

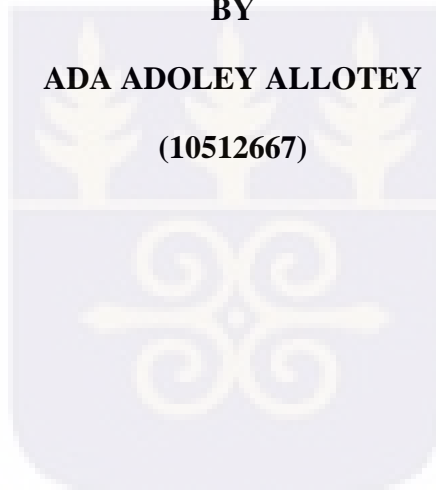
**UNIVERSITY OF GHANA
COLLEGE OF HUMANITIES**

**“WHO WOULD NOT LOVE TO GIVE BIRTH IN AMERICA?” THE INTENTIONS
AND EXPERIENCES IN HAVING AMERICAN ‘JACKPOT BABIES’ AMONG
URBAN DWELLERS IN GHANA**

BY

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PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF PHD IN
MIGRATION STUDIES DEGREE**

CENTRE FOR MIGRATION STUDIES

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DECLARATION

I, Ada Adoley Allotey, 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 Migration Studies, University of Ghana, Legon, under the joint supervision of Prof John K. Anarfi, Dr Leander Kandilige, Dr Bossman Eric Asare and Prof Kwadwo Appiagyei-Atua. 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.

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ABSTRACT

Birth tourism to the USA is a form of mobility that is inextricably linked and symbiotically related to American birthright citizenship, international tourism and migration. Its popularity has grown around the world in recent years, including Ghana, where it is an open secret that some Ghanaian families have American ‘jackpot babies’. An American ‘jackpot baby’ refers to a child born on American soil to one of the foreign parents admitted as a short-term visitor or as a birth tourist solely to access the better opportunities available to American citizens. This interdisciplinary study investigates the intentions and experiences of having American ‘jackpot babies’ among Ghanaian urban dwellers and their implications for Ghana. Using survey and semi-structured in-depth interviews concurrently, data were collected from 260 urban dwellers from three major cities of Ghana – Accra, Cape Coast and Kumasi – who are yet to give birth in the USA and 13 Ghanaian families that have a total of 25 American ‘jackpot babies’, respectively. The adapted Leiper’s tourism system approach acted as an interpretative guide in the analysis.

Among others, the study found that almost 83% of the Ghanaian urban dwellers sampled were aware that some Ghanaian women give birth in the USA. As a result, their awareness has influenced about 64% of them to have the intentions to have American ‘jackpot babies’ too. A logistic regression model disclosed that 35% of the urban dwellers’ intentions are explained by their socio-demographic characteristics. Thus, a little over three-fifth (60.2%) of these urban dwellers that had volitional control to have American ‘jackpot babies’ were women aged 20-34 years. Also, the model revealed that the attitudes of the urban dwellers towards Ghanaian birth tourists to the USA were not a determinant of their intentions to participate in birth tourism to the USA. The study further found that having American ‘jackpot babies’ was not an easy endeavour as a Ghanaian urban dweller needs to have spousal support and the motility to be transformed into the travel to the USA to give birth. Besides, the successful birth of American ‘jackpot babies’ implies that these Ghanaian parents have formed Planned Binational Families (PBFs) where the lives of their ‘babies’ are shaped by paradoxical belonging.

The study concludes that intentions to have American ‘jackpot babies’ were motivated by presumed better living conditions and opportunities offered to American citizens. However, these intentions provide evidence that urban dwellers in Ghana do not see their citizenship functioning as an opportunity-enhancing tool either for them, their children or families. Also, in their desire to have children with paradoxical belonging, Ghanaian parents of PBFs are oblivious to the challenges associated with having this form of belonging such as animosity among siblings with different citizenships, their American ‘jackpot babies’ developing identity crisis, and experiencing social exclusion. Furthermore, intentions and experiences in having American ‘jackpot babies’ will act as a precursor to migration from Ghana to the USA where the main implication is brain drain and the concomitant reliance on remittances from its citizens residing in the USA as a means to economic survival. The study recommends an effective political leadership in Ghana to create a socio-economic environment that permits human flourishing, well-being and equal opportunities for all Ghanaians and instils a sense of patriotism and self-worth for the country. Also, Ghanaian PBFs should seek professional counselling for all their members to deal with the challenges associated with having paradoxical belonging.

DEDICATION

I dedicated this thesis to my ever-supporting family; my parents, Jonathan Addo and Agnes Aku Allotey; my siblings, James, Anna and Bernice.



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A small beginning that started as a challenge posed by my mother over sixteen years ago now has a great ending. I want to express my heartfelt thanks to everybody who participated in this journey.

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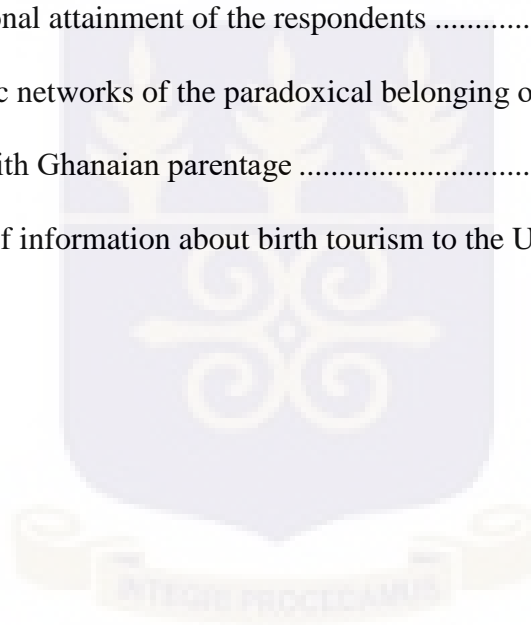
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LIST OF ABBREVIATIONS

| | |
|----------|--|
| AD | Anno domini |
| ADB | African Development Bank |
| AMA | Accra Metropolitan Area |
| BBC | British Broadcasting Corporation |
| CCMA | Cape Coast Metropolitan Area |
| CIS | Centre for Immigration Studies |
| CMS | Centre for Migration Studies |
| CNN | Cable News Network |
| COREQ | Consolidated Criteria for Reporting Qualitative Research |
| ECH | Ethics Committee for Humanities |
| EMTALA | Emergency Medical Treatment and Active Labour Act |
| FAIR | Federation for American Immigration Reform |
| GDP | Gross Domestic Product |
| GIS | Ghana Immigration Service |
| GSS | Ghana Statistical Service |
| INA | Immigration and Nationality Act |
| JHS | Junior High School |
| KATH | Komfo Anokye Teaching Hospital |
| KEEA | Komenda Edina Eguafo Abirem |
| KMA | Kumasi Metropolitan Area |
| KNUST | Kwame Nkrumah University of Science and Technology |
| MADE | Migration and Development Civil Society Network |
| MDAs | Ministries, Departments and Agencies (MDAs) |
| NGOs | Non-Governmental Organisations |
| PANAFEST | Pan African Festival |
| PBF | Planned Binational Family |
| PBS | Public Broadcasting Service |
| PHC | Population and Housing Census |
| PPP | Purchasing Power Parity |
| SHS | Senior High School |
| SPSS | Statistical Package for the Social Science |
| UCC | University of Cape Coast |
| UK | United Kingdom |
| UN | United Nations |
| UN-DESA | United Nations Department of Economic and Social Affairs |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNWTO | United Nations World Tourism Organisation |
| US | United States |
| USA | United States of America |
| VFR | Visiting Friends and Relatives |
| VOC | Vocational |

CHAPTER ONE

BACKGROUND OF THE STUDY

1.0 Introduction

Human existence cannot do without mobility as it contributes to defining the fabric of our lives and it has become a formative element of our existence even in contemporary times (Flamm & Kaufmann, 2006; Njock & Westlund, 2008; United Nations World Tourism Organisation [UNWTO], 2009). Mobility thus informs most of our decisions in life, including where some of us choose to give birth. It takes many forms and in recent years has seen migration and tourism becoming a reality that is touching nearly all corners of the world (United Nations Department of Economics and Social Affairs [UN-DESA], 2017; UNWTO, 2009; Williams & Hall, 2000).

Migration and tourism are both inextricably linked and symbiotically related, but for the legal travel by foreign pregnant women to give birth to American-born children, the literature on these two social phenomena has developed entirely in isolation (Bell & Ward, 2000; UNWTO, 2009; Williams & Hall, 2000). Extant literature is abundant on various aspects of the legal travel by foreign women to the United States of America (USA) to have American-born children. Yet, a few studies (especially within sub-Saharan Africa) have explored the intentions and experiences of foreign women's legal travel to the USA to give birth, from the perspectives of their home countries. This study explores the perspectives of the Ghanaian urban population about giving birth in the USA.

Two reasons account for the focus on the urban population. Firstly, it has been established that most international migrants from Ghana are from urban areas. Migration

in Ghana is stepwise as Ghanaians move from rural areas to smaller towns, later move to bigger town then later to the city (Ghana Statistics Service [GSS], 2014a; King, 2012; Ravenstein, 1885). Also, the GSS (2013a) acknowledged the possibility of Ghanaians using internal migration as a stepping stone for international migration as most of the Ghanaian emigrants originated from the regions with the highest in-migration rates. So, GSS (2013a) observed that the majority (52.8%) of 250,624 Ghanaian emigrants aged 15 years and older recorded by the 2010 census were from Greater Accra (25.2%) and Ashanti (27.6%) regions, the most urbanised regions in the country. Their main destinations were Europe (37.7%) and the Americas (23.6%).

For the second reason, Tetteh in 2010 reported that the travel to have American-born children was observed among the Ghanaian middle class who were located in the urban areas of Ghana. Ghana has been observed to have a higher percentage of its population classified as middle class, based on the 2005 Purchasing Power Parity (PPP) that is most Ghanaians were living on \$2 to \$20 per capita per day (UN-Habitat, 2014). Marie-Laure Akin-Olugbade, the African Development Bank (ADB) representative for Ghana in 2013 also disclosed that 46% of the Ghanaian population belongs to the middle class based on the 2005 PPP compared to 34% in Africa as a whole (British Broadcasting Corporation [BBC], 2013; Lentz, 2016). Kwakye (2012) further adds that the GSS confirmed the country's lower middle income status in 2010 after rebasing of the economy to be in line with the World Bank definition of using per capita Gross Domestic Product (GDP) range of \$976 to \$4,619. Additionally, it is only foreign women who have financial resources that can have their children in the USA (Heaton & Dean, 2016; Nori, 2016; Tetteh, 2010). This study will therefore explore how these urban middle class Ghanaians decide

to travel legally and give birth in the USA. The use of urban dwellers within this study thus refers to the urban middle class Ghanaians.

Migration and tourism have witnessed recent growth where people increasingly across the world are living permanently outside their home countries, while others are constantly on the move temporarily (UN-DESA, 2017; UNWTO, 2009). The international migrant stock for the past 17 years continues to grow; from 173 million in 2000 to 220 million in 2010 and it has reached 258 million as of 2017 (Labadie-Jackson, 2008; UN-DESA, 2017). The share of the international migrant stock in the total population of the world has increased from 2.8% in 2000 to 3.4% in 2017, which was reported to be faster than the world population growth rate of about 1.16% in 2017 (UN-DESA, 2017; World Bank, 2018). Bauböck (2011) pointed out that this 3.4% includes most temporary migrants who are engaged in continuous work. Also, the percentage growth rate has not significantly changed for the past 50 years because the rate has been hovering around 3% though some factors, such as the current refugee and migrant crises in Syria and along the Mediterranean coast have increased the flows (Caritas Internationalis, 2010).

The USA in 2017 hosted the largest number of international migrants of 50 million. The next top three countries after the USA were Saudi Arabia, Germany and the Russian Federation, hosting roughly around 12 million each (UN-DESA, 2017). For the region of birth of the international migrants recorded in 2017, 41% of them were born in Asia followed by Europe with 23.7%, 14.6% were born in Latin America and the Caribbean, 14.1% were from Africa, 1.7% from Northern America, 0.7% from Oceania but the region of birth for 4.2% were unknown (UN-DESA, 2017). Job opportunities, education

and quality of life are a few of the reasons that people gave for participating in international migration.

In contrast, the statistics on international tourism in 2017 were higher than international migration. The international tourist arrivals (i.e. overnight visitors) worldwide in 2017 were about 1.3 billion, a remarkable 7% above the 2016 figure of about 1.2 billion and this is the highest growth rate since 2010 (UNWTO, 2018a & 2018b). International tourist arrivals reached one billion in 2012 (UNWTO, 2013). Because of the temporary nature of tourism, it was highly probable that some of the tourists travelled more than once in 2017. Europe remains the world's leading tourism destination region as well as the most significant source region for outbound tourism (Cooper, Fletcher, Fyall, Gilbert & Wanhill, 2008; Lickorish & Jenkins, 1997; Page & Connell, 2006; UNWTO, 2018b). Europe received 672 million international arrivals representing 51% of the total arrivals in 2017; followed by Asia and Pacific with 323 million, Americas had 211 million, Africa had 63 million and 58 million for the Middle East (UNWTO, 2017). France, the USA, Spain, China and Italy consistently for over a decade (i.e. 2007 to 2017) were the five top-ranked recipients of international tourist arrivals (UNWTO, 2008; 2010; 2013, 2014, 2015, 2017 & 2018b). So, these same countries in chronological order topped the international tourist arrivals in 2017: France (86.9 million); Spain (81.8 million), USA (76.9 million), China (60.7 million) and Italy (58.3 million) (UNWTO, 2018b).

Almost half of the world's international tourist arrivals in 2017 were generated from the European continent (48%), followed by Asia and the Pacific (25%), the Americas (17%), the Middle East and Africa (3% each) but the origin for about 4% of the tourist arrivals was not specified (UNWTO, 2018b). Travelling for holidays and other forms of leisure

accounted for just over half of all the international tourist arrivals (i.e. 55%) in 2017 (UNWTO, 2018b), 27% travelled for other reasons such as visiting friends and relatives [VFR], health, religion among others, 13% travelled for business and professional purposes, and the remaining 5% were not specified (UNWTO, 2018b). The GSS in 2015 reported that some 158,421 Ghanaians travelled as international tourists though no indication was given as to which year this figure was recorded. The main motives of Ghanaians for travelling as international tourists are for VFR, business and professional reasons and funerals (GSS, 2015).

Thus, both statistics on migration and tourism reveal that Africa is the least contributor to outbound tourism compared to it being the fourth largest contributor to international migration. The legal travel by foreign women including Ghanaian women to the USA to have American-born children is also considered as international tourism since these women return to their home countries after childbirth (Heaton & Dean, 2016; Ji & Bates, 2017; Kang, 2018; Tetteh, 2010). This legal form of travel is known as birth tourism, and mostly undertaken by solo independent women who are known as birth tourists, but sometimes their spouses accompany them.

1.1 Worldwide Popularity of Birth Tourism to the USA

The popularity of birth tourism to the USA has grown in recent years, but this trend in travel is not new (Heaton & Dean, 2016; Thayer, 1922). Wang noted in 2017 that birth tourists to the USA do come from all over the world. Media reports both within and outside the USA have disclosed that the birth tourists come from China, Mexico, Nigeria, Russia, South Korea, Taiwan and Turkey though this trend is largely a secret

practice which makes it difficult to break down the nationality of these foreign pregnant women (Feere, 2015).

From sub-Saharan Africa, Feere (2010) noted the obsession that Nigerians have in travelling to the USA to have a baby while Tetteh (2010) also stated that numerous Ghanaian women travel to the USA to have their babies too. Families from Central and South America make up a substantial portion of the birth tourists that travel to the USA. It is also a growing trend in the Eastern Asian countries and among families from Eastern Europe and Turkey. The attraction is because of the global status associated with American citizenship (Altan-Olcay & Balta, 2016; Grant, 2015; Nori 2016). The birth tourists that come from Eastern Asia are mainly from the Pacific Rim countries, such as Taiwan and China but the Chinese are likely the greatest participators in the birth tourism to the USA (Grant, 2015). Together with the Chinese, birth tourism has become popular among the well-to-do families in South Korea, India and Mexico, among others (Altan-Olcay & Balta, 2016; Stock, 2012). Additionally, it has been observed that the Mexicans and Asians are wealthier and form the largest groups of birth tourists to the USA (Guerrero, 2013).

The popularity of birth tourism to the USA around the world has led it becoming a large “industry” in the USA which is without government regulation such that it has become profitable for some travel agencies to offer packages to foreign parents who want to have American-born babies (Guerrero, 2013; Heaton & Dean, 2016; Ji & Bates, 2017; Pearl, 2011). Most of these birth tourism packages include visa, return ticket, payment for a three-month hotel stay, medical services, among others (Nori, 2016). A report has been

made that there are at least 500 companies in China that offer birth tourism services (Feere, 2015).

Notwithstanding its popularity and lack of government regulation, it is difficult to estimate the exact numbers of birth tourists that have travelled to the USA (Altan-Oclay & Balta, 2016; Heaton & Dean, 2016; Kang, 2018; Pearl, 2011). The difficulty in estimating the number of birth tourists is because, there is a lack of transparency in reasons that mothers-to-be give on their visa applications concerning the purpose of their visit (Grant, 2015; Tetteh, 2010). Reasoner (2011) indicated that there is no system in place in the USA to track births born to those admitted as non-immigrant parents. Some of the reasons given are travelling for pleasure, to visit family and study in American universities (Gonzalez, 2011; Lollman, 2015; Tetteh, 2010). Tetteh (2010) added that it was absurd for even Ghanaian mothers-to-be to give their reason for travelling to the USA as rather going on holidays or vacation.

Pearl (2011) has indicated that statistics on foreign visitors and anecdotal evidence suggests that tens of thousands of women who are on tourist or business visas give birth in the USA every year. Reasoner (2011) estimated that nearly 200,000 children are born annually to short-term visitors to the USA. The Centre for Immigration Studies (CIS) in the USA has also reported that out of 300,000 children that are born to foreign citizens in the USA every year, 40,000 are born to birth tourists who are legally in the country (Grant, 2015). Furthermore, Altan-Olcay and Balta (2016) estimated that 600 Turkish women in 2011 travelled to the USA at the later stages of their pregnancy to give birth to their children. The number of Chinese women that travel to the USA to give birth has more than doubled in the years, that is from 4,200 in 2008 to about 10,000 in 2012

(Arthur, 2018; Heaton & Dean, 2016). Though the above statistics hardly agree on the exact number of birth tourists that do travel to the USA in a year; it confirms that there are a significant number of foreign pregnant women from the different parts of the world that gives birth in the USA every year. Wang (2017) has, however, indicated that the global number of birth tourists is small in comparison to immigrant populations at large.

The popularity of this form of travel is further evidence of the current trend in international mobility where more women are increasingly travelling independently, thus leaving behind spouses or family members (Adepoju, 2010; Caritas Internationalis, 2010; Jordan & Gibson, 2005; Labadie-Jackson, 2008; Pittin, 1984; Raghuram, 2004; Wilson & Harris, 2006). Demographers reported that the participation of females in international migration is almost equal to that of the males (Donato, Gabaccia, Holdaway, Manalansan, & Pessar, 2006). Women represented 48% of those who migrated internationally in 2017 where their dominance was observed in most parts of the world except in Western Asia and Africa where the migrants were predominantly males (Marinucci, 2007; UN-DESA, 2017). Even in Africa, where the males dominate international migration, the percentage of female migrants rose from 46.9% in 2000 to 47.1% in 2017 (UN-DESA, 2017). The most significant increases noticed were among the women migrants from Eastern and Western Africa (Adepoju, 2010; Labadie-Jackson, 2008; Marinucci, 2007; Nowak, 2009).

Though the UNWTO is yet to indicate the proportion of the international tourist arrivals that are undertaken by women, tourism scholars have observed that women's participation in international tourism has increased in contemporary times as well (Jordan & Gibson, 2005; Swain, 1995; Wilson & Harris, 2006; Wilson & Little, 2008).

The search for new opportunities that are not readily available at the home countries has been alluded to as the main motivating factor that women have for independently participating in both international migration and tourism (Caritas Internationalis, 2010; Jordan & Gibson, 2005; Labadie-Jackson, 2008; Pittin, 1984; Wilson & Harris, 2006).

1.2 Statement of the Problem

Several scholars have deliberated on the motivations for expectant foreign women travelling to the USA to give birth. The Citizenship Clause of the Fourteenth (14th) Amendment of the American Constitution guarantees that any child born in the USA automatically becomes a citizen (Feere, 2010; Koser, 2007). The Citizenship Clause reads as follows:

“All persons born or naturalised in the United States, and subject to the jurisdiction thereof, are citizens of the United States and the State wherein they reside” (Feere, 2010, p.7).

This citizenship principle offered at birth is known as *jus soli* or birthright citizenship. Thus, the first motivation is the right that an American-born citizen would have from the legal age of 18 years onwards as stipulated by the American Constitution to guarantee a path to legal immigration through a sponsorship process for the immediate family members (Feere, 2010; Nori, 2016; Pearl, 2011). This sponsorship process is known as chain immigration (Feere, 2010).

So, the American citizenship law grants this child at the legal age of 18 years a right to sponsor an overseas spouse and his or her unmarried children for permanent residency. Then, at the age of 21 years, he or she can legally sponsor the parents and any of his or her siblings (Feere, 2010). An American-born child who used this right to initiate chain

immigration and help to cement the family's presence in the USA is called an 'anchor baby' (Feere, 2010; Ward, 2009). As a result, Feere (2010) has indicated that family-sponsored immigration accounts for most of America's growth in immigration levels. Also, Aure (2013) stated that two-thirds of legal immigration to the USA is family-related. In 2009, 1,130,818 immigrants were granted legal permanent residency, and out of that number, a total of 747,413 (66.1%) were family-sponsored immigrants (Feere, 2010).

The American passport that a new-born child receives shortly after the registration of the birth is the second motivation (Feere, 2010). It is advantageous for a family to have a member being a holder of American passport because it entitles the holder to enter and reside in the USA; travel to whenever and wherever he or she chooses, and to enjoy unrivalled protection (Altan-Olcay & Balta, 2016; Castles, 2005; Feere, 2010; Ochoa Campo, 2017; Reasoner, 2011). However, this claim does not entirely represent the reality in contemporary times because Americans do require a visa to travel to certain countries, such as Ghana, and also in this era of terrorism, being an American does not grant unrivalled protection in certain parts of the world.

Other motivations are to have better medical care during pregnancy and delivery (Tetteh, 2010), secure the benefits of having dual citizenship from both countries – the home country of the parent of the child and the USA (Grant, 2015) and to obtain the American citizenship at birth for the sole purpose of accessing the country's improved systems of education and healthcare (Nori, 2016). Consequently, these benefits that American-born children and their immediate families are expected to earn have become a magnet for foreign women to travel on valid visas to the USA to give birth and an entire industry

called “birth tourism” has emerged (Arthur, 2018; Feere, 2010; Kang, 2018; Reasoner, 2011). A ‘jackpot baby’ is used to refer to an American-born child born as a result of birth tourism to the USA (Guerrero, 2013).

This study therefore considers the fact that most of the growing literature about birth tourism to the USA has focused on the motivations of birth tourists or short-term visitors whose home countries are situated in Latin America, Eastern Asia and Europe, and with a few from Africa (Altan-Olcay & Balta, 2016; Grant, 2015; Guerrero, 2013; Heaton & Dean, 2016; Nori, 2016; Tetteh, 2010). Most of the literature (especially within sub-Saharan Africa), until now, had not explored whether citizens at their home countries who are yet to have an American ‘jackpot baby’, would have the intentions to give birth in the USA and if they do, what their motivations would be. Also, how the decisions and preparations of the mothers-to-be are made before embarking on birth tourism to the USA and the women’s subjective experiences in giving birth to American ‘jackpot babies’ have been largely neglected in most of the discourses on birth tourism. This study therefore aims to contribute to the scholarly discourses by investigating the intentions and experiences of Ghanaian urban dwellers in giving birth to American ‘jackpot babies’.

Furthermore, a systematic review of studies on birth tourism to the USA shows that few available studies focus mostly on three out of the four dimensions of American birthright citizenship (Bloemraad, Korteweg, & Yurdakul, 2008). These are the legal status of offering American *jus soli* citizenship to children born to foreign nationals (Feere, 2010; Ho et al., 2009; Schuck & Smith, 1996), the rights that these American ‘jackpot babies’ have (Feere, 2010; Heaton & Dean, 2016; Reasoner, 2011) and their participation (i.e.

economic, political and social) in the American society (Ho, 2006; Huang, 2008; Stock, 2012). But, there is little empirical research on how birth tourists from sub-Saharan Africa nurture the sense of belonging (i.e. fourth dimension) of their American ‘jackpot babies’ (Bloemraad et al., 2008). Besides, the impact of this nurtured sense of belonging on the American ‘jackpot babies’ right to initiate their families’ emigration to the USA has remained under-researched. This relationship is a paramount issue to investigate.

Finally, there is a substantial body of literature that has focused mainly on the implications for the American society of non-American citizens taking advantage of their American birthright citizenship. Some of the implications are an increase in unauthorised immigration that will create a burden on the American taxpayers to provide welfare benefits and a threat to the American security through the provision of American passport to probably would-be international terrorists that grants them the opportunity to travel incognito (Dellapenna, 2016; Monk, 2011; Nori, 2016; Reasoner, 2011; Stock, 2012). Only a few studies have also examined the implications (i.e. financial, medical and social) of the decision to have American ‘jackpot babies’ for the expectant women themselves and their families (Nori, 2016; Tetteh, 2010). Though the consequences of international migration (e.g. brain drain, remittances, among others) for the home countries of immigrants are widely known in the literature, what largely remains underexplored is the citizens’ perspective in the home countries about the implications of their compatriots’ decision to have American ‘jackpot babies’. This study therefore provides a much-needed addition to the small number of studies on the implications of having American ‘jackpot babies’ for Ghana by exploring the Ghanaian citizens’ perspective.

1.3 Research Questions

From the preceding discussions, the study seeks to answer the following questions:

- i. How do Ghanaian urban dwellers view Ghanaian women who specifically travel legally to the USA to give birth?
- ii. What would be the Ghanaian urban dwellers' motivations to have American 'jackpot baby' when given the opportunity?
- iii. What are the subjective experiences of Ghanaian families in making the decision and preparations towards having American 'jackpot babies'?
- iv. What are the Ghanaian parents' lived experiences in nurturing their American 'jackpot babies' sense of belonging after returning to Ghana?
- v. How has this sense of belonging influenced the role that American 'jackpot babies' have to play as an anchor for their Ghanaian families' emigration to the USA?
- vi. What are the implications for Ghana as its citizens travel to give birth in the USA?

1.4 Research Objectives

From the gaps identified, the study aims to investigate the intentions and experiences in having American 'jackpot babies' among Ghanaian urban dwellers.

Thus, the specific objectives of this study are to:

- i. Investigate the Ghanaian urban dwellers' intentions to have American 'jackpot babies'.
- ii. Examine the subjective experiences of Ghanaian families before, during and after having American 'jackpot babies'.

- iii. Examine how Ghanaian parents nurture their American ‘jackpot babies’ sense of belonging.
- iv. Appraise how the nurtured sense of belonging influences the American ‘jackpot babies’ role as an anchor to immigrate their Ghanaian families to the USA.
- v. Examine the Ghanaian urban dwellers’ perspectives about the implications of having American ‘jackpot babies’ for Ghana.

1.5 Justification of the Study

A study about the perspectives of the Ghanaian urban dwellers about the travel to have American ‘jackpot babies’ is significant for four reasons. First, it fills a gap in our understanding of how the socio-economic environment in Ghana has influenced urban dwellers to have the intentions to use international tourism as a disguise to have American ‘jackpot babies’ which might act as a precursor to future trends in international migration. Secondly, the study will help to probably improve the migration policy of Ghana to consider birth tourism to the USA as a form of mobility that has implications for future immigration trends of American ‘jackpot babies’ and their Ghanaian families to gain access to their entitled benefits in the USA.

Thirdly, the findings of the intentions and experiences to have American ‘jackpot babies’ would provide evidence about how international tourism, as a form of mobility, is exchanged for other forms of capital, that is American citizenship and its associated benefits. Lastly, through its focus on American ‘jackpot babies’ with Ghanaian parents, the study helps to bridge the gaps in our understanding of American ‘jackpot babies’ lived experiences, especially their sense of belonging.

1.6 Definition of Terms

Some key terms that assist with the understanding of the trajectory of this study discussed below.

Migration and Tourism

By definition, migration is associated with a permanent movement though some forms of migration may be seasonal, circular or temporary, while tourism exhibits a temporary short term character with the intention of returning home within a few days, weeks, months or sometimes in a few years (Bauböck, 2011; Boyle, Halfacree, & Robinson, 1998 cited in Williams & Hall, 2000; Leiper, 1979; Page & Connell, 2006). Page and Connell (2006) added that though all tourism includes some travel with most of the tourist travels being temporary and short-term nature which distinguishes them from migration, but not all travel is tourism.

An international migrant, thus defined as “an individual who is living in a country other than his or her country of birth” (UN-DESA, 2017, p.3). Chain immigration is an aspect of international migration. It is a situation where the initial migration is followed by other members of the family or country which sometimes leads to a partial recreation of the home country at the destination country (Price, 1963 cited in Castles, 2004). On the other hand, an international tourist refers to an individual who travels to another country and stays for at least 24 hours, for leisure, business or other reasons (Page & Connell, 2006). Reasoner (2011) also classified tourists to the USA as part of short-term visitors together with students, guest workers and other non-immigrant categories.

Consequently, migration and tourism are inextricably linked as they involve the movement of people across a boundary within a country or across international boundaries (Bell & Ward, 2000; UNWTO, 2009; Williams & Hall, 2000). Also, migration and tourism have a broad symbiotic relationship; in some circumstances, they complement each other (VFR by migrants). Whereas in other situations, tourism can be a substitute for migration (e.g. ‘home visits’ by non-resident migrants) and tourism may also act as a precursor to migration (e.g. movement of young people from central Europe to fill tourism employment gaps in Western Europe) (Bell & Ward, 2000; Page & Connell, 2006; UNWTO, 2009; Williams & Hall, 2000).

Birth Tourism

Birth tourism is a facet of international tourism. It is the legal travel by an expectant foreign woman to a country that practice *jus soli* citizenship to bear citizen children there (Grant, 2015; Lolloman, 2015). Birth tourism is called by a wide range of jargons that refer to different facets of it (Page & Connell, 2006). It is often considered as a form of medical tourism and also known by other terms like “baby tourism” or “maternity tourism” and “maternity migrations” because these women receive maternity care and give birth (Connell, 2013; Grant, 2015; Guerrero, 2013; Ji & Bates, 2017; Kang, 2018; Roberts & Scheper-Huges, 2011; Wang, 2017). “Citizenship tourism” is another term for birth tourism as a result of the acquisition of *jus soli* citizenship by women for their unborn babies (Wang, 2017).

Citizenship

Citizenship is a membership of a self-governing political community, bringing with it rights and obligations for both the citizen and their community (Leydet, 2017). Bauder

(2008) also defined citizenship as a mechanism of distinction between migrants and non-migrants based on associations with place, origin and national community. Bauböck (2006) also argues that citizenship from the international perspective acts as a sorting device that allocates human populations to sovereign countries, and it does play at least dual roles in relations to international migration. First, it helps to sort the desirable from the undesirable immigrants through the granting of visas and second, it is an established second gate that immigrants have to pass through to become full members of the countries that host them (Bauböck, 2006; Neumayer, 2006).

Acquiring citizenship thus provides an immigrant with the opportunity to enjoy the same rights and entitlements as other nationals of the host country (Bauder, 2014). Furthermore, citizenship has become an avenue for an international migrant to have a formal belonging to a specific country; that is, it provides the official recognition of a close relationship between him or her and the destination country (Antonsich, 2010; Bhabha, 2009; Golsah-Boza, 2016; Koser, 2007; Yuval-Davis, Anthias, & Kofman, 2005). For international tourism, new and urgent questions (such as policing, freedom of movement, security and the relationship between the personal and political) which bring into focus the notion of citizenship are being asked as more people travel than ever before as international tourists (Rojek, 1998). Rojek (1998) further added that tourists expect the citizens of the countries that they are also visiting to consider how open their boundaries ought to be and what kind of responsibility they should extend to them, as tourists.

Jus Soli

Jus soli is citizenship offered at birth. That is birth within a country's territory regardless of the citizenship of the individual's parents (Ho, Stock, Ward, & Wydra, 2009; Koser, 2007). The USA and Canada are the only developed countries out of the less than 40 countries that unrestricted offer *jus soli* to children of both illegal and temporary immigrants (Arthur, 2018; Cesario, 2018; Feere, 2010; Felfe, Kocher, Rainer, Saurer, & Siedler, 2018; Guerrero, 2013; Heaton & Dean, 2016). Feere (2010) further observes that the unrestricted offer of American's *jus soli* citizenship has become one of the pull factors for foreign pregnant women to travel to the USA to give birth.

'Anchor Baby' and 'Jackpot Baby'

The terms 'anchor baby' and 'jackpot baby' are used by some immigration experts to show their disapproval of the right that American-born children have in sponsoring their immediate relatives for American citizenship and to receive other economic benefits (Cesario, 2018; Guerrero, 2013). For that reason, these experts believe these foreign mothers-to-be are abusing the 14th Amendment of the American Constitution (Cesario, 2018; Lederer, 2013; Maddali, 2008; Ward, 2009). But, these two terms differ in their interpretation because of how the American birthright citizenship was acquired (Feere, 2010; Guerrero, 2013).

An 'anchor baby' refers to the speculative possibility that an American-born child at the age of 21 years will use the right as an American citizen to sponsor his or her extended family members for permanent residency in the USA (Tebo, 2007; Ward, 2009). Thus, an American-born child becomes an 'anchor' for the entire family to reside legally in the USA (Feere, 2010). The Federation for American Immigration Reform (FAIR) also

defines an ‘anchor baby’ as an offspring of an illegal immigrant or other non-citizen, who under the current legal interpretation becomes an American citizen at birth but can only sponsor his or her parents for immigrant benefits at the age of 21 years old (Culliton-Gonzalez, 2012). On the other hand, Guerrero (2013) used the urban dictionary to describe a ‘jackpot baby’ as a child planned and conceived abroad and then delivered on American soil solely for the parental desires of becoming American citizens indirectly and receiving other economic benefits.

This study thus adapted the term American ‘jackpot baby’ to refer to any child who was born in the USA to either Ghanaian parents who were admitted as short-term visitors or Ghanaian birth tourist solely for this child to have access to the better opportunities been offered to American citizens. The American ‘jackpot baby’ within this study was not used to indicate disapproval but to acknowledge the immigration-related benefits expected to be gained by both American-born child and his or her family.

1.7 Organisation of the Study

This thesis is about American birthright citizenship and belonging. All the seven chapters show the intentions and the experiences in having American ‘jackpot babies’ among Ghanaian urban dwellers. Chapter One sets the background for this study, identifies the research gaps and formulates the research questions and objectives. The justification of the study concludes the chapter. Chapter Two is a comprehensive review of the relevant literature and theoretical underpinnings for the study. The literature review discusses all the three facets of birth tourism to the USA; that is citizenship, migration and tourism. The chapter ends by proposing theoretical and conceptual frameworks for the research.

Chapter Three describes the research design, the chosen study areas, processes and methods used to achieve the objectives set out for this study. This chapter ends with a discussion on ethical considerations. The next chapter presents and discusses the socio-demographic characteristics of the study population. The subsequent two chapters discuss the findings of the study. Chapter Five outlines the intentions and experiences of having American ‘jackpot babies’ from the Ghanaian context. Chapter Six examines the experiences of Ghanaian birth tourists and their families after the birth of American ‘jackpot babies’ and the implications of these children’s birth for Ghana. The seventh and final chapter summarises and draws the conclusion from the findings of this thesis. It also presents recommendations for further research.



CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK FOR THE STUDY

2.0 Introduction

This chapter first gives an overview of Ghanaian women's participation in international migration, explains the concept of tourism demand and the linkage between gender and tourism. The next review of literature is on motivations, costs and impacts of birth tourism to the USA followed by the discussion on the conceptualisation of citizenship, debates about birth tourism and chain immigration to the USA, and belonging. The chapter concludes by introducing the theoretical and conceptual frameworks for this study.

2.1 Overview of Ghanaian Women's Participation in International Migration

Human mobility has been an enduring theme in Ghana's past and present history (Adepoju, 2008; Agyeman & Setrana, 2014; Awumbila, Manuh, Quartey, Tagoe, & Bosiakoh, 2008). Historically, Ghana has shifted between a country of immigration to emigration as well as being both a sending and receiving country (Adepoju, 2008; Awumbila et al., 2008; GSS, 2014a; Quartey, 2009). Moreover, Awumbila et al. in 2008 added that literature points to a long history of human mobility where migration plays a central role in the livelihood and advancement strategies of both rural and urban populations. Though, there is the scarcity of accurate data which makes the interpretation of this phenomenon constrained (Adepoju, 2010; Awumbila et al., 2008; Manuh, Benneh, Gebe, Anebo, & Agyei, 2010).

An observation from the trajectory of Ghanaian migration at least in the last three decades to the end of the 20th century to present times shows that Ghanaian women are moving independently outside the country compared to the past when they were accompanying spouses, and their movements were over short distances (Awumbila et al., 2008). Nowak (2009) also noted that in recent decades, there is a significant increase in the emigration of highly educated Ghanaian women. The 2010 Population and Housing Census (PHC) disclosed that male participation in international migration is still higher than the females. From the 2010 census, 64% of the total of 250,624 Ghanaians aged 15 years and older who were living outside Ghana were males while 36% were females (Agyeman & Setrana, 2014; GSS, 2013a). But Agyeman and Setrana (2014) pointed out that in some non-African countries like Germany, the Netherlands and Canada Ghanaian female emigrants outnumber their male counterparts.

The reasons behind Ghanaian women independently migrating are numerous and diverse, but only a few have been researched. Awumbila et al. (2008) discussed that the changing market trends and the increasing participation of women in the global workforce had increased opportunities for skilled female migrants. For instance, a large part of the skilled labour migration out of Ghana is from the nursing sector where Ghanaian women dominate (Adepoju, 2010; Awumbila et al., 2008; Nowak, 2009). Some migration-related policies such as asylum, family union and chain migration in some of the destination countries have benefited many Ghanaian women than the men (Quartey, 2006 cited in Quartey, 2009). For example, policies on family unification and chain migration led to an increase in female Ghanaian emigrants in the Netherlands between 1992 and 1999. Other reasons are economical as well as for education and career development (Awumbila et al., 2008).

Ghanaian women's participation in migration is also deeply conditioned by gendered norms and expectations which define their realities (Nowak, 2009). Caldwell observed in 1969 that there were perceptions that the Ghanaian female migrants are likely to participate in social vices such as prostitution at their intended destinations and be a corrupting influence upon their return. Consequently, they were not expected to travel to unknown and friendless destinations. The gendered norms in the Ghanaian society also dictate that the women's primary responsibility is to stay and take care of the home while men become breadwinners charge with ensuring the welfare of their households (Boohene, Sheridan, & Kotey, 2008; Nowak, 2009). Hence, Ghanaian men are allowed to move away for work. Even when women have the opportunity to work outside the home, they need to work close to home so that their travels do not affect their domestic responsibilities (Boohene et al., 2008; Tanye, 2008 cited in Nowak, 2009).

Studies have shown that attempts to challenge these gendered norms and expectations are often 'punished' through gossip and social isolation (Nowak, 2009). Porter (2011) added that some of the restrictions on Ghanaian women's ability to travel are related to male attitudes towards their mobility; that it is associated with promiscuity and being a 'bad (uncaring) wife'. These few instances of constraints that Ghanaian women face in their quest to migrate corroborated Pittin's (1984) view that cultural ideology has a profound influence on the individual's behaviour, and upon others' perceptions of the individual.

However, recent decades have shown that Ghanaian gender ideologies are undergoing some changes. Nowak (2009) attributed socio-economic conditions in Ghana for stimulating flexibility in gender norms with one of its impacts being Ghanaian male

decision-makers allowing the women to migrate. Anarfi's (1989) study about the migration of Ghanaian women to Cote d' Ivoire in the 1980s reflected one of these changes in that decision to migrate was mainly an individual decision even though most of them were married. Also, Awumbila et al., (2008) have observed the sophistication and dynamism with which Ghanaian women in recent years are participating in international migration as to their choice of destinations and motivations. Additionally, international migration is not the only form of mobility that has witnessed Ghanaian women's participation in contemporary times but international tourism too. An example is Ghanaian women's disguise roles as tourists to the USA though the real purpose is to have American 'jackpot babies'.

2.2 The Concept of Tourism Demand

International tourism over the past six decades has experienced continued expansion and diversification to become one of the largest and fastest-growing economic sectors in the world (Cooper et al., 2008; Page & Connell, 2006; UNWTO, 2017). Despite the occasional shocks such as 11 September terrorist attack and the outbreak of diseases (e.g. Ebola, Zika virus in 2014, Severe Acute Respiratory Syndrome in 2002, among others), international tourism has boasted virtually uninterrupted growth over time which demonstrates its strength and resilience (Cooper et al., 2008; UNWTO, 2017).

Various disciplines have therefore tried to fully understand tourism demand from their perspectives (Cooper et al., 2008). Geographers, for instance, defined tourism demand as 'the total number of persons who travel, or wish to travel to use tourist facilities and services at places away from their places of work and residence' (Mathieson & Wall, 1982 cited in Cooper et al., 2008). Douglas (2001) also sees tourism demand as a

measure of visitors' use of a good or service. Cooper et al. (2008) further explained the notion that some individuals may harbour a demand for tourism but are unable to realise that demand; suggesting that demand for tourism consists of some components. Therefore, they identified three basic components that make up the total demand for tourism.

Actual demand is the actual number of participants in tourism or those who are travelling, i.e. de-facto tourists. It is the most common component of tourism demand, which is easily measured, and the bulk of tourism statistics refer to actual demand.

Suppressed demand is that section of the population who do not travel for some reasons. Cooper et al. (2008) had stated that despite the increasing demand for tourism across the world, there is still only a small percentage of the world's total population that engages in international tourism. Though, a considerably higher number of people participate in domestic travel, in many parts of the world tourism remains an unobtainable luxury. For this component, two elements can be distinguished. The first element is potential demand, which refers to those who will travel at a future date if they experience a change in their circumstances. An example is a possibility of having an increase in one's purchasing power or receiving more paid holiday entitlement, which paves the way to move into the actual demand category. The second element is deferred demand, which is demand postponed because of a problem at the destination, such as a lack of capacity in accommodation, weather conditions or, perhaps, a natural disaster. Also, this implies that when conditions at the destination become more favourable, those individuals in the deferred demand category will convert to actual demand at a future date.

No demand is the last component of tourism demand. It refers to those who do not wish to travel or are unable to travel. There are a lot of people in the world who have no demand because they choose to spend their discretionary income on other things other than on tourism.

The majority of Ghanaians that the GSS (2015) reported as having actual demand for international tourism (i.e. 158,421) were males (53.5%) compared to females (46.5%). Apart from the sex composition, two main observations were noted from GSS's (2015) report on Ghanaians' actual demand for international tourism. First, gender influenced their participation in terms of the demographics, intended destination, length of stay and purpose for the travel (GSS, 2015). For instance, more Ghana women aged 25-44 years participated in international tourism than men, and more women at least spent nine overnights during their travels abroad. The second observation was that Ghanaian women are more likely to choose countries outside the African continent as their preferred destination and VFR was the primary motive for most of the Ghanaian female international tourists (43.1%) compared to 35.7% for the males (GSS, 2015).

2.3 Gender and Tourism Linkage

Tourism has been described as a constellation of social practices, behaviours and activities, which are gendered in their construction, presentation and consumption (Figuroa-Domecq, Pritchard, Segovia-Perez, Morgan, & Villace-Molinero, 2015). Jordan and Gibson (2005) further added that it is well-documented that gender roles influenced all aspects of life, including opportunities for, and choice of leisure activities. Therefore, women and men participate in and experience tourism differently, as both

consumers and producers (Figuroa-Domecq et al., 2015; Swain, 1995; Wilson & Harris, 2006).

Women have been travelling for centuries (Jordan & Gibson, 2005; Wilson & Harris, 2006); thus, they are significant producers and consumers of tourism products and experiences (Figuroa-Domecq et al., 2015). Mottiar and Quinn (2004) further added that women do play a dominant role in the early stages of tourism decision-making process in respect to initiating discussion, collecting the information and sometimes selecting the travel agent to use. However, scholarly discourses in tourism for centuries was surprisingly blind to women's participation until the mid-1990s when the relationship between women and tourism received concerted attention (Figuroa-Domecq et al., 2015; Jordan & Gibson, 2005; Westwood, Pritchard, & Morgan, 2000). Below are some of the discourses relevant to this research about women's influences in tourism decision making and their experiences as solo independent women travellers.

2.3.1 Women's Involvement in Tourism Decision Making Process

Deciding to travel can involve a very simple or very complex process; often being an unconscious process (Kozak, 2010; Sirakaya & Woodside, 2005; Smallman & Moore, 2010; Zalatan, 1998). It starts from the moment when a desire to travel is conceived and continues to the final evaluation stage, where the assessment of how the travel met needs occurs (Kozak & Karadag, 2012). Thus, the ongoing process is not characterised by static sequential stages because the process involves a series of sub-decisions that can be taken before, during travelling and afterwards (Decrop & Snelders, 2005; Hyde & Decrop, 2011; Smallman & Moore, 2010; Swarbrooke & Horner, 2001 cited in Kozak & Karadag, 2012). Sirakaya and Woodside (2005) emphasise the importance of decision-

making process to the tourists' behaviour, and the process is influenced by both psychological variables (for example, attitudes, motivation, beliefs and intentions, among others) and non-psychological variables (for example, time, pull factors, among others). As a result, there is no universal tourism decision-making process since sometimes, holiday choices are influenced by momentary moods or emotions (Decrop & Snelders, 2005).

Though tourism decision making is highly individualistic, travel decisions are not made in a vacuum because tourists vary in terms of their involvement (Atadil, Sirakaya, Meng, & Decrop, 2018; Cai, Feng, & Breiter, 2004; Gursoy & Gavcar, 2003; Sirakaya, McLellan, & Uysal, 1996 cited Sirakaya & Woodside, 2005; Smallman & Moore, 2010). Tourism involvement can be considered as a psychological state of motivation, excitement or attentiveness between a traveller and tourism activities, places or related tools for a specific time (Havitz & Dimanche, 1990 cited in Atadil et al., 2018; Yeh, 2013). Many researchers emphasised the critical role of an individual's involvement in the decision-making process (Atadil et al., 2018; Cai et al., 2004; Gursoy & Gavcar, 2003).

The decision-making process has evolved from when man, as the head of the household, makes all the family decisions unilaterally. Since the 1950s, the dynamics have changed to focus on joint decision making because of the changes in women's status and rights (Kozak, 2010; Kozak & Karadag, 2012; Mayo & Jarvis, 1981 cited in Zalatan, 1998; Thornton, Shaw & Williams, 1997). These changes have also enhanced the contribution of women to their families' purchasing behaviour (Kozak & Karadag, 2012; Lee & Beatty, 2002). Myers and Moncrief in 1978 suggest thus both husband and wife

participate in family tourism decision making, but Bartos (1982) argues that women who work are far more likely to participate in pleasure tourism than women who do not work (cited in Zalatan, 1998).

The decision-making process could sometimes be husband-dominant or wife-dominant, but examples of cooperative decision making have been observed too (Fodness, 1992 cited in Zalatan, 1998; Nichols & Snepenger, 1988 cited in Kozak, 2010). The common decision unit observed among families, for instance, was the spouses and it is the female spouse that plays the most significant role in the decision making (Kozak & Karadag, 2012; Shoham & Dalakas, 2003). Moreover, it appears that the longer a couple lives together; the more likely they are to cooperate in the decision-making process (Myers & Moncrief, 1978). However, Ritchie and Filiatrault (1980) suggested that husbands strongly dominate decisions concerning the actual date of vacation, the amount of money spent on vacation, the length of a vacation stay, and the price of the chosen lodging (cited in Zalatan, 1998). On the other hand, wives are more likely than husbands to conduct the pre-vacation information search (Fodness, 1992 cited in Zalatan, 1998). Furthermore, a research conducted in Canada and the USA revealed that women have the most considerable influence on the selection of holiday destinations but less impact when it involves financial matters (Kozak, 2010; Kozak & Karadag, 2012; Zalatan, 1998).

Compromise and persuasion are the two most common but significant tactics used between husband and wife to have the necessary backing for the specific decision taken (Hyde & Decrop, 2011; Kozak, 2010). Kozak (2010) explains that compromise is positively associated with the level of tourist satisfaction with the 'product' and the intention to recommend. Also, persuasion as an influential tactic helps to influence

“value conflicts”, which refers to a scenario where spouses evaluate the tourist product differently (Madden, 1982; March & Simon, 1958 cited in Kozak, 2010). But, Fishbein (1967) and Rosenberg (1956) argued that the principle behind decision making is a function of objective perceptions and destination attributes (cited in Correia & Pimpao, 2008).

Tourism scholars have observed in recent years that the dynamics in the tourism decision-making process has evolved again where women are deciding to travel solo and independently notwithstanding the influence of social norms and their gender roles (Jordan & Gibson, 2005; McNamara & Prideaux, 2010; Wilson & Harris, 2006; Wilson & Little, 2008).

2.3.2 Women’s Experiences as Solo Independent Travellers

Contemporary discourses have dispelled the notion that all tourists are the same; that the construction and consumption of tourism by women and men differ (Jordan & Gibson, 2005; Swain, 1995; Wilson & Harris, 2006). Tourists are known to have complex behaviour; and they are fragmented and varied groups of people who may be classified into several different markets, including women travellers (Douglas, 2001; Wilson & Harris, 2006). A notable trend that several researchers have recognised is that women are increasingly choosing to travel abroad (Bond, 1997 & Matthews-Sawyer, McCullough & Myers, 2002 cited in Wilson & Little, 2008).

Although not a recent phenomenon, the growing trend among women who travel abroad in recent years are those who are travelling solo and independently, despite the social stigmas that surround the unsuitability and inappropriateness of their solo travels (Jordan

& Gibson, 2005; McNamara & Prideaux, 2010; Wilson & Little, 2008). Women pilgrims who primarily made the journey to Jerusalem and the Holy Land are the earliest known female travellers such as Empress Helena in 327 AD and Abbess Egeria around 383 AD (Wilson & Harris, 2006). During the Victorian times, a few of the women who travelled alone were viewed as anomalies though they were generally well educated and relatively affluent (Jordan & Gibson, 2005; Wilson & Harris, 2006). They were considered anomalies because travelling alone was not sanctioned by the middle and upper class societies on either side of the Atlantic and there was also the pervasive historical sentiment that respectable women should not engage in extensive travel and especially not by themselves (Jordan & Gibson, 2005).

Females' access to tourism activities alone in modern times tends to be highly constrained than males' especially when they take part in these activities outside of their homes or outdoors due to their apparent fears regarding harassment or male violence (Wilson & Little, 2008). The constraints that women who are travelling alone face in their leisure and travels have been attributed to the societal structures that dictate 'gender' and the appropriateness of female behaviour (Wilson & Little, 2008). Some social and political changes have taken place since the end of the 19th century that has led to an increase in female participation in contemporary travel (Wilson & Harris, 2006). However, Jordan and Gibson (2005) observed that many inequities persist in research about women tourists. For instance, the assumption that female tourists are a homogenous group and classifying them under "family" tourism is untenable. Tourism experiences for different categories of women are diverse, but women between the ages of 30 and 50, for instance have been overlooked (Jordan & Gibson, 2005).

Therefore, Jordan and Gibson believe that the women's experiences, especially as solo independent travellers, should be considered in their own rights given the differences in their character, lifestyle and holiday preferences. Wilson and Harris (2006) defined the broad term of independent travellers as tourists who primarily prefer to build flexibility into their itineraries, often travel alone and book their own travel. Therefore, a solo independent woman traveller is a woman who arrives at a destination alone (Foo, 1999 cited in McNamara & Prideaux, 2010) and does not travel to a destination as part of a packaged trip, group or tour (Chai, 1996 cited in McNamara & Prideaux, 2010).

Women that travel solo and independently aim to have meaningful travel; searching for or finding an increased sense of self-confidence and empowerment, considering (reconsidering) their options and perspectives on life and community, and reassessing their interpersonal relationships (McNamara & Prideaux, 2010; Wilson & Harris, 2006). Also, this form of travel entails the ability to transfer the meaning and benefits that the individuals have gained from their travel experiences upon their return home, within their every day, changing lives (Wilson & Harris, 2006). In short, the increased demand and importance of women's participation in independent forms of travel, such as birth tourism, is an opportunity to make their own choices and have the ability to transfer their travel benefits to their American-born children (Wilson & Harris, 2006).

2.4 Motivations behind Birth Tourism to the USA

Ajzen (1991) has observed that human behaviour in all its complexity is a difficult task to explain. Likewise, the motivations that birth tourists have for travelling over long distances at the peril of their lives and their unborn children and using resources to have American 'jackpot babies' (Altan-Olcay & Balta, 2016). Wang (2017) stated that the

motivations behind giving birth in the USA vary. Scholarly discourses on these motivations are based on the benefits that mothers-to-be expect to earn both in the USA and at their respective home countries. However, there is a measure of risk and cost attached to the travels by these pregnant women to achieve their objective which can either be worthwhile, not worth undertaking or both (Carens, 1987b; Cerdin, Dine & Brewster, 2014).

It follows that the most obvious motivation is the automatic citizenship granted by the 14th Amendment of the American Constitution to children born to foreign parents on American soil (Feere, 2010; Guerrero, 2013; Huang, 2008). Also, the attractive feature is the impossibility of losing American citizenship without the citizen's express consent once it is acquired (Schuck, 1998). That has proven to be advantageous to foreign parents who want their American-born children to retain their birthright connections to the USA though they have been raised abroad (Nori, 2016). For Turkish families, American citizenship is considered as a type of global citizenship that allows its holders worldwide mobility (Altan-Olcay & Balta, 2016; Ochoa Campo, 2017).

Some associated benefits that come with having American birthright citizenship are attractive to these foreign parents too. Acquisition of American birthright citizenship would help the families to cement the opportunity to reside permanently in the USA in the near future through the right that their American 'jackpot babies' would enjoy, such as having the opportunity to initiate their immigration and also obtain American passports (Feere, 2010; Gonzalez, 2011; Omisore & Agbabiaka, 2016). Thus, birth tourism acts as a precursor to future immigration to the USA (Bell & Ward, 2000). Moreover, it provides easier access to free education in American schools and

universities for American ‘jackpot babies’ and provides them with an opportunity to receive federal student aid just like some immigrants are offered (Arthur, 2018; Lollman, 2015). Some of the birth tourists have the belief that there is a better and cheaper education or better educational opportunity in the USA for their children. Therefore, if their children decide to leave their parents’ home countries in the future for education, then the obvious choice should be the USA (Feere, 2010; Guerrero, 2013; Monk, 2011).

Additionally, birth tourism offers the opportunity to utilise the medical care offered to pregnant women in the USA, which some foreign mothers-to-be consider as one of the best. Reasoner (2011) enumerated some of the various reasons that Mexican women who live along the borders of the USA have for crossing over to give birth. They are to have access to superior American health care facilities, take advantage of the widely understood policy that poor expectant women are not expected to pay for the delivery and they will also receive social services like prenatal care, baby formula, and other support. For parents who can afford medical care, international medical care and birth tourism are the two ways for them to secure more affordable medical treatment and comprehensive healthcare as well as better educational and healthcare opportunities for their children (Grant, 2015).

For some of these foreign parents, they are in search for emancipation from the political and social realities that they face in their respective home countries and giving birth in the USA gives them that opportunity (Marinucci, 2007; Nori, 2016). Nori (2016) has indicated that some families from China and South Korea used the resources and opportunities at their disposal to deliver their children in the USA to avoid laws and policies in their countries but alongside they also have the added benefits of access to

education and healthcare in the USA. Wealthy Chinese families used birth tourism a few years back to circumvent the one-child policy to have siblings for their children and also have the opportunity to enjoy American lifestyle in the future (Guerrero, 2013; Nori, 2016). Some South Korean families had also gone to the USA to have their children, especially for their sons, to avoid mandatory military service. The benefits of being a transient citizen (i.e. having dual citizenship) is an added plus for the Taiwanese that is born in the USA who can return to Taiwan to access low-cost, but good health care and also enjoy the rights and benefits that come with being an American citizen (Grant, 2015).

Furthermore, Altan-Olcay and Balta (2016) discussed how Turkish families are also motivated to acquire American citizenship for their children, especially for their daughters as an additional resource for cultural capital accumulation. Though these Turkish families belong to the privileged minority in Turkey, they are faced with two main anxieties which influence their decision to give birth in the USA. The first anxiety has to do with how they can protect their children from the unpredictability and growing Islamisation of the Turkish education system (Altan-Olcay & Balta, 2016; Balta & Altan-Olcay, 2016). The other is the fear of losing their privileged status when there is a dramatic deterioration in the value of Turkish citizenship. They thus use the acquisition of American citizenship as an exit strategy that would allow their children to easily move their current privileges in Turkey to the USA (Altan-Olcay & Balta, 2016).

Motivations of Ghanaian birth tourists are quite similar to other birth tourists from other parts of the world; however, they were found to be numerous and complex. Tetteh (2010) categorised them as manifest (intended) and latent (unintended) which differ,

depending on the individual woman. Most of their motivations indicated by Tetteh were to have access to better medical care for themselves and their babies, especially if the pregnancy is a high risk one. Other motivations were American citizenship for their babies, as part of future immigration preparations to the USA, for the prestige attached to having an American-born child, as an escape from a bitter divorce, and to avoid the disgrace of being pregnant without being married. It was also quite common for some Ghanaian women who possess an American passport or are American citizens to have their children in the USA (Tetteh, 2010).

Hence, the popularity of having American ‘jackpot baby’ can be attributed to the expectant foreign mothers’ long-term aspirations for themselves, and that of their soon-to-be-born children and their families (Rutten & Verstappen, 2014; Westcott & Robertson, 2017). These aspirations are related to citizenship rights, medical care, passports and other benefits that are not readily available in their home countries (Connell, 2013; Feere, 2010; Nori, 2016). Additionally, the aspirations that these women have for becoming birth tourists to the USA encompass factors such as quality of life and caring (Raghuram, 2004). The pregnant women also saw it as the best option available; these mothers-to-be want the best for their children no matter the risk to their lives and their unborn children (Maddali, 2008).

2.4.1 Costs Associated with Birth Tourism to the USA

Though, there are numerous benefits for families to have American ‘jackpot babies’, it is a substantial financial burden that only the wealthy can afford (Heaton & Dean, 2016; Tetteh, 2010). The estimates of the financial burden run into several thousands of dollars to cover the costs for the visa, return ticket for the mother and her baby, travel

accommodation, medical care, among others (Nori, 2016). Nonetheless, advances in technology and the availability of intercontinental travel to millions of the world population have made it possible for foreign parents to afford to have American-born children compared to the distant past when birth tourism was nearly impossible because of the extremely high cost of travel (Heaton & Dean, 2016; Koser, 2007; Page & Connell, 2006). Pregnant women who cannot afford the expensive medical costs can receive taxpayer-funded public assistance to cover the associated costs of the delivery or have the expenses waived by the hospital (Pearl, 2011). Such provisions are covered under the Emergency Medical Treatment and Active Labour Act (EMTALA) which requires virtually all the American hospitals to provide emergency medical services, including active labour, regardless of an individual's citizenship and ability to pay (Pearl, 2011).

Contrary to popular belief, having American 'jackpot babies' do not guarantee the fastest path to legal immigration because the sponsorship process for immediate relatives is lengthy (Nori, 2016). The process can only start when the American-born child is 21 years, has a middle-class income and also depends on whether the immediate family members are residing in or outside the USA (Nori, 2016; Stock, 2012). The American immigration laws are stringent such that having an American child does not guarantee the parents not being deported if they have not legalised their stay after the delivery of their American-born child (Stock, 2012). Stock (2012) reported that parents who had entered the USA unlawfully are required to depart from the USA first and then obtain an immigration visa. The departure can trigger a 10-year ban for the parents though they have American-born children.

For an American-born citizen to start the process, a family member who is already residing in the USA should first file a Petition for Alien Relative to get an approval and then file for Adjustment of Status to declare permanent residency (Nori, 2016). On the other hand, a family member who is outside the jurisdiction of the USA could also file for a Petition for Alien Relative, and then the Department of State of the USA will notify the applicant when an immigrant visa becomes available. The family member has a year to apply for this visa after the notification, or the petition may be terminated (Nori, 2016).

The acquisition of American birthright citizenship also carries a measure of risk in that the aspirations that families have for participating in birth tourism might not be met. Altan-Olcay and Balta (2016) revealed the uncertainty that Turkish parents have based on their own experiences of alienation in the USA. That is, notwithstanding the substantial financial and emotional investments that they have committed to acquiring the western cultural capital (i.e. American birthright citizenship) for their children; their American-born children might still feel like outsiders in the USA (Altan-Olcay & Balta, 2016; Bourdieu, 1986). It is because of these Turkish parents chose to bring up their offspring in Turkey though in western-oriented, secular households, and educate most of them in foreign language schools (Altan-Olcay & Balta, 2016). Altan-Olcay and Balta (2016) further argued that there is a real chance that the local privileges that these children enjoy because of their American citizenship in Turkey will not be transferable to the USA.

2.4.3 Impacts of Birth Tourism to the USA

The most widely discussed negative impact of birth tourism for the USA is an increase in chain immigration to the country as a result of the unrestricted offer of American birthright citizenship to children regardless of the parents' citizenship (Feere, 2010; Stock, 2012). Monk (2011) also argues that birth tourists use their American 'jackpot babies' as an 'anchor' to gain their American citizenship. This opinion has ignited many debates in the USA on whether the 14th Amendment of the American Constitution should be amended, repealed or maintained to curb birth tourism. These debates will be discussed later. However, the fact is that these birth tourists are wealthy, well-educated and live luxurious lifestyles back at their home countries, so they are not seeking to 'anchor' themselves to the USA or have the desire to overstay their visits (Nori, 2016; Stock, 2012). Even, if they want their American-born children to 'anchor' them, these parents and immediate family members have to wait for their American 'jackpot babies' to attain the legal age of 21 years.

Another negative impact is the costs generated by the birth tourists that American taxpayers have to bear (Lederer, 2013; Nori, 2016; Schuck, 1998). The CIS in the USA estimated that in 2014 the cost to the American taxpayers for births to immigrants (legal and illegal) was roughly \$5.3 billion and out of this staggering amount, \$2.35 billion was spent on more than 273,000 babies born to illegal immigrants (Arthur, 2018). Furthermore, American children who have tax-paying parents have to compete for the same public resources with American 'jackpot babies' whose parents have not paid any taxes in the USA (Grant, 2015). Because of the American citizenship that they possess, American 'jackpot babies' can return to the USA as high school or university students to take advantage of social benefits, such as cheaper or better education as well as other

health care services available to Americans. Grant (2015) is also of the view that the return of American-born children to the country of their birth from their parents' home countries for education should not be problematic as they can become essential to the development of the USA if they decide to stay over after their studies.

Anti-immigration politicians, immigration reform activists and some scholars in the USA are increasingly frustrated with the current immigration policy that allows birth tourists and short-term visitors to circumvent the legal process of becoming American citizens (Feere, 2010; Grant, 2015; Pearl, 2011; Reasoner, 2011). They are of the view that these expectant foreign mothers are using deceptive reasons to apply for the visa and gain entry to give birth to earn American citizenship and social security number for their offspring (Grant, 2015; Tetteh, 2010). As a result, this category of people is advocating for an amendment or repeal of the Citizenship Clause of the 14th Amendment of the American Constitution. To them, this amendment or repeal will serve as a deterrent to the birth tourists and short-term visitors in their quest to have American-born children.

Discussions about the impact of birth tourism to the USA in the body of literature is mostly one-sided in that most often, the focus is on the negative impact it has for the USA as a country. Terri Givens (2011) for instance expressed a popular view by advocates of the elimination of American *jus soli* citizenship; that is a child of a tourist who is born in the USA will have access to all the rights and benefits of citizenship, even if he or she has not spent any time in the country since birth. Arthur (2018) added that such an American-born child would also be entitled to the full protection of the American Constitution and access to the American passport, but only a few studies have

discussed the impact of birth tourism to the USA, whether positive or negative for the respective home countries of the birth tourists.

Grant (2015) discussed the impact that American-born citizens with Taiwanese parents have on the Taiwanese national insurance scheme. That is, with dual citizenship from the country of their birth and their parents' country, an increasing numbers of dual Taiwan-U.S. citizens domiciled in the USA can return to Taiwan to take advantage of the affordable medical insurance and low medical cost. They can reinstate their domestic medical benefits in Taiwan for a small fee, which has led to the local taxpayers being angry. Consequently, the Taiwanese politicians have responded by instituting an increased premium reinstatement fee.

The above discussion on the motivations, costs and impacts of birth tourism to the USA shows that this form of mobility is well known in most parts of the world as the American citizenship is one of the most exalted and prized statuses in the world (Arthur, 2018). Birth tourism has an impact on public resources such as healthcare, education and immigration policy in the USA, which can be positive and may also come with a cost (Grant, 2015). Most of these impacts of birth tourism will instead be felt when the American 'jackpot babies' become adults and decide to relocate to the country of their citizenship (Nori, 2016). Hence, women as birth tourists are influencing future immigration trends to the USA in their quest to acquire American citizenship and its associated benefits for their soon-to-be-born children and families.

However, the discourses about birth tourism to the USA have paid little attention to, first, whether citizens who are yet to have an American 'jackpot baby' within the home

countries of these birth tourists have the intentions to engage in this phenomenon. Secondly, the subjective experiences of birth tourists and their spouses in making the decision, preparations and their experiences of giving birth to American ‘jackpot babies’. Even though travel decisions have been observed as highly individualistic, they are rarely made in a vacuum without any form of involvement of family or friends (Atadil et al., 2018; Cai et al., 2004, Gursoy & Gavcar, 2003). Also, women’s experiences as tourists defer from men (Jordan & Gibson, 2005; McNamara & Prideaux, 2010; Wilson & Harris, 2006; Wilson & Little, 2008). Thirdly, the nurturing of American ‘jackpot babies’ sense of belonging at their parents’ home countries has been largely neglected in the body of literature. Lastly, birth tourism to the USA acts as a precursor to international migration because of the motivations of those who engage in it (Bell & Ward, 2000; Feere, 2010). But, there are scanty studies (especially from sub-Saharan Africa) on the implications of having American ‘jackpot babies’ for the home countries of the birth tourists from the perspective of citizens within these countries.

2.5 Conceptualisation of Citizenship

The subsequent implications of the increasing growth in international mobility especially in migration and tourism are the widespread attention on the concept of citizenship and the forms of belonging to diverse socio-cultural and political communities (Bauder, 2014; Rojek, 1998; Yuval-Davis et al., 2005). Researches on citizenship in the migration and tourism contexts have focused on the modes of acquisition of citizenship (Bauböck, 2006; Feere, 2010; Heaton & Dean, 2016; Wang, 2017).

Sovereign countries define the acquisition of their citizenship by several principles, but the two basic ones are based on an individual’s parentage or descent (*jus sanguinis*) and

birth within a country's territory regardless of the citizenship of the individual's parents (*jus soli*). Austria, France, Germany, Ghana, Netherlands and Sweden are some countries that grant *jus sanguinis* (Ho et al., 2009; Koser, 2007). *Jus soli* citizenship (also known as automatic citizenship) is currently offered in less than 40 countries (except for the children of diplomats), and these include Argentina, Brazil, Canada, Ecuador and the USA (Arthur, 2018; Cesario, 2018; Feere, 2010). Another principle is *jus domicile*, which has gained prominence because of immigration modifying the citizenship laws in the countries that host immigrants (Bauder, 2014; Castles, 2005; Castles & Davidson, 2000). *Jus domicile* (also known as naturalisation) is granted to an immigrant as a result of long-term residence in the host country. Most countries, including the examples cited above, pursue a combination of *jus soli*, *jus sanguinis*, and *jus domicile* principles based on their strategic objectives to include and exclude outsiders, such as immigrants (Bauder, 2008; Koser, 2007).

Citizenship is not a new concept but in recent years, it has become important in many people's lives because it gives them assurance or a denial of rights, economic benefits and social services, education, due process of law, and opportunities to affect political decisions (Bauböck, 2006; Heater, 1999; Heisler, 2005; Jones & Gaventa, 2002; Joppke, 1999). Although it is highly contested, Lister (1997, 2003) argues that citizenship at its most basic level is a legal and political concept. Dobrowolsky and Tastsoglou (2006) explain citizenship as a social construct which does include not only political but also has socio-economic, cultural and psychological dimensions that develop in specific contexts. Furthermore, it is a concept that includes the social and political belonging to a community (Rubenstein, 2001; Ralston, 2006).

The concept of citizenship is based on certain principles that some scholars have enumerated. First, citizens should possess a range of civil, political and social rights and these rights should be balanced by obligations like obeying laws, paying taxes and defend the country in the case of war (Castles, 2005; Joppke, 1999; Marshall 2006). Each citizen in principle is also expected to belong to only one country, and a country is meant to include as citizens all people who permanently live on its territory (Castles, 2005). Castles also added that everybody in the country is meant to belong, while the rest of the world is excluded: foreigners cannot belong. Furthermore, the traditional concept of citizenship has its main goal under the law to ensure equal rights for all manner of people (Leydet, 2017; Ochoa Campo, 2017).

However, these principles are quite different from reality as citizenship changes over space and time (Castle, 2005; Dobrowolsky & Tastsoglou, 2006). For instance, the last quarter of the 20th century has seen the growing tolerance and acceptance of dual citizenship which allows citizens in the diaspora to main a stronger legal connection to their home countries (Altan-Olcay & Balta, 2016; Bauböck, 2011; Faist & Gerdes, 2008; Nori, 2016). Bauböck (2011) explains that dual citizenship creates personalised zones of the free moment between two countries that recognise an individual as their citizen independently of each other. Heisler (2005) added that it is not a surprise that the concept of citizenship has become less clear as its relevance and prominence increased which is partly due to the conceptual stretching attributed to the structural and normative changes in politics, economy and some fundamental values like globalisation. Both Joppke (1999) and Heisler (2005) agree that the most important of these changes is immigration. Joppke (1999) explained that immigration has exposed that citizenship as not only a set

of rights but also a mechanism of closure that sharply demarcates the boundaries of countries where the right of entry is only reserved for their citizens.

Hence, this study sees citizenship as a multifaceted social construct which acts as a mechanism to include or discriminate people either at cultural, legal, political, psychological or socio-economic levels. The changing historical and political circumstances mean citizenship has always been fluid, contested and redefined (Bianchi & Stephenson, 2013; Coles, 2008; Heisler, 2005). The following four subsections below look at four of the multiple perspectives that some scholars have about citizenship as a concept that is relevant to this study (Heisler, 2005).

2.5.1 Global Inequality in the Acquisition of Citizenship

The traditional concept of citizenship alluded to earlier is under pressure within the current globalised world that we live in (Leydet, 2017, Ochoa Campo, 2017). Thus, citizenship has not translated into social justice and equality for all citizens (Castles, 2005; Young, 1989 cited in Ochoa Campo, 2017). People have preferably been made more aware of the disparities in the rights they enjoy as citizens of countries compared to that of outsiders (Choules, 2006). This awareness is an effect of the revolutions in global communication and transformations in transportation that have made mobility cheaper and readily available (Koser, 2007; Ochoa Campo, 2017). The disparity in the rights between citizens and foreigners has been described as ‘citizenship gap’ (Brysk & Shafir, 2004; Choules, 2006).

Pessar and Manhler (2003) have indicated that people, for the most part, are born into a social location that confers on them certain advantages and disadvantages. Thus, a

secured citizenship status in a given country is a crucial factor in determining an individual's life chances. Access to citizenship therefore perpetuates global inequality (Balta & Altan-Olcay, 2016; Shachar, 2009; Shachar & Hirschl, 2007). Shachar and Hirschl (2007) also argued that a child born in a developed country would have far better living conditions than a child born in a developing country. Moreover, citizens born in developed countries are described as having the "right" citizenship because they are more likely to enjoy better life opportunities, social conditions and freedoms compared to the citizens who have the "wrong" citizenship from the developing countries who are likely to be poor, suffer starvation and disease, and die younger (Orgad, 2011; Shachar, 2009). Additionally, citizenship in Western liberal democracies has been described as the modern equivalent of feudal privilege - an inherited status that greatly enhances one's life chances (Carens, 1987a & 1987b; Carens, 1992 cited in Bauböck, 2006 & 2011; Shachar & Hirschl, 2007). Echeverri-Gent (2011) asserted that one reason for this disparity between the poor and wealthy countries is that many of the rules that structure the development of global markets favour wealthy countries.

Inequalities do exist among citizens in the developed countries where some of their citizens also suffer the same fate as citizens in the developing countries (Aleinikoff, 2001; Castles, 2005). In the same way, some developing country citizens have better life chances and opportunities than what generally applies to the average citizen or the poor. Existing citizenship laws *per se* are thus not consistent with the universal human rights where every individual is to have access to the same rights and opportunities (Choules, 2006). The General Assembly of the United Nations (UN) acknowledged the existence of this inequality in the world and considered it as a universal phenomenon (Migration and Development Civil Society Network [MADE], 2015). Shachar (2007, 2009) pointed

out that about 97% of the citizenship of the world's population is via circumstances beyond their control, that is citizenship is mostly transferred at birth, either in a specific territory (*jus soli*) or to a specific ancestor (*jus sanguinis*). Moreover, citizenship assigned at birth, for the most part, is not subject to change by an individual's will and efforts (Carens, 1992 cited in Bauböck, 2006 & 2011). Meanwhile, about 3% of the global population constitute immigrants (Orgad, 2011; Shachar, 2009).

Citizenship should rather function as an opportunity-enhancing tool (Shachar, 2007; Shachar & Hirschl, 2007). That is, citizenship should guarantee its holders the benefits and entitlements on an equal basis, providing the basic enabling environment to permit human flourishing and also assist them in securing their well-being. But then it is not possible to achieve this function with the current citizenship laws (Shachar & Hirschl, 2007). Inequality is one of the numerous reasons compelling people to leave their home countries to search for a better future for themselves and their families abroad (UN-DESA, 2017). Therefore, some pregnant women are using international tourism masked as a strategy to travel to overcome the citizenship gap that they are experiencing to secure the "right" citizenship that will function as an opportunity-enhancing tool for their children (born in the destination country of choice) and families.

2.5.2 Differentiated Citizenship versus Hierarchical Citizenship

The global inequality that Shachar and Hirschl (2007) indicated as being perpetuated by citizenship can be separated into two components; that is inequality between countries and inequality within countries (Echeverri-Gent, 2011). Though countries appear to be equal according to the international legal terms, citizenship within countries is deeply

differentiated, and as a global norm, it is masked in steep graduation in real rights and freedoms (Castles, 2005; Heisler, 2005; Smith, 2015 cited in Ochoa Campo, 2017).

Castles (2005) made the point that differentiation has always been a characteristic of citizenship. Thus, Castles (2005) described the typical forms of differentiation of citizenship within countries; full citizens, denizens, undocumented migrants, asylum seekers, ethnic, religious and social minorities, indigenous peoples and gender divisions. However, not all of these forms exist in all countries, and it would be hard to find any country where there are not some types of inequality which contradict the principle of universal citizenship (Castles, 2005; Heisler, 2005). Hierarchical citizenship however exists between countries which Castles (2005) explained as the varying power (in political, military, economic and cultural terms) of countries at different levels which leads to a similar hierarchy of rights and freedoms for their citizens. The hierarchical citizenship that Castles referred to has five different tiers compared to the differentiation of citizenship rights. He placed the USA at the apex of the hierarchy because their citizens enjoy a high level of formal rights, and democratic structures and a strong legal system that ensure that most Americans can successfully claim these rights (Castles, 2005).

But Castles also explained that there are some categories of American citizens, such as the Native Americans, African Americans and other ethnic or religious minorities, who have challenges in successfully claiming their rights as American citizens. Both Aleinikoff (2001) and Schuck (1998) added that the legal rights and obligations of American citizens are formally equal, but there is a denial of rights in both law and fact for certain American citizens. The representation of American citizenship as a magic

circle, entitling those within it to full and equal rights is thus both false and troubling (Aleinikoff, 2001). For instance, there has been heightened racial tension in the USA in recent years because of the frequent shooting incidents of unarmed African Americans and Africans by the police and other citizens and the acquittal of the perpetrators of these crimes. Consequently, civil rights movements like the “Black Lives Matter” movement (<https://blacklivesmatter.com>) have been holding protests within and outside the USA since its inception in 2013 to demand equality in basic human rights and dignity for these victims. These exceptions in claiming rights as American citizens confirm the existence of differentiated citizenship within American society.

There is also steep graduation in the real rights and freedoms for citizens of the other countries that Castles (2005) allocated in the other four tiers. The citizens of other highly developed countries are in the second tier right after the USA in the hierarchy. They also enjoy strong rights, the rule of law and welfare but weaker in legal protection in comparison to the USA. Minorities in these countries also lack the social power to effectively claim their rights and need special measures to secure their genuine participation. The citizens of transitional, intermediate countries and newly industrialising countries, mostly in Asia who have lower standards of rights and legal protection are represented in the next tier. Castles (2005) described citizens of less-developed countries, most of them situated in the South, as being citizens in name only but not in reality; and people of failed states, stateless people and non-citizens are respectively in the fourth and fifth tiers.

There is the argument that differentiated citizenship within countries has now been overtaken by patterns of global inequality where for instance, an individual’s right to

migrate outside their country is based on where his or her country is located within the hierarchical citizenship (Castles, 2005; Heisler, 2005). Ochoa Campo (2017) further argues that there are inequalities in the treatment of individuals at the international level. But the point needs to be made that such categorisation by Castles is problematic because some citizens may enjoy all the real rights and freedoms as full citizens within their countries in comparison to the minorities in the USA. Also, these citizens might not be interested in migrating outside their countries where their status might be weakened.

2.5.3 Global Citizenship Privilege

Choules (2006) theorised globally privileged citizenship, also known as ‘citizenship privilege’ from the existing concepts about ‘privilege’. The theorisation was in response to the principle of equal rights not being translated into social justice and equality for all citizens, especially for asylum seekers and refugees. Therefore, ‘citizenship privilege’ refers to the privilege of citizenship of a safe, stable and materially affluent country (Choules, 2006).

Choules (2006) disclosed that the existence of citizenship privilege is mostly as a result of the disparity in wealth between countries. A distinctive feature of citizenship privilege is that it is earned through the accident of birth though it is possible to acquire it through naturalisation too (Aleinikoff, 2001; McIntosh, 2002 cited in Choules, 2006). Another characteristic of privilege is that holders who have this status can be ignorant, disclaim or disavow it, yet will be unable to avoid benefiting from it, whether they consciously exercise it or not (Choules, 2006). An invisible package of unearned assets is gained and enjoyed by the holders of citizenship privilege (McIntosh, 2002 cited in Choules, 2006). The assets include the ability to travel and enter countries freely as well as work in

foreign countries which are denied to a vast majority of the world's population, feeling secure in the country of their citizenship and having the power to determine who can be admitted to the privileged group. Other assets include the power to sanction those who violate the basic human rights of people who are not within the privileged group and the power to prohibit the entry of people who are not citizens.

Both domestic laws and international treaties recognise or respect the privileged status that is bestowed by countries on their citizens (Bauböck, 2006; Choules, 2006). But the challenge is whether anyone outside these countries could have access to such lifestyles, behaviours and life choices associated with the citizenship privilege (Choules, 2006). Carens (1987a) pointed out that it is common for citizens born in affluent countries to assume that they are morally entitled to citizenship of the countries they are born in (or the countries that their parents have citizenship). So, potential immigrants from the developing countries have no claim to admission into their countries beyond an appeal to their generosity (Carens, 1987a). As a result, there are political and legal systems within these countries that provide strong support for the privilege attached to citizenship as well as determine how new members can be admitted to the privileged group (Choules, 2006). There is widespread support to maintain citizenship privilege via strong border control. Junn (2011) added that those who recognise their privilege in a world of vast inequalities are unequivocal in their fight to keep that entitlement.

The USA is one of the few countries within the world that has its citizenship primarily as a result of an accident of birth (Feere, 2010) and using Choules' definition of citizen privilege then American citizenship could be regarded as privileged. Hence, it is not surprising that the USA has a huge lure for most people around the world and also a

popular destination for international migrants and birth tourists too (Arthur, 2018; Heaton & Dean, 2016; UN-DESA, 2017).

2.5.4 Citizenship as Capital

Pierre Bourdieu is duly credited as the originator of social capital (Kim, 2018) and Bauder (2008) used his ideas of capital to illustrate how citizenship can function as a form of capital. Bauder (2008) theorised citizenship as a strategically produced form of capital, which manifests itself in formal as well as informal aspects. The formal citizenship is associated with legal and institutional processes, while informal citizenship involves cultural practices and constructions of identities. Informal citizenship can even be converted into formal citizenship through the acquisition of cultural citizenship competencies such as the acquisition of language capacity, long-term residence and good moral character as a condition for naturalisation (Bauder, 2008; Castles, 2005; Schuck, 1998; Yuval-Davis, 2006).

Both Bauder (2008) and Kim (2018) state that there is evidence throughout social sciences that the concept of capital can assume multidimensional character including various complementary forms (for example cultural, economic, estate, social, among others). Hence, the formal and informal aspects of citizenship can be translated into economic and other forms of capital (Bauder, 2008; Bourdieu, 1986). The use of citizenship as capital corresponds to the treatment of citizenship as a strategic concept not only in association with constructions of identity and belonging, struggles over recognition, and the politics of participation and contribution but also about regulating access to scarce resources and institutionalising difference (Bauder, 2008). Accordingly, foreign pregnant women that give birth in the USA do so to translate American

citizenship into different forms of capital for the benefit of their soon-to-be children and their families (Arthur, 2018; Bourdieu, 1986; Lollman, 2015; Monk, 2011; Nori, 2016).

Consequently, the translation of citizenship to different forms of capital underscores the importance of human agency (Bauder, 2008; Lister, 1998 cited in Jones & Gaventa, 2002). Accordingly, people must possess the necessary “competence” to strategically create, transfer resources from one form of capital to another, endorse the different forms of capital, or enhance its value to achieve distinction and reproduction in response to market forces (Bauder, 2008). Moreover, the central assumption of liberal theories about citizenship indicates that it is the individual citizens’ choice to act ‘rationally’ to advance their interests which are dependent on them having the necessary resources and opportunities to do so (Isin, Wood, & Wood, 1999 cited in Jones & Gaventa, 2002). The opportunity to exchange citizenship into different forms of capital in addition to having the required resources to travel is what has motivated some foreign mothers-to-be to have American ‘jackpot babies’ (Bourdieu, 1986; Heaton & Dean, 2016; Nori, 2016; Tetteh, 2010). As some of these mothers have the belief that their American ‘jackpot babies’ in the future would use their citizenship as social capital to sponsor the family’s emigration to the USA, thereby facilitating chain immigration into the country (Bourdieu, 1986).

A summary of the four different perspectives on the conceptualisation of citizenship revealed a few hard truths. First, the principle that citizenship should ensure equal rights for all citizens is not feasible because citizenship is a more discriminating concept than ties and belonging which is a status of membership granted by an established or aspiring political community (Bauböck, 2006). Bauböck (2006) further added that citizenship is

neither a purely subjective phenomenon (as in the sense of belonging) nor is it objective in the sense that it can be inferred from external observation of a person's social circumstances and activities. Instead, citizenship marks a boundary between insiders and outsiders. This boundary may easily be crossed or not be able to, it may be stable or shifting, and it may be clearly marked or become somewhat blurred. Citizenship is always recognisable as a threshold, and if an individual can cross it, his or her status, rights and obligations to a political community changes as a consequence (Bauböck, 2006).

Secondly, an entirely uniform legal construction of citizenship in all societies is not achievable because in reality, it will always be differentiated (Castles, 2005; Smith, 2015 cited in Ochoa Campo, 2017). Moreover, governments of modern democracies in practice treat their citizens differently according to their socio-demographic characteristics to meet their needs, and many think that is the right way to govern. For instance, Schuck (1998) explained that the equal protection principle of American citizenship which ensures the legal rights and obligations of all American citizens are formally equal, but it also permits the government to make numerous distinctions among citizens. That is, not all American citizens are treated alike (Aleinikoff, 2001; Castles, 2005; Schuck, 1998). Also, both Young (1989) and Smith (2015) regarded differentiated citizenship as a legal strategy for inclusion, rather than exclusion (cited in Ochoa Campo, 2017).

Lastly, the conclusion can be drawn that Americans being citizens of a developed country have the "right" citizenship. Also, their citizenship might be considered as privileged based on its acquisition, mainly being an accident of birth accompanied by an

invisible package of unearned assets, and the USA is wealthy too. But, American citizenship policy is more relaxed in comparison to other western countries (Nori, 2016). Schuck (1998) shows that the USA is notable for the ease with which citizenship can be acquired and their version of *jus soli* citizenship is more inclusive than most, if not all. Therefore, some scholars have stated that the unrestricted offer of *jus soli* citizenship to both illegal and temporary immigrants is the reason why the USA has become susceptible to birth tourism (Feere, 2010; Nori, 2016; Reasoner, 2011).

2.6 Debates about Birth Tourism and Chain Immigration to the USA

Chain immigration has been described as a controversial aspect of birth tourism because theoretically, it could provide a legal route to citizenship for not just the new-borns at birth, but eventually their entire families (Wang, 2017). Grant (2015) revealed that many Americans find birth tourism as unethical because foreign citizens are taking advantage of a “loophole” in the 14th Amendment of their Constitution to gain American citizenship for their unborn children but technically some birth tourists do enter the USA legally. As a result, birth tourism and chain immigration have generated heated debates and negative media reports in the USA and a few countries that have *jus soli* principle as a mode of citizenship acquisition (Feere, 2010; Wang, 2017).

The debates have been ignited by anti-immigration politicians, immigration reform activists and some scholars to limit or eliminate the *jus soli* principle as a solution to transnational migrations (Feere, 2010; Schuck, 1998, Stock, 2012; Tebo, 2007; Wang, 2017). They also argue that some immigrants and their American-born children do not sufficiently embrace American values and are not fully assimilated in their local communities to warrant their inclusion as American citizens (Junn, 2011). The current

president of the USA, Donald Trump, has also contributed to the debate. He added his voice to the view that the abuse of America's long-standing birthright citizenship has opened the door to unregulated immigration and instant citizenship for large numbers of foreigners who do not contribute, show love and respect to the American society (Cable News Network [CNN], 2018; Grant, 2015; Nori, 2016). Subsequently, some countries, such as Australia (1986), India (1987), Ireland (2004), New Zealand (2006) and South Africa (2010), over the past two decades have amended or abolished their *jus soli* principle (Feere, 2010; Hobden, 2018; King, 2004; Wang, 2017). These changes in these countries' policy on birthright citizenship have been interpreted by political theorists as the logical results of globalisation confronting now-outdated citizenship laws (Isin, 2012; Wang, 2017).

Although there is an international trend to modify its practice as a control to chain immigration, it is only the USA, and more than thirty other countries have steadfastly maintained their offer of *jus soli* citizenship with little to no restrictions (Feere, 2010; Schuck, 1998; Stock, 2012; Wang, 2017). Also, the federal government in the USA has yet to find an effective way to deal with the immigration challenges associated with birth tourism due to its association with the Citizenship Clause though this has not stopped the local and state governments from attempting to address birth tourism to the country (Grant, 2015). During his 2018 State of Union address, Donald Trump asked the American Congress to spearhead immigration reforms where chain migration should only be restricted to the sponsor's immediate family that is spouses and minor children (CNN, 2018). Also, during the run-up to the American mid-term elections on 6 November 2018, President Trump ignited the debate again when he made known his plans to sign an executive order to end American birthright citizenship (Arthur, 2018).

The subsequent subsections therefore examine the arguments made by the two opposing sides in the debates about the limit or elimination of American *jus soli* principle as a solution to chain immigration generated as a result of birth tourism to the USA. First, the arguments made by those who support the amendment or repeal of the Citizenship Clause enshrined in the 14th Amendment of the American Constitution follow by arguments from opponents against the amend or repeal.

2.6.1 The Amendment or Repeal of the American Citizenship Clause

The 14th Amendment of the American Constitution has for the past 150 years been enshrined in its history as the cornerstone of their civil rights, ensuring due process and equal protection under the law to all persons (Ho et al., 2009). More importantly, it is this Amendment that affirms that all persons born or naturalised in the United States of America and subject to its jurisdiction are, in fact, American citizens:

All persons born or naturalised in the United States, and subject to the jurisdiction thereof, are citizens of the United States and the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws. (Ho et al., 2009, p. 3)

The first sentence of the above Amendment is the Citizenship Clause which guarantees birthright citizenship. But the phrase “subject to the jurisdiction thereof” in the Citizenship Clause is what anti-immigration politicians, immigration reform activists and scholars have described as a “loophole” that needs to be amended or repealed (Eastman,

2008; Edwards, 2006; Feere, 2010; Grant, 2015; Reasoner, 2011; Wang, 2017). Arthur (2018) further adds that the ambiguous nature of this phrase is the primary source of the disagreement with its intent and scope. To the proponents, the misinterpretation of this phrase is what is motivating foreign mothers-to-be to travel to give birth to their unborn children in the USA. The phrase therefore should be interpreted to mean that an individual should be subject to the “complete and exclusive jurisdiction of the USA” to gain American citizenship by birth (Eastman, 2008. p. 957). That is the mothers-to-be should not owe allegiance to another sovereign country other than the USA, which is a constitutional mandate (Eastman, 2008; Heaton & Dean, 2016).

Moreover, American citizenship should therefore not be offered to American-born children by foreign mothers despite their immigration status but with the possible exception of lawful permanent residents (Ho, 2006; Wydra, 2009). Eastman (2008) also called for a rethink of the Supreme Court’s previous rulings on the unrestricted offer of American birthright citizenship in the wake of the September 11 terrorist attack in the USA. He indicated that mere birth on American soil by foreign citizens who happen to be visiting the USA is insufficient to confer citizenship as a matter of constitutional right. Thus, foreign parents who travel to the USA to give birth to American ‘jackpot babies’ should not result in citizenship.

But for those opposing the repeal or amendment, the phrase should mean to be subject to the authority of the American government (Ho, 2006 & 2009). Thus, “subject to the jurisdiction thereof” covers the vast majority of persons within America’s borders who are required to obey the American laws (Ho, 2006 & 2009; Wydra, 2009). The obedience does not have to do with the immigration status of the individuals whether they are legal

or illegal, which country they hold allegiance to or their past compliance to the American laws (Ho, 2006 & 2009; Wydra, 2009). So, the text of the Citizenship Clause guarantees birthright citizenship to all children born within the boundaries of the USA though their parents might be legal or illegal foreigners (Ho, 2006; Nori, 2016). Furthermore, these opponents believe that under the Citizenship Clause, a mere birth on American soil is sufficient to confer American citizenship (Eastman, 2008). Besides, they are of the firm belief that all the three branches of the American government – Congress, the courts, and the executive branch – agree that the Citizenship Clause should apply to the children of immigrants and citizens alike (Ho, 2006 & 2009).

Summing the two sides' arguments, for the proponents, the phrase is primarily political, whereas for the opponents, it is territorial (Eastman, 2008; Lollman, 2015; Wang, 2017). Arthur (2018) observed that the debate has been going on for the past 150 years, and at least two reasons have been identified as the cause for its longevity. The first is the hesitance of American Congress to exercise their constitutional authority to interpret the phrase contrary to the Supreme Court's previous pronouncements on this phrase (Eastman, 2008). Second, the Supreme Court has not yet resolved the issue of birthright citizenship as it pertains to the offspring of illegal immigrants born within the USA (Arthur, 2018). As a result, birth tourism and its controversial benefit, chain immigration to the USA could still go on without restrictions.

2.6.2 Consensual Law of Citizenship

Most of the advocates for the amendment or repeal of the American Citizenship Clause endorse the consensual law of citizenship instead of the *jus soli* principle as a mode of citizenship acquisition. Peter Schuck and Rogers Smith are two prominent legal scholars

well known for their support for consensual law of citizenship (Carens, 1987b; Schuck & Smith, 1996; Wang, 2017). Their argument for consensual law of citizenship was later seized upon by others and currently has become a centrepiece in the current immigrant debates in the USA (Culliton-Gonzalez, 2012; Stock, 2012). Furthermore, Bloemraad (2013) observed that Schuck and Smith's 1985 book, *Citizenship without Consent* has served as a frequent source of historical material and legal reasoning presented by those in favour of restrictive birthright citizenship. They argued that consent was a foundational principle of the American Revolution. Thus, the citizenship of new members should rest on the consent of both would-be members and the country (Bloemraad, 2013).

Their rationale is that the guarantee of automatic birthright citizenship under the 14th Amendment of the American Constitution has presented one more incentive for illegal immigration and the violation by non-immigrants (i.e. temporary visitors) in the USA with time-limited visa restrictions (Feere, 2010; Nori, 2016; Reasoner, 2011; Schuck & Smith, 1996). The expanded entitlements that are conferred upon American-born children and their families are also an attraction for the acquisition of American birthright citizenship (Edwards, 2006; Schuck & Smith, 1996). Therefore, opponents against the current American birthright citizenship find it morally questionable to reward lawbreaking by conferring the valued status of American citizenship and to the extent of planting such a guarantee in the American Constitution (Schuck & Smith, 1996; Stock, 2012).

Carens (1987b) summarised Schuck and Smith's challenge of the practice of American birthright citizenship at three different but related levels: normative theory, law and

policy. At the normative theory level, the focus is on the incompatibility of birthright citizenship with the principle of consent; a principle that Schuck and Smith believe should play and ought to play a central role in the American view of the political community. The principle of consent entails the view that the legitimacy of political authority rests upon the free consent of those governed (Carens, 1987b). Schuck and Smith offer a disapproving interpretation of the American legal tradition, which at the level of law challenges the conventional view that the 14th Amendment to the American Constitution mandates birthright citizenship (Carens, 1987b). Then at the policy level, birthright citizenship intensifies the problem of illegal immigration and allocates citizenship unfairly among those seeking entry to the American political community (Carens, 1987b). But Schuck and Smith conceded that birthright citizenship plays only a modest role in the contribution to the problem of illegal immigration. Also, even if illegal immigration is exclusively focused as a policy issue and agreed as an important problem, it is clear that the elimination of birthright citizenship will not solve it (Carens, 1987b; Schuck & Smith, 1996).

Despite Schuck and Smith's (1996) advocacy, they acknowledged that just like with birthright citizenship, consensual law of citizenship poses serious problems. Some of the problems can be resolved or minimised without great difficulty, and others are somewhat more troubling. Two of these problems are first, the issue of proof which would be hard to produce to indicate who has and has not consented for an individual to be a citizen of a country either expressly or tacitly. The second problem is the unjust exclusion because consensual law of citizenship implies that a country could have the right to deny outsiders the opportunities for citizenship in ways that can be harshly restrictive or discriminatory (Bloemraad, 2013; Carens, 1987b; Culliton-Gonzalez, 2012; Schuck &

Smith, 1996; Wang, 2017). Also, it might mean that a country could freely denationalise citizens against their will, reducing their security and status, probably even leaving them stateless (Carens, 1987b; Schuck & Smith, 1996; Stock, 2012; Van Hook & Fix, 2010). Both Bloemraad (2013) and Wang (2017) agree that citizenship based on a strong consensual framework enables racial exclusions. Therefore, its application between a country and an individual would be one of grossly unequal power especially when a country is controlled by a group of individuals with a democratic majority that holds prejudice or animosity toward another group (Bloemraad, 2013; Wang, 2017).

Schuck and Smith (1996) note that there is at least one benefit that the USA would get from the endorsement of consensual law of citizenship; it would communicate truthfully to citizens, permanent residents and illegal immigrants alike that American citizenship stands on a firm foundation of free-willed membership (Schuck & Smith, 1996). Its adherence may, however, violate the liberalism's deep commitment to ensuring that the fundamental human rights of all are secured as fully as possible (Culliton-Gonzalez, 2012; Schuck & Smith, 1996).

2.6.3 Other Measures to Minimise Birth Tourism and Chain Immigration to the USA

Other scholars have suggested other measures as a solution to the transnational migrations caused by birth tourism to the USA because the legal route to amend or repeal American *jus soli* principle is fraught with some challenges (Pearl, 2011). There is the recommendation to amend American's Immigration and National Act (INA), and this is the Act that governs most of the visa rules and eligibility. The amendment would therefore provide the tools to detect, deter, and penalise short-term visitors who travel to

the USA purposely to obtain American citizenship for their new-born children, return home and after some years their citizen children sponsor their families' emigration to the USA (Pearl, 2011). Pearl wants the amendment to empower consular officers and strengthen the authority of immigration inspectors at the ports of entry to refuse a visa to women upon admission of being pregnant or show proof that they have insurance to foot the medical expenses.

Also, Pearl (2011) has called for the revision of the Child Citizenship Act of 2000 to at least allow automatic citizenship to children who are admitted to the USA as permanent residents only if their American citizen parent has been physically present in the USA for at least five years. Currently, under this Act, most of American 'jackpot babies' with superficial connection to the USA can easily pass along their American citizenship to their future offspring. The original intention of this Act was to expedite the naturalisation of children born abroad and adopted by American citizens resident in the USA (Pearl, 2011). Furthermore, Grant (2015) suggested that the most effective way for the USA to reduce the rate of birth tourism is to promote peace and stability in the countries where the birth tourists are coming from and to strength mutually each country's economic development.

Considering the arguments made against birth tourism and chain immigration to the USA, suffice it to say that anti-immigration politicians, immigration reform activists and scholars agreed that American *jus soli* citizenship and the current INA provide little benefit to the national interest of the USA (Edwards, 2006; Schuck, 1998, Pearl, 2011). That is why they are proposing different ways to reduce the number of foreign pregnant women giving birth in the USA.

2.6.4 *Jus Soli* Principle as Mode of Citizenship Acquisition is good for the USA

Some legal scholars, politicians and immigration experts are against the limit or elimination of American long-standing provision of birthright citizenship because it has been beneficial to the USA in diverse ways through the millions of people who have been beneficiaries of it (Ho, 2006; Stock, 2009 & 2012). The first obvious benefit of the American *jus soli* citizenship is that it has been the bright-line, easily understood rule that requires no vast bureaucracy to implement and treats almost all American-born children equally (Stock, 2012). Also, the USA has always prided itself on its adherence to the principles of equality for all which the *jus soli* principle is the bedrock of that principle (Schuck, 1998; Stock, 2012). But as it was earlier explained, American citizenship is not without its challenges; there is a denial of rights in both law and fact for certain American citizens even if they acquire citizenship by birth (Aleinikoff, 2001; Castles, 2005; Schuck, 1998).

For the second benefit, American-born citizens with parents who are either undocumented immigrants or have temporary immigration status have contributed to the USA in the same way as other Americans; by joining the military, opening prosperous businesses, serving in the high political office and as diplomats (Stock, 2009 & 2012). Stock (2012) articulated that their contribution is one of the factors that have led to the USA attaining a superpower status because birthright citizens had become economic and social assets. The USA is one of the few countries in the world that has widened the tax net to cover its citizens even when they do not reside or work within the country (Stock, 2012). Therefore, all American citizens working and residing abroad are required to file and report on their worldwide income and is a regulation in every American passport states. For most non-citizens, they are only mandated to pay American taxes provided

they live and work in the USA (Stock, 2012). Huang (2008) added that immigrants, both legal and illegal represent an important base of taxpayers at the federal and state levels; thus they pay federal and state income taxes, Social Security taxes and Medicare taxes.

Another benefit noted is that American birthright citizenship cuts off illegal migration at the first generation because of the opportunity to provide a legal route to citizenship to other members of the family (Culliton-Gonzalez, 2012; Feere, 2010; Stock, 2012; Wang, 2017). Arthur (2018) therefore summarised that American citizenship offers the most significant economic opportunities, guarantees the fullest protection of the laws and the security afforded to the military personnel around the world and most importantly, it provides the chance to participate in one of the world's oldest existing democracy. American birthright citizenship has been beneficial in all aspects of American society.

The alteration of the Citizenship Clause would therefore contradict the American spirit of welcoming immigrants and offering inalienable rights upon all those born in the USA and impose significant administrative and legal burdens on every American (Culliton-Gonzalez, 2012; Nori, 2016; Stock, 2009 & 2012). There will be a burden on all American parents to document and provide proof of their children's citizenship through a cumbersome bureaucratic process because the USA has no national registry of its citizens. So, most Americans rely on the birthright citizenship rule to establish their citizenship (Stock, 2009 & 2012).

Moreover, repeal of American birthright citizenship would not reduce the illegal population but would rather expand it, and the disadvantages of the illegal population are the denial of legal status been perpetuated across many generations of American-born

children of immigrants (Culliton-Gozalez, 2012; Monk, 2011; Nori, 2016; Stock, 2009 & 2012; Van Hook & Fix, 2010). Van Hook and Fix (2010) stated that this perpetuation of hereditary disadvantage based on the legal status of one's ancestors would be unprecedented in the American immigration law. Thus, supporters for American birthright citizenship have argued that the fact that there is an international trend does not mean the USA should follow suit. The economic opportunity is instead the strongest attraction to migrate to the USA though American's long-standing provision to confer citizenship upon babies within their borders is another magnet (Ho, 2006; Ho et al., 2009; Feere, 2010; Reasoner, 2011; Stock, 2012).

Deducing from all the debates for amendment or repeal of the Citizenship Clause and use of other measures to minimise birth tourism and its controversial benefit of chain immigration reveals that these advocates' arguments are based on their negative stereotypes about immigrant women (Culliton-Gonzalez, 2012). Huang (2008) stated that foreign women's bodies have become the economic, demographic, and political battleground for the USA's future. Also, these women continued to be accused of overusing public benefits, burdening the American taxpayers and act as a conduit for the sustained mass immigration in the USA (Edwards, 2006; Huang, 2008; Pearl, 2011).

Some scholars therefore have declared that birthright citizenship laws have become a tool for countries to control international migrations by targeting pregnant migrant's mobility and reproductive rights (Cisneros, 2013; Constable, 2014 & Luibhéid, 2013 cited in Wang, 2017; Hartry, 2012). For example, the government of Ireland stated that one of their arguments for changing automatic Irish citizenship was that maternity hospitals, especially in Dublin were experiencing a high incidence of unannounced arrival of non-

national women at their third trimester or early stages of labour (King, 2004). The suggestion by Pearl (2011) that foreign immigrant women should be questioned at the port of entry to the USA whether they are pregnant or intend to give birth and denying them entry based on their response is an invasion of their privacy and denying a fundamental human right to move freely.

Apart from the stereotypes, the debates about the good and bad of American *jus soli* principle are one-sided. The focus was mostly on the implication of birth tourism and chain immigration for the American society; that is, children born to birth tourists and short-term visitors accessing their entitled rights as American citizens. Still, what largely remains underexplored is the impact of birth tourism for the home countries of these women when their American ‘jackpot babies’ reach adulthood to access some of their entitled benefits like sponsoring their families’ emigration to the USA.

2.7 Belonging

The growing literature on the travel of foreign mothers-to-be to give birth in the USA has primarily focused on three dimensions of American birthright citizenship (Bloemraad et al., 2008). That is the legal status (Feere, 2010; Ho et al., 2009; Schuck & Smith, 1996), rights (Feere, 2010; Heaton & Dean, 2016; Reasoner, 2011) and participation (Ho, 2006; Huang, 2008; Stock, 2012). But, most of the discourses had not explored belonging, the fourth dimension of American birthright citizenship gained by the American ‘jackpot babies’ (Bloemraad et al., 2008).

Belonging has been described as the psychological dimension of citizenship but a term that is still vaguely defined (Crowley, 1999 cited in Antonsich, 2010; Skrbiš, Baldassar,

& Poynting, 2007; Tastsoglou, 2006). So, Antonsich (2010) observed from the review of literature about its definition shows that belonging is often either used more or less consciously as a synonym of identity or used as a synonym of or in association with the notion of citizenship or it is also evoked in association with both identity and citizenship. Yet, Crowley pointed out that belonging is a ‘thicker’ concept than that of citizenship (1999 cited Yuval-Davis et al., 2005). Thus, it is not merely about “membership, rights and duties, but also about the emotions that such membership evokes nor can it be reduced to identities and identifications, which are about the individual and collective narratives of self and other, presentation and labelling, myths of origin and myths of destiny” (Yuval-Davis et al., 2005, p. 526). Probyn’s definition seems to summarise Crowley’s view on belonging only as of the ‘desire for some form attachment, be it to other people, places or modes of being (1996 cited in den Besten, 2010).

Several scholars have also added that belonging is undeniably multidimensional (Antonsich, 2010; den Besten, 2010; Hartnell, 2006; Yuval-Davis et al., 2005). For instance, some scholars have indicated that belonging encompasses citizenship, ethnicity, emotional, gender, nationhood and emotional dimensions of status or attachment (Antonsich, 2010; Bhimji, 2008; Croucher, 2004; Hartnell 2006). Also, Pollini (2005) wrote about belonging as having social, cultural and ecological aspects. The social aspect was explained as the state in which an individual, by assuming some role, is characterised by his or her inclusion in the social collectivity, while the cultural aspect is symbolic in character and comprises the sharing by individuals of value systems and therefore of attitudes of ‘consensus’ (Pollini, 2005). For the ecological aspect, Pollini (2005) indicated that it is not about territorial location but involves some sort of

reciprocal relationality among the individual members of the human population settled or in the same territorial area.

Yuval-Davis (2006) further suggested that belonging is constructed at three main analytical levels: social locations; identifications and emotional attachments; and ethical and political values but these levels are connected. Yuval-Davis explained social locations as people belonging to a particular gender, race, class, nation, particular age-group, kinship group or a specific profession. This first analytical level of belonging at each moment has particular implications vis-à-vis the grids of power relations in society. For the second level that had identifications and emotional attachments, Yuval-Davis defined identities as narratives, stories people or an individual tell themselves and others about who they are (and who they are not) whereas, emotional attachments is about feeling 'at home'. The third but last level refers to the ethical and political value systems that people use to judge their own and others' belonging/s (Yuval-Davis, 2006). Yuval-Davis (2006) added that the contestations around these three analytical levels have led to humans moving from the realm of belonging into the politics of belonging.

Politics of belonging has been described as the "dirty work of boundary maintenance" (Crowley, 1999 cited in Yuval-Davis, 2006, p.204). Yuval-Davis (2006) clarified that the boundaries which the politics of belonging is concerned about are the boundaries of the political community of belonging which separate the world's population into 'us' and 'them'. Yuval-Davis et al., (2005) for instance, indicated that national borders are specific form, spatially bounded, of collectivity boundaries that divide the world into 'us' and 'them'. Thus, the principle behind the politics of belonging is the separation into 'us' and 'them', that is it decides whether other people can stand inside or outside the

imaginary boundary line of a nation or other communities of belonging (Yuval-Davis, 2006).

On the other hand, Antonsich (2010) proposed a framework that analysed belonging around two significant dimensions: place-belongingness and politics of belonging. His framework was built on past contributions from Fenster (2005) and Yuval-Davis (2006). Antonsich (2010) explained place-belongingness as a personal, intimate, feeling of being 'at home' in a place, while politics of belonging as a discursive resource which constructs, claim, justifies or resists forms of social-spatial inclusion or exclusion. Fenster (2005) also differentiated between the two; place-belongingness as a personal, intimate, private sentiment of place attachment that is constructed and grows out of everyday practices, while the politics of belonging is an official, public-oriented 'formal structure' of membership as manifested in citizenship.

The explanation of the two analytical frameworks from Antonsich (2010) and Yuval-Davis (2006) on belonging reveals that they are similar. For instance, the second level of Yuval-Davis's framework is akin to Antonsich's place-belongingness. Whereas, politics of belongingness that Yuval-Davis (2006) indicated as a product of the contestation between the three levels that belonging can be constructed is the second dimension within Antonsich's framework. Antonsich (2010) also used his framework to argue for empirical studies on (territorial) belonging that specifically investigate the intersection between place-belongingness and politics of belonging. This study thus aims to investigate this intersection as it examines the perspective of Ghanaian urban population on having American 'jackpot babies'.

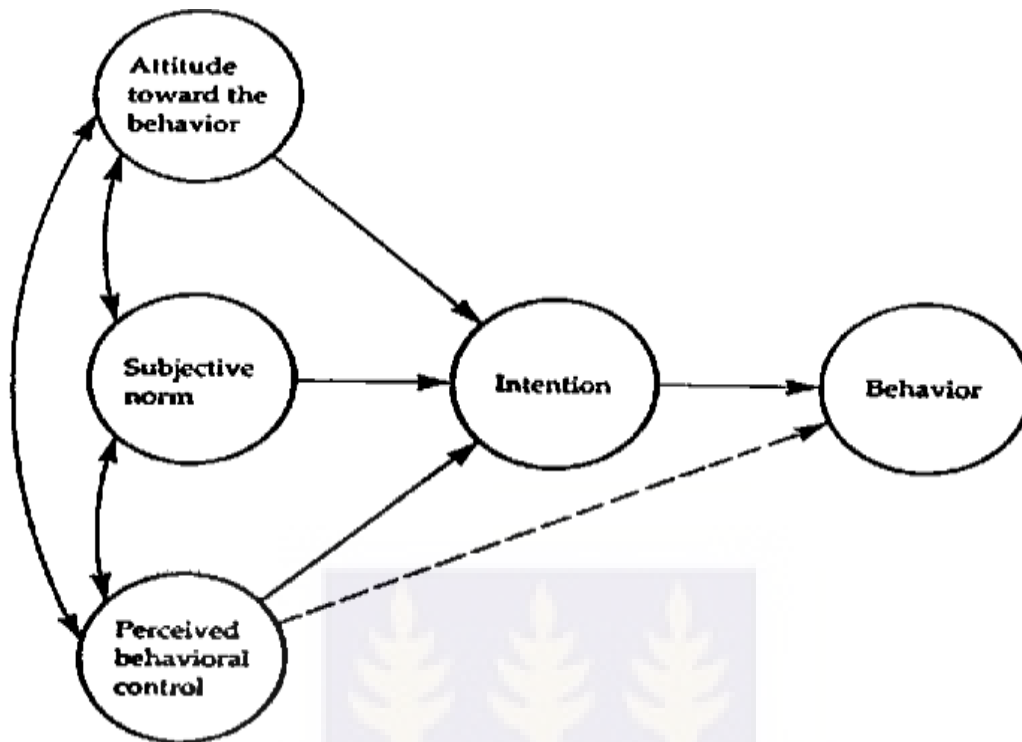
2.8 Theoretical Framework

The literature review conducted has established that birth tourism to the USA is a complex and multifaceted phenomenon. Therefore, the theoretical framework for this study used the theories of planned behaviour, motility as capital and household livelihood strategy to explore this multifaceted phenomenon (Imenda, 2014).

2.8.1 Theory of Planned Behaviour

The theory of planned behaviour was introduced by Icek Ajzen in 1985, and the theory has become one of the most frequently cited and influential models for predicting human social behaviour (Ajzen, 2011). The theory provides a framework for dealing with the complexities of human social behaviour, and its central idea is the exploration of an individual's intention to perform a given behaviour (Ajzen, 1991 & 2011). Intentions to perform behaviours of different kinds can be predicted with a high degree of accuracy from individuals' attitudes toward the said behaviour, subjective norms, and perceived behavioural control (Ajzen, 1991).

Therefore, the theory assumes that attitudes, subjective norms and perceived behavioural control are the three conceptually independent determinants of intention (Ajzen, 1991 & 2011). Figure 2.1 depicts the theory in the form of a diagram. Attitude toward the behaviour refers to the degree to which a person has a favourable or unfavourable evaluation of a given behaviour. Subjective norm refers to the perceived social pressure to perform or not to perform the said behaviour. For perceived behavioural control, it refers to the perceived ease or difficulty in performing the behaviour of interest and this determinant is also assumed to reflect experience as well as anticipated impediments (Ajzen, 1991).

Figure 2.1: Theory of planned behaviour

Source: Ajzen (1991)

Madden, Ellen, and Ajzen (1992) stated that perceived behavioural control was included in this theory as an outside variable that has both a direct and indirect effect on behaviour through intention. They explained that the indirect effect of the perceived behavioural control has motivational implications for behavioural intention. That is, the absence of the requisite resources might lead any group of people to have little control in performing a specific behaviour. Hence, the intention to perform the behaviour may be low though people will have favourable attitudes, subjective norms or both concerning the performance of the behaviour (Madden et al., 1992). The direct effect shows that perceived behavioural control reflects actual control and has a direct link to behaviour not mediated by intention. In other words, people's behaviour is strongly influenced by their confidence in their ability (i.e. perceived behavioural control) to perform the behaviour (Ajzen, 1991; Bandura, Adams, Hardy, & Howells, 1980; Madden et al., 1992).

The subsequent implication of the three independent determinants is that the more favourable the attitude and subjective norm with respect to the said behaviour, the stronger the individual's intention to perform the behaviour (Ajzen, 1991, Bamberg, Ajzen, & Schmidt, 2003). Also, it captures the motivational factors that act as an incentive for a given behaviour. Furthermore, intention shows how hard an individual is willing to try or how much an effort he or she is planning to exert to perform the said behaviour. The stronger the intent that an individual has to engage in the behaviour, the more likely it should be for its performance. The application of this theory in certain situations shows that attitudes alone do have a significant impact on intention. In other situations, both attitudes and perceived behavioural control are sufficient to account for intention while in others; all the three determinants make independent contributions (Ajzen, 1991). Then again, the relative importance of attitude, subjective norm, and perceived behavioural control in the prediction of intention are expected to vary across behaviours and situations.

An intention can turn to behaviour if the said behaviour is under volitional control, which Ajzen (1991) explained as to whether a person can decide at will to perform or not perform the behaviour. Although some behaviours may meet volitional control, the performance of most behaviours depends, at least to some degree, on non-motivational factors such as availability of requisite opportunities and resources (for example time, money, skills, the cooperation of others, among others). Having both intention and non-motivational factors symbolise the individuals' actual control of the given behaviour (Ajzen, 1991). Madden et al. (1992) further noted that the more resources and opportunities that individuals think they possess, the greater their perceived behavioural control over the behaviour. So, the extent that an individual has the required

opportunities and resources, and the intention to perform the behaviour, show how successful an individual will be in performing the behaviour in question (Ajzen, 1991). Thus, Ajzen (1991) observed that the idea behind the successful performance of a given behaviour, which he calls behavioural achievement jointly, depends on motivation (intention) and ability (behavioural control). The intention would therefore be expected to influence performance to the extent that the person has behavioural control, and performance should increase with behavioural control to the extent that the person is motivated to try (Ajzen, 1991).

A frequently voiced criticism about the theory of planned behaviour is that it is too 'rational' and unaffected by emotions (Ajzen, 2011). As Ajzen (2011) explained, people's attitudes towards the behaviour, their subjective norms and perceived behavioural control follow automatically and consistently from what they believe in, and it is only through this way that behaviour can be stated as planned. Moreover, attitudes, intentions and behaviours are consistent with people's beliefs even if they are inaccurate, biased or irrational (Ajzen, 2011; Geraerts et al., 2008). For the theory of planned behaviour, affect, and emotions can serve as background factors that can influence intention and behaviour directly or indirectly (Ajzen, 2011). Also, the performance of behaviour from the perspective of the theory of planned behaviour will likely have consequences; some positive (e.g. pleasure, elation, among others) and others negative (e.g. experiencing pain, regret, pain, among others).

Hence, the theory of planned behaviour clarified that the performance of any given behaviour (i.e. behavioural achievement) is a joint function of intention (i.e. behavioural intention) and perceived behavioural control (Ajzen, 1991). The inclusion of both

intention and perceived behavioural control in this theory does make significant contributions to the prediction of behaviour which is expected to vary across situations and different behaviours. But in respect to the application of this theory to any behaviour, only one of these two determinants (i.e. intention and perceived behavioural control) may be more important than the other and may be needed (Ajzen, 1991). Each of the three independent determinants of intention; self-efficacy (with respect to perceived behavioural control), personal evaluation (attitude) and socially expected mode of conduct (subjective norm) will reveal a different aspect of the phenomenon of birth tourism to the USA within the Ghanaian society (Ajzen, 1991). That is exploring Ghanaians' attitude, subjective norm and perceived behavioural control, thereby indicates their intentions and effort to have American 'jackpot babies'.

2.8.2 Motility as Capital

Mobility is viewed as a "total" social phenomenon (Kaufmann, 2014). Kaufmann (2014) thus relied on the work of Sorokin (1927) and the Chicago School (Mckenzie, 1927) to define mobility as the intention and realisation of an act of movement in physical space that involves social change. The rationale behind this approach in defining mobility to include the social aspect is to shift from the common definition to focus on intentions relative to mobility and the actual act of moving, more than on the movement itself (Kaufmann, 2014). This approach to mobility means that each person or group will be characterised by their more or less marked inclination to move in physical, economic and social space.

A consequence of the focus on intentions to mobility led to the notion of "motility" (Kaufmann, 2014). Motility is a borrowed term from biology and medicine that denotes

the capacity for movement of an animal, cell, or organ but the use of this term in social sciences is not entirely new (Flamm & Kaufmann, 2006; Kaufmann, Bergman, & Joye 2004; Kaufmann, 2014; Kaufmann, 2016). Kaufmann (2014) defined motility as all of the characteristics of an individual that allows him or her to be mobile. That is physical skills, income, aspirations (to move or be sedentary), the social conditions of access to existing transportation and telecommunications systems and acquired skills (job training, a driver's license, international English for travel, among others).

Motility comprises three interdependent factors that have been described as fundamentally linked to social, cultural, economic and political processes and structures within which mobility is embedded and enacted (Flamm & Kaufmann, 2006; Kaufmann et al., 2004; Kaufmann, 2014). These three factors are defined according to:

- *Social conditions of access* which is constrained by options and conditions such that every individual has varying degrees and forms of mobility
- *Competence* to recognise and make use of access. The following three aspects are central to competence: physical ability, acquired and organisational skills
- *Cognitive appropriation* is what actors do with access and competence, including the option of non-action. It is therefore linked with strategies, values, representations and habits.

Kaufmann (2016) states that before mobility can commence, motility has to be activated through the three factors above. To him, combining motility with mobility to analyse an individual behaviour provides an opportunity to establish a relationship between the three interdependent factors and without this dual approach, it would be more challenging to study the different aspects of mobility.

Motility therefore refers to the system of mobility potential that at the individual level defines how an individual takes possession of the realm of possibilities for mobility and builds on it to develop personal projects (Flamm & Kaufmann, 2006; Kaufmann, 2002 cited in Kesselring, 2006). Motility may or may not be transformed into travel (Flamm & Kaufmann, 2006). Mostly, one's motility potential can be transformed into travel in different ways combining different forms of mobility (Flamm & Kaufmann, 2006). Kaufmann et al. (2004) also observed that depending on which context, different motility options would be at the disposal of individual actors as they differ in access, competence and cognitive appropriation. Motility also differs from accessibility as the focus of motility is on the logic of an individual's actions in building a relationship with space and less on the possibilities offered by a given territory (Flamm & Kaufmann, 2006).

A consequence of the systemic approach in considering mobility as a single phenomenon that can take on different forms is that motility should be considered as a form of capital (Flamm & Kaufmann, 2006; Kaufmann et al., 2004). Motility thus represents a form of capital that may form links with and be exchanged for other similar forms of capital (i.e. economic, human and social). The benefit of seeing motility as capital is the recognition that movement does take many forms where these different forms of movement may be interchangeable and that the potentiality of movement can be expressed as a form of 'movement capital' (Flamm & Kaufmann, 2006; Kaufmann et al., 2004).

There is the difference between motility and the other forms of capital, where the other forms deal mainly with hierarchical position while motility refers to both vertical and horizontal dimensions of social position (Kaufmann et al., 2004). So, motility represents a new form of social inequality in its relation to people because there is differentiation in

respect to access, competence and cognitive appropriation where the local and geopolitical context is emphasised as a fundamental consideration (Kaufmann et al., 2004). Also, because of the premium that society places on mobility, it is not difficult to understand why motility in contemporary times represents a factor of social distinction that cannot be ignored (Flamm & Kaufmann, 2006).

Flamm and Kaufmann (2006) articulated that motility represents a form of capital that is independent of other forms of capital that are traditionally taken into account when analysing the social position and other indicators of social integration. Constituting motility as a form of capital is, however, not merely a question of the actors' income, education and social networks but seems to be a particularly indispensable resource for overcoming the spatial and temporal friction we experienced in our daily lives (Kaufmann, 2014). Flamm and Kaufmann (2006) thus summarised their appreciation of motility as being at the service of individuals' aspirations and projects and constitutes a form of capital that can be mobilised to realise and link them together.

2.8.3 Household Livelihood Strategy

The household livelihood strategy theory suggests that migration decisions are a strategic or deliberate choice made by members of a household using an amalgam of activities to maintain, secure and improve their livelihoods (de Haas, 2007, Tetteh, 2010). The choice to migrate is dependent on access to assets, perceptions of opportunities and aspirations of the household members. de Haas (2007) observed that the decision to and the reason for migrating are heterogeneous because they differ from household to household. The objective is to send members of the household to the preferred destination in the hope of ensuring the future of the others (Pine, 2014).

Using migration as a strategy is a future-orientated process which, in the present, extracts enormous personal cost that can only be vindicated if it generates profit and reward and growth (Pine, 2014). Pine (2014) further explained that migration to a different destination has become an act of faith and hope in the future. The act of migrating thus reflects a belief that it is possible to put on hold present difficulties and ideally, overcome them on the migrants' return (Pine, 2014). Sundari (2005) explains that the strategy to use migration is necessarily pre-emptive and driven by the survival instinct in humans to seek better prospects. The process of globalisation has also helped to accelerate migration, particularly when it involves women in search of survival, fulfilment and a better life for themselves and their families (Sundari, 2005). Additionally, the choice to migrate can offer the opportunity for migrants to have better life chances for themselves and their families (Bargłowski, Krzyżowski, & Świątek, 2015) and safeguard the next generation's prospects (Rutten & Verstappen, 2014).

This theory suggested migration as one of the strategies that both rural and poorer households depend on to diversify, secure and potentially improve their livelihoods (de Haas, 2007; Sundari, 2005; Tetteh, 2010). However, Tetteh (2010) observed that in reality, poorer households might not even have the money that is required to undertake the migration journey. de Haas (2007) also added that there is no deductive reason why migration as household livelihood strategy cannot be extended to urban households. Therefore, household livelihood strategy is neither location nor household-specific but useful in gaining insight into the way households live and shape their lives that are practically embedded into a broader institutional context (de Haas, 2007). It specifically looks at how migration can be used to diversify income sources and overcome social, economic and institutional development constraints at the place of origin. This theory

thus investigates whether American ‘jackpot babies’ with Ghanaian parentage or members of their families capitalise on the acquisition of American citizenship to migrate to the USA in the future as a strategy to maintain, secure and improve their households’ livelihood.

In conclusion, the theoretical framework proposed for this study which comprises planned behaviour, motility as capital and household livelihood strategy theories aims to provide an understanding of the circular nature of birth tourism to the USA in four ways. First, this study uses the theory of planned behaviour to investigate Ghanaian urban dwellers’ attitudes and subjective norms alongside their volitional control to determine their intentions to have American ‘jackpot babies’. Secondly, motility as capital theory examines how Ghanaian families transformed their motility to have American ‘jackpot babies’ and such examination will indicate the perceived behavioural control in giving birth in the USA. Thirdly, exchanging this acquired American citizenship to other forms of capital for the benefits of their soon-to-be-born children and families. Lastly, the household livelihood strategy analyses the motivations that American ‘jackpot babies’ with Ghanaian parents have for migrating to the USA as adults.

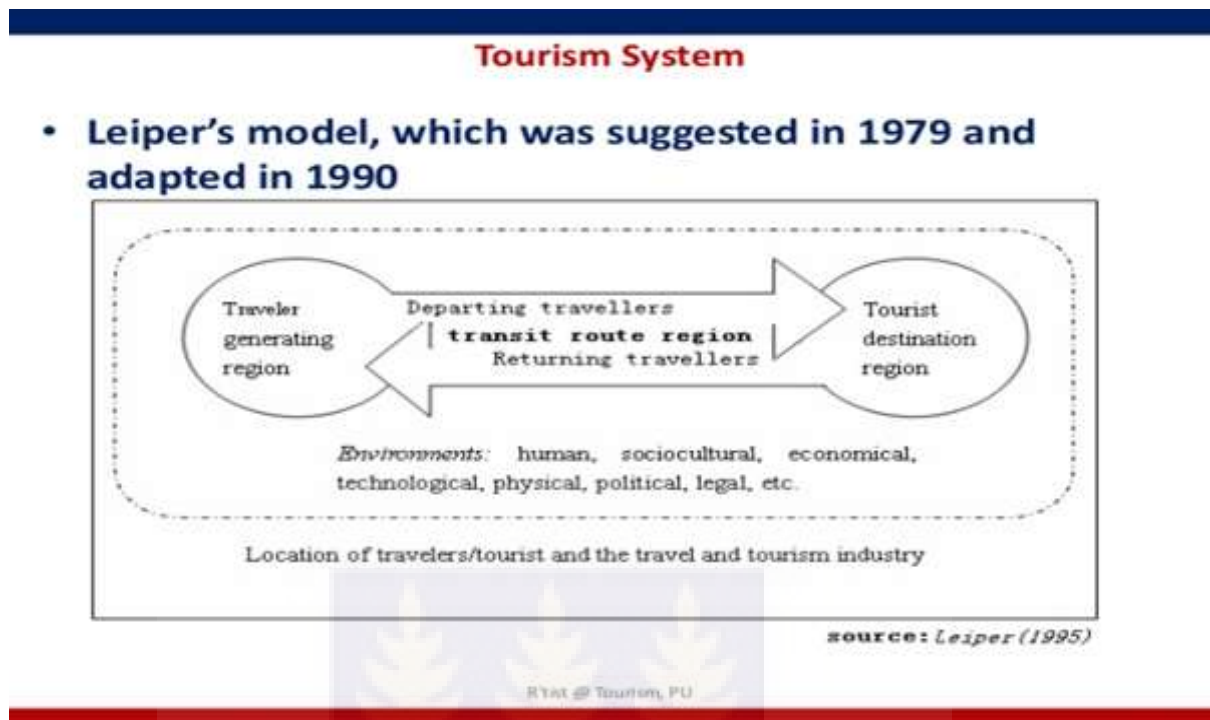
2.9 Conceptual Framework: Birth Tourism System

Different disciplines including migration have examined tourism from their standpoints by using their own developed concepts and modes of analysis (Page & Connell, 2006). But Page and Connell (2006) think that this approach has not led to tourism being integrated between the different disciplines (such as geography, migration, transport, among others) that study it. Also, it severely limits the intellectual development of tourism, as there is no cross-fertilisation of ideas across these disciplines. As this study

aims at cross-fertilisation of ideas across the disciplines of international migration and tourism, the conceptual framework which is the soul of this research is an adaption of Leiper's tourism system approach (Imenda, 2014; Leiper, 1979; Page & Connell, 2006). The framework incorporates the literature reviewed and the theories examined to determine how the research topic should be investigated to achieve the stated objectives (Imenda, 2014).

The tourism system approach was first proposed by Leiper in 1979 and was later updated in 1990 (cited in Cooper et al., 2008). Mill and Morrison (2002) explained that the tourism system approach was based upon general systems theory by Ludwig von Bertalanffy (1973). Leiper explained a 'system' as the set of elements or parts that are connected by at least one distinguishing principle. He, therefore, used tourism to connect to the different components in the system (1990 cited in Page & Connell, 2006). Four essential elements were identified in Leiper's tourism system approach (Cooper et al., 2008; Leiper, 1979; Mill & Morrison, 2002; Page & Connell, 2006) as shown in Figure 2.2.

Figure 2.2: Leiper's tourism system approach



1. **Tourists.** The main human element within this system is the tourists because tourism is an experience enjoyed, anticipated and remembered by many humans. Leiper (1979) defined tourist as a person who makes a discretionary, temporary journey which involves at least one overnight stay away from the normal place of residence, not to earn remuneration.
2. **Geographical elements.** Leiper (1979) outlined three geographical elements because of tourists' circular pattern of behaviour.
 - a. *Tourist generating regions* are the permanent residential bases of tourists, the place where a tourist begins and ends. These regions represent the generating market for tourism; that is, it provides the “push” to stimulate and motivate travel.
 - b. *Tourist destination regions* are the locations that attract tourists to stay on a short-term because they have the attractions (the “pull”) that are lacking in the tourist generating region which the tourist wishes to experience

personally. It is the “pull” to visit the destinations that energise the whole system and creates a demand for travel in the generating region.

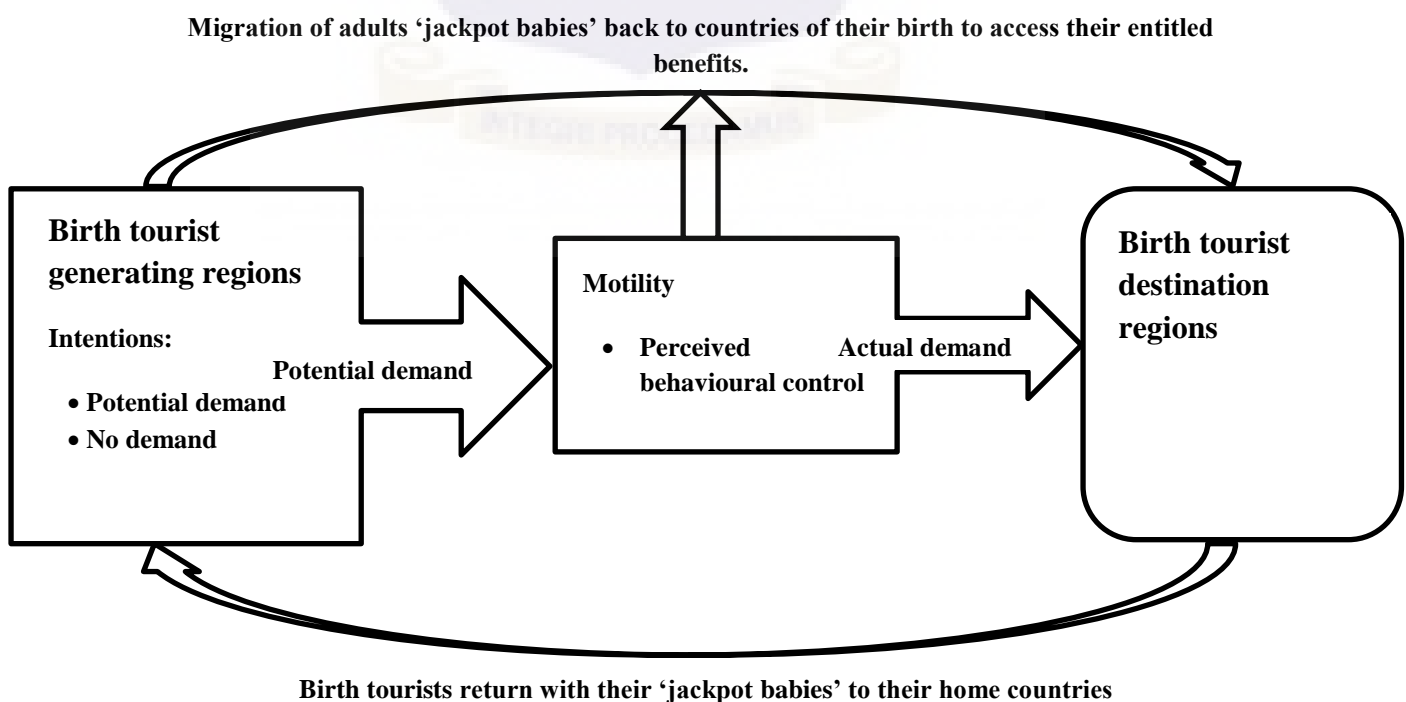
- c. *Transit routes* are the intermediate places that link tourist generating regions with tourist destination regions which tourists may visit en route to the tourist destination regions. Leiper (1979) added that the transit routes are also the location of the main transportation of the tourist industry.
3. ***The tourist industry.*** The tourist industry has a unique role in the system as it consists of all those firms, organisations and facilities that are intended to serve the specific needs and wants of tourists (Leiper, 1979). Leiper also explained that the industry could be viewed as a linked chain stretching across generating regions, transit routes and destinations. The links are diverse, both informal and formal connections (e.g. accommodation, airlines, tour operators, among others)
4. ***The travel.*** Mill and Morrison (2002) explained travel as the act of moving outside of one’s usual environment for business or pleasure. Hence, transport forms an integral part of the system as it is a precondition for travel or facilitates mobility and movement of tourists from the tourist generating regions to the destination regions and back. Transport is represented in terms of the volume of travel (Page & Connell, 2006).

As tourism is a multidisciplinary area of study, Leiper’s application of system approach to tourism has been described as apt for at least three reasons (Gilbert, 2004; Page & Connell, 2006). First, its ability to incorporate interdisciplinary approaches to tourism because the system approach is not embedded in any particular discipline but instead provides a framework within which disciplinary approaches can be situated (Cooper et al., 2008; Leiper, 1979). Second, Page and Connell (2006) stated that the system

approach to tourism helps to rationalise and simplify the real-world complexity of tourism into the number of constructs and components that highlight the interrelated nature of tourism. Finally, the system is seen as ‘open’ because it can be influenced by factors apart from its main elements (e.g. American citizenship) and also, allow the researcher to consider the effect of such influences on the system and to assess the likely impact on the other elements (Mill & Morrison, 2002; Page & Connell, 2006).

Consequently, Figure 2.3 is the proposed conceptual framework of birth tourism system as adapted from Leiper’s tourism system approach by fusing the main ideas from the theoretical discussion and the key themes discussed about birth tourism to the USA. Four facets are involved in this framework that explains the phenomenon of birth tourism to the USA: Ghanaian urban dwellers, geographical components, the intervening variable of motility and the travel represented by two curved arrows.

Figure 2.3: Birth tourism system



Adapted from Leiper’s tourism system approach (1979)

1. ***Ghanaian urban dwellers.*** The main actors of this birth tourism system are the Ghanaian urban dwellers. The two right arrow callouts in the framework show the progression of some of these urban dwellers from a specific demand category to another on their quest to leave one geographical component to the other.
2. ***Geographical components.*** Spatially, this framework has two geographical components that denote the circular pattern of behaviour of both birth tourists and their American 'jackpot babies'.
 - a. ***Birth tourist generating region*** for this research is Ghana. The use of attitudes and subjective norms of the planned behaviour theory alongside volitional control (i.e. deciding at will) determine the intentions of Ghanaian urban dwellers to have American 'jackpot babies'. Their responses also help to categorise them into having potential and no demand for birth tourism to the USA. The research examines the subjective experiences of urban dwellers that had actual demand with respect to their volitional control to have American 'jackpot babies' into reality in addition to their attitudes and subjective norms. The responses on attitudes and subjective norms from both Ghanaian urban dwellers with potential demand and actual demand provide evidence that to them and their families, having American 'jackpot babies' is a household livelihood strategy. Thus, birth tourism to the USA become a strategic or deliberate choice because American 'jackpot babies' in the future will access their entitled rights as American citizens, and help their families to cement the opportunity to reside permanently in the USA as citizens. Conversely, responses from Ghanaian urban dwellers with no demand indicate that they do not see having American 'jackpot babies' as a household livelihood strategy. Also, this study investigates the perspectives of the different categories of Ghanaian urban dwellers (i.e. actual, potential and no

demand) of the implications of having American ‘jackpot babies’ for Ghana as a birth tourist generating country. In addition, their views on whether the USA should amend its *jus soli* citizenship law and these views will be used to determine the intentions to have an American ‘jackpot baby’.

b. Birth tourist destination is the USA, and its unique role is the ‘pull’ that it has for those who have actual and potential demand in having American ‘jackpot babies’ which will be determined through their responses on subjective norms. For those urban dwellers categorised as having no demand, their reasons will be investigated. Apart from indicating their subjective norms, Ghanaian birth tourists will evaluate their experiences in receiving American maternal care.

3. Motility. Unlike in Leiper’s tourism system where there were transit routes, this framework preferably has motility as the intervening variable between Ghana and the USA. Ghanaian urban dwellers who had actual demand in discussing the motility they had to acquire to commence the travel to the USA will determine the perceived ease or difficulty (i.e. perceived behavioural control) in having American ‘jackpot babies’. Motility within this framework refers to all the requisite resources that these Ghanaian birth tourists acquired and made use of to change their intentions to having American ‘jackpot babies’.

4. Two curved arrows. They denote the two main travels undertaken by the American ‘jackpot babies’.

a. The curved up arrow indicates the return experiences of American ‘jackpot babies’ with their Ghanaian parents from the USA to Ghana immediately after their delivery. Thus, this study explores first, how Ghanaian parents document their American ‘jackpot babies’ citizenship before their return to Ghana and second, how they nurture their

American-born children's sense of belonging after returning to Ghana with them.

- b. The curved down arrow represents the migration of these American 'jackpot babies' at adulthood (i.e. 18 years and above) and playing the role as an anchor for their families' emigration to their country of birth, the USA. Therefore, the research further investigates how motility and nurtured belonging influences access to their entitled benefits as American citizens.

2.10 Chapter Summary

This chapter critically reviewed the literature and introduced theoretical framework relevant to the research objectives set out for this study. The literature covers extensively on Ghanaian women's participation in international migration, tourism demand, gender and tourism linkage, birth tourism and chain immigration to the USA. Additionally, the conceptualisation of citizenship and belonging were reviewed. The reviewed literature on gender and tourism linkage thus reveals that there are an increasing number of women travelling abroad solo and independent these days and the social stigma that characterises this kind of travel is not a recent phenomenon. Birth tourism to the USA is thus mostly undertaken by foreign mothers-to-be who travel solo and independently –this mobility is inextricably linked and symbiotically related to American birthright citizenship, international migration and tourism.

However, scholarly discourses on this form of mobility are mute on the intentions of citizens at the home countries of birth tourists to the USA on having American 'jackpot babies', deciding to be a birth tourist and reaction of the respective spouse to the decision made. Also, the subjective experiences of birth tourists in making the preparations for the

travel, giving birth in the USA, and nurturing the sense of belonging of their American ‘jackpot babies’ outside the USA have been neglected in the scholarly discourses. The literature extensively highlights debates about the impacts of birth tourism and chain immigration to the USA, where some of the arguments put forward are negative stereotypes about the foreign women who give birth in the country. However, these debates did not discuss the impact of this form of travel and its controversial benefit, chain immigration from the home countries of the birth tourists. Thus, this study aims to contribute to the body of knowledge on birth tourism to the USA in this regard.

At the end of the chapter, the planned behaviour, motility as capital and household livelihood strategy theories were chosen as the main theoretical framework for this thesis because of the circular nature of birth tourism to the USA. Birth tourism system, an adaption of Leiper’s tourism system approach is the conceptual framework which incorporated the theories, the key themes in the literature reviewed to act as an interpretative guide in the analysis for this research. The next chapter discusses how the research was conducted.

CHAPTER THREE

METHODOLOGY OF THE STUDY

3.0 Introduction

This chapter explains the general plan used in conducting this study. The plan is made up of three main phases. The first phase describes the actions undertaken before the commencement of data collection such as deciding on the research design, target population, study areas and sources of secondary data to be used for the study. Next is the actual data collection phase itself, and the last phase examines how the data collected were analysed, results validated, interpreted and reported within this study. The chapter then ends with a discussion on how ethical issues associated with the conduct of this study were addressed and the challenges and limitations encountered.

3.1 Research Design

The study used a mixed research method design. The choice of this design was deemed most appropriate to capture and use the strengths of both quantitative and qualitative researches to offset each of their weaknesses because it was not enough on their own to guarantee the full understanding of the research area (Creswell, 2012 & 2014; Creswell & Clark, 2011). Specifically, the study employed the concurrent triangulation type of mixed method where both quantitative and qualitative data were collected simultaneously, and they were compared to determine if there is convergence or differences (Creswell, 2009 & 2012 & 2014; Saunders, Lewis, & Thornhill, 2012). Though quantitative research can be used to statistically analyse, produce results that can help to assess the frequency and magnitude of a research problem, it does not provide different perspectives that can provide an in-depth understanding of the research problem

which is the strength of qualitative research. Another advantage of the design was that it helped to address the formulated questions and objectives set out for this research (Creswell, 2009 & 2014).

3.2 Sources of Secondary Data

Both primary and secondary data were collected for this study, but the discussion of the sources of the primary data would be explained under the target population and study areas. The study made use of the electronic databases on the website of the Balme Library of the University of Ghana, Google Scholar, books, government or semi-government publications (e.g. census reports, living standard surveys etc.) and mass media (e.g. reports published in newspapers, magazines, websites etc.) as its main sources for the secondary data. The most widely used electronic databases were Google Scholar, JSTOR and Taylor and Francis where the following terms and text words such as American birthright citizenship, birth tourism, citizenship and migration were used to search for the secondary data. An alert was also created in Google Scholar with these two keywords: ‘birth tourism’ and ‘citizenship’ to notify the researcher about any academic article that is related to these keywords through her email. This alert proved beneficial as at least once in a month where the researcher received notification of a scholarly article, which thus helped her to keep abreast with the current scholarly discourses about the research topic.

The search and collection of secondary data commenced immediately at the start of the researcher’s PhD programme, August 2014 and continued to the end of April 2019. The secondary data helped to commence the literature review, explore and determine the range of scholarly works on birth tourism to the USA to keep an open mind, objective

and have a critical approach to the primary data collected (Allotey, 2010; Creswell, 2012). Furthermore, it informed the structuring of the data collection tools for both quantitative and qualitative research and acted as a back-up to the primary data that was collected (Allotey, 2010).

3.3 Target Population

The urban population in Ghana was the target population. The GSS (2012 & 2013a) and the United Nations Human Settlement Programme (UN-Habitat, 2014) explained that Ghana classifies a locality as an urban with a population size of 5,000 or more irrespective of the kind of services that are found within this locality. Therefore, the 2010 PHC revealed that 12.5 million Ghanaians were residing in urban settlements representing 50.9% of the country's population and the 2010 figure was an increase of 7.1% of the 2000 census figure (GSS, 2013a). It was the first time since 1960 that the country had been established as becoming more urban than rural; that is more than half of Ghana's population in 2010 lived in urban areas.

Table 3.1 shows the growth of Ghana's urban population at national and regional levels from the post-independence era up to the 2010 census (GSS, 2013a). It also highlights that Greater Accra, Ashanti and Central regions have consistently been the three most urbanised regions since 1960. The driving forces behind Ghana's urban growth are attributed to rural-urban migration, the natural increase in towns and cities and the reclassification of villages as they attain the threshold population of 5,000 (GSS, 2013a; Songsore, 2009).

Table 3.1: Proportion urban, national and regional, 1960 – 2010.

| Region | Urban Population | | | | |
|---------------|------------------|-------------|-------------|-------------|-------------|
| | 1960 | 1970 | 1984 | 2000 | 2010 |
| All Regions | 23.1 | 28.9 | 32.1 | 43.8 | 50.9 |
| Western | 24.7 | 26.9 | 22.6 | 36.3 | 42.4 |
| Central | 28.0 | 29.1 | 28.8 | 37.5 | 47.1 |
| Greater Accra | 72.6 | 85.3 | 83.0 | 87.7 | 90.5 |
| Volta | 13.1 | 16.0 | 20.8 | 27.0 | 33.7 |
| Eastern | 21.1 | 24.6 | 27.7 | 34.6 | 43.4 |
| Ashanti | 25.0 | 29.7 | 32.5 | 51.3 | 60.6 |
| Brong Ahafo | 15.6 | 22.1 | 26.6 | 37.4 | 44.5 |
| Northern | 13.0 | 20.4 | 25.2 | 26.6 | 30.3 |
| Upper East | 3.9 | 7.3 | 12.9 | 15.7 | 21.0 |
| Upper West | 5.0 | 6.7 | 10.9 | 17.5 | 16.3 |

Sources: Ghana Statistical Service, 1960, 1970, 1984, 2000, 2010 Population Censuses

3.3.1 Study Areas

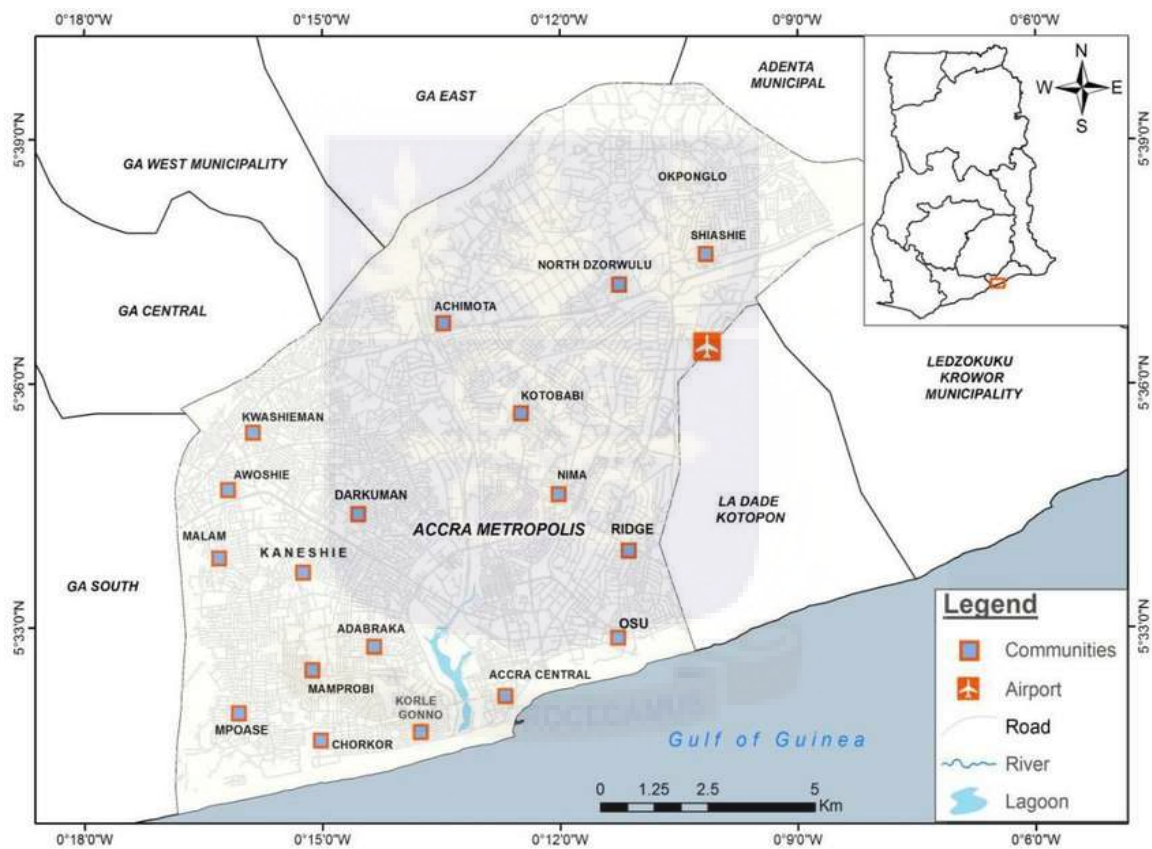
Given the obvious dynamics about Ghana's urban population and the consistent status of the Greater Accra, Ashanti and Central regions as the most urbanised regions since the country's independence, one study area per each of these three regions was purposively selected. The three study areas were purposively selected based on having the highest proportion of their population being urban according to the 2010 census report and are located within the three most urbanised regions in Ghana (GSS, 2012). The selected study areas are the Accra, Kumasi and Cape Coast Metropolises.

Accra Metropolitan Area

Accra Metropolitan Area (AMA) was established in 1898 (GSS, 2014b). The metropolis is the regional capital for the Greater Accra Region, but it became the national capital in 1877 during the colonial times when Ghana was known as Gold Coast (Dankyi, 2014; GSS, 2014b). The city of Accra covers a total land area of 139, 674 square kilometres and bounded to the North by Ga West Municipality, the West by Ga South Municipality, the South by the Gulf of Guinea, and the East by La Dadekotopon Municipality (GSS, 2014b). Figure 3.1 shows the map of the AMA and its neighbouring municipalities. The

metropolis has eleven sub-metros under it, and they are Ablekuma South, Ablekuma Central, Ashiedu Keteke, Osu Klotey, La, Ayawaso East, Ayawaso Central, Okai Koi South, Ablekuma North, Okai Koi North and Ayawaso West Wuogon (GSS, 2012) (See Figure 3.1).

Figure 3.1: Map of the Accra Metropolitan Area and its neighbouring districts



Source: Fagariba & Song (2017)

The Accra Metropolitan Area is the most populated district within the Greater Accra Region (GSS, 2014b). The report on 2010 PHC stated that the population of AMA was 1,665,086 which represents 42% of the region’s total population of 4,010,054, and 51.9% of the municipality’s population were females while 48.1% were males (GSS, 2014b). GSS (2012) indicated that the majority of the residents in AMA were aged 18

years and older, precisely 1,214,414 representing about 73% of the total population of this metropolis. Also, the largest ethnic group recorded in the metropolis during the 2010 census was the Akan (39.3%) followed by the Ga-Dangme (26.8%). Furthermore, the majority (89%) of the population in the Metropolis aged 11 years and older were literates in English, any Ghanaian language, or French while about 11% were not literates (GSS, 2014b).

Additionally, the total dependency ratio for this metropolis was 48.6, which were lower than the regional dependency ratio of 53.4, an indicator of the migrant-receiving status of AMA (GSS, 2013d). The total population recorded for the Metropolis shows that 47% were migrants who were born elsewhere in the Greater Accra region or other regions in Ghana or outside Ghana (GSS, 2014b). It was also observed that people who were born outside the region but residing in the Metropolis were born in the Eastern Region (27.8% or 183,426) while those born in the Upper West Region (1.2% or 8,068) were the least. But a call for caution has been made in the interpretation of this low dependency ratio which may be deceptive because a substantial proportion of migrants in Accra do send remittances to their relatives who reside out of the metropolis (Anarfi, Kwankye, Ababio, & Tiemoko, 2003; GSS, 2013d).

The Accra Metropolitan Area is entirely urban, meaning there are no rural population and its population contributes to the 9.6% of Ghana's urban population (GSS, 2013d; 2014b). It has the seat of government and also that is where most of the headquarters of the Ministries, Departments and Agencies (MDAs) are located. The Metropolis has a lot of social infrastructure, amenities and industries alongside with a few tourist attractions to support its urban status. They include the Kotoka International Airport, the biggest

teaching hospital in the country, Korle Bu, Greater Accra Regional hospital (known as Ridge hospital), Military and Police hospitals, Accra Sports Stadium, Kwame Nkrumah Mausoleum, among others (GSS, 2013d).

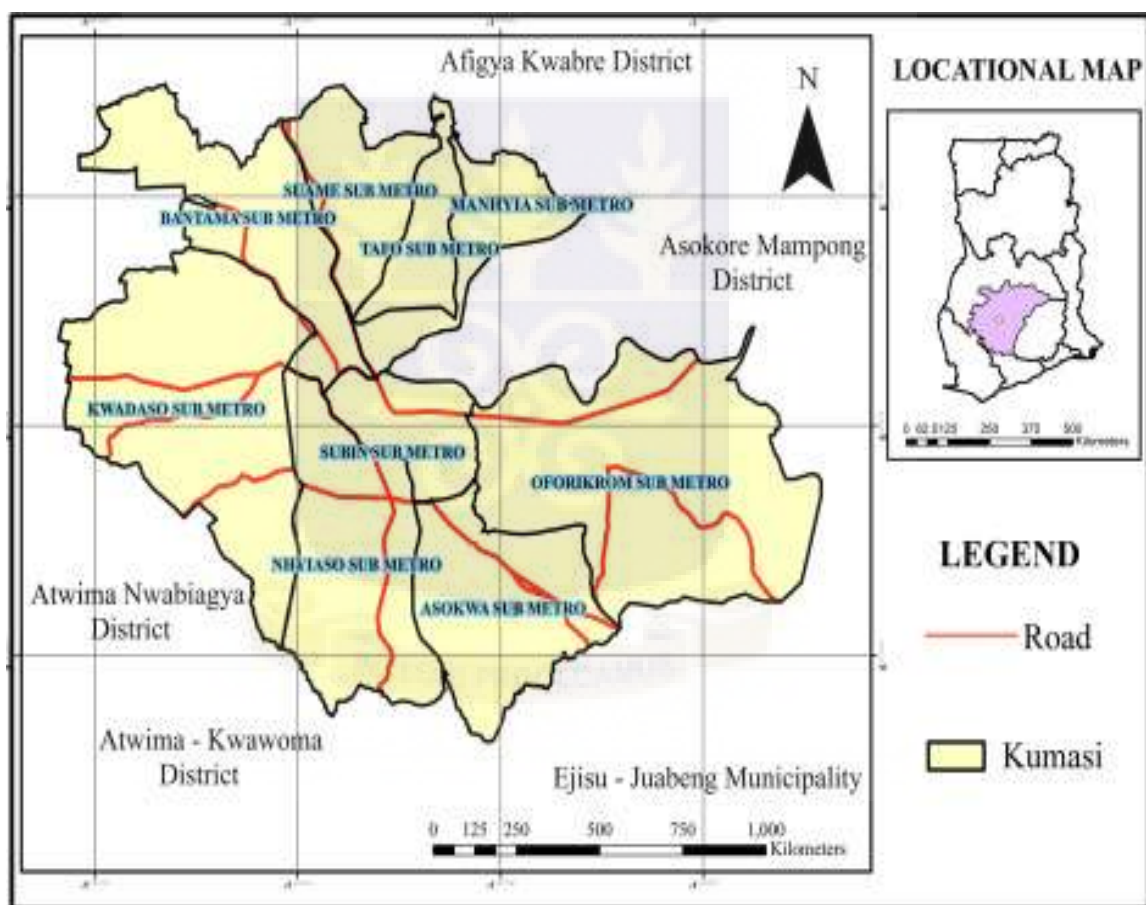
Kumasi Metropolitan Area

The Kumasi Metropolitan Area (KMA) is one of the administrative districts in the Ashanti Region and before 1995, the Metropolis was known as the Kumasi City Council (GSS, 2014d). The Metropolis shares its borders with Kwabre East and Afigya Kwabre districts to the north, Atwima Kwanwoma and Atwima Nwabiagya districts to the west, Asokore Mampong and Ejisu-Juaben Municipality to the east and Bosomtwe district to the South. Figure 3.2 shows the map of the KMA and its neighbouring municipalities. KMA is situated about 270 kilometres north of Accra and covers a surface area of about 214.3 square kilometres representing 0.9% of the Ashanti Region's land area (GSS, 2014d). The 2010 PHC disclosed that Kumasi metropolis had ten sub-metros and they were Kwadaso, Nhyiaeso, Subin, Asokwa (Atonso), Oforikrom, Asawase, Manhyia, Old Tafo, Suame and Bantama (GSS, 2012).

Currently, the KMA is the second largest most populous city in Ghana and a rapidly growing Metropolis not only in the Ashanti Region but in the whole country (GSS, 2014d). The Metropolis accommodated 1,730,249 people which represented 36.2% of the Ashanti Region's population of 4,780,380. It comprises 52.2% females and males were 47.8%. Out of the population figure for the KMA, 1,222,814 were aged 18 years and older (GSS, 2012). GSS (2014d) indicated that the largest ethnic group in the Kumasi Metropolis was Akan, precisely Asante (80.7%) followed by the Mole-Dagbani (8.7%) and Ewe (3.6%). About 30.5% of Akans in Ghana are found in the Ashanti

Region, and their branch of Akan is known as the Asante Twi (GSS, 2013b). The dependency ratios for both Kumasi metropolis (58.9) and Obuasi Municipal (63.8) were lower than the regional dependency ratio of 72.5 (GSS, 2013b; 2014d). The literacy rate for the KMA was about 89.5% compared to the 10.5% who were not literate (GSS, 2014d).

Figure 3.2: Map of the Kumasi Metropolitan Area and its neighbouring districts



Source: Amponsah et al. (2016)

The Kumasi Metropolitan Area is also 100% urbanised just like the Accra Metropolitan Area, and it contributed 20.2% to the urban growth between 2000 and 2010, the highest in the country (GSS, 2012; 2013a). GSS (2013b) indicated that its level of urbanisation is

partly related to employment opportunities such as commerce in Kumasi. As evidence of its urban status, the Metropolis is well-endowed with a wide array of infrastructure, amenities and industries that provide services to its residents, for instance, health care facilities, educational institutions, utility services, among others (GSS, 2014d). Furthermore, it is home to the second largest teaching hospital and public university in Ghana that is the Komfo Anokye Teaching Hospital (KATH) and Kwame Nkrumah University of Science and Technology (KNUST) which was established in 1956. Kumasi Metropolis is a notable tourist destination with numerous attractions like the Manhyia Palace Museum, the burial site for the Komfo Anokye's sword, an inland fort known as Armed Forces Museum, among others. The subsequent implication of the KMA's rapid population is the enormous pressure that is being exerted for the regulation of its urban spaces and the provision of amenities (GSS, 2013b).

The strategic location of this Metropolis has contributed to it being known as a commercial and transport hub. That is, it has one of the biggest transport terminal (Kejetia) and an integrated system of markets at Adum and Kumasi Central which is reported to be the single largest market in the West African sub-region (Dankyi, 2014). Thus, the KMA plays a pivotal role in the vast and profitable business of the distribution of goods in Ghana and to other West African countries (GSS, 2014b). There is also an airport that operates domestic flights from Kumasi to Accra, Sunyani, Takoradi, and Tamale.

As a consequence of the positioning of the Kumasi Metropolitan Area as both commercial and transportation hub and sited within a region endowed with abundant natural resources and having favourable climatic conditions is that it has witnessed large

scale in-migration (GSS, 2013b; 2014d). During the last census in 2010, the Kumasi metropolis attracted the highest proportion of migrants; that is there were 929,203 migrants representing 53.7% of the population in the KMA (GSS, 2013b; 2014d). Thus, less than 50% of the population within the Metropolis had KMA as their birthplace. Out of the 929,203 migrants to the KMA, 576,373 (62%) were born elsewhere in the Ashanti Region while a majority of the remaining 335,458 migrants (36.1%) were born in Brong Ahafo Region (7.5%), Central Region (5.4%) and Upper East Region (5%).

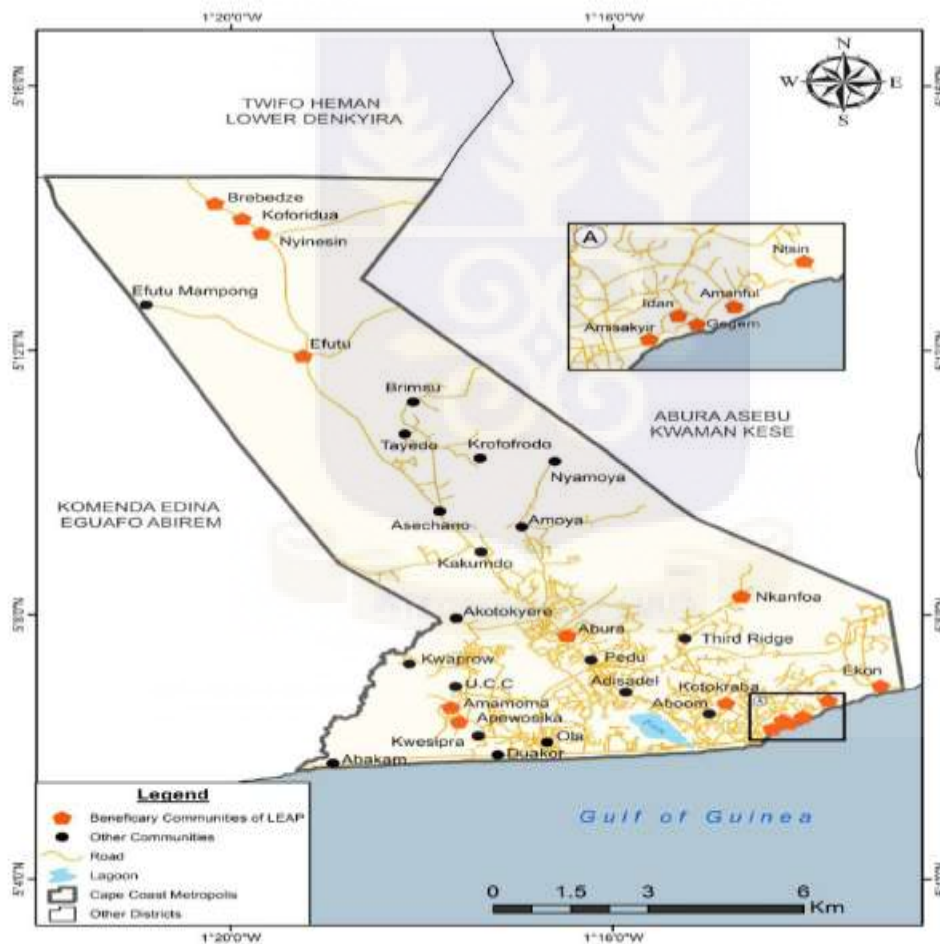
Cape Coast Metropolitan Area

The last study area for the research is the Cape Coast Metropolitan Area (CCMA) located within the Central Region. Cape Coast was until 1877 the capital during the colonial era when Ghana was called the Gold Coast. So, it is one of the oldest districts in Ghana and occupies roughly 122 square kilometres (GSS, 2014c). The Metropolis has the Gulf of Guinea as its southern border, the Komenda Edina Eguafo Abrem (KEEA) municipality to the West, the Abura Asebu Kwamankese District to the East, and the Twifu Heman Lower Denkyira District to the North. This study area in 2010 was recognised as one of the six Metropolises in Ghana, and it has two Sub Metros: the Cape Coast South Sub Metro and the Cape Coast North Sub Metro (GSS, 2014c). Figure 3.3 shows the map of the Cape Coast Municipality with its neighbouring municipalities.

The Metropolis had a total population of 169,894 which were 7.7% of the Central Region population recorded and is comprised of 51.3% females and 48.7% males (GSS, 2013c; 2014c). Out of the total population for the Cape Coast Metropolitan area, 110,333 were aged 18 years and older (GSS, 2012). The indigenes of Cape Coast are part of Fantes who are larger group resident in the central part of Southern Ghana and the

language spoken by them is called Fante which is also a branch of the Akan ethnic group. The total dependency ratio for Cape Coast Metropolis (49.1) was the lowest recorded among the districts of Central Region (GSS, 2014c). Though within the Metropolis, the ratio was slightly higher in its rural areas (54.2) compared to its urban areas (47.6), but the economic burden is lower compared to the other districts within the Central Region (GSS, 2013c; 2014c).

Figure 3.3: Map of the Cape Coast Metropolitan Area and its neighbouring districts



Source: Department of Geography and Regional Planning, UCC (2012)

Cape Coast has been reputed to be endowed with many educational institutions, ranging from the basic to the tertiary, for example, University of Cape Coast (UCC), Mfantshipim

Senior High School, Ghana National Senior High School, among others (GSS, 2013c; 2014c). Therefore, people have been attracted to travel from other parts of Ghana and the West Africa sub Region to the Metropolis to pursue various levels of academic and professional education (GSS, 2014c). Furthermore, literacy is nearly universal among the youth population of the Metropolis, which can be attributed to Cape Coast being a hub of education in Ghana (GSS, 2013c; 2014c). Thus, GSS (2014c) reported that nine out of 10 persons in the Cape Coast Metropolis who were aged 11 years and older were literate which was against the regional average of 78.2% and the national average of 74.1%. The Metropolis is also known as one of the leading tourism destinations within Ghana. It is famous being the venue for the Pan African Festival known as PANAFEST as well as its coastline for the historical monuments such as forts and castles. The Cape Coast Castle built between 1673 and 1674 for instance, has been declared as a World Heritage Site by the United Nations Educational, Scientific and Cultural Organisation (UNESCO).

In comparison to the other two study areas above, the Cape Coast Metropolitan Area is predominantly urban with 130,348 (76.7%) of the population residing in its urban areas, and 39,546 (23.3%) were located in rural settlements (GSS, 2014c). The contribution of this Metropolis to Ghana's urban growth from 2000 to 2010 was 2.1%. Also, the 2010 census showed that 72,162 (42.5%) of the Metropolis total population were migrants. One-third (23,808) of these migrants were born in other parts of the Central Region, 4 per cent (3,120) were born outside Ghana, and the remaining 63% were born in other regions within the country. Majority of the migrants born in the other regions came from the Greater Accra (11,241 or 15.6%) and the Western (8,305 or 11.5%) regions.

3.3.2 Inclusion and Exclusion Criteria

For a Ghanaian urban dweller to be part of the quantitative research, he or she has to have the following key variables. First, the respondent has to be a Ghanaian resident in any of the selected study areas or a resident in other urban areas located within the region of the study area but was found at any of the study areas participating in some form of activity (such as education, work, among others). Secondly, the urban dweller should be aged 18 years and older, literate in English and a Ghanaian language and has not given birth in the USA before. For that reason, some questions were asked as part of the data collection tool to screen participants in quantitative research. Some of the questions asked were “which region they reside in”, “their age”, “level of education” and “nationality”.

As for the qualitative research, a participant has to be “either a parent(s) who is a Ghanaian citizen that resides in the selected study areas but has given birth in the USA” or an “American ‘jackpot baby’ aged between 18 and 35 years whose Ghanaian parents are currently residing within the selected study areas”. The rationale behind this age range was twofold; first, majority of the Ghanaian emigrants recorded at the time of the 2010 census were within this age bracket (GSS, 2013a). Second, the legal age that an American-born citizen can initiate a sponsorship process to guarantee legal immigration for the immediate family members falls within this age range. For this study, each participant, including the American ‘jackpot baby’ sampled was regarded as representing one Ghanaian family. Equally, if two or more respondents (including the American-born child) were sampled from the same family, they were still regarded as representing one family.

3.4 Sample Size and Sampling Procedure

The sampling frame for the quantitative research was the total urban population for the three study areas who were aged 11 years and older, and literate in both English and Ghanaian languages as recorded in the 2010 census report by GSS (2014b; 2014c & 2014d). Though the age indicated in the inclusion criteria is 18 years and older, this study had to rely on the data provided by the 2010 census report about literacy within these selected study areas which were collected from urban dwellers who were 11 years and older. Hence, the urban population aged 11 years and older that are literate in both English and Ghanaian languages of AMA were 605,874, 80,754 for CCMA and that of KMA was 839,805 (GSS, 2014b; 2014c & 2014d). The total population used to determine the sample size was 1,526,433.

This thesis used Yamane's (1967) formula to calculate the sample size. The formula considers a 95% confidence level and 0.05 level of precision. Below is the formula:

$$n = \frac{N}{1 + N (e^2)} \dots \dots \dots \text{equation 1}$$

Where n is the sample size, N is the population size, and e is the level of precision.

By substituting 1, 526,433 into equation 1, we have:

$$n = \frac{1526433}{1 + 1526434 (0.05^2)}$$

$$n = \frac{1526433}{1 + 3816.085}$$

$$n = \frac{1526433}{3817.085}$$

$$n \cong 400$$

Therefore, the estimated total sample size for the study was 400.

This study opted for a multi-stage sampling procedure, which combined both probability and non-probability sampling techniques to select the respondents from the sampling frame. This sampling procedure was appropriate because the size of the total urban population at the study areas was large and geographically dispersed, so it was difficult and expensive to construct the sampling frame (Creswell, 2012; Saunders et al., 2012). Kumar (2011) argues that quantitative research can make use of non-probability sampling strategies provided it meets the requirements set out for the research. Thus, the multi-stage sampling procedure was conducted in two stages.

For the first stage, a two-stage stratified sampling design together with a purposive sampling technique was used. This study adopted the 2010 PHC frame used in stratifying Ghana into ten administrative regions and purposively selected the most urbanised regions based on their rate of urbanisation as recorded by the 2010 PHC (GSS, 2013a). The three most urbanised regions in Ghana are Greater Accra Region (90.5%), Ashanti Region (60.6%) and Central Region (47.1%). Each of the chosen regions was further stratified into administrative districts according to the 2010 PHC frame (GSS, 2012 & 2013a). One district per each of the chosen region was purposively selected based on having the most substantial proportion of their population being urban (GSS, 2012). Thus, Accra, Cape Coast and Kumasi metropolises were selected as the study areas.

After the selection of the study areas, this study used their administrative regions' (i.e. Greater Accra, Ashanti and Central) proportion to size to their rate of urbanisation to

determine each study area’s share of the total sample size of 400. The choice to use the selected administrative region’s rate of urbanisation was to ensure that the composition of the sample from the chosen study area matches with the composition of the selected administrative region’s urban population (Gravetter & Forzano, 2009).

Below is the formula that this study came up with to determine each of the study area’s proportion of the total sample size of 400:

$$sn = \frac{R}{\Sigma 3Rs} \times n \dots \dots \dots \text{equation 1}$$

Where sn is the sample size for the study area, R is the rate of urbanisation for the administrative region, n is the total sample size for the study and $\Sigma 3Rs$ is the sum of all the three administrative regions’ rate of urbanisation. Statistically, using AMA as an example:

$$sn = \frac{90.5}{(90.5 + 60.6 + 47.1)} \times 400 \dots \dots \dots \text{equation 1}$$

$$sn = \frac{90.5}{198.2} \times 400$$

$$sn = 0.4566 \times 400$$

$$sn \cong 183$$

Hence, the sample size for AMA was 183 while CCMA was 95 and KMA was 122.

This study used purposive sampling throughout the selected study areas to identify the respondents at the final stage. The reason behind using this sampling technique was to have access to respondents that have the key variables identified under the inclusion and exclusion criteria.

For the qualitative research, a combination of purposive and snowball sampling techniques was employed to engage both one or both Ghanaian parents and their American ‘jackpot babies’ who are adults. Snowball sampling was instrumental because Ghanaian families with American ‘jackpot babies’ were ‘hard-to-research’ population which required the assistance of gatekeepers to locate them for the study (Atkinson & Flint, 2001; Biernacki & Waldorf, 1981; Blumberg, Cooper, & Schindler, 2011; Creswell, 2012; Saunders et al., 2012). Besides, where a parent(s) decides to give birth to their children is a private matter which the researcher would find it difficult to find on her own. To address the selection and gatekeeper biases associated with snowball sampling, multiple gatekeepers were enlisted to assist in getting contacts with potential participants for the qualitative research (Atkinson & Flint, 2001; Biernacki & Waldorf, 1981; Creswell, 2009 & 2014). The recruitment process of the multiple gatekeepers and how they assist in reaching out to participants for the qualitative research will be discussed later under interviews.

The chosen sample size adopted by this study for the qualitative research was 20. Saunders et al., (2012) stated that the minimum non-probability sample size should be between 5 and 25 provided the qualitative research is going to use in-depth interviews as a data collection tool. Both Kumar (2011) and Saunders et al. (2012) further argue that determining a sample size for qualitative research should not be rigid for two reasons. First, the determination of the sample size should be dependent on the objectives of the study, and secondly, the qualitative study should collect data until additional data does not generate new information (Creswell, 2012; Kumar, 2011; Saunders et al., 2012).

3.5 Data Collection

A questionnaire and in-depth interview guides were the instruments used to collect the primary data.

3.5.1 Survey

The survey was cross-sectional which used a self-completed questionnaire to elicit responses from urban dwellers within the study areas about their awareness about birth tourism to the USA, their intentions to have an American ‘jackpot baby’ and the implications of their intentions for Ghana. Therefore, an introduction was provided at the first page of the questionnaire that explained clearly and concisely why the respondents needed to complete it and spaces were also provided for them to give their emails and telephone numbers. The questionnaire design used the combination of different question types like open-ended, closed-ended, Likert scale, among others. Care was also taken to sequence the questions such that the responses given were not biased (McBurney & White, 2010; Saunders et al., 2012). The questionnaire was structured into three parts (A, B and C). Part A elicited responses from the respondents about their socio-demographic characteristics. Part B was on the intentions to participate in birth tourism to the USA and its implications. Part C was on how the urban dwellers agree or disagree on the varied opinions in the literature about birth tourism to the USA. See Appendix A for the designed questionnaire.

The questionnaire was administered in the English language and face-to-face to the respondents by the researcher and three research assistants in their homes, schools, workplaces and other public places situated within the three study areas. The researcher had to use research assistants to conduct the survey because the total land area for the

three study areas covers a vast surface area. So, a research assistant per study area was selected and trained based on being a resident and knows the terrains of this study area very well. The researcher and research assistants provided an explanation in the local languages (Fante, Ga and Twi) widely spoken in the three study areas when some respondents had difficulty in comprehending some of the questions. A thank you message was later sent to the respondents through the contacts given for taking time to complete the questionnaire.

A total of 261 questionnaires were retrieved, but one of the respondents was found to be ineligible to participate in the survey because she was identified as a mother to an American 'jackpot baby' (Saunders et al., 2012). So, she was contacted and became a participant for the qualitative research. After the clean-up, 260 eligible respondents were found to have duly answered all the questions on the questionnaires and were ready for analysis. Hence, the total response rate was 65%. This rate was representative of the study population and reasonable to conduct an analysis (Creswell, 2012; Saunders et al., 2012). Using questionnaire was relatively cheaper compared to personal interviews and provided the respondents with greater anonymity to give their answers. But its use encountered a few challenges which are discussed under the challenges and limitations of the study (Blumberg et al., 2011; Creswell, 2012; McBurney & White, 2010).

3.5.2 Pilot Testing and Assessing the Validity of the Questionnaire

Before the survey was conducted, the questionnaire was pilot tested among a trial group. The composition of the trial group was 12 people located in some suburbs (such as Ahodwo, Trade Fair, Tudu, University of Ghana and Cape Coast campuses) across the three selected administrative regions. The group had similar characteristics as the

sampling frame for this study (Bell, 2010; Creswell, 2012; McBurney & White, 2011). But before the pilot testing was commenced, the supervisors for this study and the Ethics Committee of the College of Humanities of the University of Ghana commented on the representativeness and suitability of the questions and also made suggestions on the structure of the questions. This exercise established the content validity of the questionnaire, and the necessary amendments were made before the pilot testing was commenced (Sanders et al., 2012).

The trial group gave written comments about the time it took for them to provide answers, whether the questions were framed well and which questions were unnecessary that needed to be removed (Bell, 2010; Creswell, 2012; Saunders et al., 2012). Some of their comments were “put responses of ages in cohort”, “explain certain key terms like birth tourism”, among others in simple and understandable language in order not to lose essential answers”. All the respondents in the trial group were thanked for their assistance, and their comments were swiftly worked onto to achieve the objective of the pilot testing. That is, the feedback invariably helped to refine the questionnaire and revealed that the questionnaire was understandable (Creswell, 2012; Saunders et al., 2012). Their responses were excluded from the final sample for the study.

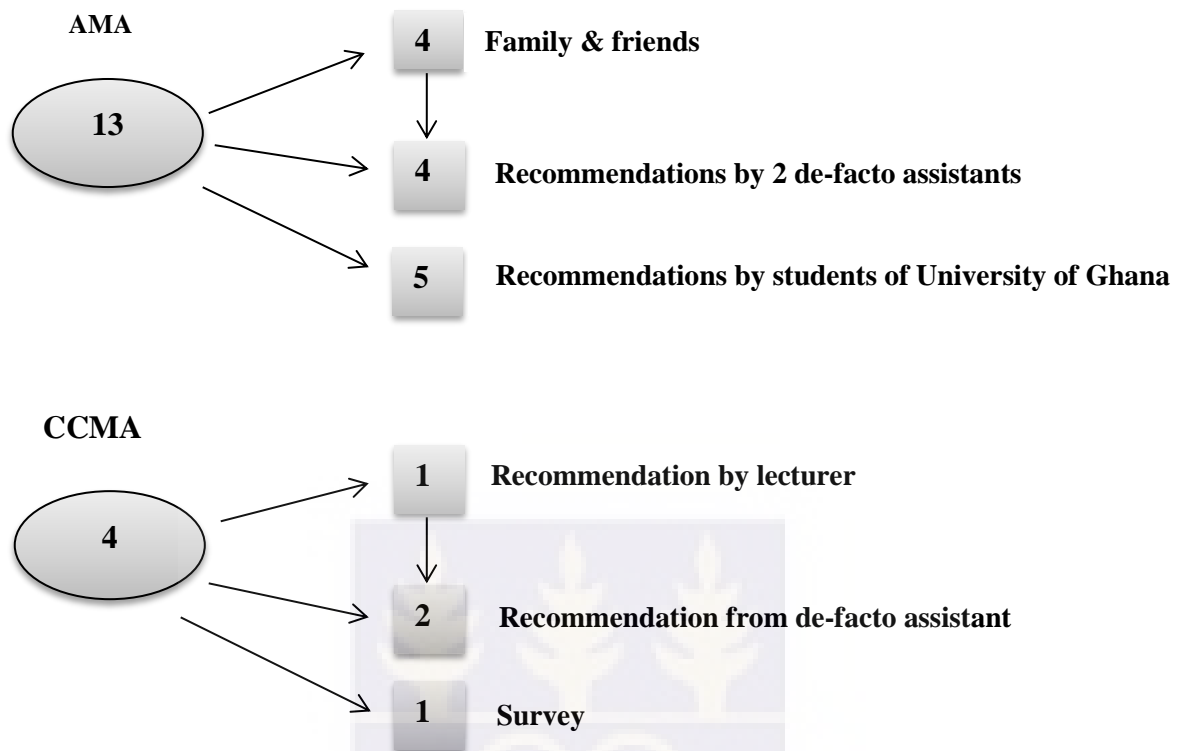
3.5.3 Interviews

All the interviews were conducted in a face to face manner and the English language. The interviews were semi-structured with the guidance of two designed interview guides except with unstructured one. See Appendix B for the two interview guides; one for the Ghanaian parents with American ‘jackpot babies’ and the other for their American ‘jackpot babies’ aged between 18 and 35 years. The opportunity to probe for answers,

explanations and build on the responses provided means with the questions; they were not necessarily asked in a specified order (Bailey, 2007; Saunders et al., 2012). The guides covered a broad array of questions related to; the motivations, how the decision and preparations to give birth in the USA was made, parents' experiences of American maternal care and nurturing their American 'jackpot babies' sense of belonging. The only unstructured interview was conducted impromptu with an official from the Ghana Immigration Service (GIS), and it was to provide further clarification on some of the responses provided by the parents. So, this particular interview was similar to having a conversation without an interview guide (Bailey, 2007).

Gaining *entrée* was not a straight forward process as the initial choice to enlist American 'jackpot babies' as participants first and then through them gain access to their parents delayed the conduct of the fieldwork (Bailey, 2007). An introductory letter signed by the director of the Centre for Migration Studies (CMS), University of Ghana where the researcher is pursuing her PhD programme and a personal letter from the researcher herself explaining the purpose and objectives of the research were hand-delivered to at least two well-known international schools in Accra. But, there was no response from the management of these schools after a few weeks in respect to granting permission to interview their students who were American 'jackpot babies' who were aged 18 years. Participants were therefore recruited with the assistance of gatekeepers from the researcher's social networks located across the three study areas. But the social networks of researcher located in the KMA were not able to enlist participants from there to be interviewed. In the case of CCMA, apart from social networks, one participant was recruited through the survey conducted within the Metropolis (see 3.5.1). Figure 3.4 shows the list of gatekeepers and the participants they recruited from AMA and CCMA.

Figure 3.4: Gatekeepers and the participants they recruited from AMA and CCMA



Source: Author's construct, 2019

From the diagram, there were three de-facto assistants; two from AMA and one from CCMA. Biernacki and Waldorf (1981) explained de-facto assistants as gatekeepers who are also participants in a qualitative research. The three de-facto assistants recruited six other eligible participants from their social networks to take part in the research (Biernacki & Waldorf, 1981; Wilson & Harris, 2006). The lesson learnt by the researcher was that it was not prudent to rely on one particular route to gain *entrée* in a qualitative research that uses snowball sampling. Most of the referrals made by the gatekeepers were the parents where only two had American 'jackpot babies' that are at the legal age and only one of them was enlisted which was a drawback to the research.

Out of the 24 referrals made by the gatekeepers, 20 referrals agreed to be interviewed

when called on the phone to seek their approval first, but only 17 became participants. Further explanation will be given under the challenges and limitations of the study why some of the referrals that could not become participants for the study. Therefore, a total of 16 members from 13 Ghanaian families and one GIS official were interviewed by the same researcher and their responses were audiotaped with their consent. Sometimes, the researcher took notes of some key information that further clarification was needed from the participants. Accordingly, two of the participants were engaged to collaborate and give further clarification on some of the key issues raised during their spouses' interviews. The unstructured interview with the GIS official provided clarification on the acquisition of a Ghanaian residence permit by foreign nationals as most of the parents interviewed gave conflicting information about it. All the interviews were conducted either in the homes or workplaces of the interviewees except in two instances where the interviews were held in the car of one interviewee while the other was on a university campus.

An appreciative and respectful tone was used in the interactions with all of them during the interviews (Bailey, 2007). The interviews lasted between thirty minutes and one hour and thirty minutes. Most of the respondents found the interviews so interesting and pleasurable because they were surprised that research could be conducted on this aspect of their lives. As a result, the majority of the interviews went beyond 40 minutes as they reflected on their experiences before, during and after their travels to the USA and made termination a challenge (Bailey, 2007). A decision was taken not to recruit any new participants after the 17th interview as no new relevant knowledge was obtained (Bailey, 2007; Creswell, 2012; Kumar, 2011; Saunders et al., 2012).

Furthermore, the researcher did prioritise social relationships with all the participants during and after the interviews. During the interviews, she gladly accepted two requests from the respondents; an offer of lunch, which she gladly accepted, whereas the other request was to submit an abstract to a conference that one interviewee was organising. Hence, the researcher did submit the abstract but could not make the time for the presentation because of her schedule. The social relationship that the researcher developed with the only American ‘jackpot baby’ interviewed for this research came to an end with the latter’s sudden demise in the first week in December 2018. His death filled the researcher with profound sadness, and it was challenging for her to continue with the writing for a few days as she was analysing his interview when she heard the sad news.

3.6 Researcher’s Positionality

Birth tourism, the topic for my PhD research grew out of my interest to know more ever since I heard about it more than a decade ago from a family relation whose spouse travelled to the USA to give birth. Back then, I did not know the term for it. However a few years later, during my undergraduate and postgraduate studies in tourism, I got to know what the term was and its connection with migration. Therefore, I was influenced to integrate my interest in birth tourism into my current area of studies, migration. That is to investigate the intricacies of this phenomenon among the urban middle class Ghanaians. My fascination with birth tourism to the USA together with my positionality as a researcher and that of the respondents could not be ignored because age, gender, education and other statuses influenced my access to the respondents and data that was produced in several ways (Mohammad, 2001 cited in Teye, 2012).

As a Ghanaian, I am expected to show respect to people older than me and not ask them very intrusive questions which fed into the power dynamics between me and most of the interviewees who were older than me. One particular interview that readily comes into mind was when I had to interview a male respondent in his late sixties, which inhibited my quest to probe for more clarification on some of his responses. For instance, I inquired about his current citizenship status since he had lived in the USA for about five years, but he felt this particular question was unnecessary because the answer was known to me. That is, he is a Ghanaian.

Sometimes, being an “insider” or “outsider” has its advantage of providing the researcher with easier access to some participants, but it can be a disadvantage too because of subjectivity. The first interviews that were conducted, I ignored to ask the respondents about the cost of giving birth in the USA and how they financed such a cost. At hindsight, I probably did not want to offend their sensibilities or invade their privacy. But, after much deliberation with myself, I realised that I was missing a valuable opportunity to get their responses to such an important question which might be one of the main findings for my research. Hence, I took the initiative to ask the rest of the respondents on how they financed the medical cost of giving birth to American ‘jackpot babies’ and their responses proved valuable findings. Besides, I found secondary sources (i.e. Arthur, 2018; Heaton & Dean, 2016; Nori, 2016; Pearl, 2011) that provided an idea about the medical cost of giving birth in the USA and how birth tourists finance this cost to make up for the information lost from the other interviewees. The responses from the rest of interviewees who were questioned about the cost and financing corroborated what was written in the secondary sources.

The gatekeepers engaged did have an influence on the research outcomes as I observed that my status as an “outsider” changed to an “insider” for some of the interviews (Bailey, 2007), a consequence of the kind of rapport they have with some of the interviewees. So, these participants made themselves readily available for the interviews based on their relationship with the gatekeepers. There were at least two instances that confirmed my observation. For the first scenario, a participant who could not honour the initial interview schedule that we agreed on decided to reschedule it to the following day at a venue and time convenient to me. For the other respondent, she revealed that if it were not for the relationship she had with the gatekeeper, she would not have agreed to be interviewed because she does not want people to know that she has American-born children.

Bailey (2007) notes that one’s gender can influence which aspects of a setting a researcher will get in contact with. Therefore, being a female made me attain an “insider” status such that most of my respondents who were females felt comfortable to discuss their lives as parents of American ‘jackpot babies’ compared to the male respondents who were just a few. These female participants gave graphic details about their experiences, especially the childbirth, which led to longer interview sessions (i.e. sometimes more than an hour). The production of knowledge was thus affected (Bailey, 2007). Additionally, interviewees, who had their backgrounds in academia, were very welcoming as they identified with my role as a researcher. Therefore, the status of being an “outsider” or “insider” had a significant impact on the interviews that I conducted, and from my experience, I do agree with Mullings (1999) that the boundary of an “insider-outsider” is not a fixed attribute but fluid.

3.7 Measurement of Variables

Independent Variable

Age: Age was measured in a range of years, that is below 20 years; 20-34; 35-49; 50 and above.

Sex: Sex of the respondents was categorised as a male or female base on their biological make-up.

Education: The highest level of education that the respondent has attained. The level of education was classified as: junior high school; either senior high school, vocational or technical; tertiary and above; and other for those who could not be classified under any of the above categories.

Religion: The respondent's religious affiliation as reported by the respondent. The following are the major religious affiliations in Ghana: Catholic; Protestant (Anglican, Presbyterian, Methodist etc.); Pentecostal/Charismatic; Other Christian; Islam; and other for those who could not be affiliated to these denominations.

Type of employment: The status of the respondent in respect to employment, which is salary/wage employee, self-employed, student and other for those who could not be classified under any of the above categories.

Ethnicity: This refers to the ethnic group that a person belonged to. The major ethnic groups are Akan, Ga-Dangme, Ewe, Guan, Guarma, Mole Dagbani, Grusi, Mande and

other for those who could not identify their ethnic group among these ethnic groups above.

Region/locality born: Region or locality born refers to the locality of the usual residence of the respondent's mother at the time of birth. It was based on the previous ten administrative regions in Ghana: Western; Central; Greater Accra; Volta; Eastern; Ashanti; Brong Ahafo; Northern; Upper East, Upper West and other for those who were born outside the jurisdiction of Ghana.

Marital status: This refers to the respondent's marital status at the time the survey was conducted. It was categorised as never married and ever married. The ever married category includes those presently married, informal or consensual union, separated, divorced and widowed.

Intermediate Variable

Awareness of Ghanaian women having American 'jackpot babies': The awareness of Ghanaian having American 'jackpot babies' is based on two major questions and two minor questions. The first major question was, do you know or are you aware of the phenomenon of Ghanaian pregnant women travelling to the USA specifically to give birth? The responses were: 1 = yes, 2 = no. The second major question was do you know any Ghanaian woman who had travelled legally to give birth in the USA? The responses were: 1 = yes, 2 = no. The minor questions were based on the respondent giving a yes response to the second major question. Thus, the first minor question was, who is this Ghanaian woman that you know has given birth in the USA? The responses were 1= myself, 2 = my wife 3 = a sister, 4 = a daughter, 5 = a female friend, 6 = a friend's

daughter, 7 = a female member of extended family, 8 = a female colleague, 9 = a female acquaintance, 10 = a female relative of a friend and other for Ghanaian birth tourists that could not be classified under any of the above categories. The last minor question and open-ended was, how did they get informed about the possibility of having an ‘American baby’ in the USA? So, themes were generated from the responses to this question.

Attitudes towards Ghanaian women who have American ‘jackpot babies’: Attitude towards Ghanaian women who have American ‘jackpot babies’ is based on an open-ended question. The responses to this question were categorised using Ajzen’s (1991) criteria in evaluating an attitude towards a given behaviour. That is responses were categorised into favourable and unfavourable. But neutral evaluation was used to refer to responses that could not be classified using Ajzen’s criteria.

Volitional control to have an American ‘jackpot baby’: To measure volitional control, this question was posed to the respondents: would you or your spouse travel legally to the USA to specifically to give birth when given the opportunity? This was to find out if Ghanaian urban dwellers can decide either at will or not to have American ‘jackpot babies’. The responses were: 1 = yes, 2 = no. Respondents who responded yes were classified as having potential demand whereas those who answered no were classified as having no demand.

Subjective norms for having American ‘jackpot babies’: Subjective norms in having American ‘jackpot babies’ was based on two different sets of questions as a result of the responses give on the volitional control to have an American ‘jackpot baby’. The first question was, if yes to you or allowing your spouse to travel legally to the USA to

specifically to give birth when given the opportunity then what will be the motivation? As this question is open-ended, themes were generated from the responses. The second question was if it is no to you or allowing your spouse to travel legally to the USA to specifically to given birth when given the opportunity, give your reasons? Themes were also generated from the responses to this question too. The responses to these two questions show how having American 'jackpot babies is either seen or not see as household livelihood strategy among Ghanaian urban dwellers.

Amendment of American's *jus soli* citizenship: Respondents were asked to indicate their views on the proposal to amend American's *jus soli* citizenship by responding to a major question and base on their response they were required to answer either one of the two minor questions. The main question was: do you think the USA should amend their birthright citizenship law? The responses were: 1 = yes, 2 = no. The first minor question was: if yes, give your reasons why you want the USA to amend their birthright citizenship? The second minor question was if no, give your reasons why you do not want the USA to amend their birthright citizenship. Themes were generated from both responses for the two minor questions.

Dependent Variable

The intentions to have American 'jackpot babies': The intentions to have American 'jackpot babies' was the dependent variable and had four categories. The four categories are awareness of Ghanaian women participation in birth tourism to the USA, know a Ghanaian birth tourist to the USA, attitude towards Ghanaian birth tourist to the USA, and amend American *jus soli*.

3.8 Data Analysis and Presentation

As the concurrent triangulation design required, both quantitative and qualitative data were analysed separately, but their results were merged to give interpretation to the research area. The convergence of the two data sets confirmed, disconfirmed, cross-validated or corroborated the results from the quantitative and qualitative analyses (Creswell, 2009, 2012 & 2014).

3.8.1 Quantitative Analysis

The data collected from the survey were assigned numeric scores and responses to the open-ended questions were manually coded and categorised into meaningful themes. After coding, the data was then inputted into Statistical Package for the Social Science (SPSS) software version 20 and Stata version 14.1. The database created was cleaned to check for errors such as illegitimate codes and missing data (Creswell, 2012; Saunders et al., 2012).

The data were summarised and further explained using a combination of univariate and bivariate analyses and logistic regression modelling. The analysis of the quantitative data started with the univariate analysis, which described the socio-demographic characteristics (i.e. age, sex, education, ethnicity, marital status, among others) of the respondents. These are the key independent variables for this study and were presented in frequency tables and charts. Both cross-tabulations and Pearson's chi-square tests were then employed in the bivariate analysis to depict association between the identified independent variables and intermediate variables such as attitudes towards Ghanaian women that have American 'jackpot babies', and volitional control to have an American 'jackpot baby'.

Logistic regression modelling was finally used to assess the strength of the cause-and-effect relationship between the independent variables, some of the intermediate variables and the dependent variable while controlling for other variables (Saunders et al., 2012). The dependent variable used for this model was the intentions to have an American ‘jackpot baby’. Hence, the urban dwellers’ responses to the following questions were used to determine their intentions. “Do you know, or are you aware of the phenomenon of Ghanaian pregnant women travelling legally to the USA specifically to give birth?” “Do you know any Ghanaian woman who had travelled legally to give birth in the USA?” “What is your view about Ghanaian women who specifically travel to the USA to give birth to the “American babies”?” “Do you think the USA should amend their birthright citizenship law?” All associations were tested at 95% confidence level using the SPSS and Stata.

3.8.2 Qualitative Analysis

The data generated from the interviews were organised and transcribed verbatim in preparation for coding and analysis (Wilson & Little, 2008). Each participant was sent a transcription of their interviews either through emails or hand-delivered to ensure their responses were correctly represented and not modified by the researcher to suit her agenda and knowledge (Tong, Sainsbury, & Craig, 2007). Only three interviewees confirmed the exact representation of the transcripts sent to them with one making a minor comment about some words that were omitted which she added. For the rest, the feedback was yet to be given, but it seems to say that they did not have any issue with the transcription of the interviews.

Themes were developed manually from the transcripts and responses to the open-ended questions on the questionnaires using Braun and Clarke's (2012) thematic analysis approach. This approach has six phases; familiarising with the data, generating initial coding (i.e. open coding), searching for themes (i.e. focused coding), reviewing themes, defining and naming themes and producing the report from the data (Bailey, 2007; Braun & Clarke, 2012; Kendall, 1999). Thus, the themes and patterns generated through thematic analysis dictated the narrative discussion of the 'stories' of the participants (Creswell, 2012). Some of the direct quotes from their transcribed interviews also provided the 'spice' for the discussion of the findings within this report (Blumberg et al., 2011). Also, the inclusion of quotations from the different participants shows the transparency and trustworthiness of the findings and interpretation made (Tong et al., 2007).

The interpretation was made by summarising the findings, the personal reflections about what the data meant to the researcher and made a comparison to the literature (Creswell, 2012) and were reported according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007). COREQ was a comprehensive checklist that helped to report the main aspects of the qualitative research.

3.8.3 Validation of the Qualitative Findings

The findings and interpretations were validated to create meaningful results for the intended readers of this study to understand the lived experiences of Ghanaian families with their American 'jackpot babies' (Bailey, 2007; Creswell, 2012; LeCompte, 2000). The following procedures were used to validate the trustworthiness of the findings and interpretations:

Triangulation. The choice of using concurrent triangulation design helped to sort through both primary and secondary data sources to identify the common themes by eliminating the overlapped areas (Creswell & Miller, 2000) and brought out divergent views from the respondents in the three study areas (Bailey, 2007; Creswell, 2009 & 2014). The triangulation was also done through the theories and methods used in collecting the data.

Thick and rich description. The authenticity of the qualitative results was presented through the deep, dense and detailed accounts of the interviewees. Their narratives also provided the readers of this report with strong visual images about their experiences (Bailey, 2007; Creswell & Miller, 2000; Ponterotto, 2006).

Peer debriefing. The findings were presented to experts at international conferences in Ghana, Sweden and the United Kingdom (UK) who challenged and asked questions about the methods and interpretations made (Creswell & Miller, 2000). Also, the frequent discussions with supervisors and other PhD colleagues of the researcher at CMS provided feedback throughout the whole research process (Bailey, 2007). All the feedback was documented, and where necessary, they were incorporated into the final interpretation.

Researcher reflexivity. From the onset of this research, I came with my values, assumptions and biases because of my interest to know more about birth tourism to the USA. I had minimal knowledge about the lived experiences of Ghanaian birth tourists but had an assumption which was well-informed by literature that indicated that the objective of birth tourists in giving birth in the USA was to migrate to the USA through

their American ‘jackpot babies’. I had to dispel this assumption before the start of the fieldwork to allow the participants to reveal their motivations. With my education background in tourism, I was interested in their travel arrangements to and the return from the USA with their American ‘jackpot babies’ to Ghana. That is how these birth tourists secured travel documents for themselves and their American-born children, their flight arrangements with the airlines and accommodation arrangements in the USA.

Though, I assumed an “outsider” status but having a socio-economic background (i.e. gender, education, an urban dweller, among others) that was similar to the participants made it easier for me to connect with them such that one of the interviewees asked if I was interested in giving birth in the USA. Thus, it affected the interpretation I gave to my experiences during the fieldwork (Bailey, 2007). Notwithstanding, what I learnt from my assumptions, values and biases during the research process were incorporated into the report writing (Bailey, 2007; Creswell, 2012).

3.9 Challenges and Limitations of the Study

The study encountered some challenges during the conduct of the fieldwork, and these challenges were mainly associated with the research design chosen and the tools used to collect the quantitative and qualitative data.

The use of concurrent triangulation mixed method encountered a few challenges. The first challenge had to do with how the two forms of data will be merged, when will the convergence be done and how to assess the findings that are diverged (Creswell, 2012). The proposed conceptual framework, the birth tourism system helped to overcome this challenge by showing that the merging of the two forms of data collected would be done

during the interpretation and discussion of the findings. Second, though Creswell (2009 & 2014) claimed that the concurrent triangulation design has a shorter data collection time in comparison to the sequential type of mixed methods, the data collection for this study lasted for 11 months. That is from May 2017 to March 2018. Three reasons account for the longer data collection period. First, the study areas for this study cover an extensive geographical area; secondly, the study's goal to achieve higher response rate for the quantitative research; and finally, the complicated process of gaining *entrée* to have access to participants for the qualitative research. A large sample size that is representative of the target population is a must for quantitative research compared to the smaller sample size for qualitative research ((Bazeley, 2004; Teye, 2012). Despite these challenges, this mixed method design was apt. Because in this thesis, the quantitative research provides an idea of the “numbers” of Ghanaian urban dwellers who have the intentions to have American ‘jackpot babies’ while the qualitative research examines the “stories” of those who had successfully had American ‘jackpot babies’ (Creswell, 2012).

Two challenges were identified with the use of questionnaires to collect the quantitative data. First, a lot of time and money was devoted to distributing and retrieving the completed questionnaires. Secondly, the varied responses provided for the open-ended questions proved to be difficult to code and analyse as the responses are short, long or the respondents approached the questions from entirely different perspectives (Creswell, 2012; Gravetter & Forzano, 2009). However, the study looked for the overlapping themes among the open-ended responses for coding and analysis (Creswell, 2012).

The use of interview as a data collection tool also had a few limitations. First of all, gaining access to participants for the interview was a challenge. The researcher contacted

her social networks to assist in enlisting birth tourists or any member of their families who are resident in KMA and more American ‘jackpot babies’ who are aged 18 to 35 years. Apart from the one American ‘jackpot baby’ interviewed, these networks were unsuccessful in having access to them. However, data generated from the participants resident in AMA and CCMA that were successfully interviewed helped to achieve the objectives of this study.

Also, three referrals made by gatekeepers and de-facto assistants could not become participants though they agreed to be interviewed for the following reasons. One of the referrals did not follow-up with the time and venue for the interview. The other two were excluded from being participants as one referral’s spouse was a Ghanaian American citizen and for the other referral; she declined to be recorded and had to leave in the middle of the interview for a meeting. Apart from declining to be audiotaped and terminating the interview mid-way, the researcher had to exclude her because there were several interruptions at the location (i.e. her office) for the interview such that her responses to the questions were too brief to generate vital information. Besides, four potential interviewees were lost because three of them felt uncomfortable in having an ‘outsider’ interviewing them on an aspect of their lives which they considered private though both the researcher and gatekeepers assured them of their confidentiality and anonymity. The fourth was an American ‘jackpot baby’ studying in the USA, and his mother as a participant promised to enlist him for this research upon his return to Ghana for holidays in August 2017. Efforts were therefore made to gain access to him through his mother on his return to Ghana but proved futile.

Secondly, there was the presence of non-participants like their children, spouse and work colleagues at the background because of the range of locations (i.e. car, homes and offices) used for the interviews (Tong et al., 2007). Some of the interviewees had no objections to the presence of their children, spouse and work colleagues at the background unless these non-participants' presence impedes the recording or the conduct of the interviews. For the parents interviewed at their homes, they did ask for permission from the researcher to attend to their children briefly or ask someone to take care of them till the interview ended. Although some of the interviews were conducted within the confines of their offices, these interviewees also sought for permission from the researcher to stop the interview mid-way to attend to their work colleagues who pass by their offices during the interview.

However, two of the interviews benefited hugely from the presence of these non-participants as they revealed vital information that the interviewees forgot to mention (Tong et al., 2007). The two interviewees gave verbal consent for the presence of these two non-participants. In the first scenario, the interview was conducted at the workplace of the spouse of the American 'jackpot baby'. She contributed to interaction by expressing her views and reminded her husband of some past events that were relevant to the discussion. For the second scenario, the interview was conducted in the office of the gatekeeper, whose referral was a work colleague. So, the gatekeeper excused herself at the start of the interview but joined at the later stage of the interview with the consent of the interviewee to express her opinions on what was under discussion.

Thirdly, apart from two sets of married couples, there was no opportunity to confirm most of the other interviewees' responses with their respective spouses (i.e. for those

who had spouses) and finally, as Bleek (1987) stated in his study that personal questions about delicate topics, for instance, financing the cost of giving birth in the USA, might force respondents to lie. Therefore, interviewees were asked to give an estimate of how much they spent on childbirth, but some of them invariably stated how much they spent. As a result of these limitations, some care will be required when interpreting and drawing conclusions from the research findings. It must be stated that these limitations do not undermine the credibility of the research and the findings.

3.10 Ethical Considerations

Since the concurrent triangulation design combines quantitative and qualitative researches, the ethical issues associated with both were addressed. Therefore, before the commencement of the data collection, the proposal for the research, data collection instruments and consent form for the interviewees was submitted to the Ethics Committee for Humanities (ECH) of the University of Ghana for review in April 2017. The introduction page of the questionnaire and consent form identified the researcher, the purpose, gave the guarantee of confidentiality and assurance of withdrawal at any time. For the consent form, it also provided names of persons that the interviewees could contact if they had questions about the research and ask for permission to audiotape the interview. The ECH in May 2017 approved for the data collection phase to commence. See Appendix C for the approved consent form presented to the interviewees.

Each questionnaire that was retrieved was given identification number known only to the researcher to protect the confidentiality of the responses and also link the responses to the respondents (Saunders et al., 2012). Interviewees were verbally made aware that their responses would be utilised for academic work, and they would be recorded as well.

Satisfied with the explanation, they were then presented with the consent form with the necessary assurances of anonymity and confidentiality to sign (Bailey, 2007). The signed consent forms were either photocopied where the copies were hand-delivered to most of the respondents or scanned copies were sent to the emails of some of the respondents. In the interest of anonymity, participants' quotations are identified by first initial (e.g. F) and the age at the time of the interview (e.g. 25); hence the designation for such respondent was recorded as F, 25 (Wilson & Little, 2008).

3.11 Chapter Summary

As can be seen from this chapter, concurrent triangulation design was used to achieve the formulated objectives. So, survey and semi-structured in-depth interviews were used as data collection tools. Both univariate and bivariate analyses and logistic regression modelling was used to explain the quantitative data generated. Whereas the qualitative data were manually coded, including the responses to the open-end questions on the questionnaires into themes and sub-themes using Braun and Clarke's (2012) thematic analysis approach. Next chapter examines the socio-demographic characteristics of the study population.

CHAPTER FOUR

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE STUDY

POPULATION

4.0 Introduction

The objective of this chapter is to describe the socio-demographic characteristics of the study population for the analysis in the subsequent chapters. The chapter has two main sections, namely socio-demographic characteristics of the respondents of the survey and Ghanaian families with American ‘jackpot babies’.

4.1 Socio-demographic Characteristics of Respondents of the Survey

This section presents the socio-demographic characteristics of the respondents (N= 260) of the survey. Table 4.1 thus presents the socio-demographic characteristics of the respondents by study area, sex, age, marital status, religious affiliation and type of employment. The breakdown of the respondents across the three study areas is as follows: 115 representing 44.2% from AMA, 55 (21.2%) from Cape Coast Metropolis and 90 (34.6%) from KMA. A deliberate effort was made to target respondents who were aged 18 years and older because they are more likely to comprehend the issues that this research wanted to bring out. Table 4.1 suggests that more than half (51.5%) of the respondents were females, a little over 7 out of every 10 (72.3%) were within the ages 20 – 34 years and less than one fifth (16.9%) within the ages 35-49 years. The gender dynamics and youthful nature of the respondents corresponded with what the GSS (2013a, 2013b, 2013c; 2013d) recorded for the urban population in the three study areas and the Ghanaian emigrants who were resident outside Ghana at the time of the 2010 census.

Table 4.1: Socio-demographic characteristics of the respondents

| Variables | Frequency | Percentage |
|---------------------------|------------------|-------------------|
| Study area | 115 | 44.2 |
| AMA | 55 | 21.2 |
| Cape Coast | 90 | 34.6 |
| KMA | | |
| Sex | | |
| Female | 134 | 51.5 |
| Male | 126 | 48.5 |
| Age (years) | | |
| <20 | 22 | 8.5 |
| 20-34 | 188 | 72.3 |
| 35-49 | 44 | 16.9 |
| 50+ | 6 | 2.3 |
| Marital status | | |
| Never married | 165 | 63.5 |
| Ever married | 95 | 36.5 |
| Religion | | |
| Catholic | 28 | 10.8 |
| Protestant | 88 | 33.8 |
| Pentecostal/charismatic | 101 | 38.8 |
| Other Christian | 26 | 10 |
| Islam | 14 | 5.4 |
| Other | 3 | 1.2 |
| Type of employment | | |
| Salary/wage employee | 179 | 68.8 |
| Self-employed | 14 | 5.4 |
| Student | 61 | 23.5 |
| Other | 6 | 2.3 |
| Total | 260 | 100.0 |

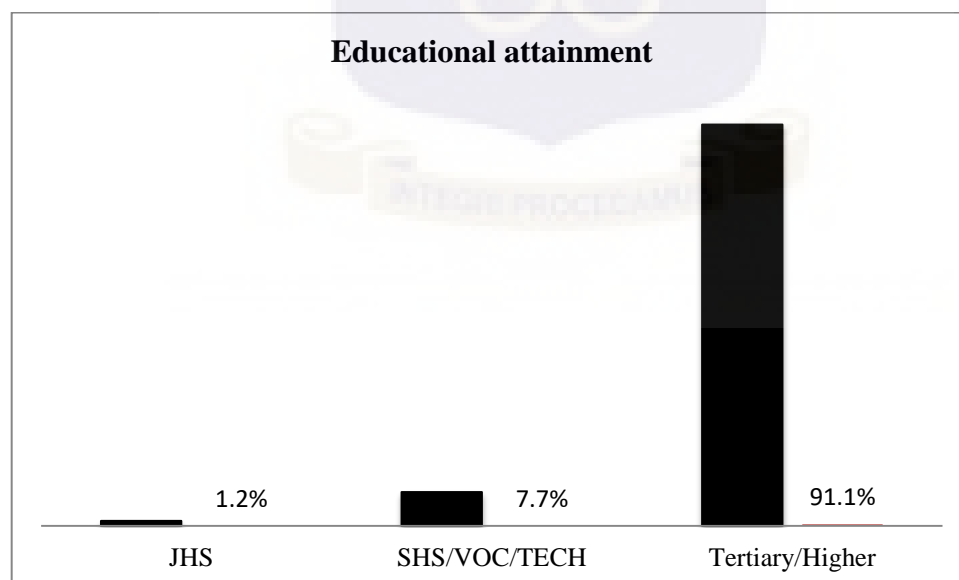
Source: Field Data, 2018

Also, the marital status of the respondents was similar to what was recorded in the 2010 PHC which showed that most of the residents across the three study areas were in the never married category (GSS, 2013b, 2013c; 2013d). Hence, almost two-thirds (63.5%) of the respondents were never married, and about 36.5% were ever married. Those respondents in the ever-married category include those currently married (33.1%), informal or consensual union (1.5%), widowed (0.8%), separated (0.7%), and 0.4% were

divorced (GSS, 2013a). The percentage of urban dwellers for the never married was however higher for this study in comparison to the 2010 PHC report which indicated that 46% of the urban population had never been married (GSS, 2013a). For religious affiliation, the 2010 PHC reported that about 71% of the urban population in Ghana profess the Christian faith, but for this study, about 94% of the respondents were Christians, followed by Islam (5.4%) and others were 1.2%. Most of the Christians attend Pentecostal/Charismatic (38.8%), Protestant (33.8%), Catholic (10.8%), and other Christian churches (10%).

Furthermore, most of the respondents (91.1%) had tertiary or higher education, with the majority, indicating that they have a first degree (see Figure 4.1).

Figure 4.1: Educational attainment of the respondents



Source: Field Data, 2018

1 JHS: Junior High School

2 SHS: Senior High School

3 VOC: Vocational

4 Tertiary: Bachelor's Degree

This study thus reveals that at the respective study areas, the significant proportions of the sampled urban dwellers had tertiary education compared to the lower attainment of tertiary education for the total population of each of their respective regions who were aged 12 years and older as revealed by the 2010 census (GSS, 2013b, 2013c, 2013d; 2014b, 2014c; 2014d). The target population for this study that is the urban middle class Ghanaians naturally have a good education. Also, the study areas are attractive to Ghanaians around the country interested in pursuing various levels of tertiary education because Kumasi and Cape Coast Metropolises are home to two of the public universities within the country (i.e. KNUST & UCC) whereas the University of Ghana is also within an arm's reach of the residents of the AMA.

Moreover, majority of the respondents were employed where almost 7 in 10 (68.8%) were in salaried or wage employment and 5.4% were self-employed (see Table 4.1). Of those who were in salaried or wage employment, most of them were professionals in administration, banking, health, academia and public service. However, less than a quarter (23.5%) were students which are an evidence of the social dynamics within the three study areas such as being hosts to tertiary institutions such as the universities, nursing training schools, among others. From Table 4.1, a little over two per cent (2.3%) of the respondents engaged in other types of employment, such as pastoral and missionary work.

4.1.1 Respondents' Ethnic Group and Migration to the Study Areas

GSS (2013a) stated it is often difficult to separate the contribution of migration to the urban growth in Ghana. As a result, this study examined the internal migration to the study areas to the ethnic group and birthplace of the respondents. Most (61.5%) of the respondents are Akan, Ga-Dangme (13.9%), Ewe (12.7%) and 11.9% belong to other

ethnic groups such as Guan, Guarma, Mole Dagbani, Grusi and Mande. Majority of the Akans were resident in KMA while Ga-Dangmes and Ewes were resident in AMA. Out of the total respondents (115) sampled in AMA, 41.7% (48 respondents) were migrants (born in other regions apart from the Greater Accra or outside Ghana). From Table 4.2, it was observed that majority of the migrants who were residing in AMA and elsewhere in the Greater Accra Region were mostly from the Ashanti Region (9.6%) and Eastern Region (8.7%). Also, 58.3% of the respondents engaged in the AMA were residents in 12 other districts within the Greater Accra apart from the Accra Metropolis. Some of the districts were the Ga South, Kpone Katamanso, Tema Metropolis, among others.

Table 4.2: Birthplace of the respondents

| Variable | Region | Study Areas | | | | | | Total | % |
|-------------------|---------------|-------------|-------|------|------|-----|------|-------|------|
| | | AMA | % | CCMA | % | KMA | % | | |
| All | | 115 | 100.0 | 55 | 100 | 90 | 100 | 260 | 100 |
| Birthplace | Western | 6 | 5.2 | 1 | 1.8 | 2 | 2.2 | 9 | 3.5 |
| | Central | 2 | 1.4 | 14 | 25.5 | 8 | 8.9 | 24 | 9.2 |
| | Greater Accra | 67 | 58.3 | 18 | 32.7 | 5 | 5.6 | 90 | 34.6 |
| | Volta | 6 | 5.2 | 3 | 5.5 | 2 | 2.2 | 11 | 4.2 |
| | Eastern | 10 | 8.7 | 6 | 10.9 | 2 | 2.2 | 18 | 6.9 |
| | Ashanti | 11 | 9.6 | 7 | 12.7 | 66 | 73.3 | 84 | 32.3 |
| | Brong Ahafo | 6 | 5.2 | 4 | 7.3 | 3 | 3.3 | 13 | 5 |
| | Northern | 0 | 0 | 1 | 1.8 | 1 | 1.1 | 2 | 0.8 |
| | Upper East | 2 | 1.7 | 0 | 0 | 0 | 0 | 2 | 0.8 |
| | Upper West | 2 | 1.7 | 1 | 1.8 | 0 | 0 | 3 | 1.2 |
| | Outside Ghana | 3 | 2.6 | 0 | 0 | 1 | 1 | 4 | 1.5 |

Source: Field data, 2018

On the other hand, 73.3% (66) of the total respondents engaged in the KMA were born within the Metropolis and elsewhere in the Ashanti Region. They were residents in seven other districts located within the same region as the Kumasi Metropolis, and some are Ejisu-Juaben, Mampong Municipal and Sekyere East. Most of the 26.7% as migrants had their birthplaces as Central Region (8.9%) and Greater Accra Region (5.6%). Moreover,

most of the respondents (41) in the CCMA, representing 74.6% were migrants. That is, these respondents were born in other regions apart from Central Region where the majority (32.7%) were from the Greater Accra Region and 12.7% from Ashanti Region. However, the 25.5% who were indigenes of the Central Region were residents in four other districts including 7.3% were from KEEA and 3.6% from Awutu Senya. A few of the respondents (1.5%) were born outside the jurisdiction of Ghana; Germany, Nigeria and the UK were their countries of birth.

4.2 Ghanaian Families with American ‘Jackpot Babies’

Urban middle class Ghanaians that have American ‘jackpot babies’ are ‘hard-to-research’ population because the travel to the USA to give birth is done clandestinely and considered as a private affair (Feere, 2015). So, with the assistance of gatekeepers and de-facto assistants, 16 in-depth interviews were conducted. These interviews revealed an important subsample of 13 Ghanaian families with American ‘jackpot babies’. Twelve of these families traced their origins to the southern part of Ghana which is a main generating origin of Ghanaian emigrants and travellers to overseas while only one family hailed from the northern part of Ghana (GSS, 2013a). Ten of the families are resident in Accra while three are in Cape Coast, two of the major cities in Ghana but this study could not interview any family resident in Kumasi with America ‘jackpot baby’.

4.2.1 Profile of the Ghanaian Parents with American ‘Jackpot Babies’

The 13 Ghanaian families comprised 15 parents; 12 mothers and three fathers. The ages of these parents range from the mid-30s to the late 60s, with an average age of the parents being 43 years. This average age is not a new finding since most of the parents interviewed are mothers within the childbearing ages of 15-49 years (GSS, 2013a) and

also, the motivations behind birth tourism to the USA requires a foreign woman to have attained or be within the ages of childbearing. See Table 4.3 for the respective ages for the mothers interviewed. Only two of the mothers were not married during the interviews; one was divorced though married when she gave birth in the USA while the other had never got married. Their marital status reflected the statistics that the majority of Ghanaians that have actual demand for international tourism are married (GSS, 2015). Among the married parents; eight were married women; two were married couples and one husband.

All the parents had received tertiary education with the minimum qualification being a diploma and a doctorate being the highest; five doctorate degrees, one doctorate student, six master degrees; three bachelor degrees and a diploma. Their diverse occupations were proof of their educational statuses though two of the mothers were unemployed at the time of the interviews. The following are their professions: two bankers, a horticulturalist, four lecturers, three marketers, a nurse, two civil servants, and a teacher. Apart from being a civil servant, one participant was a lawyer too.

4.2.2 The Parents' Non-Immigrant Admission Status to the USA

The Ghanaian birth tourists get admitted to the USA in two main ways; either as a “non-residents” immigrant or “short-term resident” non-immigrant. A “non-resident” immigrant is a visitor to the USA for business or pleasure (tourism) where he or she is typically authorised not to stay for more than six months (Reasoner, 2011). However, there is a possibility of applying for an extension to stay for an additional time. Reasoner (2011) further adds that childbirths among this category of non-immigrants to the USA are low though the raw admission numbers are enormous. Tourists admitted to the USA

represents 85.4% of the “non-resident” non-immigrants admissions according to Reasoner. Thus, the majority of the mothers (10) interviewed, travelled purposely and solely as tourists to the USA to give birth. A father interviewed for this study also travelled to the USA as a tourist to visit his spouse during the delivery of one of their children.

Two interviewees from two separate families; that are a mother and father were initially admitted into the USA as “short-term resident” non-immigrants, but some years later, they both separately went as “non-resident” immigrants (i.e. tourists). “Short-term resident” non-immigrants as explained by Reasoner (2011) includes exchange visitors, students, trainees, treaty traders and investors, intra-company transferees and other classes of non-immigrants. This group of non-immigrants are likely to be in the USA for a more extended period and thus, may be more likely to give birth to a child during their stay (Reasoner, 2011). Hence, this mother and her husband were admitted as scholarship students and gave birth to two children during their stay. A few years later, she travelled as a tourist to give birth to her third American ‘jackpot baby’.

Whereas for the other father, he went on a diplomatic mission and was accompanied by his wife where they gave birth to two children, and a few years later, they returned to the USA as tourists to give birth to another child. The last of the husbands interviewed was also admitted to the USA as a fellowship student in the early 1980s and was accompanied by his wife. So, they gave birth to their first child and the only one among their children with American citizenship. See Table 4.3 for the summary profile of the Ghanaian parents and their non-immigration admission status to the USA.

4.2.3 Profile of the American ‘Jackpot Babies’ with Ghanaian parents

The Ghanaian parents engaged have a total of 37 children born in three different countries; 25 of them including a set of twins were born in the USA, 11 in Ghana and one in the United Kingdom. These American ‘jackpot babies’ were born in a total of 13 American States and they are as follows: four each in Maryland and Massachusetts, three each in Colorado and Wisconsin, two each in Rhode Island and Texas, one each in California, Georgia, Minnesota, New Jersey, New York, Ohio and Virginia. Most of these States are located in the North-Eastern part of the USA. Their sexes are 13 males and 12 females, and their ages during the interviews were below a year to 32 years. Thus, each family engaged had at least one American ‘jackpot baby’ and the maximum being three. Six families had three American ‘jackpot babies’ each and the rest of the families had one American ‘jackpot baby’ each. Two of the mothers interviewed had an American ‘jackpot baby’ as their only child. Furthermore, the only American ‘jackpot baby’ interviewed was male, 32 years old, a business manager and married though he was yet to have children.

Apart from having American ‘jackpot’ babies, six families had 11 children with Ghanaian citizenship because they were born in Ghana, and their parents are Ghanaians. Two of these families had three Ghanaian children each, one family had two Ghanaian children, and three families had one Ghanaian child each. One of these families had also given birth in the UK, apart from Ghana and the USA. Table 4.3 also provides the summary profile of all American ‘jackpot babies’ born to the 13 Ghanaian parents engaged.

Table 4.3: Profile of the Ghanaian PBFs

| PBF | Sex of interviewee | Age | Education | Marital status | Occupation | Non-immigrant admission status | No. of children | No. & sex of American 'jackpot baby' | US State American 'jackpot baby' was born |
|-----|--------------------|----------|--------------------|----------------|-------------------------|--------------------------------|-----------------|--------------------------------------|---|
| 1 | Mother | 34 | Masters | Never married | Civil servant | Non-resident | 1 | Male | Ohio |
| 2 | Mother | 52 | Doctorate | Divorced | Lawyer & civil servant | Non-resident | 1 | Male | New Jersey |
| 3 | Mother | 37 | Masters | Married | Banker | Non-resident | 3 | Male | Georgia |
| 4 | Father | 67 | Masters | Married | Horticulturalist | Short-term resident | 4 | Male | Colorado |
| | Mother | 60 | Bachelor | | Teacher | | | | |
| | Son* | 32 | Masters | Married | Business manager | American citizen | N/A | | |
| 5 | Father & Mother | Late 30s | Masters Masters | Married | Banker Marketer | Non-resident | 3 | 3 Females | Rhode Island & California |
| 6 | Mother | 45 | Doctorate | Married | Lecturer | Non-resident | 4 | Female | Minnesota |
| 7 | Mother | 38 | Bachelor | Married | Marketer but unemployed | Non-resident | 4 | 1 Female & 2 Males | Colorado, Massachusetts & Texas |
| 8 | Mother | 36 | Doctorate | Married | Lecturer | Non-resident | 3 include twins | 3 Females | Texas & Maryland |
| 9 | Father | 41 | PhD candidate | Married | Civil servant | Short-term & Non-resident | 3 | 1 Female & 2 Males | Maryland & Virginia |
| 10 | Mother | Late 30s | Doctorate | Married | Lecturer | Non-resident | 3 | 1 Female & 2 Males | Massachusetts |
| 11 | Mother | 35 | Bachelor | Married | Marketer but unemployed | Non-resident | 3 | Female | Colorado |
| 12 | Mother | 40 | Doctorate | Married | Lecturer | Short-term & Non-resident | 3 | 1 Female & 2 Males | Wisconsin |
| 13 | Mother | 35 | Diploma | Married | Nurse | Non-resident | 2 | Male | New York |

Source: Author's construct, 2018

*This American 'jackpot baby' met his untimely death on the first week of December 2018.

In short, the discussion of the profiles of Ghanaian families with American ‘jackpot babies’ revealed that they have diverse life circumstances which include parents’ employment status, level of education, occupation and travel histories. Besides, some of these families have all their children born in the USA while others have some of their children born in Ghana apart from those born in the USA. Also, this study draws on Beattie (2017), Cross and Gilly (2013), Guerrero (2013) and Habib (2015) to explain such families as ‘Planned Binational Families’ (PBFs). Thus, a PBF represents a non-traditional family structure where parents who are resident in Ghana and citizens plan, conceive and give birth to at least one American ‘jackpot baby’.

4.3 Chapter Summary

This study reveals that the study population have diverse socio-demographic characteristics, but they do share a few similarities. Most of them were females, of youthful age, well-educated, professed to be Christians and economically active professionals. However, there was a noticeable difference in the marital status where most of the respondents for the survey were not married compared to the interviewees who were married. All the families interviewed had a total of 37 children born in three different countries where 25 of them were born in the USA. Majority of the American-born children were males and below 18 years. Having foreknowledge of the socio-demographic characteristics of the study population laid the foundation for subsequent discussions of the key findings and interpretations generated from the data analysis in the next chapter.

CHAPTER FIVE

THE QUEST TO HAVE AN AMERICAN ‘JACKPOT BABY’

5.0 Introduction

This chapter discusses the merged findings from both quantitative and qualitative analyses. Figure 5.1 depicts a visual illustration of themes generated after the analyses where there were two macro themes namely the politics of belonging to the USA and place-belongingness to Ghana. The discussion starts with political belonging to the USA.

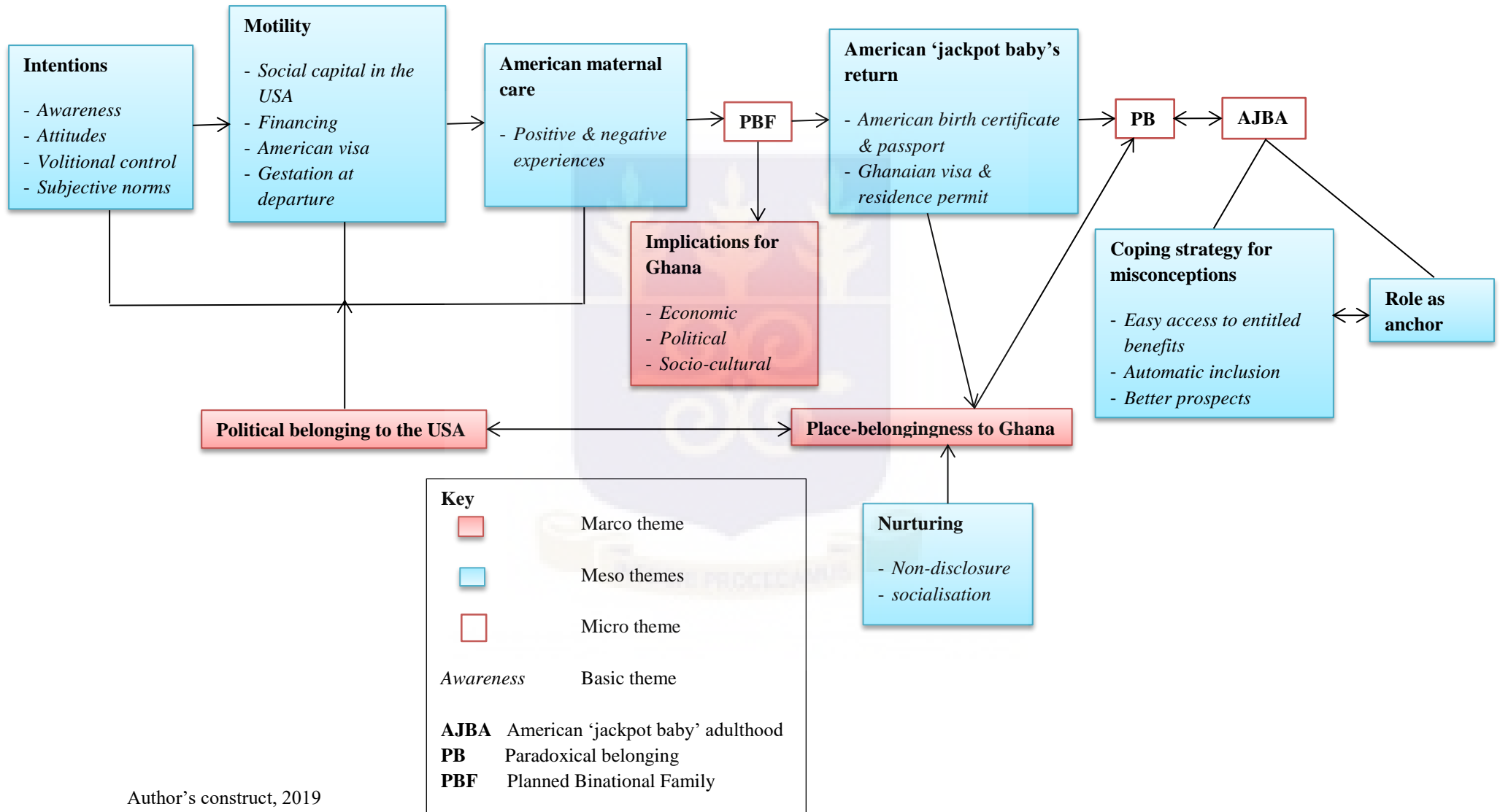
5.1 Political Belonging to the USA: Intentions to Have American ‘Jackpot Babies’

The journey to have a child with political belonging to the USA starts with intentions phase (see Figure 5.1). The discussion of this phase is defined by four basic themes; awareness, attitudes, volitional control and subjective norms. These themes helped to determine Ghanaian urban dwellers’ intentions to have American ‘jackpot babies’ (Ajzen, 1991). Additionally, responses from parents of American ‘jackpot babies’ about their attitudes, volitional control and subjective norms were integrated into the discussion.

5.1.1 Awareness of Ghanaian Women Having American ‘Jackpot Babies’

Table 5.1 shows that majority of the respondents (82.5%) that participated in the survey categorically stated that they were aware that some Ghanaian pregnant women do travel legally to the USA specifically to give birth. Having this high proportion of awareness among these respondents was an indication that the prediction of their intentions using attitudes, volitional control and subjective norms in the subsequent sub-sections would be accurate and realistic (Ajzen, 1991).

Figure 5.1: Thematic networks of the paradoxical belonging of American ‘jackpot babies’ with Ghanaian parentage



Author’s construct, 2019

Table 5.1: Awareness of Ghanaian women having American ‘jackpot babies’

| Variable | Frequency | | Percentage | | | | |
|--|-----------|---|------------|-----|------|--------------|-------|
| Awareness of Ghanaian women participation in birth tourism to the USA | | | | | | | |
| Yes | 198 | | 82.5 | | | | |
| No | 42 | | 17.5 | | | | |
| Total | 240 | | 100.0 | | | | |
| Awareness about participation in birth tourism to the USA and personally know a Ghanaian birth tourist to the USA | | | | | | | |
| Awareness of Ghanaian women participation in birth tourism to the USA | | Personally, know a Ghanaian birth tourist to the USA | | | | Total | |
| | | Yes | % | No | % | N | % |
| | Yes | 110 | 55.6 | 88 | 44 | 198 | 100.0 |
| | No | 5 | 11.9 | 37 | 88.1 | 42 | 100.0 |
| Total | | 115 | 47.9 | 125 | 52.1 | 240 | 100.0 |

Source: Field data, 2018

Another result presented in Table 5.1 discloses that more than half (55.6% or 110) of the respondents who aware of this phenomenon, also personally knew a Ghanaian woman who had given birth in the USA. Table 5.2 therefore presents that about 40% of them identified a female friend as the Ghanaian woman they knew to have given birth to American ‘jackpot baby’ and 4% of the urban dwellers sampled knew more than one Ghanaian birth tourist to the USA.

Table 5.2: Ghanaian birth tourist to the USA personally known to the urban dwellers

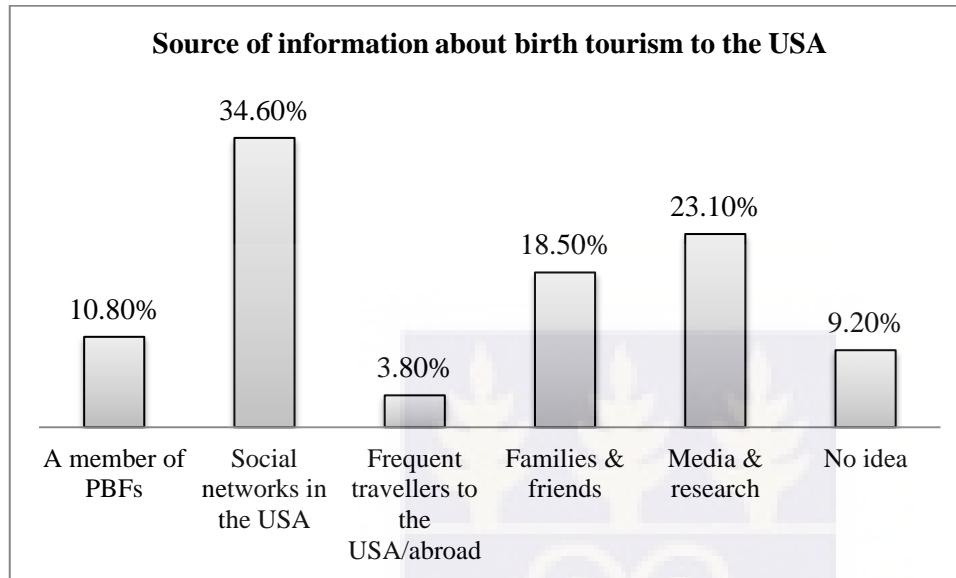
| Variable | Frequency | Percentage |
|--|-----------|------------|
| Ghanaian birth tourist to the USA | | |
| Sister | 7 | 6.1 |
| Female friend | 46 | 40 |
| A female member of extended family | 21 | 18.3 |
| Female acquaintance | 36 | 31.3 |
| More than one Ghanaian birth tourist | 5 | 4.3 |
| Total | 115 | 100.0 |

Source: Field data, 2018

Most of the urban dwellers engaged revealed that the Ghanaian birth tourists that they knew got informed of this opportunity through primary and secondary sources. Figure 5.2 shows that about 49.2% indicated that these women got informed through other Ghanaians who have had

the first-hand experience of giving birth in the USA or were acquainted of this opportunity (Zain, Zahari, Hanafiah, & Zulkifly, 2017).

Figure 5.2: Source of information about birth tourism to the USA



Source: Field data, 2018

So, the main primary sources they listed were a member of PBFs (10.8%), social networks in the USA (34.6%) and frequent travellers to the USA or abroad (3.8%). The social networks within this context referred to the families and friends of these Ghanaian expectant women resident in the USA (de Haas, 2007; Sundari, 2005). This confirmed the observation made by Sundari (2005) that migrants in a particular country with long-established contacts and information are abreast of the potential opportunities as well as the difficulties. The role that these social networks in the USA play in assisting Ghanaian birth tourists to have American ‘jackpot babies’ would be further discussed later in 5.2.1. In addition to the aforementioned primary sources, 18.5% indicated these Ghanaian women got informed by their families and friends, but they did not mention whether they were resident in Ghana, the USA or abroad.

The media and research (23.1%) and the family and friends (18.5%) were the secondary sources that some of the urban dwellers mentioned as to where these Ghanaian birth tourists obtained information before their travel to give birth in the USA (Zain et al., 2017). For the 9.2% of respondents, they had no idea how these Ghanaian women got informed about the opportunity to give birth to American ‘jackpot baby’. Thus, from the Ghanaian context, awareness about the opportunity to have American ‘jackpot babies’ were created through primary and secondary information sources. These sources did influence the urban dwellers’ intentions to have American ‘jackpot babies’ too (Ajzen, 1991).

5.1.2 Attitudes towards Ghanaian Women who have American ‘Jackpot Babies’

Ajzen (1991) explained that attitudes are developed reasonably from the beliefs people hold about the object of their attitude by associating it with specific attributes which can be valued as positively or negatively. This research categorised the most recurring responses about the attitude towards Ghanaian birth tourists into favourable, unfavourable and neutral (see Table 5.3).

Table 5.3: Attitudes towards Ghanaian women who have American ‘jackpot babies’

| Variable | Frequency | Percentage |
|---|------------------|-------------------|
| Favourable evaluation | | |
| A strategy to secure a better future for children | 90 | 34.6 |
| American citizenship & its associated benefits | 63 | 24.2 |
| Unfavourable evaluation | | |
| Disapproval & unnecessary | 46 | 17.7 |
| Lack of patriotism & confidence in Ghana | 33 | 12.7 |
| Neutral evaluation | | |
| Indifference & personal choice | 28 | 10.8 |
| Total | 260 | 100.0 |

Source: Field data, 2018

Favourable evaluation. Two central themes that run through the favourable appraisal: a strategy to secure a better future for children (34.6%) and acquisition of American citizenship to gain access to its associated benefits (24.2%). Some of the urban dwellers and most of the PBFs hold the belief that giving birth in the USA was a good strategy driven by parental instinct to guarantee a better future or opportunities for their unborn children (Ajzen, 1991; Habib, 2015; Sundari, 2005). This could be achieved when their children migrate in the future to the country of their birth, the USA (Westcott & Robertson, 2017). Their appraisal revealed that parents view the travel to the USA to give birth as an exhibition of faith and hope that the future migration of their American ‘jackpot babies’ to the USA will enhance their life chances (Pine, 2014).

But, one of the fathers of an American ‘jackpot baby’ disagreed with this assertion. He substantiated his disagreement by comparing the social dynamics within Ghana and the USA and to him, Ghana is far better than the USA.

What is a better future? In the past, we did not have universities, but now universities are within reach, and more people are setting up businesses. There are more opportunities for growth here [Ghana], and a lot of things are yet to be done, so there is more room to grow here [Ghana] which is likely to be faster than an already made system. Have you seen the statistics on crime in the USA? Your skin might not help you if they are looking for anybody who is black and you are at the wrong place at the wrong time. Didn't you see the bombings? So, if you are in here [Ghana] and there is no crisis; why will you have a reason to go there? (K, 67)

The other theme confirmed the perception people have that certain rights and benefits are conferred on individuals based on where they were born (Pessar & Manhler, 2003; Shachar & Hirschl, 2007). Therefore, to the urban dwellers, Ghanaian birth tourists evaluated what the two countries' citizenships have to offer for their offspring and came to the realisation that American citizenship is more privileged because of the assurances of certain rights and benefits

that the Ghanaian citizenship does not guarantee (Castles, 2005; Choules, 2006). Some of the benefits and rights Ghanaian urban dwellers enumerated were the prestige attached to being an American citizen, a passport that allows the holder to travel without any hindrances and access to a good education. Ghanaian women, thus giving birth in the USA, pave the way for their offspring to have undeniable access to those privileges (Feere, 2010; Nori, 2016).

I did that purposely for him to take advantage of the American educational system. America has one of the best educational systems and also boosts confidence in the human being. Those qualities are key to the success of someone in life because I realised here [Ghana]; they make us [Ghanaians] very timid. You do not even have the confidence to tout your qualities because for us [Ghanaians] if you tout your qualities too much, it is not right. In America, you need the confidence to tout your qualities to be hired for work. A blend of Ghana's timidity and America's confidence was what I wanted for my son (C, 52).

Most of the urban dwellers that had favourable evaluation towards the travel to the USA explicitly to give birth did so because they believed that it does have desirable consequences for them, their children and families (Ajzen, 1991).

Unfavourable evaluation. On the other hand, about a third (30.4%) of the urban dwellers were not enthused that their compatriots were purposely travelling to the USA to give birth as they associated this behaviour with undesirable consequences (Ajzen, 1991). The two dominant themes identified among their unfavourable appraisal were disapproval and unnecessary (17.7%) and lack of patriotism and confidence in Ghana (12.7%). But some of their appraisals were described and written in strong language, and examples are 'cheats', illiterates and ignorant', 'opportunist' and 'repugnant', 'disrespectful and act of betraying our national identity'.

Bianchi and Stephenson (2013) indicated that historically, citizenship has been closely associated with national identity. Therefore, this category of urban dwellers believes that these

women's action conveys the message that they do not identify with the Ghanaian identity that is why they want their offspring to have American identity (Shils, 1995). Smith (1991), Lewin-Epstein and Levano (2005) have explained that national identity together with nationality helps individuals to define who they are and provide them with a sense of purpose through the prism of collective personality and its distinctive culture. A mother from one of the PBFs initially agreed with the sentiments expressed but later provided justification why birth tourists like her gave birth in the USA.

Yeah, many of us are not proud to be Ghanaians. That is the sad truth. There is no reason to sugar coat that because many of us [Ghanaians] are trying to get out of this country [Ghana]. But, we are afraid for our children when we look at the direction the country is going. For instance, we cannot trust our educational system. So, I think for many of us, we are trying to get the best for our children. In spite of how patriotic we are, the bottom line is that we want what is best for our children (T, 40).

Neutral evaluation. The last sentence of the above quote supported the viewpoint of about 10.8% of the urban dwellers that were engaged in the survey who had an indifferent attitude towards Ghanaian birth tourists. They believed that it is a personal choice and the right of anybody including these women to decide what is suitable for their unborn children as well as deciding to travel legally to any country to give birth to them. Aside from the favourable and unfavourable evaluation that Ajzen (1991) indicated that people would have towards a particular behaviour, this research established that people might have a neutral evaluation. Moreover, most of the urban dwellers, including the PBFs sampled, had a favourable evaluation towards Ghanaian birth tourists to the USA.

Apart from stating their attitudes, this study also asked the respondents of the survey to express their levels of agreement on some opinions expressed in the literature about birth tourism to the USA using Ghanaian birth tourists as a reference. See Table 5.4 for their responses.

Table 5.4: Urban dwellers' opinions on birth tourism to the USA

| Variable | Number (260) | Percentage |
|---|---------------------|-------------------|
| Travelling to a country to give birth to citizen children is the equivalent of buying a citizenship | | |
| Strongly disagree | 12 | 4.9 |
| Disagree | 45 | 18.3 |
| Neutral | 25 | 10.2 |
| Agree | 96 | 39.0 |
| Strongly agree | 68 | 27.6 |
| American citizenship offered at birth provides an opportunity for Ghanaian parents to provide a better life for their children | | |
| Strongly disagree | 10 | 4.0 |
| Disagree | 43 | 17.3 |
| Neutral | 21 | 8.4 |
| Agree | 90 | 36.1 |
| Strongly agree | 85 | 34.1 |
| Ghanaian parents give to "American babies" for their children to have a competitive advantage in the world | | |
| Strongly disagree | 7 | 2.8 |
| Disagree | 34 | 13.7 |
| Neutral | 30 | 13.7 |
| Agree | 102 | 41.0 |
| Strongly agree | 76 | 30.5 |
| Ghanaians' attraction to have "American babies" is primarily for migration | | |
| Strongly disagree | 6 | 2.3 |
| Disagree | 57 | 23.0 |
| Neutral | 44 | 17.7 |
| Agree | 92 | 37.1 |
| Strongly agree | 49 | 19.8 |
| Naturalisation is the legitimate way to offer citizenship to immigrants and their children | | |
| Strongly disagree | 9 | 3.7 |
| Disagree | 27 | 11.0 |
| Neutral | 42 | 17.1 |
| Agree | 101 | 41.2 |
| Strongly agree | 66 | 26.9 |

Source: Field data, 2018

It is clear from Table 5.4 that a little below two-fifth (39%) and more than a quarter (27.6%) of the urban dwellers agreed and strongly agreed respectively to the statement that travelling to a country to give birth to citizen children is equivalent to buying citizenship. A little over two-

fifth (41%) and below one-third (30.5%) agreed and strongly agreed that the objective of some Ghanaian parents in giving birth to “American babies” is for their children to have a competitive advantage in the world. Also, 37.1% agreed, and 19.8% strongly agreed that some Ghanaians’ attraction to have “American babies” is primarily for migration to the USA. Furthermore, a total percentage of 70.2% agreed and strongly agreed that American birthright citizenship provides an opportunity for Ghanaian parents to provide a better life for their children. However, 68.1% of the urban dwellers expressed the opinion that naturalisation is the legitimate way to offer citizenship to immigrants and their children. These varied opinions expressed confirm what diverse scholars have written about the motivations of birth tourism to the USA and using naturalisation as a way to minimise such mobility to the country (Altan-Olcay & Balta, 2016; Nori, 2016; Public Broadcasting Service [PBS], 2013; Tetteh, 2010; Wang, 2017).

5.1.3 Volitional Control: Making the Decision to Have an American ‘Jackpot Baby’

Almost two-thirds (63.8%) of the urban dwellers indicated their decision either for themselves or their spouses to travel at a future date to have American ‘jackpot babies’ whereas 36.2% decided not to perform this behaviour (see Table 5.5). Hence, the majority of them had potential demand compared to those who had no demand (Cooper et al., 2008). Also, Table 5.5 presents that most of the urban dwellers (i.e. 76.2% or 128) that had potential demand to have an American ‘jackpot baby’ were aged 20-34 years where 60.2% were females compared to their male counterparts (39.8%).

Table 5.5: Decision to have American ‘jackpot baby’ at a future date

| Variable | Frequency | Percentage |
|---|-----------|------------|
| The decision to have American ‘jackpot baby’ | | |
| Yes | 166 | 63.8 |
| No | 94 | 36.2 |
| Total | 260 | 100.0 |

Age-sex distribution and the decision to have an American ‘jackpot baby’

| The decision to have American ‘jackpot baby’ | | | Sex | | | | Total % | |
|---|-------------------|----------|-------------|----------|---------------|----------|----------------|-----|
| | | | Male | % | Female | % | | |
| Yes | Age range (years) | Below 20 | 5 | 35.7 | 9 | 64.2 | 14 | 100 |
| | | 20 - 34* | 51 | 39.8* | 77 | 60.2* | 128* | 100 |
| | | 35 - 49 | 16 | 69.6 | 7 | 30.4 | 23 | 100 |
| | | 50+ | 2 | 66.7 | 1 | 33.3 | 3 | 100 |
| | | Total | 74 | 44 | 94 | 56 | 168 | 100 |
| No | Age range (years) | Below 20 | 6 | 75 | 2 | 25 | 8 | 100 |
| | | 20 - 34 | 28 | 46.7 | 32 | 53.3 | 60 | 100 |
| | | 35 - 49 | 16 | 76.2 | 5 | 23.8 | 21 | 100 |
| | | 50+ | 2 | 66.7 | 1 | 33.3 | 3 | 100 |
| | | Total | 52 | 56.5 | 40 | 43.5 | 92 | 100 |
| Total | Age range (years) | Below 20 | 11 | 50 | 11 | 50 | 22 | 100 |
| | | 20 - 34 | 79 | 42 | 109 | 58 | 188 | 100 |
| | | 35 - 49 | 32 | 72.7 | 12 | 27.3 | 44 | 100 |
| | | 50+ | 4 | 66.7 | 2 | 33.3 | 6 | 100 |
| | | Total | 126 | 48.5 | 134 | 51.5 | 260 | 100 |

Source: Field data, 2018

A bivariate analysis was therefore conducted at two different phases. The first phase examines the relationship between their demographic status (i.e. age, sex, marital status, ethnicity and birthplace) and the decision to have an American ‘jackpot baby’ (see Table 5.6). The second phase then examines the relationship between their socio-economic status (i.e. educational level, religion, type of employment and place of residence) and the decision to have an American ‘jackpot baby’ (Table 5.7).

Table 5.6: Association between demographic status and the decision to have an American ‘jackpot baby’

| Variables | The decision to have an American ‘jackpot baby’ (%) | | Per cent | Total (n=260) |
|-----------------------|---|--------|----------|-----------------|
| | Yes | No | | |
| Age (years) | | | | |
| Below 20 | 63.6 | 36.4 | 100 | 22 |
| 20 -34 | 67.6 | 32.4 | 100 | 188 |
| 35 – 49 | 52.3 | 47.7 | 100 | 44 |
| 50+ | 33.3 | 66.7 | 100 | 6 |
| $X^2 = 6.093$ | | df = 3 | | P-value = 0.107 |
| Sex | | | | |
| Male | 57.9 | 42.1 | 100 | 126 |
| Female | 69.4 | 30.6 | 100 | 134 |
| $X^2 = 3.699$ | | df = 1 | | P-value = 0.054 |
| Marital status | | | | |
| Never married | 65.5 | 34.5 | 100 | 165 |
| Ever married* | 61.1 | 38.9 | 100 | 95 |
| $X^2 = 0.506$ | | df = 1 | | P-value = 0.477 |
| Ethnicity | | | | |
| Akan | 61.9 | 38.1 | 100 | 160 |
| Ga-Dangme | 61.1 | 38.9 | 100 | 36 |
| Ewe | 69.7 | 30.3 | 100 | 33 |
| Other | 71 | 29 | 100 | 31 |
| $X^2 = 1.557$ | | df = 3 | | P-value = 0.669 |
| Birthplace | | | | |
| Western | 66.7 | 33.3 | 100 | 9 |
| Central | 54.2 | 45.8 | 100 | 24 |
| Greater Accra | 62.2 | 37.8 | 100 | 90 |
| Volta | 36.4 | 63.6 | 100 | 11 |
| Eastern | 83.3 | 16.7 | 100 | 18 |
| Ashanti | 67.9 | 32.1 | 100 | 84 |
| Brong Ahafo | 69.2 | 30.8 | 100 | 13 |
| Northern Ghana | 57.1 | 42.9 | 100 | 7 |
| Other | 50 | 50 | 100 | 4 |
| $X^2 = 8.886$ | | df = 8 | | P-value = 0.352 |

Source: Field data, 2018

*The ever-married category includes those currently married (33.1%), informal or consensual union (1.5%), widowed (0.8%), separated (0.7%), and divorced (0.4%).

Table 5.7: Association between the socio-economic status and the decision to have an American ‘jackpot baby’

| Variables | The decision to have an American ‘jackpot baby’ (%) | | Per cent | Total (n=260) |
|---------------------------|---|--------|-----------------|---------------|
| | Yes | No | | |
| Educational level | | | | |
| JHS | 100 | 0 | 100 | 3 |
| SHS/VOC/TECH | 65 | 35 | 100 | 20 |
| Tertiary/Higher | 63.3 | 36.7 | 100 | 237 |
| $X^2 = 1.742$ | | df = 2 | P-value = 0.419 | |
| Religion | | | | |
| Catholic | 60.7 | 39.3 | 100 | 28 |
| Protestant | 67 | 33 | 100 | 88 |
| Pentecostal/Charismatic | 65.3 | 34.7 | 100 | 101 |
| Other Christian | 50 | 50 | 100 | 26 |
| Islam | 71.4 | 28.6 | 100 | 14 |
| Other | 33.3 | 66.7 | 100 | 3 |
| $X^2 = 4.326$ | | df = 5 | P-value = 0.504 | |
| Type of employment | | | | |
| Salary/wage employee | 61.5 | 38.5 | 100 | 179 |
| Self-employed | 57.1 | 42.9 | 100 | 14 |
| Student | 73.8 | 26.2 | 100 | 61 |
| Other | 50 | 50 | 100 | 6 |
| $X^2 = 3.818$ | | df = 3 | P-value = 0.282 | |
| Place of residence | | | | |
| KMA | 65.6 | 34.4 | 100 | 90 |
| Cape Coast | 69.1 | 30.9 | 100 | 55 |
| AMA | 60.0 | 40.0 | 100 | 115 |
| $X^2 = 1.506$ | | df = 2 | P-value = 0.471 | |

Source: Field data, 2018

As both tables revealed, there was no statistically significant association between the sampled urban dwellers’ demographic and socio-economic statuses and the decision to have an American ‘jackpot baby’. However, the urban dwellers’ awareness that some Ghanaian women do travel to give birth in the USA has a statistically significant association with the decision to have American ‘jackpot baby’ at 95% confidence level (See Table 5.8). The implication of this result further enhances the accuracy of using perceived behavioural control to predict the probability of successful attempt to have American ‘jackpot babies’ among Ghanaian urban dwellers (Ajzen, 1985 & 1991). Ajzen (1991) explained that using perceived behavioural

control to predict intentions may not be particularly realistic when a person has relatively little information about the behaviour.

Table 5.8: Association between awareness and the decision to have an American ‘jackpot baby’

| Variables | The decision to have an American ‘jackpot baby’ (%) | | Per cent | Total (n=240) |
|--|---|--------|----------|-----------------|
| | Yes | No | | |
| Awareness of Ghanaian women participation in birth tourism to the USA | | | | |
| Yes | 66.7 | 33.3 | 100 | 198 |
| No | 45.2 | 54.8 | 100 | 42 |
| $X^2 = 6.819$ | | df = 1 | | P-value = 0.009 |

Source: Field data, 2018

Contrary to the bivariate analysis, most of the Ghanaian parents with American ‘jackpot babies’ interviewed were highly educated with a doctorate being the highest. This disparity might be attributed to these parents’ exposure to international migration and tourism either when they went on further studies outside the shores of Ghana, tourist visits abroad or having their social networks in the USA telling them about the potential opportunities to having American ‘jackpot babies’ (See 5.1.1). Also, the common thread that ran through most of the narratives from the Ghanaian parents in PBFs disclosed that the decision originated from the mothers. The individual decision of the mothers was influenced by emotions, the denial of opportunities because of citizenship gap or having experienced better maternal care as short-term visitors to the USA in the past (Brysk & Shafir, 2004; Choules, 2006; Decrop & Snelders, 2005; Shachar & Hirschl, 2007).

My mom was nine months pregnant with me when my parents left the US and came to Ghana. So I decided right from my childhood that if I have a child, I will go and have my son in the US. Yes, it was planned right from when I was a child based on the fact that I always wondered why my parents never had me there (C, 52).

When I finished university, I wanted to have my masters abroad, specifically in the UK, and fortunately, I was able to pay most of the fees. I was ready for school, but I couldn't get a visa. I tried like four, five times but I couldn't get the visa, and the reason they gave was ... "you wouldn't come back"; "you don't have enough funds etc." And so, I said oh okay so, I don't want my child not to be able to go where he wants to go just because somebody didn't grant him a visa. For me, a visa should not be a barrier if my child wants to go to Harvard or Oxford, for instance (E, 38).

These two accounts buttress Ajzen's (2011) argument that affect and emotions can serve as background factors that can influence intentions and behaviour directly or indirectly. Also, most of the urban dwellers hold the belief that whichever country's citizenship that you possess can either be used as an instrument to render people immobile as well as to encourage mobility (Coles, 2008). Yet, for a few of the women, the decision came as a suggestion from either their social networks in the USA or spouse but for others, they had to accompany their spouses who were admitted as "short-term resident" non-immigrants for work or education. There was one husband that had to join his wife when she travelled to the USA for further studies, and that was the period they had two of their three American 'jackpot babies'.

Spouse's reaction to the decision. The decision to have American 'jackpot babies' was not made in a vacuum as the initiator had to prioritise spousal support (Atadil et al., 2018; Sirakaya & Woodside, 2005; Smallman & Moore, 2010). Persuasion was a common tactic used by the initiator to get the necessary backing from a spouse for the decision, and it was also used to influence a "value conflict" (Kozak, 2010). For instance, the initiators enumerate the benefits of American maternal care or what their unborn babies and family would be entitled to in the future because of the guarantee of American citizenship by birth.

Well, the first one he didn't have a choice, and for the second one, I had to convince him based on what I went through for the first delivery. He came over to visit during the second delivery. He agreed for the third delivery in the USA, but he could not visit because of his work schedule (A, in her mid-30s).

I wasn't really for the decision at the beginning. For me, travelling to give birth in another country is a lot of inconveniences, and also it ends up being much more costly than you would have paid for if you have had the child in Ghana. But my husband studied in America, and I know how much he suffered as an international student without any funding. Therefore, he wanted our children to have the same opportunity to study in America, and also have at least any state funding for tuition. So, at the end of the day, I was like [okay], no problem (N, 35).

Most of the spouses of the women gave their total support after being persuaded. The support was influenced by certain biases; for instance, some husbands had the first-hand experience of the maternal care provided at American healthcare facilities, and they wanted the same care for their wives. Just like the husband of A, in her mid-30s who confirmed that his wife convinced him to give his support based on her experiences in giving birth to their first child as well as personally witnessing at first-hand the medical care she received.

Yes, she did. So, for the first one [child], there were real complications, and I thought at that time, they [the USA] had the best medical facilities to be able to handle it, and I saw the way they took care of her. The opportunity was there [USA] why not for the second and third again. It was something that we couldn't risk whatever complications that were there. You know, the likelihood of them coming again (N, the late 30s).

Also, the availability of family support in the USA to compensate for their absence or absence of family support in Ghana during the delivery of their baby is another bias. Some of the spouses went a step further to pay their wives a visit in the USA either during or after delivery. On rare occasions, a husband might accompany the wife for the birth of their child. However, one woman narrated how after securing her husband's support for her decision, a member of her husband's extended family tried to dissuade her when he used some of his 'challenges' as being a parent of American 'jackpot babies'. For example, his frequent travels to the USA. She

therefore had to shelve the decision for a while, but a few years later, she eventually travelled to the USA to give birth.

I wanted to have my second born in the USA, but my husband’s uncle sat down and told me of his experiences of being a parent to two “American babies”. That is, he has to travel to the USA frequently, among other things. So, he asked me if I was prepared to go through similar experiences, which at that moment, I was not ready (J, 35).

So in rare cases, a compromise is used as a tactic to dissuade some of the women from going ahead with their decision (Hyde & Decrop, 2011; Kozak, 2010).

5.1.4 Subject Norms: Motivations for Having American ‘Jackpot Babies’

The motivations of urban dwellers with both potential and actual demand were numerous and complex (Tetteh, 2010). Though the apparent motivation is American citizenship, the associated benefits and opportunities acted as a pull factor for them to have both potential and actual demand to have an American ‘jackpot baby’. Some had single motivation while others had myriad of motivations. Table 5.9 thus presents the motivations of the sampled urban dwellers that had the potential demand for having American ‘jackpot babies’.

Table 5.9: Motivations for having American ‘jackpot babies’

| Variable | Frequency | Percentage |
|--|-----------|------------|
| Motivations | | |
| American citizenship & passport for future immigration | 61 | 36.8 |
| Secure better life opportunities | 49 | 29.5 |
| Better medical care & facilities | 32 | 19.3 |
| Better educational opportunities | 15 | 9 |
| Prestige | 9 | 5.4 |
| Total | 166 | 100.0 |

Source: Field data, 2018

For almost two fifths (36.8%) of them, they wanted their children to have access to American citizenship and passport to pave the way for their families to migrate to the USA. A father of three American-born daughters aptly described the fascination that Ghanaians have to possess an American passport.

Well, I know for a fact that if you own an American passport, you can travel to about a minimum of 200 countries [sic] without having to go through the stress of obtaining visas. In 2003, I wanted to go to the UK when I was in school, and it was a straight no for me. So, if my daughters wouldn't have to go through such stress, why not. It is not just a matter of holding a Ghanaian passport; I mean it is just the struggles to and the stresses that you have to go through whenever and wherever you want to travel to at any point in time. You are reassured knowing that you do not have to go through this stress (N, the late 30s).

Therefore, some of the urban dwellers in Ghana have the opinion that Ghanaian passport cannot ensure that they have fewer visa restrictions and much easier access to foreign spaces in contrast to possessing an American passport (Castles, 2005; Neumayer, 2006). The number of countries in the world is always a subject of debate but their total number is slightly under 200. The UN (2019) for instance indicates that there are 193 countries in the world. The other 29.5% of them wanted to give birth in the USA to secure better life opportunities for their children, themselves and their families. Other motivations gathered from the respondents of the survey were access to better medical care and facilities for themselves or their spouses and babies (19.3%), access to better educational opportunities for their children (9%) and lastly, about 5.4% were motivated by the prestige attached to having American citizenship.

Each of the parents interviewed also identified myriad of motivations for having their American 'jackpot babies'.

I realised there were more opportunities you know, educational and everything, especially when you get to college; it is more of an opportunity for the child if he is a US citizen than if he is not a US citizen. The fees are very expensive. If the person is a US citizen you know, at least he can take a loan out and pay for his education and then work and also pay towards it. But if you are not, where are your Ghanaian parents ever going to get \$68,000 (C, 52).

I saw [a friend's baby] die in the hospital because they didn't have ordinary oxygen for her child after giving birth. Also, I have travelled and seen other people give birth, with all these facilities available. I ask why you should lose your child because of lack of oxygen. Secondly, my brother lives there with his family, and they have told me about all the benefits, including good health care, so I will love to go there [USA] to have the kids. Thirdly, I know that if you have a child in the U.S, automatically the child becomes a citizen of their country (A, in her late 30s).

The enumerated motivations from those who had actual and potential demand confirmed what several scholars have deliberated as the motivations behind foreign mothers-to-be travelling to the USA to give birth, and that motivation can be latent or manifest (Feere, 2010; Guerrero, 2013; Heaton & Dean, 2016; Lollman, 2015; Nori, 2016; Pearl, 2011; Reasoner, 2011; Tetteh, 2010). Also, their motivations create a demand for birth tourism to the USA as well as convey the impression that what they are looking for in the USA for their families is lacking in Ghana (Leiper, 1979). Hence, they saw American citizenship as an opportunity-enhancing tool (Shachar & Hirschl, 2007).

Conversely, urban dwellers who had no demand also gave numerous reasons to buttress their decision (see Table 5.10). Majority of them (34%) expressed the pride of being identified as a Ghanaian and wanted their offspring to share the same identity. About 29.8% found it unnecessary and an affront to Ghana, others believe that there are better opportunities (18.1%) and equally good medical care and facilities (12.8%) within the country too. A small proportion (5.3%) of them thought about the expensive nature of this travel and the probability of their children rejecting the Ghanaian identity provided they have American citizenship.

Table 5.10: Reasons behind no demand to have an American ‘jackpot babies’

| Variable | Frequency | Percentage |
|--|------------------|-------------------|
| Reasons | | |
| Proud of Ghanaian identity | 32 | 34 |
| Unnecessary & an affront to Ghana | 28 | 29.8 |
| Better opportunities | 17 | 18.1 |
| Equally good medical care & facilities | 12 | 12.8 |
| Negative consequences & expensive | 5 | 5.3 |
| Total | 94 | 100.0 |

Source: Field data, 2018

This mother of an American ‘jackpot baby’ below thought that these children might lose the Ghanaian identity because of the way their parents socialised them.

Ghanaian parents who give birth in the USA pretend they are no longer Ghanaians. They do not train their children in the Ghanaian culture; do not communicate in any Ghanaian language with them and do not eat any Ghanaian food. So, these children grow up and are alien to the Ghanaian culture. They become American citizens (T, 60).

The analyses on attitudes and subjective norms indicate that most of the urban dwellers in Ghana have strong intentions to have American ‘jackpot babies’ (Ajzen, 1991; Bamberg et al., 2003). Also, they expressed their intentions in behaviour through their volitional control at a later date. Thus, for having potential demand means most of them are waiting to experience a change in their circumstances to progress to having actual demand of having American ‘jackpot baby’ (Cooper et al., 2008). Furthermore, others were not interested in becoming birth tourists themselves or allowing their spouses to become one which is mostly absent in the discourses about birth tourism to the USA.

A binary regression model was used to analyse the factors determining Ghanaian urban dwellers’ intentions to have an American ‘jackpot baby’ (see Table 5.11). The model reveals that 35.4% of the intentions to have an American ‘jackpot baby’ are explained by the socio-demographic conditions of the respondents. It also means that 64.6% of their intentions to have an American ‘jackpot baby’ are not explained by other factors not considered in the study. The only significant predictor variable in the model is the attitude towards Ghanaian birth tourists to

the USA. All the other socio-demographic variables are not significant predictors of intentions to have an American 'jackpot baby'.

However, the effect of attitude towards Ghanaian birth tourists to the USA on intentions to have an American 'jackpot baby' is negative. The various attitudes showed by the sampled population towards Ghanaian birth tourists to the USA were less likely to influence urban dwellers' intentions to participate in birth tourism to the USA compared to those who have the attitude that having American 'jackpot baby' is a strategy to secure a better future for children. As seen in the Table 5.11, respondents who had the attitude that having an American 'jackpot baby' is a proof of lack of patriotism and confidence in Ghana are 0.035 times less likely to have the intentions of having an American 'jackpot baby' compared with those who think it is a strategy to secure a better future for their children.

Also, the respondents who disapprove the idea of having an American 'jackpot baby' were 0.018 times less likely to have the intentions to have an American 'jackpot baby' compared with those who think it is a strategy to secure a better for their children. Similarly, respondents who have an indifferent view or believe that having an American 'jackpot baby' is an individual choice, were also less likely to have the intentions to have an American 'jackpot baby' compared with those who think it is a strategy to secure a better future for their children. This study discloses that compared to having the attitude that giving birth in the USA is a strategy to secure better future for children, urban dwellers at the three study areas are less likely to have the intentions to have an American 'jackpot baby'.

Table 5.11: Logistic regression on factors determining the intentions to have American ‘jackpot baby’

| Variables | Coef. | Std. Err. | Odds Ratio | P>z | Confidence Interval | |
|--|---------------|-----------|---------------|---------------|---------------------|--------|
| Socio-demographic characteristics | | | | | | |
| Sex | | | | | | |
| Male (RC) | | | | | | |
| Female | -0.300 | 0.432 | 0.741 | 0.487 | -1.146 | 0.546 |
| Age (years) | | | | | | |
| <20 (RC) | | | | | | |
| 20 - 34 | 0.209 | 0.980 | 1.232 | 0.832 | -1.713 | 2.130 |
| 35 - 49 | 0.087 | 1.200 | 1.091 | 0.942 | -2.264 | 2.439 |
| 50+ years | -0.380 | 1.401 | 0.684 | 0.786 | -3.126 | 2.366 |
| Education attainment | | | | | | |
| JHS/SHS/VOC/Tech(RC) | | | | | | |
| Tertiary/Higher | 0.899 | 0.795 | 2.458 | 0.258 | -0.660 | 2.458 |
| Residence | | | | | | |
| KMA (RC) | | | | | | |
| Cape Coast | -0.116 | 0.813 | 0.891 | 0.887 | -1.708 | 1.477 |
| AMA | 0.040 | 0.526 | 1.041 | 0.939 | -0.990 | 1.071 |
| Type of employment | | | | | | |
| Salary/wage employee (RC) | | | | | | |
| Self employed | -0.292 | 0.648 | 0.747 | 0.652 | -1.562 | 0.978 |
| Student | 0.819 | 0.749 | 2.267 | 0.275 | -0.650 | 2.287 |
| Other | 0.798 | 3.122 | 2.220 | 0.798 | -5.322 | 6.917 |
| Ethnicity | | | | | | |
| Akan (RC) | | | | | | |
| Ga-Dangme | -0.389 | 0.599 | 0.678 | 0.516 | -1.562 | 0.785 |
| Ewe | -0.421 | 0.614 | 0.656 | 0.493 | -1.625 | 0.782 |
| Other | -0.276 | 0.819 | 0.759 | 0.736 | -1.881 | 1.330 |
| Marital status | | | | | | |
| Never married (RC) | | | | | | |
| Ever married | 0.013 | 0.572 | 1.013 | 0.981 | -1.108 | 1.135 |
| Determinants of the intentions to have an American ‘jackpot baby’ | | | | | | |
| Awareness of Ghanaian women participation in birth tourism to the USA | | | | | | |
| Yes (RC) | | | | | | |
| No | -0.902 | 0.828 | 0.406 | 0.276 | -2.524 | 0.721 |
| Know a Ghanaian birth tourist to the USA | | | | | | |
| Yes (RC) | | | | | | |
| No | -0.715 | 0.425 | 0.489 | 0.093 | -1.549 | 0.119 |
| Attitude towards Ghanaian birth tourist to the USA | | | | | | |
| A strategy to a better future for children (RC) | | | | | | |
| US citizenship & its benefits | -0.328 | 0.633 | 0.721* | 0.605 | -1.568 | 0.913 |
| Disapproval & unnecessary | -4.004 | 0.710 | 0.018* | 0.001* | -5.395 | -2.613 |
| Lack of patriotism & confidence | -3.340 | 0.722 | 0.035* | 0.001* | -4.756 | -1.924 |
| Indifference & personal choice | -1.971 | 0.611 | 0.139* | 0.001* | -3.168 | -0.774 |
| Amend American <i>jus soli</i> | | | | | | |
| Yes (RC) | | | | | | |
| No | 0.180 | 0.434 | 1.198 | 0.678 | -0.671 | 1.031 |
| Constant | 1.600 | 1.149 | | 0.164 | -0.652 | 3.853 |
| Pseudo R ² | 0.354* | | | | | |

Source: Field data, 2018. RC: Reference category

5.2 Motility: Preparations and the Travel to Have an American ‘Jackpot Babies’

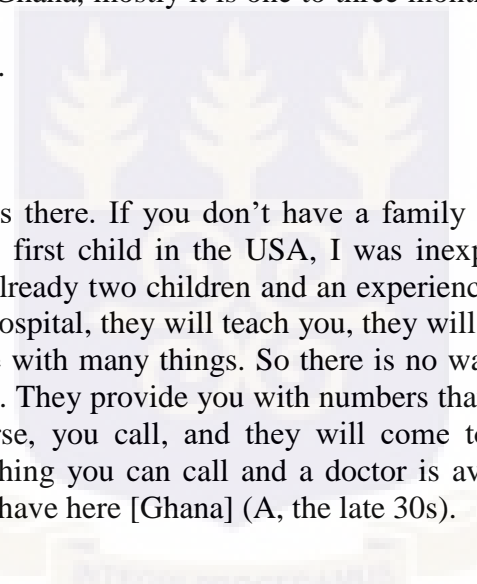
Women are the ones that take an active role in birth tourism to the USA, but this section was devoted to both narratives from Ghanaian birth tourists and their spouses about the preparations and the travel they made to actualise their intentions to have American ‘jackpot babies’. Bamberg et al., (2003) explained that it is crucial to consider the perceived behavioural control together with intention so that those urban dwellers for instance that have potential demand would be realistic in their judgement of the ease or difficulty involved in having an American ‘jackpot baby’. For most outsiders, they are oblivious of the kind of preparations that these families had to go through to have an American ‘jackpot baby’. However, they had to commit a considerable amount of their time, money, skills and seek for the cooperation of others for the mothers-to-be to travel to the USA immediately the initiator of the decision secures the spousal support (Ajzen, 1991; Flamm & Kaufmann, 2006; Kaufmann et al., 2004; Kaufmann, 2014). Four underlying themes were apparent in their preparations and the travel: availability of social capital in the USA, financing, acquisition of American visa and gestation at departure.

5.2.1 Availability of Social Capital in the USA

Apart from the possibility of acquiring American birthright citizenship, the availability of social capital in the USA is a necessary condition for these Ghanaian birth tourists and their families to consider, decide, travel and have American ‘jackpot babies’. This social capital comprises social networks (i.e. friends & relatives) and institutional support in the USA (de Haas, 2007; Peil, 1995; Sundari, 2005). Also, the UN (1993 cited in Sundari, 2005) added that the guarantee of having access to the social networks at a destination act as a pull factor. The reliance on social capital is quite different from the Asian

context where expectant mothers rely on travel agencies to cater for their preparations and travel to the USA to give birth (Feere, 2015; Guerrero, 2013; Heaton & Dean, 2016; Ji & Bates, 2017; Pearl, 2011; Nori, 2016).

All the parents therefore did recognise the vital role their relatives and friends played in providing the mothers with accommodation, transportation, assistance with arrangements at a healthcare facility for antenatal visits and delivery, among others (GSS, 2015; Sundari, 2005). Most of the women stayed with their social networks until the designated time for their return to Ghana, mostly it is one to three months after childbirth, but a few stayed up to six months.



My brother lives there. If you don't have a family in the USA, you will be in trouble. For my first child in the USA, I was inexperienced, but his wife was there who had already two children and an experienced nurse, so she helped me. So even in the hospital, they will teach you, they will give you materials, and you will come home with many things. So there is no way it will be difficult to take care of the child. They provide you with numbers that you can call at any time. If you need a nurse, you call, and they will come to your home. If you don't understand anything you can call and a doctor is available to give explanation, which we don't have here [Ghana] (A, the late 30s).

The above narrative also confirmed the availability of institutional support (for example, domiciliary midwives, social welfare, among others) that caters to the needs of pregnant women from foreign countries.

The availability of the social capital for these Ghanaian women was not without challenges. One husband, for instance, described how he and his wife received overwhelming support from the community they resided in and the church they attended though they did not have access to family support. But his wife instead described how

she felt without her family support despite the visits from the domiciliary midwife for several days after childbirth.

The first two weeks after delivery when I came home, I was almost depressed because I was visualising me at home [Ghana] where my mother could be there taking care of me, cooking for me. Here was I after five days and this woman [domiciliary midwife] said: “today is my last day”. The following morning, I woke up I prepared everything, the water and the bath. I knew how she was doing it, but I had not handled a baby before then, I started crying. I waited a bit and said ah, my mother and sisters are all there [Ghana] and look at me. There is nobody to talk to (T, 60).

This study notes that these Ghanaian mothers were dependent and value support from their families in the USA than their husbands or partners (Eklund, 2000). For a few of the mothers too, they expressed disappointment that their relatives and friends that they stayed with were not able to provide them with either the same physical, emotional or both support as it would be given in Ghana.

I went to stay with a family friend who was also very busy. She was a single mother with three children, so obviously I didn't get any help from her. Even during the ninth month of my pregnancy, I was still bathing my two children that I travelled with to the USA. You can imagine, the second born and my last born; their age difference is not too much. If I was here [in Ghana]; I would have much support from my mum, sisters, friends and many others (J, 35).

Hmmm, when you give birth in Ghana; you readily have the support of your husband, mother or other family members. But out there in the USA, you are always bored when it is not time for you to give birth and you are unable to go anywhere. You have nobody to talk to because whoever you are staying with has gone to work. Even when they come back, they don't have the latitude to sit with you for a conversation. They have to finish their house chores quickly, get some good sleep before the next workday. So you are home alone when you can be back here [Ghana] playing with your children and with your husband around. So it is not a luxurious choice. I think for me, it is a sacrifice you make (E, 38).

5.2.2 Financing

All the interviewees indicated that it was costly to have American ‘jackpot babies’ though they were reluctant to indicate the total amount that they spent (Heaton & Dean, 2016; Nori, 2016; Tetteh, 2010). Instead, they sometimes mentioned only an aspect of the total cost like the cost for air ticket, birth certificate and passport for their babies or the main component of the overall cost which is the medical cost.

For the first one, it probably cost \$ 3,000 and something for the birthing centre itself and then hmmm there were other little charges so maybe about \$4,000 for the birth itself. For the twins, it ended up being about \$7,000 for the birth, and we also had to pay for a few antenatal visits and all that comes to the total of about \$8,000 (N. 35).

There were many instances in the women’s narratives that showed that there were two main modes of payment used in financing for their medical care: insurance and outright payment. Most of them applied for medical insurance with the assistance of their social networks and health facilities in the USA.

I applied for insurance, and again the [type of] visa too tells. If you have a correct visa and all that you can apply. So if you can visit a community hospital and they get to know that you are pregnant and you need health care, they give you the insurance, but it is for delivery. Aside from delivery, it doesn’t cover anything (A, the late 30s).

Those who opted for medical insurance were alluding to Medicare which was provided by virtually all the American hospitals and others applied for other publicly funded health care programs which provided some form of discounts on the medical cost they had to pay (Pearl, 2011).

The truth is for most of us we can't afford the cost of the medical care, but certain states in the USA give some form of discount as high as 60 or 70% on the total cost for the medical care. So you may end up paying like \$3,000 or \$ 2,000 (E, 38).

One of the mothers confirmed that Medicare is subsidised form of payment plan for most immigrants who cannot afford the full cost of medical care (Pearl, 2011). However, she opted to make an outright payment instead because she heard that using this facility might go against her but did not elaborate what she meant. A few paid for their medical cost according to a payment plan while others opted to use both insurance and outright payment simultaneously.

I was covered by the insurance that my mother as a naturalised American citizen applied for me. But when I got to the USA, I realised that the cost of medical care was very expensive. If I can recall, I was charged \$1000 a day, so for the three days that I spent at the hospital, it cost \$3000 plus other charges for the theatre, me and the baby which in all amounted to about \$11,000. So they [the hospital] referred me to a social worker who worked closely with me that I had insurance from the state. The state insurance that I got access to provided cover for a pregnant woman and child for three months, but after that, you have to cater for other costs (S, 45).

This study establishes that these Ghanaian parents cannot be classified as having lower middle-income status using the daily expenditure of \$2 to \$ 20 because of the amount they spent on childbirth in American health facilities (BBC, 2013; Lentz, 2016; UN-Habitat, 2014). But instead, they have attained either the middle-middle or upper middle-income status; that is, according to the World Bank, per capita GDP for the middle-middle income country is \$4,620 to \$8,263 while for the upper middle-income country is \$8,264 to \$ 11,905 (Kwakyee, 2012).

5.2.3 Acquisition of American Visa

Visa is one of the essential requirements in the journey to have an American ‘jackpot baby’ (Habib, 2015). The Ghanaian women who travelled purposely to the USA to give birth always have a secured long-term tourist visa at hand because they are frequent travellers (Altan-Olcay & Balta, 2016). However, the American tourist visa is not readily available for everyone as one has to prove the possession of different forms of economic, cultural and social capital ties to Ghana (Habib, 2015). As proof of social, cultural and economic ties, these women submit documents such as bank statement, marriage certificate, current studies or employment, among others as part of their visa interview appointment. The visa issued was multi-entry, and validity was for a longer duration (for example, a year or five years).

Three of the mothers used other types of permit that allows them to travel legally to the USA (Habib, 2015). That is one mother got admitted into the USA as a “short-term resident” non-immigrant whereas the other two were permitted into the country as accompanying spouses as their husbands were “short-term resident” non-immigrants too. But two of these mothers later applied for an American tourist visa when they decided to give birth in the USA again on their return to Ghana.

I had my first two children while studying for my PhD in the USA. When I returned home [Ghana] and got pregnant, I decided to go and have my last child there [USA] as well so that all of my children would have American citizenship. I did not have to apply for a visa because I already had a visa when I attended a conference a few years back, which was yet to be expired. So I just used it (T, 40).

The above narration explains the reason why six Ghanaian mothers with more than one American ‘jackpot babies’ had to return to the USA after the first childbirth. That is, they

do not want any of their children to feel marginalised because they do not share the same citizenship; therefore, they do make an effort to ensure that.

5.2.4 Gestation at Departure

The birth tourists interviewed were professional women, wives and mothers; therefore they had to strategise their departure from Ghana in the third trimester of the pregnancy when they can take their mandatory leave which is for three months in Ghana and not be a flight risk.

I always travel late in my pregnancy, like 35 weeks. I already had one child before going to the USA to give birth, and I couldn't leave her for a long period; not because there was nobody to take care of her while I was away in the USA. Also, for two of my deliveries in the USA, I was working, and it was very demanding so I couldn't be away for a long period. So I leave Ghana at 35 weeks, and I give birth around 40 weeks (E, 38).

A few of the mothers also reported that some of the airlines were not happy that they were travelling late in their pregnancies. However, provided they are notified, these airlines make arrangements (such as an offer of a front seat that makes room to stretch one's legs, a wheelchair if walking is not possible, among others) to make these pregnant women travel comfortably from Ghana to their intended destination, the USA.

The findings presented under the preparations and the travel phase shows that Ghanaian birth tourists and their families are relatively well-off and rational vacationers (Decrop & Snelders, 2005; Kang, 2018). Thus, judging from the effort exhibited in the preparations undertaken by them to transform the motility (i.e. money, skills, time, among others) at their disposal to travel to the USA to give birth to their children shows the difficulty

involved (i.e. perceived behavioural control). It is also an indication that not every Ghanaian urban dweller with potential demand would be able to secure the requisite resources and opportunities needed to travel to the USA to have American ‘jackpot babies’.

5.3 Experiencing American Maternal Care

The journey to have an American ‘jackpot baby’ ends with experiencing American maternal care. An experience was defined by Carlson (1997) as a constant flow of thoughts and feelings that occur during moments of consciousness (cited Mossberg, 2007). Ghanaian birth tourists went through an experience throughout their entire journeys to give birth in the USA; however, from their narratives, the highlight was the experience of American maternal care (Mossberg, 2007). For that reason, this research found it apt to examine their delivery experiences alongside with the challenges they faced when these Ghanaian mothers-to-be utilised the American health facilities during childbirth.

5.3.1 Positive Experiences

The childbirth experience was regarded as the peak of their experiences on the journey to have an American ‘jackpot baby’ (Quan & Wang, 2004). The narration of their maternal care experiences revealed that most of the mothers made a comparison between the Ghanaian and American experiences. Apart from the six mothers who had some of their children born in Ghana and a child born in the UK before giving birth in the USA, the rest compared their experiences based on what they had heard from their friends and family members who have a Ghanaian experience of giving birth.

The good reviews they gave about their experiences of American maternal care revealed that there is always medical staff on standby and institutional support to attend to any complaints related to an expectant woman which was contrary to the Ghanaian delivery experiences.

It was brilliant. I was told I was at high risk. So I was given two gynaecologists, two obstetricians, and two anaesthetists to look after me. I was alone in my room, and I was monitored 24/7 until I had my baby. Honestly, it was my first baby, and I did not understand the pain and all that was happening to my body. I also had two nurses. The nurses were there, and doctors were there, they kept monitoring the baby and me. They tell me at every stage what was going to happen. As for the care, it was just wonderful and also when you have a baby; they take the baby to the nursery so that the mother can rest and sleep. When I spoke to my friends when I came back, they were telling me about their horrific experiences, and I was surprised. I had a lot of attention and care. I could not ask for anything better (C, 52).

So for my older child, I had her in a birthing centre. The experience was different from what I heard about giving birth in Ghana. The medical staff were very respectful, very supportive and accommodating. Yes, it was a good experience; my husband was with me throughout the whole delivery process. They allow you to eat even while you are in labour; you know you can do whatever you want. I had a water birth for the first child, so it was a different kind of experience. For the second birth, it was twins; but there are laws and rules in virtually all the states about giving birth to twins in a birthing centre, so I had to give birth in a hospital in case there were any complications. It was still a natural and very relaxing birth (N, 35).

For the mother who had given birth in three different countries: Ghana, the UK and the USA, her comparison was made between the three separate delivery experiences.

I will say that the easiest one is the one in the US. So here in Ghana, being pregnant, you have to hold [in the pains] a lot. You are told that the pains that you are experiencing are like that. But one thing I realised about giving birth in the US is that they made you aware of what was happening. At every stage and like every complaint that you give, they try solving it. They gave me medicine for everything I was going through at any point in time (J, 35).

Each of the women's delivery experiences was directly influenced by the personnel that attended to them, availability of medical equipment and the interior layout within the healthcare facilities (Arnould & Price, 1993; Wakefield & Blodgett, 1996). Their good reviews were made possible by the various healthcare facilities that they patronised creating the circumstances and the environment for them to have a delivery experience different from what they heard or experienced in Ghana (Mossberg, 2007).

5.3.2 Negative Experiences

Despite their excellent reviews, some of the women recounted the challenges they faced during childbirth. The challenges enumerated were their reactions to the maternal care received. Some of the challenges could be seen as negligible, like the type of food served was not according to their taste and the perception of the health personnel that they could not communicate well in English.

What I found strange was that the nurse who took care of me after delivery. She wrote on their charge card after she closed for the night that: "African woman speaks little English" even though she did not speak to me. So, the next day when the morning nurse arrived, I realised she was speaking to me slowly, and I asked why you are speaking like this. "Oh, they said you speak little English". I told her I could speak English so she can talk to me. That is the experience; otherwise, everything was fine (T, 60).

The major challenges that some of the mothers recounted had to do with being taken care of by some 'inexperienced' medical staff, providing consent for every medical procedure when they are in pain and unfair treatment by some of the medical staff because of their race. Two of the women narrated that these challenges they faced nearly cost them their lives.

I was given a medication pump to manage my pains by pushing the button on it once to pump in some medications into my system to relieve me of my pains. But after several pushes on the button, my pain was still intensifying without any relief. I later realised that the machine was not functioning so I pressed the button to call for the attention of the nurse on duty but no response. My mother, who was with me, also went out of my room to call her but still, she didn't turn up. As my pain was intensifying, I started to throw up and feeling dizzy. My mother became alarmed, so she ran out and shouting. That is when the nurse showed up, a Caucasian and her body language connoted racism. After working on the medication pump, she failed to remove the tubes so that all the medicines that I have pumped in earlier ran out. She just connected the tubes and told me that I can now pump. Just when I pumped again, I passed out; because the medication has become overdose in the system, so I had to be resuscitated (S, 45).

The only annoying thing I found out about their [the US] medical care was that when you are in pain, then they bring you medical documents to sign. Who reads it at that time? I just signed, but I really don't know what it was about, and up till now if you asked me what I signed I do not know. You know, in Ghana when you are going to have a baby, you pack clothes. So, I had one special one I wanted him to wear when he is born, but I was not allowed to do. Because they provided him with clothes and other baby stuff which felt like a charity, honestly, I was not very happy about that because I felt I could afford to provide with his material needs such as the clothes and milk. There was another thing I did not like. I told them I am exclusively breastfeeding my child so after two days when I was well, and I could get up. I went to see him at the nursery, and a nurse was giving him a bottle (C, 52).

As Mossberg (2007) explained an experience is made up inside a person, and the outcome depends on how an individual, in a specific mood and state of mind, reacts to the interaction with the staged event so do these women in their evaluation of the American maternal care received. Two interesting findings were observed from their narrations about the maternal care received. First, their subjective experiences and challenges they faced in giving birth in the USA corroborated Jordan and Gibson's (2005) argument that tourism experiences for women are diverse especially for women between the ages of 30 and 50 years. Most of the participants' ages were within this age range at the time they were giving birth in the USA hence the marked variations in their experiences. Second, though the mothers encountered the challenges in their travels and

childbirth experiences but to them, it was evident of meaningful travels. Because at the end of their travels, they have been able to transfer most of the life-changing benefits associated to American citizenship by birth to especially their children and immediate families (Wilson & Harris, 2006).

Travelling with a 35 weeks pregnancy; you pray from day one until you land in your house. If you experience dangerous turbulences while airborne, something bad can happen, so you go by faith. Likewise travelling with a baby for all those hours is not easy. So, it was not like a luxurious choice for me. But for the service that you get, it was worth it. It was worth the whole trip and the fact that I have been able to put my child into a situation which I did not have (E, 38).

Most of the mothers interviewed indicated their readiness to give birth in the USA whenever they get pregnant again because of maternal care that they received in the American health facilities. Hence, the successful delivery of their children in the USA shows that these Ghanaian birth tourists or short-term visitors have formed PBFs.

5.4 Chapter Summary

This chapter has established that the journey to have an American ‘jackpot baby’ from the Ghanaian perspective goes through three unchanging phases sequentially: intentions, preparations, and the travel and experiencing American maternal care. Also, birth tourism to the USA is not a regular social occurrence and does have a marker of privilege attached to it (Bianchi & Stephenson, 2013). As a result, people who have the intentions to engage in this form of mobility must possess the required motility and transform it into travel to the USA to give birth to American ‘jackpot babies’ (Ajzen, 1991; Flamm & Kaufmann, 2006).

During the intentions phase, there was high awareness among the urban dwellers that some Ghanaian pregnant women travel on a valid visa to the USA to give birth. Their awareness therefore influenced most of them in their attitudes and subjective norms, which accurately predicted that they had strong intentions to have American 'jackpot babies'. Majority of the urban dwellers have potential demand, whereas a small percentage of them have no demand to give birth in the USA. Most of the urban dwellers that had volitional control to have an American 'jackpot baby' were females, which were corroborated from the narratives of the mothers. These mothers had to prioritise spousal support and the common tactic used was persuasion. A bivariate analysis established that there is a significant association between awareness of Ghanaian birth tourists to the USA and the decision to have an American 'jackpot baby'.

Furthermore, these two independent determinants of intentions spell out the motivations that would induce an urban dweller in Ghana to have the desire to give birth in the USA and prompt another to follow suit (Ajzen, 1991). In addition, this study discloses through the binary regression model that 35% of the intentions are explained by socio-demographic characteristics of urban dwellers. Their attitude towards Ghanaian birth tourists to the USA is the only significant predictor variable in the model, but its effect on their intentions to have an American 'jackpot baby' is negative. This result disconfirms Ajzen's (1991) assumption that attitude towards a given behaviour is an independent determinant of the intention to perform the said behaviour in relation to birth tourism to the USA from the Ghanaian context. This study recognises that a missing independent variable in the logistic regression model is income but capturing it in a survey in a country like Ghana is not easy. Income should have become a natural predictor in the model since having American 'jackpot babies' is a capital-intensive endeavour judging from the narrations on financing from the Ghanaian parents. The

education qualification and the type of employment that both respondents of the survey and interviews are engaged in as discussed in Chapter Four shows at least their income levels.

This study also found that the global inequality in the acquisition of citizenship is the primary motivating factor that would drive Ghanaian urban dwellers including those who had actual demand to act ‘rationally’ to use international tourism as a disguise to acquire “right” citizenship from the USA for their offspring (Isin, Wood & Wood, 1999 cited in Jones & Gaventa, 2002; Shachar, 2009). Thus, these Ghanaian urban dwellers saw American citizenship as an opportunity-enhancing tool that they want to acquire for the benefit of their children and families (Choules, 2006; Shachar & Hirschl, 2007). But the no demand had the view that having American ‘jackpot baby’ is unnecessary and in the long term, it is injurious to the Ghanaian identity. Their views are a valuable contribution to the discourses on birth tourism to the USA.

The preparations and the travel undertaken by the Ghanaian birth tourists and families after the decision is made shows that the perceived behaviour control for having American ‘jackpot babies’ was not easy endeavour though they had the behavioural achievement of forming PBFs of Ghanaian origin (Ajzen, 1991; Bamberg et al., 2003; Beattie, 2017; Cross & Gilly, 2013; Guerrero, 2013; Habib, 2015). Thus, it is not every Ghanaian urban dweller with potential demand who can secure spousal support and the motility to perform this form of mobility.

Moreover, the highlight for the Ghanaian birth tourists was experiencing American maternal care and forming PBFs though a few encountered some challenges during the delivery of their children. To them, the opportunity and ability to transfer benefits which

are mostly life-changing to their children is enough justification for them to embark on this form of travel regardless of the danger it poses to their lives and that of their unborn babies (Maddali, 2008; Wilson & Harris, 2006). The implication of interchanging this form of mobility to other types of capital presents an opportunity for American ‘jackpot babies’ to migrate in the future to gain access to their entitled benefits in the USA for themselves and their families. The next chapter discusses American ‘jackpot babies’ sense of belonging within Ghanaian PBFs.



CHAPTER SIX

AMERICAN ‘JACKPOT BABIES’ PARADOXICAL BELONGING

6.0 Introduction

The formation of binational families is regarded as atypical and a novelty that incites curiosity and draws attention, likewise PBFs from the wider Ghanaian society (Cross & Gilly, 2013). This chapter therefore is organised in five main sections to discuss the sense of belonging of American ‘jackpot babies’ with Ghanaian parentage after birth and its implications.

6.1 American ‘Jackpot Baby’s Return to Ghana

After the delivery of their American ‘jackpot babies’, Ghanaian parents devoted their time and resources in documenting their children’s political belonging to the USA through the procurement of birth certificate and passport. Their acquisition of these two legal documents signified the official recognition that their children have a close relationship with the USA (Bhabha, 2009; Golash-Boza, 2016). Apart from these two documents, these parents had to acquire a Ghanaian visa and residence permit to facilitate their American ‘jackpot babies’ return and stay in Ghana.

6.1.1 American Birth Certificate

All parents are expected to apply for a birth certificate for their American-born children immediately after delivery. Government officials go around the wards to hand over forms to mothers who had just delivered to fill with details about themselves, spouses and their babies’ names. The information provided on the forms is used to prepare the

birth certificates. One of the mothers stated that the inability to fill the forms means the mother cannot be discharged from the health facility.

There are different timelines that mothers have to wait to get possession of their children's birth certificate as it depends on the State that they gave birth in. The duration ranges from within 24 hours to three weeks after childbirth. Mothers who were on admission beyond 24 hours but less than a week had their children's birth certificate delivered to them at the health facility whereas others got them sent to the addresses of the accommodation they were staying with or picked them up at the post office. Some of the mothers had to communicate to the officials of their desire to return to Ghana immediately so that they can speed up the process for the birth certificate in order to proceed to the next step of the formalisation process, the application for an American passport. Thus, they were able to obtain it within a week. The cost for the birth certificate mentioned by the Ghanaian birth tourists ranges from \$12 to \$50 and were at liberty to request for more copies if they so wish.

6.1.2 American Passport

Parents in Ghanaian PBFs proceed immediately to apply for the American passport after receiving their child's birth certificate. Each of the parents had to apply for the passport on behalf of their American-born children since they were minors and book for an appointment with the passport office or its allied agencies. They had the options of choosing between three different services: within 24 hours, express and regular. The study observed from the Ghanaian parents' narrations that the duration for these types of services was fluid across the different States. For instance, in Wisconsin State, the express service meant the passport would be ready within a week, but in other States like

Minnesota, regular service takes three days. The overall cost for an American passport also varies across the various American States but the key aspects that contribute to the total cost were the cost for the passport itself, execution fees if parents are using a third party instead of the passport office to procure the passport as well as delivery fees and the type of service opted. Therefore, the cost ranges from \$140 to \$200; the high cost is associated with within 24 hours and express services.

These parents had to go along with their babies for the appointment with the passport office or its allied agencies to verify their identities and that of their babies. A few mothers also indicated that they had to provide a reason backed by proof why they were applying for American passport for their babies as part of the application process. Therefore, some of the documents that they had to submit in person as evidence were a form indicating parental consent for the child to have a passport, birth certificate, parents' identification and return ticket. One of the mothers pointed out that the passport application process was easier when both parents were present in the USA than if the mother was only present.

If you want to get an American passport for your baby, you have to apply online for an appointment and visit the passport office with the baby for verification. Both parents have to give consent and state the reason why you want a passport for a minor. I explained that my maternity leave is over and have to go back to work. So, I can't leave my baby there [the USA] alone as she is still breastfeeding. I scanned my maternity leave resumption date and attached it to the forms as proof (S, 45).

One of the mothers added that she had to notify the airline of the birth of her baby in order for them to issue baby ticket together with her return ticket which is also required as evidence of the baby's travel outside the USA. The baby's ticket should not be one way but has to be a return ticket.

From their narratives on procuring an American passport, it does show that being biological parents to an American ‘jackpot baby’ is not enough reason to apply for an American passport. But, as foreign parents, they have to prove beyond a doubt the real intent for travelling with an American citizen who is a minor outside the USA jurisdiction to the passport office and its allied agencies. The validity of an American passport is for five years; therefore, these parents have to go through the same procedures over again when it expires, and their American ‘jackpot babies’ are still minors.

6.1.3 Ghanaian Visa

All the parents decided to return together with their babies to Ghana after childbirth, so they had to apply for Ghanaian visas for them after the documentation of their American citizenship. However, only one mother discussed how she acquired Ghanaian visas for three of her children born in the USA. She also lamented over the frustration she went through in getting the visa from the Ghanaian consulate in New York for the first child she gave birth to in the USA.

I did my first one [Ghanaian visa] from Denver. About five days to my departure, I hadn’t heard from the Ghanaian consulate in New York. I called several times and no response likewise the emails that I sent. I had to rely on my cousin who knew someone at the consulate to follow up for me and found that they needed additional information from me and also they have just put my application somewhere. So the visa application process had to start five days to my departure when I had sent it like a week earlier. I nearly changed my flight but got an assurance that I will receive it [visa] before the flight. I finally received the passport with the Ghanaian visa a few hours before my flight (E, 38).

She added that friends and acquaintances that she knew to have also given birth in the USA suffered a similar fate when they applied for Ghanaian visa from the New York

consulate. For the subsequent two visas, she used an agency in Worcester and an honorary consulate in Houston. At Houston, she attested to have taken delivery of her baby's Ghanaian visa within two days of application.

6.1.4 Ghanaian Residence Permit

Since their children have American citizenship, Ghanaian parents in PBFs are required to apply for a residence permit for them so that their American 'jackpot babies' can reside legally in Ghana immediately their visa validity expires. However, this study observed that most of the Ghanaian parents exhibited apathy in the acquisition of residence permit for their American-born children compared to the other documents that they had to procure in the USA for them. These parents gave diverse reasons for their indifference. Some were the costs associated with its regular renewal, not a priority and for others; they have selective amnesia that their children are not Ghanaian citizens until when they have to travel with them outside the jurisdiction of Ghana.

I am yet to apply for them because it is not a priority, and I know I can always do it. Currently, the penalty for not having residence permits for them cost nothing (C, 41).

Normally, when you are residing in Ghana, you might not remember to get a residence permit for them [American-born children] because they are Ghanaians. Until you need to travel with them or renew their passports, then you are obliged to show that they are residing in Ghana legally (E, 38).

An official of GIS explained the process of acquiring a residence permit and the penalty that these parents would have to pay for their American-born children residing illegally in Ghana without a valid visa or residence permit. The penalty is costly.

Ghanaian parents would have to fill the residence permit form and attach it with a letter that indicates their intention to guarantee with either a bank statement or an indenture for their child who is a foreign national to be given a residence permit in Ghana. Also, they have to pick and sign a bond form at the immigration office in addition to paying ₵150 for an annual residence permit. So, every year they have to renew the residence permit but in most cases, in order not to worry parents with yearly renewal, a four years residence permit can be granted. Parents can also apply for an extension of their child's visa, which cannot be extended beyond a maximum of 6 months. The extension is charged per month, that is ₵50 per month. Inability to extend the visa or get a residence permit means parents have to pay for a penalty at the airport before immigration officers can allow parents to travel with their American-born child outside the jurisdiction of Ghana. It cost ₵80 for every month that the child has a Ghanaian visa that is expired (GIS official).

Moreover, a single mother of an American 'jackpot baby' stated that her son does not need a residence permit because his parents are Ghanaians, so she instead got him a dual citizenship card. But, the GIS official indicated that usually, a dual citizenship card is not given to a minor and one mother reported that the USA require their American citizens to be of the legal age before they can decide to have dual citizenship or renounce to be either American or Ghanaian.

The readiness of Ghanaian parents to formalise the acquisition of American citizenship show their desire to actualise their children's claim of American citizenship by birth into reality (Bauder, 2008; Koser, 2007). Also, one of the mothers summed the experiences of the formalisation process as stressful because they had to combine their duties as 'new' mothers to book appointments, find transportation when their social networks are unable to drive them while carrying their babies to honour all of their appointments, among others. However, these same parents had an indifferent attitude towards the acquisition of the Ghanaian residence permit which might stem from their belief that possession of it conveys the message that they are formally acknowledging that their American-born children are non-Ghanaians which they vehemently insist that they are Ghanaians.

Besides, the acquisition of Ghanaian visa and even with the apathy observed in the application of residence permit signified Ghanaian parents' decision to return with their American 'jackpot babies' as 'incomers' and for them to have place-belongingness to Ghana (Antonsich, 2010). Antonsich (2010) explained "incomers" as people who choose to live in a place different from the place they were born for various reasons; as, in the case of these Ghanaian parents, they want their children to have an emotional attachment to Ghana.

6.2 Paradoxical Belonging: American 'Jackpot Babies' and Place-belongingness to Ghana

This thesis observed that the construction of American 'jackpot babies' sense of belonging within Ghanaian PBFs is paradoxical. It is a form of belonging planned by their Ghanaian parents. That is, the parents' desire to have at least a child of theirs to have political belonging to the USA, but the place-belongingness (i.e. the feeling of being 'at home') should be to Ghana. The preceding chapter discussed their decision and experiences in having American citizen children. Therefore, this section examines how Ghanaian parents nurtured their American 'jackpot babies' to develop place-belongingness to Ghana.

The Ghanaian parents interviewed have naturalised and nurtured their American 'jackpot babies' as 'incomers' to have place-belongingness to Ghana (Antonsich, 2010; Yuval-Davis et al., 2005; Yuval-Davis, 2006). Antonsich (2010) revealed that length of residence has been recognised by sociologists and environmental psychologists as a relevant factor in generating a sense of place-belongingness among 'incomers'. The decision to reside with their American 'jackpot babies' in Ghana shows the desire of the

parents' to use the years of childhood to nurture their children's place-belongingness to Ghana. To the parents, that is the best time for them to develop their children's emotional attachment to the country. Thus, their American 'jackpot babies' should have an 'elective belonging' to Ghana (Antonsich, 2010; Savage, Bagnall, & Longhurst, 2005). Savage et al. (2005) explain 'elective belonging' as a sense of belonging that is generated when the chosen place of residence corresponds with an individual's life story.

From the Ghanaian parents' accounts on how they have nurtured their children's emotional attachment to Ghana before they reach adulthood, two main approaches were used.

6.2.1 Non-disclosure of American citizenship

Most of the Ghanaian parents tell their American 'jackpot babies' that they were born in the USA but did not disclose to them their American citizenship. When they are informed of their birthplace, these children mostly asked their parents for reasons. After stating the reasons, these parents always tell them throughout their childhood that they are Ghanaians even though they were born in the USA. Apart from not revealing their real citizenship, one father stated that he had to hide his son's passport to make sure he did not have the impression that being born in the USA, he has to travel there. However, these Ghanaian parents do not wish to disclose to the social world that they reside in of their children's birthplace or citizenship because they believe that their children might suffer exclusion instead of inclusion (Yuval-Davis et al., 2005; Yuval-Davis, 2006). For that reason, some of these parents expressed their displeasure when a third party divulged to their children that they are American citizens.

I quite remember sometime back, I had this cousin who used to say to my children; “you are not Ghanaians, so I will sack all of you to your country”. I got furious, and my mom would say, “Why are you so angry?” and I replied, “I just don’t want to put that mentality in their heads”. They are Ghanaians whether they have American passports or not. Some people hold the view that if I am born in the USA, so I’m different from those born in Ghana, but then we are the same. The difference is where we were born (A, the mid-30s).

Apart from her children not being considered as Ghanaians, this mother’s narrative revealed another fear that most Ghanaian parents like her have when their children’s citizenship is divulged. That is their offspring at younger age would have, or others will create a false impression to them about the USA being a utopian country. One mother, for instance, stated that she specifically did not allow her son to travel to the USA even for holidays during his childhood to prevent him from having the impression that the USA is a ‘glorious place’. This fear that they had was confirmed to be a real concern as the only American ‘jackpot baby’ interviewed described the different emotions that he went through after his mother informed him about his American citizenship.

At age ten years or so, my mum told me about my American citizenship. I was happy when she told me because I can travel to America –some fancy place that I go and live in the sky and all that. Yes, there was the expectation that I will travel to the USA. So, when I finished JHS, I was excited and told my father that I want to go to the USA and see the land of great opportunities. But, he said I should get my first degree before travelling. I was a little bit frustrated. Every once in a while, I would bring it up, and they [parents] would say no. In my second year at the university, my father relented, and I went on my first voyage to the USA for a three month holidays during the long vacation. But I had the rude awakening that my view about the USA being a land of milk and honey was a lie (K, 32).

Another headache that some of these parents wanted to avoid with the non-disclosure of American citizenship is explaining to their other children with Ghanaian citizenship why they the parents could not give birth to them in the USA just like their American-born siblings.

I had my firstborn here [Ghana] but the last three I had them in the USA. She keeps asking me; “mum, why is it that you didn’t go to America to give birth to me, but you gave birth to them there?” She did ask me before but not with bitterness as somebody might expect. It is just like a normal child asking to know why, you know. Oh, I told her that I couldn’t go because of work. Then she asked “why were you able to go?”, “were you not working?” I said, “I was working, but I couldn’t go because of work” (E, 38).

For this mother, it was not her choice to make known the American citizenship of her younger three children, but she was forced to address the disclosure when a third party did it. Therefore, she had to explain to her oldest child why the difference in place of birth to her other three siblings but her daughter’s persistence in questioning her birth in Ghana shows that her mother’s response was not satisfactory to her. But, a different scenario was reported by the only American ‘jackpot baby’ engaged for this study. He stated that when his younger siblings became aware of his American citizenship, they did not believe that he was an American citizen, and they did not have any reservations about it. Probably, his younger siblings’ acceptance of him having citizenship different from theirs might reflect how they were socialised together by their parents.

6.2.2 Socialisation

These Ghanaian parents painstakingly socialise their children to develop an emotional attachment to Ghana to avoid the likelihood of their American born-children suffering from exclusion. Also, for those who have other children with Ghanaian citizenship, it is their expressed wish that through socialisation, these children do not to feel marginalised to their American-born siblings. Consequently, socialisation, together with the first approach, would make their children, that is those with Ghanaian and American citizenships, become rooted in the Ghanaian society. The two dominant themes in their socialisation narrations were formal and informal education.

Formal education. All the parents shared the same view that their children should be educated in Ghana at least up to the secondary level. Only a few of the parents had their children attending schools that use an American curriculum while the rest attend schools with Ghanaian curriculum. One parent indicated that the choice to have her son educated in Ghana is for his son to have classmates whom he can network with for future endeavours. For their tertiary education, these parents had two opposing views. Some parents wanted their children to receive undergraduate education in Ghana while the other parents wanted their children to continue with their tertiary education in the USA. For those who support undergraduate education in Ghana, they believe having secondary education does not make their children matured enough for them to live an independent life which is a must in having tertiary education in the USA. At that age, their children would be easily mesmerised with the trappings of the American society such that they would be lost, leading to an identity crisis.

I told him; “he would only travel to the USA after getting a Bachelor degree, knowing his roots and can think for himself”. So, he went to high school here [Ghana] and later went to the University of Ghana. Even when he got his Bachelor degree, he did not travel immediately to the USA for his post-graduate degree. He had to complete his national service first, thus obey all the local rules (K, 67).

From this father’s narrative, he firmly believed that his son getting education up to the tertiary level in Ghana extended his stay in the country such that it would be adequate to generate his ‘elective belonging’ and invariably a place-belongingness to Ghana (Antonsich, 2010). His son who at the younger age was eager to travel to the USA when he was informed of his American citizenship, reflected years later that he was appreciative of his father’s stand to let him get education up to the tertiary level which allowed him to develop a sense of rootedness for Ghana (Antonsich, 2010).

Yes, I thanked him for not letting me go earlier. The USA is a greater place to be, but you need to have a certain understanding of life to be able to manoeuvre in this new environment because it was different from what I was used to. The USA affects everyone differently; therefore, you have to have values that you stand for or else your basic understanding of life would be challenged. If you are not sure of what your values are, you can easily lose yourself in the chaos of what America is; that is you will be trying to fit in. So, my father's decision not to let me travel to the USA at a younger age allowed me to be grounded and know who I am. The fact that I have a family that I can count on also helped (K, 32).

The above account shows that an absence of an emotional attachment to particular place does lead to a person feeling a sense of loneliness, isolation, alienation and displacement (Dorling, Vickers, Thomas, Pritchard, & Ballas, 2008; hooks, 2009 cited in Antonsich, 2010).

Informal education. Both Antonsich (2010) and Yuval-Davis (2006) agreed that often the 'requisites' for belonging is for the individual to assimilate to the language, culture, value, behaviour and religion of the dominant group. So, apart from the formal education, these American-born children also go through an informal education to inculcate into them the Ghanaian values such as being fluent in a Ghanaian language, acquire a taste for Ghanaian dishes, become religious, among others. A vital aspect of the informal training that most of the Ghanaian parents mentioned to ensure that their children conform to the training was the enforcement of discipline. That is the 'Ghanaian' form of discipline. Most of them revealed that their forms of discipline were to use whipping or reprimand as a way of correcting their children when they are in the wrong. They were of the view this form of discipline was essential in making their children well-cultured and well-mannered, and one mother revealed that she specifically chose a school that uses whipping as a form of discipline for her son to attend. For that reason, they commended themselves highly when they noticed the difference between

their Ghanaian trained children in their interaction with their younger relatives who are resident in the USA.

Recently, we had some relatives from the USA visiting my family, and you could see there was a vast difference between my children and them. Sometimes, they say bringing up a child depends on God, but I also do feel the parents have a role to play. In the USA, children are left to do whatever they want. If you say don't take this, they will take, and their parents won't say anything, but here it is not like that. I think pampering them is not the right way. Sometimes, I do have the money to provide what they ask for, but I would not buy them. Because, I want them to understand that you don't always get what you want. You have to scold them sometimes, once in a while. So, there is a difference in the upbringing (A, the mid-30s).

This research observed that their approach of nurturing place-belongingness through socialisation combined the other three factors known to generate such emotional attachment to Ghana apart from the length of residence. These factors were auto-biographical, relational and cultural (Antonsich, 2010).

The construction of childhood memories by American-born children in Ghana as a result of their Ghanaian parents' decision for them to become 'incomers' and invariably have an 'elective belonging' to Ghana is associated with auto-biographical factors. In addition, the continued presence of the immediate families of two of the American 'jackpot babies' in Ghana who got the opportunity to migrate to the USA at the age of maturity did strengthen their personal feelings of belongingness for the country. Thus, auto-biographical factors are explained as relating to one's history, which are personal experiences, relations and memories that a particular individual attaches to a given place (Antonsich, 2010; Dixon & Durrheim, 2004).

This socialisation process could be inferred as a relational factor in generating place-belongingness as these American-born children establish personal and social ties through the people they meet and interact with during their stay in Ghana. The only American-born child interviewed spoke of the frequent interactions with family and friends in Ghana during his childhood which has helped him to have a long-lasting, positive, stable and significant relationship with them which he did maintain even after his brief relocation to the USA (Antonsich, 2010). Furthermore, the cultural aspect of the socialisation process resonated as part of the creation of his childhood memories when he was inculcated with Ghanaian values.

6.3 American ‘Jackpot Baby’ at Adulthood

Yuval-Davis (2006) claimed that most of the deliberations on the politics of belonging had focused on the following issues: the right to migrate, the right of abode, the right to work and with the recent one being the right to plan a future where you live. These issues were the entitled benefits that most of the Ghanaian parents engaged for this research believed that they have guaranteed for their children who have American citizenship by birth. Therefore, these Ghanaian parents are expecting two main benefits for having children with the status as an American ‘jackpot baby’. One, he or she becomes a recipient of associated benefits of having American citizenship such as cheaper if not free education, better job opportunities, among others and two, have the right to become an ‘anchor’ to initiate the family emigration to the USA (Feere, 2010; Guerrero, 2013). The first benefit was what drove most of these Ghanaian parents to give birth in the USA, as indicated in the previous chapter.

For that reason, these parents want their American ‘jackpot babies’ at adulthood to migrate to the USA to take advantage of their entitled benefits that they have transferred to them at birth during their meaningful travels to the USA (Pine, 2014; Wilson & Harris, 2006). This migration is expected to happen only when the parents are confident that their American-born children have developed the emotional attachment to Ghana; most often, it is when they aged 18 years and older. Only two out of the 25 American ‘jackpot babies’ from the 13 Ghanaian PBFs were within this age bracket and had migrated to the USA to gain access to their entitled benefits at the time the interviews were conducted. Both were males and were aged 19 and 32 years.

Their migration experiences as reported for this research done by one of them himself while the other was given by his mother. These two American ‘jackpot babies’ did not have the motility to migrate on their own to undertake further studies in the USA. So, it was their parents who had to utilise the motility at their disposal instead to initiate their children’s migration to the USA (Flamm & Kaufmann, 2006; Manuh, 2001). Thus, the experiences of these two American ‘jackpot babies’ in their quest to have access to their entitled benefits as citizens revealed that there were at least three misconceptions about their American citizenship.

6.3.1 Gain Easy Access to Entitled Benefits

The first misconception was that American-born children who have spent their childhood outside the USA could easily gain access to their entitled benefits on their return at the legal age. But these American ‘jackpot babies’ and their parents have not made any contribution to the American economy at least through the payment of taxes during their stay outside the borders of the USA (Arthur, 2018; Grant, 2015; Lollman,

2015). From the account below, this Ghanaian mother wanted her son to compete with other students who are also citizens with taxpaying parents and are long-term residents in New Jersey for the federal student aid (Grant, 2015). She became disappointed when her son was denied the opportunity of receiving this financial aid. As a result, she had to make an unplanned expenditure for her son's upkeep until he attains the minimum number of years of residence in New Jersey.

When he had to go to university, I had to renew his passport to travel with him on his first visit to the USA since he was a baby. I did not anticipate that he won't have access to the allowance given to American citizens who are students. He couldn't because he was resident in Ghana instead of the American state he was having his education. So, it affected my pockets because whether I liked it or not, I had to help him. He was working, but it was not his responsibility to work full time because he is in school. It was tough economically because you are earning cedis here [Ghana] which is not much and the rate is not good. You have to always change cedis to dollars and send it to him for his upkeep. Since he has stayed in New Jersey for two years, he is now entitled to this allowance (C, 52).

Her experience confirmed that parents need to have the required motility to support both their offspring's migration to and stay in the USA provided they want them to have access to their entitled benefits in the USA (Flamm & Kaufmann, 2006). Also, their American 'jackpot babies' have to be resident within the USA for some years to have access to some of their entitled benefits. Furthermore, it is not every American citizen who would be entitled to full and equal rights (Aleinikoof, 2001; Castles, 2005; Schuck, 1998).

6.3.2. Automatic Inclusion into the American Society

The second misconception was that having American citizenship is a guarantee of gaining an automatic inclusion into American society despite many years outside the country's jurisdiction. Golash-Boza (2016) explains that citizenship as just a political

relationship with the government of the country of citizenship, but she emphasised that the relationship with families and communities is what is most important to any individual. Belonging to a place therefore has been described as not an individual affair but a social one, and as a result, every politics of belonging involves two different sides (Antonsich, 2010; Probyn, 1996 cited in den Besten, 2010). On one side, an individual can claim political belonging through citizenship, whereas on the other side, the self-governing political community that the individual claimed the political belonging has the power of 'granting' place-belongingness.

Consequently, Antonsich (2010) makes the point that even when a political belonging is given, it might not be enough to generate a sense of place-belongingness. Also, Bell (1999) adds that belonging is not automatically present once an individual receives the legal citizenship, but belonging has to be continuously accomplished and validated through social interactions (cited in Neiterman, Salmnsson, & Bourgeault, 2015). Furthermore, Jayaweera and Choudhury (2008 cited in Antonsich, 2010) explain that an individual's sense of belonging to a place would certainly be ruined when there is a feeling of rejection or not being welcomed by the self-governing political community that he or she claims their citizenship and resides with as could be seen from the narration below.

The culture shock my son experienced in the USA was huge for him; heard a racist remark being made about him, saw how black people were thought of and look down upon. Also, he had a lot of his friends telling him to go back to his country which he replies to them that “I am not a Ghanaian but an American citizen just like you, but I do also have the privilege of going back to another country where I can call home”. That is when he realised that the USA is not what you see in the films. I always encourage him to make the best out of the circumstances. I was happy and proud of him as he wants to come back to Ghana after his studies. I think his upbringing in Ghana influenced his decision because it has shaped his outlook in life. I will become sad if my son stays permanently in the USA because who will look after me in my old age. I have only one child. I cannot blame him but myself. Who asked me to go and give birth in the USA? (C, 52)

Though they do have American citizenship, their experiences show that the American society was yet to recognise and accept them as one of ‘us’ not part of ‘them’ (Antonsich, 2010; Yuval-Davis, 2006 & 2009). Probably, their diversity (e.g. accent, an immediate family residing in Ghana and showing proof of their emotional attachment to Ghana) was an indication that they are yet to make attachment and rootedness to the USA (Antonsich, 2010). For instance, the mother in the above narration stated that his son had hung the Ghanaian flag in his university dorm. That is why Fortier (2000) had suggested through her idea of ‘migrant belonging’ that no matter how temporary a movement might be, an individual should not forget that belonging is not just made of movement (becoming), but also made of attachment and rootedness (cited in Antonsich, 2010).

Also, from the account above, it seems that American ‘jackpot babies’ have to continually make other fellow citizens aware that they do share the same political belonging. However, when confronted with exclusion instead of inclusion, these American ‘jackpot babies’ had to find solace and make it known to the American society that they do have an emotional attachment to another country (i.e. Ghana). Ghana is a place they can return to and feel at home. Moreover, the mother’s reaction to her only

child's intention of returning to Ghana after his studies revealed that with parents like her, it is their hope and objective that the emotional attachment that they have nurtured within their American 'jackpot babies' would influence their permanent return to Ghana. Another mother explicitly expressed her desire that her three daughters born in the USA would only migrate to the USA for further studies but would have to return to Ghana just like she did a few years back for them to take over the family business.

I honestly don't want any of my children to live there [the USA]. Eh, I don't like their style of living and feel they are so much in a rush. We are family and need to be together. They can go for schooling, but they definitely have to come home [Ghana] because we run a family business. So, who will take care of it when I am old? I had my master's degree in the U.K, and right after school, I came back home. So, none of my children will live there. Yes, my husband shares my view. It is something we have discussed. You can have your citizenship all right, but you can't stay there unless you grow up and decide to stay there. For that one, it's your choice, and we can't decide for you (A, the mid-30s).

Both mothers' narrations also revealed that they are preoccupied with what the future will be like for them without their children returning to Ghana to stay permanently. Nevertheless, they recognised that it is their children's decision to make provided they are matured to stay permanently in their home country, and that is an implication of the choice they made to give birth in the USA. The American 'jackpot baby' engaged for this research explained that in the Ghanaian context, you are only matured as an adult when you get married and can take care of yourself.

6.3.3 Better Life Prospects

Some of the Ghanaian parents in PBFs had this last misconception that migrating from Ghana to the USA could be used as an exit strategy to improve the life prospects of their American-born children (Altan-Olcay & Balta, 2016; Pine, 2014; Westcott & Robertson,

2017). That is a few of them were ready to support with the motility at their disposal to propel their children to rely on their political belonging to the USA to escape the ‘seemly hardship’ in Ghana to have better livelihood (Adepoju, 2008).

Migration is an exit strategy. I am a Ghanaian who has educated my child to the tertiary level, but he hasn’t secured a job after his studies. Then you say “my son, you know what let me take you back to your country of birth”. He goes there [the USA] and calls you later and says “guess what mum and daddy, I have landed a six-digit job”. You would be happy (C, 41).

However, this hope and faith that migration to the USA as a citizen to overcome the present difficulties in Ghana that Pine (2014) alluded to might be an illusion as could be judged from the experience of the American ‘jackpot baby’ that availed himself to be interviewed for this study. His quest to integrate as a viable member of the American economy and adapt to their culture did not successfully generate a sense of place-belongingness to the USA. See the narration of his experience below.

I wanted to figure out the American dream after a master’s degree, but it was never to be as I had so many challenges in securing a permanent and well-paying job. Some employers informed me that “you need these certifications” as I haven’t studied for the pre-requisite of my MBA and “you need this amount of working experience” So, I went to the community college and got a certificate in sustainable energy methods, but it didn’t improve the job situation. For the next five years, I was employed in temporary jobs (e.g. sales, security, and energy) across five States: New Jersey, Virginia, Atlanta, Massachusetts and Iowa. Nothing was challenging about these jobs, and the work environment was not conducive either. Sometimes, people less educated than me do yell at me for things I haven’t done or bosses making certain utterances to you because they think they have the right to. Though I wasn’t poor or rich, I was just surviving so I finally got frustrated of the whole process in my fifth year in the USA. I felt that I was not really using any of my intellect but had to relearn principles and standards I have been trained to hold dear such as the way you talk, mannerism and food you like to eat just to fill blank space or to fit into their society. That is when I became appreciative of my upbringing and realised that the skills that I have as an individual were acquired in Ghana and would be of best use to my family or this country than the USA. So, I made the decision, bought a ticket and returned to Ghana. I informed my father on my return that I would not go back to the USA again because I like my piece of the Ghanaian dream (K, 32).

His narration corroborates the fear that Turkish parents of American-born children have is genuine in that these children might still feel like outsiders when do return to their country of birth (Altan-Olcay & Balta, 2016). However, the socialisation that he went through during his childhood, the continued presence of his immediate family and his then-fiancée made it easier for him to return to Ghana (Antonsich, 2010). Thus, his emotional attachment to Ghana became an outlet for him to escape the feelings of being rejected and not welcomed in a country that he does claim their citizenship which was supposed to act as a pre-condition to generating his sense of belonging to the USA (Antonsich, 2010; Mee, 2009).

The experiences of these two American ‘jackpot babies’ with Ghanaian parents in accessing their rights as American citizens show that indeed belonging is always a dynamic process, not a reified fixity which is only a naturalised construction of a particular hegemonic form of power relations (Neiterman et al., 2015; Yuval-Davis, 2006). Bauböck (2006) added that belonging is the most flexible and open-ended among the modes of affiliation; the others are citizenship and ties. Furthermore, belonging is conditioned by our bodies and where we are placed in the world, so not every form of belonging is possible because we are not at liberty to choose our belongings outside the realms of power (Antonsich, 2010; Rowe, 2005). Probyn (1996) also theorised belonging as a mode of affective community-making that is based on physical proximity rather than sharing a collective identity (cited in Antonsich, 2010). Finally, having place-belongingness to Ghana became a coping strategy for American ‘jackpot babies’ to deal with the misconceptions about American citizenship.

6.4 The Role as an Anchor for Family Emigration to the USA

This section examines the role American ‘jackpot babies’ have to play as an ‘anchor’ for their families’ emigration to the USA when they reach adulthood. First, the views of the parents will be discussed, but it will be interspersed with the view of the only American ‘jackpot baby’ interviewed for this study.

Out of the 13 PBFs, parents from 11 of them expressed their objections to being anchored by their ‘American ‘jackpot babies’. They explained that giving birth to their children in the USA was not for them to initiate their immigration to the country, but rather it was for their American ‘jackpot babies’ to have access to the opportunities offered to American citizens. Since these parents were able to afford to give birth in the USA, they could likewise afford to migrate on their own without having to rely on their American-born children to initiate their migration (Tetteh, 2010). Hence, the dominant theme behind all the reasons enumerated for their objections was that they had not developed a sense of local belonging to the USA (den Besten, 2010). That is, they have no emotional attachment to that country.

I can live there [the USA], but the longest time I can stay outside Ghana is forty days. Even if you make me Ghana’s ambassador to any country, I would think about it twice because I do not want to leave Ghana for more than forty days. This [Ghana] is home. Have you seen the cocoyam in my garden? I can just prepare Nkontomire within five minutes, and you cannot get this in America. I have a business that my sons are helping me to run as partners. Do I want to go somewhere to go and begin a new life? My wife and I are ageing. We had lived on a ranch in the rocky mountain region of cold Colorado in the 1980s, but it was not fun. Here [Ghana] is more interesting. Right now I am in shorts, and I can stay like this because it doesn’t snow here. God is here. For three hundred and sixty days, it is warm (K, 67).

The above narration summed up at least four main facets about the lives of these Ghanaian parents in PBFs which explains their place-belongingness to Ghana has hugely

influenced their decision not to be anchored to the USA by their American ‘jackpot babies’.

The first facet acknowledges that the majority of these parents had previously travelled to the USA and the UK as short-term visitors but made the decision to relocate permanently to Ghana after a few years. Because of their intimate knowledge of the two countries’ environments, they made the comparison with Ghana’s environment which they preferred to the other two; confirming the point made by Pollini (2005) that belonging does have an ecological dimension. The second facet had to do with their reference to Ghana as ‘home’ because to these Ghanaian parents that were interviewed, Ghana is a place that they are familiar with, feel comfortable, secure and have an emotional attachment to but they cannot say the same for the USA (hooks, 2009 cited in Antonsich, 2010; Ignatieff, 2001; Yuval-Davis, 2009). Their view of Ghana as ‘home’ did influence their decision not to become permanent residents or citizens of the USA and the UK during their stay as short-term visitors when they had the opportunity to do so.

The third facet reveals that their everyday lives in Ghana do involve having frequent interaction with family members and friends. So, they have developed personal and social ties that have contributed to their sense of belonging to Ghana such that it would be difficult for them to leave behind these ties when they do migrate permanently to another country (Antonsich, 2010; den Besten, 2010). Nevertheless, they indicated their readiness to visit their American ‘jackpot babies’ when they do decide to relocate to the USA finally. For the last facet, all the parents have successfully integrated into the Ghanaian economy where some of them are in well-paid professions whereas others are

managing successful businesses (den Besten, 2010; Nori, 2016; Stock, 2012). Their professions are an indication of their worth in Ghana compared to them going to start their lives all over again in the USA in their old age (Antonsich, 2010).

However, the research found out that close families (i.e. parents and siblings) of two Ghanaian PBFs who are resident in the USA have already initiated their migration to the country. These close family members immigrated to the USA through the visa lottery programme, and now, they do claim a formal belonging to the country. For one of the mothers from these families, it was her mother in the USA that had filed for her, husband, three children and two brothers long before she became pregnant with her fourth child. As a result, she revealed that it was her mother, who suggested that she gives birth in the USA so that her fourth child would be not left out since the filing process had already commenced. But her husband insists that even if the filing process becomes successful, their children will only migrate to the USA when they are of age, independent and have earned their undergraduate degree in Ghana. Their children, including the American 'jackpot baby' will only have the opportunity to visit their grandmother periodically but not to stay.

Interestingly, there were two different sets of parents who did expect that when their American 'jackpot babies' reach adulthood, they would use their right as American citizens to 'anchor' their siblings with Ghanaian citizenship. However, the response from the only American 'jackpot baby' interviewed who had three siblings with Ghanaian citizenship was mixed. On one breath, he does want not 'anchor' his siblings using his migration experience in the USA (see his earlier narration in 6.3.3) as a justification for his stand while in another breath, he expressed the possibility of him commencing the

filing process for his wife and siblings upon request. However, he conceded that it is a long process (Nori, 2016). Adepoju (2010) further adds that chain migration can only be stimulated when migrants do experience favourable conditions at the destination country.

I only knew that I could file for my wife and children but not for members of my extended family [parents and siblings]. I don't think my younger siblings are aware that I could initiate their emigration to the USA either. I am not planning to relocate with my immediate family to the USA for now, and I don't think I would 'anchor' my extended family to the USA. But if in case my siblings want me to file for them, I will tell them there is nothing there though nobody believes this except those who have had the experiences of staying in the country and have returned to Ghana. The filing process is long, but I might do it for my wife and two of my younger siblings. But for my other sibling, the little that I know of him, he won't be interested in migrating to the USA (K, 32).

Besides, a father of three American 'jackpot babies' stated that it is not immediate that their children at age 21 can file for them to become permanent residents and later in a few years become American citizens. Since their children have lived all their lives in Ghana, they do not even have addresses and jobs in the USA, which are pre-requisites for the filing process (Nori, 2016; Stock, 2012). For that reason, one mother indicated that it is counterproductive for parents to wait for at least 21 years for their American 'jackpot baby' to initiate their emigration to the USA. She was of the view that many things can happen within these years of wait that this hope might not materialise as in the case with the sudden demise of the only American 'jackpot baby' who was interviewed for this study. Thus, the hope he earlier expressed to start the filing process for his spouse and younger siblings in becoming permanent residents and later American citizens did not come to pass. Another challenge might be when the priorities of the American 'jackpot baby' at adulthood are not in line with his or her family expectation, which is to act as an 'anchor' for the family's emigration to the USA.

6.5 Implications of Having American ‘Jackpot Babies’ for Ghana

This research has been able to establish that apart from better maternal care for the Ghanaian birth tourists, they want their American-born children to undertake selective migration to their country of birth to access the better opportunities (such as education and employment) being offered to other American citizens (Adepoju, 2008; Williams & Hall, 2000). Thus so far, only two of them have returned as adults, and their return is yet to translate to permanent migration or lead to their families’ emigration to the USA. There is a huge possibility that the rest of the American ‘jackpot babies’ below 18 years might stay behind in the USA when they do return as adults to have access to their entitled benefits as citizens (Anarfi et al., 2003). As the migration system theory shows that migration process has implications for both receiving and sending ends, this study thus examines the implication of birth tourism to the USA for Ghana as a sending country from the perspective of its urban population (de Haas, 2007; Mabogunje, 1970).

Various responses were collected from the urban dwellers that had actual, potential and no demand for birth tourism to the USA about the implications of this form of mobility for Ghana. They admitted that having American ‘jackpot babies’ have both positive and negative implications for Ghana. This study also observed that their responses ignited a debate about whether there are a lot of Ghanaians who have American ‘jackpot babies’ to even consider it as having a consequence for the country.

Table 6.1 shows that majority of their responses were categorised into three main themes namely; economic, political and socio-cultural which show the benefits and costs of having American ‘jackpot babies’ just like international migration for Ghana (Manuh et al., 2010). However, more than 8 out of 10 (85.9%) of the respondents to the survey

disclosed that Ghanaians having American ‘jackpot babies’ have far more negative consequences (i.e. economic, political and socio-cultural) for the country than positive consequences. Only 5.3% of the respondents to the survey did not envision any impacts.

Table 6.1: Implications of having American ‘jackpot babies’ for Ghana

| Variable | Frequency | Percentage |
|---------------------------------|------------------|-------------------|
| Implications | | |
| Brain drain | 74 | 28.5 |
| Other negative economic | 60 | 23.1 |
| Negative socio-cultural | 66 | 25.4 |
| Insecurity & negative political | 23 | 8.9 |
| Positive economic | 19 | 7.3 |
| Positive socio-cultural | 4 | 1.5 |
| No impacts | 14 | 5.3 |
| Total | 260 | 100.0 |

Source: Field data, 2018

The single most mentioned consequence among the negative implications by the three categories of the urban dwellers (i.e. actual, potential and no demand) was brain drain. More than a quarter (28.5%) of the respondents to the survey and the majority of the interviewees cited it as an implication for Ghana as its urban dwellers have American ‘jackpot babies’. That is the country might lose most of its prospective skilled human resources as the majority of these American ‘jackpot babies’ decide to stay behind after their return as adults to have access to their entitled benefits as citizens and initiate the emigration of their family members to the USA (Adepoju, 2010; Manuh et al., 2010). The narrative below depicts the concern that a mother of three American-born children had about brain drain that Ghana will experience in the future as a result of birth tourism to the USA.

Massive brain drain! Until I returned to Ghana, I did not know that many people were giving birth in the USA. So, I later had a conversation with someone in the USA and said: “you know what, we have a lot of Americans in Ghana and very soon if we decide that everyone should go home, it is going to be serious”. We are sending the future leaders that we need to develop the country out to the USA and for many of them, they would not come back. Just a few would come back, you know. That is why initially I said we are trying to bring up our children as Ghanaians; giving them a sense of home so that if they go, they would still feel the attachment. Some of them might come back and relocate here (T, 40).

Some of the parents, however, reiterated that nurturing their America ‘jackpot babies’ to have an emotional attachment to Ghana would be some form of a solution in curtailing their future participation in brain drain.

Less than a quarter (23.1%) of the respondents revealed other negative economic impacts as a decrease in productivity and economic instability, which are consequences of brain drain. Thus, to them, Ghana will continue to be under-developed as there would not be enough resources (i.e. both financial and human) to become developed. This study conceives that making such an association between American ‘jackpot babies’ and a future decrease in productivity and economic instability in Ghana might be problematic. But as a country, we do not have to gloss over such an impact because Ghana does not know how many Ghanaian families have American ‘jackpot babies’. Another important fact to take note of is that there is no limit on the number of family members that one American ‘jackpot baby’ can sponsor for their permanent residence in the USA towards attaining American citizenship. This sponsorship process can sometimes be endless. Edwards (2006) for instance indicated that the record for chain migration by a petitioner into the USA was 83 immigrants. An immediate adverse economic impact that neither the three categories of urban dwellers discussed was the leakage of hard-earned currency from Ghana to the USA. That is Ghanaian parents converting a large sum of Ghanaian cedis to dollars to fund the delivery of American ‘jackpot babies’ and later, their

children's selective migration to the USA to have access to their entitled benefits. These monies could have been invested in any economic activity within Ghana to generate income for both PBFs and the country.

The main positive economic benefit enumerated by only 7.3% of the respondents was the prospect of receiving remittances from American 'jackpot babies' that decide to stay behind after their education. Their views were supported by a few of the parents who had actual demand. The remittances they alluded to were the monetary and social remittances (Adepoju, 2010). All three categories of urban dwellers suggested the benefits of the remittances. The monetary flows would be an additional income for the families of American 'jackpot babies' in Ghana, whereas these children as adults would transfer their social remittances to aid Ghana's development. Social remittances have been explained by The North-South Centre of the Council of Europe (NCCE) (2006) as ideas, practices, mind-sets, world views, values and attitudes, norms of behaviour and social capital (knowledge, experience and expertise) that diasporas (e.g. American 'jackpot babies) mediate and, either consciously or unconsciously, transfer from abroad to Ghana (cited in Adepoju, 2010).

Furthermore, 25.4% of the respondents expressed the view that Ghanaian citizenry's participation in birth tourism to the USA would have a negative socio-cultural impact for the country. These American citizens with Ghanaian parentage will eventually lose both social and cultural ties to Ghana as they try to assimilate to the American culture on their return to the country of their birth to be accepted as one of 'us' (Antonsich, 2010; Yuval-Davis, 2006 & 2009). Only 1.5% stated that having American 'jackpot babies' would bring diversity to Ghanaian citizenry. The other consequences enumerated were insecurity and political impact representing 8.9% of the responses from the survey. For

insecurity, they were of the view that some of the American-born children might engage themselves in social vices on their return to the USA and later bring such bad behaviours over to Ghana as well as the country will become a target for terrorist attack as the country will be hosting a significant presence of American-born citizens. Having American ‘jackpot babies’ also has a political implication as these children can claim dual citizenship to have the same political rights as Ghanaians, but they are not obliged to show patriotism.

Despite enumerating the negative implications of having American ‘jackpot babies’ for Ghana, Table 6.2 reveals that 58.5% of them did not want the USA to amend their *jus soli* citizenship law compared to 41.5% who did. The slight majority of the sampled urban residents mentioned the reasons why they are against the amendment (see Table 6.2). A vast majority (76.3%) of them recognise *jus soli* as an ideal citizenship principle for a sovereign country to uphold as well as the American version of *jus soli* is enshrined in their Constitution (Ho, 2006; Ho, Stock, Ward, & Wydra, 2009; Schuck, 1998). About 15.2% agreed with Stock (2012) that this citizenship principle is beneficial to the USA economically where American-born citizens with Ghanaian parentage will pay taxes even when they do not reside or work within the USA, open prosperous businesses as well as socio-cultural benefits such as providing proof that the USA is welcoming to immigrants. About 8.5% mentioned other reasons; for instance, this citizenship principle is part of globalisation.

Data in Table 6.2 also presents the reasons behind those urban dwellers who want the USA to amend their *jus soli* citizenship law. Almost two fifths (38.9%) agreed with anti-immigration politicians, immigrant reform activists and some scholars within the USA

who have advocated for this amendment to serve as a deterrent to birth tourists and curb illegal immigration (Feere, 2010; Grant, 2015). Another 33.3% want the USA to have consensual citizenship law instead where the consent rests on the would-be members; that is, they are of the view that American born children should have the option to decide at adulthood where they want to belong formally (Schuck & Smith, 1996). Others reasons were the USA should have a citizenship law that seeks their interest (14.8%), as a control for population increase (6.5%) and prevent insecurity (6.5%). These reasons corroborate with what proponents for the amendment of American *jus soli* have indicated in the literature to support their stand (Edwards, 2006; Pearl, 2011; Reasoner, 2011).

Table 6.2: Amending American *jus soli* citizenship law

| Variable | Frequency | Percentage |
|---|-----------|------------|
| Should the USA amend its <i>jus soli</i> citizenship law | | |
| Yes | 108 | 41.5 |
| No | 152 | 58.5 |
| Total | 260 | 100.0 |

Reasons for the USA not to amend their *jus soli* citizenship

| Variable | Frequency | Percentage |
|--|-----------|------------|
| Reasons | | |
| An ideal citizenship principle backed by law | 116 | 76.3 |
| Provide socio-cultural benefits | 6 | 4 |
| Provide economic benefits | 17 | 11.2 |
| Other | 13 | 8.5 |
| Total | 152 | 100.0 |

Reasons for the USA to amend their *jus soli* citizenship

| Variable | Frequency | Percentage |
|---|-----------|------------|
| Reasons | | |
| Curb illegal immigration & birth tourism | 42 | 38.9 |
| Have a consensual citizenship law | 36 | 33.3 |
| Citizenship law that seeks their interest | 16 | 14.8 |
| Control population increase | 7 | 6.5 |
| Prevent insecurity | 7 | 6.5 |
| Total | 108 | 100.0 |

Source: Field data, 2018

Ghanaian parents with American ‘jackpot babies’ however were indifferent whether the USA should decide to either amend or maintain their birthright citizenship law. Notwithstanding their indifference, this study recognises that these parents do have a secret wish that the USA do not amend their *jus soli* judging from their subjective norms that they had for having American ‘jackpot babies’.

6.6 Chapter Summary

Both Bauböck (2006) and Yuval-Davis (2006) affirmed that people could belong in many ways, and it does vary from an individual to people. Consequently, this chapter established that the lives of Ghanaian PBFs are dominated by belonging. Tastsoglou (2006) described belonging as the psychological dimension of citizenship. It is the expected norm that individuals should develop place-belongingness (emotional attachment) to the country where they do claim formal belonging (i.e. citizenship). However, for these Ghanaian parents, it was their expressed desire for their American ‘jackpot babies’ to have what this research called paradoxical belonging (Yuval-Davis, 2009). That is their children should claim formal belonging to the USA all right, but instead, they should have an emotional attachment to their home country, Ghana.

These Ghanaian parents thus used two main ways to ensure their American ‘jackpot babies’ have constructed this paradoxical belonging. These parents first documented their children’s attainment of American citizenship, and second, they used two main approaches of non-disclosure of American citizenship and socialisation on their return to Ghana to nurture their American ‘jackpot babies’ to have place-belongingness to Ghana. For the two American ‘jackpot babies’ who had reached adulthood, they have become aware and accepted their paradoxical belonging though they became perplexed when

their American citizenship could not guarantee them an acceptance within the American society as one of ‘us’ on their return to the USA (Antonsich, 2010; Yuval-Davis, 2006 & 2009). As a result, they used their emotional attachment to Ghana to deal with the exclusion they experienced, and it informed their decision to return to Ghana where they do feel ‘at home’ and had developed a relationship with during their childhood (den Besten, 2010; Yuval-Davis, 2006).

On playing the role as an anchor for their families’ emigration to the USA, the only American ‘jackpot baby’ engaged for this research was reluctant to play this role given the exclusion he experienced when he tried to integrate into the American society. However, he did indicate later that he might start the sponsorship process upon request from his wife and siblings. Parents of American ‘jackpot babies’ also made the point that they did not give birth in the USA for their children to anchor them to the USA, rather it was for them to have access to the opportunities offered to American citizens. Apart from that, they have not developed a sense of local belonging to the USA, and by the time their children reach the legal age to initiate their immigration, they would be ageing (den Besten, 2010). However, two different parents expressed the hope that their American ‘jackpot babies’ would use this right instead to initiate the immigration of their other children who are Ghanaian citizens to the USA.

There is a high probability in the future that most of the American ‘jackpot babies’ might stay behind after their selective migration to the USA and later sponsor their families’ emigration to the country. Hence, these different forms of mobility to the USA would have implications for Ghana. Majority of the urban dwellers agreed that the country would experience economic, socio-cultural and political impacts. Most of the impacts

enumerated were negative such as brain drain, loss of cultural and social ties to Ghana and insecurity. Remittances were the only positive economic impact that 7% of the urban dwellers with potential and no demand indicated that Ghana would benefit from birth tourism as it acts as a precursor to international migration to the USA. Despite they enumerating the negative consequences of having American ‘jackpot babies’ for Ghana, Ghanaian urban dwellers do not want the USA to amend their *jus soli* citizenship.



CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.0 Introduction

This interdisciplinary thesis mostly focused on the intentions and experiences of having American ‘jackpot babies’ among urban middle class Ghanaians. The term American ‘jackpot baby’ is inextricably linked to American *jus soli* citizenship, international tourism and migration. The benefits that are expected from having an American ‘jackpot baby’ have therefore contributed to the growth of a facet of international tourism called birth tourism. Most of the growing discourses on birth tourism to the USA have deliberated on the motivations of foreign mothers-to-be including Ghanaian women (Altan-Olcay & Balta, 2016; Feere, 2010; Grant, 2015; Heaton & Dean, 2016; Nori, 2016; Tetteh, 2010).

Yet, most of these studies have not explored (especially within sub-Saharan Africa) the intentions of citizens at the home countries of the expectant women in having American ‘jackpot babies’. Also, how the decisions and preparations of the mothers-to-be are made before giving birth in the USA and their subjective experiences in giving birth to American ‘jackpot babies’, have been largely neglected in most of the literature on birth tourism to the USA. Furthermore, little empirical research has been carried out in sub-Saharan Africa to link the American ‘jackpot babies’ sense of belonging on their right to anchor their families to the USA and the implications of their births for the home countries of their parents. This study thus contributes to the scholarly discourses on birth tourism specifically, to the USA by focusing mainly on the intentions and experiences of

having American ‘jackpot babies’ while also adding to the scant literature on this form of mobility within the sub-Saharan Africa context.

Using a combination of a survey and semi-structured in-depth interviews, data were collected from 260 Ghanaian urban dwellers from the cities of Accra, Cape Coast and Kumasi, and 13 Ghanaian families with a total of 25 American ‘jackpot babies’, respectively. This study investigates their intentions to have American ‘jackpot babies’ and the implications of having these children for the economy, political and socio-cultural values of Ghana. It also examined the subjective experiences of the Ghanaian families before, during and after having American ‘jackpot babies’ and the impact of these children’s nurtured sense of belonging on their role as an anchor for their families’ emigration to the USA. The research further analysed their responses and experiences through the lens of an adapted Leiper’s (1979) tourism system approach, which was named the birth tourism system.

7.1 Summary of Findings

7.1.1 Profile of the study population

The study found in chapter four that the urban dwellers sampled have diverse socio-demographic characteristics, but they do share a few similarities. Most of them were females, of youthful age, well-educated, professed to be Christians, and economically active professionals working in administration, banking, health, academia and civil service. However, this study observed there was a marked difference in the marital status of the urban dwellers engaged for the survey and interview, though they were selected from the same target population. The majority of the respondents were never married compared to almost all of the interviewees who were married corroborating the statistics

that GSS (2015) had on actual demand for international tourism for Ghanaians. Besides, all the parents engaged for the interviews had between them a total of 37 children with 25 being American ‘jackpot babies’ born in 13 States situated mostly in the north-eastern part of the USA. Most of these American ‘jackpot babies’ were males below 18 years.

7.1.2 The quest to have an American ‘jackpot baby’

Birth tourism to the USA is not a regular social occurrence compared to other forms of mobility in Ghana. Therefore, chapter five provided an in-depth understanding of this form of mobility from the Ghanaian context by examining its three unchanging sequential phases: intentions, preparations, the travel, and the experience of American maternal care.

For intentions phase, majority of the urban dwellers (82.5%) sampled for the survey were cognisant of this form of mobility, and their awareness influenced 63.8% of them to have intentions to have an American ‘jackpot baby’ compared to the 36.2% of them that had no intentions. Among those who had potential demand to acquire American citizenship by birth, a little over three-fifth (60.2%) were women aged 20-34 years compared to more than one-third (39.8%) of the men with similar intentions and age range. Also, among the Ghanaian parents of American ‘jackpot babies’ engaged, the decision originated from mostly the mothers but, they had to use persuasion to gain spousal support before commencing preparations and the travel to the USA (See also Kozak, 2010). The global inequality in the acquisition of citizenship was the primary motivating factor that influenced those with strong intentions to use tourism to acquire “right” citizenship from the USA for their offspring (See also Shachar, 2009; Shachar & Hirschl, 2007). To them, American citizenship guarantees its holders the benefits and

entitlements on an equal basis, provide the basic enabling environment that will permit them to flourish, and secures their well-being (Shachar & Hirschl, 2007). However, for those who had no demand to acquire American citizenship by birth, they felt it was unnecessary because such an acquisition might be injurious to their Ghanaian identity in the long term.

Though Ghanaian birth tourists had behavioural achievement in forming PBFs, their narratives on the preparations and the travel to the USA revealed that the performance of this behaviour was not an easy endeavour. Furthermore, their travel narratives reveal that having an American ‘jackpot baby’ has a marker of privilege attached to it such that only those who possess the required motility can participate in this behaviour (See also Bianchi & Stephenson, 2013; Flamm & Kaufmann, 2006). Therefore, these women depart from Ghana in the third trimester of their pregnancy when they are not a flight risk and also leave their immediate family behind. The other considerations before the departure are to have the guarantee of social capital in the USA, America visa, and funds to pay for childbirth and its associated costs.

The highlight of the Ghanaian birth tourists’ travels was experiencing American maternal care. They gave good reviews, which were a comparison between Ghana and the USA. Their narrations revealed there is always medical personnel and institutional support at hand to attend to any issues that they might have, which was opposite to their experiences with the Ghanaian healthcare system. Despite the good reviews, some of them recounted challenges with their experiences. The challenges were either negligible like the type of food served, proficiency in English, or serious ones like demand for consent for every medical procedure when they were not in their right frame of mind,

and unfair treatment by some of the medical personnel because of their race. To the Ghanaian parents who had been successful in forming PBFs, the opportunity and ability to transfer the benefits of giving birth to American citizens, which are mostly life-changing to their children, was enough justification for their travel regardless of the danger it poses to their lives and that of their unborn babies (See also Wilson & Harris, 2006). The implication of interchanging this form of mobility to other types of capital presents an opportunity for these American ‘jackpot babies’ to migrate in the future to gain access to their entitled benefits in the USA for themselves and their families.

7.1.3 American ‘jackpot babies’ paradoxical belonging

Chapter six explained that the lives of American ‘jackpot babies’ within the Ghanaian society were dominated by what this thesis calls paradoxical belonging (See also Yuval-Davis, 2009). It was the expressed desire for each of the parents in 13 PBFs interviewed that their American ‘jackpot babies’ should exhibit this form of belonging. That is their children should be American citizens, but they should have an emotional attachment to Ghana. To achieve this objective, each parent in the PBFs documented their children’s American citizenship after childbirth by procuring birth certificate and American passport whereas they return with these babies to Ghana as ‘incomers’ to have elective belonging to Ghana. These Ghanaian parents used two main approaches of non-disclosure of American citizenship and socialisation to nurture their American ‘jackpot babies’ to have an emotional attachment to Ghana. Subsequently, two of the American ‘jackpot babies’ from these PBFs who have attained adulthood confirmed that these two approaches employed by their parents did develop their emotional attachment to Ghana. Furthermore, this emotional attachment to Ghana was instrumental in overcoming the exclusion they faced on their return to the USA at adulthood to have access to their rights

as American citizens. As a result of the exclusion experienced, the only American 'jackpot baby' interviewed had to return to Ghana because to him, this is where he felt accepted and welcomed.

On the role as an anchor for the family's emigration to the USA, the only American 'jackpot baby' engaged was reluctant to play that role given the exclusion he experienced when he tried to integrate into the American society. However, he is willing to reconsider this stance upon request from his wife and siblings. For the Ghanaian parents, they explicitly said it was never their intentions to use their American-born children as an anchor for their immigration to the USA. Moreover, they have not developed a sense of local belonging to the USA, and at their ages, they are not ready to develop an emotional attachment to a new country even if it is the USA (See also den Besten, 2010). But, two different sets of parents expressed the hope that their American 'jackpot babies' would instead use their right as an anchor to initiate the immigration of their other children who are Ghanaian citizens to the USA.

Despite the reluctance from these parents and a few of their American 'jackpot babies', there is a high probability that majority of the American 'jackpot babies' below 18 years might stay behind after selectively migrating to the USA to have access to their entitled benefits. Also, later sponsor their families to immigrate to their country of birth at adulthood (See also Aure, 2013; Feere, 2010). Consequently, birth tourism will act as a precursor to selective migration and family emigration from Ghana to the USA with its concomitant implications. Most of the impacts envisioned were similar to that of international migration, but most were negative impacts such as brain drain, loss of cultural and social ties to Ghana, insecurity and Ghana as a target for a terrorist attack.

The only positive implication enumerated that would be beneficial to the Ghanaian families left behind, and the country's socio-economic development is the receipt of both monetary and social remittances from the American 'jackpot babies' and their families that relocate to the USA.

7.2 Conclusions

Based on the empirical findings and the conceptual framework, the following conclusions are drawn.

First, this study adds to previous scholarly work on planned behaviour theory which claims that attitudes, subjective norms and perceived behavioural control are independent determinants of the intention to perform a given behaviour (See also Ajzen, 1991 & 2011; Bamberg et al., 2003; Madden et al., 1992). Therefore, the attitudes and subjective norms of the urban dwellers with potential demand to have American 'jackpot babies'; were evidence of their strong intentions. A binary regression model further revealed that 35% of their intentions to have an American 'jackpot baby' are explained by their socio-demographic characteristics. As a result, 60.2% of the respondents engaged for the survey who had potential demand to acquire American citizenship by birth were females aged 20-34 years compared to the males (39.8%) with similar intentions and age range. This finding was corroborated from the narratives from the Ghanaian birth tourists and their families. Also, the only significant predictor variable in the model was the attitudes towards Ghanaian birth tourists to the USA, but the model revealed these attitudes that Ghanaian urban dwellers in the selected study areas had was not a determinant of their intentions to have American 'jackpot babies'. Furthermore, less than two-fifth (36.2%)

of the urban dwellers engaged in the survey did not have any intentions to give birth in the USA. That is, they had no demand.

These strong intentions to participate in birth tourism to the USA will act as a precursor to migration from Ghana to the USA (Ajzen, 1991; Bell & Ward, 2000; Cooper et al., 2008; UNWTO, 2009). Thus, migration of their American ‘jackpot babies’ and families to the USA will have economic, political and socio-cultural implications for Ghana with brain drain and its associated benefits for the country being the first implication. There is a high probability that the country might lose its youthful human resources to the USA with respect to American ‘jackpot babies’ returning to their home country to access entitled benefits. However, the preferable outcome for Ghana is to benefit from both monetary and social remittances that these children as adults might send into the country (Tetteh, 2010; UNWTO, 2009).

Secondly, this study found that a neutral evaluation should be taken into consideration in addition to the favourable and unfavourable evaluation that Ajzen (1991) had indicated as criteria in evaluating an attitude as an independent determinant of intentions to perform a given behaviour. Thus, using these criteria for evaluation, about 59% of the survey respondents had a favourable attitude towards giving birth in the USA. Furthermore, the subjective norms that they had for having America ‘jackpot babies’ were all related to the global inequality in the acquisition of citizenship. Consequently, urban dwellers sampled want to use international tourism as a strategy to acquire American citizenship for their soon-to-be children to function as an opportunity-enhancing tool for their children and their families. The subjective norms mentioned by

these respondents provided evidence that they do not see their Ghanaian citizenship functioning as an opportunity-enhancing tool either for them, their children or families.

Thirdly, the study concludes that the preparation towards having American ‘jackpot babies’ within the Ghanaian context starts with the decision which most often originated from the women. The decision by Ghanaian birth tourists was influenced by emotions and the denial of opportunities because of citizenship gap. Though it was an individualistic decision, these women did prioritise spousal support and the common tactic used to gain this support was persuasion. As evidence of the support, some of the husbands did visit their wives during or after delivery of their children but rarely would these husbands accompany their spouses on their travel to the USA.

Besides, the preparations and the travel undertaken by these birth tourists and their families provide proof that the perceived behavioural control for having American ‘jackpot babies’ was not an easy endeavour though they had behavioural achievement in forming PBFs. That is, the families committed a considerable amount of time and resources in transforming their motility for travels to the USA to give birth. In their preparations and the travel, there were at least four critical considerations that Ghanaian birth tourists and their families had to sort out before departing from Ghana to the USA in the third trimester of pregnancy. They are having the guarantee of social capital in the USA, American visa and the funds to pay for the delivery and its associated costs. Two main modes of funding used to pay for the medical cost were outright payment and American medical insurance reserved for pregnant women and their unborn children, but others opted to use both simultaneously. There was provision for a payment plan which a few of the Ghanaian birth tourists sampled for the study opted for.

Accordingly, this study has established that Ghanaian urban dwellers that had actual demand for having American ‘jackpot babies’ had greater perceived behavioural control compared to those who had potential demand. Also, this study suggests that it is not every Ghanaian urban dweller with potential demand for birth tourism to the USA who can secure the spousal support and motility required to transform into this form of mobility. Instead, it was those who have attained the middle-middle and upper-middle-income status. The transfers of hard-earned currency from Ghana to the USA to pay for the cost of having American ‘jackpot babies’ might have an impact on Ghana’s quest to have a net surplus in its balance of payment account.

Furthermore, Ghanaian birth tourists’ gave good reviews on the maternal care they received in American healthcare facilities in respect to having ready access to medical personnel and institutional support as against what is provided at the Ghanaian healthcare facilities for expectant mothers. However, a few of them had challenges with their delivery experiences in the USA. Additionally, these mothers described their travels and hospital experiences as meaningful even though these were at the peril of their lives and their unborn babies. These travels and hospital experiences have afforded these Ghanaian mothers with the opportunity to transfer most of the life-changing benefits associated with American citizenship to especially their children. The implication of interchanging birth tourism to other forms of capital, therefore, presents their American ‘jackpot babies’ an opportunity to migrate at adulthood to access their entitled benefits.

In addition, this research contributes to the literature on the growing and inevitable phenomenon of binational families by stating that non-traditional family structure where foreign parents plan, conceive abroad and give birth to at least one American ‘jackpot

baby' should be known as a planned binational family (PBF). This study thus concludes that the formation of this non-traditional family structure within the Ghanaian society is motivated by belonging. Specifically, Ghanaian parents in PBFs want their children to claim formal belonging to the USA but develop place-belongingness to Ghana. That is what this research called paradoxical belonging. Their motivations for having their children to claim formal belonging to the USA was discussed in chapter five.

The study shows that there were two main approaches of non-disclosure of American citizenship and socialisation used by the parents interviewed on their return to Ghana to nurture their American 'jackpot babies' place-belongingness to Ghana. The objective for nurturing this level of belonging to Ghana was for their American-born children to return 'home' after their selective migration to the USA though these parents did recognise that it is up to these children to decide. Having an emotional attachment to Ghana proved instrumental to a few of the American 'jackpot babies' as they relied on this level of belonging to overcome the exclusion experienced within the American society. It has also influenced their decision to return to Ghana, where they do feel at 'home' and had developed a relationship with during their childhood. Despite the good intentions of nurturing their American 'jackpot babies' to have paradoxical belonging, these Ghanaian parents are oblivious to the challenges that their families might face with having this form of belonging. Some of the challenges that might be encountered are animosity between their children with different citizenships, their American 'jackpot babies' developing identity crisis and experiencing exclusion either in Ghana or the USA.

Moreover, the study illustrated that it was never the Ghanaian parents' desire for their American 'jackpot babies' to anchor them to the USA; instead, it was for their children

to have access to the better opportunities being offered to American citizens. These Ghanaian parents attributed their decision to not developing a sense of local belonging to the USA (den Besten, 2010). Instead, some of the parents want their American ‘jackpot babies’ to anchor their other children who are Ghanaians to the USA. However, these parents have not envisioned that their American ‘jackpot babies’ might be reluctant to play the role as an anchor for their other siblings who are Ghanaians to the USA as discussed in chapter six.

Finally, the study concludes that these findings have enriched the discourses on birth tourism, especially capturing the different nuances from when the desire is conceived to having PBFs and the lived experiences of American ‘jackpot babies’ at adulthood. These findings and nuances were mainly possible because of the adapted Leiper’s tourism system approach from the tourism discipline that acted as an interpretative guide in the analysis of the research topic within the Ghanaian context. This adapted framework named birth tourism system incorporated intentions, motility, the two geographical regions of Ghana and the USA and the travels between the two regions. Additionally, it was instrumental in addressing the gaps in the literature on birth tourism as well as helps scholars to appreciate the differences in the experiences of birth tourists in different contexts.

7.3 Recommendations

Based on the findings and conclusions made, this study now provides some practical suggestions aimed at the three categories of urban dwellers identified; namely, those who had actual, potential and no demand. But this study does take cognisance of the fact that birth tourism to the USA, just like migration, cannot be stopped and there would always be hierarchical citizenship that perpetuates global inequality. The first two

recommendations offered below are aimed at least creating a socio-economic environment that will not pressure those urban dwellers with potential and no demand from moving to having actual demand in the immediate future because of the negative implications of having American ‘jackpot babies’ for Ghana.

The first recommendation, therefore, is to fast-tracking the development process in Ghana. Throughout this study, the strong intentions of urban dwellers reveal the desire to have a basic enabling environment that can secure better life opportunities for their children and families. One of the ways to advance the development process is for the government to create an enabling environment for both local and multinational businesses in Ghana to thrive thereby boosting industrialisation. Setting up more industries in Ghana, such as what the one district one factory programme aims to achieve will provide employment opportunities. These opportunities will provide these urban dwellers at least an avenue to have an income to further their objective to secure better life opportunities as well as act as an incentive for the American ‘jackpot babies’ to return to Ghana after their selective migration to the USA. The Ministry of Business Development also needs to publicise more of their activities such as the creation of platforms together with the provision of seed money that is aimed at inspiring young Ghanaians within the country and those in the USA who want to start-up their own companies in Ghana. But the call for industrialisation should not be done at the expense of environmental sustainability, distributive justice and human freedom.

The second recommendation is that the government should be encouraged to have more partnerships with the private sector and the Non-Governmental Organisations (NGOs) to improve the existing and build more health facilities. These facilities should be equipped to provide safe, clean, round-the-clock surgical facilities with well-trained personnel and

supplied with ample sterile equipment and antibiotics to cater for all expectant mothers (Garrett, 2007). Also, the government and its partners in the health sector should consistently provide training programmes on best practices in maternal care and better working conditions to help minimise the migration of healthcare personnel to the developed countries.

The next recommendation is for the Diaspora Affairs Bureau at the Presidency to have serious engagements with Ghanaian PBFs on how the country can harness the potentials of their American ‘jackpot babies’ to the benefit of their families and the socio-economic development of Ghana through both monetary and social remittances. All the three recommendations thus call for effective leadership from the political elites to create a socio-economic environment that permits human flourishing, well-being and equal opportunities for all Ghanaians and also, instils a sense of patriotism and self-worth for the country.

The final recommendation is for Ghanaian PBFs to seek professional counselling for all their members to deal with challenges associated with paradoxical belonging and the failure of American ‘jackpot babies’ to commence the sponsorship process for the family’s emigration to the USA.

7.4 Recommendations for Further Research

This study noted two possible areas for further research that give more insight into birth tourism to the USA. The research established that the lives of American ‘jackpot babies’ from the perspectives of their Ghanaian parents and the only American ‘jackpot baby’ engaged is dominated by paradoxical belonging. Therefore, first, further research should

be conducted to explore American ‘jackpot babies’ perspectives on their lives within the Ghanaian and American societies. Though Ghanaian parents had indicated their unwillingness to use their American ‘jackpot babies’ as an anchor for their immigration to the USA, second further research can investigate the use of this right by these children in sponsoring their siblings who have Ghanaian citizenship for permanent residence towards attaining American citizenship.



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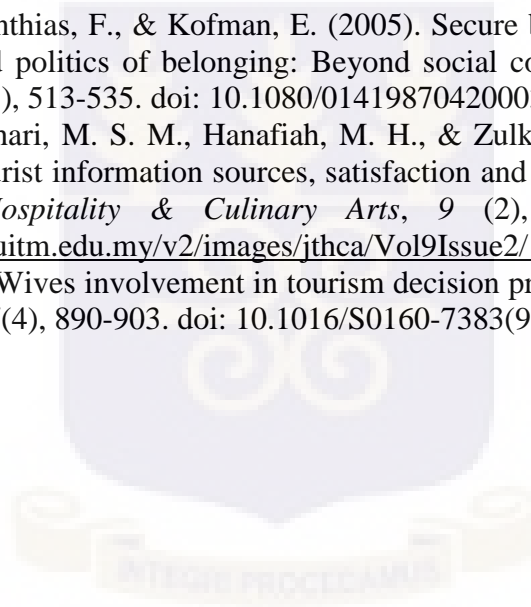
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APPENDICES

APPENDIX A: QUESTIONNAIRE



UNIVERSITY OF GHANA
CENTRE FOR MIGRATION STUDIES

Survey on Ghanaian Urban Dwellers' Intentions to Participate in Birth Tourism to the USA and its Implications

Hello, my name is Ada Adoley Allotey. I am a PhD candidate at the Centre for Migration Studies (CMS) of the University of Ghana, Legon. This survey is being conducted as part of my studies, and it aims at finding out Ghanaian urban dwellers' intentions to participate in birth tourism to the USA and its implications. Please, I would like to ask your cooperation in answering the following questions below. Your participation in this survey is voluntary but vital, and you can withdraw at any point in time. Any information you provide would be treated with the utmost confidentiality and would be used only for academic purposes. Thank you.

IDENTIFICATION

Questionnaire ID: Mobile Number:

Email:

SECTION A: SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

A1. Age range:

1. Below 20 years 3. 35 – 49 years
 2. 20 – 34 years 4. 50+ years

A2. Sex:

1. Male 2. Female

A3. Level of education:

1. JHS 3. Tertiary/higher
 2. SHS/VOC/TECH
 4. Other (specify):

A4. Religion:

1. Catholic 3. Pentecostal/Charismatic
 2. Protestant (Anglican, Presbyterian, Methodist etc.) 4. Other Christian
 5. Islam

11. Other (specify):

A14. Marital status:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> 1. Never married | <input type="checkbox"/> 4. Separated |
| <input type="checkbox"/> 2. Informal/Consensual union | <input type="checkbox"/> 5. Divorced |
| <input type="checkbox"/> 3. Married | <input type="checkbox"/> 6. Widowed |

7. Other (specify):

A15. Residence:

- a) District: b) Region:

SECTION B: BIRTH TOURISM TO THE USA AND ITS IMPLICATIONS

Below is the explanation for the following terms:

Birth Tourism to the USA is legal travel by foreign pregnant women to bear American-born children.

American birthright citizenship is citizenship granted to anyone born in the USA.

B1. Do you know or are you aware of the phenomenon of Ghanaian pregnant women travelling legally to the USA specifically to give birth?

1. Yes 2. No

B2. Do you know any Ghanaian woman who had travelled legally to give birth in the USA?

1. Yes (go to B3) 2. No (go to B5)

B3. Who is this Ghanaian woman that you know has given birth in the USA?

- | | |
|---|--|
| <input type="checkbox"/> 1. myself | <input type="checkbox"/> 4. a daughter |
| <input type="checkbox"/> 2. my wife | <input type="checkbox"/> 5. a female friend |
| <input type="checkbox"/> 3. a sister | <input type="checkbox"/> 6. a friend's daughter |
| <input type="checkbox"/> 7. a female member of my extended family | <input type="checkbox"/> 9. a female acquaintance |
| <input type="checkbox"/> 8. a female colleague at work | <input type="checkbox"/> 10. a female relative of a friend |

11. Other (specify):

B4. How did they get informed about the possibility of having an “American baby” in the USA?

.....
.....
.....

B5. What is your view about Ghanaian women who specifically travel to the USA to give birth to “American babies”?

.....
.....
.....

B6. Would you/your spouse travel legally to the USA to specifically to give birth when given the opportunity?

1. Yes (go to B7) 2. No (go to B8)

B7. If yes, what will be the motivation?

.....
.....
.....

B8. If no, give your reasons:

.....
.....
.....

B9. What could be the implications (i.e. political, economic, socio-cultural, security, among others) for Ghana as its citizens travel to the USA to give birth?

.....
.....
.....

B10. Do you think the USA should amend their birthright citizenship law?

1. Yes (go to B11) 2. No (go to B12)

B11. If yes, give your reasons:

.....

.....

B12. If no, give your reasons:

.....

.....

SECTION C: Below is some statements. Each represents the opinion, and there are no right or wrong answers. Indicate your opinion about the statements using the scale below: SA = Strongly agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly disagree. Please tick the appropriate columns that match your views closely.

| Statements | SA | A | N | D | SD |
|---|--|---|---|---|----|
| | Travelling to a country to give birth to citizen children is the equivalent of buying citizenship. | | | | |
| American citizenship offered at birth provides an opportunity for Ghanaian parents to provide a better life for their child/children. | | | | | |
| Ghanaian parents give birth to “American babies” for their children to have a competitive advantage in the world. | | | | | |
| Ghanaians’ attraction to have “American babies” is primarily for migration. | | | | | |
| Naturalisation is the legitimate way to offer citizenship to immigrants and their children. | | | | | |

Thank you very much for your cooperation

APPENDIX B: INTERVIEW GUIDES

Interview Guide for Ghanaian parents with American ‘jackpot babies’

Political belongingness to the USA

A. Intentions

1. What is your view about some Ghanaian pregnant women that do travel to the USA to give birth?
2. How was the decision to give birth in the USA made?
 - How did you or spouse react to the decision?
3. What was the motivation (s) for giving birth in the USA?

B. Motility: Preparations & travel to the USA

1. What kind of American visa was used to travel to the USA?
2. At what stage of the pregnancy did mother-to-be travel to the USA and give reasons for travelling at that stage?
3. What kind of support was available in the USA for the mother-to-be and soon-to-be-born child?
 - What was your assessment of the support received?
4. How did you finance the cost of having American ‘jackpot baby’?
 - What was the cost of delivery?

C. Experiencing American maternal care

1. Describe the delivery experience in an American healthcare facility?
 - What challenges did you face during childbirth?

D. American ‘jackpot baby’s return

1. What documents were required for your American ‘jackpot baby’ to have for a return to Ghana?
 - How long did the mother and American ‘jackpot baby’ stay in the USA after childbirth?
 - What documents did the mother have to provide as proof to travel with her American ‘jackpot baby’ to Ghana?
 - What document(s) do you have to acquire for your American ‘jackpot baby’ to reside in Ghana?
 - What were the procedures to procure these documents?

Place-belongingness

A. Nurturing American ‘jackpot baby’

1. What were the reasons for bringing your American ‘jackpot baby’ to Ghana?
 - How are you raising your American ‘jackpot baby’?

B. American ‘jackpot baby’ at adulthood

1. At what age will you permit your American ‘jackpot baby’ return to the USA and give reasons for this age?
 - How will you react if your American ‘jackpot baby’ permanently relocates to the USA as an adult?
 - What will be your reaction if your American ‘jackpot baby’ initiates the sponsorship process for you to become a permanent resident in the USA?

Implications of having American ‘jackpot babies’ for Ghana

1. What are the implications for Ghana as its citizens have American ‘jackpot babies’?
2. What is your view on the proposal to amend the American birthright citizenship law?

Socio-demographics information

1. Can you introduce yourself? (Age, occupation, educational level, marital status etc.)

Interview Guide for American ‘jackpot babies’ with Ghanaian parents

Political belonging to the USA

A. Awareness

1. What explanation did your parents give for giving birth to you in the USA?
 - How were you informed about your American citizenship?
 - What was your reaction when you were informed?

Place-belongingness

A. Nurturing American ‘jackpot baby’

1. What kind of upbringing did you have during childhood?
 - How will you describe your relationship with your siblings that have Ghanaian citizenship?

B. American ‘jackpot baby’ at adulthood

1. What was your experience during your stay in the USA as an adult?
 - How did the experience influence your role as an anchor for your family’s emigration to the USA?
3. What will be your response if your family request that you initiate the sponsorship process for them to become permanent residents in the USA?

Implications of having American ‘jackpot babies’ for Ghana

1. What are the implications for Ghana as its citizens have American ‘jackpot babies’?
2. What is your view on the proposal to amend the American birthright citizenship law?

Socio-demographics information

1. Can you introduce yourself? (Age, occupation, education level, marital status etc.)

APPENDIX C: PROTOCOL CONSENT FORM

| | |
|---------------------------|--|
| Title of Study | “Who would not love to give birth in America?” The intentions and experiences in having American ‘jackpot babies’ among Ghanaian urban dwellers. |
| Principal Investigator | Ada Adoley Allotey |
| Certified Protocol Number | |

General Information about Research

I am a PhD Candidate at the Centre for Migration Studies (CMS) of the University of Ghana, Legon-Accra. I am researching *the intentions and experiences of having American ‘jackpot babies’ among urban dwellers in Ghana.*

The research seeks to find out about the intentions and experiences of urban middle-class Ghanaians who have given birth in the USA. This field research is being conducted as part of my studies. I would be grateful if you could spare me a bit of your time to grant me one hour interview with you.

Benefits/Risks of the study

Your participation in this study may not bring you any tangible benefits, but the findings will contribute to existing knowledge about birth tourism to the USA among the urban middle-class Ghanaians and policy-making about the future migration intentions of these Ghanaians. Also, there are no potential physical risks associated with this study; however, some questions may invade your privacy, and you are free to answer or decline to answer.

Confidentiality

Any information provided for this study would be treated with the utmost confidentiality. Only the researcher and supervisors can have access to information provided and under no circumstance will your identity be revealed to a third party or a comment attributed to you without due process. The information you provides will be used only for academic purposes.

Compensation

The study has not made provision to compensate for your participation in this study either in cash or material; however, transportation cost will be paid to a participant who has to travel to meet the researcher.

Withdrawal from Study

Your participation in this study is essential for its success but voluntary, and you can withdraw at any point of the research without a penalty. Under no circumstance will you be adversely affected if you decide to participate and later withdraw your decision to participate.

Contact for Additional Information

If you need either further information, clarification about this research or in case of research-related injury; please contact the Director, Centre for Migration Studies of University of Ghana, Dr Delali Badasu on 0269782129 or Email: dbadasu@ug.edu.gh or

Thesis Supervisor:

Dr Leander Kandilige of the Centre for Migration Studies, the University of Ghana on 0507393537 or Email: lkandilige@ug.edu.gh

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, the University of Ghana at ech@isser.edu.gh / ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANT'S 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 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 records."

Name of Participant

Signature or mark of participant

Date

