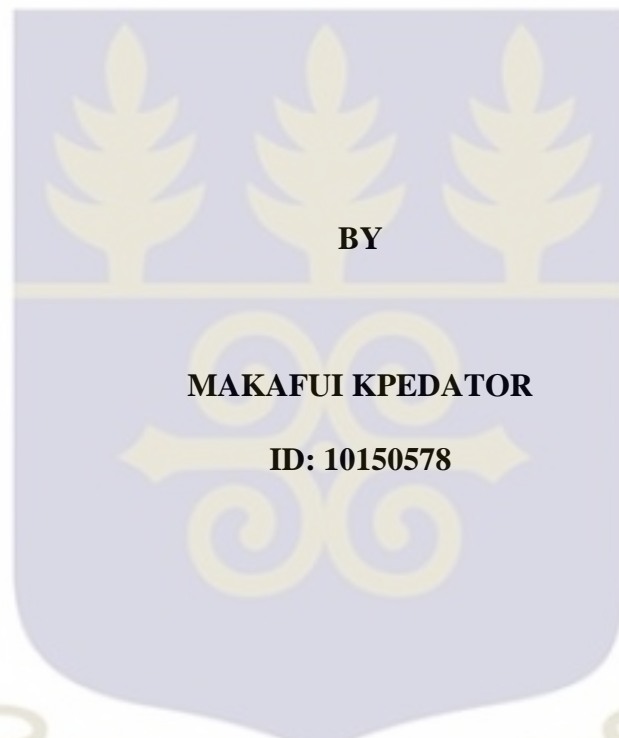


**UNIVERSITY OF GHANA**  
**CENTRE FOR SOCIAL POLICY STUDIES**

**CHALLENGES AND COPING STRATEGIES OF MIGRANT WOMEN FROM  
NORTHERN GHANA AND EFFECTS ON THE WELLBEING OF THEIR  
CHILDREN**



**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN  
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF PHD  
SOCIAL POLICY STUDIES DEGREE**

**JULY, 2018**

**DECLARATION**

I, Makafui Kpedator, hereby declare that except for references to other people's work which have been duly acknowledged, this thesis is the result of my independent research conducted at the Centre for Social Policy Studies, University of Ghana, Legon. I also declare that as far as I know, this thesis has neither in part or in whole been published nor presented to any other institution for an academic award. It is my own work.

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(Co-Supervisor) Signature

**DEDICATION**

This work is dedicated to Bright, Raphael, Grace, Worlanyo, Elikem, Elorm and my daughter Emefa. I love you.

## ACKNOWLEDGEMENTS

I thank God Almighty for the countless interventions and numerous breakthroughs.

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## **ABSTRACT**

The study's main objective was to determine the challenges of northern migrant women in la Nkwantanang-Madina and how this affects the wellbeing of their children. It also looks at the strategies these women use to cope with their challenges as migrant workers in a new destination. Using a mixed method approach, qualitative and quantitative data were obtained from the women in their new environment in La Nkwantanang-Madina Municipality of the Greater Accra Region of Ghana. The study participants shared their experiences through in-depth interviews and a survey. All the interviews and the survey took place at the destination city -- La Nkwantanang-Madina. The findings indicate that the migrant women were exposed to various challenges ranging from poverty, unemployment, housing, language and ethnic discrimination. To deal with these frustrations, the women engaged in informal livelihood activities such as carrying of loads for a fee, food vending, domestic assistance and trading. The trickle-down effects of the mother's challenges on their children include irregular school attendance, inability to afford a balanced meal on regular basis as well as negative health condition of their children. The study concluded that the northern migrant women engaged their children as providers of care for younger siblings. This denied some children access to basic education. The female migrants cope with their challenges using social capital and reliance on government social intervention strategies. The study's main recommendation is that migrant's children should be considered for targeted educational and health services to eradicate inequalities. The study also recommends advocacy for a comprehensive training programme for the women through adult literacy classes, health care, and vocational training.

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## CHAPTER ONE

### INTRODUCTION

This study focuses on the challenges of northern migrant women in La Nkwantanang-Madina, near Accra, Ghana, and how these affect the wellbeing of their children. It also looks at the strategies these women use to cope with their challenges in their new environment. Historically, migration used to be a preserve of men, who moved from Northern to Southern Ghana. However, in recent times, women also migrate independently within Ghana, a developing country in West Africa (Wilson et al., 2013; Wrigley-Asante, 2014). In the past, when male migrants from the northern parts of Ghana travelled to the south, particularly to Accra, they engaged in informal labour activities (Hart, 1973). This trend has continued and the activities these migrants engaged in have grown to include other informal sector livelihood activities such as trading, domestic work, and food vending among others (Awumbila & Ardayfio, 2008; Agyei & Ofosu-Mensah, 2009). The men who used to travel from Northern Ghana to the south carried people's loads, for a fee, and were usually referred to as "kaya", a Hausa word for 'load'. Consequently, the emergence of female migration gave birth to a new term called "kayayoo". "Yoo" is a Ga word meaning woman. Therefore, "kayayoo" is a combination of two different linguistic terminologies: "kaya" and "yoo". While the men are called kaya, the women are referred to as, "kayayoo" (singular) and "kayayei" (plural) (Yeboah et al., 2009). The impetus for undertaking this study comes from my encounter with some migrant women in my adolescent years while spending my school vacation in Accra, the capital city of Ghana, in 1998. Growing up in the Volta Region of Ghana, the urban phenomenon of kayayei (migrant women porters) was new to me. During my stay in Accra I used to help my aunt who was a big-time trader at the Makola Market, one of the largest markets in central Accra. As part of my work itinerary, I had to carry loads of items that my aunt sold for hawking from the lorry station to her stall in the market, which was quite a distance! It was during this activity that sometimes, I would

intermingle with these women migrant porters. Although my loads were not as heavy as those of the kayayei I met, I still considered my temporary task of carrying loads burdensome. Therefore, I was amazed at how these women porters could make a living out of carrying heavy items on daily basis for survival. I realized that their entire livelihood and chances of survival in Accra rested on this laborious activity. Most important, I observed how those women porters with children were challenged with combining hard work and nurturing of their children at the same time.

It was the experience of one of these nursing mothers that stimulated my curiosity and interest in studying these women. This woman who was apparently a single mother would collect used canned tins of milk, milo, and margarine which she would clean and sell to raise money to buy food for herself and her baby. As I watched her, I asked myself questions: how do these women survive? What are the prospects of the children of these women? Do they have relatives who are not too busy to help them care for their children? What coping strategies do they deploy to survive the economic hardship of Accra? Are there state social intervention policies to respond to the needs of these women?

From the above questions, I developed a research interest towards an understanding of the lived experiences of these women. Furtherance to that, I decided to probe into the kayayei phenomenon from the academic point of view.

I, therefore, enrolled at the Center for Social Policy Studies, University of Ghana, into a PhD programme to actualise my long standing interest in the kayayei phenomenon. From my readings, I realised that most of it did not theorise how these women who had come from different religions and ethnic groups forge unity to overcome their daily challenges, and specifically in relation to the wellbeing of their children. For example, in the face of their homogeneous characteristics, how do they cohere to device coping strategies to survive?

More importantly, most of the research work on the phenomenon did not elaborate on how the challenges the women face in Accra dovetail into the care they provide for their children.

I decided to use Madina as my study area because of the presence of a thriving market and the existence of a Zongo community which make Madina one of the main migrant destinations for women from the Northern Region. With this background, this study focuses on the challenges and coping strategies of northern migrant women in Madina and how these affect the wellbeing of their children.

Migration could be understood as the general tendency of human beings to move from one geographical area to another (Castles and Miller (2009). The reason for human beings migrating is because it offers them, including Ghanaians, the opportunity to diversify and improve their livelihood (Awumbila et al. 2014) However, migration also presents challenges to these migrants in their migratory destinations (Rademacher- Schulz et al. 2014). Females migrating from the northern part of Ghana has peculiar and general effects on childcare practices. In the studies available on childcare practices in Ghana, many scholars have highlighted the extent to which rapid social changes are changing the face of childcare in the country (Ardayfio-Schandorf, 1996; Frimpong-Manso, 2014, Oppong, 1983). The rise in cases of divorces, the incorporation of women into the world of work, the decline of the extended family system, and the case of poor national economic performances have cohered to affect the care children receive (Clark et al. 2015, Aboderin, 2014). These social changes have come about partly as a result of the combined forces of globalization, modernisation, and urbanisation. Given that the family is the foundational basis for the care of a child, it is imperative to explore how migrant women from the north combine the dual task of working and taking care of the home. In other words, since the child's primary source of care is the family, my research seeks to explore how the challenges northern women migrants face and the coping strategies they use affect the wellbeing of their children. The

study proceeds on the argument that, without an efficient family with support that is consistent with domestic and national policies, as well as international statutes, the fate of most children hangs on a limbo. The increasing presence of children on the street has received extensive research (Arthur, 2013; Kangsangbata, 2009) but not much has been done to situate the discussion within the contest of the pragmatic coping strategies that women migrants are deploying to help them meet the challenges of childcare in the twenty-first century world.

### **1.1 Background**

Migration is a human phenomenon. Scholars have established various causes of migration within Ghana, outlining the main drivers and challenges of migrants (Teye et al., 2017; Darkwah et al., 2016; Adaawen & Owusu, 2013). The main drivers of migration in Ghana are usually economic, political and social. In Ghana, most migration studies have focused on north-south migration.

Long before European colonisation in Ghana (then Gold Coast), trade networks existed between what became known as the southern territories and northern territories of Ghana and Upper Volta (present-day Burkina Faso) and Northern Nigerian. By the time the Asante Empire was consolidated in the eighteenth century, the Asante had established trade networks with the Northerners in what used to be called northern territories (Arhin, 1979). Also, decades of Asante war expansion and aggression, which was framed around the notion of territorial aggrandisement, had brought the northern regions into direct contact with the Asante. The Asante people conquered the Dagomba people and demanded slaves from them to build the Asante Empire (Haas, 2017). When Islam became the established religion of the Northern Region, literate Muslims in Arabic were engaged by the Asante as administrators and ritual functionaries (Owusu-Ansah, 1983). In some cases, some of the

ritual functionaries from Northern Ghana were incorporated into the ritual retinue of the Asante. The presence of northerners, most of whom were Muslims, in Kumasi, birthed some of the earliest *de jure* Zongos in Asante by the 1890s (Schildkrout, 2009).

Later, when the Europeans consolidated their rule after they conquered and annexed the Asante Empire in 1900, the place of Asante as a bulwark against British expansion into the Northern Regions was broken. Under the aegis of George Ekem Ferguson, who signed treaties with the Northern chiefs on behalf of the British, the British had full control of the Northern Regions in 1901 (Boahen, 2000). With this control, they resorted to exploiting the labour of the Northern people. The northerners were conscripted into the Gold Coast Constabulary (the forerunner of the police service) and the Gold Coast Frontier Force (which metamorphosed into the army) during the so-named world wars (Killingray, 1982). They were also used as labourers in the mines and railway building in southern Ghana (Plange, 1979, Akurang-Parry, 2000). Given that colonialism fed on patriarchal tendencies, the British preferred male Northern migrants to female migrants. Most northern men travelled to the south to work and whatever they accumulated was consumed and some sent to their origin in the northern part of Ghana to take care of their families. The male-biases of the colonial political economy discouraged female migration from the North and the women who migrated were seen as sex workers (Darkwah et. al, 2016).

By the time Ghana attained independence in 1957, the colonial policy of reserving the northern regions as a labour pool had resulted in the northern regions lagging in development. The North, compared to the south did not enjoy sufficient infrastructural development from the colonial administration. Because of this, during the struggle for political independence in Ghana, some Northern elites were reticent about joining in the struggle. But when it became imperative for them to join the struggle for political liberation, they formed political parties like the Northern People's People in 1954 to contribute to the

political trajectories of the Gold Coast (Kelly, et al., 2007). But because most of these Northerners had a longstanding relationship with the Asante, they formed alliances with the National Liberation Movement, a political party formed by Asante youth and traditional political actors. The party was later banned by the Nkrumah government along with other regional, tribal and religious parties, but its spirit has been recalled by other pressure groups such as the Northern Youth Association in the 1960s and 1970s and the Northern Students' Union, which was founded in 1965 and maintains its existence today (Kelly et al., 2007, p. 186). Since independence, the northern regions have been on the radar of the political elites. But political party manifestos on the Northern Regions are more of empty rhetoric than a real pragmatic effort to rectify the imbalance in the north-south development. The northern regions continue to lag in development. Apart from Kwame Nkrumah, who initiated policies like free education to bridge the gap between the north and the south (Yaro, 2013), post-Nkrumah political elites of Ghana have not shown much enthusiasm in developing the north. The plight of the northern regions exacerbated following the wanton implementation of neoliberal reforms, mandated by the Bretton Woods institutions – World Bank and the International Monetary Fund, in the 1980s. The reforms included the removal of subsidies on education, health, and agriculture. Considering that, these institutions are the fundamental basis of Ghana's economy, the removal of subsidies deepened the economic woes of most Ghanaians. Those who were hit hard were the northerners (Whitehead, 2002). This was because of two main reasons: first, the economy of the northern regions is subsistence farming. Since subsistence farming is the mainstay of the political economy of Northern Ghana, the removal of the subsidies meant that many of the farmers had to look for an alternative source of livelihood. The second reason was that there was less effort on the part of the government to stem the tide against the deepening of poverty and deprivation in the North (Lobnibe, 2008).

These challenges as well as climate change intensified the migration of people from the northern part of Ghana to the south (Wrigley-Asante, 2014). Since the whole Northern sector became increasingly impoverished, the sex dimension of north-south migration has changed to include women. As has been observed by many scholars, there is an increasing feminisation of north-south migration (Darkwah, et al., 2016, Wrigley-Asante, 2014). These women come to Accra with either their children (usually without their husbands) or come as single young women. There are many reasons for the feminisation of north-south migration. Three main reasons account for the influx of young single female from Northern to Southern Ghana; increasing consumerism amidst grinding poverty; the increasing inability of household heads to carry out their roles as breadwinners and finally the erosion in patriarchal authority linked in large part to the inability of household heads to fully provide the financial needs of their households (Darkwah, 2016, p.27).

Indeed, some research works have looked at the challenges female migrants face in the south and the coping strategies they deploy to deal with these challenges (Oberhauser et al., 2011; Shamsu-Deen, 2013, Yiran et al., 2014), but these studies did not discuss how these challenges and coping strategies spill over to affect the wellbeing of their children. Consequently, my work focuses on northern women who migrate to Accra, particularly to the La Nkwantanang-Madina Municipality. Following the changing gender dimension in north-south migration, I argue that it is imperative to explore the challenges these women migrants face and how these challenges, and the coping strategies they engender, affects the care and wellbeing of their children. In terms of the strategies these northern women migrants deploy to contain their problems and also ensure the wellbeing of their children, my work is set within the framework of the theories of social capital and social networks. Finally, my study contributes to internal migration by looking at the creativity northern

women migrants demonstrate in providing for their children in the face of grinding urban challenges.

### **1.2 Problem Statement**

Studies of migrants from Northern Ghana to the south have largely emphasised on young girls who migrate to cities as kayayei with minimal focus on women of all ages (Anarfi et.al., 2006; Awumbila and Ardayfio-Schandorf, 2008; Kwankye et. al., 2009). To contribute to the literature, this study explored the challenges of women migrants rather than the adolescent and examined the strategies they utilised in coping with their challenges in the south. Moreover, as most of these women tend to be mothers and therefore main caregivers of their children, the strategies they use in dealing with their childcare problems in their destination are examined.

The study area, La Nkwantanang-Madina Municipality was chosen because most studies for example (Awumbila et al., 2014) have focused on traditional migrant locations such as Makola, Agbogbloshe, North Kaneshie, and Old Fadama. These areas have long been a destination for most Northern migrants.

### **1.3 The study context La Nkwantanang-Madina**

The study was conducted within the La Nkwantanang-Madina Municipality of the Greater Accra Region of Ghana. The Greater Accra Region is the headquarters of the Ministries, Departments and Agencies (MDAs), thus making it the most well-endowed region in Ghana with the best hospitals, banks, universities and other educational facilities. The Greater Accra Region is the second most populous region in the country, with a population of 4,010,054 constituting 16.3 per cent of the total population while the Ashanti Region places first with a population of 4,780,380 (19.4%) (GSS, 2012). The La Nkwantanang-Madina Municipality was established by Legislative Instrument (L.I.) 2131 and inaugurated on June

2012 in the Greater Accra Region (GSS, 2012). It is managed and maintained by the La Nkwantanang-Madina Municipal Assembly (LaNMMA). It was carved out of the Ga East Municipality and Madina is its capital.

The La Nkwantanang-Madina Municipality was originally made up of two northern migrant social groups. The first social group referred to as aliens include migrants from the Sahelian region, Nigeria and francophone West Africa. The second social group is composed of migrants from Northern Ghana who are considered indigenes of the country but strangers in Accra (Sackey & Badru, 2013). Madina is a particularly interesting setting in which to examine the plight of migrant women because it is believed to be a migrant community.

The Municipality is predominantly urban with Madina, the capital serving as the central business district. The population of the La Nkwantanang-Madina Municipality, according to the 2010 Population and Housing Census (2010 PHC), is 111,926 representing 2.8 per cent of the Region's total population. Females constitute 51.5 per cent and males represent 48.5 per cent. The district has a sex ratio of 94.1. The implication is that, for every 94 men, there are 100 women in the Madina municipality. Approximately 84 per cent of the population in the Municipality resides in urban localities. The Municipality's age structure is characterised by a highly youthful population with fertility rate comparable to the highest in the country (GSS, 2012). Majority (77.1 %) of migrants living in the municipality were born in another region in Ghana while 19.9 per cent were born elsewhere in the Greater Accra Region (GSS, 2012).

Madina is also a deeply cosmopolitan suburb of the Ga East Municipality of Accra. It is located not far from Accra Central. Since it started as a migrant community in the 1950s (Peil et al., 1994), Madina has attracted and continues to attract migrants from all over the country, particularly Northern Ghana. There are three reasons Madina continues to attract migrants from Northern Ghana: the first is the relatively low cost of accommodation in some

constituencies of the community (particularly the Zongo); the second is the strong sense of group solidarity that is shared by most of the residents. And the third is the availability of the market.

In terms of the cost of housing, Madina remains the destination point for many migrants from the low-income bracket of life. Unlike other adjoining communities such as Adenta, Ashaley Botwe, and Legon, the housing cost at Madina-Zongo is within the reach of many migrants. In the same vein, the strong sense of solidarity in the community adds to the reasons most migrants choose the community. The solidarity shared by residents is precisely because of the common deprivation that residents share. Also, the presence of kin-members and ethnic members provides an important social capital for residents. The third, which is equally important, is the presence of the market. Most of the residents in Madina are in the informal sector of the economy and trading is the main economic activity in the municipality with the Madina market as one of the biggest markets in Accra, with commercial activity, attracting patrons and traders from all over the region and beyond (La Nkwantanang-Madina Municipal Assembly report (n. d). An estimated total of over 5,000 visitors patronise the market daily from all over the Greater Accra Region and beyond. Items traded in this market include both perishable and non-perishables such as manufactured commodities, imported goods such as cloth, utensils and a variety of automobile spare parts. Other goods are cereals, livestock and second-hand clothing. Anecdotal reports indicate that the trading sector is the biggest, and generates the highest employment and revenues to both skilled and unskilled citizens of the municipality.

Furthermore, the municipality is said to have about 30 cooperative and 20 women's groups that are engaged in various economic activities and skills training for their members. There are also many market women's associations. There are a few educational institutions in Madina. These include junior high Schools, senior high Schools, and several private basic

and secondary schools. Madina is host to one public university (the University of Professional Studies), two government polyclinics, two health centres, and two community-based health posts. There are also significant numbers of private health facilities in Madina enrolled in the National Health Insurance Scheme (NHIS). The market at Madina, therefore, provides an open opportunity for people to trade. The Madina market has become the meeting point of traders from across Ghana and other neighbouring countries in West Africa, particularly Togo. The proximity between Madina and food-producing villages in the Eastern Region has sustained the importance of the community as a major inter-regional trading centre.

There is, however, spatial differences in Madina. Different social classes in the community are delineated by the constituency they find themselves in the community. Madina Estate is largely occupied by people in the middle and upper-income bracket. The section referred to as Libya Quarters has mixed income-bracket residents. There is also the area designated as Zongo. The predominant occupants of the Zongo section of the community are the Muslims – from the various sects and denominations of Islam (Sackey & Badru, 2013). While the custodians of the Madina land are the Ga people, migrants are in the majority in the community. Generally, Madina presents a community that is ethnically, linguistically, and socially plural (Sackey & Badru, 2013). The linguistic difference finds a point of convergence in the dominance of the Hausa and Twi languages. Most residents in the community are, therefore, multilingual.

According to the Population and Housing Census Report majority of the population in the municipality are Christians (79.2%) and the population belonging to the Islamic religion constitute 17.5% (GSS, 2014). Generally, there is a peaceful co-existence and mutual interaction between Muslims and Christians. The community has some key social amenities like clinics, banks, mini-malls, and a radio station. But like most low-income communities,

the Zongo section in Madina has poor sanitation and squalid living conditions as well as spatial congestion. Occasionally, the community records incidents of thefts and youth violence.

A pertinent question is: what are the major challenges of northern women migrants concerning childcare practices under the above prevailing conditions in Madina? Answers to this question is located within the context of how the multiple and hybridised coping strategies of northern migrant women in the La-Nkwantanang Madina area negotiate to solve their challenges and that of their children.

In sum, the study area for this study was purposively selected based on classification among the lowest, middle and upper poverty incidence regions in Ghana (GSS, 2014). The poverty profile of Ghana by the GSS classifies the Greater Accra Region as the region with the lowest incidence of poverty of about 5.6 per cent compared with the Northern Region of about 50.4 per cent and the Upper West Region of about 70.7 per cent. This classification means that access to social services are disproportionately distributed with the Greater Accra Region having more improved access to social services compared to the Upper East, Upper West, Savannah, Northeast and Northern Region (GSS, 2014).

Besides, Madina is one of the most densely and poorest populated zones in Greater Accra where many engage in informal enterprises because of the relative high levels of unemployment and illiteracy compared to other areas in Accra (GSS, 2014). Also, studies like that of Awumbila et al. (2014) assert that migrants from rural Ghana, including migrant women from the three Northern Regions usually form enclaves in cities and market areas. There are indications that, the migrant women's choice of community is influenced by their pursuits of economic activities hence their location in large market areas to enable them

engage in income generating activities for survival (Awumbila et al., 2014). La Nkwantanang-Madina Municipality has one of the largest markets in the Greater Accra Region of Ghana, where various economic activities take place, especially during the main market days of Wednesdays and Saturdays. In fact, every day of the week, the market operates. It is worth noting that, in as much as there are pull factors in La Nkwantanang-Madina such as a large market that attracts northern migrants, there are also push factors such as economic hardships and socio-cultural issues in the north like child marriages that motivates the women to migrate.

#### **1.4 Objectives of the Study**

The main aim of the study is to examine the challenges and coping strategies of migrant women from Northern Ghana and how these influences the wellbeing of their children. The specific objectives of the study are to:

1. Examine the challenges faced by northern migrant women with children in La-Nkwantanang-Madina
2. Investigate the strategies the women, use to cope with their challenges as migrant workers in La Nkwantanang-Madina

#### **1.5 Research Questions**

1. What challenges do northern migrant women face in La Nkwantanang-Madina?
2. What are the coping strategies of migrant women from Northern Ghana?
3. How do coping strategies of northern migrants influence the wellbeing of their children?

## 1.6 Definition of Concepts

**Migration** means the permanent or partial movement of people from one geographical location to another for various reasons ranging from better employment possibilities to persecution. Migration in this study is used to refer to the relocation of both residential environment and activity space.

**Social capital** refers to social relationships that help people to get along with each other and act more effectively than they could as isolated individuals.

**Agency** in the context of this study refers to people's capabilities and their behaviours.

**Coping strategies** is the process of responding to a set of adverse shocks, where households, individuals, and communities use a variety of measures to manage risk, through dependence on their nuclear and extended families and other networks.

**Children** are persons of school going age under the age of 18 years living with a migrant woman and under her care.

**Migrant woman** refers to women from Northern Ghana working in Accra for not less than six months.

“**Susu**” is a concept in the Ghanaian community which refers to the traditional savings and loans schemes patronized by many in the informal banking sector of Ghana.

**Wellbeing** in this study focused mainly on children's education and health.

**Child wellbeing** this refers to the easy accessibility of children to education and health.

## 1.7 Scope of the Study

This work primarily focused on migrant women with children from Northern Ghana living in La-Nkwantanang Madina, focusing on the challenges they encounter at their migratory destinations, the effects on their children's wellbeing, and how the women cope with these challenges. In this study, the wellbeing of children is used to refer to children's access to education and health.

### **1.8 Significance of the Study**

This study is useful to varied groups of stakeholders, both state and non-state. Challenges of migrants are useful information needed for policy formulation by central government ministries, departments and non-governmental organizations (NGOs). Also, documentation on the challenges of migrants' children emanating from their parents' struggles is important for the design of social interventions for women and children. More specifically the study has the propensity to assist the Ministry of Gender Children and Social Protection (MGCSP) to formulate policies that will improve the wellbeing of many. To achieve this, publications will be produced, and made available to all. The general public will be educated through policy briefs, consultation with members of parliament, collaboration with NGOs and religious bodies. The study is also useful in identifying and knowing the challenges that confront migrant women and also in facilitating our understanding of the nature of coping strategies adopted by migrant women from the Northern Regions of Ghana. These may assist in the design and implementation of intervention strategies that could have positive effects on the migrant women and their children in Ghana.

In terms of the academia, literature from the study will serve as the basis for future studies for researchers and also as a reference point for students interested in the study of social policy and migration. Thus, the findings and recommendations of this study may also inspire other studies, especially in the Ghanaian community.

The output of this research is intended to shape and influence social action by the state, markets, civil societies, and families that provide welfare for individuals and groups in society in the form of public goods and services such as infrastructure, education and health, financial assistance and care assistance. It is also expected that this study may contribute to the development of guidelines, principles, legislation, and activities public or private that affect the living conditions conducive to human welfare.

### **1.8 Structure of the Thesis**

The study is organized into eight chapters. The first of which is the introductory chapter comprising the background of the study, problem statement, and study objectives, definition of key concepts, scope of the study, significance of the study and the study area. Chapter two discusses the theoretical framework and literature review, migration trends in Ghana, rural-urban migration, and north-south migration phenomenon in Ghana. Chapter three concentrates on the review of existing policies of migration in Ghana. Here, the focus is on the conventions, treaties, programmes, and laws that guided migration in Ghana. Chapter four focuses on the methodology of the study. This comprises the research design, sampling, and sample size, data collection, and procedures for analysis.

Chapter five articulates the challenges of Northern migrant women with children in La Nkwantanang-Madina. Chapter six examines the strategies these women use to cope with their challenges as migrant workers in La Nkwantanang-Madina. Chapter seven focuses on migrant women's characteristics, challenges, and coping strategies on the wellbeing of their children. Chapter eight consists of the summary, conclusion, and recommendations.

## CHAPTER TWO

### LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

#### 2.1 Introduction

This chapter is divided into two parts. The first part consists of an examination of the literature on migration focusing on migration at the global, sub-regional, and national levels. The second part of the chapter presents the theoretical and conceptual framework I have developed for the analysis in this study.

#### 2.2 Conceptualisation and typologies of Migration

Migration can be voluntary (Asare, 2012) and involuntary or forced migration (Akabzaa, 2010; Asare, 2012). Asare (2012, 2) indicated that:

Human migration is the movement of people from one place in the world to another to take up permanent or semi-permanent residence, usually across a political boundary, people can choose to move ('voluntary migration') or be forced to move ('involuntary migration').

According to Asare (2012), various types of migration occur as shown in table 2.1.

**Table 2.1: Typologies of Migration**

Number	Type of Migration	Definition
1	Internal migration	moving to a new home within a state, country, or continent of origin (Asare, 2012)
2	External migration	movement of people into new settlements in a different state, country, or continent (Asare, 2012)
3	Emigration.	This type of migration according to Asare (2012) refers to a situation where people leave one country to another.
4	Immigration	The movement of people into a new country, e.g pilgrims' immigration to America (Asare, 2012).
5	Involuntary or forced migration	where governments force large groups of people out of a region, usually based on ethnicity or religion (Asare, 2002, 2-3)
6	Impelled migration (also known as 'reluctant' or 'imposed' migration)	A situation where individuals are not forced out of their country, yet they leave because of unfavorable situations such as warfare, political problems, religious persecution, droughts or natural disasters (Asare, 2012).
7	Step migration	a series of shorter, less extreme migrations from a person's place of origin to final destination -- such as moving from a farm, to a village, to a town, and finally to a city (Asare, 2012).
8	Chain migration	A chain migration often begins with one family member who sends money to bring other family members to the new location. Chain migration results in migration fields -- the clustering of people from a specific region into certain neighbourhoods or small towns (Asare, 2012).
9	Labour migration	the process of shifting a labour force from one physical location to another (Asare, 2012; Mensah, 2012)
10	Reverse migration	The movement of people to areas and locations that people most often migrate from (Akabzaa et al., 2010; Awumbila & Tsikata, 2007).
11	Irregular migration	The illegal movement of people. This type of migration poses a lot of challenges to countries of origin, transit, and destination, as well as the migrants themselves (Asare, 2012; Quartey, 2009; and Mensah, 2012).
12	Outmigration	Hosting of refugees, visitors, students, travelers, tourists and a host of others (Asare, 2012; Quartey, 2009).

Source: Authors construct based on Asare (2012) and Quartey (2009).

### **2.3 Nature of Migration**

Migration is a global phenomenon (Mensah, 2012). Global statistics indicate that migrant numbers have varied over the years. For example, it was 150 million in 2000, 214 million in 2010, and it has been projected to be 405 million in 2050 (Asare, 2012). The growing demographic disparities, environmental change, new global political and economic dynamics, technological revolutions and social networks have accounted for the variations. Women constitute approximately 50 percent of migrant workers globally (Asare, 2010).

Asare (2012, p. 3) indicates that migrant workers contribute to the growth of economies of destination countries. Migrant workers pay taxes, contribute to the social security scheme of the country. Hence, they are strong contributors to the economic and social development, and growth of both their home and destination countries (Asare, 2012).

In 2008, an estimate from the Foreign Affairs Ministry of Ghana shows that Ghanaian migrants may be present in more than 33 countries worldwide (Asare, 2012). Outside the West African region, the most leading countries of destination for Ghanaian emigrants are the United States (7.3%) and the United Kingdom (5.9%). By estimation, the population of Ghanaian emigrants ranges from 1.5 million (Twum Baah, 2005) to 3 million (Black et al., 2003).

There has been an increase in skilled migration from Ghana to western countries since the 1990s. Interestingly, Ghana has the highest emigration rates for highly skilled employees (46%) in the Western African region (Asare, 2012). For example, the medical profession is the most affected by emigration. It is thus estimated that more than 56 percent of doctors and 24 percent of Ghanaian trained nurses work abroad (Clemens & Pettersson, 2007).

In Ghana, there are general migrants including refugees and asylum seekers (Asare, 2012; Quartey, 2009). In 2007, for example, Ghana hosted the largest refugee population in the

West African sub-region, while in 2008, the figure reduced to about 18, 206 (Asare, 2012). As observed by the UNHCR (2008), 40 percent of the refugees from Liberia and Togo were minors (persons under 18 years old). Besides, during the 2011 crisis in Libya, Ghana saw almost 19,000 single, unemployed men return home (52% to one region). On average, Ghana remains host to the fourth-largest population of asylum seekers and refugees in the sub-region (Asare, 2012, p. 7).

As Quartey (2009, 51) points out, Ghana hosts most of the refugees in several regions across the country, such as the Gomoa Budumburam Camp in the Central Region, and Krisan Camp in the Western Region. While the Gomoa Budumburam Camp is mainly inhabited by Liberian refugees, the residents of the Krisan camp comprise Rwandans, Sudanese and Ivoirians. The Gomoa Budumburam Camp and Krisan Camp account for 76 percent and 4 percent of the refugees and asylum seekers respectively in the country Quartey (2009). Some selected communities in the Volta Region also host Togolese refugees, accounting for 16 percent of the refugee population. In addition, approximately 4 percent of the refugees reside in urban areas in and around Accra Quartey (2009).

#### **2.4 Urban Settings and their Diversities**

Migrants usually move to top global cities as in the case of Canada, where, 46 percent of Canada's foreign-born population lives in Toronto (Statistics Canada, 2011). Similarly, approximately 40 percent of the United States' foreign-born population as at 2010 lives in cities such as New York, Los Angeles, Miami, Chicago and San Francisco (Singer, 2013). Obviously, the preference of migrants for large cities is largely influenced by the fact that large cities provide large livelihood opportunities compared to small and medium-sized towns (Awumbila et al., 2014).

Apart from the top global cities, migrants also move to secondary and smaller cities for better value amenities (WMR, 2015b). This emerging trend is predominant across North America and Europe (Esipova, Pugliese & Ray, 2013).

The growth of slums has been facilitated by the expansion of urban settlements that lack access to water, adequate sanitation, durable housing and sufficient living space (UN-Habitat, 2013). Approximately, 62 per cent of the urban population lives in slums in Sub-Saharan Africa (UN-Habitat, 2013).

Recent studies show that in Accra, 92 percent of migrant households living in Old Fadama do not have adequate supply of water and 94 percent of migrants in the same slum live in accommodations without toilet facilities (Awumbila et.al., 2014). More often than not, informal settlements have functioned as entry points for incoming migrants, particularly in cities in low and middle-income nations. According to Owusu et al. (2008), urban slums denote "the new face of poverty in Ghana", which are host to many internal and international migrants. Nevertheless, migrants can find economic activity and opportunities to improve their current well-being and prospects in these informal settlements or slums, such as Kibera in Nairobi, Kenya, or Nima and Old Fadama in Accra, Ghana (Awumbila et al., 2014).

Owusu et.al., (2008) observed that in Ghana, dense population, unsafe buildings, overcrowded and unsanitary conditions, lack of access to basic facilities such as clean water, sanitation, and health services characterized urban slums. Studies conducted by Awumbila et al. (2014) further indicate that the majority of respondents (81 percent of those in Old Fadama and 31 percent of those in Nima) had migrated from the Northern Region of Ghana. In Nima, however, a significant proportion of migrants had migrated from the Eastern (19 percent) and Volta (17 percent) regions. About 8 percent of respondents in Nima and 9 percent of those in Old Fadama had migrated from towns outside Ghana, notably Niger,

Mali, Nigeria, and Burkina Faso. Furthermore, the increase in urban poverty has been partly attributed to the net migration of poor migrants to the city. There exists the simplistic assumption that rural-urban migrants transfer poverty to the cities (Awumbila, et.al., 2014).

## **2.5 A Brief Profile of Migrants' Livelihoods and Entrepreneurship**

The jobs that migrant workers engage in are wide-ranging. Awumbila et al. (2014) in their study on migrating out of poverty found that majority (71.2%) of Nima and Old Fadama resident migrants work in the informal sector whereas 4.2 per-cent were in the formal sector. Further, 84 percent of the Old Fadama residents worked in the informal sector due to the lack of the requisite skills demanded by formal sector employment. Other studies such as (GSS, 2014), confirmed the increasing participation of migrants in informal sectors.

Awumbila et al. (2014) document that the types of entrepreneurship in the informal sector were gendered. Men mostly engage in work portfolios such as artisans, labourers in the construction sector, operation of motorbikes as taxis (popularly known as okada), truck pushers, collection and sale of metal scraps (i.e. e-waste business), video operators, whereas women engage in occupations most often unskilled, such as petty trading, food vending, catering (chop bar) assistants, shop assistants, head-porters (popularly known as Kayayei) plaiting of hair, domestic workers and street hawking (Awumbila et al., 2014).

## **2.6 Reasons and Causes of Migration**

Awumbila et al. (2014) have articulated that the reasons for migration from across Ghana to Accra are mostly for employment opportunities, education as well as family-related reasons, which include accompanying parents or spouses. Other key drivers of migration which specifically relate Northern to Southern Ghana encompass overpopulation, shortage of land, taxation, lack of resources as well as the 'bright light syndrome' (Akabzaa et al.,

2010). Other causes of north-south migration have been attributed to climate variability namely increased aridification, short duration of the rainfall and the attendant low productivity (World Bank, 2007). Migration studies in Ghana intimate that changing patterns of rainfall have repercussions for food security especially in Northern Ghana and parts of South Africa (Akabzaa et al., 2010; Anarfi et al., 2000; Akpalu, 2005). Yet, such features are unable to actually explain how exactly these factors induce people to migrate (Black, 2001). Akabzaa et al. (2010) have argued that "migration decisions are complex with respect to destination, length of stay and the profile of migrants. In addition, migration itself is a phenomenon with many causes, making it difficult to isolate climate change-related factors from other factors that cause people to move" (p. 13). This notwithstanding, the decision of migrants to leave their homes of origin may widely vary from one location to another. That said, it is relatively quite difficult to draw a causative linear line between climatic variability and forced migration.

Consistent with the above discussion is the fact that vulnerability to climate variability features such as drought does not necessarily cause migration (Meze-Hausken, 2004). Meze-Hausken drew this conclusion based on a study conducted in Northern Ethiopia wherein peasants did not migrate as an adaptation mechanism. Akpalu (2005) contends that in response to drought-induced food shortage in the Limpopo Province of South Africa, some community members migrated in response to vulnerability to drought. This point is indicative of the fact that people may choose migration as a coping mechanism dependent on their socio-economic position in society (Akabzaa et al., 2010). Further, constrained livelihoods are gaining prominence as a cause of migration (Akabzaa et al., 2010).

## **2.7 Trajectories of Migration**

During the mid-1980s, migration from Ghana increased considerably in the context of improved economic indicators (Quartey, 2009). Anarfi et al., (2003) identified four distinct phases of international migration in Ghana namely the period of minimal emigration, the period of initial emigration (1980s), phase of large-scale emigration (1980) and finally the period of intensification and diasporisation of Ghanaians (1990s).

During the first phase which is the period of minimal emigration, Ghana was the choice destination for most migrants particularly West Africans from the pre-colonial times through to the late 1960s (Anarfi et al., 2003). These migrants were mostly attracted to the country due to the extraction of minerals as well as cocoa cultivation in southern Ghana. They came from countries such as Burkina Faso, Togo, Benin and Nigeria (Anarfi et al., 2003; Quartey, 2009).

The second phase marked the period of initial emigration, economic hardship in Ghana during the 1970s spanning through to 1980, fostered phenomenon of international migration among Ghanaians (Anarfi et al., 2003). This culminated in the emigration of professionals like teachers/lecturers, lawyers as well as administrators to other countries with high service demands namely Uganda, Botswana, Nigeria and Zambia (Anarfi et al., 2003).

The initial two phases discussed above set the tone for migration especially in the 1980s, which gradually became a coping strategy for individuals and families at large. This third phase is the case of large-scale emigration from Ghana. Anarfi, Awusabo-Asare & Nuamah (2000) maintain that there was an influx of Ghanaians to Côte d'Ivoire and Nigeria, with highly skilled migrants constituting a significant proportion of this migrant population. The situation became complicated with further economic decline facilitated by the fall in real wages, shortage of basic goods and services, high inflation and a host of others (Anarfi et al., 2000). Further, cross-border movements were boosted by the enactment of the ECOWAS

protocol within the West African sub-region concerning the free movement of persons, residence, and establishments. Moreover, many Ghanaian migrants fled the country in lieu of political persecution, confiscation of property, imprisonment without trial, and executions (Anarfi et.al., 2000).

Phase four is the period of intensification and diasporisation of Ghanaians during which the country experienced an increase in and graduation from inter-country level migration from the sub-regional level to the international level. These were mostly facilitated by globalization and liberalization (Otiso & Owusu, 2008). Anarfi et al. attributed it to the decline in the oil boom in Nigeria (2003).

The pathway of migration in Ghana is both immigration and emigration in nature as indicated above. This can, in turn, be divided into South-North, South-South, and North-South (Asare, 2012) at the international and the national levels. The emigration of Ghanaians to countries abroad especially the advanced countries is incessantly on the increase. Noteworthy is that most of such emigrants are of highly skilled caliber. For instance, Docquier & Marfouk (2006) opined that 46 percent of tertiary-educated Ghanaians immigrate, in particular to the US and Europe. It is worth stating that more Ghanaians leave for African countries than for OECD countries. Thus, 71 percent of all Ghanaian migrants abroad stay in the West African region (Asare, 2012).

The majority of immigrants to Ghana are from Africa. Awumbila & Tsikata (2007) for instance, observed that small-scale miners moved from all over Ghana and neighboring countries to undertake small-scale gold mining in the Upper East Region of Ghana.

## **2.8 Gender and Migration**

Globally, there are approximately 200 million migrants and almost half of them are women (Asare, 2012, p.13). In the same vein, minors (i.e., persons under 18 years old) constituted more than 40 percent of refugees from Togo and Liberia, compared with just 14 percent of the Sudanese refugees who were minors (UNHCR, 2008). Awumbila (2015, p.132) notes that whereas international migration is concentrated on in Africa, internal migration is far more significant for development in terms of the numbers of people moving and their poverty reduction potential and well-being outcomes. In Ghana, the numbers of women and girls moving independently has been on the increase. In consequence, a "feminization" of migration is said to be underway (Badasu, 2004). Many of these young women and girls move independently of their families from rural agricultural communities in the north to urban centers in the south, where they work on low scale, mostly unskilled occupations namely head load porters or kayayei in the markets (Awumbila & Ardayfio-Schandorf, 2008). The increasing numbers of Ghanaian women on the move as internal migrants notwithstanding have gendered implications, very few studies have focused on how the relationship between migration and gendered differences in terms of the relations between males and females tend to segregate the causes to vulnerabilities to and impacts of migration on poverty reduction. It is worth emphasizing the fact that the gendered experiences of individuals are central to the patterns, causes and, impacts of migration. It is the latter that this study sought to explore the impact of migration on migrant women's children's well-being.

The International Organisation for Migration (IOM, 2015) observed that for several decades the number of female migrants in Sub-Saharan Africa incessantly increased. The 2010 Population and Housing Census demonstrated that internal migrants account for over 50 percent of the population, and a little below half of these migrants are women (GSS, 2014).

Coe (2008) maintains that the migrant Ghanaian family arrangements, despite the form it takes – transnational migration, regional or internal migration have some impact on parent-child relations across generations. Parenthood either in the general context or migrant context entails diverse care responsibilities for migrant parents in general and migrant mothers in particular. For instance, Coe (2008) illuminates a "set of practices oriented around an ongoing process of 'care' which encompassed emotional components like love, communication, and closeness as well as the material provision of clothing, food and school fees" (p 225).

For migrant parents, including migrant mothers, who do not migrate along with their children, the process of migration "brings about the separation of the family" (Coe, 2008, 238). The absence of migrant parents and not living together with children has repercussions for affection, culminating in living with a scattered family that generates differences in terms of closeness for a set of siblings. Similarly, this has effects on motherly love. However, this void of parental love may not be entirely filled with phone calls, shipments of presents such as clothing and cellphones, and cash (Coe, 2008, 2011). Also, "such an understanding of love means that migrant parents who leave their children behind in Ghana can continue to be good parents by sending remittances, and, in fact, maybe considered better parents than caregivers who stay and are poorer"(Coe, 2011, 8). Other challenges in this context pertain to feeling isolated and alone, not being able to express one's needs and desires, entailing not having a connection to anyone. Besides, caregivers are not always able to provide the love, affection, and provision of resources to children of migrant parents and mothers. The key indicators of material care were food, clothing and money (Teye et. al., 2017).

## **2.9 Impacts of Migration**

The noted benefits of migration may be wide-ranging to encompass the acquisition of skills, remittance, changes in tastes, different cultural encounters, the erosion of indigenous social norms and values as well as the infiltration of foreign norms and behaviors (Darkwah et al., 2016; Akabzaa et al., 2010; Quartey, 2006).

From the point of view of remittance in 2014, migrants from developing countries sent home an estimated US \$436 billion (WMR, 2015a; 2015b). Migrants send money home in the form of remittances, which has had a tremendous impact on the lives of a chain of individuals particularly the purchasing power of recipients and positive effects on the economy (Akabzaa et al., 2010). The notion of remittances in-migration has repercussions for poverty reduction (Teye et.al., 2017).

Recipients of remittances and family members utilise remittances for the financing of consumption entailing food, shelter, healthcare and other basic necessities of life (Brown, 2006).

Similarly, migrants may also remit money for 'self-interested', 'enlightened selfishness' or 'impure altruism' reasons namely the provision for the maintenance or expansion of existing investments such as business, lands, and building projects (Akabzaa et al., 2010) in their places of origin including the repayment of loans. From the preceding discussion, therefore, migration may be perceived as "an informal familiar arrangement, with benefits in the realms of risk diversification, consumption smoothing, and intergenerational financing of investments" (Rapoport and Docquier, 2005, p. 10). It must be noted that literature exists extensively on the notion of remittances propensity to reduce poverty (Addison, 2004; Quartey, 2006, 2009) but this is beyond the scope of this study.

In spite of the above, it is worth reiterating that remittances are reflective in the context of international migration as well as domestic rural-urban or internal migration. Yet, the latter has little impact on the development of the migrants' regions of origin (Akabzaa et al., 2010). Essentially, remittances cushion shocks related to bad crops or illness with informal insurance tendencies (Gubert, 2002). Significantly, Akabzaa et al. (2010) argue that:

The motives, volume, and stability of the inflow of remittances into the country coupled with their steady increase, making them a very important source for further development of the financial sector generally and particularly for enhancing financial depth (p.29)

Also, Gupta, Pattillo and Waugh (2007, p.17) indicate that remittances create the avenue for people who are outside the banking system to access financial services. However, remittance in itself may have a medley of negative effects, notable among which is the Dutch disease hypothesis (Akabzaa et al., 2010).

East Asia is the region estimated as the world's largest recipient of remittances- propelled financial sector development. A study conducted by Aggarwal, Demirguc-Kunt, and Martinez-Peria (2006) shows that in developing countries, remittances have positively impacted on financial sector development. Finally, a focus on sub-Saharan Africa intimates that remittances are efficacious in lessening the region's poverty burdens as well as promote financial development.

In the Ghanaian context, remittances have distributive and productive effects; promotes the formation of home town associations, enhance the financial depth as well as increase access to formal financial services (Akabzaa et al., 2010).

A study conducted by Awumbila et al. (2014) demonstrates that households in Nima and Old Fadama engage in both in-transfer (i.e., receiving) and out-transfer (i.e., sending) of remittances. For instance, 24 percent received remittances and 78 percent of remittances were sent within the last 12 months. Also, remittances sent were both in cash and in kind.

Strikingly, men were just as likely as females to send remittances (81.6% of men and 78.1% of female). However, these remittances were sent through diverse means, mostly informal channels through to families and households. These include the use of friends and relatives; transport operators, mainly drivers who ply between migrants' places of origin and destination. They also combined the use of both formal and informal channels. Significantly, Kwankye and Anarfi (2011) maintain that migrants send remittances home, which in turn assists in minimizing the effects of economic shocks on household welfare.

Migrants and refugees have historically been valued as sources of new knowledge, skills, and resources (Coe, 2008, 227). However, the exit of such migrant individuals has negative consequences for the economy that they departed from internationally, nationally or sector basis and regionally in terms of reduction in the number of skilled personnel required for driving the engines of sources on nation or sector basis and/or region's economic development (Akabzaa et al., 2010).

### **2.10 Challenges Encountered by Migrants**

Several problems are encountered by migrants. In Ghana, migrants have been observed to buy water daily from neighbours or use water from wells. This is because many migrant neighbourhoods, particularly within cities, are usually described by city authorities as illegal settlements and therefore are denied access to basic services. For instance, 94 percent of the migrants in Old Fadama and approximately 63 percent of those in Nima do not have toilet facilities within their residences (Awumbila et al., 2014). Living in poor environmental conditions in these slums, in tandem with inaccessibility to basic necessities may precipitate heightened environmental risk.

Further, some of the immigrants and emigrants enter or leave Ghana through unauthorized routes (Asare, 2012, 11). In consequence, many immigrants are illegally resident in Ghana. A case in point is that some ECOWAS member state nationals enter the country as short-term emigrants and yet often stay beyond the mandatory 90 days (Asare, 2012, 11). An observation of the situation from a tertiary educational level paints a grimmer situation in the context of which more than 60 percent of faculty positions in polytechnics, as well as 40 percent of those in public universities, are vacant (Manuh, Asante & Djangmah, 2005). In the same vein in 2000, it was estimated that only 49 percent of the requisite workforce in the health sector was available (Nyonator & Kutzin, 2000).

Health sector research revealed that most migrant nurses had challenges reintegrating into their various health professions. These challenges entail the failure of the Ghanaian system to take cognizance of their practical experiences in nursing from abroad due to the immeasurability of these practices (Asare, 2012). Interestingly, "those with recognized certificates from abroad go through similar challenges which they communicate to their counterpart abroad to discourage them from returning home to offer their services" (Asare, 2012, 10). Also, some migrant laborers work under some of the worst conditions, with minimal social protection and denied their labour's rights (Asare, 2012; Awumbila et al., 2014).

The literature reviewed has provided information about the different facets and dimensions of migration. It points out the challenges and some forms of coping strategies that migrants deploy to survive the challenges at their migratory destination. It is also clear from the review that migration is increasingly becoming feminized with more women migrating from the north to the south. The reasons that have been provided for this changing trend in migration shed important light on my study. Specifically, it makes the focus on women necessary to fill in a research gap. The available literature, also fall short in theorising the

reasons for the solidarity that these migrants build. The reason for this gap is that most of the authors assume that solidarity among these northerners is axiomatic. But it is important to problematize group solidarity and theorise about it. In this sense, since my research argues that we cannot homogenise northern women migrants in Accra – this is because apart from them coming from the northern regions, they are internally fragmented around ethnic and religious lines. Given this existential reality, how then are they able to transcend internal differences to cooperate to deal with their challenges and in the process provide care for their children?

There is a need for a theory to explain why these women collaborate to solve their existential challenges. It is in this direction that my research seeks to intervention. I argue that what is keeping these women together is their ability to imagine a social order that is based on narratives and shared experiences. This creative narrative assumes that they are one people with shared challenges. It leads to the creation of ‘fictive’ families where the traditional family ethics of we-feeling and reciprocity are emphasised. It also leads to the sharing of common values. I argue that it is this imaginative social order that makes it possible for these women to reinvent and envision pre-industrial values to find answers to their disenchantment with life in urban Madina. It also makes it possible for social capital and social networks to be deployed in dealing with their common challenges. In sum, my research answers the question, *inter alia*, how does the narrative of an imaginative social order eventually lead to migrants devising creative coping strategies to overcome their challenges to provide care for their children?

## **2.11 Theoretical and Conceptual Framework**

The social capital theory, the sustainable livelihood framework, and the social network theory are discussed in this section.

### **2.11.1 Social Capital Theory**

As Bourdieu (2000) intimates, social capital is the aggregate of the actual or potential resources which are linked to the possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition. Hence, it consists of membership in a group context that provides each of its members with a backing of the collectivity owned capital, a credential that provides members with entitlements to credit irrespective of the context involved (Bourdieu, 2000). It is worthy of note that social capital is enacted, maintained and reinforced in exchanges. Bourdieu purports that Social capital is endlessly reproduced through the process of gifts giving, kind words, services, and visits (Bourdieu, 1985). Further, the volume of social capital possessed by a worker may depend on the size of the network or connections that he/she can mobilize (Bourdieu, 2000).

According to Bourdieu (1985, 1998), capital exists in diverse forms namely economic, social, cultural, and symbolic. Economic capital refers to the material resources namely wealth, land, money that one possesses or controls. His analysis of economic, cultural and social capital shows that cultural and social capital are dependent on economic capital. Bourdieu, perceives modern societies as fundamentally based on relations of power, demonstrating that “economic capital is at the root of all types of capitals” (1998, 252). For Bourdieu, economic capital such as money and property provide the means for the acquisition of other forms of capitals, one of which is social capital which refers to social positions endowed with diverse degrees of contacts including acquaintances, which could be used to advance one’s position (Bourdieu, 1998). For instance, an ethnic group member or a friend may assist a migrant woman to secure space for habitation or livelihoods.

Other writings on social capital theory, posit that social life is based on social networks marked by norms of reciprocity, trust, and cooperation. These key features enable individuals to act together more effectively to pursue shared objectives (Coleman, 1988;

Putnam 1995, 2000). The World Bank in its paper on measuring social capital defines social capital in terms of groups and networks, trust and solidarity, information and communication, social cohesion and inclusion, and empowerment and political action (World Bank, 2007). Similarly, Bourdieu (1985) indicated that social capital emerges from connections between individuals and organizations, and is further developed through trust, mutual understanding, and reciprocal actions based on shared norms and values. Other writers such as (Portes, 1998) believes that social capital consists of resources within communities which are created through the presence of high levels of trust, reciprocity and mutuality, shared norms of behavior, shared commitment and belonging, both formal and informal social networks and effective information channels that may be used productively by individuals and groups to facilitate actions to benefit individuals' groups and the community more generally. In summary, social capital is the connections and trusting contacts that people make while going about their daily business.

Furthermore, the term social capital was used by other writers to refer to the ability of people to work together for common purposes in groups, and organizations (Coleman, 1988). The social capital theory aided the analysis of how interactions between the migrant women and other actors, including churches, groups and associations and Ghanaians, help them to survive. This study identifies with three types of social capital namely: bonding social capital (Putnam, 2000), bridging social capital (Putnam, 2000) and linking social capital (Szreter, 2002; Woolcock, 1999). Bonding social capital connects people in similar situations together and exists among family members, neighbours, and friends (Putnam, 2000). In this study, bonding social capital consists of exchange among immediate family members and close friends living in Madina, the value assigned to social networks between homogeneous groups of people, examples include family, women, and children. Second is bridging social capital (Putnam, 2000).

Bridging social capital refers to social networks between socially heterogeneous groups like the rotary club, choir, and many others which refer to more distant relationships, such as those with ethnic orientations, language, traders, and fellow workers. Linking social capital can be generated through links with institutions such as NGO's, district assembly etc (Szreter, 2002; Woolcock, 1999).

From the above, therefore, it can be broadly intimated that migrant women embark on migration basically to amass economic capital, which they lack in their places of origin in this case due mostly to the seasonal dynamics of farming activities. However, because of the difference in cultural capital, such as low levels of education among Northern women, they venture into the informal sector of the Ghanaian economy much less than the formal sector where menial jobs are the norm. Sometimes, social capital may be depended on to secure economic capital including the need to convert symbolic capital or any other capital to economic capital. Symbolic capital has been labelled as encompassing prestige, honor, reputation, or charisma Bourdieu (1990). However, the accumulation of social capital is of relevance to the present study.

Social Capital as used here connotes the networks of individuals, social claims, social relations, affiliations, associations, and groups of the individual and family upon which people draw when trailing different livelihood strategies. The availability or absence of these capitals may influence one's ability to have a sustained livelihood or achieve wellbeing as a migrant worker in La Nkwantanang-Madina Municipality. The study's framework posits that every migrant faces a challenge, be it social or economic. How one deals with these challenges, however, is basically a function of one's characteristics for example age, marital status, number of children, as well as the resources available to the person and the structure within which one has to operate.

### **2.11.2 Sustainable Livelihood Framework**

This study adopts the version of the sustainable livelihood framework propounded and used by Scoones (1998). According to Scoones (1998) "sustainable livelihoods relate to a wide set of issues which encompass much of the broader debate about the relationships between poverty and environment" (p. 5) A livelihood framework (Scoones, 1998) is a way of understanding how households derive their livelihoods. Assets refer to the resources owned, controlled, claimed, or other means accessed by migrant women. It is by these assets that households can participate in income generation activities (Scoones, 1998).

The framework states that there are five categories of assets often referred to as capital. These capitals are natural, physical, financial, human, and social capital a livelihood refers to the capabilities, assets, and activities required for a means of living. A Livelihood is said to be sustainable when it can cope with and recover from shocks and maintain or enhance its capabilities and assets both currently and in the future Scoones (1998). The natural capital refers to the natural resource stocks like land and water, from which resource flows and services useful for livelihoods are derived Scoones (1998). It is by these natural capitals that households can participate in income-generating activities to sustain their livelihoods Scoones (1998). Again, natural capital refers to the natural resource stocks, be it soil, water, air, genetic resources among others and environmental services such as hydrological cycle, pollution sinks among others, from which resource flows and services useful for livelihoods are derived for mankind. Second is financial capital which refers to the cash, credit or debt, savings, and other economic assets, including basic infrastructure and production equipment and technologies which are essential for the pursuit of many livelihood strategies. The third is human capital which refers to the skills, knowledge, ability to labour and good health and physical capability important for the successful detection of different livelihood strategies. The fourth capital is social capital which concerns the social resources people derive from

their networks of individuals, social claims, social relations, affiliations, associations, and groups of the individual and family upon which people draw when trailing different livelihood strategies. The fifth is the physical capital which includes infrastructure such as roads, vehicles, and transport communication. The framework portrayed that livelihood strategies are the activities that generate the means of household survival, and these strategies tend to change in response to changes in the external environment (Scoones, 1998). Livelihood resources of this nature may be seen as the 'capital' base from which different product streams are derived and based on which livelihoods are constructed.

According to (Scoones, 1998), these livelihood resources may be used in combined and non-combined forms. For instance, the agricultural intensification may be combined with access to natural capital such as land, water among others, with economic capital such as technology, credit among others. While in other situations, social capital, which comprises social networks associated with drought or labour sharing arrangements may be more significant (Scoones, 1998).

From the perspective of migration, there are different causes of migration that include employment opportunities, education as well as family-related reasons, which include accompanying parents or spouses based on which voluntary and involuntary migration may be embarked upon. The effects may encompass reinvestment in agriculture, enterprise or consumption at the home or migration site, whereas the patterns of movement may encompass or from different places.

The outcomes of sustainable livelihoods can be assessed at a myriad of levels, in as much as the framework can be applied at different scales, namely from an individual to household, to household cluster, to extended kin grouping, to village, region or even nation (Scoones, 1998).

Essentially, sustainable livelihoods are attainable through access to a variety of livelihood resources including natural, economic, human and social capital. These resources are combined in the pursuit of different livelihood strategies -- agricultural intensification or intensification, livelihood diversification, and migration, however in different contexts of policy setting, politics, history, agroecology and socio-economic conditions (Scoones, 1998). Scoones further argues that diverse formal and informal organizational and institutional factors influence the outcomes of sustainable livelihood. Moreover, the achievement of sustainable livelihoods is either enabled or constrained by essential pillars such as livelihood resources, institutional processes and livelihood strategies.

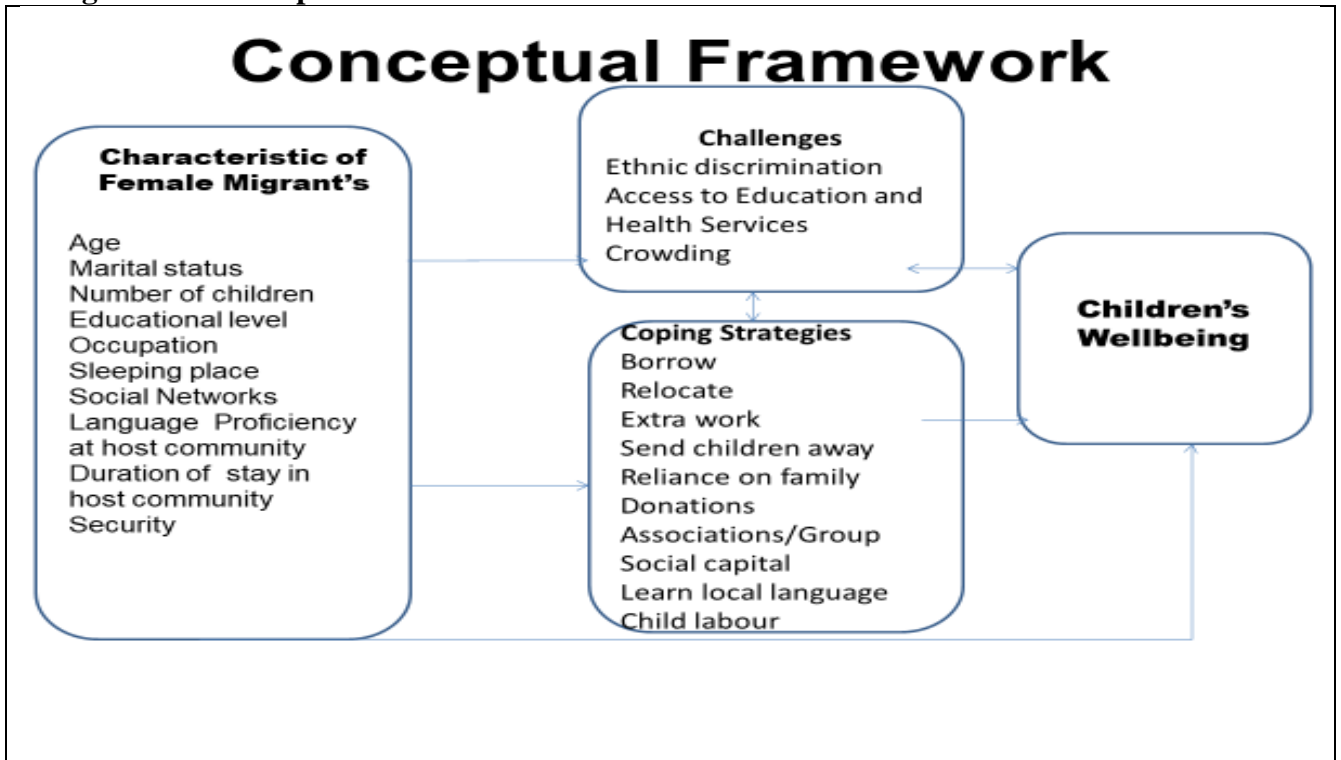
On the whole, livelihood strategies are the activities that generate the means of household survival. These strategies tend to change in response to changes in the external environment. Livelihood outcomes are the goals and objectives which the migrant women are pursuing. These include increased income and wellbeing for migrant women and their children (Scoones, 1998). Based on this framework, the analysis of the migrant's challenges and their children's wellbeing must perhaps commence with a simultaneous investigation of their assets, their objectives (i.e., livelihood outcomes) and the livelihood strategies, which they adapt to achieve these desired objectives.

### **2.11.3 Conceptual Framework**

Migration is perpetuated through interpersonal connections among migrants, former migrants, and non-migrants in both origin and destination areas. These ties constitute a form of social capital which migrants and potential migrants rely on (Awumbilla et al., 2014). The framework for my study states that, given the background characteristics of each migrant woman, they are likely to have challenges and at the same time could have coping strategies. The background characteristics of the women and the coping strategies available

to them interplay to affect the wellbeing of their children. How the women deal with their challenges is a function of their characteristics and the outcome affects their children's wellbeing as shown in figure 2.1.

**Figure 2.1: Conceptual Framework**



Source: Author's Construct, 2017

### 2.12 Summary

This chapter focused on migration research in Ghana, revealing that research efforts on migration in Ghana abound. However, with particular reference to the area of migration and child wellbeing, which is the focus of this study, the depth of knowledge is scanty. Akabzaa et al. (2010) have articulated the fact that "although internal migration, particularly from Northern Ghana, has been a topical issue, there seems to be little by way of research" (p. 23).

The diverse intersections of migration and its far-reaching intended and unintended consequences, including benefits and challenges have been identified in this chapter. The concept that we derived from the literature is a synthesis of the three theoretical frameworks that provide the direction and analysis of the research. The conceptual framework is built on the argument that the peculiar characteristics of migrants – whether they are single, married, educated, and speak the language of the migratory destination – will determine the coping strategies they adopt (social capital and social network). Here, since most migrants constitute a minority in the dominant community, they tend to bond with persons whom they share the same ethnic and/or religious identity. But it cannot be taken for granted that ethnicity alone or sharing common religious identity will bond the migrants. This explains why my conceptual framework looks at how these women have an imagined social order that could be achieved if they establish effective networks to deal with their common challenges.

## **CHAPTER THREE**

### **REVIEW OF EXISTING POLICIES ON MIGRATION**

#### **3.1 Introduction**

The purpose of this chapter is to review existing policies, initiatives, laws, programmes, and schemes that guided migration issues in Ghana before the promulgation of the National Migration Policy (NMP) on April 5, 2016. The discussions in this chapter focus on legal and operational documents developed internationally and nationally to provide strategic routes in line with issues of migration.

#### **3.2 International Treaties, Frameworks and Policies**

##### **3.2.1 ILO Plan of Action for Migrant Workers**

The ILO has enacted the Plan of Action, 2004 and the IOM's Gender Equality Policy from 2015-2019. The overall goal of the Plan of Action (2004) is to promote labour migration policies and practices that serve to maximize benefits from labour migration and minimize its adverse effects for both source and destination countries and migrant workers themselves. The Plan took into consideration the cross-cutting nature of labour migration and adopted an integrated approach covering labour standards, employment, social protection, and social dialogue. The premise of the Plan of Action, 2004 has been the development of a rights-based Multilateral Framework on Labour Migration, focusing on issues faced by migration policy-makers at national, regional, and international levels.

The framework also focused on a comprehensive collection of principles, guidelines and best practices on labour migration policy, derived from relevant international instruments and a global review of labour migration policies and practices of ILO constituents. Also, the framework also addresses the important themes of decent work for all, governance of

migration, protection of migrant workers, promoting migration and development linkages, and expanding international cooperation (Asare, 2012).

While this framework recognizes the sovereign right of all nations to determine their own migration policies, implementing agencies are unable to recognize the role of social partners like the family, community heads and religious bodies. Hence the ineffectiveness of the framework in terms of implementation. The policy provides a theoretical framework for guiding the relationship between migrants and the dominant culture. But it does not address the key issue of tolerance. Tolerance is one of the biggest issues defining the relationship between migrants and their host countries/communities. The basic question concerning this is: if the culture of migrants contradicts with those of the dominant culture, who should be tolerated? And how is suspicion for migrants minimized? The recent case of xenophobia in South Africa belies the challenges that migration policies claim to address. In the case of northern women migrants in Madina, they suffer from issues of ethnocentrism. This is because of some stereotypes that frustrate their integration into the dominant community.

### **3.2.2 The IOM's Gender Equality Policy from 2015-2019**

Gender equality is essential when it comes to the causes of migration and consequences (IOM, 2015). The IOM (2015, 3) observes that:

It is recognized that a person's sex and gender shape every stage of the migration experience, whether forced, voluntary or somewhere in between. Gender influences reasons for migrating, who migrates and to where, how people migrate and the networks they use, opportunities and resources available at destinations, and relations within the country of origin. Risks, vulnerabilities, and needs are also shaped in large part by one's gender and often vary drastically for different groups. The roles, expectations, relationships and power dynamics associated with being a man, woman, boy or girl significantly affect all aspects of the migration process and can also be affected in new ways by migration.

As the world-leading migration body, the IOM, through its Migration Governance Framework, takes gender issues into account in its core principles and objectives. In line

with this, it urged all states including Ghana to undertake gender mainstreaming into policy and programmes of migrants.

In reviewing the policy, it is clear that the influence of patriarchy is not highlighted. Meanwhile, most migration flows especially in the African context are influenced largely by male-dominated cultures which compel many women to flee from their place of origin to migration destination in search of social, economic and political freedom. The case of Northern Ghana women who are the focus of this study is germane. More so, this international policy does not pursue a pragmatic policy of following up on nations beyond policies to ensure that member states put measures in place to address challenges that burden women, such as women migrants from Northern Ghana.

### **3.2.3 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**

The UN General Assembly in 1979 adopted the Convention on the Elimination of all Forms Discrimination Against Women (CEDAW) as an international bill of rights for women. It comprises a preamble and 30 articles (UN, 2009). Article 1 vividly states that discrimination against women is:

any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field” (UN, 2007, p. 2, 2009, p.1).

Article 2 stipulates that discrimination of all forms must be condemned by state parties. The (UN, 2009) called on governments to promote the principle of equality of men and women in their national constitutions or other appropriate legislation and to ensure, through law and other appropriate means the practical realization of these principles.

Another key issue of CEDAW is to adopt appropriate legislative and other measures entailing sanctions where appropriate, prohibiting all discrimination against women, and also, establish legal protection of the rights of women on an equal basis with men, and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination.

A further important milestone is that, state parties are to refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation and take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise (UN, 2009). Moreover, all governments are to take all appropriate measures, as well as legislation to modify or abolish existing laws, regulations, customs, and practices which constitute discrimination against women; and to repeal all national penal provisions which constitute discrimination against women.

Article 3 intimated that state parties shall take in all fields, in particular, the political, social, economic and cultural fields, all appropriate measures, including legislation to ensure the full development and advancement of women for guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with them. This convention is relevant to ensuring that women are empowered. But the reality in Ghana is that these conventions are hardly backed by deliberate policies to ensure that women are protected and granted equal access to employment and the common good of society. For example, women are struggling to have their maternity leave extended from three months to six months, which when accepted will enhance the care they provide their children. In related to northern women migrants, the political elites have failed to provide workable and sustainable social intervention policies to develop the northern regions. In most cases,

partisan politics suffocates every effort at liberating the northern regions from abject poverty, which explains the routine migration choices of most women.

In furtherance of the above discussion, UN (2007) illuminates the effects of discrimination against women as follows:

Recalling that discrimination against women violates the principles of equality of rights and respect for human dignity, is an obstacle to the participation of women, on equal terms with men, in the political, social, economic and cultural life of their countries, hampers the growth of the prosperity of society and the family and makes more difficult the full development of the potentialities of women in the services of their countries and of humanity.

By default, a state's acceptance of the Convention is reminiscent of its commitment to undertake a series of measures to end discrimination against women in all forms including, incorporating the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women. It also focused on the establishment of tribunals and other public institutions to ensure the effective protection of women against discrimination and ensure the elimination of all acts of discrimination against women by persons, organizations or enterprises.

In the same vein, state parties must agree to take all appropriate measures, including legislation and temporary special measures, so that women can enjoy all their human rights and fundamental freedoms (UN, 2009). The Convention also articulates the essence of the realization of equality between women and men, which can be attained via a variety of ways namely ensuring women's equal access to, and equal opportunities in political and public life – as well as the right to vote and to stand for elections – entailing education, health and employment. UN (2007) also argues that the role of women in procreation should not be used against women. Rather, what needs to be acknowledged is the fact that the raising of children requires a share of responsibility between men and women and the society at large.

Therefore, a change in the traditional roles of men and women in family and society are required in the bid to achieve maximum equality between men and women.

Discrimination remains a major challenge in migration issues. It is easy to discriminate against migrants and blame them for the woes of the dominant culture. In the case of women migrants from the north, they are usually discriminated against in their access to social welfare services, such as housing, the supply of water and electricity, and education. Since the implementation of neoliberal policies, commonly referred to as the Structural Adjustment Programmes, it has increasingly become difficult for women to have access to basic facilities in life. And in cases where government rolls out social intervention programmes like the NHIS, the failure of the government to pay service providers on time affects the efficiency of the scheme. Also, the scheme in most case cover diseases that one can easily afford. So, for most northern women migrants any diseases that are not covered by the NHIS become a burden to deal with. The health of a woman has a direct impact on her children. If the government is to work against discrimination, then social intervention programmes should be sustained and supported to create equal access to social service by all Ghanaians.

### **3.3 Continental and Sub-regional Treaties, Frameworks and Policies**

#### **3.3.1 African Union Migration Treaty**

A myriad of legal and policy instruments, namely African Common Position on Migration and Development (African Common Position) and the Migration Policy Framework for Africa among others have been adopted by the African Union (AU) to regulate voluntary and forced migration on the African continent. The African economic integration outlines in the African Economic Community (i.e. the Abuja Treaty) which came into force in 1994 was the vision that informed these frameworks and was ratified by 48 African States

(Achiame & Laudau, 2015). The overall approach to migration adopted by the AU have been stipulated in two distinct policy documents namely the African Common Position on Migration and Development (African Common Position) as well as the Migration Policy Framework for Africa, both of which were adopted in 2006. Both instruments guide how African nations regulate migration while addressing policies that govern how member states regulate the access of migrants into their territories including the treatment of immigrants in their lands.

Collectively, both the African Common Position on Migration and Development (African Common Position) and the Migration Policy Framework for Africa locate humanitarian principles of migration in international human rights law; including addressing policies governing how member states regulate migrant access to their territories, and the treatment of immigrants within their lands (Achiame & Laudau, 2015).

The Migration Policy Framework for Africa is comprehensive. It covers nine thematic migration issue areas – labour migration, border migration, irregular migration, forced displacement, human rights of migrants, internal migration, migration data, migration, and development as well as inter-state cooperation and partnership (Achiame & Laudau, 2015). The policy also articulates the "integration of migrants in host communities" while "upholding the humanitarian principles of migration" (p. 3) as key among the top priorities that guide migration management in member states. The Migration Policy Framework also articulated that AU member states implement the Programme of Action of the World Conference against Racism and Xenophobia. Encourages states to develop anti-racist human rights training for public officials, including law enforcers, and urges international migration and human rights organizations to coordinate anti-xenophobia activities.

These functions notwithstanding, both instruments, including the Organisation of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa and the

African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (i.e. the Kampala Convention) do not bind member states to comply with policy stipulations. However, both articulate the obligation of member states to comply with the requisite laws (Achiame & Laudau, 2015).

This policy is relevant for understanding how African states are seeking to address challenges related to migration. But it appears weak in actualizing and enforcing the policies. The issues of national sovereignty make it difficult for these internal organisations to implement policies that are geared towards addressing migration issues. The recent case of xenophobia in South Africa shows how powerless these institutions are in addressing the issues that affect migrants. For the policies to work, international bodies like the AU should be given some powers to independently initiate criminal charges against nations where there is some form of state-sponsored xenophobia.

### **3.3.2 ECOWAS Migration Treaty**

The ECOWAS migration treaty espouses the following general principles on the movement of persons, residence and establishment by way of facilitating the free movement of citizens of member states into the territories and jurisdictions of member states. According to sub-paragraph (d) of paragraph 2 of Article 2 of the Treaty of the Economic Community of West African States, all Member States are to ensure the abolition of the obstacles to free movement of persons, services and capital (ECOWAS, 1979). Also, paragraph 1 of Article 27 of the Treaty of the Economic Community of West African States confers the status of Community citizenship on the citizens of Member States and also enjoins the Member States to abolish all obstacles to freedom of movement and residence within the Community. Further, paragraph 2 of Article 27 of the Treaty of the Economic Community of West African States, also, calls on the Member States to exempt Community citizens from holding

visitor's visa and residence permits and allow them to work and undertake commercial and industrial activities within their territories (ECOWAS, 1979).

### **3.4 National Policies and Laws**

Before the promulgation and enactment of the national migration policy in April 2016, Ghana did not have an explicit migration policy. In consequence, several initiatives including those outlined above and below were depended on in dealing with specific migration issues.

#### **3.4.1 The 1992 Constitution of Ghana**

From the dimension of migration, the Constitution stipulated that a Ghanaian citizen who acquires or retains citizenship of another country automatically ceases to be a citizen of Ghana (Government of Ghana (GOG), 1992). In effect, the constitution serves as a limiting factor to migrant Ghanaians' full involvement in some aspects of the socio-economic development of the country (Awumbila & Teye, 2014). Definitely, the provision does not augur well with the reintegration of migrant Ghanaians back into the Ghanaian society. Meanwhile, these contribute to the Ghanaian economy in diverse ways, through remittances, private investments in Ghana in agriculture, transportation, real estate, manufacturing, and education institutions, which is a signal of their commitment to the nation. This necessitated the much sought for the amendment to the constitution (Owusu, 2012).

It was based this issue that the Representation of the People's Amendment Law was agitated for and enacted (GOG, 1992b). This particular Law has been discussed in-depth below. In furtherance to the above, the 1992 Constitution of Ghana also alluded to the "freedom of movement which means the right to move freely in Ghana, the right to leave and to enter Ghana and immunity from expulsion from Ghana" (GOG, 1992a, 21).

### **3.4.2 National Population Policy**

Article 37 of the 1992 Constitution of Ghana enjoins the Government of Ghana to maintain a population policy consistent with the aspirations and development needs of the country (GOG, 1992). This implies the anticipation of the adoption and translation of population policies into programmes and projects that respond to the requisite needs of the people through effective implementation in lieu of achieving the designated objectives and targets aimed at improving the quality of life of the people (including in and out migration).

Ghana has been observed as part of the premier nations in sub-Saharan Africa to have adopted an explicit and comprehensive population policy in 1969 (Kwankye & Cofie, 2015). The policy's key goal was to stem the high rate of population growth in lieu of facilitating socio-economic development. The 1969 policy underscored the fact that:

the population of Ghana was the nation's most valuable resource and that it was both the instrument and objective of national development. The protection and enhancement of its welfare is the Government's first responsibility when that welfare is threatened the Government must Act (Republic of Ghana, 1969, p. 3).

To ensure that the goal set above is achieved, the Ghana National Family Planning Programme (GNFPP) was implemented but the expected success rate was abysmal (Kwankye & Cofie, 2015). The latter in turn culminated in the revision of the 1969 policy that gave birth to the revised 1994 policy. It further led to the establishment of the National Population Council with a National Secretariat in Accra and in each regional capital charged with the responsibility to coordinate the implementation as well as advise the government on all population-related issues across the nation. Other designated institutions that were collaboratively targeted with implementation entailed government, ministries, institutions, non-governmental organizations, private agencies, communities, technical advisory committees, regional and district population advisory committees, families and individuals.

### **3.4.3 Representation of Peoples Amendment Law**

Article 42 of the 1992 Constitution of the Republic of Ghana clearly states that "every citizen of Ghana of eighteen years or above and of sound mind has the right to vote and is entitled to be registered as a voter for public elections and referenda" (GOG, 1992a, p. 38). Again Section 2(1) of the Political Parties Act 2003 gives the right to every Ghanaian to participate in political activity which can influence the composition of government and her policies. However, none of these laws made mention of geographical location as a limitation to this right.

Similarly, Section 8 of the Representation of the People Amendment Law, 1992 (PNDCL 284), (GOG, 1992b) provides Ghanaian citizens employed in the service of the Republic or the service of the United Nations, or of any other international organization to register and vote. It is worth noting that this particular Section of PNDCL 284 was repealed by parliament as a corrective measure due to its discriminatory nature. Therefore, the Electoral Commission's (EC) suspension of the implementation of section 1(b) of the Representation of the People (Amendment) Act, 2006 (Act 699) undermines the Parliament's prerogatives. This is because as Tawiah (2012) puts it if parliament passes a law that an administrative body such as the EC fails to give credence to an economic basis, it is a cause for concern. Also, failure to implement the new law implies the EC still abides by the old law, to the neglect of the new one. Inadvertently, the delay in the implementation of ROPA is both illegal as well as unconstitutional.

#### **3.4.3.1 Migration-Oriented Programmes**

Legislation and policy orientations are often executed through migration programmes. For instance, The Ghana and some EU countries' migration programmes are examples. The Ghana and some EU countries' migration programmes such as Ghana-Italy circular labour migration scheme (Adamba & Quartey, 2016). Ghanaian Immigration Associations in

Canada, Ethnic and Township Associations, National Congress of Ghanaian Canadians bring to the fore the notion of compatible migration laws and networks (Owusu, 2012). The Ghana-Italy circular labour migration scheme was instituted in 2011 as a pilot programme (Adamba & Quartey, 2016). Its management was under a context in which there is a system of repeated mobility that entails several migration circles.

The German Technical Cooperation (GTZ) in 2006 launched a sector project migration and development aimed at devising and the dissemination of strategies and policies to assist relevant designated actors to handle the developmental propensity while minimizing migration induced risks. Under this programme, the concept of 'circular migration' was digressed on as a form of a solution in the context of development cooperation. This programme is associated with a circular migration programme, which is an aspect of the 'returning experts programme'.

Whereas the above paragraph focuses on the issue of immigration, internal migration pathways also are endowed with formal and informal social networks and associations.

#### **3.4.4 National Migration Policy**

In Ghana, the National Migration Policy (NMP) came into being in 2016 to provide a comprehensive framework to manage migration flows in Ghana for sustainable national development (Mensah, 2016; Yeboah, 2017). The core goal of the policy is to promote the benefits and minimize the nations internal and international migration costs through legal means by respecting the rights and security of migrants for the country's socio-economic development pathway.

The NMP is guided by principles such as signing and ratifying international, regional and sub-regional conventions and protocols aimed at the protection of migrant rights against predicaments encompassing discrimination, unfair treatment, mass expulsion, prosecution

and avoidance of other forms of malpractices. The 1992 Constitution emphasized the "freedom of movement which means the right to move freely in Ghana, the right to leave and to enter Ghana and immunity from expulsion from Ghana" (GOG, 1992). The policy invoked the 2006 African Union Migration Policy for Africa's elements, which stipulates that member states should reconstitute barriers to migration with measures that manage the movement of migrant labour between sovereign state borders effectively. More importantly, the national migration policy focused on the invocation of the Common Approach on Migration of ECOWAS adopted in 2008. Others include facilitation of migrant equality achievable through integration, dignity, religious and cultural beliefs of migrants, facilitating the free movement of people and the promotion of human development, and finally the recognition that return, circular, and transnational migration practices need to be built into the NMP design (GOG, 2016, pp.15-16).

The policy also proffers information on both internal migration and immigration. It intimated that:

International migration is also spurred by inequalities within Ghana, including rural-urban socio-economic disparities. Rural to urban migration has become prevalent over the past few decades as people move for increased access to employment, social services, and infrastructure. The continued trend of rural to urban migration and the reclassification of rural territories also contribute to rapid urbanization and associated development challenges. Another form of international migration in Ghana stems from internal displacement. Internally displaced persons (IDPs) in the country have been forced to flee their communities for a variety of reasons including ecological crisis, violent conflicts resulting from Chieftaincy, land-related disputes and drought (GOG, 2016, 19-20).

The above quotation clearly dwells on the pathway of migration in the context of this study, reiterating internal migration dynamic push factor from a socio-economic disparity dimension, which serves as a key driver for internal migration. Also, the policy further emphasized the fact that:

Immigration flows into Ghana also encompasses the return migration of Ghanaian nationals. The discovery of oil in commercial quantities in Ghana, coupled with macro-economic and political stability and investment incentives introduced by the government, has created an environment conducive for return migration. More Ghanaians will likely stay and work in Ghana, while the return skilled and unskilled Ghanaians from abroad is anticipated. The occurrence of return migration and the factors contributing towards this pattern have implications for the NMP (GoG, 2016, 20).

The objectives of the policy are to promote equitable human settlement planning and to respond to the causes and consequences of migration flow. The NM Policy implementation strategies include the promotion of positive outcomes and prevention of negative consequences of internal migration (GoG, 2016). Other implementation strategies include mainstream migration education and decision making into national and local programmes and activities; sensitize parents, guardians and other adults on the importance of child education and skill training; develop social protection policies for migrants in urban areas; mitigate internal migration risks by prompting informed migration decision making; improve nationwide social protection and equitable development programmes for positive economic growth; as well as strengthen data gathering and research on the internal migration and development nexus (GoG, 2016, p.33). Yeboah (2017) notes, that approximately 20 months after its launch the National Migration Policy of Ghana, remained unimplemented. Hence, the Africa Center for International Law and Accountability (ACILA) laments the non-implementation of the same, irrespective of the numerous pledges to implement it. As Kwankye & Cofie (2015) have pointed out, the factors that affect policy implementation encompass individual characteristics, organizational and community factors. For example, a critical body for the implementation of the policy, the Ghana National Commission on Migration (GNCM), has not been established.

Other factors worth considering entail bureaucratic policies at play, resources available for implementation, interest groups in support or opposition of the policy, implementation policy adopted for national migration programme (Kwankye and Cofie, 2015). These

challenges notwithstanding, the implementation of the policy is essential for two reasons. First, NMP constitutes a policy framework and second, that, it stipulates how to tackle issues of migration as well as irregular migration, internal migration, labour migration, and the return, re-admission, and reintegration of emigrant Ghanaians for sustainable development. Indeed, the significance of the policy has been clearly articulated as:

NMP is the first attempt by the Government of Ghana to formulate a comprehensive response to migration challenges... the non-existence of a national strategic framework on migration and limited migration data has contributed to the ineffective management of migration in Ghana... to close the gap between strategy and implementation to maximize the gains and minimize the costs associated with migration (Yeboah, 2017, p.1).

### **3.4.5 Girl Child Education Initiatives**

Arku, Angmor and Tetteh (2014) have articulated the fact that girls have been discriminated against for a long time and that it was not until the 1990s that concerted efforts were made to showcase the magnitude of the discrimination suffered by girls. This is indicative of gender bias against girls at all levels of education in Ghana. The reasons for the educational difficulties of girls are extensively documented (Arku et.al., 2014). For instance, socio-cultural factors that are in favor of educating a boy-child can hinder girl-child education.

Akyeapong, Djangme, Oduro, Seidu and Hunt (2007) have identified beliefs and practices, which influence female enrolment in schools. These include the opportunity cost of sending girls to school and girls having to travel long distances to the school, traditional gender roles and early marriage expectations of females, the domestic work that girls in Africa engage in like taking care of younger siblings, washing clothes, and cooking. Additionally, under-performance and girls being unable to complete school is partly caused by violence against girls by young and adult males against girls (Arku et.al., 2014). Meanwhile educating girls has the propensity of poverty reduction among girls, thus promoting gender equality and empowering women. This makes education a relevant human development indicator, which

is significant to girls because it can reduce poverty, lower birth, and infant mortality rates and promote gender equality.

It is against this backdrop that several policies in Ghana have emphasized the urgency of education for all pupils and students in Ghana namely relevant international commitments such as the World Declaration on Education for All, Jomtein (1990), United Nations Convention on the Rights of the Child (1990), and national commitments -- The 1992 Constitution of Ghana, The Inclusive Education Policy and National Gender Policy.

In 1990, the World Declaration on Education for All, adopted in Jomtein, Thailand envisioned universal access to education as well as the promotion of equity by ensuring that girls, women and other under-served groups of individuals gain access to (UNESCO, 1990).

The United Nations Convention on the Rights of the Child (1990), (CRC) found Ghana as one of the first nations to ratify it in February 1990 (United Nations International Children's Emergency fund (UNICEF), 1990). By this, Ghana has pledged her commitment to ensuring that all children including the girl child are given the chance to exercise their rights including those of education.

According to the Article 25 (1) of the 1992 Constitution of Ghana, all persons shall have the right to equal educational opportunities and facilities, the view of which is to achieve the full realization of that right - basic education shall be free, compulsory and available to all. Similarly, Article 27 (3) states that women shall be guaranteed equal rights to training without any impediments from any person (GOG, 1992a).

The overarching goal of the Inclusive Education Policy is to "redefine the delivery and management of education services to respond to the diverse needs of all pupils/students within the framework of universal design for learning" (GOG, 2013, p. 15). The Inclusive

Education Policy provides a platform for the diverse needs of all school-going age Ghanaians utilizing the universal design for learning while ensuring the inducement of a conducive environment for teaching and learning. The guiding principles of the Inclusive Education Policy acknowledge that all children can learn irrespective of differences in age, gender, ethnicity, language, disability, etc. Also, all children have the right to access education and that, the education system should be dynamic to adapt to the needs of children (GOG, 2013). Another guiding principle of the inclusive education policy is that the inclusive education facilities should enable education structures, systems, and methodologies to meet the needs of all children while acknowledging that, it is a part of a wider strategy to promote an inclusive society (GOG, 2013).

A core component of the Inclusive Education Policy is the Child-Friendly Schools (CFS) model, which is a rights-based approach that seeks to ensure that all pupils/students learn in a friendly school environment. Here, the focus is on identifying excluded children to get them enrolled in school and included in learning. Emphasis is on, treating children as subjects with rights and that the state remains the duty-bearer with obligations to fulfill these rights. Besides this aspect of CFS model is concerned with demonstrating, promoting, and helping to monitor the rights and well-being of all children in a given community. The goal is to have a child-centered school – this means acting in the best interest of the child, leading to the realization of the child's full potential and concerned both about the 'whole' child (including her health, nutritional status and well-being) and about what happens to children – in their families and communities – before they enter school and after they leave (GoG, 2013, p. 8). Significantly, the CFS model eschews and abhors among other things discrimination thus making it 'a no discrimination policy' for all children including the girl child.

A gender dimension to issues of the girl child (education), has Article 17 (1) and (2) of the 1992 Constitution specifically allude to guaranteeing gender equality and freedoms of women and men, girls and boys from discrimination based on social or economic status (GoG, 1992a). Besides, the overarching goal of the National Gender Policy is to:

mainstream gender equality concerns into the national development processes by improving the social, legal, civic, political, economic and socio-cultural conditions of the people of Ghana particularly women, girls, children, the vulnerable and people living with special needs, persons with disability and the marginalized (Ministry of Gender Children and Social Protection (MGCSP), 2015, vii).

The key issues of concern to the National Gender Policy, are, the elimination of inequality in access to social protection by the marginalized, vulnerable, and the poor, reduce inequality in the burden of extreme poverty, education, skilled training gaps, excess maternal mortality, unequal access to social, economic power and justice including lack of respect for and inadequate protection and promotion of human rights of women and girls. Another key issue is the reduction of inequality between women and men in the sharing of power and decision making at all levels and in dealing with all kinds of conflicts, insecurities and threats on women and girls, as well as inequality in macro-economic issues including trade, industry structures, productive resources, and stereotyping and persistent discrimination against women and girls that manifest in negative gender relations and values for gender roles and responsibilities with severe implications for maternal health and mortality.

In as much as all the above-mentioned policies and their attendant issues raised sought to foster girl child education as well as the notion of gender equality, much still needs to be done. The Ministry of Education (MOE) and GES (2012) demonstrate that there have been tremendous improvements in enrolment for girls and boys at the primary level. However, areas of concern entail the fact that:

there is virtual gender parity in enrolment at primary and Junior High School, the national gender ratio for completion of Senior High School is estimated at 67.5% – that is, two girls for every three boy’s complete Senior High School. This figure only improved by 0.44 of a percentage between 2003 and 2008 (GES, 2012, p. 8).

Noteworthy is that girls are particularly disadvantaged by being over-age, and are more vulnerable to drop out, especially in communities where early marriage is common. Especially notable is the fact that age diversity in the classroom can increase girls’ vulnerability once they have reached puberty.

The GNA (2015) reckons that during the opening of the third National Forum for Girls’ Education Officers in Accra on the theme: “Promoting Retention, Performance and Achievements; the Role of Stakeholders in Education”, the Director of the Girls Education Unit of GES, Mrs. Catherine Nutsuga-Mikado lamented that there are many challenges impeding the gains so far made towards ensuring sustained female education, particularly at the basic levels.

The challenge relating to the retention rate also stresses the need to heighten awareness that giving boys and girls equal access to basic education comes with vast opportunities, including good health, the decline in population growth and overall economic prosperity. A research conducted to assess the effectiveness of school-based girls' clubs in achieving positive outcomes, regarding the retention of females at the JHS levels in four districts of the Eastern Region, showed positive impacts, demonstrating increases in the self-esteem, confidence and a sense of collective solidarity among the girls, which help them to serve as support systems for each other (GNA, 2015). Further, the clubs were observed as serving as instruments for growing skills and knowledge on key social and academic issues, such as sexual and reproductive health, interpersonal communication and study skills. Research also demonstrates that the success of girls' education strategies is dependent on gender-sensitive policies outside the education sector, namely fair and attractive working conditions for

women (MOE and GES, 2012). In furtherance to this, high-level political commitment from the resource dimension to wider gender issues is equally important.

### **3.4.6 Child and Family Welfare Policy**

The Child and Family Welfare Policy has as its core component, a child and family welfare system (GoG, 2015). This child and family welfare system, in turn, consists of laws and policies, programmes, services, practices and structures that are designed to promote children's well-being through the process of ensuring safety and protection from harm and strengthening families to care for their children successfully. The policy shows that a child is an integral part of the family. Hence, his/her welfare cannot be segregated from the families. The policy emphasizes both the 'formal' component of child and family welfare system namely those governed by laws, policies, and regulations and delivered by state institutions as well as the 'informal' such as those that are based on community and traditional processes and resources. As a result, the policy provides a holistic view of issues of child and family welfare.

The policy's overall goal is to assist in the formulation of child and family welfare programmes and activities to more effectively prevent and protect children from all forms of violence, abuse, neglect and exploitation (GoG, 2015). Similarly, its objectives are to design child and family welfare programmes and activities to more effectively prevent and protect children from all forms of violence, abuse, neglect, and exploitation; ensure effective coordination of the child and family welfare system at all levels; to empower children and families to better understand abusive situations and make choices to prevent and respond to situations of risk; to build capacity of institutions and service providers to ensure quality of services for children and families in urban and rural areas; to reform existing laws and policies to conform to the child and family welfare system; and to ensure the provision of

adequate human, technical and financial resources required for the functioning of the child and family welfare system at all levels (GoG, 2015).

The policy also prioritizes three areas of concern. First, child protection issues stemming from family-related challenges, second child maltreatment; and last but not the least other protection issues concerning children, especially older children, that are not brought about by a third party but as a result of the child's risk-taking behavior.

The strategies outlined by the child and family welfare policy in lieu of meeting the above-articulated objectives encompass strengthening community structures, early intervention through social protection, improve child and family welfare services, provision of alternative care, improve coordination, data, and information management; empowering children and young people to protect themselves from harm; empowering families in their role as primary care-givers; ensuring adequate resources and building capacity of social welfare service providers; as well as partnerships with civil society organizations; including legal reforms (GoG, 2015).

The guiding principles of the policy are diverse and entail non-discrimination, best interests of the child, right to survival and development, right to be heard albeit participation (GoG, 2015). Out of these guiding principles, the principle of survival and development stands out in the context of this study, since, it seeks to ensure the survival including the holistic development of the child throughout the life course. Thus, suggesting that all efforts must be undertaken to prevent the violations of child protection that otherwise risk the very life of the child and his/her social, emotional, cognitive and spiritual development.

The child and family welfare system espouses the protection of the well-being of the child and those of their families. This has been intimated in the following:

The Child and Family Welfare System referred to as the System will focus on the prevention of violence, abuse, and exploitation of children. Besides, the system

will also protect and respond to children and their families when needed and provide support to mitigate risks for vulnerable families (GoG, 2015, p. 9).

There are corresponding strategies that are compliant in the context of this study about the child and family policy of Ghana. First, the early intervention through social protection strategy basically seeks to reduce poverty in the midst of the extreme poor. There is, therefore, a direct correlation between social protection and reduced child protection risks such as separation from family; child marriage, and child labour. The policy intimates that the DSW is responsible for the maximization and utilization of social protection-oriented interventions in addressing concerns about child and family welfare issues (GoG, 2015). Second, direct family support services that should be made available to address some of the child protection and welfare challenges that families may experience entail, economic empowerment through improved links to social protection programmes such as Livelihood Empowerment Against Poverty (LEAP), capitation grants, the National Health Insurance Scheme (NHIS) and free maternal care, school uniforms, and school feeding programmes; and identification and supporting appropriate community day-care options for children to ensure they are cared for in a safe environment while family members are engaged in other activities.

It is worth noting that this policy espouses the establishment of a well-structured and coordinated child and family welfare system that is endowed with the tendency of promoting the wellbeing of children, prevents abuse and protect children from harm. However, its efficiency and effectiveness may be impeded by a disconnect between law and practice and between the law and community approaches dealing with child welfare and protection issues, the lack of a coordinated cohesive system among the Metropolitan Municipal and District Assembly's (MMDAs) and other key actors, particularly because the absence of an overarching policy framework that outlines a coherent approach to child and family welfare,

inadequate focus on prevention regarding current services and programmes including weak information management systems.

### **3.5 Summary**

In as much as the above initiatives can deal with some of the migration issues in Ghana, Asare (2012) and Quartey (2009) opined that their efficiency has been undermined by the non-coordination of the activities of the various donors and ministries involved in their implementation. This situation has led to duplication of and tensions between the various initiatives. Perhaps a safeguarding mechanism in this context is the establishments of the National Migration Bureau (NMB) inter-ministerial team/steering committee, later renamed Migration Unit, and under the auspices of the Ministry of Interior is a significant move towards harnessing of institutional synergies in addressing these issues. However, the key constraint to the implementation of the newly enacted NMP as earlier mentioned is the absence of the Ghana National Commission on Migration. Nevertheless, the NMP addresses the key issues dwelled on by the legislative and policy instruments that existed before it, namely human rights and security issues and social protection among others, making it a synthesis of them all.

### **3.6 Conclusion**

The above policies admit that migrants and children are of significant value and require protection, yet child neglect and exploitation are on the increase, so also, is the difficulty in integrating traditional systems of social protection with the above legal instruments. For example, the Child and Family Welfare policy acknowledge that former policies were crafted along with western traditions not suited to the Ghanaian context where the care and maintenance of children constitute a shared responsibility of all actors within the community.

Again, with all these social and legal systems of social protection, the expectation is that their implementation would have impacted migrants and children's wellbeing globally, regionally and nationally. However, this is not the case.

## CHAPTER FOUR

### RESEARCH METHODOLOGY

#### 4.1 Introduction

The study proceeds on the deploying pragmatic worldview as its epistemic position. Given this pragmatic worldview holds that for one to reach a conclusive aspect of research and to lay grasp on the issues discussed, pragmatic worldview made it possible for me to employ different methodological approaches to achieve the goals of the research. This implies that the study used relevant research approaches that helped in data collection and analysis. This epistemic position made it possible for me to understand the research questions and responses I received from multiple interrelated and mutually reinforcing sources. Given this epistemic position, I employed the sequential explanatory mixed methods strategy (Camaron, 2009; Creswell, 2009, 2014). This means that I proceeded with the data collection by first gathering quantitative data, which informed the qualitative data I collected. So, the kinds of quantitative data I elicited informed how I structured my question for the qualitative data. In the end, the study gathered both qualitative and quantitative data that used a three-phase approach. This also had implication for the research design and procedure for collecting and analyzing data. The rest of this chapter proceeds as follows: study population, sampling, and sample, research participants, methods for data collection and instrument used, as well as issues that were covered, analytical procedures, and ethical considerations.

#### 4.2 Research Design

The study adopted a cross-sectional design, with the pragmatic worldview as the philosophical grounding (Camaron, 2009; Creswell, 2009, 2014). The pragmatic worldview notes that the research problem is better understood with the collection of different types of

data. The study's core premise focused on migrant women's challenges, coping strategies and effects of their challenges on the wellbeing of their children. Explanatory sequential mixed methods strategy (Cameron, 2009; Creswell, 2009, 2014) was employed in the study. The study gathered both qualitative and quantitative data utilizing a three-phase approach. The study used cross-sectional survey design. The design consisted of a procedure for collecting, analyzing and 'mixing' both qualitative and quantitative data in three phases respectively (Figure 4.1).

Thematic analysis of the data collected in Phase I was utilized in informing the development of the survey instrument for Phase II. Phase III sought to understand the lived experiences of migrant women.

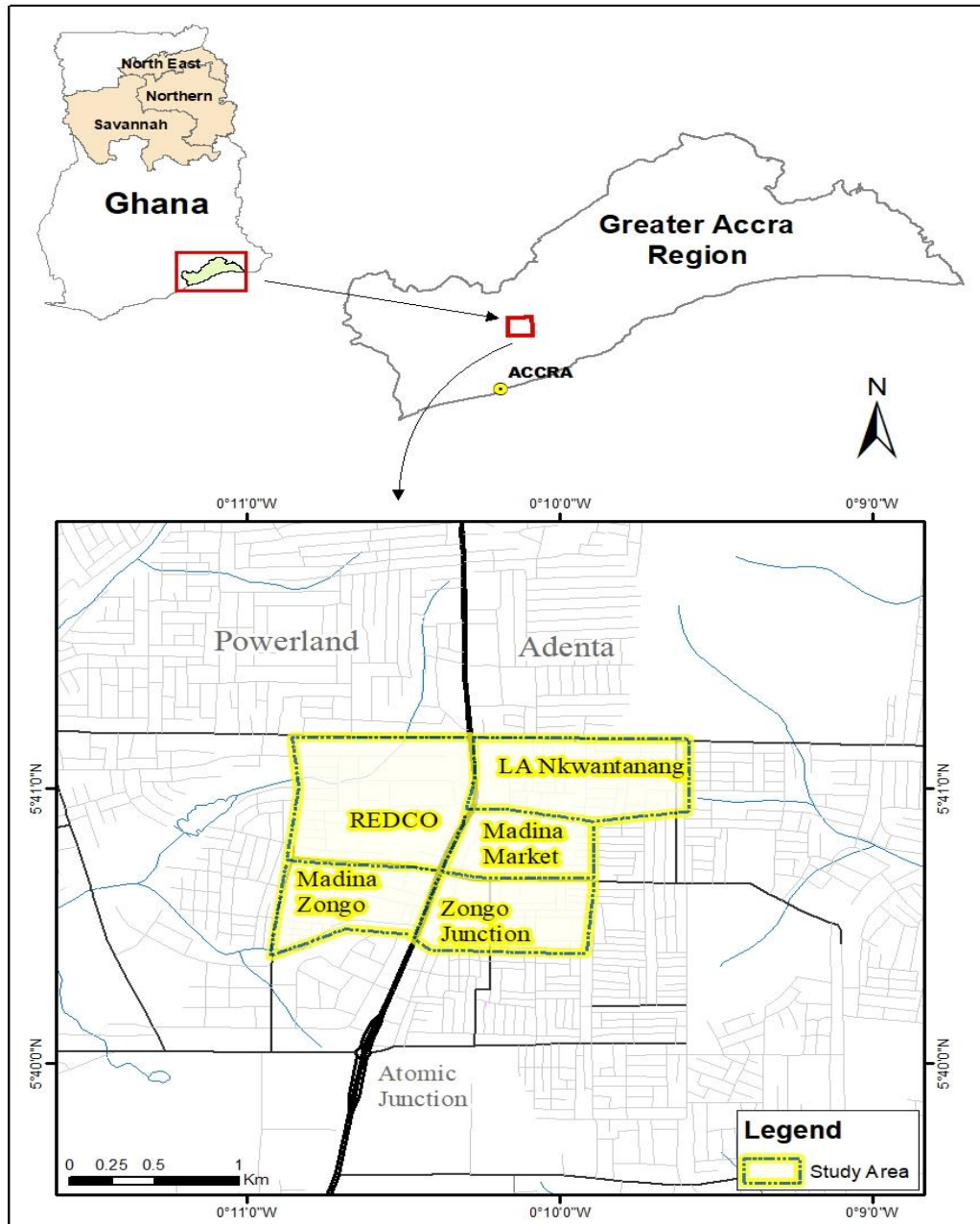
In this study, mixed methods were used for the following reasons, first, to explore the phenomenon of migrant women's challenges (including the challenges they encounter in caring for their children, and the coping strategies they adopt) and expand on the quantitative findings. The rationale for this found expression in Brannen's assertion that "there is a strong support for working both qualitatively and quantitatively" (2008, p.175). Second, different strengths of the different methods and instruments connect the contribution of the performance of each other. Third, the advantage of mixed methods was to use qualitative methods to further investigate issues. It minimized the weaknesses while drawing on the strengths of both methods in single research enabling triangulation. Finally, it ensured the intricate understanding of the research problem (Lierberman, 2005).

#### **4.2.1 Study Population**

The target population for this study constitutes migrant women from the three Northern Regions of Ghana namely Upper East, Upper West, Savannah, Northeast and Northern Region, and policymakers, programme planners and community-based organizations

(CBOs) such as groups, associations and clubs who directly or indirectly work with migrant women in the La Nkwantanang-Madina Municipality of the Greater Accra Region of Ghana. Figure 4.1 shows where the migrant women hailed from in Ghana and the various locations within La Nkwantanang Madina the new environment where they eke out living.

**Figure 4.1: Map of Migrants' Origins and Destinations**



Source: Author's Construct; 2018

### 4.3 Sampling

A simple random sampling technique was used to select (6) enumeration areas within the Madina community, and this was done and obtained from the GSS. Out of the six randomly selected areas, the researcher worked in three main areas namely, Madina Redco, Madina Zongo, and Madina Market. A systematic random sampling technique was used to select the women for the quantitative phase of the study. This was done by first identifying the days these women take their children to their monthly medical check-ups (also known locally as 'weighing'). A "willingness-to-participate" method in addition to the snowballing technique was used to enroll study participants, utilizing the assistance of key informants from the Municipal Assembly Office and Community-Based Associations. Also, policymakers, programme planners and representatives of CBOs were purposively selected. Table 4.1 shows the number of samples taken from each enumeration area within La Nkwantanang Madina.

**Table 4.1: Number of sample units taken from each enumeration area**

Enumeration Area	Number of Sample - Quantitative	Number of Sample - Qualitative
Madina Redco	130	11
Madina Zongo	130	11
Madina Market	140	11
Total	400	33

### 4.4 Details of Data Collection

Data collection was in three phases. Phase I was the initial qualitative stage which explored institutional views concerning the causes and effects of migration among northern women in Ghana. Data for this phase was obtained from officials who worked with migrant women in La Nkwantanang-Madina. This I called Community Key Informant Interviews (CKII).

Phase II was the subsequent quantitative phase that seeks to explore what causes women to migrate from the three Northern Regions of Ghana to Accra. I also examined the challenges of Northern migrant women with children in the study area, discuss the strategies the women use to cope with their challenges, as well as determine the effects that migrants' characteristics, challenges, and coping strategies have on the wellbeing of their children. The data for addressing these research objectives were gathered using a survey questionnaire. Finally, Phase III was the final qualitative phase that sought a deeper insight into the lived experiences of migrant women's challenges and coping strategies that required further explications, with the use of in-depth interviews (IDIs).

There are seven sections in this chapter. Following this, the second section presents sources of data, section three articulates the research design, section four outlines the features of the study area, section five discusses the sequencing of the research process, section six highlights ethical issues, and section seven profiles problems encountered in the field.

#### **4.5 Sources of Data**

The study employed the use of a mixed method approach where quantitative and qualitative data sets were used for the study. Primary and secondary sources of data were used in the study. The primary sources of data generated encompassed Community Key Informant Interviews (CKII) data; survey data; and IDI data. The secondary data for the study, however, were obtained from previous research works namely official statistics particularly the 2010 population and housing census of Ghana, government reports, and district analytical reports. Table 4.2 depicts the sequential explanatory mixed method utilized in the study.

**Table 4.2: Research Design- sequential explanatory mixed method**

	<b>Qualitative</b>	<b>Quantitative</b>
Data collection procedure	In-depth interviews	Survey
Data collection instruments	Interview guide (semi-structured)	Questionnaire( structured)
Sample size	33	400
Sampling technique	Purposive	Systematic random sampling
Data analysis	Thematic Narratives	Descriptive Bivariate multivariate

#### **4.6 The Research Process**

Data collection for the study was organized in three phases. The first phase dealt with migrant issues from an institutional perspective. The second quantitative phase was used to obtain the views from migrant women themselves. The third phase, which is the second qualitative phase of the study, explained the results of the statistical data analysis gathered from the quantitative phase.

##### **4.6.1 Community Entry and Pilot Phase of Study**

As part of the study, the researcher did a familiarisation tour of the study site. Whilst there, the researcher discussed the purpose of the study with the gatekeepers and officials. Interactions with the District Chief Executive of the La Nkwantanang- Madina Municipality show that the demolition of old Fadama, a traditional northern migrant's location in Accra-Ghana, which took place not long after my research compelled most northern migrants to shift their focus to Madina. This process was repeated at each institution visited. These

include The Department of Social Welfare (DSW), Ghana Education Service (GES), and Non-Governmental Organizations (NGOs). The DSW had some information regarding the backgrounds of the research participants. This is because the DSW undertakes social enquiries on institutional coping strategies against vulnerabilities – training, regulating and coordinating NGOs, and community-based organizations (CBOs). Discussions with the GES highlighted the notion of wellbeing concerning education and health. A document entitled 'Profile of La Nkwantanang Municipal Assembly' was obtained from the La Nkwantanang Municipal Assembly, which contained rich information on area zoning, electoral areas, educational statistics, economy and a host of others. The information gathered contributed to the formulation of the interview guide and questionnaire which were pilot tested to ensure appropriate ordering and sequencing of questions as well as wording. The researcher targeted 10 completed in-depth interviews (five CKI interviews and five in-depth interviews) but came up with six completed ones (three each). Close-ended and open-ended questionnaire were used to engage the respondents in the interviews. With the close-ended interview guide, I was able to collect the biodata of the women. The open-ended questions helped in collecting qualitative data. Because the questions were open-ended it allowed me to ask extempore questions that were relevant to the research but had not been envisioned before going to the field. Also, the interviews were carried out in three main languages: Hausa, Twi, and the languages of the migrants. With those who could communicate in Twi, I directly interviewed them. But with those who could not speak Twi, except their respective languages, I employed the service of a secondary school graduate (whom I gave a two-day orientation) to serve as a translator. To ensure that the translator was asking the intended questions and feeding me with the exact answers from the women, I asked the same question differently to see whether they yielded the same answers. In cases, where different answers were produced, I rephrased the question until an answer that I felt corresponded to the questions was obtained. Similarly, the questionnaire research tool was

also pilot-tested with 30 individuals. These yielded insights that were incorporated into the final version of the study interview guides and questionnaires.

#### **4.6.2 Inclusion Criteria**

The inclusion criteria for this study, which depicts eligibility for participation in the study entailed being 18 years and above; having migrated in the last six (6) months and beyond; being a migrant woman from any of the three Northern Regions of Ghana; residing and working within the La Nkwantanang-Madina Municipality; located within the randomly selected Enumeration Areas; and ability to give consent.

#### **4.6.3 Phase I**

The participants comprised policymakers and implementers. The selection of the key informants was necessitated by the fact that the stakeholders have in-depth knowledge about issues on the theme of the study and their views were useful to the study.

Purposive sampling technique was employed to select representatives from the La Nkwantanang-Madina Municipal Assembly, the Ministry of Employment and Social Welfare (MESW)/DSW, and The Ghana Education Service (GES). The data collection instrument used in this phase is the interview guide.

The technique used in this phase pertained to individual interviews with key informants. The use of this technique assisted in exploring into detail the contribution and the roles of programme planners and implementers i.e. La Nkwantanang-Madina Municipality, GES Municipal Office, the MESW/DSW and CBOs (both religious and non-religious institutions) all within the Municipality to the lives of the migrant women. Community Key Informant Interviews elicited in-depth data for the study and it took the form of a one-on-one in-depth discussion.

About data management and analysis, individual interviews were recorded, translated and transcribed verbatim and assigned unique identifier codes. Data was analyzed thematically. The presentation of the study findings was done in quotes for the different themes using illustrative comments. To ensure credibility in the data, the Community Key Informant Interviews were audiotaped as earlier mentioned and a second person was contracted to read through the transcripts for sameness of themes. Similarly, another person also transcribed the interview data in lieu of quality assurance. Data analysis followed the guidelines of Bryman (2008). Finally, the reliability of the instrument was also facilitated by appropriate wording of questions.

#### **4.6.4 Phase III**

Research participants used in Phase II were the same in the third phase, the second qualitative phase of the study. The sample selection for this phase was strictly purposive. During Phase II, participants who had interesting stories to tell were further identified to be considered for in-depth discussions in line with the objectives of the study. The criteria used entailed longer stay in Accra and Madina; number of children living with the participant, participants who had people who could take care of their children as well as those who did not have any such people; willingness to participate in the study, the act of being vocal, and being migrants who take care of other migrants. All these criteria were adhered to for the solicitation of in-depth information.

Participants for this phase of the research entailed migrant women from the three Northern Regions of Ghana who reside within the La Nkwantanang-Madina Municipality. The purposive sampling method was employed to select migrant women for in-depth interviews. A semi-structured interview guide was utilized in the exploration of the nuances in the challenges and the coping strategies among study participants and how these affect their

children's wellbeing. The use of this instrument helped to explore into detail the lived experiences of these migrant women, with particular focus on their challenges, coping strategies, and how their challenges affect the wellbeing of their children.

In terms of an interview setting, in particular, the research participants determined interview dates, times and venues. However, a few interviews were conducted in participants' homes, particularly during the afternoons. Each interview lasted between 45 to 70 minutes. This Phase lasted for five months.

Some written notes were taken instead of relying completely on the audio. The data was analyzed thematically. The field notes contained interviews; some tape recordings; memos from jotted notes and detailed notes written away from the field, including direct observational notes. As earlier mentioned, data analysis followed the guidelines of Bryman (2008). Data reliability was ensured by analyzing the quantitative data component before participants were selected for the subsequent qualitative phase.

Interviews for all the phases were conducted in the homes and business sites of participants. There was a central point where participants sit when it is their turn to be interviewed. The participants comprised both women who are biologically mothers and women who had children under their care.

Collectively, data collection for the study lasted for six months for all three phases. Table 4.1 shows the number of in-depth interviews in the study population.

**Table 4.3: Number of In-depth Interviews by Segment**

<b>Study Population</b>	<b>Number of Interviews</b>
La Nkwantanang-Madina Municipality	2
Ministry of Employment & Social Welfare/Department of Social Welfare	2
Ghana Education Service	1
Community-Based Organisation [religious (Islam and Christianity)]	1
Community-Based Organisation [non-religious]	1
Migrant women	33
<b>Total</b>	<b>40</b>

Source: Authors Construct, 2017

### **Observation as a method of data collection**

As ethnographic research, observation was very key to the research. There were times I moved into the community just to observe how northern women migrants organise their daily activities. On such occasions, I carried only my field note and pen, which are kept from the immediate view of the respondents. I only engage them to discuss things unrelated to the research objectives. There were times I joined them at places where they rested and just talk about 'women's issues'. For example, there was a time we discussed personal hygiene, which later centred on how to deal with menstrual-related issues. There were times we talk about marriage life and other forms of conjugal relations. Since I did not have any recorders and visible notes and pen, I collected information about these women that they would have otherwise concealed from me. For example, I realised that some of them, particularly those who help others to sell, occasionally steal money to buy menstrual pads. It also became obvious to me that some dupe prospective conjugal boyfriends to make money as a coping strategy. But all this information was relayed to me also because of my positionality as a married woman. They felt at ease to discuss some of these 'woman's issues' with me. They felt I was privileged because of my social standing (which they measured

because I am a student) and I may know some of the peculiar issues that affect women. But there were times they felt I was an outsider who must not be told everything that affects their lives. In this case, it was the observations I made without any research tools like recording devices and field notes that helped me to access information that I assumed they were keeping away from me, because of my 'outsiderness'. Immediately I left them and got home, wrote the information as much as I could remember in my field note. If I missed any important information, I returned to the community to reengage them. This method of just talking and observing really helped me.

### **Justification for the multiple sampling techniques**

The use of mixed sampling techniques was helpful to the research. It made it possible for me to select and engage my respondents at different phases of the research. The purposive method, for example, helped me to easily identify and establish leads that linked to some key informants for the research. The quantitative aspect was also important because, with a huge number of women who qualified to participate in the study, the simple random sampling and the systematic random sampling techniques helped me to prune down the number to the population size of 400 without consciously discriminating against any of my respondents. At least every respondent had the opportunity to be represented. But this process was not without its attending challenges. The first one was that the sampling technique sometimes led to persons who were unwilling to participate in the study. Since one of the characteristics of a respondent was the expression of willingness to participate in the study and since my ethical consideration allowed for voluntary participation, I had to keep sampling till I got the desired number. This was tedious and time-consuming, as I had to keep working on the sampling techniques until I got the sample size. The second challenge was that some of the persons identified for the study were willing to patronise in the study but were not sure about the extent to which they could divulge some information

to me as a 'foreigner'. They were, therefore, reticent in responding to my research questions in ways I envisioned. But I was able to surmount this challenge through the first phase of the data collection process which included the establishment of rapport and friendship. I built on my key informants to build trust with my respondents. The final challenge was that some of my respondents were mostly pressed by time and were in a rush to answer questions with terse responses. To ensure that I got the kind of information I needed, I decided to sit with them when they were resting. There were times I went to their enclaves without the obvious intention of interviewing them. On such occasions, we talked about issues that affect women, such as financial independence, particularly how to save. Since I had worked with a financial institution for about three years, I depended on my skills to help them understand the importance of saving and how to save. I also gave them pieces of information about how they could take care of their children. Through the building of such rapps, my 'strangeness' gradually melted and I became like 'one of them'. There were times I also shared a few consumable foods with them. All said I was able to overcome the challenges that the sampling presented. In the end, I succeeded in getting the kind of information that was needed for the research. But in all this, I had to keep a reasonable distance so that my closeness would not interrupt with objectivity in presenting and analyzing the data.

### **Research Ethics**

In this section, I discuss the research ethics that I followed during fieldwork. The research had its sensitive part such as discussing the marital and other forms of conjugal relationships with migrants. There were also sensitive cultural issues such as polygamous marriages and 'forced' marriages. Given the sensitive nature of these aspects of the research, I anonymized my respondents using pseudonyms. I also discussed the purpose of the research to my respondents and sought their consent before the research was carried out. The study made it

possible for respondents to opt out of the study when they felt the need to do so. Even though this option was given, none of my respondents opted out of the study.

#### **4.7 Ethical Considerations**

Ethical considerations are central to every stage of the research process (Creswell, 2013). The researcher considered the safety and welfare of the participants in the course of identifying the research problem, selecting and collecting, and analyzing the field data.

Establishing ethical codes, in social science research helps in maintaining the integrity of the profession, define the expected conduct of members, and protect the welfare of research subjects. Moreover, ethical codes give professionals direction when confronting ethical issues that generate dilemmas or confusing situations. Given these, ethical clearance was sought from the Ethics Committee for the Humanities (ECH) at the University of Ghana before the commencement of data collection.

Every researcher has a responsibility towards the safety and wellbeing of the research subjects and must respect their rights and opinions. The purpose and objectives of the research and any other information that the researched required were explained to study participants before they were invited to take part in the study. Study participants were then made to consent before participating in the research project. Permission was sought to include some pictures in the research where necessary. To ensure confidentiality and anonymity, Pseudonyms were used to present information given by the study participants. But other demographic variables including the age of the women and their educational background; their marital status and the number of children they have, the types of employment they were into as well as the number of years they have been in that employment were taken.

The privacy of Participants was respected, and care was taken to ensure that participants were not harmed in any way, thus the risk involved in participating in this study was very minimal. Participants did not receive any financial benefits after the completion of interviews.

#### **4.8 Challenges Encountered in the Field**

The challenges encountered in the process of data collection were two. First, the study population was predominantly women from Northern Ghana, most of who speak northern languages such as, Dagbani, Waala, while others spoke Twi and Hausa. These were languages that the researcher was unfamiliar with except Twi. Therefore, this engenders a language barrier for which the services of interpreters were solicited. It is worth noting that most of the interviews were conducted in the Twi language. However, some research participants were not able to speak the Twi language at all. In which case, fellow respondents were asked to assist.

Secondly, the locations where the interviews were conducted was so noisy, so the researcher had to always arrange through the community leader, to get a serene environment for the interviews. All these increased the number of days anticipated to be spent on the field for data collection.

#### **4.9 Conclusion**

This chapter examined the methodology used in conducting the study. It discussed the rationale for employing both quantitative and qualitative research methodologies and their advantages including problems encountered in the field and also ethical considerations.

## CHAPTER FIVE

### EXPLORATION OF MIGRANT WOMEN'S PROFILES AND CHALLENGES

#### 5.1 Introduction

The chapter discusses the findings of the fieldwork. As part of the discussion, the chapter sought to explain how the objectives that informed the study were accomplished and corroborates with extant literature on women migrants in Accra. The chapter explores how the socio-demographic characteristics of northern migrant women shape their ability to provide for their children and also overcome the challenges that burden their livelihood options in Accra, focusing on Madina. The discussion of the findings of the study is located within the broader socio-cultural and historical matrixes of the migrants. I deploy, narratives about the family system, about social relations, and the history of the Northern Regions of Ghana to provide a broader and nuanced analysis of the data. But I begin by first providing a descriptive narrative of the migrants. This is followed by a critical contextual analysis.

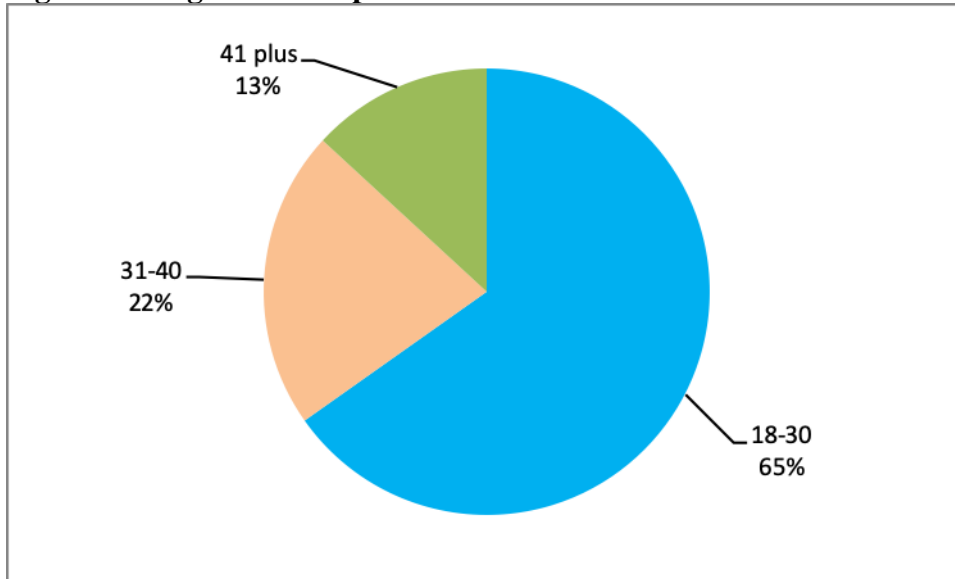
The chapter starts by looking at the socio-demographic features of the study participants. These include their age, residence, the native language of the respondents, places of origin, level of education, the previous occupation and income of respondents. The chapter also investigates the challenges of Northern migrant women with children in La-Nkwantanang Madina. These challenges have been categorized into accommodation, health, feeding, education of children, and environmental. The data used in this chapter were derived from surveys and in-depth interviews.

#### 5.2 Socio-demographic Characteristics of Participants

In all, 400 women from the La Nkwantanang Municipal Area participated in the survey. The youngest woman interviewed was 18 years (4.9%) whilst the oldest woman was 83 years (0.3%). The mean age was found to be 30 years and 7 months whereas the median

age is 29. Over 65 percent of the migrant women were aged 18 – 30 years (Figure 5.1). Similar to the findings of Awumbilla et al., (2014), it is usually the youth and energetic people who migrate to these urban areas, because of the difficulty associated with living and working in urban slums. The findings also corroborate with IOM (2015) reports which state that the most mobile social groups in migration in developing countries are youth.

**Figure 5.1: Age of Participants**



Source: Field data, 2017

The average age at which the study participants first entered into marriage is 20 years but about 19.8 percent of them got married before attaining age 18. By age 25, 91.9 percent had already married. The minimum age at first marriage was reported to be 12 years whilst the maximum was 40. Presented in Table 5.1 is the distribution of age of the participants of the study by their ages at first marriage. About 24.2 percent of those aged 18 – 30 years reported that they married before attaining 18 years compared to 13 percent and 12 percent of those aged 31 – 40 years and those above 40 years respectively. On the other hand, the proportion of those who married between the ages of 21 to 25 years increased as the age of migrant women increased (Table 5.1). I used the age categorisation to give all the respondents of different age brackets to be represented in the study.

**Table 5.1: Age at First Marriage of Migrant Women by Age of Participants**

Age at first marriage	18 - 30 years		31-40 years		41 plus		All	
	N	%	N	%	N	%	N	%
12-17	30	24.2	6	13	3	12.0	39	20.0
18-20	61	49.2	20	43.5	14	56.0	95	48.7
21-25	25	20.2	12	26.1	8	32.0	45	23.1
26-40	8	6.5	8	17.4	0	0.0	16	8.2
Total	124	100.0	46	100	25	100	195	100

Source: Field data, 2017

The current age of spouses ranged from 18 (1.2%) to 70 years (0.6%). The average age of the spouses of the migrant women was estimated to be 37 years with a standard deviation of 11. In general, the spouses of study participants were older than the migrant women interviewed as shown in table 5.2.

**Table 5.2: Mean Age of Spouses of Participants**

Age of Participants	N	Mean	Std. dev.	Min	Max
18-30	111	33.2	8.5	18	62
31-40	41	42.5	10.3	25	70
41 plus	14	52.1	12.1	25	65
All	168	37.1	11.0	18	70

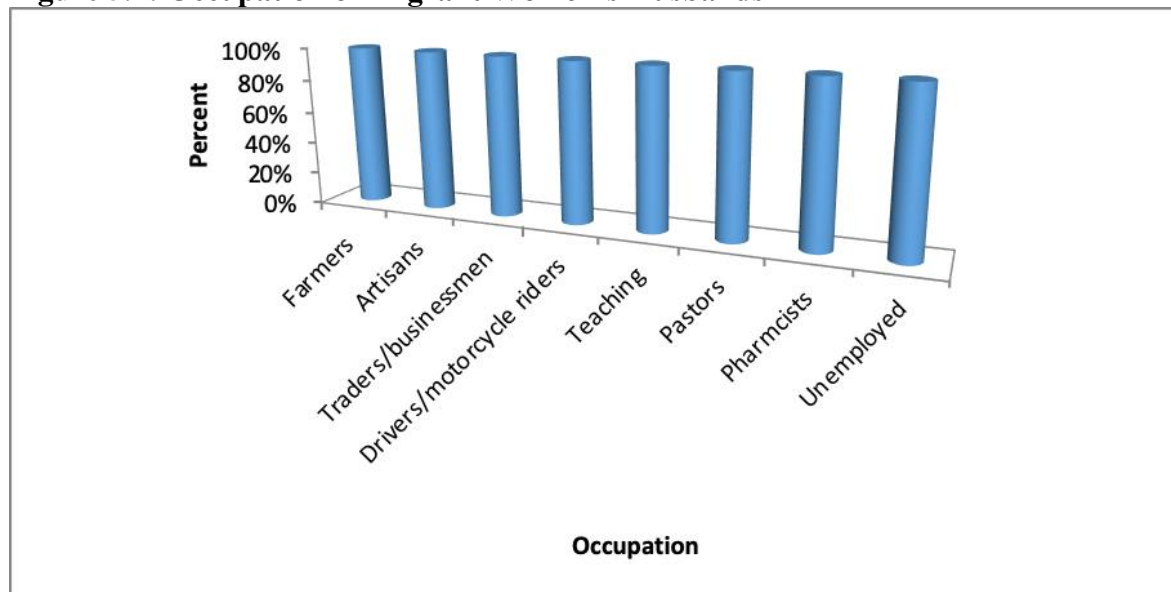
Source: Field data, 2017

Most of these women (82.9%) were married, whilst about 12.1 percent have never been married. Also, about 2.8 percent were widowed, the rest are divorced and separated from their partners. From a religious perspective, the study observes that most of the study participants were Muslims (76.6%), followed by Christians (23.1%) whilst one person indicated she is a traditionalist. On the educational level of these women who have migrated

from the three Northern Regions and were resident in the La Nkwantanang-Madina Municipal Area, most of them did not have any formal education (68.2%). A significant proportion of those who actually received formal education had some form of primary education (16.7%), junior high/middle school (7.7%), senior high/vocational/technical (5.9%), and tertiary (1.2%).

Among the women who were married, a little over a third (36.7%) lived with their spouses in the same house. The majority of the spouses of the study participants were (71.5%) farmers, with the remaining being artisans, traders/businessmen, and drivers/motorcycle riders, teaching, pastors, and pharmacists [dealers in herbal medicine], whilst 5.1 percent were unemployed. See figure 5.2

**Figure 5.2: Occupation of Migrant Women’s Husbands**



Source: Field data, 2017

The migration oriented location of the study participants was mostly situated around the Madina residential area. Indeed, the majority (76.2%) of them reside in Madina main

compared to a few who live at Madina Zongo Junction (9.2%), Madina Redco (2.4%) (See Table 5.3). The rest live at different locations within the Madina locality.

**Table 5.3: Residence of Migrants in the Madina-La-Nkwantanang Municipal Area**

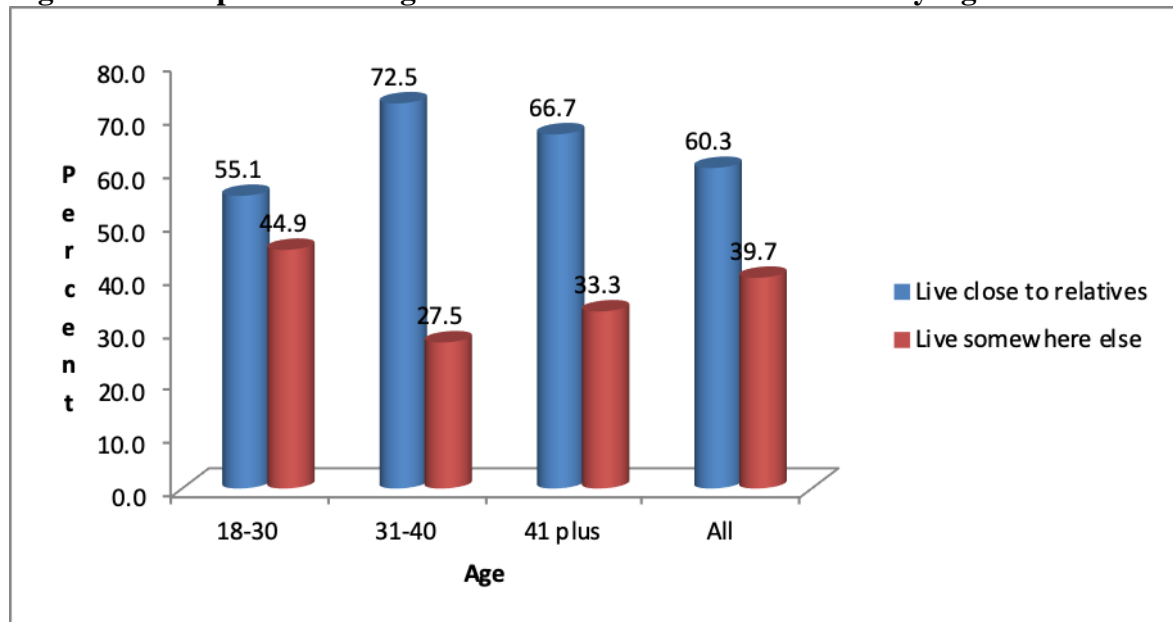
Location	N	%
Madina	281	76.2
Madina-Zongo Junction	34	9.2
Madina-Atima	26	7.0
Madina-Redco	9	2.4
Madina-La-Nkwantanang	7	1.9
Madina Market	5	1.4
Madina-Social welfare	4	1.1
Madina-Lorry station	3	0.8
Total	370	100.0

Source: Field data, 2017

The migrant women were asked whether they live close to any of their relatives, friends or people they know from their hometown and 6 out of every 10 participant responded in the affirmative. Further analysis of the data revealed that older migrant women lived close to relatives, friends or people they know from their hometowns than younger one, as 66.7 percent of those aged over 40 years lived close to their relatives compared to 55.1 percent of those aged 30 years and younger (Figure 5.3). Those migrant women who lived close to relatives, friends or people they know from their hometown lived very close to them. This has implications for orientation and socialisation regarding their impending new life in their new environment in general. This process of socialisation enlightens the migrant women concerning how to navigate life in the city as well as where to find basic necessities of life including how to negotiate life in its entirety in an otherwise new environment albeit the

urban areas. Living closer to known individuals also facilitates ethnic fraternity among the new migrant women and their recipient urban area folks. It also has implications for security especially alertness and how to negotiate dangerous situations.

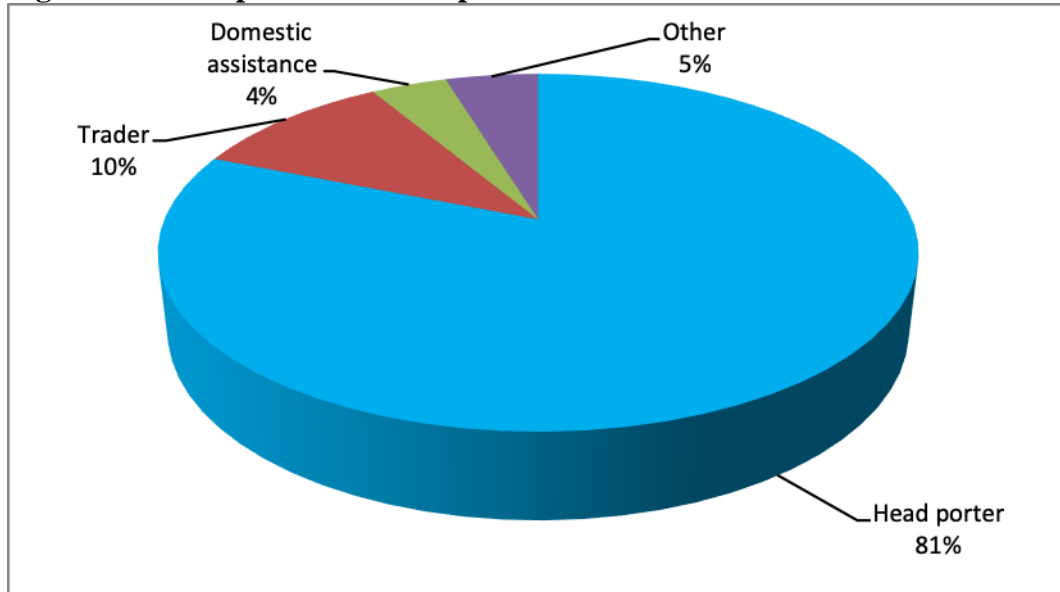
**Figure 5.3: Proportion of Migrants who Lived Close to Relatives by Age**



Source: Field data, 2017

The work activities migrant women engage in vary and comprise the following: hair braiding, trading, head pottering, domestic assistance, and others. In lieu of this, the data shows that 8 out of every 10 migrant women from the three Northern Regions in Ghana in the Madina La-Nkwantanang Municipal Area are porters; and one of the remaining two is a trader (Figure 5.4).

**Figure 5.4: Occupation of Participants**



Source: Field data, 2017

### 5.2.1 Causes of north-south migration among women

Extant literature is replete with many reasons for the migration of women from the northern parts of Ghana namely Upper East, Upper West, Savannah, Northeast and Northern Region to the southern parts of Ghana specifically Accra. More specifically, most authors have emphasised the fact that there is an increasing feminisation of north-south migration. It is also argued that there is almost no binary between those who migrate and those who do not migrate, especially in terms of how cultures crisscross the region and international boundaries. The notion of 'dwelling and travelling' is predicated on the assumption that cultural values and material cultures crisscross boundaries that are increasingly becoming fluid through the influence of technology like the television and social media. Given this assumption, it is now said the reasons to migrate or not to migrate are influenced by both the host community and the community from which one is migrating. For example, many of the youth in Northern Ghana have access to cultural elements prevailing in Accra and other cities of the world. The forces of globalisation, which privileges some localities and marginalises others are obvious ways of understanding women in Northern Ghana decide to

migrate or not to migrate to the south. Some key reasons that have been given to explain the reasons for the continuous flow of women from the north to the south. The primary one is poverty. Many scholars have identified the north was neglected during the colonial era. The marginalisation of the northern regions during the colonial era affected the human development of the northern regions. More importantly, the reservation of the northern regions as the bastion of labour to feed mining areas and plantations in the south had a debilitating effect on the psyche of northerners as well as shaping how southerners perceived northerners. The impoverishment and the deliberate reservation of the north as labour hub increased the extent of poverty among people in the northern regions.

Also, the implementation of neoliberal policies, known as Structural Adjustment Programmes, mandated by the Bretton Wood Institutions – the World Bank and the International Monetary Fund, exacerbated the poverty levels in the northern regions. Given that the neoliberal policies resulted in the recession of the state and the centralisation of the market as the key player in determining the forces of demand and supply, the dislocation of the state as the key provider of the ‘common good’ that subsidies were removed from the key areas of the economy – health, agriculture, and education. Taken into account that the northern region, like many areas in Ghana, has agriculture as its mainstay economy, the removal of subsidies on agriculture increased the marginalisation and proletarianisation of northerners. The situation was worsened in the face of climate change, which has affected the capacity of the land to yield.

In the face of all these and the allurements of travelling, many young women, including married ones, migrate to southern Ghana to make ends meet. Indeed, at the heart of all these economic instabilities and climate change is the disorientation of the patriarchal structure of the northern regions. Given the patriarchal bent of the northern regions, men have the duty to execute instrumental responsibilities which includes the provision of food to support

the family. Women also have the expressive responsibilities to cook, do subsistent farming, and take care of the home. But given the fact that SAPs and climate change reordered the social system, which now laid on the shoulders of women to provide for the home, it became imperative for some of these women to migrate to the south to help the families at home and also take care of themselves.

In addition to the economic and geographical reasons for migration, the study identified other cultural reasons for migration. These cultural include 'forced' marriages, witchcraft accusations, female genital cutting/circumcision polygyny and the declining of male caring roles, and the increasing rate of nucleation of the family in the north. The study identified while these cultural reasons provide motivations for the southward migration of some northern women, most of the literature reviewed is seamlessly silent on these issues. The silence of most scholars on these cultural issues could spring from basically two reasons. The first is that these cultural reasons for migration if not carefully discussed are considered as pigeonholing the northern regions as backward and still reeling in the ethos of a pre-industrial past. Related to this is where religion, particularly Islam – the dominant religion of some of the areas where these northern women migrants come from, is invoked to rationalise 'forced' marriages and some forms of widowhood rites. Consequently, critiquing these practices is virtually akin to critiquing Islam. While it may not be true that Islam sanctions some of these cultural practices, some indigenous cultural practices are indeed Islamised to legitimise the practices. The second reason for the silence of most scholars in discussing these cultural practices could be as a result of some form of nationalism inkling. The national discourse in Ghana is that some practices like female genital cutting/circumcision, 'forced' marriages and witchcraft accusations are on the decline. Thus, Ghana is presented on the international front as having made significant progress in suppressing these so-called archaic cultural practices. The same nationalistic logic that is

deployed to silence discussions on these cultural practices were deployed during the early days of independence. For example, Allman (2004) maintained that just a few years through independence, the idea of 'nudity' was considered an important index of 'primitivity'. At the time of independence, some northern women were walking virtually naked. This prompted Hannah Kudjoe, a key female activist of the Convention People's Party, to mobilise funds and resources to provide second-hand clothes for these women. Her call for northern women to cover up received international attention as she travelled to America to solicit for support for these women. While her actions could be discussed as having a benign effect on northern women, she was discouraged from soliciting help from the United States of America. This was because her action was read as an affront to Kwame Nkrumah's 'African personality' agenda. It also amounted to feeding the public perception that Ghanaians were still backward.

In the research, I recorded many instances where young females from the north recounted their migration to Accra as a result of running away from what is generally referred to as patriarchal cultural practices, like 'forced' marriages, female genital cutting, and some form of rationally inexplicable ritual and deaths. For example, in an interview with one of these women, she recounted the cultural reasons that 'forced' her to Madina as follows:

I come from a big family in the north. We lived together. Farmed together and did many things in common. But for some reason, some of my siblings started dying in ways that were considered spurious and suspicious. In a space of a year, I lost two of my siblings. It was as if that was not enough. In the following, another sibling also died. My parents were incensed and decided to find out from the ritual experts what the problem was. While the ritual experts could not readily point out the causes of death, they asserted that there was some evil spirit lurking around the family. It became obvious that there was no solution in sight concerning the series of deaths that had occurred in my family. Knowing that I was the potential next in line to die, I decided to flee the north and moved to Kumasi. In Kumasi when news reached me that the family was heading to pick me, I decided to run further south to Madina (Abiba a study participant November 2017).

Other women also left the northern regions because they had no interest in marrying men that their families had chosen for them. These women wanted to assert their agency in choosing their spouses. But since some of them were compelled to marry men that their parents had chosen for them, they felt the easiest way they could escape from such marriages was to migrate to southern Ghana. In southern Ghana, these women felt that they would be invisible to the prying eyes of their parents. They felt also that they would be able to determine the men they should marry. In an interview with one of them, she narrated her story as follows:

You know marriage is important for us. But sometimes much as marriage is important, it is our men who choose women and also our parents who mostly decide to choose male spouses for us. I would have no problem if my parents had chosen a man whom I loved for marriage. But in my case, the man that was imposed on me was already married and did not have any prospects of taking good care of me. I felt that he would rather be a liability. But because he had helped my parents on the farm, my parents thought that one way they could express their gratitude was for me to marry him. I protested. But my parents still insisted. To avoid any further problems, I ran to Agbogbloshie and later to Madina (Sakina, a study participant, November 2017).

The issue of 'forced' marriage featured in the research as one of the cultural reasons for migration. In Northern Ghana, just like in the south, marriage is not just the binding of two individuals; it is also an establishment of alliances among families. In the northern regions where poverty is rife and where aged parents would need more hands to cultivate the land, it is through marriage alliances that some aged parents mobilise labour to work on the farm. In the case ..., we read that it was because of the mobilisation of labour that she was 'forced' to marry a man who already had a wife and whose potential of being a responsible man was suspect. She, therefore, saw the marriage as an infringement on her agency and happiness. To pre-empt any future regrets, she decided to move to Accra. It must be mentioned that the ability of women to run to the south as a way of escaping from some patriarchal cultural practices is part of the declining of patriarchal social structures. Poverty among parents has implicitly given some form of independence to children, including females. Parents are

usually unable to exert their influence on their children because their source of authority – which is located within the ability to provide – has given some form of freedom to their children.

There was also the case of witchcraft accusation. None of the respondents said that they had directly suffered witchcraft accusations. But they had relatives who had suffered from such accusations. The presence of so-named witch camps in Ghana is considered in public discourses as a major blot on the national psyche of Ghanaians. But the lack of rational explications for what are considered mysterious deaths, illness, and extreme poverty favours the belief in witchcraft. The chances that one's misfortune could be aggravated by witches and sometimes wizards provide enough reasons for some of these women to migrate to the south. While most of these women admitted to the ubiquity of witchcraft in the north, none of them was ready to admit to having been accused of witchcraft. There was only one of them who said that she moved to the south because she felt she was tacitly being accused of witchcraft. According to her, she struggled to conceive and when she did, the baby died before she completed the semesters of pregnancy. She had to move to Accra because she could not withstand the indirect insinuations and accusations of being a witch.

The idea of witches in the north appears to be contemporary. This was because in the 1920s the ritual experts in the north were reputed to have powers to ward off evil spirits and to exorcise witches (Field, 1940). Thus, in the 1920s, witches were considered almost non-existent in the north. Around that era, therefore, spiritual experts and deities from the north were brought to southern Ghana to fight witchcraft. The near omni-presence of the Tigare cult in the south was attributed to the prowess of this cult to fight witchcraft in cocoa areas in the south. In the 1920s when the cocoa boom contributed to witchcraft accusations against rich kinsmen who did not support their impoverished families, witchcraft accusations became a vector through which the poor accused the rich. The rich also feared that their

poor relatives would use witchcraft against them. Thus, to fortify themselves against witchcraft, some of these rich Akan men resorted to deploying Tigare cult in the south.

One other reason that has been identified in the literature and which was identified in my research was the fact that some of these women migrants come to Accra as part of their search for the ideal world – which is supported by a sense of adventure and peer pressure. In my conversations with some of my respondents, they indicated that migrating to southern Ghana is an index of ‘civility’ and social upward mobility. The idea of ‘been-to’ in the case of Ghanaians who travel abroad plays out the case of northern migrants to Accra as well. Accra is considered the ideal place to establish a connection and participate in the global world. It is a symbol of actualising one’s ambition in life. In a conversation with one of them, she indicated that:

You know Accra is the deal. If you travel to Accra you are respected back in the village. This is especially true if you keep sending money home to help your family. Sometimes if you go home you buy a few things to share with friends and family members. Once you can do that it gives you social standing among your people. Travelling to Accra also gives you the chance to meet people and interact about life. It is a big deal to come to Accra (Zakia, a student participant, November 2017).

Most of the women who migrated to the south as a result of cultural reasons came on their own. A few of them came in the company of their friends. Those who for certain reasons – such as marriage could not move, gave their female children to their female relatives to go to Accra with. These children were brought to Accra to labour and the money accrued to their labour is remitted to the family in the north. Such children were always pressured to work in hazardous conditions to meet the expectations of their families back home in the north. Also, very few of the migrants came to Madina with their husbands. Usually, their husbands come to Accra as casual labourers. They work as cleaners in state and private institutions. Others also secure jobs as watchmen (security men) in some senior high schools. Their wives complement the meagre income they make by working as head porters.

But in the case of women who migrate to Accra with their husbands, not all of them achieve the reasons for migrating. For example, Ishetu said that,

My husband was staying in Madina so when he married me, he brought me here [Madina]. My husband promised to assist me further in my education but failed because I have to work and support my children's education. My dreams of furthering my education have been aborted so I am working hard to invest in my children's education (Ishetu, a study participant, November, 2017).

### **Migrant women and the education of their children in Madina**

Education has been identified as central to nation-building. There is almost a universally shared consensus that education is *condio sine qua non* to nation-building and development. Throughout the world, the development of human capital is considered the linchpin of making any significant progress against some of the existential challenges of the human community. In Ghana, education was introduced by the missionaries particularly in the nineteenth century. Though the earliest European Christians arrived on the coast of Gold Coast by the fifteenth century, the success of missionary work started in 1828 when the Basel missionaries introduced Christianity in the Akwapim area. The missionary education was meant to provide literary skills to the people of the Gold Coast, who were to work as co-missionaries and help with the translation of the Bible from English to the local languages. Others were also trained as clerks and secretaries. The missionaries also introduced technical skills, including joinery, mason, and horticulture. Later in the early twentieth century, the colonial administration partnered the missionaries to provide education. The colonial governor was interested in increasing labour supply in the administration of the colony.

But in all this, the northern regions were neglected. Education in the north began with the incursion of the Catholics into the regions. The Catholic moved into the northern regions in the twentieth century from Upper Volta (now Burkina Faso). Like their counterparts in southern Ghana, they built schools and other social amenities. But generally, at the time of

Ghana's independence in 1957, there was a disparity between education in the north and the south. To bridge the gap, Nkrumah instituted free education in the north to encourage most northerners to catch up with their Ghanaian counterparts in the south. Over the years, many education policies have been rolled out to boost education in the country. The popular was the Free Compulsory Universal Basic Education (FCUBE) that was introduced in 1995 by the government of the National Democratic Congress (NDC). The FCUBE was designed to ensure free education for all Ghanaians of school-going age. As a project of the UNESCO, it was made mandatory of nations to implement the policy. In addition to the FCUBE, other social intervention programmes have been rolled out to support basic education in Ghana. One of these social intervention programmes was the School Feeding Programme which the government of the New Patriotic Party rolled in 2005. The programme was based on the assumption that the free supply of food in basic school would encourage more children to school and also remain in school. The government of the NDC, under the erstwhile the late president, J.E.A. Mills also piloted the provision of sandals for pupils.

Accra has benefited from most of these policies. As the first point of contact with the international world, the government of Ghana has consistently ensured that children in Accra receive an education. Accra is, therefore, privileged in the provision of educational policies. But despite all the attractions of these policies, many of my respondents have reticent in sending their children to school. For children from the north who migrate to Accra and live with their parents, a few of them go to school. Most of them are compelled to stay at home and take care of their younger siblings. Some of them also join their mothers to work as head porters. Those who stay with non-kin members hardly enroll in school. While most of them are brought to Accra on the promise of being given education, they are hardly sent to school upon arrival in Accra. Instead of education, they are readily enrolled in the world of work as head porters and domestic servants. The research made a comparatively novel

observation about children living with only their fathers. The fate of such children as far as their education is concerned is contingent on the kind of work their fathers are doing. If their fathers work as casual labourers, such children are likely to receive an education. But their fathers have no regular income, the education of such children tend to suffer. But, generally, the research observed that northern fathers who have migrated to Accra tend to have high interest in the education of their children, compared to the women migrants.

The reasons for the disposition of northern women migrants towards the education of their children are varied. For some of them, it is poverty. Education is said to be one of the surest antidotes to poverty. But one must also relatively reach to be able to send one's children to school. This is a paradox that is hardly addressed in discourses on education. For example, for a child to successfully go through the education process, the children must have a conducive environment where he or she can learn. The child must have learning materials adequately provided. These are extrinsic motivations that enhance the chances of a child excelling in the pursuit of education. In addition to these extrinsic motivations, the children must be personally motivated. Personal motivations come from the stories and experiences the child hears and acquires. If the child sees many young men and women excelling in education, the child is likely to be encouraged to also work hard. On the other hand, if the child does not hear or see persons who have excelled in education, the children will be less motivated to pursue education. In both ways, most of these children indeed lack adequate extrinsic and intrinsic motivations to go to school. So, while parents may feel reluctant to send their children to school, it is less doubtful that some of these children may feel inspired to go to school. Also, while the school feeding programme may provide some motivation for children to go to school, it is not enough to provide the complexities involved in receiving an education.

But in my conversations with parents about the education of their children, some felt that education has a liberating effect from poverty and felt challenged to give their children education. For example one of them asserted that,

I did not get the chance to go to school in the north, because my parents were poor. They also did not understand the benefits of education. Fortunately, I got married to a man who had had some form of education. So, when we moved to Accra, he was bent on giving our children education. Currently, two of our children are enrolled at the La-Nkwantanang L/A school. It is difficult providing for all their educational needs, but we are doing the best we could to support them. At least there is free education, so we hope to also do what we could (Fulera, a study participant, November 2017).

For those who do not give their children education, they are not oblivious to the benefits of education, but they feel that the weight of poverty is difficult to bear. Their energy alone cannot overturn the wheels of poverty. Their fortunes, they believe, cannot be turned around if they did not work hard enough. They, therefore, engage their children in work. Sometimes their older children stay at home to provide care to their younger children. Children who stay with non-parents or kin-members hardly make it to the classroom. As I have indicated above, some of these children are brought to the south to work in Madina to remit their families home. Such children, regardless of their age, are pushed in the workforce to raise money for their parents or relatives at home in the North. It is either they work as head porters or domestic servants helping women in Accra who sell cooked foods.

From the above, it is obvious that the provision of free basic school and food is not enough to overcome the barriers to the education of children from the north who are in Madina. For many of those interviewed, I gathered that the fact that education is an investment that has its benefit in the distant future, most parents compared the immediacy in getting money from selling to waiting for about ten or fifteen years to benefit from the education of their children and take the former. Also, most of these parents and guardians know about young university graduates who are roaming the streets of Accra as jobless men and women. Others

have no family relatives who have higher education and are in a position of influence in society. These parents and guardians are, therefore, left without a role model they can suggest to their children. The situation is worse for female children who even when they are given education would have their education truncated after basic school. The idea that a woman must marry is a major hindrance to the education of children from Northern Ghana who are in Madina.

### **Husbands in the Communities of Origin Sending Remittances to their Wives in Accra**

One of the striking observations of my work is the case of husbands in the communities of origin sending remittances to their wives in Accra. While the researchers observed that most men hardly allow their wives to migrate alone to Accra, the few who do so can assist their wives in Accra through remittances. This situation challenges the narrative that poverty is the overwhelming reason for migration from the north to the south. On the other hand, it shows how men's masculinity continues to shape discourses around migration. In a conversation with one woman who occasionally receives remittances from her husband, she said,

My husband is a good man. When I decided to come to Accra, he was not in support of it, because he did not want our marriage to suffer. More so, he did not want his friends and family members to mock at him that he has lost his husband another man in the city. But when he grudgingly accepted that I could migrate to Accra, he has been helpful. Anytime I am cash trap, he sometimes sends me money. One time my financial status had grown thin, and quickly I called him. Fortunately, he sent me money (Rukiya, a study participant, November 2017).

The reason for some husbands still supporting their wives who have migrated to the south is a narrative that challenges the idea that men in the north are abdicating their responsibilities as providers of the home. But more importantly, it shows that some of these married women who migrate to Accra still maintain the networks they have with their husbands in the communities of origin.

### **The Role of Grandmothers and Fathers in Caring for Children**

In Northern Ghana, as elsewhere in the south, childcare is considered the primary duty of females. The category of females with childcare includes grandparents, aunts, female siblings, and older siblings. But my conversation with my respondents, I observe that some northern women migrants live the care of their children in their communities of origin with their husbands and grandmothers. But the father's intervention of the care of their children in the absence of their wives (the children's mother) is conditioned primarily on whether the husband consented to the migration of his wife. If the woman's decision to migrate was sanctioned by her husband, then the husband would feel obliged to provide care for their children. But in instances where the husband feels he was let down by his wife who has absconded to the south, he sometimes feels reluctant to accept direct care of their children. In such an instance, he would prefer that the children are taken care of by his mother or the children's maternal grandmother. This also implies that most grandmothers are active caregivers. They take care of their grandchildren in the absence of their children. Incidentally, some of these grandmothers are still active and strong and can provide adequate care for their grandchildren. But some of my respondents said that having their children under the care of their grandmothers is not without its attending risks. For example, a grandmother may 'spoil' her grandchildren. Also, grandmothers can take advantage of providing care to make 'unreasonable' demands sometimes. Given these concerns, what is important to the research is that husbands and grandparents step to care for children.

The pursuance of financial gains appears to be the main driver for female migrants from Northern Ghana to the Greater Accra Region. The views of my interviewees are echoed in the work of other scholars who interviewed Northern Ghanaian female migrants (Darkwah et al., 2016; Awumbilla, 2014; Awumbilla & Ardayfio-Schandorf, 2008). In this study, the stated reasons for migration include hardships of one form or another, transfers of parents

or movements of parents from one place to another, marriage, and eloping of migrant women. Other reasons are to care for other family relations and take over the businesses of others as in the case of Moeshatu who said:

I have an aunt that lived in Accra, she called me and told me she is going back to the north, so I should come and take over her job. She would resume work when she returns. My main work is washing clothes for a fee. I also work as a head porter. I do kayayei anytime I have nothing to wash (Moeshatu, a study participant, November 2017).

Though several reasons account for the migration of mothers, the key reason stated is financial. This is how some interviewees say about their reasons for migrating:

We came to Accra to look for money. There's no money there (Northern Ghana), but here at least when you work, you will get some money for yourself (Jamilatu a study participant, November, 2017)

Another interviewee shared a similar view that:

I came here [Madina] to work and make some money for my household. I first came here [Madina] as domestic assistance. My uncle's sister needed a child to stay with her. So, he told her he had a niece, so he brought me to her. But I wasn't comfortable staying with her. So, my uncle came to me, there he helped me to learn a trade. This time I came on my own to make some money for investments in my children's education (Rashida a study participant, November, 2017).

Some study participants explained how they were unable to finish school because of early marriage. Early marriage which is high in the three Northern Regions of Ghana causes a lot of women to migrate. Thus, for some respondents of this study, they had to relocate with their partners who worked in Madina. For some of the women, the months after marriage were not happy moments for them because they had to cope with the burden of urban living with its associated costs. For some, the ordeal of having to change jobs after the frequent loss of jobs was a major hurdle.

Though some of the women are industrious and can quickly secure jobs of their own, some have the challenge of a double burden where childbearing and childraising issues present them with double jeopardy. As a result, some of the women expressed the feeling that it is hard living as a migrant mother. Some of the women also have difficulty building social networks and that affects them during hard times. While it is easier for some to borrow from friends and neighbors, some do not have these social resources. In the midst of all these some of the women are optimistic about the future of their children and are ready to sacrifice for them. Some of the women are happy and content with what they have. However, some spoke about attacks in their neighborhoods by armed robbers, of which some have constantly been victims, where the robbers took away their money, clothes and electrical gadgets such as television sets.

Some of the participants expressed their views about other women in their neighborhood, explaining that they are exposed to various challenges as migrant workers. Other participants explained how uncomfortable they are, raising children in the environment they find themselves in. The constant rape cases and unwanted pregnancies cause psychological traumas of all kinds for themselves and their children. Other interviewees reported cases of ethnic discrimination and theft. For Ishetu, a study participant, her marriage to a man in Madina after her primary education was the cause of her migration to Madina where she had to start a new life. She explained how the husband had lost several jobs, and the difficulties she faced due to the loss of income from her husband's job. She explained she had been completely dependent on him for financial support before starting her own business. In her words:

My husband was staying in Madina so when he married me, he brought me here [Madina]. My husband promised to assist me further my education but failed because I have to work and support my children's education. My dreams of furthering my education has been aborted so am working hard to invest in my children's education (Ishetu, a study participant, November, 2017).

Ishetu's case is a clear example of child marriage, a practice that was common in most poor Ghanaian communities including the three Northern Regions of Ghana. She was given into marriage at an early age denying her the right to education. She is now a trader and wishes to go back to school but childcare responsibilities and financial challenges could not allow her to fulfil her dream. The work of Awumbilla et al., 2014 corroborates my findings. They found that internal migration of women in Ghana, is often driven by marital reasons.

From the account of other study participants, it was the search for money that made them migrate. Lela shared her experience explaining that: “money is the reason we came here...To take care of the children I have given birth to. There is food there [in the North] but no money (Lela, a study participant, November, 2017)”. Others also attributed their migration to the changes in their family arrangement and structure. According to Zara, her dad was transferred, so the entire family has to change location. In her words, ‘Our dad was transferred to work in Accra and so he came along with us’ (Zara a study participant, November, 2017). Zara's case is a peculiar one especially in Africa where women and children are known to rely on men for support in most facets of life. In some situations, peer pressure was the main cause of migration this was explained by one of the study participants, a businesswoman, and a mother of five children. She said:

Some ran away and come here[Madina] without the knowledge of their family members. Mostly the women are lured by their peers who entice them with pleasures of urban living without telling them the hustles they go through. These friends usually assist them to pay their lorry fare. Some arrange with bus drivers who bring them and collect the fare later (Ira a study participant, October,2017).

Several factors account for the decision to migrate to Madina. For some, it is the hardship in their region of origin, for others too, it is the search for money (Awumbila, 2014).

Similarly, an interviewee in this study reported that:

There is a lot of hardship living with mom in the North and there are no jobs available. So, I decided to come to Accra to work and remit some of my wages back home. In the process of that, I met my husband and we got married and lived here

but it has not proved fruitful. My mother and father have lived in the North to date. That's where they gave birth to all of us (Mari, a study participant, October, 2017).

It appears whereas food abounds in the three Northern Regions of Ghana, money is in short supply due to inadequate jobs. This, therefore, necessitated migration down south by the female migrants to engage in economic activities that have monetary gain. That is why most studies on northern migrants emphasize economic drivers of migration (Teye et al., 2017). For many of the women who participated in this study, their goal is to secure a better future for their children as explained by Lela in her narration.

### **5.2.2 Work and Income Attributes of Participants**

On average, the migrant women were earning GH¢33.38 a day and GH¢227.01 per week with standard deviations of 82.45 and 544.13 respectively. Traders had the highest average earnings per day of GH¢173.91; about 10 times that of head porters and domestic assistance workers (Table 5.4). This makes trading the most lucrative business and/or economic activity for migrant women out of those mentioned in this study. Study participants who were aged 41 years and older earned, on the average, GH¢60.19 daily which is about twice of that earned by those aged 18 – 30 years and 31 – 40 years.

**Table 5.4: Average Earnings for Migrant Women**

	N	Daily earnings		Weekly earnings	
		Mean	Standard deviation	Mean	Standard deviation
<b>Occupation</b>					
Head porter	185	16.15	13.33	109.25	92.72
Trader	23	173.91	229.68	1125.68	1402.41
Domestic assistant	9	17.11	17.11	109.89	121.23
Others	149	34.05	72.31	235.72	516.96
<b>Age</b>					
18-30	235	30.97	72.78	214.51	495.70
31-40	78	25.29	51.17	163.17	329.50
41 plus	48	60.19	145.67	399.64	919.04
All	366	33.38	82.45	227.01	544.13

Source: Field data, 2017

Over half of the study participants worked six (6) times and/or days in a week whilst 47.5 percent worked throughout the week. A lot of the younger respondents (51.4%) were found to be working in all the seven days in the week compared to those aged 31 – 40 years (41.7%) and 41 plus (37.8%) (Table 5.5). On the other hand, 56.8 percent of head porters worked seven (7) days in a week compared to 36.4 percent of traders.

**Table 5.5: Number of Days Participants Work in a Week**

	2 days		5 days		6 days		7 days	
	N	%	N	%	N	%	N	%
<b>Occupation</b>								
Porter	0	0.0	0	0	73	43.2	96	56.8
Trader	1	4.5	1	4.5	12	54.5	8	36.4
Domestic assistant	0	0.0	0	0	7	77.8	2	22.2
Others	2	1.5	1	0.7	79	58.1	54	39.7
<b>Age</b>								
18-30	0	0.0	0	0	105	48.6	111	51.4
31-40	2	2.8	0	0	40	55.6	30	41.7
41 plus	1	2.2	2	4.4	25	55.6	17	37.8
Total	3	0.9	2	0.6	171	50.9	160	47.6

Source: Field data, 2017

Before engaging in the occupation in Table 5.6, the study participants were previously into cooking (39.2%), hairdressing, and farming (14%) in their places of origin. However, some farmers (33.9%), food vendors/caterers, dressmakers, traders, and hairdressers (8.1%) (Table 5.6) have abandoned these vocations and are now head porters. This may be perceived as due to situational reasons including the lucrativeness of the economic activity in question. The migrants mentioned that they heard about doing business which informed their decision to participate in this kind of economic activity.

**Table 5.6: Previous Occupation of Participants**

Previous economic activities	N	%
Porter	14	6.3
Trader	12	5.4
Shop assistant/keeper	1	0.5
Domestic assistance	2	0.9
Seamstress	9	4.1
Cook	87	39.2
Hairdresser	57	25.7
Food vending	9	4.1
Farming	31	14.0
Total	222	100.0

Source: Field data, 2017

The maximum amount that participants earned from their previous occupation was GH¢110.00 per day and a minimum of GH¢2.00 per day. The average earnings per day was, however, between GH¢26.65 and GH¢26.33. Furthermore, those aged 31–40 years had average earnings from the previous occupation of GH¢32.06 and those aged 18-30 years, GH¢21.44. These statistics show that the difference between income earned in current and previous ones is relatively small.

Concerning livelihood options, the migrant women have been observed as navigating their paths through livelihood options for want of a better livelihood activity. This entails weighing head portering and house help options and choosing one particularly head portering because of the amount of money obtained in about a month. However, these livelihood options may be pursued simultaneously. In a way, these factors must be considered in any analysis of migration issues in Ghana. As noted by a social welfare official in Madina, many of the women were able to establish a career progression while others have varied livelihood opportunities and choices. In her assessment:

What I have realized is that people want these women in their homes as caretakers but they prefer to be independent. All the women we recommended to live with people ended up leaving the place. The reason has been that, when they carry people's loads every day, they see physical cash but when they work as domestic assistance, the payment is monthly. Some domestic workers are also not paid well. Sometimes they pay as low as hundred Ghana cedis, meanwhile, these women could raise an amount of fifty Ghana cedis a day as a head porter. There are times that people are kind to them so they earn more money carrying loads for people. When they carry someone's load, they would charge three Ghana cedis but the person might end up giving them more because of the load or the distance or out of the goodness of the person's heart. Some do domestic work during the week and also work as a head potter on weekends (A Social Welfare officer, November, 2017).

Another interviewee echoed this sentiment as follows:

The migrant women prefer not to work under domestic conditions for want of liberty to engage in intimate relationships. Some of the women disdain domestic work because of the hostile attitudes of some families towards them. They engage in indiscriminate sexual activities, giving birth regularly (Zara a study participant, November, 2017).

According to the study participants, other livelihood activities they engaged include dehusking, seamstress or dressmaking and sale of cosmetics. In the words of Ira: 'Some are employed to cook and the elderly ones dehusk groundnuts for people in their homes so everyone has a particular work they do (Ira a study participant, November, 2017)'.

Figures 5.5 and Figure 5.6 shows some of the livelihood activities that the migrant women undertake to make a living.

**Figure 5.5: Migrant Women's Trading Activities**



Source: Field data, 2017



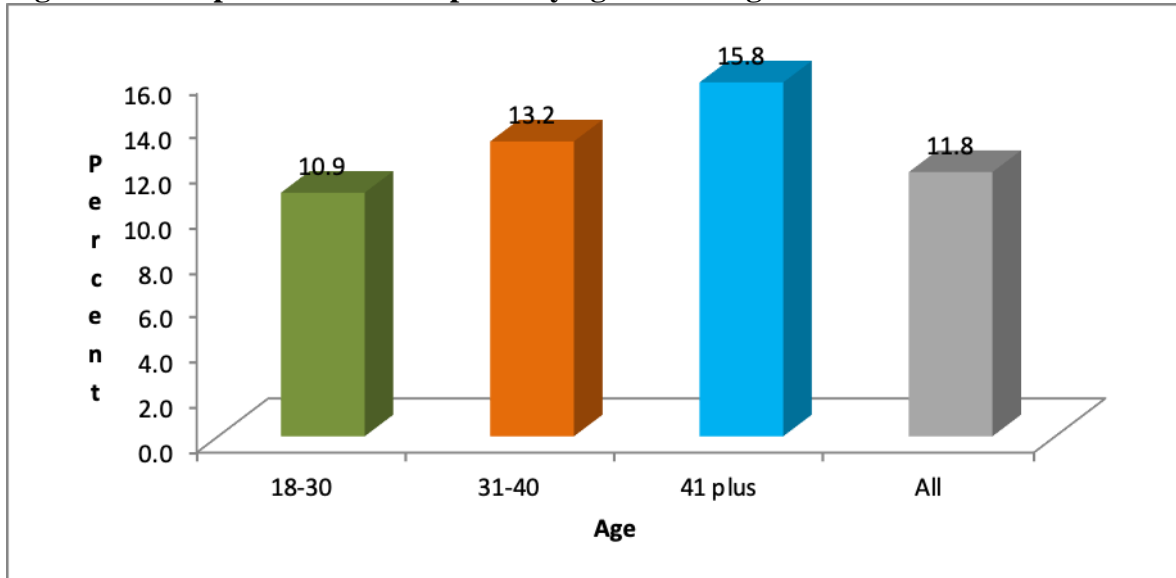
Source: Field data, 2017

**Figure 5. 6: Migrant Women Engaged in Grain Cleaning**



Source: Field data, 2017

It is noteworthy that individuals have the propensity to be disposed to a myriad of other sources, rather than one single source of income. Hence, the study participants were asked whether they receive income from other sources in terms of which 11.8 percent responded in the affirmative. Even though a few of them receive income from other sources, this was prominent among the older participants (15.8%). Unlike their younger counterparts (10.9%) (Figure 5.7). The older migrants had lived in Madina for a longer period which gave them an advantage over those who were relatively younger and had lived in the area for a shorter duration.

**Figure 5.7: Proportion of Participants by age Receiving Income from other Sources**

**Source: Field data, 2017**

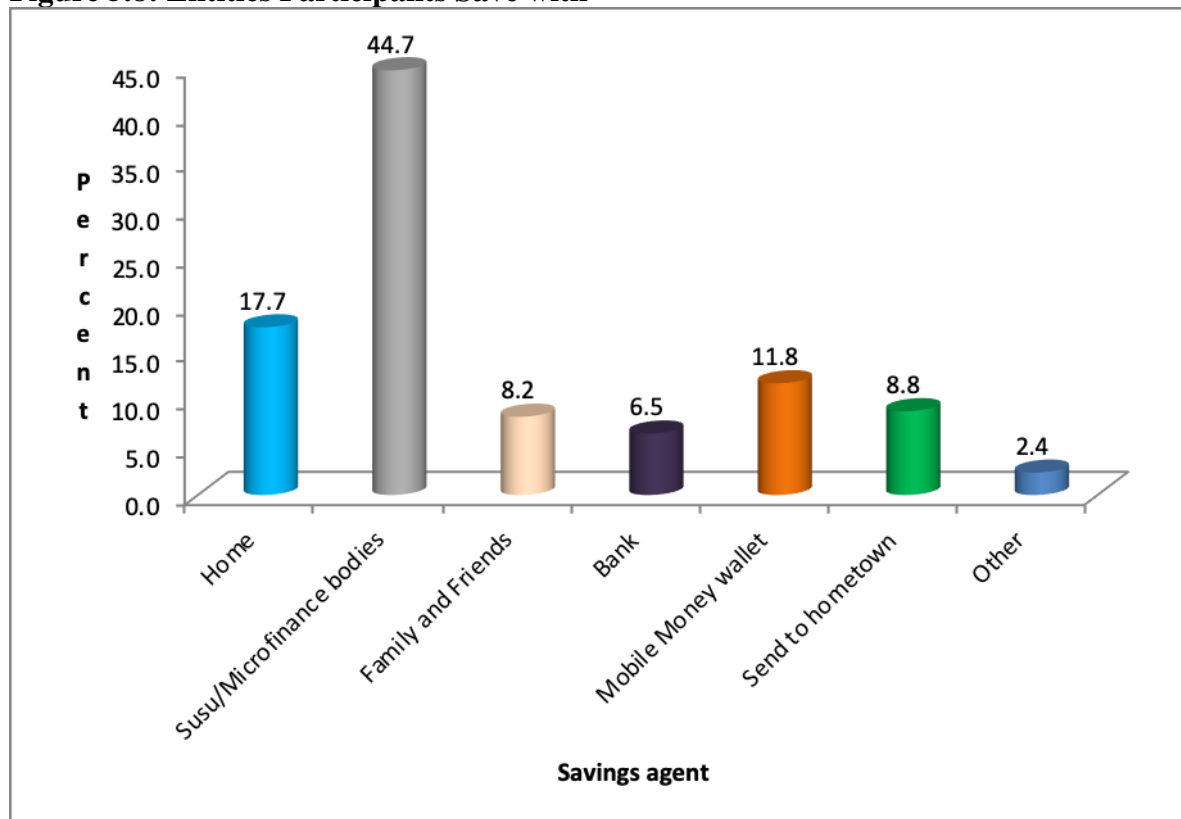
About one-third of all the participants receive remittances in the form of money from their husbands in the north. Some of the remittances amounts participants received were as low as GH¢5 a week whilst others received as much as GH¢50 for the same period. This indicates that remittances operate on a two-way trajectory namely that sent by migrants to the north and that received by migrants from the north as found by other scholars such as (Teye et al., 2017)

The survey also asked the migrants whether they save some of their income. The results show that at least four out of every five study participants save part of their earnings. However, the amount saved varies from one individual to another. For instance, whereas some saved GH¢1.50 each week, others saved GH¢600. But the mean weekly savings were found to be GH¢60.23 with a standard deviation of 91.88.

Almost half of the study participants had savings accounts with "susu" / microfinance institutions (44.7%) whilst 11.8 percent save with telecommunication operators (mobile money wallets) with a few others saving with banks. Perhaps, the migrant women who

participated in the study patronised mobile money because of the ease with which it facilitates the saving and withdrawal of cash. Similarly, saving under the susu umbrella is also flexible but for the tendency of some susu operators to abscond with susu contributions, it also denotes a form of challenge to the migrant women and has the tendency of making them vulnerable to abuse and exploitation. Also, about 17.7 percent of the migrants saved in their homes whilst 8.2 pe cent gave it to their friends and family members to keep for them (Figure 5.8).

**Figure 5.8: Entities Participants Save with**



Source: Field data, 2017

In terms of expenditure, a great chunk of the migrant women's income was spent on food (GH¢216.43) and remittances to parents (GH¢204.00). Transportation, toilet/bath usage, rent, and water also used up some significant proportions of migrant women's income (Table

5.7). In other words, basic necessities of life consume a greater part of migrant women's incomes.

**Table 5.7: Average Monthly Expenditure of Migrant Women with Children**

Expenditure items	N	Mean	St. dev.	Min	Max(GH¢)
Rent	236	22.90	28.35	0	155
Electricity	97	14.80	21.06	0	100
Water	268	19.17	13.76	2.8	57.6
Phone credit	188	10.86	7.58	4	33.6
Food	311	216.43	86.98	0	600
Garbage	137	9.09	6.78	4	50
Transportation	67	109.54	42.60	0	220
Toilet/bath usage	244	55.02	33.82	16.8	112
Remittances to parents	103	204.00	120.53	12	600
Total	366	339.75	198.36	8	1092.4

Source: Field data, 2017

The overall average personal monthly expenditure for the migrant women was GH¢339.75 with a standard deviation of 198.36. Study participants who were aged 41 years and above, had the highest monthly personal expenditure of GH¢381.23 followed by GH¢336.14 for those aged 18 – 30 years (Table 5.8). Additionally, the average monthly personal expenditure for traders was the highest (GH¢447.53) which was about GH¢108 more than what was spent by head porters.

**Table 5.8: Average Total Monthly Personal Expenditure by Age and Occupation(GH¢)**

	N	Mean	Standard deviation
<b>Age</b>			
18-30	236	336.14	186.81
31-40	76	327.86	189.03
41 plus	47	381.23	261.44
<b>Occupation</b>			
Head porter	189	369.10	159.03
Trader	23	477.53	298.13
Domestic assistance	9	336.22	267.05
Others	143	281.61	204.28
All	366	339.75	198.36

Source: Field data, 2017

### 5.2.3 Migrant Women's Children

Most of the study participants' children were Muslims (79.0%) with all the others being Christians. Concerning the level of education of the children of the study participants, a greater proportion (64.1%) of them were primary school pupils, 8.1 percent were in the Junior High School, whilst 4.8 were in the secondary level (Table 5. 9).

**Table 5.9: Educational level of Children of Participants**

	N	%
Non-Formal Education	33	15.8
Nursery	10	4.8
Kindergarten	4	1.9
Primary	134	64.1
JHS/JSS/Middle School	17	8.1
SHS/SSS/Vocational/Technical	10	4.8
Tertiary	1	0.5
Total	209	100

Source: Field data, 2017

The mean age of the children of the migrant women was 5.5 years with a standard deviation of 4.2. Approximately 30 percent of the children were less than 3 years. The mean age of children in the school going-age bracket (i.e. less than 18 years but greater than 2 years) was found to be 7.6 years with a standard deviation of 3.6. Most of these children were still in primary school and they had a mean age of 7.6, the same as the one for all children in the school-going age. Detailed information on this has been presented in Table 5.10.

From Table 5.9 134 out of the 156 migrant women's children have been enrolled in a variety of educational levels namely from kindergarten, through the nursery, primary 1 to 6, JHS and/or Middle School, SHS, vocational and technical. Yet, these various levels do not include tertiary level education.

**Table 5. 10: Mean Age of Children of Migrants by Educational level**

Educational level	N	Mean	Standard		
			deviation	Minimum	Maximum
Non-formal	22	5.2	2.62	3	13
Primary	105	7.6	3.01	3	15
JHS/JSS/Middle School	15	12.1	3.98	4	16
SHS/SSS/Vocational/Technical	3	15.0	0	15	15
Nursery	9	4.4	2.19	3	10
KG	2	4.5	0.71	4	5
All	156	7.6	3.6	3	16

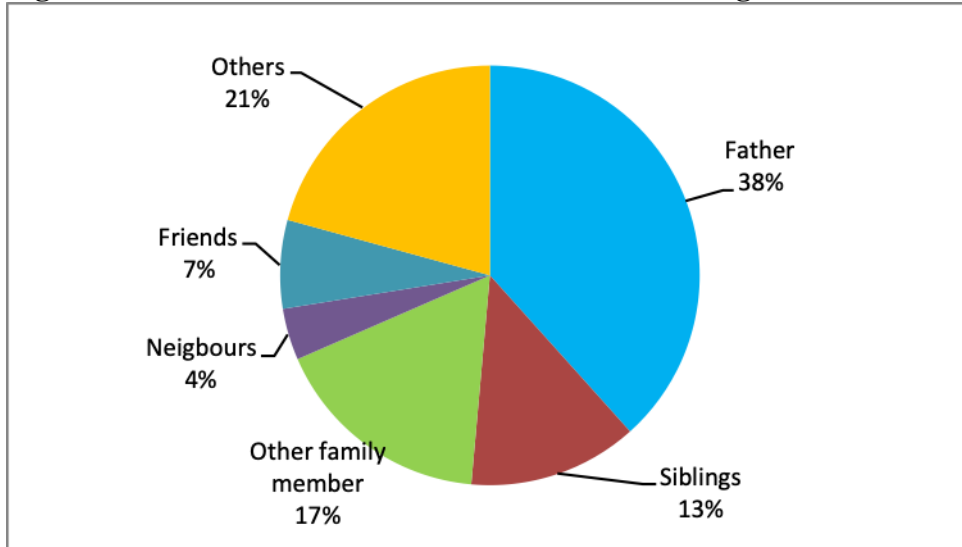
Source: Field data, 2017

### 5.3 Care of Migrant Women's Children

Migrating from Northern Ghana to the south is indicative of losing the comfort of having a mother or close family relation to take care of one's children. In place of their own mothers, fathers, landlords, and landladies support migrant mothers with the daily care of their children. Others also leave their children in the company of other children. In figure (5.9), about 38.4 percent of migrant women left their children in the care of their fathers whilst

they go out to work. Some of the women leave their children in the care of other family members in Madina and in the north, this represents 17 percent, whereas women who leave their children in the care of siblings represent 13 percent. Others also left their children in the care of friends and others this represents 7 percent and 21 percent respectively.

**Figure 5.9: Persons who Take Care of Children of Migrants**



Source: Field data, 2017

The interview data revealed some of the care arrangements the migrant women instituted for their children. In the case of Amina, she had to split her children, leaving them in the care of different people so she can concentrate on her migration expedition. She said: "I have three children in the North. They are schooling, the eldest being taken care of by the father is about to start training college, the second born is with my mother but she schools in Tamale so she doesn't go home even during the vacation. I came to raise some money to pay for their school fees" (Amina, a study participant, November 2017).

In another interview, a participant said:

I leave my child in the care of my older girl for care while I go to work in the market. I periodically return from the market place to breastfeed and go back as you can see. I leave money for them to buy food and water till I close in the evening. My older girl cannot go to school because she has to help me take care of the younger one so I can work and make money (Lariba, a study participant, December, 2017).

Other study participants observed that women leave their children behind with little or no care. She narrated:

Didn't you see a lot of children when you were coming? Most of them don't know their fathers and the children are suffering. About fifty children are playing outside in the sand. The northern women don't do family planning, so they give birth now and then. They usually leave the younger children in the care of the older children while the parents go to work. When you ask the children where their mothers are, they would tell you, they have gone to the market (Amina, a study participant, November, 2017).

My own observations in the field confirmed the above quotes. Siblings care is a normal practice among migrant women. Many children of school-going age were engaged in diverse activities including childcare responsibilities, at the expense of their education. When I asked, the women explained that work and money are their priority. Additional observations also reveal how boys and girls are engaged with childcare responsibilities to enable their mothers to engage in income-generating activities. For the women, they do this to achieve wellbeing for themselves and their children. One woman explained how she has to always raise money to feed the children and also purchase drugs for them when they take ill. Though this woman has good intentions, her actions prevent her children from accessing education. Meanwhile, in the community where they live, one school teacher in the La Nkwantanang basic school explained how the Free Compulsory Universal Education Basic Education (FCUBE) is working effectively with the school feeding programme, yet some of these women still keep their children at home. This has implication for children's wellbeing which is the main dependent variable in this study. Scholars like Teye et.al., 2017 analysed reasons for the increased female migration and found that many women migrate to make money for future investments such as children's education and health. Similar views were expressed in the current study but some of the women make the search for money a priority without investing in the education of their children. The question of how these people could escape poverty is still a major challenge (Badasu, 2016).

**Figure 5. 10: Child caring for the Younger Sibling**



Source: Field data, 2017

The study found that migrant women spent on the average, about GH¢60 each on clothing every month and school uniform annually. But school fees for the past year, on the average, were a little over GH¢200, out of which expenditure on stationery for a term was about GH¢73.

**Table 5. 11: Average Expenditure on Children**

<b>Expenditure</b>	<b>N</b>	<b>Mean</b>	<b>Std. dev.</b>	<b>Min</b>	<b>Max</b>
Feeding (daily)	145	7.97	10.75	1	70
School fees (annually)	74	207.89	381.99	5	2400
Clothing (monthly)	96	59.65	96.89	8	500
Books and stationery (term)	48	72.88	116.14	3	560
School uniform (annually)	61	59.56	34.97	5	140
Transportation to school (daily)	19	7.32	4.28	1.8	18
Others (monthly)	16	46.99	60.45	1.8	200

Source: Field data, 2017

In all, 210 migrant women responded to expenditure on their children. Overall, the migrant women spent an average of about GH¢226.00 on their children each month. Older women spent more on their children than younger women; GH¢498.62 for those aged 41 years and above, compared to GH¢145.52 for those aged 18 – 30 years (Table 5.12). This may be as a result of the number of dependents involved as earlier indicated. Traders spent over GH¢650 on their children each month compared to head porters who spent GH¢136.43 each month on the average which is almost five times what the traders spent. This could be explained also by the amount of income earned monthly and therefore the availability of funds.

**Table 5.12: Average Total Monthly Expenditure on Children by Age and Occupation**

	N	Mean	Standard deviation
<b>Age</b>			
18-30	124	145.52	204.22
31-40	52	261.17	277.15
41 plus	30	498.62	627.57
<b>Occupation</b>			
Head porter	101	136.43	196.09
Trader	15	659.40	759.55
Domestic assistance	5	142.00	147.93
Others	89	259.32	297.99
Total	210	226.0	335.93

Source: Field data, 2017

## **5.4 Challenges of Northern Migrant Women with Children in La-Nkwantanang**

### **Madina Municipality**

#### **5.4.1 Socio-economic Challenges of Migrant Women**

A third of the women encountered some challenges while seeking for accommodation.

These challenges include unavailability of accommodation (63%), the high rental cost of residential facilities (24.1%), and poor condition of residential facilities (11.1%).

**Figure 5.11: Overcrowded Block Room where some Migrants live with their Children**



Source: Field data, 2017

During the qualitative interviews, some of the women explained how more than twenty of them could dwell in one block room with their children. Also, arguing along the same lines, one employee of the migrants said “yes, most of the head potters[kayayei] sleep on the streets and before long you would see them pregnant. You don’t know if they were raped (Azima, a study participant, November, 2017)”. My own observations in the field confirmed this fact supporting the broader assertion that migrant’s challenges usually border on shelter (GSS, 2014; Owusu et. al., 2008).

The qualitative data revealed that, in addition to overcrowding, the migrant women faced other challenges. These included negative cultural and religious practices that served as the impetus for their migration. However, migrating to Accra came with new challenges. The case of Barikisu is an example. When Barikisu a study participant was asked to share her

experiences, she answered at length and explained how the constant, yearly deaths of her older siblings made her flee her home in the North. She believed that the cause of her siblings' death was not natural, and she felt, if she did not run away she could be the next.

She narrated:

My mother had six children and I am the last born. My siblings have been falling sick and dying so I run away to Kumasi. After staying in Kumasi for five months, I heard my relatives were coming for me so I run to Accra. I was working with a certain lady who was paying me two cedis to work in her shop. One day we were robbed at the shop, so I loss that job (Barikisu, a study participant, November 2017).

She further narrated how she became a food vendor. This she did with a woman from Northern Ghana. She also explained how another woman took her home as her daughter to help sell porridge at the Airport and the business was booming until they were evicted when the place started developing. After all these, she relocated to Madina where she was introduced to a food vendor as a cook. This again she secured through her social networks, however, she lost this job too. Barikisu, further narrated how she became a food vendor at Madina, this became her main source of income until a situation she described as unfortunately occurred which resulted in her losing the job. In her words:

I prepared jollof for sale, this I did with a certain woman but had to leave after the death of my brother which made me travel to the North for several months. One day, a coal pot fell on my leg while working so I left to Nkawkaw for treatment and this made me lose my job. After treating my leg, I used part of my savings to rent a single room apartment, the rest I used to start my own business (Barikesu, a study participant, November 2017).

The case of Barikesu is an indication of the various challenges migrant women navigate through. Several factors account for these challenges (Owusu, 2008). Some of the women who participated in this study, reported instances where they had to struggle a lot, engaging in various economic activities to make a living (Awumbila, 2014). According to the migrants, financial challenges were a major hurdle. For Fatima, money is the main thing

needed. She believes that making enough money will help her take care of her children and also deal with most of her challenges as a migrant. She explained:

Money is my only challenge. If you don't have money, you cannot take care of your children. I want to make money so I can provide food, education and health for my children. I also need money to do my own business (Fatima, a study participant, November, 2017).

Ethnic discrimination is another challenge the migrant women faced as explained by some of the women. For instance, one study participant from Mamprusi during the in-depth interview said she faced discrimination because of her origin. She said:

I pay rent here [Madina] and yet being treated with disrespect. I can't even express myself because people see me as a foreigner. We go through several emotional and verbal abuses daily. People don't respect us the Northerners. You can be carrying a heavy load and if the pan should touch someone, the person would really insult you. Some people value what they sell than we Northerners. We are all here to have a better living standard else we would all live in our hometowns. In the North, you can start a business and the business would collapse halfway and you won't know what to do, so to pay our debts, we move to Accra (Safia, 33 year old study participant, November, 2017).

Other challenges encountered by women are language-related. One of the women explained how her inability to speak the local language of the host community affected her in her job. In her explanations, it was clear that her inability to speak the language made her vulnerable to exploitation and various forms of abuse including verbal abuse. She also lamented: I cannot take certain jobs because when I walk alone am not able to bargain, so people cheat me a lot" ... she further narrated how her small children are constantly abused and taken advantage of at school because they cannot speak Twi, so they dropped out of school (Salamatu: a study participant, November, 2017).

The findings reveal that the women encountered challenges that have a trickle-down effect on the wellbeing of their children. Some of the challenges the children face as a result of the struggles their parents go through can be classified as emotional, social, health, education among others. Emotionally, these children do not experience the love attention and care

other children receive experience such as going to school in the company of parents or going to games during holidays or simply having recreational activities other children elsewhere experience. One of the women explained how she was often accused of falsely and punished unlawfully by her foster parents when she first came to Accra to live with them as their child. This she explained caused her not to have formal education and had to learn a trade later. Of course, the high poverty rate at the North did not make it possible for her parents to keep her in school, which calls for external help which also denied her the right to enjoy childhood including the right to basic education. Obviously, this is the plight of many migrant children, the women often prioritize their work over the care of children because they need money to maintain a good standard of living in Madina as explained by Fatima above. Darkwah et. al, (2016) affirms this when she quotes an interviewee who says 'she gave birth and decided to go and work for money for her matrimonial home'. Some children observe how their mothers have to suffer daily to provide basic necessities such as food, shelter, and clothing. To escape this, they go into early marriage and sometimes prostitution and attendant teenage pregnancy. A clear example is the case of Sherifatu in a quote below who went into early marriage with the promise of continuing her education, a reality that was never realized. It was observed during the fieldwork that most of the women leave their children to fend for themselves or in the company of other children. These children make decisions for themselves because their mothers have to run around from morning to evening trying to make money to achieve their goals of securing a better future for their children, in the end, they lose them to strange diseases, teenage pregnancy, and school dropout and in some occasion's death.

Socially, the children of migrant women live in secluded areas and slums; this isolates them from mixing with other children. They are therefore confined in their locations with other

migrant children where they form a subculture with menial jobs as the norm, as explained by Lewis (1966) in his culture of poverty model.

**Figure 5.12: Children left in the company of other children**



Source: field data, 2018

In the area of health, field observations revealed that most of the children are raped, and are thus exposed to strange diseases and sicknesses at an early stage as children. Also, the high cost of urban living does not allow these children to have a balanced meal. They have to eat food from unsafe places usually under poor sanitary conditions where washing of hands before meals are not observed. Besides they drink water from many sources depending on availability and affordability. For some of these children, living in slums means, the women lived with people from diverse backgrounds. This exposes their children to negative lifestyles such as prostitution and engaging in risky sexual behaviors. This is because the children lack knowledge of sexually transmitted diseases and how to protect themselves

against such. In fact, the situation is such that it promotes child prostitution, child marriage, teenage pregnancy, unsafe abortions, and its associated health risks, especially for the girl child.

Other challenges children face as a result of the struggles their parents go through are purely psychological. Some of the women are raped constantly in the presence of their children. Others also hold the view that many engage in sexual activity in the presence of their children. This may have implications for how children perceive sexual intercourse. Besides some of the women who sent their children away to live in the North, reported instances where they received news through the mobile phone about the death of their children.

In the same vein, others also echoed their sentiments when they were asked about the challenges they face as migrant workers in La Nkwantanang-Madina. For some, it is hunger as shown in the quote as follows:

What choice do I have? [Laughs!!!] I try to sleep in spite of hunger. But be waiting to go to work the next day. Because it is difficult sleeping with an empty stomach. For the north there's food. If food was the reason, we would not be here. We came here because of money (Lela a study participant, November, 2017).

Another typical situation is the case of Jamilatu who was not happy on arrival, but is now assimilated into the system and well adjusted. She explained, I was not happy when I came, but as time went on, now I am ok (Jamilatu a study participant, November, 2017). Many of the study participants explained how they had to go through several challenges as migrant workers in Madina. According to Ishetu:

We had challenges with food and shelter. Sometimes we go to bed with an empty stomach. My children fall sick and I don't know what to do because there is no money. The days we find something to eat too, it is not satisfactory. Where we sleep too is a challenge when it is raining we have to wake up and stand till the rain stops (Ishetu, 2017).

It's been shown worldwide that, women and children are vulnerable. The case of these migrant mothers has implications for the wellbeing of children as some of them have challenges providing basic needs for themselves and their children.

Another participant echoed this sentiment as follows:

I was unable to finish secondary school due to marriage. I moved with my husband to Accra. My husband used to work with an airline company. Three months after the marriage was not a happy time because my husband lost his job. For ten years he had to change jobs severally from being a microfinance officer to a school teacher and he finally settled as an internal auditor of a company in Keta. I started a business that is doing well but sometimes I face challenges paying my children's school fees, transportation and also paying for excessive light bills (Sherifatu a study participant, November, 2017).

On the issue of security, 43.8 percent of the study participants intimated that they would occasionally hear about robbery attacks in the La Nkwantanang-Madina Municipal Area. Approximately 60 percent of these people heard of such attacks every week. Others hear of it every month, some hear of it every three months whilst 11.4 percent hear of it once in a year. Almost one out of every five study participants have ever been a victim of armed robbery. These attacks were in the form of theft (70.6%) and actual armed-robbery (29.4%). In the in-depth interviews, one woman said some of them sleep outside for the lack of accommodation and according to her "Those who sleep outside face the risk of been robbed or raped. Whether the person is healthy or not, the person would rape you". Another woman explained how she slept outside when she first arrived at Madina:

I was told there isn't accommodation. I arrived around 1.00 am in the early morning. I sat here till 3.00 am when a lady staying here came out to urinate and I asked her if she had a place for me to sleep and she said yes. So, I went with her. I help pay for her rent. I live with this little girl and we share the rent. That is my sister's daughter. I came here with her (Salima, a study participant, November 2017).

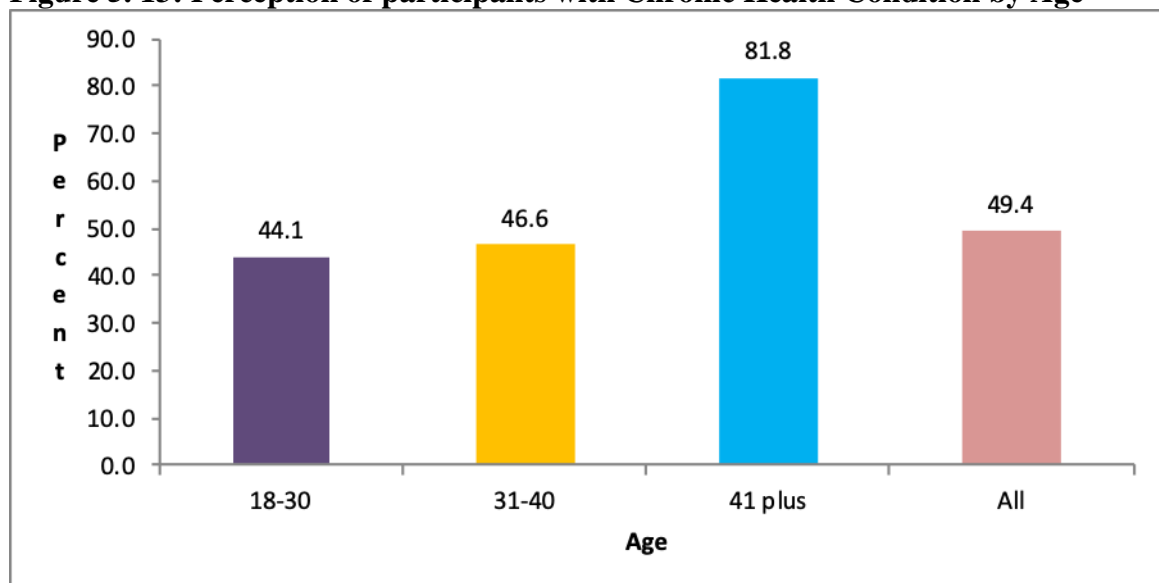
Awumbila et al. (2014), in discussing the plight of internal migrants from Northern to Southern Ghana highlights housing as a major challenge. Similarly, in my research, the majority of the women explained how they sleep outside with their children exposing them

to several vulnerabilities. Most of these children who travel in the company of their mothers find themselves in sets with little or no social protection (Asare, 2012; Awumbila et. Al., 2014). As is the case in many parts of the world, women are the main caregivers of their children, their vulnerabilities tend to affect their children. For example, most of the northern women who participated in my study affirmed that they slept outside with their children.

#### 5.4.2 Health Challenges of Migrant Women

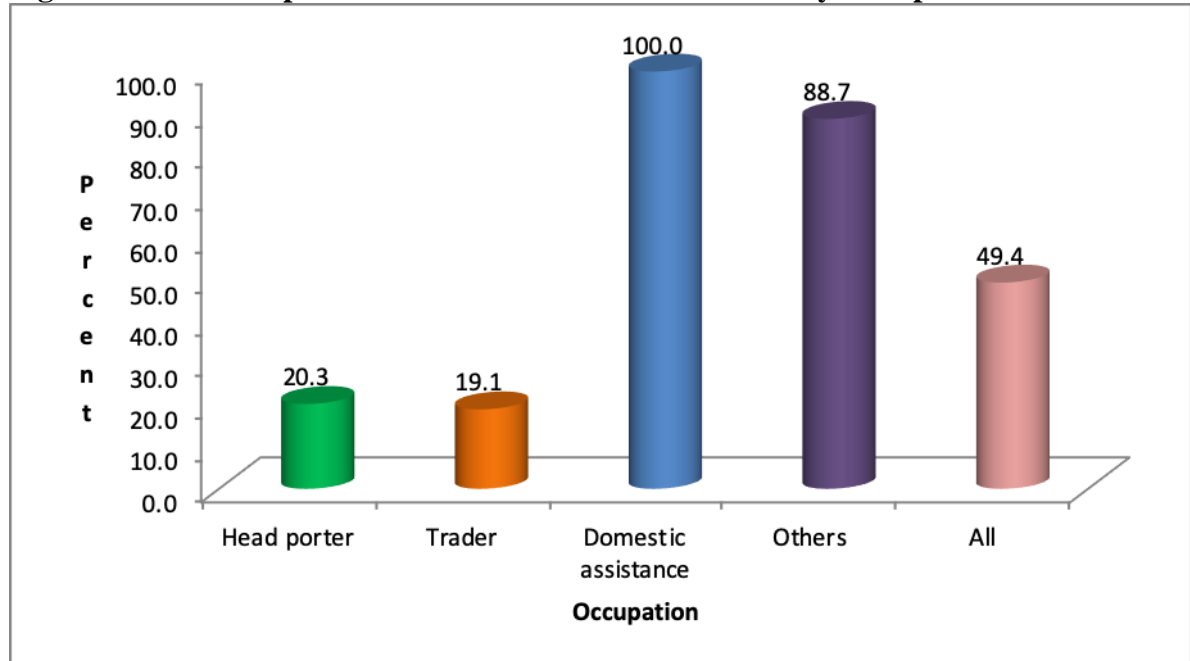
This section discusses the health challenges of women. The study participants were asked whether they have any chronic health conditions and almost half of the migrant women responded in the affirmative. At least, four out of every five of the participants aged 41 years and above reported this condition (Figure 5.12).

**Figure 5. 13: Perception of participants with Chronic Health Condition by Age**



Source: Field data, 2017

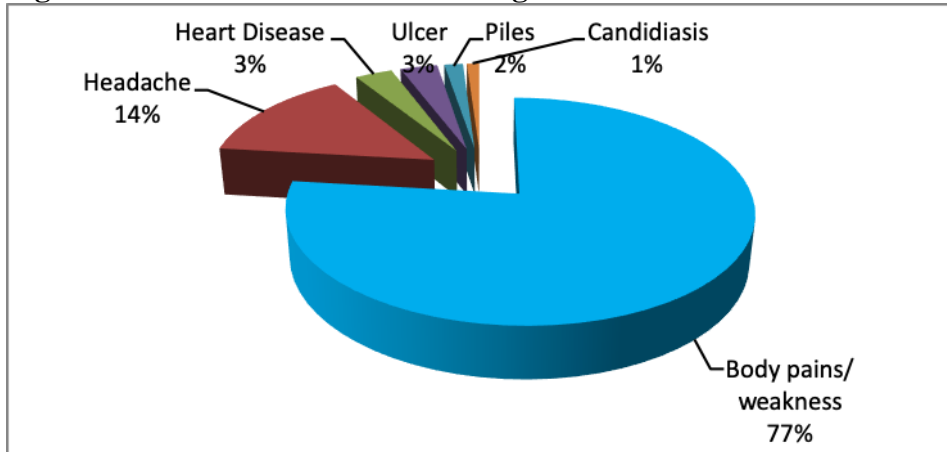
Additionally, all domestic assistant workers perceive they have chronic health problems. On the other hand, approximately one out of every five head porters and traders reported they were living with chronic health problems (Figure 5.15).

**Figure 5. 14: Participants with Chronic Health Condition by Occupation**

Source: Field data, 2017

Over three out of every five study participants who had chronic health problems revealed that they suffered from body pains, whilst about 14.2 percent suffered from a headache. Further analysis of the data showed that whilst a greater proportion of the traders perceive they suffered from heart diseases (50%), the head porters, on the other hand, perceived they suffered from body pains/weakness (55.6%) (Figure 5.16). Also, all domestic assistant workers and 82.4 percent of the other workers had problems with body pains/weakness. This finding relates to the challenges associated with the labourious nature of the work the women engaged in, suggesting that there is a relationship between the type of livelihood activity engaged in and the type of diseases that these migrant women are predisposed to. For the head porters or kayayei, the extent of the heaviness of the loads they carry day-in and day-out is the primary cause of their ailments. This is indicative of livelihood activity-oriented health hazards.

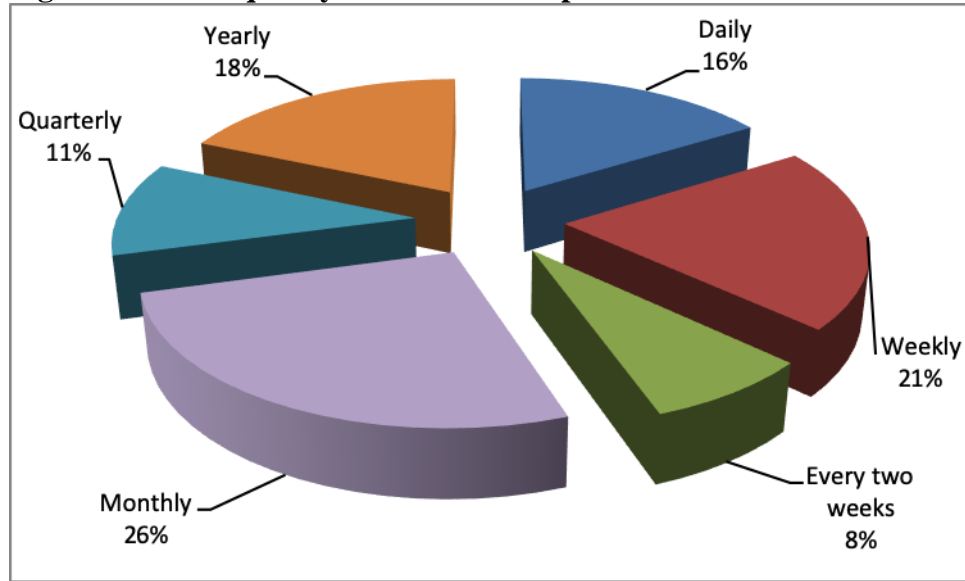
**Figure 5. 15: Chronic Ailments of Migrant Women**



Source: Field data, 2017

As a follow up to the above point, the study participants were asked how often they fall sick. The responses show that some fell sick every day (16.2%), weekly, and monthly (26.2%). All the participants who suffered from headaches indicated that they experienced it every day, whilst all those who suffered from piles experienced it on weekly intervals. Four out of every five of those who had heart-related problems encountered it on yearly basis whilst the remaining one-fifth experienced it monthly basis. About 37 percent each of those who had body pains experienced it each week and each month, whilst 13 percent each experienced it every three months and every two weeks (Figure 5.17).

**Figure 5. 16: Frequency at which Participants Fall Sick**



Source: Field data, 2017

The interview data shows that compared to the study participants' places of origin in Northern Ghana, the environment in the migrant location – Madina is more disease prone. This is because of poor sanitary conditions. It was for this reason that Rashida intimated the following:

There are not sicknesses and ailment there (Northern Ghana). For instance, in Madina here, there are lots of unclean gutters where people sell food and this could cause sickness. But in the north the gutters are clean. And you hardly find refuse dumps around (Rashida, a study participant, November 2017).

Further, the most important resource that is required in addressing health problems and/or challenges include money, the lack of shelter, food security aspect, sometimes going to bed on an empty stomach. The quote below clearly articulate this fact.

Usually, I purchase drugs with my own money from drug peddlers [herbal drugs]. But when am very sick I go to the clinic for treatment. The money I make from working is what I use to treat myself and my children in times of ill-health. When there is no money I borrow money from friends to buy medicine till I recover fully. (Fatima, a study participant, November 2017).

Most of the migrant women patronize the National Health Insurance Scheme (NHIS) and therefore have the NHIS card. However, more often than not, these cards have expired and thus needed renewal. For instance, Lela intimates that: "I have one but I was told it is invalid so I did not carry it along. The last time I went to the hospital I was told I cannot use it so I did not go. So, I am thinking of renewing it" (Lela a study participant, November 2017). Also, another interviewee juxtaposes that: "Everyone has a card but some do not have. Mine has expired...Mine too unless I go and have it replaced" (Munira, a study participant, November 2017). Another participant narrated:

The challenge I faced was with my first-born Selma. She became sick while staying with my mother. She had severe malaria and was admitted at Alpha Hospital at Madina Estate for a month. I couldn't sleep because I thought she would die during the night. We bought a single drug for a high as fifty Ghana cedis. Paying this amount was difficult so I had to rely on a family member who helped me financially (Zainab, a study participant, November 2017).

### **Challenges northern women migrants face in Accra-La Nkwantanang Madina**

The study found out some of the challenges that northern women migrants face in Madina. I discuss the challenges within the context of life in an urban Accra. Accra is the hub of brisk economic activities. Since the city became the administrative capital of the colonial administrators in 1877, Accra has maintained its reputation as the hub for multiple activities. It is the desired destination of most migrants in Ghana, including those from the northern regions. In Kumasi, the basic image of Accra is the seat of government where people in the city have ready access to the president of the republic. One popular request that is made to a resident of Accra when he travels to Kumasi is that he or she should extend felicitation to the president of the republic. Accra also conjures the image of a city that promises all the goodies of life. The city remains the hive of the capitalist world where globalisation has made it possible for goods to travel from one nation to the other. At the national level, all

the economic activities in Ghana end in Accra. The major administrative centres, as well as, major social service providers are located in Accra.

Many people, therefore, migrate from the countryside to Accra to catch a glimpse of its perceived physical splendour. Others move into the city to seek job opportunities. For many of the youth who aspire to be politicians, Accra promises to be the best place for one to launch one's political ambition. Accra also has major markets, which make the capital the best place to initiate and birth a business idea. The cosmopolitan and multicultural characteristic of Accra further makes the city the ideal place for one to establish networks and liaise with potential benefactors. For many people out of Accra, who nurture the ambition to travel abroad, the location of the nation's international airport in the city, assures them that one is simply a step away from travelling abroad if one dwells in Accra.

Given all the good things that people associate with Accra, it is important to point out that life in the city is not as easy and simple as people see it. The cost of living is very high. Food prices are high. Clothes are expensive. And the cost of transportation also keeps soaring. It is also expensive to rent in Accra since most landlords and landladies do not accept less than two years of advancement payment. Social services like water, electricity, and sanitation are not also sufficiently provided in some areas in the city. The city of Accra is equally densely populated that burdens the few social amenities available.

Madina, which is the focus of my research is located about eight miles away from Accra central. Until recently, Madina remained the main destination of many northern women migrants. The area has different constituencies, which reflect the different levels of social and economic statuses of residents. At the Madina Estate, the area is populated largely by people within the middle-income bracket and most of them work in the formal sector of the economy. In the Zongo, most of the residents there are in the lower-income bracket. The Zongo constituency of Madina is densely populated. It is, however, in the Zongo

constituency where most of the northern female migrants reside when they move into Madina.

Given that the Zongo constituency of Madina is densely populated, there is a huge housing deficit. Most of the houses in the Zongo do not have enough space for people to use as sleeping places. So, kiosk and other shops serve dual purposes. During the day, the kiosks and shops serve an economic purpose. In the evening, they are converted to bedrooms. Some of the migrants also sleep in front of shops and kiosks. This situation poses a major challenge to migrants. For instance, when it rains, most of them have to stay awake until the rain stops and dry the floor. They are exposed to thefts from some of the criminals in the community. Similarly, those with children always have to straddle among shops in search of a place for their children to sleep. In discussing how the shortage of housing post to these migrants, one of them told me that,

Getting a place to sleep is a major challenge. Sometimes, we are forced to contend with cold weather during the rainy season. There have been times when we spent a few sleepless nights because it rained continuously, and we had nowhere to go. We also experience cases of theft. Some of the drug peddlers and marijuana consumers also target us for stealing. Some truck pushers who also attempt to steal from.

Another respondent, Sadia expressed her concerns about accommodation as follows:

This place is better because I didn't grow here [Madina]. Getting work in Madina is easy compared to the north. If you go to the market, there are so many jobs to do. I could even sell pure water [sachet drinking water] right now and get some money to buy food. It is just that getting somewhere to sleep is a challenge (Sadia, a study participant, November 2017).

The idea that life in Madina is better than in the north is said in the context of getting easy informal work to do. But it is also true that Madina lacks the social networks and connections that obtain in the north. In the south, some of these migrants face issues of ethnocentrism. If life in Madina is better, perhaps it is also because this respondent was looking at what the future in Madina promises her.

About theft, Helda said the follow:

Mostly, my money gets stolen at night when we are asleep. Meanwhile, I kept the money for my children's school fees and feeding. We go through a lot of challenges here, even when we lock the place the thief's will break-in, they sometimes cut the kiosk in which we sleep (Helda, 2017).

The accommodation challenge in Madina is such that many of these migrants are exposed to mosquitos and are vulnerable to malaria. Over the years, the Social Welfare Service have been providing these women with treated mosquito nets. But this practice has always been like a drop in the desert. Since most of the women do not have a bedroom, they are unable to use the nets that are given them. There were reports that some of the ladies face the threat of rape.

A few of the women migrants pull resources to rent temporary accommodation. But usually, they struggle to afford the cost of receiving social services like water and electricity supply. Some also pay some amount of money to sleep in other people's kiosks. But there have been cases where shop owners accuse these women as thieves. The major challenge with accommodation is perhaps the packing of women in a small space. Sometimes there is no breathing space when these migrants sleep. The situation is dire for children who are forced to share the same crowded space. The practice of sharing sleeping space in front of a kiosk or shop is a challenge that needs immediate attention.

The accommodation challenge leads to health challenges. Given that most of these women and their children are indiscriminately exposed to mosquitos, leading to the high prevalence of malaria among them. Their exposure to heat and crowding themselves in a small space exposes them to communicable diseases like skin rashes. Their children also sometimes suffer from diarrhoea whenever there is a diarrhoea outbreak in Madina. One of the respondents, Shadia shared the health challenges she faced with me:

Health is really a challenge. Our worst moments are during the rainy season. During the rainy season, we easily catch malaria. Some of us also develop skin rashes. As for our children, it is sad. They tend to fall sick often. We are always left without protection when we walk in the sun and sleep in crowded spaces. Some of the young ladies also struggle with menstrual hygiene. There are a few of them who do not readily get money to buy a menstrual pad (Selama, a study participant, December 2017).

Some of them also have health-seeking behaviours that do not support the appropriation of western medicine. They think that some accidents at the workplace are a result of some witchcraft or malevolent spirit somewhere. I interviewed one of them who had an accident at the workplace that led to a deep cut in her leg. But she vowed never to take it to the clinic for treatment until she visits a ritual functionary. This issue of mystical causality is one of the challenges among some migrant women. In addition to this, most of the women do works that are disproportionate to their age. Some of them in their late forties do want to carry heavy loads like the young ones. Given the high cost of living in Accra, some of these women strain their energy by doing multiple jobs, including hazardous ones with no physical protection. For example, some of the women sit for hours winnowing. Some also spend hours at the milling machine ground as they ply their jobs. Perhaps, the greater challenge is that most of these women go to such hazardous workspaces with their babies and younger children. This imperils the health of women and children. Those who also help food vendors to cook risk their health working close to the fire all the time. Similarly, the nature of the work of those who carry stuff (head porters) to be paid is such that they hardly find time to rest. Many of them also do not go to the clinic when they are ill. They rather engage in self-medication. Some individuals who hawk over the counter drugs in the markets who supply these migrant women and some market women with such over the counter drugs, particularly painkillers.

The other challenge that northern women migrants face is the difficulty in getting caregivers<sup>1</sup> and care providers<sup>2</sup> for their children. This challenge is such that women with young children struggle to get people to take care of their children. There are a few daycare centres and nursery schools around, but the cost of receiving the service of these institutions are usually beyond the reach of women migrants. Some, therefore, strap their children to the back as they pursue their daily chores. This exposes most children to the scorching sun, which is a threat to their health.

There is also the challenge of language. Language is an important index for social cohesion. It is also necessary to indicate the extent to which one is accepted into a particular society. It is said that communicating in a common language helps in solidifying and lubricating social relations. Through the speaking of a common language, shared values such as mutual respect, care for one another, and sharing each other's burdens are configured to define a relationship. Speaking a common language also eases tension as it also brings the 'foreigner' close to home in a 'foreign' land. Unfortunately, many of the migrants speak neither Hausa nor Twi, the two dominant languages in most of the Zongo communities in Accra. Because some of them do not speak any of these languages, it creates a linguistic barrier that spills over to economic barriers. For example, the lack of mutual intelligibility often frustrates the ability of women head porters to bargain well. There are times they are cheated because they could not communicate to bargain. The absence of a common language also breeds mistrust. This is because when people communicate in a common language, trust is built that is extended to business activities. But the absence of a common language has always magnified the suspicion migrants have for host members of the Madina community and vice

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<sup>1</sup> I use caregivers to mean individuals who provide informal service of helping migrant women take care of their children. Usually, the contract is informally established.

<sup>2</sup> I use care providers as institutions, like the schools and other social centres that provide service to migrant women by taking care of their children. There is always a formal arrangement to receive service from care providers.

versa. Ideally, northerners from Zongo communities in the migrating towns do not struggle to connect linguistically when they come to Accra. Those who also come after they had spent some time in Kumasi do not also struggle much with language barriers. But those who come right away from non-Zongo communities in the North and do not do any transit in Kumasi are those who suffer the most with the language barrier. One of the respondents expressed her frustration with the language barrier as follows:

As for the language issue, it is tough. I speak a little Twi, but some of my sisters do not speak either Hausa or Twi. They find it difficult to bargain well. Sometimes their inability to communicate in a particular language is seen as a threat. For example, when they are spoken to in Twi, they respond with *Wala* or *Dagbani*. This frustrates their clients who think they are being insulted. It is really a challenge (Faida, a study participant, December 2017).

The other challenge which is related to the language barrier is ethnocentrism. As I have said, the absence of a common language creates suspicion. But more importantly, it combines with other factors to fester ethnocentrism. This challenge goes back to the colonial era. During the colonial era, most southerners did not see northerners in their glory. They saw them as labourers and cheap workers. They were seen as the scum of the earth. In fact, names like *ntafoo*, *eserem fo*, and *mpepe fo* may not in themselves be derogatory. But in the south these words are usually used with ethnocentrism in mind. Northerners are also stereotyped as dirty people, thieves, and mindlessly submissive. During the time of the president of the Fourth Republic of Ghana, Dr. Hilla Limann, it was joked that he had littered the seat of government (then Osu Castle, Accra) with kola nut<sup>3</sup>. In the south also, northerners are seen as people who do not dress up and walk naked in the North. All these feeds the pigeonholing of Northerners which breed ethnocentrism. The challenge with ethnocentrism

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<sup>3</sup> Kola nut is one for the seeded fruits that is largely consumed in the savannah belt of West Africa. In areas where the weather is humid and sandy, thirst remains a major challenge. Unfortunately, in these areas, water is also scarce. Food is also not easy to come by in some seasons. So, for some males and a few northerners, chewing kola nut is one way of suppressing thirst and hunger. Kola is also used for social functions such as marriages, naming ceremonies, and funerals.

is that one is always guilty before proven innocent (this is the reverse of natural justice).

The challenge of ethnocentrism was expressed one Mamprusi woman as follows:

I pay rent here [Madina] and yet being treated with disrespect. I cannot even express myself because people see me as a foreigner. We go through several emotional and verbal abuses daily. People don't respect us the Northerners. You can be carrying a heavy load and if the pan should touch someone, the person would really insult you. Some people value what they sell than we Northerners. We are all here to have a better living standard else we would all live in our hometowns. In the North, you can start a business and the business would collapse halfway and you won't know what to do, so to pay our debts, we move to Accra (Safia, a 33 year old study participant, November, 2017).

## **5.5 Discussion and Conclusion**

The findings of this study indicate that a variety of motives abound for migration. These include the lack of jobs in the Northern Regions of Ghana and the possibility of financial gain in southern Ghana. Yet, female migrants are more predisposed to discrimination in terms of unfair treatment, sexual harassment and human trafficking Anas (2015). Some women migrated for economic gains; this reflects largely in their remittance behaviours (Teye et. al., 2017). Several studies (e.g. Oucho, 2010; Quartey, 2006) show that remittances constitute an essential driving force for persons migrating from poor to affluent destinations for economic reasons, as in the case of women migrating from Northern Ghana to southern Ghana. Such economic migrants seek better employment avenues and enhanced incomes for themselves including the ability to cater to the upkeep of families and relations as well as contribute to investments in education and health (Teye et al., 2017).

The challenges that the migrant women faced were accommodation, feeding, healthcare especially for themselves and their children, and discrimination. As Anas (2015) points out, in spite of their major contribution to the family, female migrants are yet to have a visible space in family decision making. Also, Badasu (2004) observed that some of the women transfer their caregiving responsibilities to other female family members and/or other less-

privileged women in the places of origin and sometimes older siblings who are mostly children in place of origin and destination.

Since the migrant women featured in this study engaged in entrepreneurship in one form or the other, these female migrants may be termed Migrant Women Entrepreneurs (MWEs). Athoguh, the problems faced by the women were multifaceted, according to Azmat (2013), migrant women entrepreneurs from developing countries are the most disadvantaged of entrepreneurs.

Also, some research indicates that migrant women entrepreneurs (MWEs) utilise their gender, ethnic, and cultural characteristics to their advantage. For instance, MWEs use their linguistics skills, cultural characteristics, knowledge including ethnic contacts and gender-related experiences to form networks (Dhaliwal & Kangis, 2006; Leung, 2011).

The study by Baycan-Levent & Nijkamp (2011) have concluded that migrant entrepreneurs face diverse challenges irrespective of their gender. These gender-neutral challenges entail factors such as access to capital, restrictive government regulations as well as lack of knowledge about local culture and language (Dhaliwal et al., 2010; Liversage, 2009). Further, some gender-specific challenges denote the thesis of 'double disadvantage' which refers to the problems faced by women, first as immigrants and second, as women (Smith-Hunter & Boyd, 2004). From the above discussions, it is clear that these women were motivated to migrate essentially for economic reasons. In furtherance of this, they encountered challenges concerning accommodation, feeding, health problems, and childcare issues as some of them migrate in the company of their children.

## CHAPTER SIX

### COPING STRATEGIES ADOPTED BY MIGRANT FEMALE WORKERS IN LANKWANTANANG MADINA

#### 6.1 Introduction

The previous chapter discussed the challenges that the northern migrant women in Madina go through as they negotiate for livelihood in urban Accra. The discussion was situated within the broader political economy of Accra. While the promises of Accra and the hopes they ascribe to the city shape their migration decisions, life in Accra, specifically Madina, has not been easy for most of them. In the study, some of them become disenchanted with life in the city. It appears that most of them do not fulfil the reasons for their migration. Challenges of accommodation, health, theft, ethnocentrism, linguistic barriers, and the inability to seek the services of caregivers and care providers for their children make life a daunting one for them. But in the face of these challenges, they are still persevering, hoping that they would someday cross the poverty line. This hope leads them to adopt creative coping strategies. This chapter, therefore, discusses the coping strategies these migrants deploy to survive the vicissitudes of urban life. The coping strategies correspond to the challenges they face in Madina.

The first challenge discussed in the previous chapter was accommodation. Given this challenge, migrants have devised some creative ways of surviving. One way these migrants survive the burden of accommodation is to build temporary structures and ramshackle any available spaces, usually around the market and lorry stations. The building of such temporary wooden structures involves the collaboration of other migrants. It is at this point that they really rely on each other's expertise and energy to construct those structures. Sometimes the owners of such spaces where they put up wooden structures informally take some amount from them. They sometimes succeed in connecting to the national power grid

illegally. But sometimes they formally connect to the power grid and pay the light bill. Sometimes top they use lanterns. They get water supply from the main community. Staying the same wooden structures helps them to plan their daily itinerary. After a hard day's work, some of them retire to these wooden structures and they take turns to massage one another. Given that they cannot trust the security of such wooden structures, they always get very good padlocks to thieves away.

As we mentioned in the previous chapter, childcare is a major challenge among northern women migrants. We mentioned they are unable to raise extra money to employ the services of caregivers and care providers. So, as a coping strategy, they rely on kinswomen in the community.

I have my family here with me. So I rely on them. It is my mother who takes care of my children when I go to the market. I am ok with my family (Munira, 46, a study participant, December 2017)

Some also depend on their older children to provide care for their younger children. One of them as said the following:

I leave my children in the care of my older girl for care while I go to work in the market. I periodically return from the market place to breast feed and go back as you can see. I leave money for them to buy food and water till I close in the evening... My older girl cannot go to school because she has to help me take care of the younger one so I can work and make money' (Lariba, 29, a study participant, December 2017)

### **Formation of ethnic-based associations and other forms of coping strategies**

They also form ethnic-based groups and associations and draw support from there. The reliance on kinswomen imposes a certain moral responsibility on these women. For example, one would have to cultivate conviviality, which is based on the admission that they are incomplete and cannot solve all their challenges by themselves alone. In the same manner, the idea of incompleteness in addressing the issue of childcare impose on these women a sense of responsibility to one another. This also thrives on the idea of reciprocity.

One has to show care to others in order to receive care in return. In a precarious place like Madina, where they constitute a minority, these women tap into the sense of ethnic solidarity to survive in Madina. The shared sense of marginalisation compels them to invoke 'primordial' organic solidarity and collectivism to provide mutual care for their children. More importantly, in Madina where they form a minority, some of these migrants who may come from different areas in the northern regions invoke the idea of 'northerners' to form an association that helps them to enforce regional solidarity that transcends ethnic identity.

In addition to relying on ethnic and regional solidarity, some of them engage in multiple works in the informal sector of the economy. In the morning, some of them serve as labourers in helping porridge sellers to cook and sell. Since the selling of breakfast to the public ends by midday, these women then go to areas where they assist women who sell lunch like *waakye*, *tuo zaafi*, and rice to cook and sell. By 3 pm, they close by providing their service. They then rest for about an hour after which they go to the market as head porters. While this itinerary is tedious and daunting, and could potentially impair their health, they engage in these multiple jobs to raise extra money to provide care for their children. Through these multiple jobs connectivity, a few of them put their children to day care centres. Others are also able to provide food for the nutritional needs of their children. They also raise enough money to pay dues as an ethnic association and in return receive the support of their ethnic and kinswomen. More importantly, they can remit their families at home. In return, when to return their hometowns during the farming season, their children who travel with them are catered for by their kinswomen.

The multiple tasks these women engage themselves in are demanding and also health-risking. By imperiling their lives to do multiple jobs, these women sometimes fall sick. In such cases, they depend on drugs sold to them by unregistered over the counter drug peddlers. These drug peddlers sell to the women at a cost lower than what the chemical and

pharmacy shops sell. The commonest drugs that they buy are painkillers. As I have mentioned, they also receive body massage from one another. Alternative medicine also provides an important source of medication to these women. Since the last fifteen years, different alternative medicinal practices, including homeopathy and acupuncture, are becoming popular in Ghana. There has also been a resurgence in herbal medicine practitioners. The case of herbal medicine gaining prominence as an alternative health care practice could be as a result of the consequence of the Structural Adjustment Programmes (SAPs). In the 1980s, Ghana's economy started showing signs of weakness which eventually made the country vulnerable to western economic options and solutions. By 1983, the economy of Ghana has suffered to the extent that the government of Ghana, under the Provisional National Defence Council (PNDC), headed by Chairman J.J. Rawlings, had to appeal to the International Monetary Fund (IMF) and the World Bank (WB) for rescue. Since the economic crisis of the 1980s affected the so-named all third world countries, the WB and the IMF recommended a neoliberal solution. These involved the progressive withdrawal of the state from the economy. In its place, the forces of demand and supply were to determine the direction of the economy. The state withdraws by removing subsidies on health, education, and agriculture – the key sectors of the economy.

In Ghana, the removal of subsidies on health led to what popularly became known as 'cash and carry'. The 'cash and carry' system implied that the sick had to bear and pay the full cost of his medication before he was attended. Given the fact that the neoliberal policy had also resulted in the laying off of workers, particularly those in the lower ranks of the civil and public services, it affected their health-seeking behaviours of many Ghanaians. In the event of sickness, some resorted to self-medication. Others also became ardent consumers of herbal medicine. Herbalists recovered their prominence which was partly suppressed during their colonial era. But since the state had already established the Mampong Akropong Centre

for Research into Plant Medicine was already in operation, many herbalists have since the 1980s taken advantage of the gap created by western medicine to provide the public with alternative healthcare. Madina is a hub for many herbalists who advertise their medicines using loudspeakers that are fixed to vehicles. Some of them promise to be able to heal virtually every sickness with their medicine. And given that the cost of receiving herbal medication is relatively cheap, some of the women migrants patronise medicines manufactured by herbalists.

Given that the SAPs had increased the cost of receiving western education, the government of the New Patriotic Party, under the leadership of the erstwhile president of Ghana, J.A. Kufuor introduced the National Health Insurance Scheme (NHIS) in 2007. The government around the same time also introduced the Free Maternal Healthcare Policy and Free Delivery Services as part of the NHIS. These health intervention social policies helped many Ghanaians. At least people who registered on the scheme were assured of receiving care. While the scheme has suffered many challenges, many of the northern women migrants think that it helps them to offset the cost of receiving medication. In my research, I found out that sometimes aspiring politicians pay for the cost of registering some of these women on the scheme.

These coping strategies from the ingenuity and creativity of these women and their appropriation of national social intervention policies have deep-seated implications for the wellbeing of their children. For example, through the social networks that these women establish, they can revitalise the 'traditional' adage that it takes a village to raise a child. Through these networks, the women migrants can circumvent the sense of 'strangeness' which manifests in the ethnocentrism directed at the time by some Madina residents and provide their children an imagined 'homogenous' community. This imagined 'homogenous'

community transcends ethnic identification to regional solidarity. Their children, therefore, grow up in such communities and enjoy the collective care from other members.

I must point out that these ethnic-based associations are different from the religious-based association in the sense that the ethnic and regional solidarity thrives on a common sense of origin – Northern Ghana, not religious affiliation. This is primarily because the marginalisation they suffer as a group is indiscriminate and has nothing to do with one's religious identity. Also, some of these northern women belong to different religious groups. There are Muslims, Christians, and those who subscribe to their ethnic indigenous religions. Since most of them are not 'reformist' in terms of being fanatics about their religious leaning, they are easily able to bond with people of other religions. In the same way, they are more concerned about how they can mobilise to deal with their daily existential challenges that have less or nothing to do with religion. The practice of sharing food and eating together has been one way that they circumvent religious binaries of 'us' and 'them' that could be potential conflictual. Help from the ethnic-based association is based on how common challenges could be resolved with shared energy and ethnic and regional values.

On the other hand, some of the Muslims among them also belong to religious groups. These religious groups are established based on receiving Islamic education from a common source – the Madrasa (Makaranta). This religious-based association is limited in scope in terms of membership. Non-Muslims may join. But help from religious-based association could be extended to a non-Muslim migrant in an event of a crisis. We can read common humanity and common 'fictive' descent as the reasons for non-Muslims receiving support from a religious-based association. We observed in the course of the fieldwork that sometimes the line between the distribution of benefits between ethnic and religious-based association is very thin and blur. For example, I interviewed non-Muslims who received help from a Muslim-religious association. Even so, in terms of childcare, receiving support

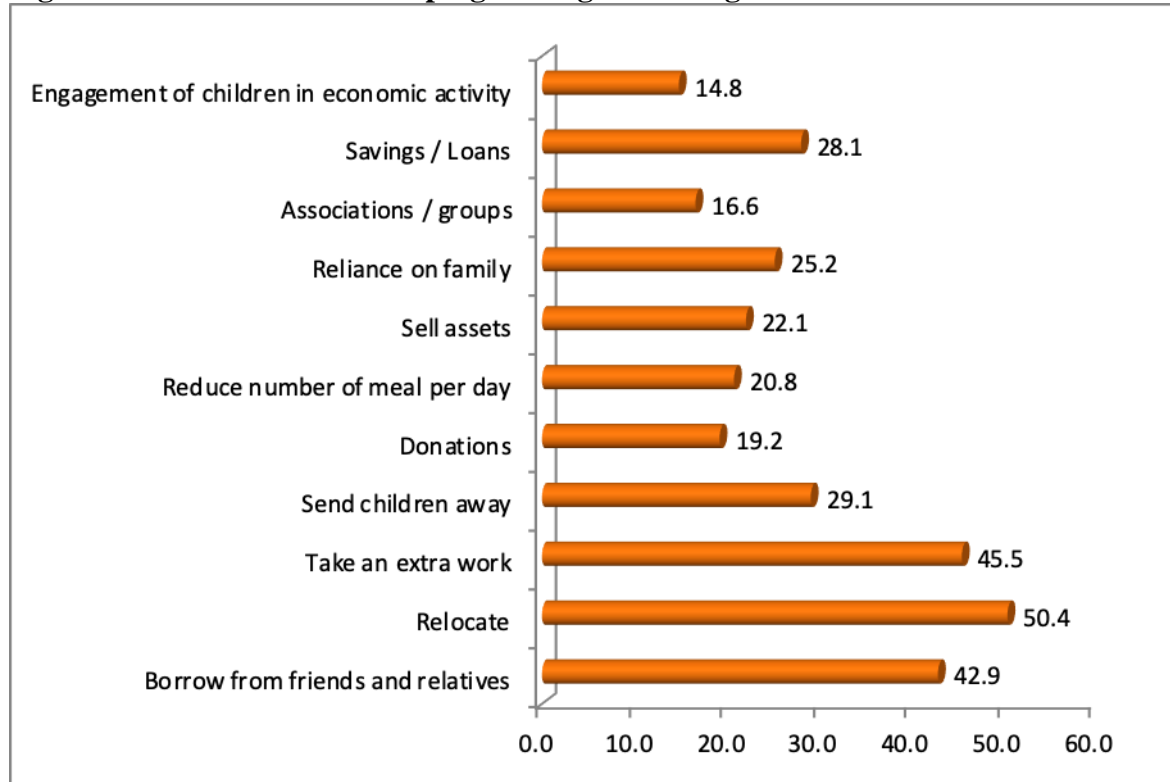
from a member has no religious or ethnic colouration. This implies that ethnic-based groups are more instrumental in providing care for children than a religious association. This is because group members can easily leave their children to other ethnic members or assist in caring for other members' children.

Members can receive support from both ethnic and religious associations. Sometimes, different benefits could be derived from different sources. For example, a Muslim mother can appeal to a Muslim religious functionary to provide care for their children, especially if she suspects that her children's sickness is because of spiritual manipulations. In the same breadth, a Muslim woman in a religious group can also consult Muslim ritual functionaries to seek help in their economic activities. The same Muslim can appeal to an ethnic association to get help financially help and also help to raise her child.

## **6.2 Individual Level Coping Strategies**

In times of hardship, the migrant women resorted to certain relief measures and the dominant ones among them are to relocate to a different place (50.4%), take extra work and work for longer hours(45.5%), borrow from friends and relatives (42.9%). Others would send their children away, go for loans from a savings/loans institution, or rely on other family members (25.2%). It is interesting to know that about one out of every seven migrant women would find work for their children to supplement household income whilst about one out of every five migrant women would reduce the number of meals per day as shown in (Figure 6.1).

**Figure 6.1: Socio-economic Coping Strategies for Migrant Women**



Source: Field data, 2017

The other measures the female migrants adopted in addressing the challenges they faced entail resorting to migration, subscription to financial and life insurance packages as well as health solutions and social networking. These have been discussed in the sections below.

### **6.2.1 Migration as a Coping Strategy to Unemployment**

Livelihood activities in the migrant women's places of origin were predominantly agriculture based. These activities are not as lucrative as what they have come to find in their migrant locations. There seems to be a variety of livelihood activities that the migrant women find in their destinations, the leading among which are, the sale of sachet water, sale of kenkey, petty trading (gari, sugar, groundnut, zowe, toffee, and biscuits), head porter or kayayei, washing of clothes, washing of dishes for food vendors – waakye sellers, grain workers and a host of others out of which they earn a living. In lieu of this, Sadia stated that

"when I came here at the initial stages I had a bit of a challenge but now it is better for me (Sadia, a study participant, November 2017). This suggests that the standard of living in the migration destinations is better than that of the places of origin. Again, according to Sadia:

This place is better because I didn't grow here [Madina]. Getting work in Madina is easy compared to the north. If you go to the market there are so many jobs to do. I could even sell pure water [sachet drinking water] right now and get some money to buy food. It is just that getting somewhere to sleep is a challenge (Sadia, a study participant, November 2017).

While there are many plausible explanations for why the women migrate, money and work are the key drivers that motivated these women to move from their places of origin to their destinations (Teye et al., 2017). As one migrant woman intimated:

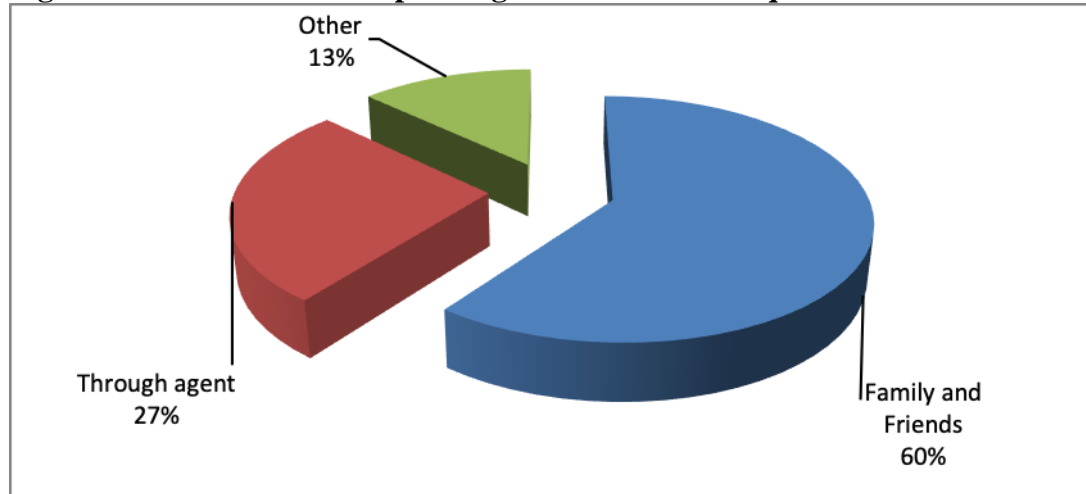
I came here [Madina] to work for money. As you know, there is no money in the north. That's why I came here [Madina] to find some work to do. I work as a cooking assistant. I Help my madam in her food [kenkey] business. That's what I have been doing since I came to Madina. The money I make I send to the north for the upkeep of my children whom I left in the care of my sister" (Shamdiya, a study participant, November 2017).

Similar studies in Ghana by Darkwah et.al., (2016) and Teye et.al., (2017) have shown that when women migrate they focus on making money for basic needs satisfaction and investment in education and health of their children.

### **6.2.2 Coping Strategies for Accommodation**

A greater proportion of the migrant women secured accommodation through family members and friends (60.3%) whilst about 26.7 percent acquired it through community agents (See Figure 6.2).

**Figure 6.2: Persons who Helped Migrant Women to Acquire Accommodation**



Source: Field data, 2017

The interview data on housing point to the low cost at which the migrant women secured accommodation at their destination. One study participant explained that "If you want to sleep you have to hire a space which is paid for weekly; mostly Sundays, the amount is 4.00 cedis. Yeah. If you strive hard you could get one with light and fan" (Adizah a study participant, November 2017). Also, other participants in this study reported instances where they had to rely on each other for help. However regardless of their common background as northerners, migrants from the different regions (namely Upper East, Upper West, Savannah, Northeast and Northern region) exhibit some differences in their accommodation seeking behaviour. One interviewee code named Ira relied on friends with whom she could speak the same language and interact freely. She noted at length that:

We are Gonjas. Before coming to Accra, we are advised to get the contact number of a fellow Gonja so that when we arrive that person can assist with accommodation. So, you go and live with that person from your hometown. That's what we do. We don't mix with the Dagombas and Mamprusi. Every tribe has a group they blend well with. It's about being where you will feel happy and free. If you're not free with someone from a particular tribe, you can't have a conversation with them but when you are with someone from a tribe you are free with, you can play together and have a conversation after work before going to bed. We are one people but everyone has a distinct spoken language and we don't all live at the same place. Some are from the remote parts. Waala and Sisaala people are many in La Nkwantanang but the Gonjas and Mamprusi are on the other side. Some can be found at the Madina park but we

can be found at the interior side near Madina Redco (Ira a study participant, November 2017).

Others also attest to the fact that the person the migrant women lodge with on their arrival down south has implications for feelings of happiness and otherwise. According to Mari, a study participant:

Some of the migrant women sleep in the market, in front of shops and some sleep-in kiosks. If a man lives at the place where they want to sleep, they request for sexual intercourse with them before agreeing to that. That's the problem (Mari, a study participant, November 2017).

The Key informant interviews confirmed these facts. For instance, an official from the Social Welfare Department reported that:

Some also don't have a place to sleep so you see them sleeping at the market in the evening in front of people's shops. When asked how they bathed, they showed me a place behind the market where a gentleman has constructed as a bathroom where they pay before bathing. This also applies to toilets, they pay for everything (Social Welfare official, November 2017).

The social welfare official further explained that the hazards related to accommodation vary; these include getting raped by some of their fellow northern men who are truck pushers living in the same community with the women. She said:

We saw their sleeping arrangement and is bad. We distributed mosquito nets to most of these women but they can't use it because of where they live. I spoke to one woman who told me she doesn't have enough space to erect her mosquito net. The men that come from the north as truck pushers in Madina, rape these women often and impregnates them. Those who sleep in the market often face these challenges. Some have children whose fathers are unknown to them (Social Welfare Officer).

There are a variety of accommodation types in the destination, accessibility of which is dependent on the ability to pay. The types of accommodation that were patronised by the migrant women comprised kiosks in an open area (23.6%), single room in an open area (6.6%), and kiosks in a closed compound. Other types of accommodation the migrants went for included open space shelter with gate (4.7%), single room in a close compound, open

space shelter without a gate, two bedrooms with open compound, and two bedrooms with closed compound (1.1%). Clearly, about 16.5 percent of the migrants acquired proper accommodation other than wooden/movable structures. About 3 out of every 10 female migrants shared their accommodation space with other males. Similarly, about 44.5 percent of the respondents lived with other family members.

The socio-economic challenges encountered by migrant women in the study can be categorised into accommodation and child care-oriented challenges. The first point of call for approximately 38 percent of the migrant women was family relations, followed by friends (17.7%), and people have known from their hometown (6.9%), including boyfriends. On the other hand, about 3 out of every 10 migrant women did not have any one in particular to contact. This has implications for migrants and their children as echoed by some of the study participants: "Some of the migrant women sleep in the market, in front of shops and some sleep-in kiosks. If a man lives at the place where they want to sleep, they request for sexual intercourse with them before agreeing to that. That's the problem (Mari, a thirty-five-year-old study participant, Field Data, November 2017). Another also noted: ... It is just that getting somewhere to sleep is the issue.... (Interview with Sadia, Field Data, November 2017). Another woman explained how they are constantly attacked by thieves on time. She narrated:

Mostly, my money gets stolen at night when we are asleep. Meanwhile, I kept the money for my children's school fees and feeding. We go through a lot of challenges here, even when we lock the place the thieves will break in, they sometimes cut the kiosk in which we sleep (Helda, a study participant, December 2017)

When asked how this affects her children, she said in many ways. She explained that she cannot keep her children in school because her money always gets stolen. Others also explained how they have to learn the local language by establishing relationships with neighbours and their children in the host community. As one interviewee narrated: "I pass

through Kumasi before coming to Accra, there I learned to speak Twi, here to am still trying (Fauzia, a study participant, November 2017).”

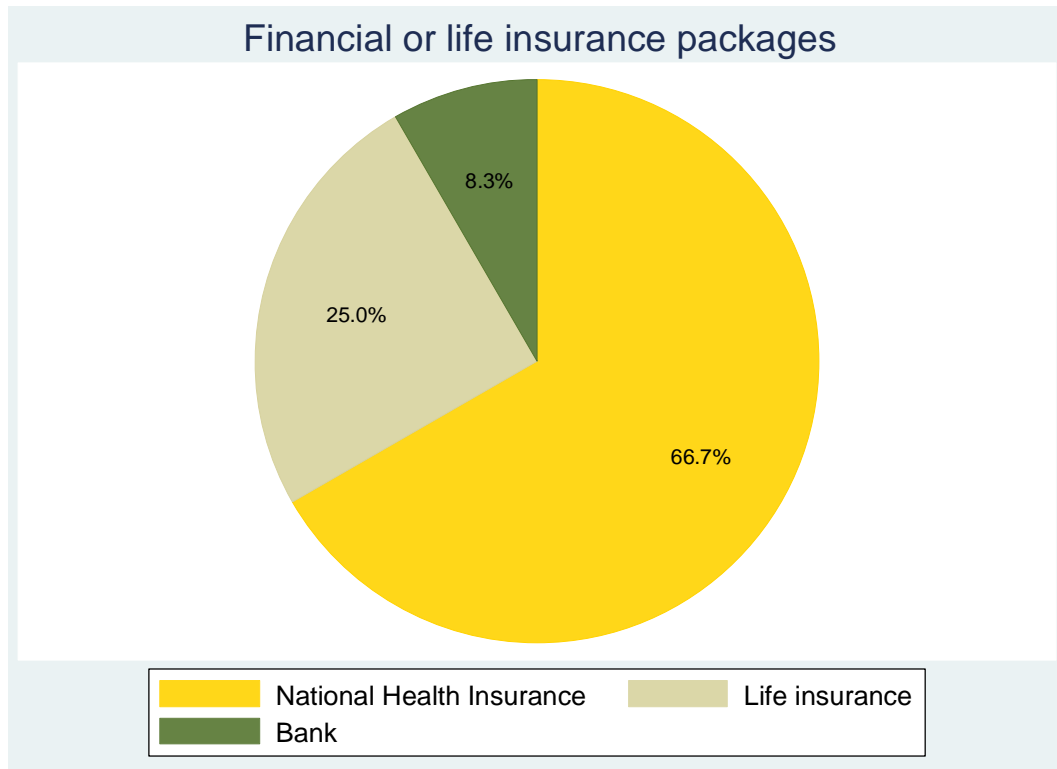
As indicated by several studies, virtually all the challenges encountered by these women are related to housing/shelter (Owusu et al, 2008). This affects migrants and their children negatively as they are exposed to hazardous circumstances such as sleeping with children outside, where a lot of them get raped in the presence of their children. One participant noted:

I arrived here [Madina] at 1 am and was told there is no place to sleep. So, I sat outside till 3 am when a lady came out to urinate and I asked her if she could help me with a sleeping place and she did. So, we share the rental fee and pay every week. I came with the small girl you are seeing. She is my sister's daughter, she will work and send the money for her sibling's care in the north. I live with this little girl (Interview with Kathio, Field Data, November 2017).

### **6.2.3 Life Security Measures Instituted by Migrant Women**

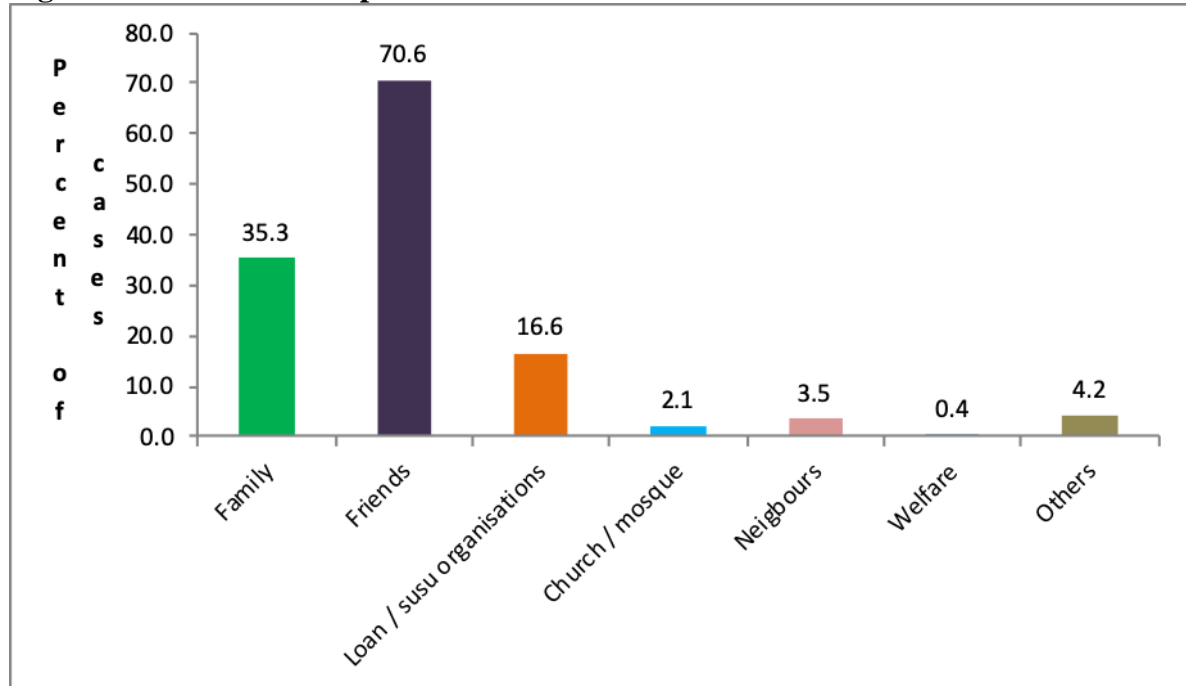
About one out of every five of the migrant women has subscribed to financial or life insurance packages. Additionally, about two-thirds had registered and were contributing to the National Health Insurance Scheme (NHIS), whilst about a quarter had life insurance policies (Figure 6.3). Further analysis of the quantitative data revealed that nearly about two-thirds of those who had subscribed to financial or life insurance packages were those aged 18 - 30 years. The institution of both financial and life insurance on the part of the migrant women is indicative of their awareness and consciousness of financial as well as health risks including the need to protect themselves and their children from such hazards.

**Figure 6.3: Subscription to Financial / Life Insurance Packages**



Source: Field data, 2017

In the event of emergency and financial difficulties, the study participants mostly resorted to friends (70.6%) whilst about half of that went to family members (35.3%) for assistance (Figure 6.4). Loan / susu organisations placed third among the institutions or bodies migrant women consulted for financial assistance.

**Figure 6.4: Where Participants Seek Financial Assistance**

Source: Field data, 2017

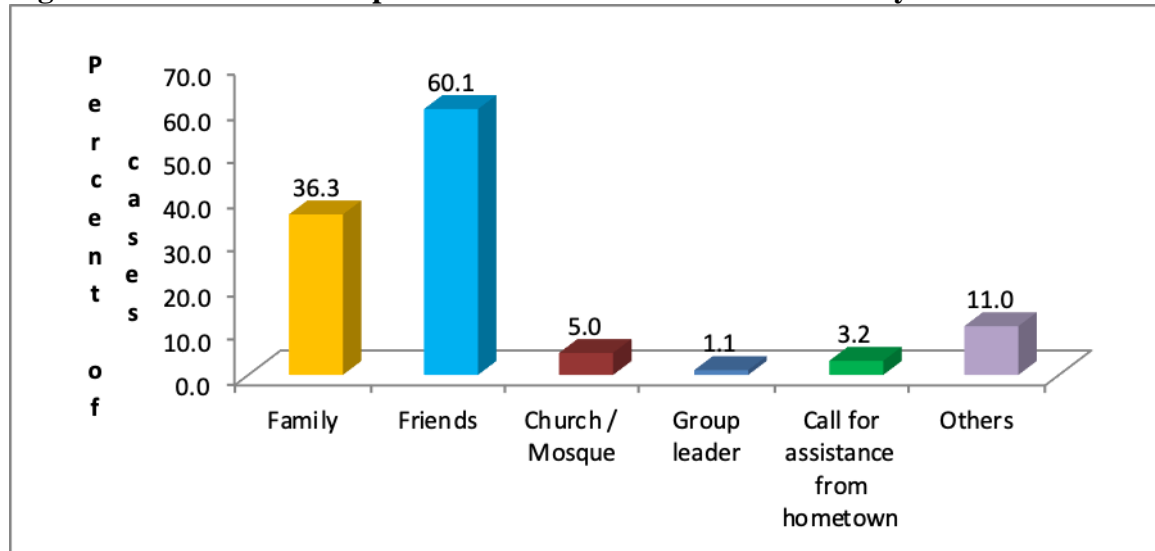
The interview data corroborate the survey data, showing that the traditional savings and loans system patronised by many in the informal banking system of Ghana, known as "susu", was patronised by the female migrants as a coping strategy in addressing their situations of vulnerability (Kpedator, 2012). A typical situation is the case of Mariama who's susu was taken away by the susu official. Meanwhile, her life depended heavily on it. She explained that: I use to do susu, I did 15million and someone took it away. So, I have stopped even right now I have 11 million in here with me. (Mariama a study participant, November 2017).

Others too made use of the same strategies. According to Jamilatu: "I have a taken loan in Accra before from a microfinance institution near Oman FM called Opportunity International. I also save there. Yes, so for instance if I take two thousand Ghana cedis, I put some at the bank and use the rest to do business, so I get profit (Jamilatu, a study participant, November 2017)".

### 6.2.4 Migrant Women’s Health Solutions

Most of the migrant women (60.1%) usually contact their friends for assistance in times of sickness whilst about one-third seek assistance from their family members (Figure 6.5).

**Figure 6.5: Entities Participants Contact for Assistance when they are Sick**



Source: Field data, 2017

The first action the study participants usually take when they are sick is self-medication with drugs procured from the pharmacy and drugstores. Approximately 64 percent of them choose this as the first option and 32.5 percent choose it as a second option. Cumulatively, 96.9 percent of the migrant women choose it as a first or second option. Self-medication with drugs obtained from the pharmacy obtained the lowest mean score of 1.4 followed by self-treatment with herbs which also had a mean score of 2.1 (Table 6.1). The last option the study participants resorted to was to contact herbal practitioners for healing when they were sick as it scored a mean value of 3.5, which is the highest among the mean scores.

**Table 6.1: Actions Taken in Times of Sickness**

Action	N	Mean	std. dev.	Min	Max
Self-medication from pharmacy	163	1.4	0.68327	1	6
Self-treatment with herbs	145	2.1	0.5465	1	6
Medication from family and friends	67	2.6	1.01437	1	5
Visitation to hospital	124	2.9	2.01385	1	6
Self-medication from herbal drug sellers	70	3.3	2.35222	1	6
Herbal practitioners	30	3.5	1.16659	1	5

Source: Field data, 2017

The interview data revealed these women relied on the NHIS in seeking health care. For instance, it was variously observed that some study participants registered for health insurance, not only for themselves but for their dependents as the majority of these women are the primary providers/caregivers of their dependents. Participants in this study revealed that various health facilities exist in Madina for their use. The closest of these health facilities mentioned were Alpha Hospital, Madina Polyclinic, Kenkele a polyclinic in the Municipality, and Legon Hospital, where health services are provided for all including maternal health care. For those who are registered under the National Health Insurance Scheme, health care is absolutely free for them. This is how one study participant described her approach to obtaining health care in the environment she finds herself she said "I have registered them "(children)" for health Insurance and me as well. When they are not feeling well I take them to the hospital using the health insurance and sometimes to Madina Polyclinic -- Kenkele (Humu, a study participant, November 2017)".

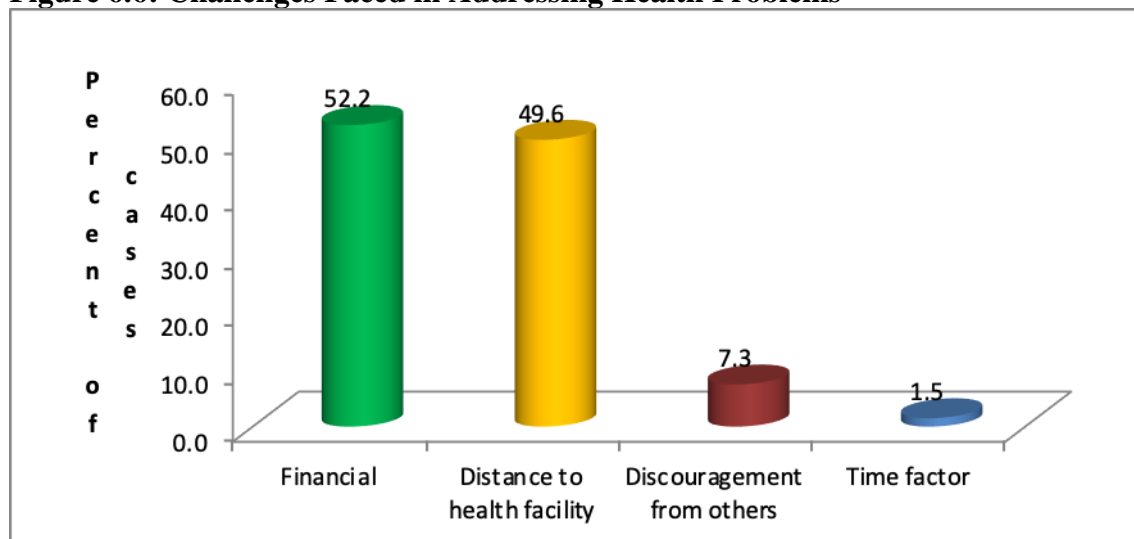
Echoing similar sentiments and arguing along the same line, one study participant indicated that: We go to the one nearby Kenkele Park[Polyclinic] and most of the private hospitals

don't take health insurance. Sometimes when it's evening time, we go to the private ones around our place (Zena, a study participant, November 2017).

Also, revelations by one of the community social welfare officials affirmed that Kenkele hospital is a polyclinic in Madina which serves all seek health care including women and children as well as migrants. She explained that “Kenkele” is a polyclinic in the La Nkwantanang- Madina Municipality, close to Madina market where most of the study participants reside and work. In her words: “Kenkele” is just behind the market and it is close to them”.

Figure 6.6 below presents the results of the challenges migrant women face in addressing their health conditions. Over half of the study participants faced financial difficulties in addressing their health problems and about half of the participants had to travel long distances to access health care.

**Figure 6.6: Challenges Faced in Addressing Health Problems**



Source: Field data, 2017

About 12.9 percent of children of the study participants also had health problems. These health conditions ranged from body pains (29.4%), asthma, anaemia, ulcer and skin rashes

(11.8% each). A few of them also suffered from eye problems, fever and dawn's syndrome. Almost a third of the children of the migrant women fell sick every week followed by about 23 percent who fell sick once in a year. Further, about 19 percent fell sick once in a month, 12.2 percent had daily health conditions, 7.8 percent had quarterly health problems whilst 7 percent fell sick every two weeks.

**Table 6.2: Ailments of migrants' children**

Period	N	Percent
Daily	14	12.2
Weekly	35	30.4
Every two weeks	8	7.0
Monthly	22	19.1
Quarterly	9	7.8
Yearly	27	23.5
Total	115	100.0

Source: Field data, 2017

These statistics are reflective of the state of the health conditions of their mothers. This may be obvious since they both live in the same environment with the same health predisposing characteristics. This further highlights the notion that migrant women mothers are exposed to 'double challenges' in this context including seeking assistance for the resolution of both challenges.

Fifty-five percent of the migrant women resorted to the purchase of medicine from pharmacies as the first step when their children are sick and an additional 42.4 percent chose it as a second option. This particular option also had the lowest mean score of 1.5, making it the number one action the migrant women usually took when their children fell sick (Table 6.3). Taking the child to a clinic or hospital came third after treatment with herbs; mean scores of 2.68 and 2.14 respectively. Taking children to their hometown was the most unpopular one followed by going for medication from herbal drug sellers which had mean

scores of 5.27 and 4.05 respectively. Health seeking behaviour for migrant women's children follows the same trajectory as that resorted to for the women.

**Table 6.3: Actions Taken when Children are Sick**

Action	N	Mean	std. dev.	Min	Max
Buy medication from a pharmacy	158	1.50	0.6	1	4
Treat them with herbs	133	2.14	0.5	1	4
Take them to the hospital	117	2.68	2.2	1	6
Give them medication from family and friends	40	2.83	0.9	1	4
Take them to herbal practitioners	32	3.63	1.4	1	6
Buy medication from herbal drug sellers	194	4.05	2.4	1	7
Take them back to hometown	37	5.27	1.8	1	7

Source: Field data, 2017

In line with the above discussion, one interviewee observed that:

When my children take ill I send them to the hospital close [Kenkele]. I use the national health insurance, so anywhere health insurance cards are accepted, I go there. I also go to Alpha Hospital (Mariama, November 2017).

Similarly, Shamdiya a study participant has this to say:

Anytime my children are not well, I stop work to attend to them and take them to the hospital. Sometimes, if their father is available I call him to go and take the child to the hospital but if he cannot, I leave work and go and take the child to the hospital. (Shamdiya, a study participant, November 2017).

The same sentiment was expressed by Adizah a trader, who remarked:

I have registered them [children] under the national health insurance scheme. When they are not feeling well I take them to the hospital using the health insurance and sometimes to Kenkele [Madina Polyclinic] -- (Humu, a study participant, November 2017).

The quotes above demonstrate the fact that the migrant women largely patronized orthodox treatment and the associated medication in aid of the health of their children. The funds used for paying for such services normally emanated from migrant labour proceeds. In other words, migrant women's children are taken to the hospital for medical treatment when they

are ill. This is better than migrant mothers. This is indicative of the value the migrant women have placed on the healthcare of their offspring.

#### **6.2.5 Social Capital as a determinant of Children's Wellbeing**

As part of their coping strategies, the revealed findings of the study indicated that the women used their agency by relying on social networks and social protection offered through religion. Most of the women interviewed are moslems. In La Nkwantanang-Madina different social groups exist to offer social protection, prominent among them is an islamic group called (Mankaratta). Other social groups included Sisala women's family, Dagomba women's family, Bimbilla women's family, Waala women's family, Tamplima women's family and Mamprusi women's family groups including women's fellowship and Christian church groups. It is worth reiterating the fact that such groups provide their members with informal social protection to help their fellow women when they are in dire life predicament. The functions of this group encompass funeral, marriage and outdoor contributions. For instance, Sadia opined that "we do like funeral we contribute something and if someone is getting married we contribute twenty Ghana cedis and outdoor we give soap, pampers and ten cedis each". In the situation of certain difficulties such as illness, travel to the North and funerals of a fellow migrant woman, Fatima noted that:

Group members discuss and agree on a package for the fellow to take home. If someone is sick, we contribute money to support the person until she recovers. It is not a loan we do that to help ourselves (Fatima, a study participant, November 2017).

Another interviewee noted:

We contribute money to support members. When I gave birth, they gave me soaps. Also, when am travelling to the north they support an amount of five hundred Ghana cedis to support my transport fare. Those who have funerals are accompanied by group members to the funeral and also receive financial support. An amount of three hundred Ghana cedis is given. We pay monthly dues (Jamilatu a study participant, November 2017).

As typical of most associations, these women's groups pay dues as mentioned by Jamilatu. The dues are used to facilitate the management and resolution of female migrants' problems. This underscores the significance of the dependence on social capital, especially in times of need (Putnam, 1995; 2000).

The in-depth interviews affirmed that one of the key means by which the migrant women cope with their challenges is religion. Thus, in addition to the various women's groups that the migrant women belong to, some also belong to "makaranta", one group of Moslem religious orientation. Its benefit to the members encompass the following:

I gain by hearing God's word and how to worship God. Am happy in this group because I hear the word of God which I put to practice. I have learned that we should cast all our burdens unto God and not fight our own fight. Apart from the spiritual aspect, we are thought human relation skills which are valuable for my relationship with customers (Humu a study participant, November 2017).

Similarly, Zara, a 33year old mother explained that:

They teach us what is good and what is not, how to train our children, how to serve God, how to calm people's tempers so even when you are in a bad mood from home, coming here would lighten up your mood and you can extend that knowledge to the home. They also teach us how to relate well with our spouses and be patient with them even when we are not treated well. I'm very happy to be a part of this group because even when your child is not well and you come here to pray, God listens and grants the request. I'll be a liar to say I'm not happy to be a part of this. Sometimes if I'm short of money and I tell our madam about it she gives me some money. All these make me committed to the group (Zara, a study participant, November 2017).

One other woman puts it this way:

I told my friend, whom I live with in the same area, about my intention to join a makaranta group and she told me that she knows of a friend who is a mallam of a makaranta group and so I started going with her (Mari a study participant, November 2017).

as found by scholars such as scott (2000) and Bourdiueu (1985), many of these women have built strong social support systems that serve as a safety net for them during times of need. Reliance on social capital is thus a key coping mechanism for the majority of these women

(Scoones, 1998). On the other hand, some of the women do not belong to any social grouping, yet rely on family relations when the need arises. A typical situation is the case of Munira who explained that:

I am not really interested in such groups at all. I have my family here with me so I rely on them. It is my mother who takes care of my children when I go to market. I am ok with my family (Munira, a study participant, November 2017).

In some cases, the migrant women established networks with neighbours which they draw on to benefit themselves and their children. Dari explained that she relied on neighbours when necessary in transporting her children to school and back. She narrated: "there is a lady who lives in my neighbourhood whose husband owns a taxi, who said my children can join the taxi home after school." Another woman also explained that she relied on neighbours when she is financially handicapped. She said there is a woman close to where she lives, she sometimes gives her loans or she just gives her money to buy food.

In addition to the above coping strategies revealed in the findings, a few of the coping strategies identified were negative for instance one woman said she resorted to stealing to survive:

Anytime I go to sell Food [waakye] for my madam, whom I work for, God should forgive me though. I take some of the tomato sauce [pepper] and then when she pays my daily feeding fee of two Ghana cedis, I take fifty pesewas out of the two Ghana cedis to buy gari, which I eat using the stew I have stolen. So, every evening after work I eat gari and stew while I save the rest of the money for future use (A forty-five-year-old, study participant).

Another interviewee narrated:

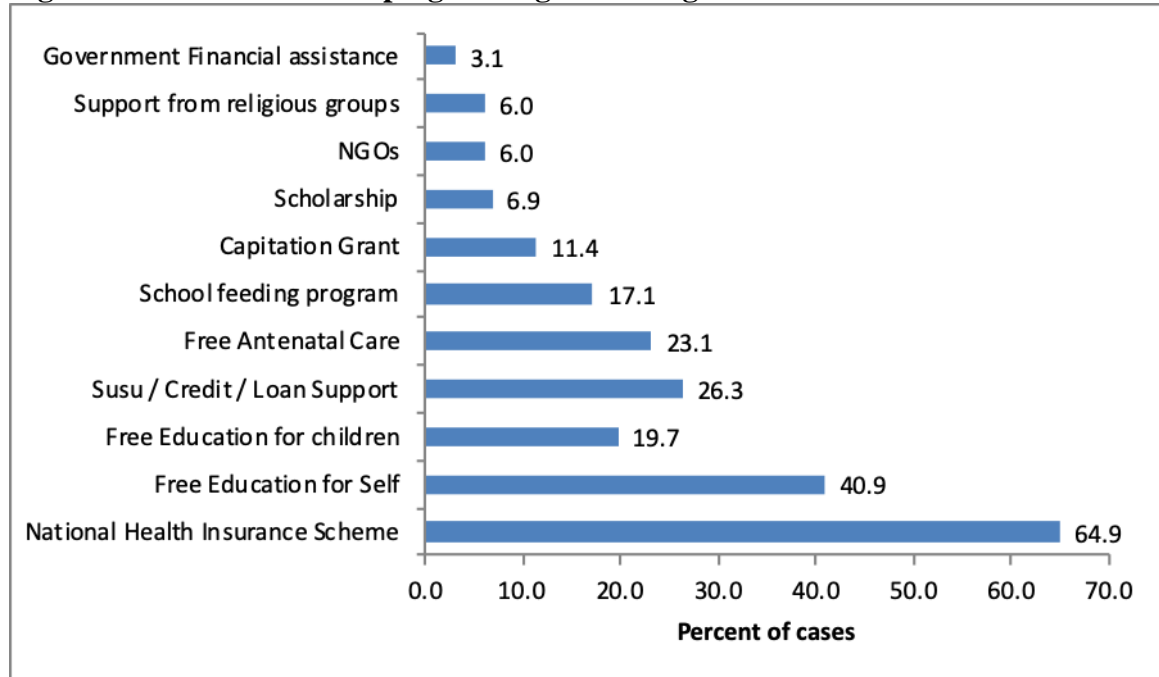
my mother went to Accra to buy some cloths for sale and a head potter fled with all the items she bought. The head potter will send these things to her hometown at the north and her people would think she bought the items with the money she earned working in Accra. This would make her friends want to migrate to Accra. Meanwhile, they are robbed and raped here because they don't have accommodation (Samantha, October, 2017)

The cases illustrated above, indicate that different categories of coping strategies exist. However, what is of interest to this study is social capital. When asked what informed their choice of coping strategies, the women responded that their choice of coping strategies is largely influenced by the fact that they have children. Thus, the fact that they have children will shape what they do and cannot do: 'my husband, for instance, doesn't want me to work. He said I can't take good care of the children if I am tired (Ishetu, a study participant, November, 2017)'. For women to be able to achieve wellbeing for themselves and their children there is the need for the women to engage in economic activities (Teye et al. 2017). However, the case of Ishetu above is different.

### **6.3 Institutional or State Level Coping Strategies**

The migrant women patronise and therefore benefit from social protection measures such as NHIS, Livelihood Empowerment Against Poverty (LEAP), capitation grant, free education and a host of others, instituted by the Ghanaian government nationwide for themselves as well as their children. For instance, 64.9 percent of the sample have registered and were benefiting from the NHIS. Children of one out of every five migrant women were enjoying free education, and about half of them benefited from the capitation grant. Over 23 percent of the migrant women also benefited from free maternal care. A few of them, however, benefited from the government's financial assistance such as the LEAP programme (3.1%). Other resources that migrant women in the La-Nkwantanang Madina Municipal Area benefited from have been presented in Figure 6.7.

**Figure 6.7: Institutional Coping Strategies for Migrant Women**



Source: Field data, October 2017

The above quantitative finding collaborates with those of the key informant interviews. For instance, a Department of Social Welfare official acknowledged the existence of social protection mechanisms for all individuals in the Municipality. The Official explained that:

Our duty as social welfare personnel is to ensure the social protection of every individual within the La Nkwantanang- Madina Municipality. We mainly focus on groups that are considered vulnerable. These include women and children. We do not come into contact with migrant women from Northern Ghana because they may not be aware of the services available to them at the Social Welfare Department (Social Welfare Official).

The latter part of the preceding statement is suggestive of the lack of awareness of some of the services that state institutions offer to Ghanaians including migrant women. This has implications for awareness creation about such services. The official again noted that "we provide services to women in general but we do not target migrant women as a specific group". The in-depth interview data show that the NHIS does not cover every medical cost when the card is taken to the hospital for purposes of seeking medical treatment. One migrant woman opined:

I have the National Health Insurance Card [NHIC]. But it does not cover every ailment. So, I pay money when I go to the hospital. I spend between eighty to ninety Ghana cedis each time I visit the hospital (Jamilatu, a study participant, November 2017).

Another woman remarked that:

I use the NHIC for my children and myself, but if I go to a hospital where I need to pay I pay. Because even with the NHIS they won't treat you well and they won't give you the proper medicine and when there is a Lab test NHIS does not cover it (Ishetu, a study participant, November 2017).

The migrant women patronised state instituted social protection measures as revealed in the findings, however, their reports show that these social protection strategies have problems of their own such as inadequate coverage of NHIS. In addition to the above, several interventions (e.g. skills training, informal education) have been made to ease the plight of migrant women. Hence, according to the Municipal Social Welfare Officer:

Sometimes we put them in a programme... they give us a plan of action, whatever we want to do in the municipality and we target some of these things... some of these things in collaboration with Social Services Sub Committee is to educate head potters in the municipality and those who have migrated and don't have anything to do. They are not left to hang around; some of them really know where they are supposed to go. For example, the girl who came to social welfare, I asked her and she said she knows that social welfare is the mother of... they know we settle issues like this. I wanted to know if someone had informed her and she told me that there was once a work shop at the forecourt at the market and she heard them say, those who have pregnancy issues and family issues should come to social welfare. I asked her if she was at the workshop and she said she wasn't but she heard about it (Social Welfare Officer).

The Department of Social Welfare works in collaboration with other non-governmental organisations to improve the wellbeing of migrant women through the organisation of training workshops for them. In the words of interviewees:

I remember social welfare brought all those from Accra and organized a training session for them. They were to learn sewing. They were given sewing machines and they put the sewing machines somewhere and were back on the street (Social Welfare Officer 2).

The key challenges related to institutional support pertains to the effective utilization of available interventions. We thus find one participant noting that:

There are a lot of challenges. Sometimes people don't understand what the social welfare department does. An NGO came to us and we recommended a health insurance project for them to fund and they were successful. The NGO worked with female potters and many of them were enrolled in the national health insurance scheme through the help of the NGO. I realized that most of the migrant mothers do not have health insurance. So, when the NGO assisted with their registration many of them were happy but they do not utilize the national health card. When you interact with them and you ask them where the health insurance card is, they tell you it is there. What I realized is that, even if they fall sick instead of using health insurance for their health needs, they rather go to the pharmacy to buy drugs. Meanwhile, they were given three days of training and education before the health insurance cards were issued (Social Welfare Officer 1).

Officials of the La Nkwantanang- Municipal assembly further explained how they collaborate with the District Social Welfare officials to offer support services to migrant women with children. In his words, “we provide free transportation for some of the women to go back to their respective hometowns”. Another official noted at length:

There is this NGO that wanted to take most of them back to their hometown. The man was also looking for some funds because they can't be here and you tell them you are taking them back to the north with nothing. He was writing proposals and wanted to work with the other municipal assemblies to know what they can offer. In Madina they raised this as an issue at the Social Census Sub Committee Meeting (Social Welfare Officer 1).

There is also the resettlement factory to be located in Northern Ghana to serve as an employment hub for people in that part of the country. For example, the key informant data revealed the following:

I doubt the resettlement will be successful because everybody knows there is no factory in the north which will be a main stay for the people. They all come here looking for better job opportunities. I believe if we can do something for them here, it will be better. I also believe they can't continue to be head potters forever. We can't do it one at a go, it has to be one at a time if one-person trains 10 people for them to leave the streets, and gradually they would train other people to leave the streets... I realize the sewing didn't work because they were looking at the number (Social Welfare Officer).

In the nearest future, the Department of Social Welfare intends to:

Write proposals to UNICEF, IOM because I believe they have a budget for some of these things. If the NGO had 10 people in mind, IOM takes 10 people and UNICEF also takes 10, we would put them in places we know we had established them and they won't go back to the streets ... That is what I think we should look out for. Any NGO that comes with potter girl issues, this is something we intend to raise so they would get funding to do some of these things (Social Welfare Official).

According to the Municipal Education Officer, the state has made provision for providing some level of education for underprivileged people in the Municipality to enable them to become literate, to the extent possible, through such initiatives as skills training in shoe making, jewelry making, etc. The quote below demonstrates this:

We go into communities and identify people aged fifteen and above [to hundred years old] those who are school drop-outs or those who don't have money or the access to go to school so we go there and gather them and find a place or a class and educate them. The poster and everything are provided by the government and it's free; they don't pay anything. The only thing they have to buy is the exercise book; the one they will use in class. After every year, we graduate them and give them certificates. That's what we do (Municipal Education Officer).

In addition to these, the education unit of the Municipality also facilitates communal work, conducts campaigns on disease outbreaks, provides skills training in shoemaking, chain or necklace and beads making to improve their standards of living. For example, it was observed that:

Sometimes it's not only about classroom learning. Sometimes if there is an outbreak of disease, we go into communities and educate them on how to prevent them. Especially when it's sanitation day, we gather people at Madina Zongo Junction and distribute brooms and then we go round to sweep and make the place clean. Sometimes we also do particular works such as liquid soap; we teach the learners. When they learn it, they can use it to their benefit when they have no jobs doing. Liquid soap, broom, mat are among the many hand-made things in the market. Shoemaking, chain making, necklace, beads for adorning the waist, we teach all these things. We employ professionals to teach them these skills and we give them some money or some of the equipment to work with and cater for themselves. For instance, with one of my classes, we would have to do some practical at some point. When the government provides the funds, we go and get the items. The government directs us on what to buy. If it is beads we are to buy, we get them and teach them with the help of professionals. When they learn these skills, they can utilise them to take care of themselves, make sales and earn money. Sheabutter, shampoo and a

whole lot of things...They can read something they see so that they are not prone to being cheated by someone. We even teach them ICT; how to use the computer and how to use their own phones. We make them know that phones can be used for a wide variety of things aside making and receiving calls (Municipal non-formal Education Officer).

Further, possible interventions hinge on policy issues about strengthening girl child education and job creation in the three Northern Regions of Ghana. Such proposals have been explicitly articulated in the words of an official working in the community as captured in the statement below:

I think the government should put policies in place to strengthen girl child education, especially in the three northern regions. I am sure if they had an education to some level, they wouldn't migrate. I think there should be a girl child education project in the three northern regions. There should be resources in the three Northern Regions to build factories for them (Social Welfare Officer).

The Municipal Records Officer differed on this view with the argument that:

Some people organize them from the north and transports them down south to work as kayayei. So, we have to put a stop to it. It will help all of us (District Assembly Officer, December, 2017).

This presupposes that the migration of these women from the northern parts of the country is a business venture to some people who then make a profit out of it. Thus, some of the women do not migrate on their own volition, but under pressures beyond economic and financial gain.

**Table 6.4: Level of Satisfaction of Assistance Received from Support Systems**

Support systems	Very satisfied				Satisfied				Uncertain				Unsatisfied				Very unsatisfied			
	N		%		N		%		N		%		N		%		N		%	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<b>National Health Insurance</b>																				
Scheme	60	44.1	52	38.2	12	8.8	11	8.1	1	0.7										
Free education for self	57	51.4	37	33.3	4	3.6	2	1.8	11	9.9										
Free education for children	24	75.0	4	12.5	2	6.3	-	-	2	6.3										
Susu / Credit / Loan support	36	53.7	27	40.3	2	3	1	1.5	1	1.5										
Free antenatal care	16	48.5	14	42.4	1	3	1	3	1	3										
School feeding program	14	43.8	15	46.9	2	6.3	1	3.1	-	-										
Capitation Grant	2	28.6	5	71.4	-	-	-	-	-	-										
Scholarship	1	100.0	-	-	-	-	-	-	-	-										
NGOs	5	71.4	2	28.6	-	-	-	-	-	-										
<b>Support from religious groups</b>																				
groups	3	33.3	6	66.7	-	-	-	-	-	-										
<b>Government financial assistance</b>																				
assistance	15	65.2	5	21.7	-	-	-	-	3	13										

Source: Field data, 2017

The rating of the social protection measures above has implications for improvements for the better in terms of quality service delivery.

#### **6.4 Migrant's use of Social Interventions to Determine Their Childrens Wellbeing**

From the interviews, it was gathered that migrant women use social interventions in diverse ways to achieve wellbeing for themselves and their children. One woman said, "I take my

children to school every morning and when they close from school, I bring them home". Thus, for this woman, she understands the FCUBE and the school feeding programme and takes strategies to ensure her children go to school. She explained that her son who is six years old sometimes proves difficult, thus why she sends them to the school herself to ensure that they don't go and play she said "I am happy to be sending my children to school every morning because my eldest son like playing a lot and would not go to school. Some people tell me they are old enough to go to school on their own and I disagree (Selma, a study participant, November 2017)". In spite of Selma who believes in educating her children as stated in sustainable goal four, some of the women leave the children to make their own choices. This I observed during my field work where many of these, in their vulnerable states resort to negative coping strategies such as stealing, begging, and child labour. The DSW explained that some of the children are on the street with their mothers begging.

This notwithstanding, some of the women who know about the National Health Insurance Scheme (NHIS), use it when they require health care, others also use it when their children require health care as affirmed by Helda a study participant. She said I take them [children] to the hospital at Zongo Junction or Legon. She explained that those who have health insurance have to join a long queue but this does not discourage her because she wants her children to be well. She added that I don't pay anything when I go for antenatal with my health insurance it is free but the nurses normally take money from us (Helda, a study participant, November, 2017)". On the other hand, Kadija, another study participant has a different experience to share, she said when you have health insurance, you are not given health care if you go to the hospital, and even if you are given health care, they prescribe the drugs so you go buy them yourself. The only drug you are given is para and the drugs she has to buy is expensive.... She explained that because of this experience when she needs health care she prefers drug peddlers who come around the market to sell drugs. She further

explained that... “if you have money, you can take your children to a private hospital for faster health care (Kadija, a study participant, November, 2017)”.

## **6.5 Discussion and Conclusion**

Female migrants, in the process of coping with the numerous challenges they are faced with, have in turn been constrained by the lack of opportunities as well as lack of information on available socio-economic services. Nevertheless, women have developed their own mechanisms of social support and survival. For instance, they have their own "susu" from which they borrow and save money (Scott, 2000)

Religious beliefs, family ties, nature of savings, work ethics, and compliance with social values, serve as ethnic resources which partially explain the orientation of migrants towards entrepreneurship (Volery, 2007). Previous research, such as Dhaliwal et al. (2010), indicates that human capital, i.e., the skills and knowledge which an entrepreneur acquires during his/her life through, for example, schooling, work experience, and training, is an important resource that migrants draw on to start their own businesses. However, migrant women in developing countries are likely to have less human capital (education, training, and experience) compared to men due to culturally specific influences (Kantor, 2002).

While some of the participants rely on their social capital and networks to deal with their challenges, the study by Dhaliwal et al. (2010), shows that, generally, migrant women tend to have weaker social networks compared to their male counterparts. The analysis of Heilbrunn Abu-asbah, (2011) affirms that women, both migrant and non-migrant are more likely to make use of informal rather than the formal business network. The use of social capital has the propensity to act as either a barrier or an enabler for female migrants including migrant women entrepreneurs. The reliance on informal networks prevents migrant women entrepreneurs from having meaningful exchanges within business

networks, thus limiting their opportunities to gain access to finance and other resources for the development and growth of businesses. Contrarily, it is also argued that building and appropriately utilizing social capital tends to facilitate women's entrepreneurial activity by identifying potential opportunities and niche markets, attracting clients, customers, suppliers, investors and reducing transaction costs (Roomi, 2012). Migrant populations' health issues are an important public health concern. Both nationally and internationally migrant women's healthcare needs have been an area of concern (Viken, Lyberg & Severinsson, 2015).

Active participation in a new setting can increase women's capabilities. For instance, language skills can strengthen their social networks and makes their daily life more manageable by creating independency through not having to rely on the translation by family members and interpreters. The ability to communicate in other languages also provides a stronger sense of belonging to society as it enables the women to strengthen their social network and start new activities such as entering into paid employment.

Another coping strategy is seeking information and support from family, friends, and acquaintances. This strategy can be seen in connection with personal agency, the notion that the person can make her own choices and exercise autonomy over personal life events and circumstances (Higginbottom, Safipour, Mumtaz, Chiu, Paton & Pillay, 2013). Most of the women in the present study maintained close links with family members in their regions of origin through the telephone. Studies such as that of Eide et.al (2012) and Levitti (2001) have revealed that migrants retain lasting ties with their country of origin. The identity and social practices of migrants transcend national borders.

Through social networking, these women have managed to improve their financial literacy; language literacy etc. This is reminiscent of Bourdieu's (1985) definition of social capital earlier articulated that it "focuses on social relations that have productive benefits...of the

actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition” (p. 248). Aasen (2013) highlights the importance of language skills for refugee women to cope with their daily life. Some of the participants in this study have little or no education, which has implications for their health literacy. In their encounters with the research team, the study participants who did not speak Twi and the English language relied heavily on interpreters to achieve the requisite understanding. This is described as one of the main challenges in cross-cultural research (Liamputtong, 2010).

Coping strategies vary. While some relied mainly on problem focused coping strategies, others dwelt on emotion-focused strategies. As dos Santos Bernardes, Ray and Harkins (2009), adaptive problem-focused coping strategies entail taking actions to ameliorate challenging situations as well as obtaining support from another person who can assist in the given situation of concern such as the lack of accommodation. On the other hand, emotion-focused coping strategies encompass the sharing of feelings concerning challenging situations with another person. Maladaptive problem-focused coping strategies comprise the use of alcohol or drugs to forget a bad situation whereas maladaptive emotional-focused coping strategies include denial. Resorting to adaptive coping strategies fosters resilience. However, as dos Santos Bernardes, Ray and Harkins (2009) have pointed out, the essential features that facilitate the establishment of resiliency entail the ability to find support outside the family, the ability to develop and sustain relationships with positive adults, hope, and a host of other factors.

The findings of this study show that migrant women have a repertoire of coping skills and strategies that helped them to adapt to and manage challenging migrant situations in the precarious work environment they find themselves in southern Ghana. Previous studies on coping found that most women rely on family, friends, and acquaintances when confronted

with challenges (Doss, Oduro, Deere, Swaminathan, Baah-Boateng & Suchitra, 2017). These coping skills and strategies enable them to effectively manage challenging situations. Coping by way of seeking information and support from family, friends, and acquaintances help these women to maintain close links with family members in their regions of origin through the internet, telephone, and travel; these findings confirm the works of Scott (2017) and Bourdieu (1985).

## CHAPTER SEVEN

### EFFECTS OF MIGRANTS CHARACTERISTICS, CHALLENGES, AND COPING STRATEGIES ON CHILDREN

#### 7.1 Introduction

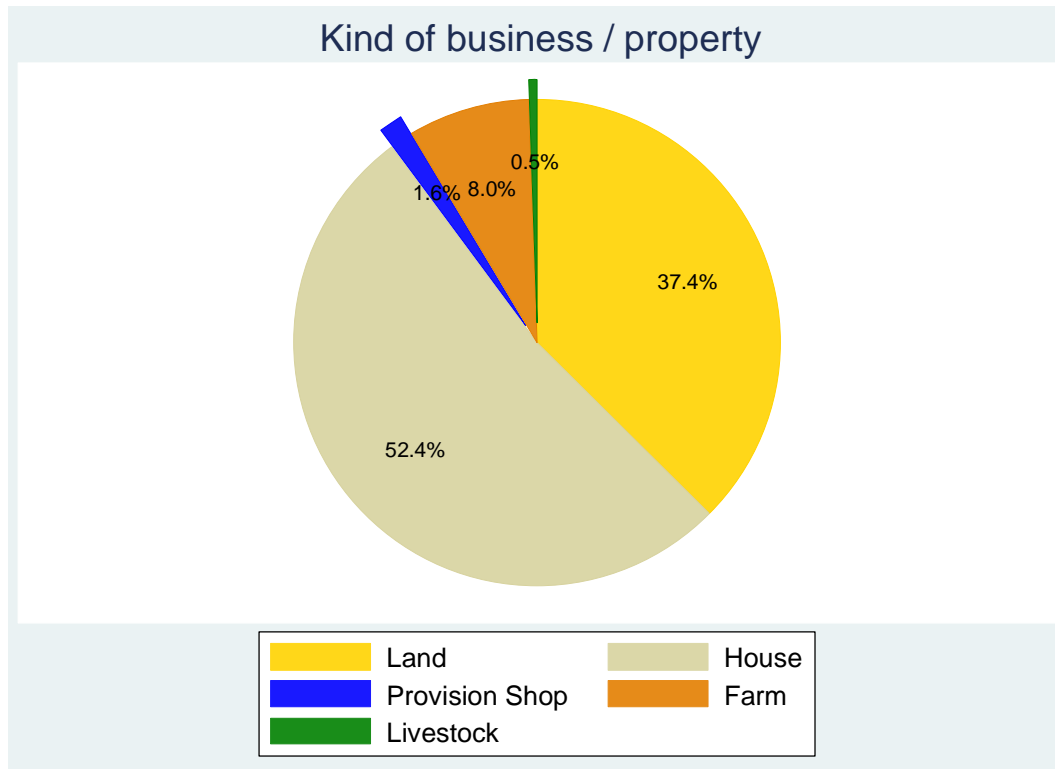
The coping strategies adopted by these women depended on several factors, the least of which is the fact that they have child care responsibilities. Others include the socio-economic characteristics of the women themselves, the social capital they have, the number of children they have and other immediate dependents.

This chapter comprises five sections. The first section consists of an overview of migration and property ownership among female migrants. The second presents the determinants of child well-being, the third focuses on the linkages between female migrants' challenges and their children's well-being, the fourth discusses the broad effects of migration among female migrants and the final section examines ways of improving migration and remittances from a gender perspective.

#### 7.2 Migration-induced Business and Property Ownership among Migrant Women

Over half of the study participants owned businesses or other forms of property at Northern Ghana and destinations. These properties were basically in the form of buildings (52.4%), and land (37.4%) (Figure 7.1). Further analysis of the data revealed that about 17.6 percent of those who owned property or businesses have them close to their current locations, which is Madina and Accra.

**Figure 7.1: Kinds of Business / Property Owned**



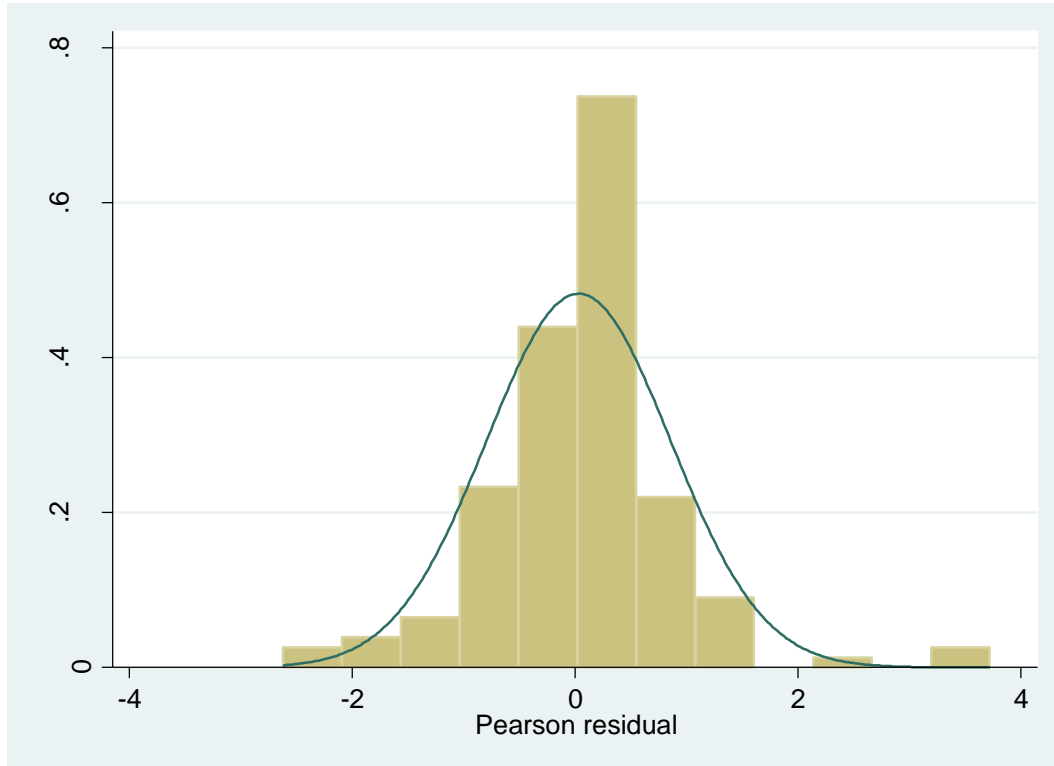
Source: Field data, October 2017

### 7.3 Determinants of Childrens Wellbeing

Respondents were asked about their perception of the challenges their children go through. These responses were scored and used as a proxy to measure children's well-being which is a dichotomous variable; good or poor. Nearly three out of every five children (57.8%) were said to have "good" wellbeing.

Logistic regression with the wellbeing of children as the dependent variable and characteristics of migrant women challenges encountered and coping strategies, all three, as a set of independent variables were used to determine the factors which significantly impact the wellbeing of children of the migrant women. The overall model was significant at 1 percent given a p-value of 0.0000, and the explanatory variables used in the model better explain changes in the dependent variable to an extent of about 51.6 percent than a model with no variables.

A logit model was used instead of a probit model since the error term of the dependent variable (i.e. children's well-being) is not normally distributed. A normality test in Stata confirmed this. Children who had mothers whose educational level was higher than primary school were about 22 percent more likely to have improved well-being than children of women with no formal education, holding all other variables constant. This was statistically significant at 5 percent given a p-value of 0.028. Also, children of women who engaged in other occupations were about 51.6 percent less likely to have a well being than children whose mothers were head-porters, holding all other variables constant. This was statistically significant at a level of 1 percent given a p-value of 0.003. In a like manner, children who were perceived to be safe in the absence of their mothers were about 22.9 percent less likely to have an improved life compared to children of migrant women who were not secured, all other things being constant (p-value of 0.053), (Table 7.2).

**Figure 7.2: Distribution of error term of Dependent Variable (Children's Wellbeing)**

Source: Field data, October 2017

Furthermore, children of women who have been divorced, widowed or separated had about 70 percent chance of not experiencing what they considered as wellbeing compared to children of women who were single, holding all other variables constant. This was not statistically significant at 0.05. Also, children of Mamprusi and other ethnic groups decent were 32 percent and 21 percent more likely to have improved well-being compared to Gonja children, respectively, holding all other variables constant. The results indicate that children who have access to healthcare are about 30 percent more likely to be better off than children without access to healthcare, holding all other variables constant. This was found to be significant at 5 percent given a p-value of 0.022.

The children of women who borrow from friends and relatives in times of difficulty have about 23.7 percent chance of being well than children whose parents would not borrow from friends and relatives even in times of difficulties holding all other variables constant.

However, this is not strongly supported by the data given the p-value of 0.094. Also, children of women who relocate or take extra work have about 34.7 percent and 28.1 percent of being deemed well, respectively than children of women who would not relocate or take up extra work, holding all other variables constant. These were statistically significant given p-values of 0.035 and 0.015 respectively. Also, children of women who send their children away as a means of coping with life changes have about 36 percent of experiencing higher well-being than children of women who would not send their children away, holding all other variables constant. This was found to be statistically significant at a level of 1 percent given a p-value of 0.001. On the other hand, children of women who participate in savings and loan schemes are less likely to have improved well-being than children of women who do not participate in savings and loan schemes, holding all other variables constant. This was also significant at a level of 5 percent given a p-value of 0.011.

**Table 7.1: Results of logit regression**

<b>Independent Variables</b>	<b>dy/dx</b>	<b>Standard errors</b>
Migrant has children living in the North	0.0429186	0.10020
Children have access to education	-0.1358772	0.10730
Children have access to healthcare	0.3024277	0.12253**
<b>Coping strategies</b>		
Borrow from friends and relatives	0.2373074	0.13116*
Relocate	0.3473412	0.15833**
Take extra work	0.2814858	0.09644**
Send children away	0.3582935	0.10338***
Donations	0.0553062	0.11540
Reliance on family	-0.0435770	0.12810
Associations/groups	-0.1892678	0.21650
Participate in savings / Loans	-0.5332208	0.19517**
Engagement of children in economic activity	-0.1438061	0.26030
<b>Characteristics of migrant women</b>		
<b>Age of migrant</b>		
Young (18 – 30 years)	1.0000000	-
Youth (31 – 40 years)	0.0222172	0.13230
Adult (41 plus)	-0.0228369	0.15220
<b>Marital status</b>		
Single	1.0000000	-
Married	-0.0626146	0.11840
Divorced / widowed / separated	-0.7073631	0.24989*
<b>Ethnicity</b>		
Gonja	1.0000000	-
Tamplima	0.1371965	0.09100
Mamprusi	0.3207451	0.07681***
Other ethnic groups	0.2120099	0.11093**
<b>The Educational level of migrant</b>		
No formal education	1.0000000	-
Primary	-0.3932173	0.29370
Above primary	0.2210472	0.07898**
<b>Occupation of migrant</b>		
Head-porter	1.0000000	-
Trader	0.0104903	0.28420
Other occupation	-0.5163115	0.15867***

Pr = 0.0000 Pseudo R2 = 0.5157 N = 146 LR chi2(16) = 99.22

NB: \* p<0.1; \*\* p<0.05; \*\*\* p<0.01

(dependent variable is a dichotomous variable (children's wellbeing); good=1 and poor =0)

**Table 7.1 cont.: Results of logit regression**

<b>Independent Variables</b>	<b>dy/dx</b>	<b>Standard errors</b>
<b>Number of children living with migrant</b>		
One	1.0000000	-
Two or three	-0.0907081	0.11990
Four to six children	0.1222846	0.10560
<b>Length of stay in Accra</b>		
Up to 1 year	1.0000000	-
From 1 to 3 years	-0.1930346	0.21350
> 3 up to 4 years	-0.0790376	0.17000
More than 4 years	-0.2200531	0.22670
<b>Monthly earnings (GH¢)</b>		
Up to 200	1.0000000	-
201 – 300	0.2024021	0.13650
301 – 500	-0.0093244	0.19280
501 – 1000	0.1234338	0.11100
More than 1000	-0.0052942	0.23160
<b>Type of accommodation</b>		
Open space	1.0000000	-
Kiosk	0.0984742	0.22580
Block room	-0.1888902	0.25550
<b>Language proficiency</b>		
No other language apart from the native language	1.0000000	-
Proficient in another language	-0.1305552	0.08840
<b>Social network</b>		
No social network	1.0000000	-
Social network	-0.0557309	0.09650
<b>Security</b>		
Child is not secured	1.0000000	-
Child is secured	-0.2288816	0.08485*
N	146	

Pr = 0.0000 Pseudo R2 = 0.5157 N = 146 LR chi2(16) = 99.22

NB: \* p<0.1; \*\* p<0.05; \*\*\* p<0.01

(dependent variable is a dichotomous variable (children's wellbeing); good=1 and poor =0)

### **Determinants of children's health as an indicator of Children's Wellbeing**

The model for health as an indicator of children's well-being was statistically significant given a p-value of 0.0001. Three of six variables which were reliance on family support, educational qualification of migrants, and the type of sleeping accommodation were found to have some influence on the wellbeing of children of migrants in terms of their health and were statistically significant at 1 percent; given p-values of less than 0.01. The other three variables which were reliance on donations, and length of stay in Accra, and many children living with migrants significantly influence the wellbeing of children of migrants in terms of their health at a level of 5 percent.

Women who relied on their family members to provide basic needs to their children were about 39 percent less likely to have children with good health compared to those who were self-reliant holding all other variables constant. On the other hand, parents whose educational level was above primary school were about 29 percent more likely to have children with good health condition than migrants who could not complete primary school. Additionally, migrants who slept in kiosks were about 29 percent more likely to have children with good health than those who slept in open space. All these were found to be statistically significant at 1 percent. Furthermore, migrant women who relied on donations to supplement their income were about 20 percent more likely to have secured good health for their children compared to those who do not rely on donations to cater for their family. Migrant women who had two or three children living with them were about 24 percent better in providing good health to children than those with just one child. Additionally, women who had stayed in Accra for over four years were about 23 percent more likely to provide good health to their children than those who have stayed for up to just one year.

**Table 7.2: Results of logistic regression**

<b>Independent Variables</b>	<b>dy/dx</b>	<b>Standard errors</b>
Migrant has children living in the North	-0.1040	0.12425
Children have access to education	0.1443	0.10062
Children have access to healthcare	0.1540	0.09967
<b>Coping strategies</b>		
Borrow from friends and relatives	-0.0071	0.14244
Relocate	0.0302	0.12264
Take extra work	0.1358	0.10148
Send children away	0.0040	0.1157
Donations	0.2083	0.1020**
Reliance on family	-0.3905	0.1170***
Associations/groups	0.0659	0.14736
Participate in savings / Loans	0.1873	0.1087*
Engagement of children in economic activity	0.1692	0.12198
<b>Characteristics of migrant women</b>		
<b>Age of migrant</b>		
Young (18 – 30 years)	1.0000	-
Youth (31 – 40 years)	-0.2278	0.13956
Adult (41 plus)	-0.0373	0.1437
<b>Marital status</b>		
Single	1.0000	-
Married	0.0307	0.15345
Divorced / widowed / separated	-0.1987	0.33968
<b>Ethnicity</b>		
Gonja	1.0000	-
Tamplima	0.1192	0.12909
Mamprusi	-0.0330	0.15267
Other ethnic groups	0.1305	0.12132
<b>The Educational level of migrant</b>		
No formal education	1.0000	-
Primary	0.0702	0.14874
Above primary	0.2937	0.1004***
<b>Occupation of migrant</b>		
Head-porter	1.0000	-
Trader	0.1486	0.19251
Other occupation	-0.1319	0.13517
<b>Number of children of living with migrant</b>		
One	1.0000	-
Two or three	0.2408	0.1206**
Four to six children	0.0614	0.15574
<b>Length of stay in Accra</b>		
Up to 1 year	1.0000	-
From 1 to 3 years	-0.0205	0.1411

> 3 up to 4 years	-0.1279	0.16534
More than 4 years	0.2343	0.1173**
<b>Monthly earnings (GH¢)</b>		
Up to 200	1.0000	-
201 – 300	-0.2228	0.16971
301 – 500	0.1301	0.14929
501 – 1000	-0.0383	0.18824
More than 1000	0.0792	0.19143
<b>Type of accommodation</b>		
Open space	1.0000	-
Kiosk	0.2888	0.1019***
Block room	-0.1328	0.16643
<b>Social network</b>		
No social network	1.0000	-
Social network	0.1417	0.10229
<b>Security</b>		
The Child is not secured	1.0000	-
Child is secured	0.1690	0.16379
<b>Proficiency in the non-native language</b>		
Only proficient in native language	1.0000	-
Proficiency in other languages	1.2723	1.20391
<b>Constant</b>	-2.5557	1.4994
Pr = 0.0001    Pseudo R2 = 0.2957    N = 194    LR chi2(36) = 77.97		

NB: \* p<0.1; \*\* p<0.05; \*\*\* p<0.01

(dependent variable is a dichotomous variable (children's well-being (health); good=1 and poor =0)

### **Determinants of education as an indicator of Children's Wellbeing**

The model for education was significant at 1 percent; given a p-value of 0.0001. About 31.2 percent of the changes in education as a measure of children's well-being can be explained by the various independent variables used in the logistic regression model. The following variables have a highly significant influence on children's education: participation in savings and loans, reliance on other family members for support in times of need, participation in savings and loans, length of stay in Accra, monthly earnings, type of accommodation and child security. The age of the migrant also significantly determined the well-being of children; given a p-value of 0.0400.

On the other hand, women who participated in savings and loan schemes were about 29 percent more likely to have children with a good education than women who did not participate in any savings and loans scheme all other things being constant. Migrant women aged 41 years and older were about 17 percent more likely to offer better education to their wards than women who were aged 18 -30 years. Women who perceived their children were secured in their absence were about 43 percent more likely to have children with a better education than women whose children were perceived not to be secured in their absence, all other things being equal. Moreover, women who have stayed in Accra for more than four years were about 26 percent more likely to secure a better education for their children than those who had stayed for just about a year. Additionally, women who slept in kiosks were about 29 percent more likely to have children with a good education than those who slept in open spaces, holding all other factors constant.

Migrant women who relied on other family members for support were about 46 percent less likely to have children with a better education than those who were self-reliant holding all other variables constant. Migrants' monthly earnings also negatively influenced their ability to offer good education to their children. Women who earned between GH¢201 – 300, and GH¢301 – 500 were about 48 percent each less likely to offer good education to their children than those who earned less than GH¢201. Moreover, those who earned over GH¢1,000 were about 43 percent less likely to offer secure good education to their children than women who earned GH¢200 or less.

**Table 7.3: Results of logistic regression**

<b>Independent Variables</b>	<b>dy/dx</b>	<b>Standard errors</b>
Migrant has children living in the North	-0.2110	0.1167*
Children have access to education	0.1216	0.09523
Children have access to healthcare	-0.1418	0.09582
<b>Coping strategies</b>		
Borrow from friends and relatives	-0.1763	0.12392
Relocate	0.0923	0.10721
Take extra work	0.1020	0.08853
Send children away	0.1320	0.09351
Donations	-0.1629	0.14052
Reliance on family	-0.4630	0.1215***
Associations/groups	0.1438	0.09582
Participate in savings / Loans	0.2928	0.0782***
Engagement of children in economic activity	-0.1683	0.16557
<b>Characteristics of migrant women</b>		
<b>Age of migrant</b>		
Young (18 – 30 years)	1.0000	-
Youth (31 – 40 years)	0.0626	0.10694
Adult (41 plus)	0.1734	0.0846**
<b>Marital status</b>		
Single	1.0000	-
Married	0.2557	0.15252
Divorced / widowed / separated	-0.1975	0.33313
<b>Ethnicity</b>		
Gonja	1.0000	-
Tamplima	-0.0886	0.1733
Mamprusi	-0.0241	0.13271
Other ethnic groups	0.0610	0.09825
<b>The Educational level of migrant</b>		
No formal education	1.0000	-
Primary	0.0481	0.12074
Above primary	-0.1432	0.1608
<b>Occupation of migrant</b>		
Head-porter	1.0000	-
Trader	0.0131	0.21072
Other occupation	0.0965	0.11094
<b>Number of children of living with migrant</b>		
One	1.0000	-
Two or three	0.0974	0.09967
Four to six children	0.1542	0.10149
<b>Length of stay in Accra</b>		
Up to 1 year	1.0000	-
From 1 to 3 years	0.1411	0.11596

> 3 up to 4 years	0.0235	0.12831
More than 4 years	0.2660	0.0823***
<b>Monthly earnings (GH¢)</b>		
Up to 200	1.0000	-
201 – 300	-0.4884	0.1572***
301 – 500	-0.4837	0.1706***
501 – 1000	-0.3198	0.23207
More than 1000	-0.4347	0.2149**
<b>Type of accommodation</b>		
Open space	1.0000	-
Kiosk	0.2947	0.0820***
Block room	0.1617	0.0885*
<b>Social network</b>		
No social network	1.0000	-
Social network	0.1840	0.0940*
<b>Security</b>		
Child is not secured	1.0000	-
Child is secured	0.4296	0.1591***
<b>Constant</b>	-2.3622	1.5620
Pr = 0.0001    Pseudo R2 = 0.3117    N = 194    LR chi2(36) = 77.12		

NB: \* p<0.1; \*\* p<0.05; \*\*\* p<0.01

(dependent variable is a dichotomous variable (children's well-being (education)); good=1 and poor =0)

#### 7.4 Linkages between Migrant's Challenges and Children's Wellbeing

In table 7.4 over half of the migrant women indicated to the highest extent that they have good relationships with their children (63.2%), their children are safe back in their hometowns, their children are always happy, their children are safe in their absence and their children are free from any psychological problems (51.2%). However, a cross section of the migrant women strongly agreed that their children need extra support from other people.

**Table 7.4: Challenges Children of Migrant Women Encountered**

Statement	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%	N	%
Your children are safe in your absence	104	57.1	47	25.8	12	6.6	9	4.9	10	5.5
Your children back in your hometown are also safe	183	59.2	65	21	28	9.1	21	6.8	12	3.9
You keep enough money for your children's education	130	43.9	74	25	43	14.5	23	7.8	26	8.8
You keep enough money for your children's health	107	36.8	76	26.1	49	16.8	25	8.6	34	11.7
You keep enough money to address your children's emergency	100	33.4	82	27.4	53	17.7	32	10.7	32	10.7
Your children are free from any psychological problem	145	51.2	56	19.8	39	13.8	20	7.1	23	8.1
Your children are doing well in school	146	51.4	72	25.4	40	14.1	10	3.5	16	5.6
The money you give to your children is enough for school	105	40.2	83	31.8	34	13	24	9.2	15	5.7
Your children do not go hungry	143	46.9	89	29.2	34	11.1	17	5.6	22	7.2
Your children are always happy	197	58.1	83	24.5	25	7.4	24	7.1	10	2.9
You have a good relationship with your children	194	63.2	72	23.5	20	6.5	12	3.9	9	2.9
Your children have a good future	159	49.8	99	31	33	10.3	16	5	12	3.8
Your children need extra support from other people	171	53.9	82	25.9	25	7.9	22	6.9	17	5.4

Source: Field data, 2017

Most migrant women (86.6%) noted that they have good relationships with their children and think that their children are safe in their absence. At least 6 out of every 10 study participants indicated that their children were free from any of the challenges listed in Table

7.5 except for the need for extra support from other people which was required by about 79.7 percent of children of migrant women.

**Table 7.5: Proportion of Children of Migrant Women who do not Face Challenges**

Statement	N	%
You have a good relationship with your children	266	86.6
Your children are safe in your absence	151	83.0
Your children are always happy	280	82.6
Your children have a good future	258	80.9
Your children back in your hometown are also safe	248	80.3
Your children are doing well in school	218	76.8
Your children do not go hungry	232	76.1
The money you give to your children is enough for school	188	72.0
Your children are free from any psychological problem	201	71.0
You keep enough money for your children's education	204	68.9
You keep enough money for your children's health	183	62.9
You keep enough money to address your children's emergency	182	60.9
Your children do not need extra support from other people	39	12.3

Source: Field data, 2017

### **7.5 The Effects of Migration on the Women and their Children**

For the migrant women, there is a myriad of reasons why they migrate, key among which are to secure jobs that will earn them money to enable them to support their children and close family relations in one way or the other. Many provide a fund to support the educational career of their children, satisfying school needs in terms of paying school fees and purchasing books and other supplements. These issues have been expressed diversely in the following quote:

I need money to pay school fees for the kids every 2 months that is why I came her. He even called me, asking for money to buy one book which cost 400.00 cedis. I do not have money on me now. So, I will send the money to him later. One book costs 400.00 cedis, how much do you think 2 books will cost? Will you be able to pay that

if you do not work? If three people are taking money for books you can imagine how much it will be (Lela, a study participant, November 2017).

The livelihood activities undertaken by migrant women have a trickle-down effect on the lives of their offspring. The statements below are reflective of these issues:

Yes, it is. We do not make a profit every time but sometimes too we make a profit. And you know it is usual in business. It is on and off. Sometimes we make a profit other times too, we do not. That is how it is but it is okay. If it goes well, I make 50.00 cedis. If the day did not go well, I make 20.00 cedis or 10.00 cedis. But whatever it takes, I still make little profit. So, my madam could afford to give me 5.00 cedis (Munira, a study participant, November 2017).

Unless you have money and you work then you can take care of the children. If you do not have money or work then the children cannot go to school. If you get the money you can do some business then you take care of the children (Adizah, a study participant, November 2017).

### **7.5.1 Effect of Migrants Living Environment on Child Upbringing**

The study found that migrant women are conscious of the environment in which they raise their children. For them, a calm environment is conducive for raising children who will not be affected by bad behaviors and negative influences, so they have to send their children away. The living environment is said to be conducive if it is calm. Some also believe that raising their children amid bad behaviors and influences will influence them negatively so they have to send their children away to an environment they believe is conducive for child upbringing. The following statement reflects the participants' concern about issues of the conducive environment:

This is because, where we live the environment is not safe for raising a child so I sent my daughter away to live with my mother. I want her to be there because that place is calm. I live in a kiosk, and a lot of prostitution goes on here, so I sent her there so she won't learn the bad behaviors here (Sadiah, a study participant, November 2017).

Official interviewed confirmed this reality when he said:

several social vices such as the use of illicit drugs, crime, prostitution, robbery, and rape occur in this place which poses a threat to dwellers and children within the Madina Redco flat and others in the neighbourhood (District Assembly Official, November 2017).

By extension, this home environment may affect the migrant women's children's level of education and academic performance. The effects of the migrant women's background characteristics on their children's well-being find expression in their ability or inability to adequately care for their children via the provision of their basic necessities such as food, school fees, clothing, and a host of others. Some of the women invest financially in their children's education with the hope of securing for them a better future. Thus, for the respondents of this study educating their children is their priority. Jamilatu has this to say:

Okay, the day when they are going to school, I give the one in JHS 5.00 Cedis and the small one 4.00 cedis. I give them money to buy food when they go to school (Jamilatu a study participant, November 2017).

Rashida also expressed a similar view to confirm that women prioritize the education of their children. For them being able to provide their children's needs is satisfying as confirmed by the quote below:

I always get the amount I need for food for the day. But I do not get enough to save for something else... Yeah, it is going to be difficult. Because if a mother is not able to earn much money to finance her child's education, it makes it difficult for her to complete her education. So, she will have to strive hard and help her with her education (Interview with Rashida, a study participant, November 2017).

Another interviewee explained how caring for children's school needs is a family priority. She explained in a quote: 'My husband pays for school uniforms, feeding fees, class fees like if let say studies fees are like 3.00 cedis and probably 50 pesewas is needed to top up I add it' (Ishetu, a study participant, November 2017). A similar view is expressed by Jamilatu. She said: "Since I am working, when I get the money I buy clothes for them' (Interview with Jamilatu a study participant, November 2017).

Providing the needs of their children in the context of this study included expenses concerning education, health, and feeding. Thus, caring for children's educational needs is one of the things that migrant women value and pursued. The quotes below illustrate this point:

Yes, but I also use some of the money to cater to my children in school so it is not the same... Yes, it has helped me. I used it to cater for their school needs... No, we do not pay the fees but we pay for other things like feeding fees and others. We sometimes pay about 350 (GHC35.00) for one sometime we pay up to 1 million (GHC100) you see (Marie, a study participant, November 2017).

Another interviewee echoed this sentiment as follows:

The challenges are inevitable when you travel but you will take it like that. Even if you were there but you have travelled so you will just have to work at it, it will get better. Getting or earning money in the north is a problem, there is food available but money is hard to come by so here when you get some money you can send some to the old man and woman but if you do not have at all then you take it like that, if you have you can send some to them and also take care of the children (Interview with Shamdiya, a study participant, November 2017).

### **7.5.2 Effects of Standards of Living on Children**

For migrant women's characteristics as discussed in chapter 5 to affect the well-being of their children, it can be ascertained through situational analysis of standards of living of the migrant women in their migrant destinations and sometimes in tandem with a comparison with those of their places of origin. The interview data show the migrant women's notion that comparatively, the standard of living in Accra and for that matter Madina is expensive but the jobs exist from which money is made whereas up north there is food but there is no money. In other words, there are no jobs. However, even the jobs that exist in Madina are few and many people have to strife for them. These and other factors make staying in Accra very difficult for migrant women. These issues have implications for reverse migration sentiments among the study participants. According to a cross section of the migrant women: "You know in the north, you will get food to eat but it is difficult to get money

there, when it comes to Accra, when you work, you will get food to eat" (Interview with Jamilatu, a study participant, November 2017).

Migration offers opportunities for many Ghanaians to diversify and improve their livelihoods (Awumbila et al., 2011; Awumbila et al., 2014), interestingly the migration process, also presents challenges to these migrants (Rademacher-Schulz et al., 2014). The respondents in this study reported instances where they have to struggle for jobs. Rashida, a study participant has this to say: "I will say the standard of living in the north is better in terms of food. Here, you will have to struggle for everything, especially job" (Interview with Rashida, a study participant, November 2017).

For some other participants, living standards in Madina are not favorable but they prefer that to what they have in the north. Zara explained that:

This place is good because you can easily sell goods; there is a ready market available but it's not like that over there in Northern Ghana. It's hard to come by money because you won't get money unless you sell your foodstuff. When you are here, you are in a better position to send money over to someone there who is hard up. Life is more difficult there than it is here (Zara, a study participant, November 2017).

As indicated by Zara, the money migrant mothers send to the north can help reduce their vulnerabilities and that of their children (Awumbila et al. 2014; Kwankye and Anarfi 2011).

An official working in Madina has this to say concerning the living conditions of the women:

There is the availability of food there except money which is the main problem there unlike here. The food is also sold cheaply there due to transportation costs. Even when they are sent back home, they will still return here because at Nima, they sent them back home with gifts of sewing machines but they, later on, came back to do kayayoo business. No matter what we do they will still come back here. The ones who come back are the ones who are from very remote villages there; those living in the spotlight areas there don't do that (District Assembly Official, November 2017).

Another woman adds that food prices are high in Madina compared to the North, where she only requires an amount of three cedis fifty pesewas to purchase meat and porridge for breakfast. Meanwhile, she requires a double of that amount to purchase the same items in Madina. As she puts it:

Tamale is better because here meat the least is 3.00 cedis but their meat is like one cedi so sometimes when I buy waakye I do not buy meat and even in Tamale Koko 50.00 pesewas you cannot drink, here if you buy 1.00 cedi, it is not even enough (Ishetu, a study participant, November 2017).

Interestingly one of the women also held the same sentiment and had this to say:

For me staying in Accra is very hard and I will love to go back to Tamale. Here, we were attacked by armed robbers and we lost our belongings (Sherifatu, a study participant, November 2017).

Also concerning living standards, other respondents made comments such as:

Here, if you do not work you cannot eat, who should give it to you? Unless you carry something and eat along. We would not wait for anyone so while you are here you eat. If you do not go to make money at your own will, you would go hungry. I am I lying? (Adizah, a study participant, November 2017).

Another woman has this to say: “If you are working, life is okay but if you are not working it is difficult” (Jamilatu, a study participant, November 2017). Some of the responses run: “I am now planning of doing something (Rashida, a study participant, November 2017)”.

Contrarily, as depicted by the quote from Rashida, there may be some female migrants who have not yet seen an improvement in their living conditions and therefore have only been able to achieve little, yet they have the potential to do so later. This demonstrates the dynamic nature of internal migration and its concomitant (positive) effects.

It is important to note that often after improving personal living conditions, migrant women are in the position to start remitting their family relations up north. Remittances from migrant women are sent to family relations up north through mobile money and other means

such as sending friends and people from the same ethnic group. As aptly indicated by Jamilatu, a participant in the study, "I look for people going to the North, then I give the money to them to send to my parents (Jamilatu, a study participant, November 2017)".

### **7.5.3 Migration and Child care**

The care of their children has been featured as a critical thing for northern migrant women. For some of the migrant women, while they were in the north, they had some people to take care of their children in their absence or take care of the home but here in Accra, some people complain of not having any help at all. In consequence, the statements below maintain that:

The older ones go to school and I leave the youngest with my elder sister who works in a school then I go to work, then I pick him/her when I close. The father and I. If I do not have money their dad and I contribute to looking after our children (Shamdiya, a study participant, November 2017).

Another also had this to say:

My Mum takes care of them. I give them money. Oh, my husband also takes care of them too. He also helps. My husband and mum take care of them for me. Especially, when I came here. My husband helps. Since their father is around, he takes care of them when they are sick. Particularly when the sickness is not too severe. So, I only pray the sicknesses are not severe but if it does, I help if my husband does not have enough money. If it is a minor sickness such as headache and stomachache, my husband takes care of that. He doesn't call me at all (Lela, a study participant, November 2017).

This sentiment was also shared by Jamilatu who has this to say:

Their father...Yes, because when you give birth, you cannot work so it was my husband who was helping me out. When am coming to work, I bring them (my children) and he goes to work. As human beings definitely one day, you will encounter certain challenges so when it happens you just have to borrow money from someone and return it later (Jamilatu, a study participant, November 2017).

Ishetu, confirms this assertion:

I go to pick them from school myself and then they stay with me in the shop sometimes the girl helps me out when I am packing some things then I will tell her to put it here put it there. Sometimes, I do not need to tell her and she would do it (Ishetu, a study participant, November 2017).

In the words of Munira:

Myself and my husband... I have taken him to school. There are teachers in school who will take care of him, so I pick him up when he comes from school. That is why I was saying that my mum is around. For instance, if the children come from school, she picks them up. So even if I am here (at work) she still takes care of them... Yeah. So, I do not go through such issues. And by the time I get home, my husband is around to help (Munira, a study participant, November 2017).

In an interview with Kandey, an elderly woman, she said:

My husband and I take care of them. Since two of them are grown up, they support us in doing that (caring for younger siblings) One is a doctor and the other is a soldier (Kandey, a study participant, November 2017).

One interviewee also explained how she is helped by the husband in taking care of their child. She had this to say:

Their father is there so he takes care of them No such person helps. I'm the only one at home because they are boys and looking at how mature they are now I wouldn't want to risk bringing a female to help me look after them so I control them and look after them. I was doing that when they were young but I don't know. Before I leave home, I leave instructions as to the tasks each one should handle (Zara, a study participant, November 2017).

Furthermore, observation in the field revealed that sometimes children are left in the care of fellow children as depicted in the quote below:

Yes, and the older ones take care of the younger ones while their parents go to work. You would ask them where their mothers are and they would tell you, they have gone to the market. The older ones would be taking care of the younger ones (Rabiatu, a study participant, November 2017).

#### 7.5.4 Migration and Children's Access to Health Care

There are two dimensions to health seeking behavior for migrant women's children. One is to strictly seek proper medical care at health facilities, e.g. hospitals, and clinics. The quotes below reflect this dimension:

I will send him to the Kenkele hospital. If I do not have money, I will tell my husband to help me out... Oh, it has happened before, once you have kids definitely one day they will fall sick...No, I cannot buy any medicine outside for the kids when they are not well (Jamilatu, a study participant, November 2017)

I send them to the hospital myself and put someone in charge of my things and sometimes too their father sends them (Ishetu, a study participant, November 2017).

The second dimension is to seek treatment from drugstores. As one interviewee puts it:

I have never seen them take them to the hospital. I don't see them go to antenatal when they are pregnant. I have realized they are very strong because they would be pregnant and still be working hard. They buy drugs at the pharmacy (Fadila a religious leader, November 2017).

Doris recounted her experience, explaining that:

It is just here. It is not far from here. When someone is sick, we first take the person to the pharmacy and if the sickness persists after taking drugs then we take the person to the hospital. When you go to the hospital, we are not given better health care. All they do is to prescribe drugs for you to go and buy (Doris, a study participant, November 2017).

Fatima Added:

We take the person to the hospital when we realize the sickness has become serious. We don't get any assistance from the government. I don't know if it is because we are head potters but I know the health insurance works in the north. In the north, you can use your health insurance to get health care when you have a headache and you will be given drugs at the hospital. It is not the case here (Fatima a study participant, November 2017).

One official explained that:

She is a nurse so she wrote a letter to National Health Insurance and there was an amount to be paid. She paid and the health insurance cards were made for the girls but when the card expires... when you interact with them and you ask them where the health insurance card is, they tell you it is there. I don't know if they know the need for health insurance cards... what I realized is that, even if they fall sick instead

of using the health insurance for their health needs, they rather go to the pharmacy to buy drugs (Social Welfare Official, November 2017).

## 7.6 Migration and Children's Wellbeing

On the issue of whether the women have achieved their aim in La Nkwantanang-Madina some migrant women noted the following:

I have been able to save and even sent some of it to my parents. Yes, you will not get work to do there as compared to Accra. I was farming in the north but am selling groundnut now. I have my own store now (Jamilatu, a study participant, November 2017).

I will like to get a bigger shop and open my shop too. My husband gave me some money and I used to start it. When I put money in the bank I will earn some interest on it (Ishetu, a study participant, November 2017).

When I face challenges, I borrow some money from someone and then pay later (Rashida, a study participant, November 2017).

Whereas the first quote denotes a positive sense of obtaining fulfillment of a sort in the context of migration, the last two quotes were less positive; rather they reflect the fact that some efforts were being made towards migratory goal attainment whilst the last one shows challenges encountered.

The views of those migrant women who were not ready to return up north are reflective of wanting to expand the financial gains they have made. This has implications for the insatiability and desire of humans, and how it is difficult to satisfy them. In fact, some of the women noted that even if they return, it will be for a short period, as it is just for a visit and not for relocation purposes.

Migrant women shared mixed feelings about returning home. There are two distinct paradigms in this context: the likelihood of returning up north and non-readiness to return up north. Maintaining contacts with family back home and livelihood of returning. Close to 60 percent of the study participants reported that they keep in touch with their families in

the North daily. About 20 percent indicated that they did that weekly whilst about 5.6 percent and 1.1 percent contacted their families in Northern Ghana on a monthly and quarterly basis respectively. Among other things, the purpose of the migrant women calling back home was to check how their families were faring.

About three out of every four migrant women have plans of returning to their hometown. One of them had planned to visit the place of origin in a week at the time of data collection, whilst 24.3 percent would visit in a month. Others also indicated they would visit in 6 months and a year whereas 42.7% were not certain when they would embark on that journey.

Returning home may take two distinct forms: returning home permanently and returning only temporarily as in a short-term visit. Jamilatu, a study participant asserted firmly:

I have not thought of going back. ‘Laughs’! You know, when you buy land in Accra, you would not feel like going back. I will only go there to visit and come back. Even if I go there, I would not like to stay there (Jamilatu, a study participant, November 2017).

Similarly, Ira a study participant believes that most of the migrant women only visit home temporarily for short terms during harvest and festive occasions noting that:

Some Dagombas have gotten married here so they don’t go but we go. Some returned just yesterday. Some will go home for this Christmas. They go home during groundnut planting time and return but go back again after three months when it’s harvesting time so they don’t keep long there. They will go and weed in December and January and when the rains start, they harvest groundnut. After three months when it’s harvesting time they go back there again and get some of the groundnuts. When they get some additional money, they buy some extra and come back so they don’t keep long (Ira, a study participant, November 2017).

As noted in the quote below by Mari, a respondent, many of the women prefer to go back home temporarily during occasions such as marriage, funeral and so on. while they maintain close communication with their families back home through social media:

We go when there are marriage ceremonies and when someone passes away. We remain in contact on WhatsApp through family chat so we regularly hear from each other (Mari, a study participant, November 2017).

An official mentioned reason similar to that of some of the women, noting that, the women enjoy the benefits in the south and therefore will do anything to return even if they are sent back home. She explained that even women who are married leave their husbands behind, as captured in the statement below:

Even when those working (especially the kayayei) are sent back home, they always return because of the money they get to earn here and so they don't want to stay there. Some are married while others are not. Those who got married there leave their husbands to come here and most of them have the problem of having to take care of their husbands and so that's why they can't stay over there (Zara, a study participant, November 2017).

The better job prospects notwithstanding, some of the migrant women expressed interest in relocating to their places of origin. For instance, one of them noted:

Tamale is where I come from, so I like there more, if I even get, my husband will get a transfer so we go back. I normally go to see my mother, as well as other relatives and, I go on vacation with the children. We all go and stay there together when school is about to open, then we return (Ishetu, a study participant, November 2017).

Clearly, the desire to return is strong among these women. In the words of one study participant, the humiliation she is subject to in the south is not pleasant. Maimuna, describing her situation says:

She said what is going through is also borne by others. If not for her economic situation, she wouldn't go through this strive. She says if she gets enough money to go back to the North, she would never return to Accra because she wouldn't go through this strive in the North (Maimuna, a study participant, November 2017).

Another woman narrates that:

The reason why people come here is that this place is a city. It's not that they don't have a love for their hometowns. They return there when they get some money. People came here to look for jobs. Over there, farming is their main occupation and at the end of the day, they decide to go or not to go (Amina, a study participant, November 2017).

### **7.7 Expected Change(s) from Government**

When asked about what they expect the government to change in Madina in their interest, some of them indicated that:

I want the government to reduce the prices of things (Jamilatu, a study participant, November 2017).

If someone is having an NHIS card they should treat him well and also the Kayayei maybe hairdressing, sewing, but what if someone is sewing and no one is buying what should be done and they are saying we should patronize made in Ghana goods so like in the north we have shea butter, the government can help to export it and get money. The government should do something in the rural areas so they do not come here (Ishetu, a study participant, November 2017).

I want the government to reduce prices of goods so that we can expand our business and give us loans (Ladi, a study participant, November 2017).

They should provide us with money to work with (Humu, a study participant, November 2017).

These quotes bring to the fore, migrants need. Migrants in general, and migrant women in particular are affected by the high costs of living in the destinations centers due to the lack of commensurate development across the country.

### **7.8 Discussion and Conclusion**

The migrant women who participated in this study are a diverse group who differ in ethnicity, age, skills, experience, financial and educational resources, and language abilities, all of which have significant implications for their entrepreneurial orientation as well as their success in their migratory sojourn.

Many of the migrant women have through financial prudence and diligence of all sorts acquired various properties such as houses, shops and other electrical equipments such as refrigerators and others. They have indeed become economic and financial pillars in their families back home. Meanwhile, many of them were not this resourceful when they were in their places of origin. These points, to the extent, to which migration can help uplift and

empower women (Amoako and Apusigah, 2013). Moreover, these women also, remit their family members at their places of origin. This shows the positive gains of migration with the associated rippling effects (Darkwah et.al., 2016).

Most of the migrant women's earnings and remittances are utilized to satisfy daily consumption, health care, and children 's educations both at the origin and destination. Similar to the findings of this study, Anas (2015) found that, in the absence of female migrants, remittance is usually utilized by the family, husbands, parents and elder siblings.

Child upbringing is a responsibility that parents share with others in the community and society at large. This has implications for social capital utilization. The migrant women strongly agreed that they keep enough money for the education of their children. Essentially, work and money, school fees, health expenditure, feeding, and child care are the core variable constituents of migrant women's needs.

The study found that not all the participants are resolved to relocate to the northern origin of Ghana. Some expressed the view of returning permanently whereas others prefer only paying occasional visits to their family relations up north to returning permanently.

Signs of improvement in living conditions among the migrant women are reflections of relatively good achievement for many of these women, some of whom have transformed their business activities from tabletop sales to a shop, from having no fridge to the status of having acquired two fridges and even a house in some cases. The quotes below outline these achievements:

Yes, I have bought my own fridge and I sell water ...yes, I have two fridges, (Zenabu, a study participant, November 2017).

They bring cereals, yam, fruits, and animals during festive occasions. You will not see a woman from Bawku working as a head potter. When you go to the market, the big shops are owned by women from Bawku (Sauda, a study participant, November 2017).

In the same vein, one other interviewee remarked:

When I came here, we were living in a kiosk where the owners come around for their monies (4 cedis) at dawn. There was no light and water too. So, I took the initiative to buy kiosks from a Nigerian guy who used to sell kiosks because he was leaving here for Nigeria. So, some of the kayayei left the other kiosk and followed me to the ones I purchased. I purchased land worth 300 and kiosks worth 900 (Sukeina a study participant, November 2017).

In conclusion, migration can be said to have empowered women, emancipating them from their assumed traditional roles. This study takes cognizance of the role played by the female migrant as a mother, a wife, and a worker, and explored the tensions implicated in all these many roles as a result of migration.

Access to healthcare by children, the ethnic background of migrant women, the educational qualification of migrant women, and the type of occupation of migrant women significantly influence the quality of life children of migrant women to enjoy. Moreover, migrant women's willingness to relocate, take extra work, send children away to other relatives and friends, and participate in savings and loan schemes significantly affect the quality of life their children would have.

## CHAPTER EIGHT

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 8.1 Introduction

The chapter summarizes the findings of the study, drawing linkages between the main variables, namely migrant women's challenges, the strategies adopted in coping with these challenges, and the impact of migrant women's characteristics on their children's well-being. It outlines the theoretical implications of the findings, concludes the study, and provides some policy recommendations about improving the living conditions of migrant women in Ghana. The chapter also offers some suggestions for future research.

In investigating the objectives of the study, the sequential explanatory mixed methods research approach was utilized. It was constituted by qualitative, quantitative and qualitative phases. Sample selection was undertaken with purposive and snowball sampling techniques. Data were collected using key informant interviews, survey and in-depth interviews, which yielded qualitative and quantitative data. The qualitative data were analyzed thematically whereas the quantitative data were analyzed with STATA.

The subsequent sections are as follows: Section two provides a summary of the findings. Section three outlines the linkage between theory and findings of the research. Section four draws out the main conclusions of the study, while section five outlines a set of recommendations aligned to the outcome of the study.

## **8.2 Summary of Findings**

This section summarizes the main findings for each research question. It detailed out the key findings for the challenges encountered by the women, the coping strategies they adopt and the effects of their plight on the wellbeing of their children.

### **8.2.1 Challenges Encountered by the Women**

In chapter five, I presented and discussed the causes of migration and the challenges of migrant women. I found that money and work serve as the key drivers that motivated women to migrate from Northern Ghana to the south. The socio-economic challenges encountered by the women in the study can be categorised into accommodation oriented and child care-oriented challenges. Migrant women encountered some challenges while seeking accommodation. These challenges include unavailability of accommodation, high rental cost, and poor condition of residential facilities. The migrant women encountered a variety of challenges, such as feeding, health, security, and rape or forced sexual intercourse among others. Children of migrants find themselves in the most vulnerable states as they have to sleep in the open with their mothers. Some mothers are abused in the presence of their children. These have implications for the wellbeing of migrants' children as some of them grow up timid.

### **8.2.2 Coping Strategies Adopted by the Women**

In chapter six, I discussed how the women coped with the challenges identified. I found that the women mainly relied on agency and social capital, some subscribed to financial or life insurance packages. The women usually contact their family members and friends for assistance in times of sickness. When faced with situations of ill-health, the women often resorted to administering self-medication with drugs procured from drug peddlers, pharmacy shops, or drugstores. Approximately 13 percent of the migrant women's children

similarly had health problems. These health conditions encompass body pains, asthma, anaemia, ulcer and skin rashes, eye problems, fever as well as down syndrome. This array of diseases is reflective of the state of the health conditions of their mothers. This is obvious since the children often live in the same environment with the same health predisposing characteristics.

About the treatment of illnesses among their children, they often take their children to a health centre or hospital. Others treat their children with herbs, some of which are ordered from home. However, in terms of their children's health conditions, additional precautions with their health seeking behaviour were pursued by the migrant women. Hence, an indication that they are aware of the delicate nature of the health issues and conditions of their children.

These coping strategies were supplemented with state level social protection mechanisms such as NHIS, LEAP, credit facilities, school feeding programme, free maternal/antenatal care, social protection information, skills training in dressing making, establishment of a resettlement factory in Northern Ghana, non-formal education with skill training and income earning orientation among others. However, on one hand, only half of the total sample of study participants studied were very much satisfied with the support they received from scholarships, free education for their children, NGOs, government's financial assistance, susu/credit /loan support, and their personal free education. On the other hand, just a few of the participants were not satisfied with the social protection mechanisms.

The study also recorded instances where children were left in the care of other children. This notwithstanding, some children are given work after school and that affects their performance at school.

### **8.2.3 Effects of Migrants Characteristics, Challenges, and Coping Strategies on Children**

In chapter seven, I analysed migrant's characteristics, coping strategies and children's wellbeing. presented analysis and findings on the main dependent variable which is children's wellbeing. The diversity of views provided by the study participants on the effects of migrant women's migratory characteristics is indicative of the diverse socio-economic backgrounds they are coming from. First, more than half of the study participants owned businesses and other forms of property namely buildings, land including the ownership of a variety of businesses. Obviously, the female migrants may not have been able to acquire these assets without migrating. This is a reflection of the impact of migration on the northern migrant females.

Second, more than half of the female migrants (63.2%), affirmed that, their children are safe back in their hometowns, and that they are happy and safe even in their absence. They are also of the view that their children are free from any psychological problems.

Third, these women migrate, to make money as well as support family relations. The attainment of migratory goals as expressed in the aftermath of migration accessed the extent to which the migrant women met their migratory goals including their propensity to relocate back to the North. Interestingly, some of the study participants preferred to return permanently whereas others hoped to only visit and return.

Female migrants returning to their places of origin find expression in either a short visit or permanent return. This is significant as it is reflective of an improvement in the living conditions of the migrant worker to some extent. Further, the usage of mobile money as a conduit of remittance transfer, adds to the myriad of remittance channels used in transferring money nationally.

### **8.3 Linkage between Theory, and Conceptual Framework**

From a sustainable livelihood perspective, the female emigrants engaged in diverse livelihood activities, including, shop operation, sale of water, sale of groceries, hawking with sweets, groundnut sale business, food vending, head porter (i.e. kayayoo) and a host of others. This is indicative of the migrant women exploring their natural resources taking advantage of them by using their agency and social capital. These livelihood activities constitute the migrant women's economic capital, the material resources including wealth, land, as well as money that they tend to possess and control after they have engaged in livelihood activities and obtained the requisite rewards. As earlier indicated, "economic capital is at the root of all types of capitals" (Scoones 1998, p. 252). These livelihood activities engaged the migrant women to improve upon their living conditions, have a trickle-down effect on their children, as they help provide them with their basic needs in education and health care, food, and clothing.

The women have "a network of connections that can provide help, support, opportunities and even a sense of wellbeing that would not otherwise be possible (Scott, 2017)."

The women relied on social networks namely those inherent in Sisala women's family, Dagomba women's family, Bimbilla women's family, Wala women's family, Tamplima women's family and Mamprusi women's family groups including women's fellowship among others are essential in terms of job seeking, accommodation, and economic transactions including access to information. It is worth noting that such information also entails how to navigate life in seemingly unknown terrain. This converges with dependence on social capital, which is in line with the Bourdieuvian perspective.

Collectively, the availability of these capitals in tandem with social networks influenced the migrant women's ability to have livelihoods that are sustainable even in migration contexts for onward achievement of wellbeing. This presupposes that the migrant women used

human capital which comprises the skills, knowledge, labour abilities, and being healthy (Scoones, 1998)

Contrary to the postulations of the sustainable livelihood framework, social capital and social network theories mentioned above, the study found that the lack of work and/or the inadequacy of it, the antecedent financial remuneration as well as the need to execute family obligations are the causal factors of migration sojourns. Similarly, despite depending on social capital and social networks, the migrant women encountered a myriad of challenges namely financial constraints, susu collectors absconding with their hard-earned contributions. These issues, thus, connote an expansion to sustainable livelihood framework, social capital and social network theories that underpinned the interpretation of the findings of the study. This argument has been made although the theories may not directly be based on migration, but because they pertain to livelihood activities, dependence social capital and social networks which are significant in the context of this study.

#### **8.4 Conclusion**

The study concluded that migrant mother's challenges are many. Prominent among these challenges are shelter/housing, inability to speak the language of the host community which leads to exploitation and abuse, and insanitary conditions in the slums in which they find themselves.

In spite of their challenges, many of the women reported that migrating to Accra-Madina has given them opportunities to earn money which they use to transform their lives and empower their children.

The women use their human agency to establish networks with neighbours which they draw on to achieve wellbeing. During times of hardship, the women said they borrow from

neighbours, take on extra jobs, and also work longer hours. A few of the women joined Mankaratha an Islamic group where they learn life skills on hygiene, child care, marriage and business management. Others also joined women's groups and church fellowships where they meet and help each other like the <sup>4</sup>“Nnoboaa” system of the “Akans”<sup>5</sup>, an ethnic group in Ghana.

The research concludes from the evidence gathered from the field that, the use of social strategies such as reliance on social capital is the key means of coping with their challenges. They also used government social interventions such as NHIS, FCUBE, free maternal care, free delivery, school feeding programme of Ghana, and NGO support.

The women’s choice of social capital as a coping mechanism is an indication of the high poverty rate among them. Few of them made use of economic coping strategies such as selling of assets.

From the revealed findings of the study, I conclude finally that, children of migrants are denied quality education and health care because of the situation the women find themselves in. I discovered that some of the women engage their children in labour, to enable them to cope with their challenges. The study, therefore, concludes that migrants' children are more likely to have negative outcomes for their wellbeing. However, the findings of this study cannot be generalized to the entire population.

The findings of the study are consistent with the theoretical postulations of Scoones (1998) with regard to sustainable livelihoods, Bourdieu’s (1985) social capital theory as well as Scott’s (2002, 2017) social network theory in relation to female migrants’ dependence on natural capital, economic capital and human capital including social capital and social

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<sup>4</sup> Nnoboaa is a system of self-help practiced by the Akan’s

<sup>5</sup> Akan’s – an ethnic group in Ghana

networking for the sustenance of their livelihoods. Social networking leads to the build-up of social capital upon which they depend on to overcome their challenges. With regards to coping, the female migrants relied on life security measures such as NHIS, and savings of all forms. These can, in turn, be categorized as individual coping strategies and institutionalized coping mechanisms.

The findings also found that the women engaged in informal sector employment as food vendors, sachet water sellers, groundnut sellers, petty traders, head porter or kayayoo and settling in slums. These helped them develop resilience in the context of migration and have a trickle-down effect on their offspring.

### **8.5 Recommendations for Policy and Further Studies**

Over the years, one of the ways government and other stakeholders have trained these in skills that were intended to take them from the market as head porters. But my study and other research have observed that these women after their train still go back to work as head porters. In the course of the research, one of the respondents who had been trained as a seamstress said that, after her training in Accra, she moved back to her village in the North to work. But it did not take long for her to give up and return to Accra, because those she sewed for could not pay for her service. Also, those who incurred debt for receiving her service could not pay. To reverse the trend of poverty that sent her to Accra, she decided to return to Madina to continue her work as a head porter. Given this, I recommend that, in addition to training these northern women migrants, the state should directly be involved in providing opportunities for these women to trade what they produce. In other words, the state should collaborate with private enterprises (Public-Private Partnership) to explore available local and international markets for the products of these women. This should be patterned after how the government relates to cocoa farmers. For example, cocoa farmers

hardly worry about who will purchase their produce (apart from the prices government offers to them for their produce), since there are state institutions that readily buy and provide a market to these farmers. In the same breadth, the state should establish ministries or broaden the scope of the Ministry of Trade and Industry to liaise with low-intensity factories to open windows for these trained women to trade their products. The one district, one factory policy should open up a factory where these women who have been trained in a particular skill would have their product marketed for them by the state. At this level, the state should take a direct interest in providing the market.

The other related solution is that the state should help these women to take advantage of the African intercontinental free trade zone which was launched by the African Union about three months ago. Here, the state should use its sovereignty and economic power to set up factories where these women could work and as well as set up bodies that will purchase the products of these women and sell them on the international market. This should again be patterned according to how the state relates to farmers. The state has the Ghana Cocoa Board which is responsible for buying cocoa from farmers and proceed with onward export on behalf of the state to the international market. In the case of cocoa farmers, the government has prioritise it because it assumes that cocoa is the mainstay of the country's economy. But it is equally true that not everybody and possibly none of these women is likely to own a cocoa farm. Their cocoa will be what they produce through the skills they acquire. So, the government should as well take interest in helping these women if indeed the government were to go beyond mere rhetoric to overcoming the challenges associated with migrant women with children.

A major challenge the women faced is shelter and accommodation. The study recommends improvement in the conditions of urban informal settlements. Also, dealing with the inequalities between the north and the south from the root is an urgent need for the Ghanaian

state. Though many of the women who participated in this study, find themselves in unfavourable conditions, many of these women hold the view that they are better off, despite the harsh conditions. Hence a strong need for the Ghanaian state to collaborate with the private sector to develop decent and affordable housing for low-income households in urban slums.

Also, based on the challenges that migrants faced with employment, the study recommends that large markets such as Madina Market which serve the employment and financial needs of the women is upgraded.

Also, based on my main findings and conclusions I recommend strongly that every Ghanaian child should be educated irrespective of geographical location or family background. Children's education is important in securing a better future for them and the nation. In this regard, special educational packages such as day care centers could be made available for migrant women with children in La Nkwantanang- Madina so that migrant's children can have equal access to basic education which is supposed to be free and available to all Ghanaian children.

The study also recommends that social interventions that aim at improving women and children's wellbeing should target migrants and their children as a specific group. To achieve this the concerns and experiences of migrant mothers should be considered in the design, implementation, monitoring, and evaluation of policies and programmes in all societal spheres so that migrant mothers can equally benefit from development projects. I also recommend advocacy for comprehensive training programmes for women through literacy class, health care, and vocational training. This can be done with the government, working with interested NGOs or religious organizations. This process may require the involvement of the women in the design, implementation, monitoring, and evaluation so that different women groups benefit equally and inequality is not perpetuated.

Also, law enforcement agencies working with these women's organizations need to educate them on their rights and giving them avenues to call and report any abuse. Educating the women on the issues that affect them will go a long way to empower them, benefit the entire family and also the society as a whole.

Again, governments can work with women's organizations and other NGOs, to provide training and seed money for them in the north so they do not come down south or migrate elsewhere. Before implementation, governments must involve the community members in the process. This will help understand the culture and living conditions of the people.

Also, educational campaigns on anti-discrimination against people of different ethnicity would be a good idea. These women are seriously abused by women in the south.

#### **8.6 The study's Contribution to Knowledge**

There is enough literature on northern migrant women, their challenges and coping strategies. However, little is recorded with regards to the impact of migration on the wellbeing of migrant's children. This study brings out the dimension of migration that focuses on the relationship between migration and children's wellbeing, emphasizing that the challenges migrant face affects their children. Thus, in contrast with previous studies which usually focuses on how socio-economic structures affect the livelihoods of migrant women, the findings by this study succeeded in revealing that the experiences of migrant women who travel in the company of children are different, their choices of livelihood activities, their challenges and coping strategies are largely influenced by the fact that they have children.

Indeed, the literature on women's migration is dominated by the experiences of women. Furthermore, many of the extant studies see the migrant women from Northern Ghana as vulnerable people, or mere victims, with little or no agency of their own to properly deal

with their straitened circumstances in their places of destination in the south, Ghana. To add to the literature, my study brought to light how these women use their agency in the context of their social capital to help cope with their challenges and vulnerabilities in the south. Moreover, to the extent that these women, like their counterparts elsewhere, tend to be the main caregiver of their children, the strategies they use to deal with their childcare problems at both the destination in Accra and origin in Northern Ghana were explored.

An important theme that emerged during the analysis of the qualitative data, is the process of increased female migration. Many women now migrate independently of spouses, a trend which is new compared to the past when women's migration was largely invisible. Indeed, "not only have Northern Ghanaian women entered into the internal migration stream, their numbers now exceed that of the males (Teye et al. 2017)".

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## APPENDICES

### Appendix I: Ethical Clearance



## UNIVERSITY OF GHANA ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref No.....

17<sup>th</sup> March, 2017

Ms. Makafui Kpedator  
Centre for Social Policy Studies  
University of Ghana  
Legon

Dear Ms. Kpedator,

**ECH 91/16-17: CHALLENGES AND COPING STRATEGIES OF MIGRANT WOMEN FROM NORTHERN GHANA AND EFFECTS ON CHILDREN'S WELLBEING**

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date:	14/03/18
On Agency for:	Initial Submission
Date of Submission:	13/02/17
ECH Action:	Approved
Reporting:	Bi-Annually



Please accept my congratulations.

Yours Sincerely,

Rev. Prof. J. O. Y. Mante  
ECH Chair

CC: Prof. Abera Odunso, Centre for Social Policy Studies

**Appendix II: Informed Consent**

UNIVERSITY OF GHANA



Official Use only
Protocol number

**Ethics Committee for Humanities (ECH)**

<p><b>PROTOCOL CONSENT FORM</b> In-depth Interview</p>
--

<p>Section A- BACKGROUND INFORMATION</p>
--

Title of Study:	CHALLENGES AND COPING STRATEGIES OF MIGRANT WOMEN FROM NORTHERN GHANA AND ITS EFFECT ON THEIR CHILDREN'S WELLBEING
Principal Investigator:	MAKAFUI KPEDITOR
Certified Protocol Number	

<p>Section B- CONSENT TO PARTICIPATE IN RESEARCH</p>
--

**General Information about Research**

I am Makafui Kpedator, a PhD candidate at University of Ghana Centre for Social Policy Studies. I am conducting a study on the challenges and coping strategies of migrant women from Northern Ghana living in La Nkwantanang-Madina in the Greater Accra Region of Ghana. My study specifically aims to examine the challenges and coping strategies of

migrant women from Northern Ghana and how their challenges affects their children's wellbeing. My study will use in-depth interviews, and a survey.

This consent form which you will read or will be read to you is to show that you have been informed about this study and are willing to participate in the study. After reading, depending on your preference, you will also be asked to sign or thumbprint the consent form. I will give you a copy of this form for your personal records. The information provided in this study is important because it will contribute towards knowledge and also provide avenues for improving policies. The interview may last for an hour if you agree. I will use a tape recorder for the conversation and also take field notes. In case, there is something that you do not want me to record, kindly tell me and I will pause the recording and continue when you ask me to do so. No medical tests will be conducted in this study. Other stakeholders will also be interviewed.

### **Benefits/Risk of the study**

There are no risks associated with your participation in the study. The interviews may affect you emotionally but it will cause no harm. The findings of the study will be beneficial to the whole country including individuals such as you.

### **Confidentiality**

I wish to assure you that all information given is solely for academic purposes and will be treated as confidential. Your name and address will not be recorded on your interview guide and you will not be named in any write-up I may have on the study. Your biographical data will be kept confidential. Pseudonyms will be used in the write up. The research records will be kept securely at the University of Ghana Balme Library. However, other students, faculty and other researchers may use it as reference point.

### **Compensation**

This research does not offer any compensation in cash. However, a token of telephone credit cards will be given as compensation for the contact you may need to make to confirm your availability for the interview.

### **Withdrawal from Study**

Your participation in this study is entirely voluntary and you are not obliged to answer all questions. You may choose not to answer a question or choose to stop the interview altogether if you so desire. If you choose to stop the interview, all responses you have already provided will be deleted from the tape.

### **Contact for Additional Information**

After our interview, if you have any additional any concerns regarding the study you may contact Makafui Kpedator on 0244 6693801/0504052142

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at [ech@isser.edu.gh](mailto:ech@isser.edu.gh) / [ech@ug.edu.gh](mailto:ech@ug.edu.gh) or 00233- 303-933-866.

Section C-VOLUNTEER AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

\_\_\_\_\_  
Name of Volunteer

\_\_\_\_\_  
Signature or mark of volunteer

\_\_\_\_\_  
Date

**If volunteers cannot read the form themselves, a witness must sign here:**

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

\_\_\_\_\_  
Name of Person who Obtained Consent

\_\_\_\_\_  
Signature of Person Who Obtained Consent

\_\_\_\_\_  
Date

**Appendix III: Interview Guide for Key Informants**

**To be filled by Interviewer before Start of Interview**

<b>Interviewee's Name:</b>	
<b>Location Address of Interview</b>	<b>Date of Interview:</b>
<b>Start Time:</b>	<b>Time Completed:</b>
<b>Interviewer's Name:</b>	

- a. Kindly tell me your name and the role you play in the La Nkwantanang Madina-Municipality
- b. How long have you been working in the La Nkwantanang Madina-Municipality?
- c. What have your experiences been with regards to migrant women in Madina?
- d. Tell me about your experiences with migrant's children in the La Nkwantanang-Madina Municipality
- e. Which Social Protection Strategies exist in La Nkwantanang-Madina that you can talk about? (Probe: education)
- f. Which social or private organiSations are providing social protection to the migrants in the District (probe: health)
- g. What about the other NGO's and Private Institution etc.?
- h. What are your views of these social protection strategies regarding their adequacy for the community members?
- i. What are there co-coordinating or collaborating challenges?

**Thank you!!!**

**Appendix IV: Questionnaire**

Interviewer:

**Challenges and Coping Strategies of Migrant Women from Northern Ghana and Effects on Child Wellbeing**

Women and children have varied challenges in every society. This exercise is however aimed at acquiring data to support a PhD thesis to assess the above mentioned topic. It is purely academic work and all information given would be confidentially treated.

Thank you for your support.

<b>A. DEMOGRAPHIC DATA</b>					
1. Age :	2. Marital status: a. Single [ ] b. Married [ ] c. Divorce [ ] d. widowed [ ] e. Separation [ ]				
	3. Age at first marriage:	4. Age of spouse:	5. Occupation of spouse:		
	6. Do you leave with your spouse?		a. Yes [ ]	b. No [ ]	
7. Number of children: Number of children a. Living with you: b. Living in the North:					
Information on children					
Position	Ages	Religion	Educational Level	Occupation	Marital Status
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					
4 <sup>th</sup>					

5 <sup>th</sup>					
6 <sup>th</sup>					
7 <sup>th</sup>					
8 <sup>th</sup>					
9 <sup>th</sup>					
10 <sup>th</sup>					
8. Religion:	9. Level of education a. Non formal [ ] b. Primary [ ] c. JHS/JSS/Middle School [ ] d. SHS/SSS/Vocational/Technical [ ] e. Tertiary [ ]				
10. No. of years/ Length of stay in Accra		Purpose of coming to Accra:			
11. Place of Residence	12. Hometown:		13. How many times do you visit your home town in a year?		
14. Native language:	15. Other languages spoken:				
<b>B. CHALLENGES OF MIGRANT WOMEN (SOCIO-ECONOMIC)</b>					
16. Upon arrival in Accra, where was your first point of call? a. Family relations [ ] b. Friends [ ] c. Known people from hometown [ ] d. No one in particular [ ] e. Boyfriend [ ] g. Others					

<p>17. With time, how did you acquire your accommodation if applicable? a. Through agents  <input type="checkbox"/> b. Family and Friends <input type="checkbox"/> c. Other (specify)</p>	
<p>18. Type of accommodation</p> <p>a. Open space shelter with gate <input type="checkbox"/></p> <p>b. Open space shelter without gate <input type="checkbox"/></p> <p>c. Single room in an open area <input type="checkbox"/></p> <p>d. Single room in a closed compound <input type="checkbox"/></p> <p>e. Kiosks in an open area <input type="checkbox"/></p> <p>f. Kiosks in a closed compound <input type="checkbox"/></p> <p>g. Two bedroom with open compound <input type="checkbox"/></p> <p>h. Two bedroom with closed compound <input type="checkbox"/></p> <p>i. Others</p>	<p>19. Number of occupancy in accommodation:</p> <p>20. Is your accommodation space shared by both males and females?  a. Yes <input type="checkbox"/> b. No <input type="checkbox"/></p> <p>If yes, please indicate the number of males:  Juveniles :                      Adults:</p>
<p>21. Condition of accommodation:</p> <p>a. Self-toilet and bath <input type="checkbox"/>      b. Self-kitchen <input type="checkbox"/>      c. Shared Compound <input type="checkbox"/></p> <p>d. Shared bathroom for males and females <input type="checkbox"/>      e. Shared kitchen and cooking space <input type="checkbox"/></p> <p>f. Shared living room for males and females <input type="checkbox"/>      g. Shared bedroom with female only <input type="checkbox"/></p> <p>h. Shared bedroom with males and females <input type="checkbox"/>      i. Others</p>	
<p>22. Do you live with other family members: a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>. If yes, how many?</p>	
<p>23. Do you sometimes hear of people being attacked in the area you live? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/></p> <p>If yes, how often?</p>	
<p>24. Have you and/or children ever been attacked before? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/></p> <p>If yes, indicate form of attack and attacker?</p>	

25. In your absence, who takes care of your children? a. Parents [ ]      b. Siblings [ ] c. Other family members [ ] d. Neighbors [ ]      e. Friends [ ]      f. Others		
26. Are there challenges associated with you seeking accommodation? a. Yes [ ] b. No [ ] If yes, please specify challenges		
27. How often do you keep in touch with your family in Northern Ghana? a. Daily [ ]      b. Weekly [ ]      c. Monthly [ ]      d. Quarterly [ ]      e. 6 months [ ] f. Yearly [ ]      g. Others...  What are the reasons for keeping in touch with family in the Northern Ghana?		
28. Do you have plans of returning to your hometown? a. Yes [ ] b. No [ ]  If yes, how soon? <span style="float: right;">Purpose of the return:</span>		
29. Do you live close to relatives, friends or people you know from your hometown? a. Yes [ ]      b. No [ ]  If yes, how close:		
30. Current Occupation/Business:	31. Earnings per day: ₵	32. How many times do you work in a week:
33. Previous occupation:	34. Previous earnings per day: ₵	
35. Apart from your current occupation, do you gain income from other sources? a. Yes [ ]      b. No [ ]		

If yes, which source(s)	How much (weekly)? ₵												
<p>36. Are you able to save part of your earnings? a. Yes [ ]      b. No [ ]</p> <p>If yes, how much of your earnings are you able to save weekly? ₵</p> <p>Where do you save your earning?    A. Home [ ]                      b. Susu / Microfinance bodies [ ]</p> <p>c. Family and Friends [ ]</p> <p>d. Bank [ ]            e. Mobile Money wallet [ ]                      f. Send to Hometown [ ]                      g.</p> <p>Others</p>													
<p>37. How much do you spend on the following monthly/weekly;</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 25%;">a. Rent (monthly): ₵</td> <td style="width: 25%;">b. Electricity: ₵</td> <td style="width: 25%;">c. Water: ₵</td> <td style="width: 25%;">d. Phone credit: ₵</td> </tr> <tr> <td>e. Food (daily): ₵</td> <td>f. Garbage: ₵</td> <td>g. Transportation: ₵</td> <td>h. Toilet / Bath usage: ₵</td> </tr> <tr> <td>i. Taxes: ₵</td> <td>j. Parents: ₵</td> <td>k. Other Relatives ₵</td> <td>l. Others</td> </tr> </tbody> </table>		a. Rent (monthly): ₵	b. Electricity: ₵	c. Water: ₵	d. Phone credit: ₵	e. Food (daily): ₵	f. Garbage: ₵	g. Transportation: ₵	h. Toilet / Bath usage: ₵	i. Taxes: ₵	j. Parents: ₵	k. Other Relatives ₵	l. Others
a. Rent (monthly): ₵	b. Electricity: ₵	c. Water: ₵	d. Phone credit: ₵										
e. Food (daily): ₵	f. Garbage: ₵	g. Transportation: ₵	h. Toilet / Bath usage: ₵										
i. Taxes: ₵	j. Parents: ₵	k. Other Relatives ₵	l. Others										
<p>38. How much do you spend on your children regarding the following</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 33%;">a. Daily feeding: ₵</td> <td style="width: 33%;">b. Annual School Fees: ₵</td> <td style="width: 33%;">c. Clothing; ₵</td> </tr> <tr> <td>d. Books and Stationaries: ₵</td> <td>e. School uniform: ₵</td> <td>f. Transportation to school: ₵</td> </tr> <tr> <td colspan="3">g. Others</td> </tr> </tbody> </table>		a. Daily feeding: ₵	b. Annual School Fees: ₵	c. Clothing; ₵	d. Books and Stationaries: ₵	e. School uniform: ₵	f. Transportation to school: ₵	g. Others					
a. Daily feeding: ₵	b. Annual School Fees: ₵	c. Clothing; ₵											
d. Books and Stationaries: ₵	e. School uniform: ₵	f. Transportation to school: ₵											
g. Others													

39.	Are you registered and contributing to any financial or life insurance package? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>  If yes, please specify
40.	In the event of emergency and financial difficulties, where do you seek assistance a. Family <input type="checkbox"/> b. Friends <input type="checkbox"/> c. Loan/Susu organizations <input type="checkbox"/> d. Church / Mosque <input type="checkbox"/> e. Neighbors <input type="checkbox"/> f. Welfare <input type="checkbox"/> g. Others
41.	Do you have businesses or properties elsewhere? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>  If yes, please specify business/property type: _____ Location: _____
<b>C. CHALLENGES (HEALTH)</b>	
42.	Do you have any chronic health condition? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>  If yes, please specify
43.	In general, how often do you fall sick? a. Daily <input type="checkbox"/> b. Weekly <input type="checkbox"/> c. Every two weeks <input type="checkbox"/> d. Monthly <input type="checkbox"/> e. Quarterly <input type="checkbox"/> f. Yearly <input type="checkbox"/> g. Other ...
44.	In time of sickness, whom do you usually search for assistance? a. Family <input type="checkbox"/> b. Friends <input type="checkbox"/>

<p>d. Church/Mosque [ ]    e. Group leader [ ]    f. Call for assistance from hometown [ ]</p> <p>g. Others</p>	
<p>45. During sickness, what action do you take? <b>Indicate in order of first to last response action</b></p> <p>a. Self-medication from herbal drug sellers .....</p> <p>b. Self-medication from pharmacy .....</p> <p>c. Self-treatment with herbs .....</p> <p>d. Medication from family and friend .....</p> <p>e. Herbal practitioners .....</p> <p>f. Visitation to hospital .....</p> <p>g. Others (specify) .....</p>	
<p>46. What challenges do you face in addressing your health conditions?</p> <p>a. Financial [ ]    b. Distance to health facility [ ]    c. Discouragement from others [ ]</p> <p>d. Time factor [ ]    e. Others</p>	
<p>47. Do your children have any health condition?    a. Yes [ ]    b. No [ ]</p> <p>If yes, please specify</p>	
<p>48. How often do your children fall sick?    a. Daily [ ]    b. Weekly [ ]</p> <p>c. Every two weeks [ ]</p> <p>d. Monthly [ ]    e. Quarterly [ ]    f. Yearly [ ]    g. Other ...</p>	
<p>49. When your children fall sick, what do you do? <b>Please rate from 1, 2, 3 .....etc.</b></p> <p>a. Buy medication from herbal drug sellers .....</p>	

b. Buy medication from pharmacy	....
c. Treat them with herbs	.....
d. Give them medication from family and friend	.....
e. Take them to herbal practitioners	.....
f. Take them to the hospital	.....
g. Take them back to hometown	.....
h. Others (specify)	.....

<b>D. CHALLENGES (CHILDREN)</b>					
50. Please respond to the following as much as applicable					
1 = Strongly Agree, 2 = Agree, 3 = Uncertain, 4 = Disagree 5 = Strongly Disagree					
	<b>Level of Satisfaction</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. Your children are safe in your absence					
b. Your children back in your hometown are also safe					
c. You keep enough money for your children's education					
d. You keep enough money for your children's health					
e. You keep enough money to address your children's emergency					

f. Your children are free from any psychological problem					
g. Your children are doing well in school					
h. The money you give to your children is enough for school					
i. Your children do not go hungry					
j. Your children are always happy					
k. You have a good relationship with your children					
l. Your children have a good future					
m. Your children need extra support from other people					

**E. INSTITUTIONAL COPING STRATEGIES**

51. Which of the following do you benefit from?

**Indicate as many as are applicable:**

a. National Health Insurance Scheme [ ]	b. Free Education for Self [ ]	c. Free Education for children [ ]
d. Susu / Credit / Loan Support [ ]	e. Free Antenatal Care [ ]	f. School feeding program [ ]
g. Capitation Grant [ ]	h. Scholarship [ ]	i. NGOs [ ]

j.Support from religious groups [ ]	k. Government Financial Assistance (e.g. LEAP, Loan etc.) [ ]	l. Others
-------------------------------------	---	-----------

52. Indicate your satisfaction levels for the support you receive from the above institutions in 47

**1 = Very Satisfied, 2 = Satisfied, 3 = Uncertain, 4 = Unsatisfied, 5 = Very unsatisfied**

	1	2	3	4	5
a.National Health Insurance Scheme					
b. Free Education for Self					
c.Free Education for children					
d. Susu / Credit / Loan Support					
e.Free Antenatal Care					
f.School feeding program					
g. Capitation Grant					
h. Scholarship					
i. Government Financial Assistance (e.g. LEAP, Loan etc.)					
j. Support from religious groups					
k. NGOs					

## **F. SOCIO-ECONOMIC COPING STRATEGIES**

53. In time of hardship or challenges, which of the following measures do you resort to?

**Please tick as many as are applicable**

a. Borrow from friends and relatives	
b. Relocate	
c. Take an extra work	
d. Send children away	
e. Donations	
f. Reduce number of meal per day	
g. Sell assets	
h. Reliance on family	
i. Associations / groups	
j. Savings / Loans	
k. Engagement of children in economic activity	

**Thank you!!!**

## Appendix V: Qualitative Interview Guide

To be filled by Interviewer before Start of Interview

<b>Interviewee's Name:</b>	
<b>Location Address of Interview</b>	<b>Date of Interview:</b>
<b>Start Time:</b>	<b>Time Completed:</b>
<b>Interviewer's Name:</b>	

### SECTION 1: DEMOGRAPHIC CHARACTERISTICS

**1.1** Can you please tell me about yourself? (Probe: Name (optional), Age, Educational background, ethnic group, town of origin, place of birth, religious affiliation, marital status, occupation of spouse, number of siblings, father's occupation, mother's occupation).

**1.2** Household size (probe: family leadership, Family income).

**1.3** Number of children in Northern Ghana and Accra (probe: male and female children, age of oldest child, age of youngers child)

### SECTION 2: REASONS FOR MIGRATING

**2.1** Why did you to migrate to Madina (Probe: when, how have you been since you migrated).

**2.2** How long have you been in Madina? (Probe: How long will you be here?)

**2.3** What were your aims for migrating, and have you been able to achieve your aims?

**2.4** What are some of your achievements?

### **SECTION 3: CHALLENGES OF MIGRANT WOMEN**

- 3.1** Where in Madina do you stay and do you live with your ethnic group (Probe: Do you speak any southern language that helps you with your livelihood?).
- 3.2** What type of work were you doing before you came to Accra (probe: What type of work are you doing now, how long have been doing these works, do you intend to be in this job for long? what income generating activities are you engaged in now? (Probe: please give details of your job, how do you feel about your job, do you change jobs, why, have you ever lost your job, Describe times when you have lost your job and how it affected you. How did you survive during that time?)
- 3.3** How did you start your business (probe: borrowed from friends, family?).
- 3.4** What was your first occupation when you came to Accra (probe: Were you ever an apprentice? what skills did you learn? Why did you choose that particular trade?)

### **SECTION 4: CHILDREN'S WELLBEING**

- 4.1** Where do your children live? (Probe: if no why didn't you bring them and who is looking after them; if yes how do you look after them, what are the ages of children living with you, what are the ages of children left behind, do you keep money for the upkeep of your children left behind).
- 4.2** What difficulties do you face whilst taking care of your children (probe: access to education, health and other social amenities easily without any difficulty).
- 4.3** Where are the schools in the community (Probe: Are all your children in school, forms of discrimination, school environment, cost involve, the children who are not in school what do they do).

- 4.4** What efforts have you made to ensure your children stay in school (probe: Is this the first time children have dropped out of school or is something that keeps occurring).
- 4.5** When your children close from school what do they do after school( probe: engage in economic activity-selling in the market, Is it a common practice for children to work after school or is only your children, How does that affect performance in school?
- 4.6** Who provides the educational needs of your children? (Probe: Any scholarships).
- 4.7** Comparing your home of origin to Accra, what do you think are the factors that make cost of living high (probe: food, health care).
- 4.8** In what ways does the living condition affect you and your children?
- 4.9** How many meals do you and your children have in a day(Probe: availability of meals for the women and children, type of meals the women and their children enjoy most, access to preferred meals, any difficulty accessing preferred meals.
- 4.10** Were there occasions where you did not have any food available (probe: how did it happen, what do you do).
- 4.11** How safe and healthy are the kinds of foods you eat (probe: sicknesses resulting from eating bad meals, any warning from doctors concerning meals).
- 4.12** How accessible is health care to your children? (Probe: community health facilities, community health officials, cost of accessing health care, maternal health care, children's health care

## **SECTION 5: COPING STRATEGIES**

- 5.1** What is your relationship with the family you left behind in place of origin (northern Ghana)? (Which family member do you keep in touch with the most and why, in a

week how many times do you contact them, mode of contact, do you remit, reason, how often)?.

**5.2** What social groups do you have in Madina (please name them, were you in touch with any group/person before migrating? who, why that person? Could you have settled in Madina without contacting anybody? how does the group work?, who are in it, when do you meet, what financial commitments are involved, i.e. payment of dues, sanctions, can you make recourse to this social group when challenges occur?

**5.3** In what ways have the groups been useful to you (probe: negative shocks, Loss of job, death of a significant member of family, ill-health, flood, crop failure, etc.).

**5.4** What other association's do you belong to? (Probe: groups at origin and destination e.g. ethnic, religious, FBO, etc.).

**5.5** What assistance if any do you get from Government? (Probe: LEAP, NHIS, school feeding programme, capitation grant, how long have you been enrolled on the NHIS, do you have valid ID card, free maternal health care).

**5.6** What strategies you adopt during challenging times (borrow from friends/relatives, receive gifts, relocate, send children away, take on extra work, reduce food consumption, sell assets etc.?)

**Thank you!!!**

## Appendix VI: Logit Model A1 And A2

A1. Logit model (standard errors and p-values ( $P > |z|$ ) were used from the table as well as the information at the top right corner).

Logistic regression	Number of obs	=	146
	LR chi2(37)	=	99.22
	Prob > chi2	=	0.0000
Log likelihood = -46.588573	Pseudo R2	=	0.5157

chd_w1b5	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
chd_north	.3043402	.738368	0.41	0.680	-1.142835	1.751515
edu_access	-1.001898	.8484252	-1.18	0.238	-2.664781	.6609848
health_acc~s	2.150119	.9397707	2.29	0.022	.3082026	3.992036
borrow	1.704656	1.016745	1.68	0.094	-.2881279	3.69744
relocate	2.45282	1.162577	2.11	0.035	.1742122	4.731429
extra_work	2.186967	.9015106	2.43	0.015	.420039	3.953896
send_child~y	3.174438	.9809668	3.24	0.001	1.251778	5.097098
donations	.4168612	.9570069	0.44	0.663	-1.458838	2.29256
reliance_f~y	-.2864	.8191816	-0.35	0.727	-1.891966	1.319167
assoc_grp	-1.039818	1.028	-1.01	0.312	-3.054661	.9750255
savings_lo~s	-2.913642	1.148312	-2.54	0.011	-5.164293	-.6629914
child_lab	-.838076	1.296135	-0.65	0.518	-3.378453	1.702301
youth	.1568753	.9674967	0.16	0.871	-1.739383	2.053134
adult	-.1525674	.992836	-0.15	0.878	-2.09849	1.793355
married	-.4702807	.9949132	-0.47	0.636	-2.420275	1.479713
divwidsep	-3.532248	2.099941	-1.68	0.093	-7.648056	.5835605
tamplema	1.329483	1.305124	1.02	0.308	-1.228512	3.887479
mamprusi	4.722099	1.497106	3.15	0.002	1.787825	7.656372
eth_other	1.658337	.8307172	2.00	0.046	.0301608	3.286512
primary	-1.981855	1.313462	-1.51	0.131	-4.556193	.5924833
above_prim~y	2.171074	.9909516	2.19	0.028	.2288447	4.113304
trader	.0736167	2.035621	0.04	0.971	-3.916128	4.063361
occu_other	-3.27122	1.105535	-2.96	0.003	-5.438029	-1.10441
secured	-2.535849	1.311699	-1.93	0.053	-5.106732	.0350343
two_three~d	-.6064323	.7871798	-0.77	0.441	-2.149276	.9364118
four_six~d	1.084063	1.166327	0.93	0.353	-1.201896	3.370022
one_to_3yr	-1.177508	1.201753	-0.98	0.327	-3.5329	1.177884
three_to_4yr	-.4904509	.9569981	-0.51	0.608	-2.366133	1.385231
more_than~r	-1.256543	1.135383	-1.11	0.268	-3.481853	.968766
me_201_t~300	1.640949	1.35322	1.21	0.225	-1.011313	4.29321
me_301_t~500	-.0635791	1.302	-0.05	0.961	-2.615453	2.488294
me_501_t~1000	1.09767	1.336546	0.82	0.411	-1.521912	3.717252
me_more~1000	-.0361154	1.56524	-0.02	0.982	-3.103929	3.031698
soc_netwk	-.3875491	.6808396	-0.57	0.569	-1.72197	.9468719
kiosk	.6514933	1.44525	0.45	0.652	-2.181144	3.484131
block_room	-1.173583	1.449201	-0.81	0.418	-4.013964	1.666797
lang_prof	-1.108423	.9093646	-1.22	0.223	-2.890745	.6738988
_cons	2.134853	2.786756	0.77	0.444	-3.327089	7.596794

A2. Marginal effects (dy/dx which is the marginal effects was used from this table).

Marginal effects after logit  
 $y = \text{Pr}(\text{chd\_wlb5})$  (predict)  
 $= .82338007$

variable	dy/dx	Std. Err.	z	P> z	[	95% C.I.	]	X
chd_no~h*	.0429186	.10015	0.43	0.668	-.153368	.239205	.342466	
edu_ac~s*	-.1358772	.10729	-1.27	0.205	-.346159	.074404	.616438	
health~s*	.3024277	.12253	2.47	0.014	.062276	.542579	.458904	
borrow*	.2373074	.13116	1.81	0.070	-.01976	.494375	.445205	
relocate*	.3473412	.15833	2.19	0.028	.037023	.65766	.465753	
extra~k*	.2814858	.09644	2.92	0.004	.092477	.470495	.390411	
send_c~y*	.3582935	.10338	3.47	0.001	.155676	.560911	.335616	
donati~s*	.0553062	.11538	0.48	0.632	-.17083	.281442	.164384	
relian~y*	-.043577	.12805	-0.34	0.734	-.294549	.207395	.253425	
assoc~p*	-.1892678	.21654	-0.87	0.382	-.613673	.235137	.123288	
saving~s*	-.5332208	.19517	-2.73	0.006	-.915745	-.150696	.315068	
child~b*	-.1438061	.26026	-0.55	0.581	-.653906	.366293	.171233	
youth*	.0222172	.13229	0.17	0.867	-.237059	.281493	.239726	
adult*	-.0228369	.1522	-0.15	0.881	-.321142	.275468	.205479	
married*	-.0626146	.11839	-0.53	0.597	-.294653	.169424	.787671	
divwid~p*	-.7073631	.24989	-2.83	0.005	-1.19713	-.217596	.041096	
tamplema*	.1371965	.09096	1.51	0.131	-.041085	.315478	.109589	
mamprusi*	.3207451	.07681	4.18	0.000	.1702	.47129	.171233	
eth_ot~r*	.2120099	.11093	1.91	0.056	-.005402	.429422	.363014	
primary*	-.3932173	.29368	-1.34	0.181	-.968813	.182379	.171233	
above~y*	.2210472	.07898	2.80	0.005	.066246	.375849	.226027	
trader*	.0104903	.28419	0.04	0.971	-.546506	.567487	.075342	
occu_o~r*	-.5163115	.15867	-3.25	0.001	-.827297	-.205326	.452055	
secured*	-.2288816	.08485	-2.70	0.007	-.395185	-.062578	.815068	
two_th~d*	-.0907081	.11985	-0.76	0.449	-.325612	.144195	.431507	
four_s~d*	.1222846	.10557	1.16	0.247	-.084628	.329197	.143836	
one_to~r*	-.1930346	.21351	-0.90	0.366	-.611512	.225442	.335616	
three~r*	-.0790376	.16997	-0.47	0.642	-.412177	.254102	.164384	
more_t~r*	-.2200531	.22674	-0.97	0.332	-.664447	.22434	.246575	
me_2~300*	.2024021	.13653	1.48	0.138	-.065187	.469991	.328767	
me_3~500*	-.0093244	.19284	-0.05	0.961	-.387276	.368627	.294521	
me_501~0*	.1234338	.11104	1.11	0.266	-.094209	.341076	.143836	
me_mor~0*	-.0052942	.23155	-0.02	0.982	-.459123	.448534	.157534	
soc_ne~k*	-.0557309	.09654	-0.58	0.564	-.244954	.133492	.547945	
kiosk*	.0984742	.22578	0.44	0.663	-.344054	.541002	.589041	
block~m*	-.1888902	.25554	-0.74	0.460	-.689744	.311964	.363014	
lang_p~f*	-.1305552	.0884	-1.48	0.140	-.303822	.042711	.794521	

(\*) dy/dx is for discrete change of dummy variable from 0 to 1



Appendix VI I A4. Marginal effects after estimating logit model for health as an indicator of children's well-being (dy/dx which is the marginal effects was used from this table).

Marginal effects after logit  
 $y = \text{Pr}(\text{good\_health}) (\text{predict})$   
 $= .64080197$

variable	dy/dx	Std. Err.	z	P> z	[	95% C.I.	]	X
chd_no~h*	-.1040467	.12425	-0.84	0.402	-.347579	.139486	.335052	
edu_ac~s*	.1443448	.10062	1.43	0.151	-.05287	.34156	.587629	
health~s*	.1539677	.09967	1.54	0.122	-.041383	.349318	.453608	
borrow*	-.0071257	.14244	-0.05	0.960	-.28631	.272058	.458763	
relocate*	.0301572	.12264	0.25	0.806	-.210205	.270519	.474227	
extra~k*	.1357728	.10148	1.34	0.181	-.063123	.334668	.407216	
send_c~y*	.0040347	.1157	0.03	0.972	-.222729	.230798	.329897	
donati~s*	.2083081	.10196	2.04	0.041	.008469	.408147	.195876	
relian~y*	-.390477	.117	-3.34	0.001	-.619795	-.161159	.242268	
assoc~p*	.0659054	.14736	0.45	0.655	-.222909	.35472	.128866	
saving~s*	.187258	.1087	1.72	0.085	-.025793	.400309	.283505	
child~b*	.1691792	.12198	1.39	0.165	-.069888	.408246	.159794	
youth*	-.2277525	.13956	-1.63	0.103	-.501284	.045779	.21134	
adult*	-.0373247	.1437	-0.26	0.795	-.318981	.244332	.175258	
married*	.0306654	.15345	0.20	0.842	-.270094	.331425	.824742	
divwid~p*	-.1987083	.33968	-0.58	0.559	-.86447	.467053	.030928	
tamplea*	.1191549	.12909	0.92	0.356	-.133849	.372159	.108247	
mamprusi*	-.0329752	.15267	-0.22	0.829	-.332199	.266249	.170103	
eth_ot~r*	.1304681	.12132	1.08	0.282	-.107311	.368247	.329897	
secured*	.1689609	.16379	1.03	0.302	-.15207	.489992	.850515	
two_th~d*	.2407908	.12056	2.00	0.046	.004504	.477078	.453608	
four_s~d*	.0614125	.15574	0.39	0.693	-.243831	.366656	.128866	
primary*	.0701579	.14874	0.47	0.637	-.221372	.361688	.14433	
above~y*	.2937021	.10041	2.92	0.003	.096895	.490509	.180412	
trader*	.1485675	.19251	0.77	0.440	-.228738	.525873	.072165	
occu_o~r*	-.1319381	.13517	-0.98	0.329	-.396872	.132996	.43299	
one_to~r*	-.0204686	.1411	-0.15	0.885	-.297021	.256084	.371134	
three~r*	-.1279072	.16534	-0.77	0.439	-.451965	.19615	.14433	
more_t~r*	.2342965	.1173	2.00	0.046	.004386	.464207	.231959	
me_2~300*	-.2228448	.16971	-1.31	0.189	-.555468	.109779	.345361	
me_3~500*	.1301358	.14929	0.87	0.383	-.162459	.422731	.237113	
me_501~0*	-.038317	.18824	-0.20	0.839	-.407254	.33062	.149485	
me_mor~0*	.0791819	.19143	0.41	0.679	-.296019	.454382	.149485	
soc_ne~k*	.1417097	.10229	1.39	0.166	-.058778	.342197	.582474	
kiosk*	.2888026	.10192	2.83	0.005	.089036	.488569	.345361	
block~m*	-.1327723	.16643	-0.80	0.425	-.458967	.193422	.139175	



Appendix X

Marginal effects after logit  
 $y = \text{Pr}(\text{good\_education})$  (predict)  
 $= .7484281$

variable	dy/dx	Std. Err.	z	P> z	[	95% C.I.	]	X
chd_no~h*	-.2110271	.11666	-1.81	0.070	-.439675	.017621	.335052	
edu_ac~s*	-.1216315	.09523	1.28	0.202	-.065018	.308281	.587629	
health~s*	-.1418409	.09582	-1.48	0.139	-.329651	.04597	.453608	
borrow*	-.1763358	.12392	-1.42	0.155	-.419207	.066535	.458763	
relocate*	.0922666	.10721	0.86	0.389	-.117868	.302401	.474227	
extra~k*	.1020286	.08853	1.15	0.249	-.07148	.275537	.407216	
send_c~y*	.1320465	.09351	1.41	0.158	-.051224	.315317	.329897	
donati~s*	-.1628937	.14052	-1.16	0.246	-.438309	.112522	.195876	
relian~y*	-.4630064	.12147	-3.81	0.000	-.701092	-.224921	.242268	
assoc~p*	.143804	.09582	1.50	0.133	-.043998	.331606	.128866	
saving~s*	.2928084	.07823	3.74	0.000	.139482	.446135	.283505	
child~b*	-.1683063	.16557	-1.02	0.309	-.492814	.156202	.159794	
youth*	.0626362	.10694	0.59	0.558	-.146971	.272244	.21134	
adult*	.1734109	.08455	2.05	0.040	.007693	.339128	.175258	
married*	.2557197	.15252	1.68	0.094	-.043224	.554663	.824742	
divwid~p*	-.1975445	.33313	-0.59	0.553	-.850464	.455375	.030928	
tamplea*	-.0885752	.1733	-0.51	0.609	-.428231	.251081	.108247	
mamprusi*	-.0240575	.13271	-0.18	0.856	-.284172	.236057	.170103	
eth_ot~r*	.0610384	.09825	0.62	0.534	-.13152	.253597	.329897	
primary*	.0481205	.12074	0.40	0.690	-.188524	.284765	.14433	
above~y*	-.1432404	.1608	-0.89	0.373	-.458412	.171931	.180412	
trader*	.0131412	.21072	0.06	0.950	-.399859	.426142	.072165	
occu_o~r*	.0965351	.11094	0.87	0.384	-.120895	.313965	.43299	
secured*	.4295795	.15908	2.70	0.007	.117787	.741372	.850515	
two_th~d*	.0974341	.09967	0.98	0.328	-.097921	.292789	.453608	
four_s~d*	.154175	.10149	1.52	0.129	-.044741	.353091	.128866	
one_to~r*	.1411104	.11596	1.22	0.224	-.086161	.368382	.371134	
three~r*	.0235318	.12831	0.18	0.854	-.22795	.275013	.14433	
more_t~r*	.2659598	.08234	3.23	0.001	.104579	.427341	.231959	
me_2~300*	-.488414	.1572	-3.11	0.002	-.796527	-.180301	.345361	
me_3~500*	-.4837435	.17061	-2.84	0.005	-.818131	-.149356	.237113	
me_501~0*	-.3197603	.23207	-1.38	0.168	-.774614	.135093	.149485	
me_mor~0*	-.4347473	.21486	-2.02	0.043	-.855865	-.013629	.149485	
soc_ne~k*	.1839725	.09408	1.96	0.051	-.00043	.368375	.582474	
kiosk*	.2946952	.08203	3.59	0.000	.133929	.455462	.345361	
block~m*	.1616711	.08846	1.83	0.068	-.011703	.335045	.139175	

(\*) dy/dx is for discrete change of dummy variable from 0 to 1