, the fact that the government of Ghana was the first signatory worldwide to ratify the Convention of the Child signifies a positive climate for issues of abuse to be addressed. The subsequent formation of the commission to see the implementation of the UN declaration is also a favorable climate for prevention. Related to this, the creation of the commission for human rights and administrative justice to promote and sustain the fundamental human rights of children is in the right direction, a proactive move to prevent children's rights from being violated.

The government is moving in the right direction but the public has a part to play as well. Some of the issues that participants think should be dealt with are people's attitude towards childcare, law enforcement, ignorance about the law and some negative cultural practices. They acknowledged that it would take attitudinal change for the climate for prevention and early intervention to blossom. One participant made this comment to support this assertion: "I think the climate is quite favourable because the government is really working towards the protection of children by the enactment of the new children's bill. However, I believe a lot depends on us as

individuals, by changing our attitudes, to see that every child is safe." One can acknowledge that a lot is being done but it seems there are many barriers for them to succeed. There is more room for improvement through programs to support families to make them economically independent.

This study has some limitations. Participants didn't understand some of the questions. Also, some of the issues participants raised needed clarification and probing but since I was not there myself to conduct the interviews these clarifications went unnoticed. Lastly, the study only interviewed government workers and there was the tendency to speak well for the government. This means the view in this thesis represents only one stakeholder group, the government agencies. It is, therefore, suggested that in future research, participant groups should be broadened to include all stakeholders like children, families, parents, non-governmental organizations responsible for child welfare issues and many more, to get the true and all-embracing picture.

Personal Reflection

First of all, my love for children and desire that they develop in an environment where maltreatment is rare or non-existent motivated me to go into this study. As someone born and raised in Ghana, I know what most children go through before they come of age. That was the reason why my first project in my Community Psychology and Social Intervention class when I first came to Laurier was "Child Abuse: A Primary Prevention Intervention Program." So I welcomed the idea to do an in-depth study when Drs. Nelson and Prelleltensky suggested I could be part of the Family Wellness Project and bring some international focus into it.

Through the preparation of the thesis I had an opportunity to understand and have a clear picture of how child maltreatment could have an adverse effect on the growth and development of children. I came to know how the Ghanaian child is plagued with numerous problems that have

their roots in abuse. This means that every effort should be put in place to curb this menace. The problem is that research in this area is non-existent or very limited in Ghana. Consequently, I hope this thesis will make a contribution towards the prevention of child maltreatment and promote family wellness in Ghana.

To realize this objective, the results and recommendation of this study will be presented to the participants and the appropriate bodies in a report for action to be taken. When I go back to Ghana, I hope to present and publish parts of this thesis in community and national newspapers to raise the awareness and create a forum for discussion. I also hope to organize focus groups where these findings will be discussed to come up with further practical recommendations to improve child wellness in Ghana. I believe this study has put me in a very good position to spearhead and advocate for the improvement of polices and programs for child wellness in Ghana.

REFERENCES

Afrifa, A. (1984). The youth situation in Ghana: Social problems of the youth and

proposals for their solution. National Youth Organization Seminar on the Youth, Accra,

Unpublished

Afrifa, A. (1994). The problem of child abuse and neglect in Ghana. In H. J. A. N. Mensa-

Bonsu & C. Dowuona- Hammond (Eds.), The rights of the child in Ghana – Perspectives (pp. 10-

17), Accra, Woeli Publishing Services.

Akeredolu-Ale, E. O. (1986). Appropriate indicators, source of data and strategy for

monitoring the status of children and mothers in Nigeria. Final report of the UNICEF/NISER

Experts' Workshop, Ibadan: NISER

Allen, M., Brown, P., & Finlay, B. (1992). Helping children by strengthening families: A

look at family support programs. Washington, D.C.: Children's Defense Funds.

Andrews, A. B., McLeese, D.G., & Curran, S. (1995). The impact of media campaign on

public action to help maltreated children in addictive families. Child Abuse and Neglect, 19, 921-

932.

Angelou, M. (1984). I know why the caged bird sings. London: Virago

Anquandah, J. (1982). The Archaeological Evidence for the Emergence of Akan

Civilization, Tarikh 7, No. 2. Ibadan

Baladerian, N. J. (1991). Abuse causes disabilities: Disability and the family. Culver City,

CA: Spectrum.

Barth, R. P. (1991). An experimental evaluation of in-home child abuse prevention

services. Child Abuse and Neglect, 15, 363-375

Berry, L. (1994). Ghana: A country report. Federal Research Division, Library of

Congress, Washington.

Belsky, J. (1980). Child maltreatment: An ecological integration. American Psychologist,

35, 320-335

Belsky, J. (1993). Etiology of child maltreatment: A developmental-ecological analysis.

Psychological Bulletin, 114, 413-434

Bloom, B. L. (1968). Community mental health. Monterey, CA: Brooks/Cole Publishing

Company.

Bly, N. (1993). Oprah! Up and close and down home. New York, NY: Zebra Books,

Kensington Publishing Corporation.

Breaky, G., & Pratt, B. (1991). Healthy growth for Hawaii's "Healthy Start": Toward a

systematic statewide approach to the prevention of child abuse and neglect. Zero to Three, April,

16-22.

Bronfenbrenner, U. (1979). The ecology of human behavior. Cambridge, MA: Harvard

University Press

Cameron, G., & Vanderwoed, J. (1997). Protecting children and supporting families:

Promising programs and organizational realities. New York: Aldine de Gruyter.

Carver, V. (1978). Child abuse: A study text. New York: The Open University Press

Cicchetti, D., & Toth, S. L. (1995). A developmental psychopathology perspective on

child abuse and neglect. Journal of the American Academy of Child and Adolescent Psychiatry,

34, 541-565

Constitution of the Republic of Ghana. (1992) Republic of Ghana. Accra: Ghana

Publishing Corporation.

Dagenais, C., & Bouchard, C. (1996). Recension des ecrit concernant impact des programmes de soutien intensif visant a maintenir les enfants et enfants et adolencents dans leur famille. Revue Canadianne de Sante Mentale Communautaire, 15(1), 63-82.

De Grant –Johnson, K. E. (1994). The child and the welfare agencies. In H. J. A. N. Mensa-Bonsu and C. Dowuona- Hammond (Eds.), The rights of the child in Ghana – Perspectives (pp. 40-51), Accra: Woeli Publishing Services.

Department of Health and Social Security (1980). Child abuse: Central registry systems, LASSL (80), London, HMSO.

Dunst, C. J., Trivette, C. M., & Deal, A. (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, MA: Brookline Brooks.

Dunst, C. J., & Trivette, C. M. (1993). A family systems model of early intervention with handicapped and developmentally at-risk children. In D. R. Powell (Ed.), Parent education as early childhood intervention: Emerging directions in theory, research and practice. Annual advances in applied developmental psychology, Vol. 3, 131-180. Norwood, NJ: Ablex Publishing Co.

Emery, R. E (1982). Interparental conflict and the children of discord and divorce. Psychological Bulletin, 92, 310-330

Emery, R. E. (1989). Family violence. American Psychologist, 44, 321-328

Emery, R. E., & Laumann-Billings, L. (1998). An overview of the nature, causes, and consequences of abusive family relationships: Towards differentiating maltreatment and violence. American Psychologist, 53, 121-135

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. American Journal of Orthopsychiatry, 55, 530-541.

Finkelhor, D., & Dziuba-Letherman, J. (1994). Victimization of children. American Psychologist, 49, 173-183

Forjouh, S.N. (1995). Pattern of international burns to children in Ghana. Child Abuse and Neglect, 19, 837-841

Fox, L. (1967). East African childhood: Three versions. O.U.P, Nairobi.

Fraser, M. W., Pecora, P., & Haapala, D. A. (Eds.). (1991). Families in crises: The impact of intensive family preservation services. New York. Aldine de Gruyter.

Garbarino, J. (1976) A preliminary study of some ecological correlates of child abuse. Child Development, 47, 178-185

Garbarino, J. (1977). The human ecology of child maltreatment: A conceptual model for research. Journal of Marriage and the Family, 39, 721-735

Garbarino, J., & Crouter, A. (1978). Defining the community context of parent-child relations: The correlates of child maltreatment. Child Development, 49, 604-612.

Garbarino, J., & Kostelny, K. (1992). Child maltreatment as a community problem. Child Abuse and Neglect, 16, 455-467

Ghana National Commission on Children. (1997). The Ghana reports to the UN committee on the rights of the Child: With concluding observations from the UN committee on the rights of the child. Accra: Ghana Publishing Corporation.

Ghana National Commission on Children. (1997). Ghana's Children-Country Report. Accra: Ikam and G.I.J Press.

Ghana Statistical Services. (1988). Ghana Demographic and Health Survey (GDHS). Accra: Ghana Publishing Corporation.

Ghana Statistical Services. (1997). Quarterly Digest of Statistics. Accra.

Gil, E. (1996). <u>Treating abused adolescents</u>. New York: Guilford

Glaser, D., & Frosh, S. (1988). <u>Child sexual abuse</u>. Basingstoke: Macmillan.

Gottlieb, B. (Ed.). (1981). <u>Social networks and social support</u>. Beverly Hills, CA: Sage

Publications.

Government of Ghana. (1992). <u>The child cannot wait- National programmme of action on

the Follow-up to the World Summit on Children</u>, Accra: Ikam Press

Herrenkohl, R.C., Herrenkohl, E. C., & Egolf, B. P. (1983). Circumstances surrounding

the occurrence of child maltreatment. <u>Journal of Consulting and Clinical Psychology, 51</u>, 424-431

Humphreys, K., & Rappaport, J. (1994). Researching self-help/mutual aid groups and

organizations: Many roads, one journey. <u>Applied and Preventive Psychology, 3</u>, 217-231

Humphreys, K. (1997). Individual and social benefits of mutual aid self-help groups.

<u>Social Policy, 27</u>(3), 12-19.

Huq, M. M. (1989). <u>The economy of Ghana. The first 25 tears since independence</u>.

London: Macmillan Press.

Hyndman, B. (1996). <u>Does self-help help? A review of the literature on the effectiveness

of self-help programs</u>. Toronto, Centre for Health Promotion: University of Toronto.

Jinadu, M.K. (1986). Combating child abuse and neglect in developing and newly

industrializing countries: A unique primary care approach. <u>Child Abuse and Neglect, 10</u>, 115-120

Kagan, S. L., & Weissbourd, B. (Eds.) (1995). <u>Putting families first: America's family

support movement and the challenge of change</u>. San Francisco: Jossey-Bass.

Kantor, G. K., & Straus, M. A. (1990). The "drunken bum" theory of wife beating. In M.

A. Straus & R. J. Gelles (Eds.), <u>Physical violence in American families</u> (pp. 203-224). New

Brunswick, NJ: Transaction Press.

Kempe, C. H. (1978). Sexual abuse: Another hidden pediatric problem. Pediatrics, 62, 382.

Korbin, J. E. (1981). Child abuse and neglect: Cross-cultural perspectives. Berkeley: CA: University of California Press

Korbin, J. E. (1994). Sociocultural factors in child maltreatment. In G. B. Melton & F. D. Barry (Eds.), Protecting children from abuse and neglect: Foundation for a new national strategy (pp. 182- 199). N.Y., The Guilford Press.

Kyle, I., & Kellerman, M. (1998). Case studies of Canadian Family Resources Programs: Supporting families, children and communities. Canadian Association of Family Resources Programs, Suite 101, 30 Rosemount Avenue, Ottawa.

Laurendeau, M.-C., Gagnon, G., Desjardins, N., Perreault, R., & Kischuk, N. (1991). Evaluation of an early, mass media parental support intervention. Journal of Primary Prevention 11, 207-225.

LeVine, S., & LeVine, R. (1981). Child abuse in sub-Sahara Africa. In J. E. Korbin (Ed.), Child abuse and neglect: Cross-cultural perspectives (pp. 35-55). Berkeley, CA: University of California Press

Lieber, L. L. (1983). The self-help approach: Parents Anonymous. Journal of Clinical Child Psychology, 12, 288-291.

Lieber, L. L., & Baker, J. M. (1977). Parents Anonymous-Self-help treatment for child abusing parents: A review and evaluation. Child Abuse and Neglect, 1, 133-148.

Lincoln, Y. S., & Guba, E. D. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Lung, C. T., & Daro, D. (1996). Current trends in child abuse reporting and fatalities: The results of the 1995 annual fifty state survey. Chicago: National Committee to Prevent Child Abuse.

MacMillan, H. L, MacMillan, J. H., Offord, D. R., Griffith, L., & MacMillan, A. (1994). Primary prevention of child abuse and neglect: A critical review. Part 1. Journal of Child Psychology, Psychiatry, and Allied Disciplines, 35, 835-856.

McCray, J. S., & Wolf, L. (1997, March). 1996 Illinois Parents Anonymous parents survey report. Chicago: Children's Home and Aid Society.

Mends, E. H. (1994) The rights of the child in Ghana – The socio-cultural milieu. In H. J. A. N. Mensa-Bonsu & C. Dowuona- Hammond, The rights of the child in Ghana – Perspectives. (pp. 3-9), Accra: Woeli Publishing Services.

Mejiuni, C. O. (1991). Educating adults against socioculturally induced abuse and neglect of children in Nigeria. Child Abuse and Neglect, 15, 139-145

Melton, G. B., & Barry F. D. (Eds.). (1994). Protecting children from abuse and neglect. Foundation for a new national strategy. N.Y.: The Guilford Press.

Mensa-Bonsu H. J. A. N., & Dowuona-Hammond, C. (1994) The rights of the child in Ghana- Perspective. Accra: Woeli Publishing Services.

Ministry of Health. (1997). The Road to a healthier future for Ghana – Based on a medium term health strategy. Accra: Ghana Publishing Corporation.

National Anti-Poverty Organization (1998). NAPO News, Canada under Review, 66, Ottawa.

National Center on Child Abuse and Neglect. (1981). Study findings: National study of incidence and severity of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services.

National Commission of Inquiry into the Prevention of Child Abuse. (1996). Childhood matters, Vol. 2: Background Papers. London: The Stationery Office.

National Committee for Prevention of Child Abuse and Neglect. (1990). Public attitudes and action regarding child abuse and its prevention. Chicago: Author.

Nelson, G., Laurendeau, M.C., Chamberland, C., & Peirson, L. (1999). A review and analysis of programs to promote family wellness and prevent the maltreatment of pre-school and elementary school-aged children. In I. Prilleltensky, G. Nelson, & L. Peirson (Eds.), Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action. Waterloo, Ontario: Family Wellness Project Team, Wilfrid Laurier University.

Oates, K. (1982). Child abuse: A community concern. London: Butterworths.

Obikeze, D. S. (1986). Agricultural child labor in Nigeria: A case study of Anambra state. In P. O. Ebgbo (Ed.), Child labor in Africa, (pp. 96-103). Enugu: ANPPCAN and UNICEF.

Okeahialam, T. C. (1984). Child abuse in Nigeria. Child Abuse and Neglect, 8, 69-73

Olds, D., Henderson, C.R., & Kitzman, H. (1994). Does pre-natal and infancy nurse home visitation have enduring effects on qualities of prenatal caregiving and child health at 25 to 50 months of life? Pediatrics, 93, 89-98

Olds, D. L., & Korfmacher, J. (1997). Prenatal and early childhood home visitation I: Evolution of a program of research [Special issue]. Journal of Community Psychology, 25(1).

Olds, D. L., & Korfmacher, J. (1998). Prenatal and early childhood home visitation I I: Evolution of a program of research [Special issue]. Journal of Community Psychology, 26(1).

Oppong, C., & Abu, K. (1987). <u>Seven roles of women: Impact of Education, Migration and Employment on Ghanaian mothers</u>. Geneva: International Labour office.

Organization of African Unity and UNICEF. (1992). <u>Africa's Children, Africa's future</u>. Addis Ababa: OAU\UNICEF

Paiement, J. (1984). Parents Anonymous: A resource for troubled parents. <u>Canada's Mental Health, 32</u>(2), 7-9.

Pal, L. A. (1992). <u>Public policy analysis: An introduction</u>. (2nd edition) Ottawa: Nelson Canada.

Pan, H.S., Neidig, P. H., & O'Leary, K. D. (1994). Predicting mild and severe husband to wife physical aggression. <u>Journal of Consulting and Clinical Psychology, 62</u>, 975-981.

Pelton, L. H. (1992). <u>The role of material factors in child abuse and neglect</u>. Unpublished paper prepared for the U.S. Advisory Board on Child Abuse and Neglect.

Pelton, L. H. (1994). The role of maternal factors in child abuse and neglect. In G. B. Melton & F. D. Barry (Eds.), <u>Protecting children from abuse and neglect: Foundation for a new strategy</u> (pp. 131-181). New York, N. Y: Guilford Press.

Peters, R. D., Peters, J. E., Laurendeau, M., Chamberland, C., Peirson. L. (1999). Social policies for promoting the well-being of Canadian children and families. In I. Prilleltensky, G. Nelson, & L. Peirson (Eds.), <u>Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action.</u> Waterloo, Ontario: Family wellness Project Team, Wilfrid Laurier University.

Reimers, T. M., Wacker, D. P., & Koeppl, G. (1987). Acceptability of behaviour interventions: A review of the literature. <u>School Psychology Review, 16</u> (2), 212-217

Riessman, F., & Caroll, D. (1995). Redefining self-help: Policies and practices. San

Francisco: Jossey-Bass

Riley, D., Meinhardt, G., Nelson, C., Salisbury, & M. J., Winnet, T. (1991). How effective

are the aged-paced newsletters for new parents? A replication and extension of earlier studies.

Family Relations, 40, 247-253

Riley, D., Salisbury, M. J., S.K., Steinbeing, J. (1996, November). Parenting the first year:

Wisconsin statewide impact report. Madison, WI: University of Wisconsin-Extension and the

school of Human Ecology, University of Wisconsin.

Saint-Pierre, A. (1994). "Je passe partout et les parents": Evaluation du programme

d'intervention familiae-Rapport de recherche. Montreal: Je Passe Partout.

Sarpong, P. (1992). Ghana in Retrospect: Some Aspect of Ghanaian Culture. Tema:

Ghana Publishing Corporation.

Sedlak, A. K., & Broadhurst, D.D. (1996). Third national incidence study on child abuse

and neglect. Washington. D.C: U.S. Department of Health and Human Services.

Showers, J. (1992). "Don't shake the baby": The effectiveness of a prevention program.

Child Abuse and Neglect, 16, 11-18

Steele, B. F (1977). Child abuse and society. Child Abuse and Neglect, 1, 1-6.

Steinhauer, P. D (1998). Developing resiliency in children from disadvantaged

populations. In Canada health action: Building a legacy- Determinants of health, Vol. 1- Children

and youth (pp. 103-131). Ste. Foy, Quebec: Editions Multimodes Inc.

Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind close doors: Violence in

the American family. Garden City, NY: Anchor.

Tatara, T. (1994). The recent rises in the U.S. care population: An analysis of national substitute in care flow data. In R. P. Barth, J. D Berrick, & N. Gilbert (Eds.), Child welfare Research Review, 1, (pp.126-145). New York: Columbia University Press.

Taylor, D. K. & Beauchamp, C. (1988). Hospital-based primary prevention strategy in child abuse: A multi-level needs assessment. Child Abuse and Neglect, 12, 343-354.

Trocmé, N., McPhee, D., Kwan Tam, K., & Hay, T. (1994). Ontario incidence study of reported child abuse and neglect. Toronto: Institute for the Prevention of Child Abuse.

U.S. Advisory Board on Child abuse and Neglect. (1990). Child abuse and neglect: Critical first steps in response to a national emergency (stock No. 017-092-00104-5). Washington, DC: U.S. Government Printing Office.

U.S. Advisory Board on Child abuse and Neglect. (1993). Neighbors helping neighbors: A new national strategy for the protection of children. Washington, DC: U.S. Government Printing Office.

Unger, D. & Powell, D. (1980). Supporting families under stress: The role of social networks. Family Relations, 29, 566-574.

Vasta, R. (1982). Physical child abuse: A dual-component analysis. Developmental Review, 2, 125-149.

Vanier Institute of the Family. (1994). Profiling Canada's families. Ottawa, ON: Author.

Vogt, J. (1979). Portuguese rule on the Gold Coast, 1469-1682. Athens, Georgia: University of Georgia Press.

Widom, C.S. (1992). Child abuse and alcohol use. Paper prepared for the Working Group on Alcohol-related Violence: Fostering Interdisciplinary Perspectives, convened by the National Institute on Alcohol Abuse and Alcoholism, Washington, DC.

Wilks, I. G. (1989). Asante in the nineteenth century: The structure and Evolution of a political order. London: Cambridge University Press.

Wilson-Oyelaran, E. B. (1989). The ecological model and the study of child abuse in Nigeria. Child Abuse and Neglect, 13, 379-387.

Wolfe, D. A. (1985). Child-abusive parents: An empirical review and analysis. Psychological Bulletin, 97, 462-482

Wolfe, D. A. (1987). Child abuse: Implications for child development and psychopathology, Newbury Park, CA: Sage

Wolfe, D. A. (1994). The role of intervention and treatment services in the prevention of child abuse and neglect. In G. B. Melton & F. D. Barry (Eds.), Protecting children from abuse and neglect: Foundations for a new national strategy (pp. 224-303). New York: Guilford Press.

Wolfe, D. A., & Manion, I. G. (1984). Impediments to child abuse prevention: Issues and direction. Advances in Behaviour Research and Therapy, 18 47-62

Wolfe, D. A., Sass, L., & Wekerle, C. (1994). Factors associated with the development of post-traumatic stress disorder among child victims of sexual abuse. Child Abuse and Neglect, 18, 37-50.

Wolfe, D. A. (1998). Prevention of child abuse and neglect. In Canada health action: Building on the legacy. Papers commissioned by the National Forum on Health. Determinants of Health, Children and Youth (pp. 103-131). Quebec Editions Multimondes.

World Bank, (1988). Population, Health and Nutrition Sector Review, Vol. 2.

Wurtele, S. K., Salawsky, D. A., Miller, C. L., & Kondrick, P. A. (1992). Sexual abuse prevention education for young children: A comparison of teachers and parents as instructors. Child Abuse and Neglect, 16, 127-137.

INTERVIEW GUIDE

Values

1. In your opinion what are the most important values and priorities to promote for children and families in general, and more specifically for children and families at-risk?

2. To what extent are these values and priorities reflected in practice? What are the challenges in implementing these values in actual practice?

Daily Living Realities and Problem Evolution

1. In the current context in Ghana, what are the realities and challenges facing children and families in general, and children and families at-risk in particular? What are their needs?

2. What is your understanding of factors, events, and/or circumstances that place children and families at-risk of accessing child welfare and protection services? What is your understanding of factors, events, and/or circumstances that protect children and families at-risk and enhance their well-being?

Policies

1. What policies can you identify which are <u>currently in place</u> in Ghana, which have a beneficial effect on:
    - ▸ promoting child and/or family wellness, and
    - ▸ preventing child maltreatment?

2. What are some of the barriers that exist, or existed, for the most effective implementation of the policies identified in question #1? Do you have any suggestions for removing or minimizing these barriers? Or, what helped to remove or minimize these barriers?

3. What policies can you identify which <u>might, could, or should be put in place</u> in Ghana which would have a beneficial effect on:
    - ▸ promoting child and/or family wellness, and
    - ▸ preventing child maltreatment?

4. What large systems or government departments need to come together, or have come together, to create integrated policies for family wellness? What are, or were, some of the challenges in creating such policies and in implementing them?

Programs

1. What programs can you identify in Ghana that have a beneficial effect on:
   - promoting child and/or family wellness, and
   - preventing child maltreatment?

Climate for Prevention

1. In general terms, what is the climate for prevention and early intervention policies and programs in Ghana? Is it favourable? Unfavourable? Positive? Negative?

Appendix B

LETTER TO PARTICIPANTS

Dear Participant,

My name is Isaac Bright Asante, and I am a graduate student in Community Psychology at Wilfrid Laurier University, Waterloo, Ontario, Canada, working under the supervision of Isaac Prillentensky, PhD. During the winter' 98 term, I worked as a research assistant for the Family Wellness Project, which is funded Human Resources Development Canada. The Family Wellness Project is a major study of prevention and child welfare services in Canada, and some information is being collected internationally. The main purpose of the project is to identify and recommend programs and policies that are successful in promoting family wellness and preventing child maltreatment.

It was from my work with the project that I developed an interest in researching this topic in my home country for my M.A. thesis. The title of my thesis is "Policies and Programs to Prevent Child Maltreatment and Promote Family Wellness in Ghana."

As part of my study, I would like to gather information from individuals that have had some experience with the child welfare system and/or prevention of child maltreatment in Ghana. The overall purpose of this thesis research is to make a contribution towards the prevention of child maltreatment in Ghana. In pursuit of this goal the following are the specific objectives of the study: (1) to investigate the Ghanaian context of child maltreatment, (2) to learn about policies to prevent child maltreatment in Ghana, (3) to learn about programs and their effects on prevention of child maltreatment in Ghana, (4) to generate ideas and make recommendations to strengthen and improve programs to prevent child maltreatment in Ghana. The information I will gather from this interview is of interest to the Family Wellness Project for its international focus. Please indicate on the consent form if you are willing to have the information from your interview used for the Family Wellness Project.

Participating in an interview will take approximately 1 to 1½ hours. Since I am currently studying in Canada, I will unfortunately be unable to conduct the interviews myself. However, I have made arrangements for Mrs Charity Akotia, M.A., and a Lecturer at University of Ghana, Legon-Accra, to assist me in this process.

We would like to tape record all interviews conducted for this research. Tape recording will allow the interviewers to participate more fully in the discussions since they will not be pre-occupied with detailed note taking during the session. The recordings will be reviewed after the session to assist the researcher in making detailed and accurate notes of the discussions. No other use will be made of the recordings. Space is provided on the consent form for you to indicate your willingness to have your interview recorded.

All of your individual responses will be kept **completely confidential**. Once the tapes have been subscribed they will be erased. Your name will not appear on the transcript. Only myself, my supervisor, Mrs Charity Akotia of University of Ghana and if you agree, members of the Family

Wellness Project team will have access to the raw data. In addition to my thesis document, a final research report, a book, and some other publications will result from the Family Wellness Project. However, **no personally identifying information** will be included in any of these documents. While we appreciate your input, please remember that your participation is **completely voluntary**. You may choose not to respond to one or more of the questions, or you may choose, at any time, to withdraw from the study.

This project has been reviewed and approved by the Research Ethics Committee at Wilfrid Laurier University.

If you agree to participate in this project, please complete and sign the attached consent form and return it either to your interviewer or Mrs. Charity Akotia of University of Ghana.

Feedback information about my thesis will be available to you by September 1999. Summary bulletins will be prepared as feedback for the Family Wellness Project early in 1999. Space is provided on the consent form for your contact information if would like copies of the feedback documents of one or both studies.

If you have any questions about my thesis or you would like more information about the Family wellness Project, please do not hesitate to contact the following people. Isaac Bright Asante (Student and Principal Investigator of the thesis topic "Policies and Programs to Prevent Child Maltreatment and Promote Family Wellness in Ghana"), Isaac Prillentensky, PhD (Thesis supervisor and Principal Investigator of the Family Wellness Project and Leslea Peirson (Project Manager of the Family Wellness Project). All are at Department of Psychology, Wilfrid Laurier University, Waterloo, Ontario, Canada, N2L 3C5. The main telephone and fax numbers along with the address where we may be reached are printed at the bottom of the front page. My e-mail address is asan0890@mach1.wlu.ca. In Ghana the contact person is Mrs Charity Akotia, M.A., Department of Psychology, University of Ghana, Legon-Accra.

On behalf of myself and the Family Wellness Project team, thank you for your time and interest in this study.

Sincerely,

Isaac Bright Asante
M.A Candidate and Investigator

Appendix C

CONSENT FORM

I am willing to participate in an interview for this thesis topic "Program and Policies to Prevent Child Maltreatment and Promote Family Wellness in Ghana." I understand that my participation in the session is completely **voluntary** and that I can withdraw at any point during the discussion. I also understand that I do not have to answer any questions that I do not wish to answer. All information will be kept completely confidential and no information, which could personally identify me, will be included in any published documents. **PLEASE CHECK EITHER YES _____ or NO _____.**

I agree to allow the Family Wellness Project research team to use the information from my interview for their study. **PLEASE CHECK EITHER YES____ or NO____**

I agree to have the interview tape-recorded. **PLEASE CHECK EITHER YES _____ or NO _____.**

Participant's Name: _____

Participant's Signature: _____

Date: _____

I would like feedback from Isaac's thesis **YES____ or NO____**

I would like a copy of the summary bulletins that will be prepared from the Family Wellness Project. Yes____ or NO____

Please provide contact information below.

Address: _____

_____