

**RISK, SUPPORT AND RESILIENCE: A STUDY OF NORTHERN
GHANAIAN MIGRANT TEENAGE MOTHERS RESIDENT IN ACCRA,
GHANA**

KINGSLEY SAA-TOUH MORT

The image shows a large, semi-transparent watermark of the University of Ghana crest in the background. The crest is a shield with a blue field, featuring three golden torches at the top, a central golden scrollwork design, and a banner at the bottom with the Latin motto 'INTEGRI PROCEDAMUS'.

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

DECEMBER, 2014



DECLARATION

This is to certify that this thesis is the result of research undertaken by Kingsley Saa-Touh Mort towards the award of the Doctor of Philosophy degree in the Department of Social Work, University of Ghana.

References and citations of other works and authorities have been duly acknowledged and that this work has not, previously, in its entirety or in part been submitted in any University for the award of a degree. I take absolute responsibility for any short comings.

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ABSTRACT

Teenage girls from northern Ghana, independently migrate to the urban centres of the south to seek economic opportunities. Most of these teenage girls end up living on the streets of the urban centres they migrate to and often are at risk of sexual abuse. The prevalence of pregnancy and childbearing is increasing among these girls. However, little is known about the experiences and challenges of these teenage girls during pregnancy and post-delivery. This study, examined the lived experience, the coping strategies and the factors that influence resilience among migrant teenage girls in Accra. The study adopted a sequential exploratory design which involved two phases of data collection. Thematic analysis was conducted on phase one of the qualitative data which involved 20 in-depth interviews and four focus group discussions. Derived themes were built into the design of a structured questionnaire and administered to 250 respondents through face-to-face interviews that concluded phase two of the data collection process. In both phases of data collection, respondent-driven sampling was employed. This sampling technique involved a chain referral and peer recruitment of participants. The results indicate that: poverty, deprivation and the lack of economic opportunities in northern Ghana account for the massive drift of teenage girls to Accra. The results revealed that the girls went through traumatic experiences during pregnancy, childbirth and childcare. The girls lived in deplorable conditions on the streets and faced difficulties accessing healthcare for themselves and their babies. They lacked social support and knowledge on institutions that provide welfare services in the city. They suffered physical and sexual abuses, exploitation, harassment and severe stigmatization from health workers, the public and shop owners. In an attempt to manage these problems, the girls adopted coping strategies in the form of bringing younger siblings to babysit; carrying babies on their back; rotational childcare arrangements; teaming up with peers to cook; keeping sharp objects

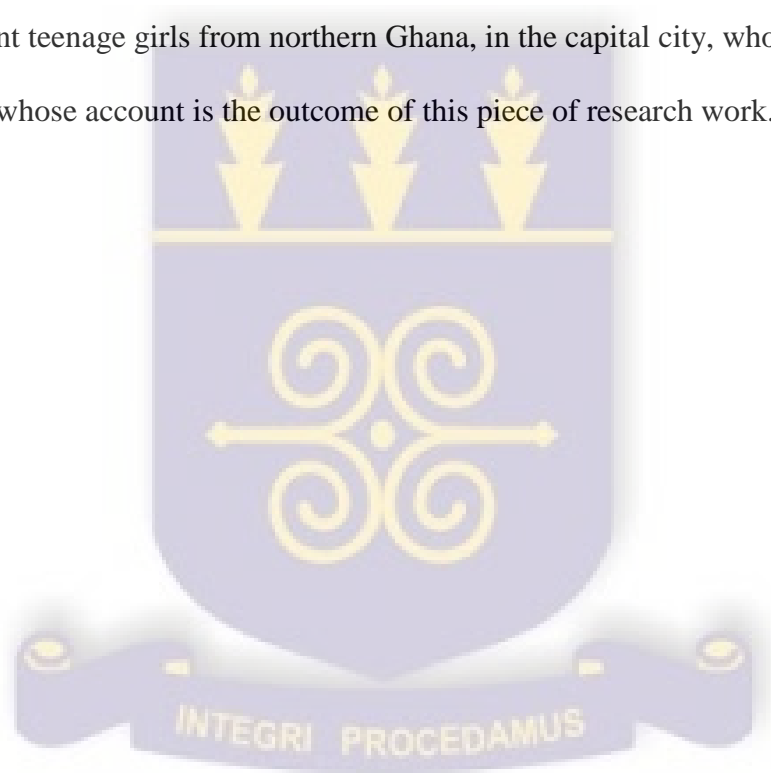
and wearing tight jeans to ward-off potential thieves and rapists and picking of boyfriends as a means to secure sleeping places. Faith in God, adoption of ethnic ties, earning income, savings and remittances, were qualitative factors that propelled resilience while quantitatively: jobs in the city, peer support, access to accommodation, age of respondent, and living with partner in the city, influenced resilience among migrant teenage girls who live on the streets of Accra. The study recommends that the Ministry of Gender, Children and Social Protection should adopt a two-generation policy approach that will aim at addressing issues of migrant teenage girls and their children in Accra. Specifically, the Ministry should provide teen parenting support centres at major markets and suburbs in the city where teenage girls could freely receive services including: ‘adult’ learning; skills training; how to set up micro businesses; professional counselling on parenting; and so forth as envisaged in the National Youth Policy. These centres should also be designed to provide services where migrant teenage girls could drop-in with their children, have their children receive early learning and development, receive primary healthcare and nutrition among many others. A future study may consider looking at the developmental challenges of children of migrant teenage girls in the city as a means to inform needs driven programs as proposed for the establishment of teen parenting support centres in the major markets and suburbs of the city.

DEDICATION

This work is dedicated, first, to my sons, Yenbon and Mahim, and my dear wife, Innocentia Nyagpogbil Tobil, for your endurance and tolerance during this period of academic pursuit. It is also dedicated to the memories of my late mother, Diana Zuremah Nagroug, and my niece Moriti Malya Mort, you will both forever be missed, loved and remembered.

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The many migrant teenage girls from northern Ghana, in the capital city, who participated in the study and whose account is the outcome of this piece of research work.



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LIST OF ACRONYMS

AMA	Accra Metropolitan Assembly
CAS	Catholic Action on Street Children
DOVVSU	Domestic Violence and Victim Support Unit
DOC	Department for Children
DSW	Department of Social Welfare
FCUBE	Fee Free Compulsory Universal Basic Education
GNCC	Ghana National Commission on Children
GSS	Ghana Statistical Service
GCLS	Ghana Child Labour Survey
GDHS	Ghana Demographic Health Survey
GPRS I	Ghana Poverty Reduction Strategy, 2003-2005
GPRS II	Growth and Poverty Reduction Strategy, 2006 -2009
GSGA	Ghana Shared Growth Agenda, 2010-2013
GYEEDA	Ghana Youth Entrepreneurial Employment Development Agency
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Work
ISSER	Institute of Statistical Social and Economic Research
KMO	Kaiser-Meyer Olkin
LaNMMA	La-Nkwantanang Madina Municipal Assembly
LEAP	Livelihood Empowerment Against Poverty
MOWAC	Ministry of Women and Children Affairs
NCWD	National Council on Women and Development
NHIS	National Health Insurance Scheme
PASW	Predictive Analytics Softword
SADA	Savannah Accelerated Development Authority
SEU	Social Exclusion Unit
SPSS	Statistical Package for Social Sciences
UN	United Nations
UN-CRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNICEF	United Nations Children Education Fund
WHO	World Health Organisation

CHAPTER ONE: BACKGROUND TO THE STUDY

1.1 Introduction

The idea for this study was conceived in 2006, and rooted in my personal experience of trying to assist two cousins aged 15 and 16 years, who, after migrating from Kongo in the Upper East Region, became pregnant six months after their arrival in Accra, the capital city. As a National Service Personnel at the time, I encountered serious difficulties attempting to help my cousins during their gestation period and after birth. Subsequently, my interest in migrant teenage mothers from northern Ghana in the city was further stimulated by media programmes such as Maternal Channel and *Pagba Sagha*¹ on Ghana Television. Again, the then vice President, now the current President of Ghana, His Excellency, John Dramani Mahama, in 2010, held a meeting with migrant girls from northern Ghana in Accra at the International Conference Centre. The meeting discussed the problems these migrant girls faced in the capital city and policies the government could pursue to ameliorate their plight (Newsnight, Metropolitan Television, Ghana Television Evening News, Television 3, 360 News).

The phenomenon of migrant teenage girls from northern Ghana having children in the urban centres is that these teenage girls from deprived rural communities of northern Ghana migrate to urban areas in southern Ghana in search of opportunities and better conditions of life. In the hope of meeting their goals and dreams for a better life, some of these girls become pregnant and unintended mothers in the capital city. It is observed that of the many organisations such as the Catholic Action on Street Children (CAS) and Street Girls Aid that support vulnerable groups in society, not many of them focus on pregnant migrant teenagers. It is noted that there is a clear difference between an adult having a child and a teenager also

¹ *Pagba Sagha* literally means Time with Women is a programme on Ghana Television on Saturdays which mainly promotes issues of women from Northern Ghana. The programme has carried documentaries on kayayeei in Accra and Kumasi.

having a child, in urban environments such as Accra. It is further observed that after the birth of a child, few resources are available to the teenage mother to take care of herself and the baby compared to an adult migrant mother. More so, there appears that the welfare regime in Ghana does not support and protect teenage girls who find themselves as child bearers on the street. Against this backdrop, this study aims to contribute to the larger picture of developing knowledge in child protection and welfare research in Ghana.

1.1.1 The phenomenon of children on the street of Ghana

According to the Catholic Action on Street Children (CAS), as of 1994, the phenomenon of children on the street was new in Ghana. CAS rather asserts that the phenomenon was known to exist in countries such as Brazil and Bolivia. The Catholic Action on Street Children came into being following a research conducted on street children in Accra, by the Department of Social Work, University of Ghana. The results of this survey informed the formation of CAS in 1993 (CAS & UNICEF 1999; CAS, 2003).

In 2003, the Ghana Statistical Service (GSS) conducted a survey on street children. A total of 2,314 street children were interviewed. The results showed that children who lived on the street were mostly Ghanaians by birth (98.2%). The findings also showed that more than half (55%) of the children came from the three northern regions. By ethnic disaggregation, Mole-Dagbon formed the greater proportion (63.1 %) of female street children, while the Akan constituted 53.4 percent of the male street children. Indeed, in terms of regional concentration, Greater Accra had the highest proportion (49.7%) of the street children, followed by Ashanti with 26.5 percent. More than three-quarters (78.4%) of street children indicated that both parents were alive; and only 18.6 percent had one parent alive. Of those who mentioned that both parents were alive, more than half (53.2%) of them indicated that their parents were living outside the districts in which the children were found. Greater Accra had the highest proportion of children in a sexual relationship and about two percent of the

street children were married, with almost all of them being females (Ghana Child Labour Survey, GSS, 2003).

Similarly, the 1998 Ghana Demographic and Health Survey (GDHS) found early pregnancy loss among girls aged 15 to 19 to be approximately twice as high as for other age groups. Researches on adolescent sexual activity in Ghana have found that sexual initiation of many teenagers starts much earlier and varies according to their residence and level of education (Adomako, 1991; Ankomah and Ford, 1994; Nabila and Fayorsey, 1996; Agyei and Hill, 1997; Anarfi, 1997). Researchers have identified a whole range of reasons for initiation to sex before marriage. For example, Adomako (1991) cites peer pressure, deception by partners, experimentation, and desire for sex by adolescents as some of the causes. Yet, some other researchers attribute early sexual initiation to the phenomenon of “sugar daddy” (young girls and older men in sexual relationship), the lack of supervision or support from parents or the moral degeneration of the younger generation and poverty (Nabila and Fayorsey, 1996). Regardless of the dynamics of early sex initiation, most surveys found that adolescents in Ghana tend not to use modern contraception regularly to prevent pregnancy (Henry & Fayorsey, 2002, GHDS, 2008).

In the 2003 Ghana Demographic and Health Survey (GDHS), a staggering 69 percent of all births to 15-19 year olds were either unwanted or mistimed. Results of the GDHS (2008), suggest that teenage motherhood is on the increase in urban Ghana. The findings of this survey (GDHS, 2008) further indicate that the percentage of teenage girls who bore children increased with age from less than 1 percent among those who are aged 15 years, to 29 percent among those who were 19 years old. Findings of the survey suggest that rural areas recorded a reduction in teenage motherhood from 23 percent in 2003 to 16 percent in 2008 while urban areas witnessed an increase of 7 percent in 2003 to 11 percent in 2008 (GDHS, 2008). In addition, the 2003 and 2008 Ghana Demographic Health Surveys found the Central and the

Northern region, recording the highest (24% and 23%) rate of child bearing among girls aged 15 to 19 years in the country.

Findings of the 2008 survey further established that teenagers bearing children decreased substantially as they continued with education. For example, it was found that about 31 percent of teenagers with no formal education began children bearing, compared with just 1.0 percent of teenagers with secondary or higher education. The findings of the survey show that girls aged 15 to 19 years recorded the least 7.6 percent use of modern contraceptives.

Recently, the phenomenon of young teenage girls migrating from northern to southern Ghana has gained policy and research attention. On February 6, 2014, the Member of Parliament for Oforikrom, Miss Elizabeth Agyeman, made a statement on the floor of parliament in respect of the plight of head porters in the country's major cities. Her statement read:

“Mr. Speaker,...it is very disturbing to see girls below the age of 10 carry such heavy loads on their heads which many adults will not even dare to carry.... at Oforikrom alone, there are about 9,600 of the young female head porters and if this figure is anything to go by, then we can imagine the number in other towns and cities. After going through such torment during the day, the girls meet their worst nightmares during the night. While some of them can afford to pay GH¢2 to sleep in small kiosks, those who cannot afford are left with no choice but to sleep in the open, under market sheds and on the veranda of shops. Not only are the girls exposed to mosquitoes, but they are also at the mercy of some unscrupulous male harassers who rob them of their monies and rape them as well. Most of the rape cases result in pregnancies and related problems. A very sad aspect of the kayayei² phenomenon is the involvement of children aged seven to 12 and who, due to the business they are engaged in, are not in school.” (Parliamentary Hanzard, February 5, 2014; Daily Graphic February 7, 2014)

Following this statement, the Minister for Gender, Children and Social Protection was summoned to Parliament to come and state the steps the Ministry was undertaking to deal with the problem of female head porters in the country. On the 27th February, 2014, the Minister appeared before parliament and described the phenomenon of female porters

² Kayayei is the plural form of kayayo; a name given to a girl or woman who works in the market place of large cities as a head porter - carrying the load of shoppers on head pans for a fee. The term is coined from the Hausa and Ga languages. The word *kaya* in Hausa means load while the *yoo* in Ga, means a female.

(kayayei) as a national challenge that could only be addressed through a holistic national and inter-sectoral approach. Her statement read:

“Mr Speaker...the development, well being and best interest of these young girls must be a priority of all of us and not my Ministry alone. A holistic national and inter sectoral approach is what is required to solve the problem. This would require the Ministry and the Ministries of Health, the Interior, Education, Trade, Agriculture, Chieftaincy and other relevant development partners and civil society to work together.” (Parliamentary Hanzard, 2014; Daily Graphic, February 28, 2014)

The Minister for Gender, Children and Social Protection, specifically, proposed a two-prong approach: the extension of the Livelihood Empowerment Against Poverty (LEAP) facility and the National Health Insurance (NHIS) to cover the girls. The Minister stated that in the immediate to short-term, the Ministry intended to embark on an identification and registration exercise which had been slated to be carried out by the Department of Children. The data when obtained, would greatly assist the Ministry to design its interventions to support Kayayei and progressively curb the practice. On the policy front, the launch of the National Youth Policy in 2010 by the Ministry of Youth and Sports is an attempt to address youth issues holistically in Ghana.

1.1.2 Child bearing among Teenagers

The 2013 State of World Population of the United Nations Population Fund (UNFPA) stated that: motherhood is a huge global problem, especially in developing countries where 7.3 million girls under 18 years, give birth every year. Indeed, “of these 7.3 million births, two million are to girls who at the age of 14 or younger and suffer the gravest long-term health and social consequences, from pregnancy, including high rates of maternal death and obstetric fistula” (UNFPA, 2013: 2).

The United Nations Population Fund (2009) estimates that one in five people (more than 1.3 billion people) worldwide are adolescents aged 10 to 19 with about 85 per cent of them living in developing countries. Every day, 20,000 girls below age 18 give birth in developing countries. Statistically, about 19 per cent of young women in developing countries

become pregnant before age 18 (UNPFA, 2013). About 16 million adolescent girls aged 15-19 give birth each year, thus, accounting for more than 10 per cent of all births worldwide (UNFPA, 2009; WHO, 2008, 2009) while girls under 15 account for 2 million of births that occur to in developing countries (UNPFA, 2013).

Births to girls also occur in developed countries but on a much smaller scale (UNPFA, 2013). Statistics provided by the Guttmacher Institute (2010) suggest that 750,000 women, younger than 20 years in the United States, became pregnant in 2006. Teenage birth rate in 2006 was 41.9 births per 1,000 women. The pregnancy rate among sexually experienced teenagers also increased for the first time in over a decade, rising three percent from 2005 to 2006 (Guttmacher Institute, 2010). Myers, Heazell, Jones and Baker (2006) note that teen pregnancy rates in the United Kingdom remain the highest in Western Europe. They observed that throughout most of Western Europe teenage birth rates fell during the 1970s, 80s and 90s, but in the United Kingdom the rates remained high. An increasing incidence, 49.9 births per 1,000 women under 18 in 2001 and 52.8 live births per 1,000 women in 2002 was recorded (SEU, 2002).

In Africa, teenage childbearing is most prevalent in sub-Saharan Africa. It is estimated that more than 50 per cent of adolescent girls give birth by age 20. In some sub-Saharan African countries, this figure is over 70 percent (UNFPA, 2007). There is a wide range of countries with girls giving birth before the age of 16, but a number of countries appear to have a very high percentage. Among developing countries, West and Central Africa account for the largest percentage (6 per cent) of reported births before age 15 (UNFPA, 2013). Rates are particularly high in a number of countries in West and Central Africa. Chad has the highest percentage of very early motherhood (14.2%), and the percentage is also very high in Guinea, Niger and Mali; 12.2%, 12.8% and 12.7% respectively (UNFPA, 2013).

Early child bearing among teenagers in Nigeria indicates that it occurs almost among married teenagers (Gumattcher Institute, 2004). About fifty-six percent of married girls aged 15-19 years have husbands at least 10 years older. Only a small proportion (3.0%) of teenagers were found to give birth before marriage. It was further found that girls who marry as teenagers, married older men, and that this practice is more common for girls from the northern part of Nigeria than from the south (Gumattcher Institute, 2004).

It is estimated that about 750,000 teenagers between the ages of 15 to 19 years become pregnant in Ghana annually (Daily Graphic, May, 2013). The World Bank, in 2008, estimated that 13.3 percent of Ghanaian teenagers aged 15 to 19 years were already having children or currently pregnant (World Development Indicators, 2013). The Guttmacher Institute (2004) also, reports that over half of Ghanaian women marry while still in their teens and that those who marry early are more likely to have older husbands who may have more sexual partners. It further notes that four in ten Ghanaian women and two in ten men aged 15-19 have had sex. Its findings further indicate that one in ten births occur among adolescent mothers. The Noguchi Memorial Institute for Medical Research (2011) of the University of Ghana, conducted a research on sexual and reproductive resilience in Ghana and Tanzania. The study found that about 15.6 percent of girls aged 15-19 were either pregnant or already mothers (Ahorlu, Mwaipopo, Adongo, Zinstag, Adongo, & Clorist, 2010).

A similar finding made by the GDHS of 2003 indicates that at the national level, some 14.0% of 15-19 years old adolescents are pregnant or are already mothers. Ahorlu et al (2010) further revealed that Ghana, as of 1999, had one of the highest teenage pregnancy rates in the world. Indeed, the picture of teenage girls who are mothers in sub-Saharan Africa, is that of an unhealthy looking girl with an unhealthy child, poorly educated, suffering from poverty, unemployed, shattered future, lack of access to reproductive health services and stigmatised for having unintended pregnancy (WHO, 2007). Unintended pregnancy among female

teenagers is, therefore, a global phenomenon. It occurs in both developed and developing nations. In 1997, former President Bill Clinton of the United States, in a radio address stated:

“There is still a lot more to do if we are going to make sure the American dream is a reality for all citizens in the twenty-first century. And we still have some pretty big problems in our society. None stands in our way of achieving goals more than the epidemic of teen pregnancy.” (Cockett and Knetser 1998: 50)

Likewise, Tony Blair, the former Prime Minister of the United Kingdom, described teenage pregnancy as leading to “shattered lives and blighted futures” (Arai, 2009:5). The Labour Government of the United Kingdom identified teenage pregnancy as a key consequence for social exclusion. The government published a policy document on teenage pregnancy in recognition of the high rates and alarming proportion youthful conception had assumed. The public pronouncement by political leaders, at one point of their nation’s development, is recognition of the fact that teenage pregnancy and parenthood is indeed a problem. But, despite these statistics and political recognition, Bartell (2005) reports that most people in western world experience the pregnancy of a teenage girl as a surprise and usually upsetting and a scandalous occurrence. She notes that it impacts tremendously on an entire family system, beginning with the pregnant teen and extending to everyone in the family who becomes a part of the process of the pregnancy and its outcome. According to Bonstra (2011), developing countries are now confronting what industrialized countries have faced over the last century: The emergence of “adolescence” and the social changes around sexuality that came with it. In the past, young men and women tended to move directly from childhood into adult roles. In many ways, marriage marked the turning point, especially, for young women. The transition into marriage and the assumption of other adult responsibilities, such as establishing one’s own household and having children (Boonstra, 2011).

1.1.3 Purpose of the Study

While a review of the literature shows increases in teenage birth rates in urban areas of Ghana (GSS, 2008), few studies have attempted to study the experience of teenage mothers

on the streets of Accra, particularly those from northern Ghana. Studies (Agarwal et al 1997; Abrefa-Gyan 2002; Anarfi et al 2003; Tanle 2003; Opare 2003; Kwankye et al 2007; Hashim, 2007; Awumbila & Ardayfio-Schandorf, 2008; Yeboah 2008; and Appiah-Yeboah, 2009) have often focused attention on kayayoo, who may be an adult or a teenager from northern Ghana in Accra. This study's aim is to contribute to the development of knowledge in child protection and welfare research in Ghana. It is against this backdrop that it is reasonable to believe there are certain costs associated with teenage mothers on the streets in the Ghanaian society. There are a gamut of issues: child-rearing by teenage mothers unsupported by men; the lived-experience of teenage mothers on the streets of Accra; the coping strategies teenage mothers adopt to survive on the streets; and factors that influence the resilience of these migrant teenage mothers to survive on the streets of Accra against all the odds that they face. Indeed, some of these issues are not empirically documented. The purpose of this study is to examine the experience of primiparous migrant teenage mothers from northern Ghana living on the streets of Accra.

1.3 Problem Statement

There is a growing body of knowledge that suggest that there are many problems associated with child bearing during the teen years. The birth of a baby is accompanied by a sudden acquisition of new roles and tasks with which all new parents must cope (McClure, 1988). Duncan (2007) suggests that parenting, during teenage years, is problematic developmentally and emotionally for teenagers because they are yet to complete the 'tasks of adolescence' (Weed Keogh and Borkowski, 2000). A study by Bissell (2000) found that teenagers who become mothers, as compared to females who delay childbearing past the teen years, are more likely to be socio-economically disadvantaged. In the same vein, Trivedi (2000) found that teenagers are more likely to experience obstetric complications as compared to adult mothers.

The emerging picture is that research findings are not conclusive on the outcomes associated with the experience of teenagers having children. For instance, some researchers (Musick 1993; Culp et al., 2006) argue that combining adolescence and parenthood, which may be associated with periods of developmental crisis, may result in negative consequences for the mother. However, Laylor and Shaw (2002) believe that teenage parenthood is not a public health problem and does not necessarily constitute developmental crisis. Hurley (2007) makes the point that teenage parenthood improves the lives of teens. Notwithstanding the controversy of research conclusions on the outcomes on teenage mothers, the multiple life transitions (Childhood to adolescence and to parenthood) are naturally associated with some form of coping behaviours. Teenage mothers from low socio-economic backgrounds often confront not only the hardships that are commonly associated with teen parenting, but also with the complex transition of roles and tasks that accompany any birth (McClure, 1988).

Phoenix (1991) suggests that unmarried motherhood was previously, the object of concern, but attention has increasingly turned towards teenage motherhood. Teenage pregnancy and parenting are understood as a social problem because they are closely associated with child rearing unsupported by men, and the resulting 'social costs' (Hobcraft, 2002). In addition, little is known about the needs, experiences, attitudes and access to services of teenage mothers in Ghana. The most vulnerable young people are also likely to be the most difficult for service providers to reach (UNFPA, 2007). Research suggests that young, teenage mothers often experience a great deal of stress without sufficient social support and their ability to parent is considered poor, thus leading to inadequate mother to child interactions and insecure child to mother attachment (Carcia-Coll, Hoffman & Oh, 1987).

UNICEF (2001) has identified the consequences of teenage parenthood to include school dropout, unemployment and foreclosing the socio-economic conditions of teenage

motherhood. The National Youth Policy of Ghana (passed in 2010) recognises adolescent pregnant girls as an identifiable group that must be catered for and that a framework must be followed to encourage pregnant mothers' to complete at least secondary education (Ministry of Youth and Sports, 2010). Mwansa, Mufune and Osei-Hwedie (1994) argue that the phenomenon of children on or of the street has become one of the biggest problems of social welfare in most African countries because many people are beginning to identify with the situation as needing an urgent and pragmatic attention. Unfortunately, the realization of the problematic nature of the phenomenon of children on/of the street has not corresponded with an aggressive response from governments to deal with the problem. A search from libraries and electronic databases has not located studies that specifically document the experience of migrant teenage mothers from northern Ghana who are working on the streets of Accra.

1.4 Objectives of the Study

Therefore, given the above, this study set out to examine the lived-experiences of primiparous migrant teenage mothers from northern Ghana living and working on the streets of Accra. Ultimately the study hope to contribute to the discourse on the Child and Family Welfare Policy, the National Youth Policy and streetism in Ghana.

The specific objectives of the study are to:

- i. Document the live-experiences of northern migrant teenage mothers in Accra.
- ii. Examine the coping strategies these teenage mothers adopt to survive on the streets of Accra.
- iii. Identify the set of resilient factors migrant teenage mothers adopt to survive in the urban environment.
- iv. Contribute to the development of knowledge in child protection and welfare research in Ghana.

1.5 Research Questions

The following constitute the research questions of the study:

- i. What are the lived experiences of migrant teenage girls from northern Ghana in Ghana's capital city, Accra?
- ii. What coping strategies do migrant teenage girls from northern Ghana adopt to survive on the streets of Accra?
- iii. What set of factors influence resilience among primiparous migrant teenage girls from northern Ghana in Accra?

1.6 Significance of the Study

Social Work as a field of study is interested in people who live on the margins of society. As defined by the International Federation of Social Work and International Association of School Social Work, social work intervenes at a point when the individual interacts with the environment (IFSW & IASSW, 2004 as cited in Hare, 2004 & Staub-Bernasconi: 2009). Migrant teenage girls from northern Ghana have been described by UNDP (2007) as among the socially excluded and disadvantaged groups in Ghana. Worldwide, it has been established that a girl is more likely to become pregnant under circumstances of social exclusion, poverty, marginalization and gender inequality, where she is unable to fully enjoy or exercise her basic human rights (UNPFA, 2013). Indeed, issues affecting groups described as the socially excluded often tend to be overlooked. As a result, issues that touch the heart and soul of migrant teenage girls are not properly understood and covered by policy.

In terms of policy relevance, findings of this study are intended to go beyond academic publications and knowledge contribution; they are also intended to inform policy in the area of child welfare and protection in Ghana. This study's results may be of particular interest to program developers, policy makers and direct care givers as they provide an understanding of the phenomenon of rural-urban migration and its relationship to the experience of teenage mothers on the street of Accra. Further, through publications and dissemination of findings at conferences, the results of the research may be beneficial to the profession of social work,

frontline child welfare workers and policy makers as they provide better understanding of the problems and kinds of support required by migrant teenage mothers on the street.

With regard to methodological contribution, the results of this study will help bring understanding to frontline professional practitioners such as social workers, nurses, counsellors on the experiences of migrant teenage mothers on the streets of Accra. Results of the study, would, to a large extent, help these health care providers and human service professionals conduct initial assessment in order to determine appropriate interventions for the teen mothers on the street. The assessment may indicate whether further support is necessary as to inform these professionals initiate community supports to assist the teen girls in their ability to care for their children.

1.7 Justification for the Study

The findings of this study have the potential to make a significant contribution to extant knowledge with regard to the lived-experiences of northern migrant teenage mothers on the streets of Accra by creating a voice for them. Previous studies (Agarwal et al 1997; Apt and Gierco, 1997; GSS, 2003; Opare 2003; Anarfi et al. 2003; Hashim 2007; & Awumbila & Manuh, 2008) on female porters from northern Ghana in the urban south of Ghana did not look at the issue of resilience. This study set out to fill the knowledge gap by seeking to understand how the social environment of migrant teenage mothers enables or limits their capacity to survive and cope successfully with the challenges they face.

Research findings on why people migrate from rural communities to urban centres differ. Anarfi et al (2003), Hashim (2007), Kwankye et al (2009), and Kwankye and Anarfi (2012) cite economic reasons for migration while Ewusi (1986) and the Catholic Action on Street Children (2003) as well as the UNDP (2007) allude to social conditions. For these reasons, it is imperative to examine these issues further to establish the reasons for the massive rural-urban drift of teenage girls from northern Ghana to Accra.

Moreover, teenage girls who have children find themselves in an urban environment that is uncertain and economically harsh compared to rural areas. Most highly paid jobs in urban areas are based on skills and/or education. Opare (2003), for instance, reports that migrant teenagers, mostly from northern Ghana, engage in activities that require very low skills, are exploitative and lack security. The migrant teenagers also live in poor physical and environmental conditions characterized by high population density, dilapidated and run-down buildings, pollution, filth, flooding, landslides (Tanle, 2003).

1.8 Child protection and welfare in Ghana

Ghana touts herself as the first country in the community of nations to have signed the UN Convention on the Rights of the Child (UN-CRC). Parts of the preamble of the CRC reads: ... the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding, and ...the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth (CRC, 1989: 1). Certainly, the phenomenon of teenage mothers from northern Ghana bearing children on the streets of Ghana, particularly, Accra, is an affront to the spirit of the Convention on the Rights of the Child (UN-CRC). According to UNICEF and the then Ministry of Women and Children's Affairs -MOWAC (2009: 107), "child protection is a framework that consolidates all rights – if children are not protected from harm, their rights to survival, development and participation will be severely undermined."

In Ghana, child protection and welfare programs have, since colonial era, remained the responsibility of the Department of Social Welfare (DSW) formally under the Ministry of Employment and Social Welfare and now under the Ministry of Gender, Children and Social Protection. The statutory obligations of DSW include the following: the promotion and protection of the rights of children, justice administration of child related issues, community care (for disabled and needy adults) and budget, planning and monitoring. The Department of

Social Welfare is headed by a Director who is supported in his/her administrative duties by four (4) Deputy Directors, each of whom is responsible for the administration of for the statutory obligations identified above. The Director, Deputy Directors, Officers (Social workers) and secretariat staff constitute the head office in Accra. A Regional Director heads each of the ten regions, whilst District officers and relevant supporting staff are responsible for the Districts in Ghana. All of the staff from the national, regional and district level are trained social workers. Under the architecture of child welfare delivery, the district, municipal and metropolitan Assemblies play significant roles. The Domestic Violence and Victims Support Unit (DOVVSU) under the Ghana Police Service, the Ghana Health Service and Ghana Education Service as well as the Judicial Service all play critical roles in child welfare delivery in the country.

In 2001, the Ministry of Women and Children's Affairs (MOWAC) was established with the mission "to champion the cause of all women and children, through the promotion of gender equality and the participation of children in the development of Ghana. The creation of MOWAC changed the GNCC's policy-making role to an implementing one. Thus, the law establishing the GNCC has subsequently been repealed thereby, making it the Department for Children (DOC). Yet again, the ministry of women and children Affairs has been renamed as the Ministry for Gender, Children and Social Protection, which is the main formal institution for child welfare in the country. However, DOVVSU, and other Non-Governmental Organisation work in collaboration to promote the welfare of children in the country (Addison, 2012).

The following legislations are in place to protect the rights of children in Ghana:

- The principles of the UN Convention on the Rights of the Child,
- The 1992 Constitution of the Republic of Ghana,
- The Children's Act, 1998, ACT 560 supported by Legislative Instrument L.I 1705, 2002,
- Criminal Code Amendment Act (Act 554)
- Human Trafficking Law (Act 694)
- Juvenile Justice Act, 2003 (Act 653)

- Child and Family Welfare Policy (2015)
- Gender and Children's Policy (2002)
- Early Childhood Care and Development Policy (2004)
- The Millennium Development Goals,
- The principles of the African Charter on the Rights and Welfare of the Child

Baffoe and Dako-Gyeke (2013) assert that the majority of social workers in Ghana are into child welfare practice and that they encounter many challenges including the lack of a clearly defined child welfare practice system. Even though the Children's Act, 1998 (Act, 560) and the accompanying Legislative Instrument (LI 1705) comprehensively attempts to deal with child rights and protection in Ghana, the framers of the said legislations did not avert their minds to some other typical Ghanaian problems and a way to protect children.

The Children's Act, 1998 (Act, 560), in a large measure, does not fundamentally address some issues affecting children in Ghana. Some of these include kinship fosterage; a traditional practice which allows children to be sent to aunts, uncles and other external relatives. This practice, in current modern Ghana, impinges on the development of children to the extent that some children under kinship fosterage are denied formal education and sometimes maltreated by their relatives. There are currently no remedies under the law to deal with the excesses of this practice. Also, the practice of ritual servitude (trokosi), that is, virgin young girls are given to a priest of a local shrine in atonement of sins committed by their family members.

In addition, other social and cultural issues affecting children in Ghana include female genital mutilation, child betrothal and child marriage, child labour in cocoa and other farms, mining and quarrying, parents lending their children to firms/individuals to work while the parents receive compensation, children selling and begging on the street as well as the phenomenon of teenagers (kayayei) on the street of urban Ghana, mostly from the northern part of Ghana (UNICEF & MOWAC, 2009). All these socio-cultural issues are typical home grown Ghanaian problems which directly affect children. These issues have neither clear cut

legislative backing nor institutional mechanism for checking their practice in Ghanaian society. Baffoe & Dako-Gyeke (2013) acknowledge that the challenges encountered by social workers in Ghana's child welfare practice are very daunting. They point out that in order to overcome these challenges, a partnership between communities and governments both at the local and central level is required to develop measures, aimed at offering developmentally appropriate services to children in need of support and protection.

It must be acknowledged that Article 28 of 1992 Constitution, dedicated to child rights outlaws all of these practices but the fact still remains that all of these social and cultural problems are home grown and did not find space in the Children's Act that attempts to comprehensively protect the welfare of children in the country. Besides, there are no appropriate institutions set up with the requisite professional expertise to deal with child related issues in the country.

1.9 Context of the study Area: Accra, Ghana

1.9.1 Greater Accra, the location of the Study

Greater Accra is the study area. It is the administrative, political and commercial capital of Ghana. It is the largest and fastest growing metropolis in Ghana, located on the coast of the Gulf of Guinea. In terms of size, it is the smallest region in the country with an area of 185 square kilometres (71.4 square miles), representing 1.4 percent of the total land area and yet hosts about 16.3 percent of the population (The Ghana Housing & Population Census, GSS, 2010). In the 2010 Population and Housing Census, Greater Accra recorded the highest population growth rates of 3.1 percent. It is the most densely populated region with a density approximating 1,236 persons per square kilometre compared to 895.5 persons per square kilometre in 2000 (The Ghana Population & Census Housing, GSS, 2010). The high population growth rate in the Greater Accra region is a mixture of natural increase and rapid migration into the urban parts of the region from all over the country. Many of these migrants are unskilled, moving from rural areas into the city to look for non-existent jobs and ending

up in the pool of urban poor (The Ghana Housing & Population Census, GSS, 2005). In addition to its residential population, Accra has a large fluctuating migrant population who come to trade or work for part of the year.

Greater Accra is the backbone of Ghana's economy. The concentration of population in the region is as a result of the vibrant economic activity in the capital city, which has been at the receiving end of steady migrant streams from many of the other regions of the country (ISSER, 2012).

1.9.1 General information about Ghana

Ghana is located in West Africa and borders three neighbouring countries: Burkina Faso to the north, Cote d'Ivoire to the west, and Togo to the east. The southern part of the country borders the Gulf of Guinea. According to the 2010 population and housing census, Ghana has a total area of 239,460 sq km, and a population of 24,658,823 million people. Ghana's population has increased by 30.4 percent from 18,912,079 in 2000 to 24,658,823 in 2010. Females accounted for 51.2 percent of the enumerated population. The recorded annual inter-censal growth rate in 2010 is 2.5 percent. Greater Accra (16.3%) and Ashanti (19.4%) regions had the greater share of the population. Population density has increased from 79 in 2000 to 103 in 2010 (Ghana Census, GSS, 2010).

Ghana was the first sub-Saharan African country to obtain independence from the British on March 6, 1957, and subsequently became a republic in the British Commonwealth of Nations on July 1, 1960. Ghana has a total land area of 87,853 square miles (238,535 kilometres square). Ghana is one of the lead producers and exporters of cocoa, although bauxite, timber and gold are competing economic activities. Its administrative and political capital is Accra, with a population of 4 million (Ghana Census, 2010). Ghana operates a multi-party parliamentary democratic system of government with an Executive Presidency elected for four years with a maximum of two terms. There is a parliament elected every four years, an independent judiciary, and a vibrant media (Ghana Census, GSS, 2010).

There are 10 administrative regions, Western, Central, Greater Accra, Volta, Eastern, Ashanti, Brong Ahafo, Northern, Upper East, and Upper West. The regions as of the population enumeration were 170 districts but currently 207 (The Ministry of Local Government and Rural Development, 2014). The re-demarcation of districts in the country attempts to ensure equitable resource allocation, efficient and effective administration at the local levels. Ghana is mainly divided into three ecological zones: coastal, forest belt and savannah but also largely categorised into North and South. The forested middle belt and the coastal belt constitute the southern part of Ghana while the guinea savannah grassland covering the three northern regions make up the northern part of the country. The distribution of Ghana's population by urban-rural residence shows that the proportion of the population living in urban areas has increased substantially since 1960 (Anarfi et al, 2003). In the 1960, about 23.1 percent of the population lived in urban Ghana. The urban population increased in 1970 to 28.9% of the population while in 1984 it further increased to 32.0 percent. By the year 2000, the urban population constituted 43.8 percent while in 2010 a little more than half (50.9%) of the Ghanaian population lived in urban areas (Ghana Census, GSS, 2010).

1.9.2 Northern Ghana

What is today northern Ghana currently comprises three regions, namely; Northern Upper East and Upper West regions. In September 26, 1901, the Northern Territories Order in Council was made under the seal of the Crown's representative (Bening, 1973, as cited in Mahama, 2009). The Order in Council, defined the Northern Territories as:

"...the territories which are bounded on the south of the eighth parallel of the north latitude, on the west and north by the line of the frontier between the British and the French possession and on the east by the line of the frontier between the British and German possessions." (Mahama, 2009: 79)

The Order declared the Northern Territories as a British Protectorate and empowered the Governor of the Gold Coast Colony to exercise all powers and jurisdiction which the Crown had. With respect to geography, the three regions of the north accounts for about half

of the land area of Ghana (GSS, 2010; Wilson, 2012). Northern Ghana have been described as hot and dry and with one seasonal rainfall, often lasting from April to October and delivering 1000mm of rain on average and noted to be more rural than the south thus, relying heavily on farming for survival (Alfredo, 2005; GSS, 2010).

The policies of the colonial and post-colonial dispensations have significantly contributed to an unbalanced level of development and conditions of inequality between the northern and southern Ghana (Wilson, 2012). Historically, the northern part of Ghana, during the colonial regime, was declared a labour reserve (Denkabe, 2001; Whitehead 2006; Anarfi et al 2003; Kwankye et al 2007; Awumbila, 2008). A study on teenage girls from the north to the south is incomplete without understanding the internal migration of people from northern Ghana to southern Ghana, particularly, Accra, and the capital city. Following the colonial policy; hewers of wood and drawers of water, enunciated by various successive colonial governors, a historical legacy of northern people drifting to southern Ghana was therefore built during the colonial regime. This legacy initially started with adult males seasonally migrating in search of better economic opportunities in the mines and plantations of southern Ghana (Awumbila, 2008, Anarfi et al 2003, 2007). The trend has assumed an increasing proportion, from a seasonal to an all year round activity (Awumbila & Manuh, 2008). However, what has changed significantly is that 'in recent times a dominant migration stream from the north to the south has been that of female adolescents, moving independent of family, largely towards the cities of Accra and Kumasi...' (Awumbila, 2007:5). Indeed, the migration of girls from northern Ghana to Accra has been suggested to be the major factor contributing to street parenting (Henry & Faryoseh, 2002; Kwankye, 2007, 2009). Internal migration dynamics in the country as observed by Anarfi et al (2003: 5) is influenced "by the stark differences in the levels of poverty between north and south, as well as their respective capacities to respond to new economic opportunities." Again, the northern regions severely

face natural resource disadvantages thus providing compelling reasons for the migration of girls to the south (Agarwal, et al 1997; Boaye-Yiadom 2007; Yeboah, 2008).

1.9.3 Incidence of poverty in Northern Ghana

Ghana Living Standard Surveys Round Six (GLSS6) describes poverty to have many dimensions and that it is characterized by low income, malnutrition, ill-health, illiteracy and insecurity, among others. And that, the impact of these different factors could combine to keep households, and sometimes whole communities in abject poverty. Results from the Ghana Living Standard Surveys Round Five and Six (GLSS5 & GLSS6) indicate that the proportion of Ghanaians described as poor in 2005/06 was 28.5%, falling from 39.5% in 1998/99. Those described as extremely poor declined from 26.8% to 18.2% (UNDP, 2007). Considering the upper poverty line of GH¢1,314, the proportion of the population defined as poor is 24.2 percent in 2012/2013, with a poverty gap index of 7.8 percent, meaning the average income of the poor falls below the poverty line by 7.8 percent.

These percentages indicate that about 6.4 million people in Ghana are poor. The incidence of poverty is noted to be much higher among those living in rural savannah compared to those in rural coastal and forest combined. Rural savannah (three regions of northern Ghana) notably, contributes more than 40 percent to the overall poverty in Ghana (GSS, 2014). In 2012/13, the rural population comprised 50 percent of the population of Ghana, yet it accounts for 78 percent of those in poverty. The Upper West Region is deemed the overall poorest (70.7%) and of the 6.4 million persons who are poor in Ghana, only half a million are from the Upper West region, whilst the Northern Region with a poverty incidence of 50.4 percent accounts for one-fifth (20.8%) or 1.3 million of the poor in Ghana, making this region the highest single contributor to the level of poverty in Ghana. This pattern does not seem any different from 2005/06, since the northern region again was the highest contributor to national poverty. The three northern regions combined account for more than half of those living in extreme poverty (52.7%). The pattern is very similar to the

findings in 2005/06, although the three northern regions account for slightly less of the extreme poor in 2012/13 than in 2005/06 (GSS, 2014).

Poverty trends in Ghana also differ among the various economic sectors. Poverty is particularly evident in two sectors in Ghana: agriculture and the informal sector, with the agricultural sector being the worse affected (UNDP, 2007, GPRS I 2003-2005).

Poverty has a gender dimension and women are at a greater portion among the poor in Ghana. Women are counted among the poorest as compared to their male counterparts. This is so because men and women differ in their respected allocation to resources within the household, labor productivity, and welfare (Awumbila, 2006). The GSS (2005) estimated unemployment at 10.4 percent for males aged between 20 and 24 years and 10.9 percent for females in the same age group. Although the gender difference is marginal, it is possible that by this age, some of the females may be preoccupied with motherhood responsibilities which may interfere with their ability to obtain formal employment (UNDP, 2007).

Round Six of the GLSS suggest the Northern Region has the lowest rate of school attendance (50.4%) followed by Upper West (63.6%) and the Upper East Regions (63.4%). School attendance rates in southern Ghana are generally higher than in the northern regions of the country and the rate for males is also generally higher in all regions than that of their female counterparts. Closely related to school attendance is the level of literacy. Greater Accra (79.6%) and other urban (65.1%) have the highest literacy rates while the rural savannah area (30.0%) has the lowest; this is also true for males (38.4%) and females (22.4%). There are distinct differences in artisan apprenticeships offered to women and men. Men are offered a much wider range of apprenticeships such as carpenters, masons, blacksmiths, mechanics, painters, repairers of electrical and electronic appliances, upholsters, metal workers, car sprayers, etc. In contrast, most female artisans are only involved in either hairdressing or dressmaking. Women generally experience a disparity in earnings, receiving a

daily average of 6,280 cedis compared to 8,560 cedis received by men according to the Ghana Living Standards Survey. Unemployment rate for persons aged 15 years and older is 5.2 percent; the rate is higher for females (5.5%) than for males (4.8%). The unemployment rate is highest among the 15-25 year age group (10.9%) for both sexes.

Generally, poverty is lowest in Accra and research suggests that the stark differences in the levels of poverty between the north and the south, as well as their respective capacities to respond to new economic opportunities, account for rural-urban migration (Anarfi *et al.*, 2003, 2007). Boakye-Yiadom and MacKay (2007) and Twumasi-Ankrah (1995) note that unskilled rural youths move from the underdeveloped regions, farming communities, and hinterlands to the cities to seek menial jobs. A significant proportion of these low skilled migrants end up working in the informal sector, in occupations requiring very little or no education or skills, as porters and petty traders in the cities and as seasonal labourers on cocoa farms and other plantation farms (Hashim, 2007). Agarwal *et al.* (1997:4) remark in their study of street girls in Accra that ‘kayayei’ trade represents something of an ethnic occupational niche for northern females. This observation was confirmed by Yeboah (2008).

In addition, the United Nations Human Development report on Ghana (2007: 27) particularly found the “relatively high incidence of unemployment in the urban areas mainly attributable to the rural-urban migration which results from deteriorating social and economic conditions as well as the limited opportunities or prospects in the rural areas.” Caldwell (1969) and Frazier (1961) described the internal movement of Ghanaians from rural communities to urban areas as a move in response to the "push" from the vagaries of rural living and the "pull" of Western industry, commerce, and "bright lights" of the urban areas. Anarfi *et al.* (2003:16) indicate that over 80 per cent of the respondents gave economic reasons for migrating from their previous locations, suggesting that income differentials contribute significantly to internal migration in the country.”

1.10 Definition of key terms and Concepts

According to the Ghana Child Labour Survey report (2003), there are two types of **street children**; children on the street and children of the street. Children on the street are those who are on the street trading during the day but go home to sleep at night and children of the street are those who work on the street and at night, sleep in front of shops, markets and other such open places. Similarly, Osei-Hwedie and Ntinda (2005) use the terms street children and street adolescents, interchangeably to refer to both males and females aged 12 to 18 years who are on the street and spend most of the nights on the street because of socio-economic problems at home, including poverty and overcrowding. They further use the terminology to refer to those who are ‘part of the street’ and live on the sidewalks of city corridors with their families who, due to poverty or disability such as blindness, are now living on the street (Osei-Hwedie & Ntinda, 2005). In this study, street children is used as in the Ghana Child Labour Survey report to refer to children of the street, that is, those whose street locations are their permanent sleeping places (GSS, 2003).

In this study, **migrant teenage girls** refers to teenage girls who are first-time child bearers, come from the three northern regions of Ghana and who migrate to Accra with the objective of becoming head porters or engage in other economic occupations in order to earn a livelihood. Again, for the purpose of this study, the terms **teenage** and **adolescent girl** are used interchangeably to refer to girls between the ages of thirteen and nineteen who are first time mothers.

Seasonal migrant teenage girls refer to teenage girls who migrate to the southern part of Ghana every year, especially, during the long dry season experienced in the northern part of Ghana. This category of migrants return to northern Ghana to participate in planting and associated farming activities anytime the rains set in. **Non-seasonal migrant teenage mothers** constitute the category of teenage mothers who have travelled to southern part of Ghana, particularly, Accra and do not necessarily return to northern Ghana every raining

season. These categories of teenage mothers have continuously stayed in the capital city for more than one calendar year.

. **Second generation migrants** are teenage girls whose parents come from the three regions of the north but were either born or raised in Accra. These categories of teenage girls trace their roots to northern Ghana but, have spent a large part of their life in Accra.

Single parenthood involves a sole parent who cares for children without the help of the other parent (Ward, 2001). **Primiparous migrant teenage girls** in this study, refer to girls between the ages of 13 and 19 years who are first time mothers in the capital city of Ghana, Accra.

Social Support has been described by Barrera (1981, p. 73) as "activities directed at assisting the individual in mastering emotional distress, sharing tasks, giving advice, teaching, skills, and providing material aid." She further describes tangible assistance such as money, babysitting, provision of clothes, helping to bath the baby, wash the baby's clothes, prepare meals for young teen mother, or emotional support such as listening and empathising with the mother are seen as direct effects (Barbera, 1986). Social support in this study refers to support that is available to teenage mothers in environments from family, relatives, friends and institutions (Governmental and Non-Governmental).

Definitions of **resilience** are associated with different theorists. For example, Ruther (1987) related resilience to markedly successful adaptation following an adverse event, whereas, Masten (1994) indicates that resilience is a developmental process linked to demonstrated competence, the learned capacity to interact positively with the environment and to complete tasks successfully. Resilience then, to a large extent deals with how a child copes with stress, trauma, responding to risks, adversity and or difficult situations.

Coping Strategies as has been defined by Carlson and Bonnie (1997: 236) as “learned, deliberate and purposeful emotional behavioural responses to stressors that are used to adapt to the environment.”

Childcare, according to Myers and Idriso (1986:26-27), refers to “the process of attending to the basic need for shelter, protection, food, clothing and health.”

Economic Exploitation is defined as set out in Article 32 of the Convention on the Rights of the Child, which says that "to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development" (UN-CRC, 1990).

1.11 Thesis Layout

This thesis is organised into eight chapters. Chapter one, reviews the background of the study, providing global, regional, and national trends of teenage girls experience of having children in urban areas. In addition, gaps in the literature, the statement of the problem, the objectives, research questions that informed the study the significance of the study as well as the justification of the study are outlined.

In Chapter Two, literature review is presented. It starts by reviewing teenage motherhood and the characteristics of teenage mothers and children of teenage mothers. Literature is reviewed on coping strategies of teenage mothers and resilience factors. In chapter three, the study examines a number of theories: Social Network theory, Brofenbrenner’s ecological systems theory adapted by Jack (2000) and resilience theory to explain the theoretical foundation of each research question.

Chapter four presents research methodology employed in the study, including the research design, sample description, and the rationale for employing the design. Added to this, the sample selection for the study, as well as the various data collection procedures employed for the study. In Chapter five, quantitative data analysis is presented while the

results of the qualitative data are presented in Chapter six. Chapter seven is dedicated to discussion of the emerging issues from both the qualitative and quantitative analysis of the results. Finally, Chapter eight deals with the summary of findings, conclusions, recommendations and possible future research and the implications for social work policy and practice.

CHAPTER TWO: LITERATURE REVIEW

Introduction

The chapter examines works that focus on the experience of teenage girls rearing children on the streets in the urban areas. The experience of these teenage girls is deemed a risk particularly, to the young mothers and their children, especially, in Ghana, because they are in constant danger of falling sick, coming into contact with criminals and being exposed to street culture. Literature reviewed in this chapter, relates to the characteristics of teenage girls such as age, poverty, ethnicity, level of education and homelessness. In examining the lived experience of migrant teenage girls in the urban areas, the literature examines the risks, vulnerabilities, opportunities and social support of these girls. The coping strategies teenage girls adopt to survive in cities and the factors that influence their resilience constitute thematic areas of interest to the literature review.

2.1 Characteristics of Teenage Mothers

2.1.1 Age of teenage girls

Child bearing among teenagers in Ghana, either before marriage or after marriage, to a large extent, constitutes an important indicator of adolescent sexual and reproductive health. In a national household survey of 4,430 respondents on the sexual and reproductive health of adolescents, Awusabo-Asare et al (2006) report that thirteen percent (13%) of teenagers aged between 15 and 19, had ever been pregnant and another nine percent (9%) ever had a child. The study findings indicate that one in 10 females in a union gave birth before age 15. Of the 1,235 females aged 15–19 years interviewed, 7% were married or living with a partner as if married. The implication is that early marriage and teenage pregnancy are major issues in the country thus suggesting vulnerability.

Studies by Agarwal et al. (1997); Anarfi et al. (2003) and Whitehead & Hashim (2005) in Ghana have reported girls as young as 8 years old to be working as *kayayei*. In a mixed-method research on gendered poverty, migration and livelihood strategies of female porters in

Accra, Ghana, Awumbila and Ardayfio-Schandorf (2008) report that about 63 percent of the respondents were aged less than 20 years, with about 30 percent of them below 15 years, and about 5 percent aged less than 10 years. The study intimates the manifestation of vulnerability associated with young girls seeking to make a living on the streets of Accra. In a similar vein, Nabila and Fayorseh (1996) undertook study of 1,571 young people aged 12 to 20 in two southern cities, Accra and Kumasi, which examined adolescent fertility and reproductive behaviour in Ghana. Results of the study showed that by age 17, sixty percent (60%) of adolescents who ever had sex had become pregnant or made someone pregnant. The study recommended the intensification of contraceptive use among teenagers in urban areas (Nabila & Fayorseh, 1996).

Again, in 1990, a study was undertaken by the Department of Community Health of the University of Ghana Medical School. It was a survey of 1,307 adolescent females and males aged 13 to 19 years in the Ablekuma sub-district of Accra. The results showed that 120 of the adolescent girls were pregnant as at the time of the survey. Among the pregnant teenagers, 27% had complications such as general weakness, bleeding and anaemia. Similarly, in a quasi-experimental study of problems associated with adolescent pregnancy in Ghana, Ampofo and Gyepi-Garbrah (1987) studied females who were pregnant before age 20 and the same number of respondents who became pregnant after age 20 as a control group. About 80 of both groups were pregnant women seeking antenatal care at Korle-Bu Teaching Hospital. The study observed that among the main study group, 60% did not want their pregnancy, compared to 38% of those in the control group. Half of the partners of those in the main study group but only 31% of the partners of those in the control group did not want the pregnancy. However, 41% of those who were pregnant before age 20 had ever had an abortion, compared to 57% of those in the control group.

Agyei et al. (2000) found that one out of every three adolescents who ever had sex had become pregnant at least once, and the mean age at sexual debut among those who ever had sexual intercourse was 15.5 for males and 16.2 for females. The incidence of pregnancy was found to be higher in urban than in rural areas (GSS, 2003). Additionally, the 1998 Ghana Demographic Health Survey showed that about 14% of females aged between 15 and 19 years were pregnant or ever had a child. Atuyambe et al (2008), studied adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood and found the average age of teenage mother to be 18 years. Moreover, a little over a decade after Nabila and Fayorsey (1996) had conducted their study among adolescent in Accra and Kumasi, a similar study by the Institute of Statistical Social and Economic Research and Regional Institute of Population Studies (2009) on the decision-making process of north-south child migrants in Accra and Kumasi found that the majority (54.4%) of the girls were aged between 15 and 19 years while about a third (26.4%) of them were aged between 10 and 14 years. The findings of these studies suggest that many young females in their teens are becoming pregnant and indicate the low usage of contraceptives among them in spite of reported high knowledge and awareness level on contraceptives (WHO, 2007).

The crucial question to ask is whether the experiences of teenage girls are significantly related to the age of the mother? Macvarish and Billings (2010) argue that the age of a teenage mother is significant because it is strongly associated with inadequacy in the ability of teenage mothers to care for the child owing to their lack of economic wherewithal, their emotional immaturity and lack of education. In a similar vein, the World Health Organisation (2012) argues that pregnancies before the age of 15 is risky. This is because they account for 23% of the overall burden of disease in terms of disability adjusted life years. Again, it has further been argued that the leading cause of death among pregnant girls

aged between 15 and 19 years in low and middle income countries is teenage motherhood, which often leads to complications during pregnancy and childbirth.

The policy document of the United Kingdom on teenage pregnancy makes a somewhat similar observation that no matter the age of the mother, poverty impacts on the prospects of the children but the risk is worse with teenage births for all social classes (SEU, 1999). In addition, in relation to issues of competence of parenting, studies comparing infant care competence of younger and older adolescent mothers, indicate that older adolescent mothers, aged between seventeen and nineteen, had significantly higher levels of perceived parenting competence and significantly better home environments scores compared with younger (15-17 years of age) adolescent mothers (Secco et al., 2002). Previous research made a distinction in the role of child bearing age, from family income, maternal education, family type, maternal race/ethnicity, and child sex and age and found that adolescent mothers were significantly less supportive, more detached and intrusive as compared with the older non-adolescent mothers (Berlin et al., 2002). This is consistent with previous findings on the effect of age on parenting competence (Luster & Dubow, 1990). Moreover, studies that have examined the quality of adolescent mother's parenting have focused on adolescent behaviour in the contest of mother-infant interactions, comparing adolescent mothers to adult mothers. The general conclusion of these studies is that adolescent mothers, when compared to adult mothers, are less sensitive, less verbal, and less responsive to their infant's interactional cues.

However, the age significance of the teenage mother has been challenged by the researches of Ermisch (2003) and Ermisch and Pevalin, (2003; 2005). In their studies, they found that the association of a teen-birth with outcomes did not differ significantly between women giving birth aged under 18 and women with a first birth aged between 18 and 19 years. In addition, a comparison of teenage mothers with women starting childbearing later did not identify these consequences because the women who became teenage mothers had

different ‘outcomes’ that is, household income at a later age anyway, even if they had not given birth as teenagers. Moreover, Luster and Dubow (1990) examined the quality of care provided and found that older adolescent mothers had both higher levels of esteem at the time of the child’s birth and significantly more favourable home environments.

2.1.2 Poverty

Nabila and Fayorsey (1996) argue that poverty is an important consideration in understanding adolescent childbearing in Ghana. Awumbila and Ardayfio-Schandorf (2008) make the point that “poverty and the desire to do something to overcome poverty came out as a strong reason for migration” (p.175). They further indicate that poverty may also result from migration, both for the migrants in the destination locations and the families left behind. Several studies (Geronimus, 1991; Furstenberg, 1991; Ruddick, 1993; Moore et al., 1997; Social Exclusion Unit, 1999; Fergusson and Woodward, 2000; Smithbattle, 2000; McLeod, 2001; Graham and McDermott, 2006) suggest widespread agreement that teenage birth is an outcome of, or closely associated with poverty, disadvantage and/or the lack of opportunities. Norgbe, Kudolo and Kotoh (2009) investigated the factors contributing to adolescent pregnancies in the Dodowa sub-district of Ghana, and assigned economic or financial reasons for the indulgence of adolescents in sex. The study indicates that the finding reflected the views of opinion leaders in the study area, who considered poverty as the leading cause for adolescents’ indulgence in early sex. The study further revealed that about 10 percent of mothers of pregnant adolescents were in non-permanent jobs compared to about 22 percent of the mothers of never-pregnant adolescents who were regular income earners. The study found that adolescents with low educational aspiration were more likely to become pregnant than those with high educational aspirations.

Smith-Battle & Leonard (1998) argue that it is not the young mother’s age that results in poor outcomes for the mother and child but the socially toxic conditions associated with poverty that endangers mothering and childhood. A study of young people in Latin America and the

Caribbean reported that “household poverty is perhaps the strongest and most consistent correlate of risky behaviour for all the countries studied” (Cunningham, McGinnis, Verdú, Tesliuc, Verner 2008: 149). Poverty can be a contributory factor to risk behaviour in several ways. However, in some cases, household poverty is a direct factor affecting youth behaviour. Thus, poverty affects a teenage mother’s ability to obtain adequate nutrition for herself and her child (ren), and safe, affordable housing, in an urban area such as Accra. Thus, the strongest single predictor of how well the mother will cope with early childbearing and the quality of childcare for the teenage mother is indeed, poverty.

2.1.3 Ethnicity

An aspect of this study, which is of critical relevance, is that of the region of origin of the migrant teenager on the street of Accra. For the last decade, there has been a high rate of migration of teenage girls and young women who have never been to school, as well as those who have some limited schooling, into leading market centres in southern Ghana (Hashim 2007; UNDP, 2007; Awumbila, 2008; Kwankye et al., 2009). Research evidence suggests that the majority (97%) of the female porters come from the northern regions (Awumbila & Ardayfio-Schandorf, 2008). This finding is supported by others including (Anarfi et al., 2003, 2007; Opare, 2003; Kwankye et al., 2009) even though Agarwal et al., (1997), hinted that some girls from Eastern Region are involved in kayayei business.

In the study of the Independent Child Migrants from northern Ghana to southern cities of Kumasi and Accra, Anarfi et al. (2007) report that about sixty percent of the migrants are from the Northern Region compared to a smaller proportion of them who hailed from the Upper East and Upper West regions. The study noted that most of the males are from the Upper East (65.2 %) while the study showed that most of the females came from the Northern Region (79.8 %). The Upper West Region had the least proportion of child migrants surveyed in the two cities overall. The study however, noted that it did not automatically imply that few children from the Upper West Region migrate because they could be migrating elsewhere,

possibly to Burkina Faso or to Cote d'Ivoire, with which the region shares borders (Anarfi et al., 2007).

By district of origin of child migrants to the cities, West Mamprusi (25.4%), Tamale Municipality (14.7%), Bolga Municipality (14.0%) and Bawku East (10%) were found to be the dominant districts (Anarfi et al., 2007). Again, Kwankye et al (2009) observed that the migration of children from northern to southern Ghana has become a very common phenomenon as almost every household is reported to have a child migrant in southern Ghana. The study reported an elderly interviewee in one of the sending communities in the Northern Region, who observed thus: 'There is no house in this community from which a child has not migrated to the South' (Kwankye et al., 2009: 16).

A study comprising 829 unmarried adolescents and young adults in Greater Accra and Eastern Regions on sexual behaviour and contraceptive use, found teenage pregnancy to be high among adolescents in the Eastern and Greater Accra Regions (Agyei et al., 2000). The study again found that more than one out of every three adolescents who had ever had sex had become pregnant at least once, and the incidence of pregnancy was higher in urban than in rural areas.

2.1.4 Homelessness

According to the United Nations (1995) adolescent childbearing is a phenomenon that has significant ramifications at personal, societal, and global levels. The Organisation intimates that for the individual woman, childbearing at an early age can shape and alter her entire future life. It further argues that from the perspective of communities and governments, adolescent pregnancy and childbearing have a strong and unwelcome association with low levels of educational achievement for young women, which in turn may have a negative impact on their position in and potential contribution to society (United Nations, 1995).

Dworsky and Meehan (2012) opine that no one really knows the number of homeless adolescents who are pregnant or parenting. However, several studies (Greene & Ringwalt,

1998; Berry, Shillington, Peak, & Hohman, 2000; Wagner et al., 2001; Levin, Bax, McKean, & Schoggen, 2005) have found higher lifetime rates of pregnancy among young women who are homeless than among demographically similar young women who are housed. Hanna (2001) explains the homeless situation of teenage mothers to be as a result of a variety of factors: because of the pregnancies, some are homeless; escaping abuse; leaving home due to conflicts with family members or feeling unloved.

Further, some other researchers (Noell, Rohde, Seeley, & Ochs, 2001; Cochran, Stewart, Ginzler, & Cauce, 2002; Finkelhor, Hammer, & Sedlak, 2002; Thompson, Zittel-Palamara, & Maccio, 2004) adduced two factors as probably contributing to the homeless situation of teenage girls. One is that some young women leave or are kicked out of their home after pregnancy causing an already dysfunctional or abusive family situation to become worse while the other factor is that homeless youth engage in risky sexual behaviours, that is sexual activity at an early age, with multiple partners, and without consistent use of condoms and contraception) at higher rates than their housed peers (Carlson, Sugano, Millstein, & Auerswald, 2006; Halcon & Lifson, 2004; Haley et al., 2004; Hathazi, Lankenau, Sanders, & Jackson Bloom, 2009; Wagner et al., 2001; Zerger, Strehlow, & Gundlapalli, 2008). These put young women who are homeless at high risk of becoming pregnant.

2.1.5 Low level of Education

Hashim (2007) indicates that children migrate to the south for work in order to access educational opportunities. Again, Awumbila and Ardayfio-Schandorf (2008) report in their study that a large number of the kayayei became involved in the business of carrying head loads either because they have dropped out of school or have never enrolled at school and they find head load carrying, which requires low capital outlay, as the only way to acquire the minimum assets for either better marriage prospects or greater economic stability.

Anarfi et al. (2007) also reveal that the majority (87.3 %) of the child migrants in their study had little or no education. The study further found that about 12.7 percent had education

beyond primary school level. Over the years, Population and Housing Census data and other national data have continuously highlighted that the three northern regions, historically, have had the highest proportion of persons with no education in Ghana. For instance, the 2008 Ghana Demographic and Health Survey (GDHS) reported that females in the northern half of the country (the Northern, Upper East, and Upper West regions) are seriously disadvantaged as more than between half and two-thirds of women in these three regions have never been to school, compared with less than one-fifth in the Greater Accra and Ashanti regions. In addition, 21 percent of females in Greater Accra have completed secondary education or higher, compared with 4 percent or less in the Northern, Upper East and Upper West regions (Ghana Statistical Service, 2008). Obviously, these startling statistics have implications for teenage girls from northern Ghana living in the capital city.

2.2. Experiences of Teenage Mothers

Gyesaw and Ankomah (2013) qualitatively studied the experiences of teenage mothers in a suburb of Accra and identified a number of reasons why they became pregnant. They found transactional sex; sexual violence and abuse; adolescent sexual experimentation; the lack of sex education and teenage mother's desire to be mums as responsible for their pregnancy. The findings of the study further indicate that many of the respondents did not know that they were pregnant as they still menstruated during their first trimester. All the participants testified to the pain of labour, but did not express regret bearing a child except the interruption in their education. The study found partner's reaction to be positive, while parents of these girls received the news of their daughter's pregnancy with shock, unhappiness and upset. Fathers, in particular refused to accept the news while mothers had no problem accepting the outcome of their daughter's pregnancy. However, Kaplan (1996) for instance, in a study of the experiences of teenage mothers in South Africa, found that mothers of pregnant girls teenage were resentful toward them. Thus, some of the pregnant teenage girl's even contemplated moving out of the house as a way to resolve the problems that they

had with mothers. Gyesaw and Ankomah (2013) again report that nearly all the parents of girls vehemently opposed abortion as an option.

Pogoy, Verzosa, Coming & Agustino (2014) studied the lived experiences of early pregnancy among teenagers in the Philippines and found the lack of sexual knowledge as having big impact on teenagers who engaged in early sexuality. The study's findings indicate that respondents did not get any responsible sexual information at school. The findings further establish that teenage mothers were not in a position to go back to school after delivery as they were forced to look after their children. In fact, the researchers assert that there were some cases where teenagers used their pregnant status to deliberately escape the demands of high school education. The study found child rearing as a great challenge for teenage mothers because they were not yet prepared but they faced it with courage. Smith, Coley, Labbok, Cupito and Nwokah (2012) in a qualitative study of the experiences of adolescent mothers found poor knowledge and skills on breastfeeding. The study further found that the teens lacked knowledge about infant development and care as well as an increased reliance on others, including health care providers. However, it unfortunately found that the health care system was less than helpful to adolescent mothers. In a similar vein, Erulkar & Bello (2007) state that married adolescent girls in northern Nigeria narrated extreme negative traumatic experiences during childbirth and that some respondents delivered at home while some were sent to the hospital because of complications. They further found that many of the respondents had babies who died shortly after childbirth. The findings indicate that a large number of respondents who lost their first child, compounded the trauma of first pregnancy and childbirth.

Ritcher and Mlambo (2005) found that teenagers were not happy about their pregnancies and perceived their pregnancies to be a crisis for themselves and their families. It was also reported that having a child did not raise one's social status; instead, their experience

was perceived as a disgrace in the eyes of parents and the community. The same sentiment was also expressed by participants in the study conducted by Mpetshwa (2000) in which participants reported that the community members tended to have a wide range of negative reactions towards adolescent mothers. Some of the participants in Mpetshwa's (2000) study reported having experienced a lot of ill treatment from their family members, especially their parents who felt betrayed by their children becoming pregnant. Participants indicated that they were no longer treated like other members of the family, as was the case before pregnancy. Pregnancy made some of the participants to feel rejected by friends.

Chochan and Langa (2011) explored the experience of teenage mothers in an inner city public school in Johannesburg, South Africa. The findings indicate that children growing up into happy, healthy and intelligent human beings constituted the teenage mothers' sense of pride. Seamark and Lings (2004) report that young mothers were very positive about their experiences of motherhood while Buccholz and Gol (1986) posit that in some cases becoming a parent could stimulate positive changes in an adolescent's life, thus fostering reciprocal ego development between the mother and child. Hanna (2001:458) report that despite the difficulties teenage mothers face, motherhood provided young women with a feeling of immense satisfaction. In her article, "Negotiating motherhood: the struggles of teenage mothers", she found that teenage mothers "were determined to create a family environment that was safe, comfortable and aesthetically appealing."

In addition, Turner (2006) explored young women's views of teenage motherhood from three schools, through a multiple method approach. The young girls, described motherhood as affecting them personally, in that their social life was curtailed and reduced significantly their freedom. Teenage mothers also mentioned that they were sometimes viewed as 'tarty', and in each school it was apparent that some felt teenage motherhood reduced a woman's

relationship prospects, as they commented men were unlikely to want to take on the responsibility of someone else's child, and/or that a young father might abandon his partner.

Twumasi-Ankrah, Hilton and Keller (1999) observed that nearly all the pregnancies of the girls were unplanned or unexpected. In a similar vein, Cater and Coleman (2006), in their study of Planned Parenthood, found that many teenage parents are 'positively ambivalent' in that their pregnancies were unplanned. That is, it seemed that they did not mind whether they had a baby or not. Contraception was rarely used, with the young women not caring about avoiding the possibility of pregnancy. The finding of unplanned pregnancies is not supported by the idea that teenage girls plan pregnancies with the expectation that childbirth will boost their self-esteem as suggested by Cater and Coleman (2006). Pregnancy, however, appears to be an unplanned result of an attempt to bring about a balance between the conflicting needs for attention and connection and for independence.

Tabberer et al (2000) explored teenagers' decisions regarding an unplanned pregnancy. It found that a range of factors shaped decisions to terminate the pregnancy which included; the prevalence and visibility of teenage motherhood within the local area. Another important factor was the community-wide view on terminating a pregnancy. Lee et al (2004) found that teenagers in some affluent parts of the country are four times more likely to terminate a pregnancy than those in some more deprived areas. It was found that teenagers' personal situations, rather than their moral views, were the biggest influence on the decision. What is not clear is whether access to health facilities in rural and urban areas. Hanna (2001) contends that mothering is a struggle, but more importantly that teenage mothers need appropriate support in a number of ways, including parenting. She further asserts that good parenting protects against future problematic behaviour but governments are slow to acknowledge this and provide appropriate resources. The literature clearly demonstrates that

parenting in the adolescent period disadvantages both mother and child, educationally, socially, psychologically and developmentally.

2.3 Risks, Vulnerabilities and Teenage Girls

2.3.1 Educational Disruptions

There is the general held notion that teenage child-bearing have long-term negative effects on mothers. Several studies (Alpers, 1998; Herrmann et al., 1998; Koniak-Griffin; Anderson, 1999b; Dlamini, Van der Merwe & Ehlers 2003; Luong, 2014) argue that teenage girls who become mothers often have more difficulty completing basic education because of the time off required for pregnancy, recuperation and childcare. This contributes to limiting the careers and economic opportunities of teenage mothers and may further limit their ability to provide basic nutritional and housing needs for themselves and their children. Luong (2014) found that teenage mothers were 17 percentage points less likely to complete high school and between 14 and 19 points less likely to complete postsecondary studies. Similarly, Bowlby and McMullen (2002) found teenage pregnancy and child rearing to be related to dropping out of high school. Indeed, the problem again, is that teenage mothers who have not had time to overcome their own stages of role identity and intimacy often puts the teenage mother and the child at an increased risk of social and emotional delay (Hurlbut & McDonald, 1997). UNICEF (2003) precisely notes the problems associated with teenage girls who have children to be that:

“ . . . giving birth as a teenager is believed to be bad for the young mother because the statistics suggest that she is much more likely to drop out of school, to have low or no qualifications, to be unemployed or low paid, to grow up without a father, to become a victim of neglect and abuse, to do less well at school, to become involved in crime, use drugs and alcohol.” (UNICEF, 2003: 3)

There is considerable concern that having a child as a teenager or more generally, earlier in life, have longer-term risk for the mother in terms of her earnings and standard of living, and consequences for the child as well. These are usually thought to arise because having a child as a teenager disrupts the human capital investment, by causing her to curtail

her formal education and by keeping her out of employment for a time, thereby depriving her of valuable work experience (Ersmish, 2003).

2.3.2 Obstetric Outcomes

Save the Children (2004) in its fifth annual State of the World's Mothers, published a report titled "Children Having Children" which alleged that babies of teen girls faced the risk of dying before reaching their first birthday. Indeed, Futris & Pasley (2003) allude that adolescent childbearing is more common in developing countries, where about one in every six births is to women under twenty. Teenage childbearing has been viewed to have potential negative demographic and social consequences (GSS, 2008). Births to "teenage mothers, aged between 15 and 19, have been found to have the highest infant and child mortality in Ghana" (GSS and MI, 1994 and 1999 as reported in GDHS, 2008:77).

The findings of Save the Children (2004), collaborated by the findings of UNFPA (2013), found that 13 million births (a tenth of all births worldwide) each year are to women less than 20 years and more than 90% of these births are in developing countries. Overall, a third of women from developing countries gave birth before the age of 20 ranging from 8% in East Asia to 55% in West Africa. The report revealed that complications from pregnancy and childbirth were the leading cause of death for girls aged between 15 and 19 years in poorer countries (UNFPA, 2013; State of the World's Mothers report as cited in Save the Children, 2004). These figures show that girls in this age group are twice as likely as older women to die from causes related to pregnancy and childbirth. Their babies are 50 percent more likely to die than children born to women in their 20s. The youngest mothers - those aged 14 and under face the greatest risks.

Research from Bangladesh shows that the risk of maternal mortality may be five times higher for mothers aged between 10 and 14 than for mothers aged 20 to 24 (UNFPA, 2013). According to UNFPA (2013) physically immature, first-time mothers are vulnerable to prolonged, obstructed labour, which create conditions for obstetric fistula to occur especially

in instances where an emergency caesarean section is inaccessible. Although, it is acknowledged that fistula can occur to women of any productive age, studies show that about one in three women living with obstetric fistula reported developing the condition during adolescence (Muleta, Rasmussen and Kiserud, 2010; Rijken and Chilopora, 2007).

The UNFPA (2013) reports that obstructed labour was found to be common in teenage girls, resulting in increased risk of infant and maternal death or disability. The report also showed that young mothers and their babies were at greater risk of contracting HIV. The report included an “early motherhood risk” ranking that identified countries where motherhood was most devastating for young girls and their babies. Nine of the 10 highest risk countries are in sub-Saharan Africa, with Niger, Liberia, and Mali topping the list (London, (2004) State of the World's Mothers (2004) Save the Children (2004) UNFPA (2013). A number of risk factors have been noted to strongly influence teenage pregnancy rates, such as declining age at menarche and early sexual debut (Chen et al., 2007). Other factors include limited knowledge of adolescents about reproductive health (UNFPA, 2002) and restricted access to contraceptives (Chen et al., 2007).

Trivedi (2000) compared the different obstetric parameters of teenage and adult women in New Zealand. The results showed that on average, adult women’s babies weighed more compared to babies of teenage mothers. Indeed, the results showed a birth weight of about a 100 grams, a difference between babies of adult mothers at the upper end and babies of teenage mothers on the lower end. The study found that seven in the teenage mothers group had neonatal birth defects compared to the adult women group who only had one birth defect. The teenage mothers group had fifteen breech deliveries of which eleven were delivered by caesarean section. The adult women group had seven breech deliveries, of which three were delivered by caesarean section. The most common cause for caesarean section in teenage mothers was obstructed labour/poor progress in labour.

2.3.3 Socio-economic Difficulties

Childbearing among teenage girls both in the developed and developing world continues to be a significant indicator of lower socio-economic outcomes. Bissel (2000) found that teenage mothers are more likely to be socio-economically disadvantaged later in life compared to women who delayed childbearing. The socio-economic disadvantages relating to teenage motherhood have been widely reported in the developing countries (Barnette, 1998). Chevalier and Viitanen (2002) state that early motherhood is commonly associated with lower education, reduced labour market participation and poverty. The lower income of teen mothers possibly affects both their own and their children's economic wellbeing. They posit that teenage motherhood imposes long term consequences on career development of young mothers which is likely to lead to transmitting poverty from generation to generation. Thus, they recommend that policies preventing long term consequences of teenage motherhood should focus on helping teenage mothers to succeed in their secondary education.

Similarly, Turner (2004) suggests that teenage motherhood perpetuates poor socio-economic backgrounds of girls. Her study found that pregnant teenagers from deprived socio-economic background tend to keep their pregnancies. And because they are less likely to complete basic education, they are unable to continue with post-secondary education to enable them acquire the skills for better jobs. Oftentimes, low-skilled jobs pay less, and it stands to reason that teenage mothers who are low-skilled have a higher likelihood of earning low income (Luong, 2014).

Again other researchers have argued that teenage mothers have increasingly become single parents and the sole providers for themselves and their children. Most teen parents are unmarried five years after giving birth. Moreover, fewer than half of the teens who give birth out of wedlock marry within the next 10 years (Jacobson and Maynard, 1995). Thus, it is not surprising for as noted by Jacob and Maynard (1995), marital status at the time of the first

birth is a powerful predictor of subsequent poverty status and welfare dependence, regardless of the age of the woman when she has her first child. More than two-thirds of all out-of-wedlock child bearers end up on welfare, as do 84 percent of young teen mothers who are unmarried when their first child is born. Taking the European Union as an example, except Sweden, Berthoud & Robson (2001) note that women whose first child was born when they were teenagers were consistently worse off than women who started a family in their twenties. Slightly higher proportions were bringing up their child (ren) without a co-resident partner. A substantially higher proportion of the mothers were not in employment. Twice as many teen-mothers as twenties-mothers had minimal educational achievements, and twice as many were in poverty. More than three times as many relied on transfers from outside their immediate family, because neither they nor their partner had a job.

Ersmish (2003) found that women who had teen-births were less likely to be living with their partners in their thirties and forties, particularly if they started childbearing before age 18. He argues that women starting childbearing as teenagers are much less likely to be married at the time of their first birth. For women who had partners while in their thirties and forties, teen-mothers' partners were less likely to have jobs, and if they even had, their pay was likely to be much lower, particularly, if they were mothers before age 18. These findings suggest that having a teen-birth, particularly when aged under 18 years, constrains a woman's opportunities in the 'marriage market' in the sense that she finds it more difficult to find and retain a partner. Again, teenage mothers often partner with more or less unemployment-prone and lower earning men. It is against this backdrop that the Social Exclusion Unit (1999) of the United Kingdom states that teenage parenthood is bad for parents and children. Becoming a parent too early involves a greater risk of being poor, unemployed and isolated. The children of teenage parents grow up with the odds stacked against them.

2.4 Coping Strategies Adopted by Teenage Girls

Coping is an important construct in understanding how adolescents react to the stressors and adjustments they experience in their lives (Garcia, 2010). Lazarus and Folkman's (1984:141) conceptualization of coping is commonly used and they define coping as "constantly changing cognitive and behavioural efforts a person makes use of to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." According to this approach, coping refers only to effort driven activities that require adaptation, and not all the things that a person does in relation to the environment. The phrases "constantly changing" and "specific demands" reflect the dynamic nature of coping as a process rather than an individual trait or style. As such, coping is conceptualized as what the individual actually thinks or does to manage specific demands within a specific context. As the context changes, there is the likelihood that individual's method of coping may change. The word "efforts" is also emphasized which permits the inclusion of any strategy the individual employs to manage the situation, regardless of how well or badly it works.

Writers such as Yi, Smith and Vitaliano (2005: 258) describe coping to involve "cognitive and behavioural measures designed to master, tolerate or reduce external and internal demands and conflicts" while De Anda and colleagues (de Anda 1998; de Anda et al. 1997) simply refer to coping as those strategies that are used to deal with stress or stressors. Carlson and Bonnie (1997) contend that the coping process involves four steps: determining the meaning of an event or situation and its implications for one's well-being; selecting a coping strategy after taking stock of one's coping resources, carrying out the coping strategy and finally evaluating one's coping efforts with regard to their effectiveness in managing one's response to the stressful event. They argue further by classifying coping into two main types: problem-focused also called the primary or active strategies and emotion-focused also called the secondary or passive strategies.

Again, Carlson and Bonnie (1997) further contend that coping is influenced by a number of factors. First, they argue that resource mobilization is a resource for coping and opens doors to a variety of secondary coping such as entertainment and other distractions. Second, they point to the fact that beliefs and values do serve as a resource, especially, beliefs about one's personal control, efficacy, and self-control. They particularly state that in adopting a problem focused strategy, one must believe that one's efforts will be effective. Third, physical and mental health of individuals has been argued as a crucial coping resource that influences one's choice of coping strategies. And lastly, Carlson and Bonnie point to the fact that knowledge and skills, especially, problem solving skills are important coping resources and that individuals' who have good social skills and contacts facilitate their access to social support.

According to Dias, Cruz and Fonseca (2010) problem-focused on coping strategies seek to change the situation and emotion-focused coping strategies often intended to regulate the emotion resulting from the situation. In a similar vein, Childs (1993) also distinguishes four different types of coping strategies to include: a) passive unconstructive strategies characterised by behaviours such as ignoring what is happening, and generally doing nothing to change, resolve or stop the situation; b) passive constructive strategies characterised by behaviours which aim to resolve the situation but do not involve the people directly. And, this includes informing an adult or peer that one was excluded, but not taking any direct action to try and join the group or stop the excluding behaviour; c) aggressive strategies involve actual physical violence, such as starting a fight when not included; and d) assertive strategies are those that aim at resolving the situation or preventing it from happening again who do not rely on aggression or entirely on other people. For instance, a pupil insisting that he/she should be included in group activity is an example of this.

Skinner, Edge, Altman, and Sherwood (2003) identified over 400 ways of coping that were measured with these tools, demonstrating the breadth and depth of coping measurement and the resultant challenges in interpreting, generalizing, and acting on coping data. Nicholls and Polman (2007) conducted a systematic review of the literature on coping in sports and athletics. The review confirmed a variety of coping strategies used, as well as age and sex differences in coping. None of these existing reviews specifically focused on measurement of coping in adolescent research, nor did they address the relevance of coping measurement for vulnerable subgroups of adolescents such as migrant teenage girls on the streets of urban areas.

Research findings suggest that the type of coping strategies used by adolescents do change with age. Frydenberg and Lewis (1993) found that younger adolescents reported that they dealt with stress by working more and distracting themselves from the problem, whereas older adolescents used tension reduction techniques more often than younger adolescents. This finding is consistent with Compas, Orosan, and Grant's (1993) conclusion that emotion-focused coping strategies increase in frequency through adolescence. A longitudinal qualitative study in Uganda involving twenty-two teenage mothers in in-depth interviews and six focus group discussions among pregnant adolescents who were followed from pregnancy to delivery, revealed that teenage mothers frequently adopted emotion-focused coping style for the stress of pregnancy and motherhood. Some of the styles included the acceptance of the adolescent pregnancy, moral support to the adolescent mother and material/financial support to look after the child. There were important factors that minimized the adolescents' stress and enabled them to cope adequately with pregnancy and subsequent motherhood (Kaye, 2008). However, Compas et al. (1993) noted that there were some findings that conflicted with the pattern of increase in emotion-focused coping and inconsistent changes in problem-focused coping.

However, Seiffe-Krenke (1993b) found that coping strategies classified as both problem and emotion-focused increased with age through adolescence. Gibson et al (1991) reported that the most frequently reported types of coping strategies among almost 4000 adolescents in 17 countries were problem focused. Some studies have not found any age-related changes in coping during adolescence. However, Dusek and Danko (1994) and Stern and Zevron (1990) found few age differences in either problem or emotion-focused coping. Analysis of age differences in coping suggest that there is not a simple one-to-one correspondence between advancing age through the adolescent years and development of coping skills, although there is considerable evidence that changes occur during this period. For example, Williams and McGillicuddy-De Lisi (2000) found that older adolescents used a greater variety of coping strategies in dealing with problems more frequently than younger adolescents.

Awumbila (2008) note that the survival strategies of head porters varied by gender, age and marital status. In her study among female porters in Accra, the findings indicate that female porters developed various ways of surviving including: collective susu³ (credit) schemes; carving out survival and ethnic spaces (to minimize conflicts with other kayayei and rape attempts); and forming semi-permanent conjugal unions and sexual partnerships for both protection and financial support. They also endured a lot of physical and verbal abuse without taking any action thus compounding the feeling of powerlessness. Many of these strategies increase the kayayei's risk and vulnerability to sexually-transmitted infections, rape and impacts on their reproductive and health rights.

Kaye (2008) again argues that paternity acceptance is a coping strategy adopted by teenage mothers. Results of the longitudinal study (Kaye, 2008) reveal that a major source of distress for teenage mothers is the unwillingness of partners to accept paternity for reasons including jeopardizing their education and employment. Additionally, the new identity and

³ Susu is a Hausa word meaning creditor. Generally, however, it refers to informal collective savings of people in a group.

status as a mother was explained by teenage mothers as a coping strategy. Teenage mothers explained their new identity and status gave them a sense of satisfaction and fulfilment (Kaye, 2008). In addition, taking risks was found to be other coping strategy teenage mothers adopted in their experience as teenage mothers (Kaye, 2008). By risk taking, respondents indicated that they refused to marry partners who were very young and the future did not portend a bright one.

Agurcia, Vaughn, Abbey, Volk & Wiemann, (2001) similarly, note that teenage mothers with older adult partners were more likely to engage in more risky behaviour and lived in less-favourable circumstances than teenage mothers with partners close to their age. They particularly found that twelve months after giving birth, teenagers with an adult partner five or more years older were less likely than mothers with a partner about their own age, to be in school or working. Furthermore, adult partners of teenage girls were more likely to use condoms infrequently compared to teenage mothers with partners of their age.

2.4.1 Teenage Mothers Coping Strategies in Childcare Arrangements

Latham (1995:282) as cited in Badasu (2004), in the overview of the UNICEF-Cornell Colloquium report, defines care for infants and young children as follows:

Care refers to care giving behaviours such as breastfeeding, diagnosing illnesses, determining when a child is ready for supplementing feeding, stimulating language and other cognitive capacities and providing emotional support.

Badasu's (2004) study of childcare among Ewe migrants in the city of Accra observes thus:

In traditional Ewe society, care for children is the duty of the kin or lineage group though the mother is the primary care giver to the child. Members of the mother's kin mainly have the responsibility to offer help of all kinds to the mother, right from the period of pregnancy (Badasu, 2004: 26).

In addition, Awumbila, Alhassan, Badasu, Bosiakoh and Dankyi (2011: 14) define child care as “the performance of a number of activities and tasks to provide for the material and

emotional needs of the child.” Awumbila et al (2011) identify socialization of the child as an important component of childcare, while the family remains the single source of care for children in all societies. Following the above definitions, childcare can be described to mean direct and indirect material, financial and emotional support, from both the parents, kin or recognised institutions set up for the purpose of meeting the needs of the child (ren) in accordance with acceptable practices of that society.

Riechman, Teitler and Nepomnyaschy (2001) describe childcare as an important family management strategy, particularly for working mothers. They identified the types of childcare arrangements nursing mothers use to include: kin care - that is provided by relatives other than the baby’s father; non-relative home care, that is, care provided by anyone other than a relative in the mother’s, provider’s, or someone else’s home and lastly, centre care which includes Early Head Start, and other care. Similarly, Awumbila et al. (2011) note that the childcare practices common in Ghana and by extension West Africa, include pro-parental institutions which includes kin care mainly through fosterage. Goody (1982: 16) as cited in Awumbila (2011) describes fosterage as the institutionalised delegation of nurturance and/or elements of the parental role. Goody (1982) further terms ‘crisis fostering’ as one initiated out of necessity, illness, death or divorce in the natal family of the fostered child.

Again, Awumbila et al (2011) point out that the traditional role of women being childcare givers has suffered because migration makes it quite impossible for the mothers and children to receive adequate care from extended family or for the nuclear family to live together. Connected to this, Badasu (2004) notes that in urban areas, there is the increasing need for women to work away from home in order to either supplement their families’ income or solely provide a livelihood for their families, which makes childcare more problematic for the family. She contends that infant and toddler care and feeding is clearly required on a continuous basis, and because infants cannot fend for themselves to obtain the

nutrients they need such care is necessary, very intensive and requires considerable time and attention, throughout the day and night, for babies need feeding every two or three hours. The dependence on kin is for support of childcare tasks and socialisation (Frayosey, 1993; Nukunya, 1969).

Reichman et al (2001) allude that childcare is a major expense and concern for working parents. And that parents with flexible jobs and family support to help with childcare were more likely than those with inflexible jobs and little support to use centre-based care, which typically has inflexible hours and policies (such as not allowing parents to leave children who are ill). Hofferth (1995) similarly, observes that low-wage jobs, which often require odd hours, changing shifts and little flexibility, make it difficult to use childcare that is state regulated. Thus, arrangements rarely offer flexible hours. Tettey (2005) studied the childcare arrangements of working mothers in Accra and utilised 289 respondents through a survey as well as focus group discussions. The findings revealed that no matter the level of poverty of working mothers in the Central Business District, they made some arrangements to provide care for their children. She found that working mothers mostly used their children in cases where there was no one else to help. She further found that the childcare arrangements used were varied and tailored to the specific needs of the working mothers and that these working mothers basically used childcare methods including: nurseries/crèches; neighbours; friends fostering, relations such as aunties and grandmothers and house-helpers. Resources available to a working mother, the status of the working mother, the sector –formal/informal employment and the welfare of the child were the determinants of working mother's choice of childcare. Fatigue, not having enough time with child, their homes and spouses, and problems with employers and colleague employees at the workplace were some of the problems encountered by working mothers.

Thus, on account of working mothers encountering problems with regard to childcare arrangements in Accra, Apt (1997) notes that an increasing number of women are living alone with their children due to frequent marital disruption. Apt's contention is that a significant proportion of these women in deprived urban communities, in particular, are also bearing children outside marriage and sometimes at early ages, at which both mother and child are vulnerable to hunger and disease as they lack support from family and social sources (Apt, 1997). Awumbila et al. (2011) also state that parents often view childcare as interfering with their ability to earn income and or accumulate wealth, a pre-requisite for meeting the basic needs of children. Thus, this often gives rise for the call for help, especially, those in urban settings often employing mostly kin. These findings corroborate Badasu's (2004) work which showed that many factors at the household level, particularly family income, mother's educational status and work, affect childcare and have consequences for child survival. However, housing difficulties in destination areas of urban centres, the prevalence of individualism as well as harsh economic conditions at a particular given time sometimes does not permit fostering or other kinds of living arrangement.

Pogoy et al (2014) study of teenage mothers in the Philippines found that child rearing was a great challenge, especially for a teenage mother because they were not yet prepared but they faced it with courage. Even though they expressed awareness of the risks, they were willing to sacrifice for the benefit of their child. The findings indicate that the teenage mothers coped with depressing situation by looking forward towards the things that they harness to support the needs of their children. This they achieved by finding jobs that will enable them rake some money to cater for childcare.

Again, beyond these determinants of care, there are emerging conditions, such as traffic and type of housing and day care facilities available for families that enhance or negatively affect the ability of households to meet the requisite care needs of their children (Badasu,

2004). In urban areas, infants and toddlers are more likely to receive childcare in home-based settings than are older children while nearly 50 percent of infants and under age children whose mothers are employed are cared for by relatives (Casper 1996). The quality of non-parental care young children receive is related to family income. With respect to care from relatives or in home-based arrangements, lower family income is associated with lower quality because poor teenage mothers have no paternal maintenance for their children and are supported by their families to meet their children's needs (Badasu, 2004).

Kwankye et al's (2007) studies of the coping strategies of independent child migrants from northern Ghana in the southern cities of Kumasi and Accra, report that they coped, by renting wooden structures popularly known as 'kayayoo quarters' in slum areas for dwelling. It further found that child migrants sleep together in groups as a means of protecting one another while those who sleep in the open, resort to keeping sharp objects for protection in the eventuality of an attack.

2.5 Resilience of Teenage Girls

There is no single universal definition of resilience. Several researchers have offered varied definitions. For example, Rutter (1985) described resilience as the ability to bounce back or cope successfully despite substantial adversity while Hawley (2000: 102) defined resilience as "positive outcomes in the presence of adversity, rather than to positive adaptation in general" and that it "surfaces in the face of hardship" and denotes the ability of individuals who are able to bounce back from adversity. Masten, Best & Garmezy (1990), refer to resilience as the processes in place when risk is present that produces outcomes similar to or better than outcomes when risk is not present. Jensen and Fraser (2005) on the other hand characterize resilience as successful adaptation in the presence of risk or adversity. Hawley (2000: 102) further notes that "without struggle, resilience does not exist."

Hitherto, resilience was seen as a personality trait but has been redefined as a dynamic, modifiable process (Luthar, Cicchetti, & Becker, 2000). This came about as

literature on ego-resilience has now been seen to encompass a set of traits reflecting general resourcefulness and sturdiness of character and flexibility of functioning in response to varying environmental circumstances (Luthar et al., 2000). The terms ego-resilience and resilience differ in two major dimensions: ego-resilience is a personality characteristic of the individual whereas resilience is a dynamic developmental process. Again, ego-resilience does not presuppose exposure to substantial adversity but resilience by definition does (Luthar, 1996; Luthar et al., 2000). The re-definition allows for the development of resilience-based interventions and the ability to empirically study the outcomes of such interventions. Also, the perspective that resilience is not a personality trait avoids a victim-blaming approach which would suggest that individuals who do not possess the characteristics to function well are not to be blamed for circumstances they have experienced (Luthar & Cicchetti, 2000). These authors also caution against suggesting that resilience makes for long-term invincibility, as continued assaults resulting from changing life circumstances can reduce the resilience threshold of even the strongest individual.

Further, resilience in one domain is not necessarily indicative of resilience in other domains. Individuals can exhibit resilience in a range of domains such as education, emotion or behaviour (Luthar et al, 2000). A resilience perspective offers the chance to look at teenage parenting through another lens. Focusing on resilience provides a solutions-orientation which emphasises hope and potential rather than risk and pathology (Resnick, 2000). This view sees young people as “resources to be developed, not problems to be solved” (Resnick, 2000, p.161). It also helps practitioners to see how those experiences and environments offer little likelihood of leading to well functioning adult lives, can be enhanced. Aspects of qualitative research that make it well suited to studies of resilience include its ability to generate new perspectives on resilience through focusing on the complexity of people’s experiences and the specific contexts and circumstances of their lives (Ungar, 2003).

2.5.1 Risks associated with Teenage Motherhood

Resilience is mainly based on risk and it is crucial to identify the risks associated with teenage motherhood. In a research focussed on sole-parent families in New Zealand (which has the second highest rates of teenage births among developed countries). Collins (2010) posits that teenage motherhood is positively correlated with low socio-economic status, and that teenage mothers are more likely than older mothers to live in socio-economic deprivation, to be benefit-dependent, and to have lower education and literacy. Again, he further points out that teenage mother are less likely to receive social support from friends, family or their children's fathers, and more likely to have substance abuse problems (Collins, 2010).

2.5.2 Factors associated with Resilience

Factors associated with resilience in young people are discussed under three categories: Promotive factors; individual; and social support. Promotive factors have variedly been defined and researchers suggest that promotive factors differ across social and cultural context. Dyer and McGuniness (1996) defined promotive factors as specific attributes or situations that are necessary for the process of resilience to occur, whereas Sameroff and his colleagues, (Sameroff, 1999; Sameroff & Fiese, 2000; and Sameroff & Gutman, 2004), consistently describe promotive factors as attributes or characteristics that have positive effects on people's lives, irrespective of the level of risk exposure. These researchers have argued that promotive factors have direct effects on child and adolescent outcomes.

Protective factors leverage risks by encouraging resilience when an individual faces adversity that offers new prospects and opportunities to break away from the past (Rutter, 1987). Protective factors operate across ethnic, racial and social class, thus avoiding the traditional focus on problem behaviours which has characterised research, particularly on minority groups (Resnick, 2000).

2.5.2.1 Individual Factors

According to Rutter (1999), individual qualities such as positive temperament, and the cognitive ability to process negative experiences by building on the positive while not denying the reality, are fundamental to the development of resilience. Wolin (2003) describes a number of individual characteristics associated with resilience. These include insight or an individual's ability to ask critical questions about themselves and others and the situations they find themselves in. Wolin (2003) argues that insight helps dispel denial and confusion and that it generates clarity and provides a springboard for solving problems. Independence of an individual, and the ability to distance oneself from trouble and the pressures of family, friends and circumstances and morality (that is, being a good person) and because it indicates an ability to think of other people as well as oneself, have been noted by Wolin (2003) as other important attributes contributing to resilience.

Ungar, Brown, Liebenberg, Othman, Kwong and Armstrong (2007) cite other factors that contribute to resilience to include: having a sense of personal and collective identity or purpose; and cultural adherence to local and/or global cultural practices, values and beliefs. Clausen (1991) identify coping skills such as "planful competence" among other skills as important approaches to dealing with resilience while Rutter (1999) considers the possibility of "steeling effects" by which people's experience of adversity strengthens their confidence. Such experiences confer "immunity" which helps the individual resist or cope with future negative events. Rutter (1999) suggests that fostering resilience requires increasing the number of "positive chain reactions" so that success in one area enhances self-esteem, self-efficacy and confidence in rising to new challenges. Few studies on resilience have focussed attention on teenage mothers, but Carey, Ratliff and Lyle (1998: 347) sought to identify the perceptions of teenage mothers who were deemed to be successful by people who worked with them. The study observed that a "rebellious determination to prove adolescent mothers not doomed to failure", was among the characteristics of those who had overcome adversity.

2.5.2.2 Social support factors to teenage girls overcoming Adversity

The transition to motherhood is a major developmental high point for all women but, particularly stressful for teenage girls experiencing motherhood for the first time (Williams, 2005). Social support is a complex phenomenon that is hard to clarify. Definitions abound but none have been accepted as definitive. Social support is generally recognised as an important promoter of psychological and physical health in stressful situations. Green and Rodgers (2001) note social support to be variously defined in terms of the qualities of specific interactions between people, their perceptions of support and connectedness or more simply as having people to turn to for information, material assistance or emotional support. These authors also suggest there is a reciprocal interaction between mastery and support.

Adult and adolescent mothers receive different sources of social support. According to Gyesaw and Ankomah (2013) teenage mothers in Accra require support and community involvement, regardless of age and socioeconomic position. Indeed, Belsky (1981, 1984), demonstrated how marital relationship for adult mothers is important with regard to providing social support during pregnancy and child birth.

This position is supported by Crnic, Greenberg, Ragozin, Robinson, and Basham (1983) who found that intimate spousal support was more beneficial than support from community members or friends. It is against this background that social support, particularly from male partners to adolescents' mothers has been recognised to play an important role in mitigating the postpartum adjustment difficulties (Lead-beater & Bishop, 1994). Gee and Rode (2003) study of adolescent mothers relationship with their children's biological fathers argue that being an adolescent mother is a time that these mothers struggle to negotiate their new, maternal roles and responsibilities, to cope with the physical, emotional, and cognitive challenges of adolescence. They particularly found that African American adolescent mothers often face additional adversities stemming from racial oppression and economic hardship. It is against this background that social support offered by parents, peers and teachers has been

recognised to play an important role in the emotional and psychological well-being of young teenage mothers (Lander, 2010). Lander, particularly, argues that being an adolescent mother requires a special need for social support in order to help teenage mother navigate the many changes and transitions during that period of development in their lives (Lander, 2010).

Wolkow and Ferguson (2001) assert that cohesive families, high self-esteem and a positive social orientation are among the most important factors for conferring resilience on young people. They further argue that social support can be introduced into a young person's life at any stage, and can help to compensate for a lack of other protective factors. This support, Beier, Rosenfeld, Spitalney, Zansky, and Bontempo (2000) claim, can come from a mentoring relationship where someone the young person can trust, and who they feel really cares about them, is there to help and treat them with respect. Parental support has been noted to help many young people develop knowledge and skills for healthy adulthood, but when parents are not available, other adults, including teachers, nurses, youth leaders, other family members and neighbours can provide this. Resilient young people have "a close relationship with at least one caring, competent and reliable adult who recognizes, values and rewards pro-social behaviour" (Resnick, 2000, p 158).

Other researchers such as Davis (2002); Davis, Rhodes, and Hamilton-Leaks (1997) note that disputes about appropriate parenting and the young women's lifestyle can easily arise in the sharing of childrearing responsibilities. Thus, disappointment and frustration with male partners are common (Gee & Rhodes, 1999). Moreover, young mothers with limited resources often find it difficult to reciprocate the support that they have received, creating an uncomfortable imbalance in the relationship (Gee & Rhodes, 2003). Other studies, however, present a less positive view of father support. Father support has been associated with diminished parenting skills (Shapiro & Mangelsdorf, 1994) and reduced academic achievement for African American and European American adolescent mothers (Unger &

Cooley, 1992). Adolescent mothers often cite problems with their male partners ranging from disappointment over unmet expectations for financial and childcare assistance to serious conflicts, difficult break-ups, and physical and sexual assault (Leadbeater, Way, & Raden, 1996; Leadbeater & Way, 2001). Again, social support that facilitates access to material resources such as food, clothing and shelter, and to financial, educational, medical and employment assistance is also important to overcoming adversity (Ungar et al, 2007). Teenage mothers from all social classes have aspirations that reflect mainstream values about educational and vocational achievement, but only those who have the knowledge, skills and means to realise their aspirations can provide a positive future for themselves and their children (Farber, 1989).

Connectedly, because minority young mothers are more likely than older mothers to live in poverty, they often rely heavily on others for childcare, material assistance, and support. Yet, as their reliance on others increases, so too does their vulnerability to the problematic aspects of social relationships and depression (Davis & Rhodes, 1994). These problems, in relationships with fathers, in turn, have been associated with heightened depressive symptoms among adolescent mothers (Gee & Rhodes, 1999). Indeed, social support assists teenage mothers with their mothering role by enhancing self-esteem, and by helping them to feel more positive about their babies (Samuels et al, 1994). Its availability also affects later outcomes (Furstenberg et al, 1987). SmithBattle (2000) argues for the need to “reweave connections” (p 38) with teenage mothers, noting that they usually cannot overcome their pasts or deal with their social environments on their own. Social support thus foster new skills, emotional growth and hope for the future (SmithBattle & Leonard, 1998).

Moreover, support from health professionals, social support agencies and other adults can also help young mothers develop their strengths, resources and assets. Well-designed programmes from community agencies enhance young mothers’ skills. Nurse-delivered,

home visiting programmes before birth and in the first two years of the child's life can reduce child abuse and neglect and address any health-risk behaviours of teenage parents (Olds et al, 1993).

2.6 Gaps in the Literature

Although, over the past decade or more, there has been a respectable number of researches on kayayei girls from northern Ghana in urban areas, none of these studies have focused on the experience of teenage migrant mothers on the street. The lived-experiences of migrant mothers on the streets of Accra, their resilience and associated coping strategies have not been fully examined (Agarwal et al 1997; Apt and Gierco 1997; Abrefa-Gyan 2002; Tanle 2003; Opare 2003; Anarfi et al. 2003; Hashim 2007; Awumbila and Manuh 2008; Yeboah 2008; Appiah-Yeboah 2009; and Kwankye et al 2009). This study filled the gap on lived-experiences of migrant teenage mothers on the street of Accra.

Besides, in instances where research on migrant girls have been conducted in Ghana, qualitative or quantitative methods have mostly and exclusively been employed to study the phenomenon. Also, in instances where both qualitative and quantitative methods are used, teenage girls have often not been the only target respondents (CAS and UNICEF, 1999; Awumbila & Ardayfio-Schandorf, 2008). No study has therefore adopted a comprehensive mixed-method approach that directly focuses on migrant teenage girl's experience of bearing children on the streets of Accra, in an attempt to understand their lived-experience, coping strategies and resilience. This study addressed these gaps in the literature.

In addition, it is also quite clear that there is a distinction between female porters and migrant teenage girls with children on the streets. Female porters include teenagers and adults alike either having children or without children mainly coming from the three regions of the north. The focus of this research is on migrant teenage mothers who may be porters or are engaged in other menial jobs. These are even more vulnerable, largely because of their age, as first timers in child birth, and because they have weak or no social support. The study filled

the gap in the literature that has mainly focused on head porters to the neglect of street vendors, restaurant attendants, househelps who are also migrant girls in the city, but whose circumstances are deplorable.

Hitherto, what factors are strongly associated with migrant teenage girl's resilience on the streets of Accra were not empirically known. Consistent in the studies by Agarwal et al (1997), Apt and Gierco (1997), CAS and UNICEF, (1999) Abrefa-Gyan (2002), Tanle (2003), Opare (2003), Anarfi et al (2003), Hashim (2007), Awumbila and Manuh (2008), Yeboah (2008), Appiah-Yeboah (2009) and Kwankye et al (2007), is the fact that the underlying reasons for the migration of female porters to the cities were explored. The findings of these studies cite economic and depressed social conditions as the major reasons for the migration of young girls from the north to the urban south of Ghana. For the two schools of thought on migration of female porters, it is imperative to examine the reasons further. In addition, none of these studies noted earlier, examined the experience of migrant teenage girls with children on the streets, especially, among female porters.

Migrant teenage mothers also lack access to healthcare services, thus, their adoption of various livelihood strategies for sustenance in the city. Their strategies include eating less, deferring medical treatment for themselves and their children, relying on their social networks for different kinds of support, and not "fitting" into the mainstream structures of the city. These research observations noted about a decade ago become relevant for study (UNFPA, 2007).

Conclusion

The characteristics associated with teenage motherhood as reflected in the literature review include: age of the girls, poverty, homelessness and the low levels of education. Indeed, previous studies on the experiences of teenage girls on the street were mostly qualitative. Findings of earlier studies suggest that teenage mother's experience of pregnancy was one of a crisis situation for the individual girls and their families. The social life of most

of these teenagers was significantly curtailed, while others held positive views of motherhood. The review also highlights the unplanned nature of pregnancies among teenage girls and looked at the risks and vulnerabilities teenage girls as mothers largely faced. It shed light that teenage mothers suffer from educational disruptions as they often drop out of school to give birth. They also suffer complications and other socio-economic difficulties. Teenage mothers in the literature are less likely to be living with partners as they are often unemployed-prone and low incomes earners.

Coping is seen as the process of managing external and/or internal demands that exceed the resources of the person and a process that is sensitive to both the environment and the personality of the individual while childcare is described to mean direct and indirect material, financial and emotional support, from both the parents, kin or recognised institutions set up for the purpose of meeting the needs of the child (ren) in accordance with acceptable practice of that society. Coping has been categorised as emotion and problem-focused while childcare arrangements include kin care, non-relative home care and centre care. The two categorization of coping may facilitate or impede a person's attempt to manage stressful situations. Resilience, on the other hand, has been noted to mean a person's capacity to adapt, recover from or remain strong in times of hardship and difficulties. At the individual level, positive temperament, cognitive ability to process negative experiences have been argued in the literature as crucial to resilience. Again, having a sense of personal and collective identity, and adherence to cultural practices, values and beliefs to some extent are determinants of resilience. The literature discussed the empirical findings of previous studies and in a large measure, set out the framework of this study, with regard to filling the research gaps.

CHAPTER THREE: THEORETICAL FRAMEWORK

Introduction

In this chapter, social network, ecological and resilience theories are utilised to explain and provide understanding to the various research questions posed by the study. The lived experience of migrant teenage mothers has been examined through the lens of the social network theory. In examining the lived experience, the study sought to understand the risks and resilience that migrant teenage girls are exposed to while in the city and to find out whether migrant teenage mothers had access to social support in the process of parenting on the streets of Accra? Bronfenbrenner's ecological systems theory adapted by Jack (2000) is utilised to explain the coping strategies migrant teenage mothers adopt in the capital city to parent their children, while resilience theory, is used to explain and offer understanding to the set of factors influencing resilience among migrant teenage mothers on the streets of Accra.

3.1 Social Network Theory

According to Jack, Rose, and Lorraine (2009) social network theory offers a deeper understanding of human behaviour than the existing strictly structural approach to the study of human behaviour. However, writers such as Nobel (1973) Mitchell (1973) and Granovetter (1973) contend that social network theory developed to bridge sociological analysis of human behaviour and personal/motivational aspects. Jack et al (2009) for instance, state that earlier studies looked at networks as the set of persons who could get in touch with each other. A network is therefore a set of relationships. More formally, a network contains a set of objects (Kadushian, 2004). Singer and Massey (1997) note that networks comprise community members living outside their home environment. Poros (2011: 111) defines social networks as “made up of individuals and organizations, often called “nodes,” which are tied together by different sorts of relationships, such as friendship, economic exchange, influence, and common interests.” Individual persons, think of themselves as a node that has ties to a kin,

community members, schoolmates, and colleagues, as well as to larger religious, political, educational, and state institutions. Poros (2011) again, points out that social network are different from groups or communities in that they do not have closed boundaries. They are, in principle, open configurations of relationships that can encompass groups and communities, among other social formations (Poros, 2011).

The general understanding is that associates such as friends of friends (Boissevain, 1974), group obligations (Bourdieu, 1986) and strong and weak ties (Granovetter, 1973) provide those who are party to a particular network with privileged information, access to opportunities and thus, enable individuals to obtain resources that might otherwise be difficult to access (Jack, 2005). Social network theory has been used to demonstrate the nature and effect of the interaction and exchange that takes place between individuals (Harland, 1995; Maguire, 1983). It perceives individuals as being dependent on others and that the individual is an interacting social being able to manipulate and be manipulated by others (Boissevain, 1973). Wasserman and Faust (1999) identify four additional principles social network theory is built upon: independence of actors; relations or ties consisting in the flow or transfer of resources; the constraining and/or enabling of individual actors by networks; and the generation of long-lasting ties and networks by social structures.

The concept of social network has been highlighted in migration literature. They include Massey et al. (1999) Elrich (2005), Dolfin (2006). Social networks play a critical role in determining migration patterns and how networks tend to increase the likelihood of migration (Davis & Winters 2001). Migration has been described as a social process and its understandings require a social analysis. Against this understanding, social networks have become important factors in the migration process across the globe. These often take the form of family ties, friendships and institutions that support migrants to integrate into the wider society at the destination (Awumbila, Alhassan, Badasu, Bosiakoh & Dankyi; 2011).

According to Yaro, Codjoe, Agyei-Mensah and Kwankye (2011:110), migration thrives on apparent differences in development between a place of origin and a place of destination (Yaro et al., 2011). According to Anarfi et al. (2003: 5) internal migration dynamics in Ghana has been influenced by what they describe as “the stark differences in the levels of poverty between the north and south, as well as their respective capacities to respond to new economic opportunities.”

Social networks are used on a daily basis throughout the world by family, friends, community members, and a wide range of others. Migrant social networks are quite different from others in terms of their composition, how they are used, and the effect they have on the lives of millions of people currently living and working away from home (Poros, 2011). While the notion that social network play a role in one’s life, it may seem quite obvious that the importance of migrant networks in affecting outcomes for migrants cannot be overstated.

3.1.1 The importance of Migrant Networks in Urban Areas

First interaction and social contacts, is one key concept that has been highlighted and associated with social network theory. Interactions are typically conceptualized as discrete events that can be counted over a period of time and are viewed as being facilitated by and occurring in the context of social relations (Borgatti, Mehra, Brass & Labianca, 2009). According to Adepoju (1998: 236), social networks in migration, bind migrants and non-migrants in complex social and interpersonal relationships such as family, household friendship and community people. For example, friends (social relation) give each other information, advice, economic and emotional support, among others. At the same time, through interactions, social relations may evolve (e.g., friends can become business partners). Flows are those tangible and intangible things that are transmitted through interactions. Ideas are transmitted through communication; viruses and material resources through physical contact, and so on (Borgatti, et al, 2009).

The concept of interaction and social contact has also been described as a form of social behaviour that represents an “exchange of activity, tangible or intangible, and more or less rewarding or costly, between and at least two persons. Levi-Strauss’ (1969) theory of social exchange is basically premised on the idea and principle of reciprocity, a social usage consisting of what he refers to as univocal or directional reciprocity. Blau (1964), on the other hand, make the point that social exchange is an underlying factor in relations between individuals and groups. He argues that the basic idea of social exchange is premised on reciprocity and social reward so the mutual exchange that occurs over time creates a social bond between individuals. Social exchange is therefore, considered to be an underlying factor in relations between individuals and groups (Blau, 1964). Blau (1964) particularly makes the point that individuals associate with one another because they can profit from the other and through being associated with the other. To this extent, certain aspects of exchange and reciprocity really lie at the very heart of social network theory in understanding the lived experience of migrant girls in urban areas.

In this regard, social networks constitute social capital, a concept Lopez et al. (2001) describe as the accumulation of knowledge, experience and contacts by some members of the migrants’ networks. Awumbila et al (2011) acknowledge the importance of these networks to transcend the lives of migrants but also potential migrants because they foster increased migration as people become more socially connected. Owusu (2000) observes that migrants, soon after arriving in their destination, organise themselves in associational and other network forms to meet their various needs. Andoh (2000) says that social networks in internal migration (rural-urban migration) operate at the migration decision level while Meier (2005), for instance, employed social networks, particularly the use of friendship as a tool for the creation of social peace among migrants from northern Ghana in Accra and Tema as annually witnessed in the Frafra-Dagaaba games where a poppy is used a trophy.

Social networks play crucial roles of disseminating information about job openings (Jackson, 2010). Migrant networks do provide various types of information regarding job search, dwelling places unexpected and even expected ill-health (Awumbila et al., 2011). Second, migrant networks do provide information that helps migrants to find work and assimilate into society at the destination, and third, they function as a source of credit, providing potential migrants with the funds needed to cover the cost of migration (Dolfin, 2006). The fact that social networks are an important conduit of information about and access to jobs is evident to anyone who has ever looked for employment in almost any profession but, there are some variations in the role of networks as a source of job information as comparisons across professions, locations, ethnicities of workers, and other attributes as networks play a substantial role in essentially job seeking, regardless of the skill level, location, or population of workers (Bentolila et al, 2010).

Again, Granovetter's (1973) study of the "strength of weak ties" highlights an important concept of bridging played by 'weak ties' in social network theory. Granovetter (1973) notes that weak ties play a sort of bridging role, and provide access to information that individual might not find through other means. The impact of Granovetter's work has come from the wide application and evaluation of the "strength of weak ties" idea in the important observation that the strength of ties have consequences and so, it is useful to keep track of tie strength. To this extent, Yaro et al. (2011:110) allude to the fact that social networks developed out of the extended family system where at the destination point, the migrant develops acquaintances and by so doing brings along other family members into the network of relationships built into the area. They point out that a migrant's choice of destination, reason for migration, ability to move to a particular destination, is largely depended on the amount of information available to the migrant (Yaro et al., 2011). Migrant's ability in

respect of finding a job and housing, starting a business, accessing health care are all directly impacted by or even dependent upon the migrant's social network (Poros, 2011).

Studies (Anarfi and Kwankye, 2005, Awumbila 2007, Kwankye et al., 2007) on the migration of people from the three regions of the north to the urban south suggest that for most young females, the return of their colleagues from the urban south with possessions including cooking utensils, clothing, and jewellery provide others the urge to also migrate to urban centres.

3.1.2 How Social Networks are utilised by Teenage Girls in Urban Areas

According to the Population Council and UNFPA (2013), community groups and associations in urban centres constitute important resources for helping and developing the social capital of new arrivals particularly, migrant girls. Studies by Kwankye et al., (2007) and Awumbila and Ardayfio-Schandorf (2008) Agyei-Mensah and Owusu (2011 & 2012) suggest that migrant girls from northern Ghana congregate around communities in urban centres. These groups are critical because, on their own, migrant young girls are unlikely to be able to navigate their way out in the city. This is often against the backdrop that the risks associated with young migrant girls are most likely to be greatest soon after their arrival. Yaro et al. (2011), note that migration involves risks, especially, for first time migrants arriving in a destination unknown to them. In such situations social networks become important in not only reducing the risks involved but for offering social support for initial adjustments. The lived experiences of migrant teenage girls in Accra as explored in this study explain the fact that social network was the construction around which these teenage girls lived and coped in the city. Research conducted by Opare (2003) and Awumbila and Ardayfio-Schandorf (2008) indicate that female porters in Accra are organised around ethnic groups. For instance, in the work of Awumbila and Ardayfio-Schandorf (2008) they report that the Dagombas mostly operated in Agbogloshie Market, Accra central and the lorry station near Novotel while the Mamprusis were mainly based in Tema-Station. These findings

allude to the fact that female porters in Accra do not operate haphazardly but within well-carved out spaces, largely on ethnic backgrounds. These ethnic spaces have been carved out for specific ethnic groups to avoid or minimize conflicts. The development of social networks in the capital city out of loose ethnic associations has become the main means of survival for migrant girls from northern Ghana.

Awumbila and Ardayfio-Schandorf's (2008) work, with regard to female porters carving ethnic spaces dovetails into Poros' (2001) conclusion about migration that networks are based on personal ties – while being the most common forms – may lead the migrant into: (a) a limiting ethnic niche occupation or domain; and/or (b) a downward occupational trajectory as the migrant, through a specific network, gains a post-migration job incommensurate with his/her level of training. Migration networks based on organizational ties (schools, professional associations, agencies) serve better to match skill levels and jobs, although they are open for competition and therefore less certain in conditioning migration outcomes. Poros' (2001) observations are relevant in understanding the lived experiences of migrant teenage girls in Accra to the extent that their survival in the city is woven around their ethnic grouping from places they work, to where they sleep. Even though female porters do not have skills to enable them command jobs, Agarwal et al. (1997) observe that young female girls from northern Ghana have carved a niche for the job of head porters. It thus appears that new comers are immediately introduced into the nuances of head pottering job as soon as they arrive in the city.

Again, Poros (2001) also describes the development of migration patterns involving mixed interpersonal and organizational ties where “who-you-know” within an organizational framework may lead to successful migratory and occupational processes by way of channelling people into the most appropriate jobs. This situation is what the Population Council and UNFPA (2013) found with regard to migrants of all ages often finding homes in

slums. This finding is corroborated by a large study of two Nairobi slums which found that some 80 percent of inhabitants are migrants, most of whom moved there between ages 17 and 23 (Béguy, Bocquier, and Zulu 2009).

3.1.3 Challenges of Social Network Theory

Social network, without doubt, though useful in understanding the lived experiences of migrant teenage mothers with children in the city, has been subjected to a number of criticisms. Social network theory has been largely criticised as merely descriptive or just methodological. One of the strengths of the field is that it provides excellent methods and concepts that can be used to characterize networks and the positions of nodes (Borgatti et al, 2009).

A lingering criticism in social science circles of social network theory is that it lacks agency in the sense that it neglects subjectivity and human intentionality Borgatti et al (2009). This criticism suggests that the nodes tend to be conceptualized as passive and interchangeable receptacles, wholly determined by their positions or environments rather than active agents who manage their own destinies as well as shape the network around them.

Another criticism raised against social network theory is that individuals are capable of cognition. People are reflective and projective creatures and this affects how they react to their network positions, and how they change their network positions in pursuit of their goals. As a result, network researchers in the social sciences have become increasingly interested in how individual actors perceive (and systematically misperceive) the structure of the networks they are embedded in and the consequences these perceptions can have for such outcomes as workplace performance (Borgatti et al, 2009).

3.2 Ecological Systems Theory

The second research question examines the coping strategies migrant teenage mothers from northern Ghana utilised in parenting their children while in the city. An ecological perspective encourages one to consider the holistic environment for an individual. The

ecological model draws heavily on Bronfenbrenner's (1979) model of ecology of human development, suggesting that parenting is the result of the complex interplay of individual, relationship, social, cultural and environmental factors and that to understand parenting, these factors must be considered in terms of their existence at each level as well as their interaction across each level.

Bronfenbrenner's ecological systems theory adapted by Jack (2000) in a study on ecological influences on parenting and child development articulates a broad number of factors that explain the ecological perspective. The broad factors include the social ecology of families, interaction between stresses in families, protective factors, individual and structural influences on social support networks and community-level influences on social support and parenting. First and foremost, the concept social ecology of families is in relation to the ecological model first outlined by Bronfenbrenner (1979) that focuses on the balance of stresses and support in the family environment and the interactions between them. It thus, relates to the first level which Bronfenbrenner (1979) refers to as the microsystem, which incorporates the immediate environment surrounding the individual and those people with whom the individual interacts, for example, family members, neighbours and peers, to mention but a few. It questions the aspects of the children's environment that have the most significant effect on the child's development. The concept further questions the factors that influence parents in the way that they bring up their children in urban neighbourhoods. For Bronfenbrenner, the individual is not a passive recipient of experiences but is someone who reciprocally interacts with others and helps to construct the microsystem. Research conducted on relationships outside of the family suggests influences on parental behaviour and child development. This brings into perspective the role of the environment in child development as well as parenting (Belsky, 1984). Other studies have also looked at the impact of inequalities and environmental factors in the community on outcomes of children and

families. In a study by the National Campaign to end Pregnancy (2004) in the United States, the findings show that teen pregnancy is closely linked to poverty and single parenthood. It also found that children of teen mothers received inadequate parenting because teen parents are too young to master the demanding job of being parents. The study further indicates that teen mothers were unable to provide the kind of environment that infants and very young children required for optimal development.

Bronfenbrenner's (1979) systems model for analysing the social environment of families in which parenting capacity to meet children's developmental needs is related to external factors such as the parents' work patterns, the adequacy of available childcare, the level of social support provided by friends and neighbours, the quality of local welfare services and the safety of the area in which they live. Teenage mothers on the street is a social phenomenon that takes place in the society. An attempt to understand the phenomenon, the factors responsible for the practice and the consequences require examining the environment of migrant teenage mothers as well as the context. Answers to these questions help bring to light the ecological perspective within this particular study. The second concept of this theoretical perspective articulates stresses on families. This concept looks at the effects of inequalities. Thus, the categorization of migrant girls from northern Ghana as one of the socially excluded brings to the fore the issue of inequalities in society. Jack (2000) argues a link between inequality and personal health and development as issues with demonstrable body of empirical evidence from around the world. In other words, people living in poverty are more likely to suffer ill health, a finding the UNDP (2007) noted of migrant youth from rural communities to urban centres.

Again, the second concept proposes ethnic minority and lone-parent families to be disproportionately affected by the process of growing impoverishment because they are over-represented among the unemployed, low-paid and those households dependent on

diminishing state intervention. This second level proposition is what Bronfenbrenner's human ecology underscores as the mesosystem, which basically seeks to incorporate the interactions that occur within the microsystem. An example of this is the relationships between the family and Children's Services, the family and support networks or the family and the school. In this connection, the Human Development report (2007) on Ghana for instance, identified head porters or *kayayei* as one of the socially excluded and among the highest urban unemployed people (UNDP, 2007: 27). Thus, the thrust of this concept is that levels of inequality are associated with the experience of stress. This study set out to examine the migrant teenage mothers' lived-experiences on the street.

Protective factors are the third concept articulated by Jack (2000) with regard to ecological influences on parenting and child development which can be likened to Bronfenbrenner's exosystem which he sees as having an indirect impact on an individual's life. For example, the Accra Metropolitan Assembly (AMA), which is the city authority by law, should work in close collaboration with the Department of Social Welfare, which has strong roles in influencing the quality of parenting. If they regulate and enforce the setting up of recreation parks and centres for working and nursing mothers, so as to ensure that working and nursing mothers can leave their children at these centres for care and support. The AMA decisions can help or hinder the development of children in the city. Social support, resilience and social capital are considered influencing factors to parenting. For example, research findings (Dunst et al. 1988a cited in Jack, 2000) indicate that network relationships that provide social support have been found to be associated with positive influences on families, parents and children. This study sought to find out the kind and levels of social support migrant teen mothers had and its impact on mothering on the streets of Accra.

Social support, Jack (2000) argues, constitute a web of relationships that exist between individuals and a wide range of people including relatives, friends, neighbours, work

colleagues and professionals. The structure of these networks in terms of size, proximity, and frequency of contact are useful for parent-child interactions. The concept of resilience as explained by Masten (1994) indicates that resilience is a developmental process linked to demonstrated competence, the learned capacity to interact positively with the environment and to complete tasks successfully. Jack (2000) explains that children growing up in high-risk environments can be protected by an enduring relationship with a special person outside of their household. Thus, this concept of resilience articulates that a recognition and achievement outside of the home (perhaps educational or sporting success in a church or youth group) could lead to improved life chances in adulthood.

Jack (2000) describes social capital as constituting the last range of protective factors to be considered which Bronfenbrenner (1979) describes as the macrosystem, which refers to the larger social and cultural environment under which all the systems exist. Jack (2000) suggests that it is arguably the most important of the wider community environment on children's development. Social capital consists of a wide range of community-level interactions both informal and formal, between members of a particular population.

The next concept is individual and structural influences on social support networks as sources of coping mechanisms. This concept argues that parental characteristics, educational level and income play influencing roles in parenting and child development and therefore level of coping for mothers. Werner (1995) makes the point that education has been shown to have a significant impact on social networks and that higher educational achievement is associated with larger social networks. Likewise, Hartlep and Ellis (2010) contend that if education is held constant, household income would emerge as an important variable with regard to parental involvement in the education of the child.

Community-level influences on social support and parenting is the last concept articulated by Jack (2000) as influencing parenting and child development and its resultant

impact on coping for mothers. It is argued that the social ecology of families and development outcomes of children are strongly influenced by the communities in which they are located. For example, Coulton et al. (1995) report that poor urban communities generally have restricted ties between neighbours and a greater reliance on family relationship. It is important to ascertain which of these factors apply in the case of migrant teenage mothers in the capital city.

3.2.1 Critique of Ecological Theory

Christensen (2010) for example, argues that ecological theory dwells so much on the negative effects of how individuals develop when exposed to adversity. He argues that ecological theory fails to explain how individuals raised in poor neighbourhoods can survive and become successful. Thus, the theoretical perspective did not argue the possible success out of difficult circumstances. It is within this context that Bernard (1995) and Engler (2007) advocate that ecological theory is lacking on the dimension of resilience.

The primary contention of ecological theory has often remained that the individual always develops within a context. Paquette and Ryan (2001) for instance, acknowledges that the surrounding context is often important as it interacts and impacts on the individual, but point out that individuals need to be recognised for their individual conditions. They rather argue that the individual's ability to influence his or her success should be the focus of attention instead of the context.

Ecological theory as presented by Bronfenbrenner examined development from different layers of relationship: microsystem, mesosystem, exosystem and macrosystem.

Christensen (2010) describes the macrosystem, for instance, as the overall societal culture in which individuals live and therefore looks at the cultural values, customs and laws of a society as constituting the macrosystem. Drakenberg (2004) on the other hand, has argued that this layer fails to forecast the all pervasive force of globalization influencing the

individual. In the era of global village, technological and environmental factors depend on each other and influence everyday life in ways where knowledge processes among individuals have become more diversified.

3.3 Resilience Theory

The term resilience is often used to refer to a person's capacity to adapt, recover from or remain strong in times of hardship (Masten, Best, & Garmezy, 2000; Luthar, Cicchetti & Becker, 2000). According to Ledesma (2014: 1) resilience is the ability to bounce back from adversity, frustration, and misfortune. Bearing a child while still a teenager poses many risks and challenges not only for the young first time mother and the child (children in the case of twins) but also for their extended families and the communities in which they live. Challenges include balancing the need to find a living on the streets of the city with the responsibilities of parenthood, including being able to provide the financial, physical and emotional needs of the infant while working through the normal developmental tasks of adolescence. Confronted with these challenges, some teenage mothers exhibit resilience and manage to satisfy their own developmental needs as well as those of their children. These mothers find ways to continue their education and support themselves economically. Other young mothers are overcome by the complexities and stresses evoked by early parenthood and manifest signs of developmental distress, including depression, anxiety and low self-esteem.

The discourse of resilience has been broadly discussed within two schools of thought. The first school of thought sees the individual as the locus of change. This school of thought sees resilience as something intrapersonal, indeed, a trait inherent in the individual. This view lends itself to prominent theorists like Bandura (1977), who developed the concept of self-efficacy, and Antonovsky (1987), the concept of “sense of coherence.” Another school of thought which developed over time and which reflects a more topical view of resilience is that view which sees resilience as an outcome of positive interaction between the individual

and his/her social environment (Rutter, 1987; Ungar, 2012b). Ungar (2010 and 2011) has played a pivotal role in moving this view point forward and has highlighted the need to recognise resilience in relation to the opportunities that are available for personal growth of individuals. According to Bandura (1994: 1), the concept self-efficacy is described as:

People's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes. They include cognitive, motivational, affective and selection processes (Bandura, 1994).

Bandura, contends that people's belief about their self-efficacy is developed by four main sources of influence: the mastery of experiences, and that a resilient sense of efficacy requires experience in overcoming obstacles through perseverant effort; vicarious experiences provided by social models; social persuasion as a way of strengthening people's beliefs that they have what it takes to succeed; while reducing people's stress reactions and altering their negative emotional proclivities and misinterpretations of their physical state (Bandura, 1994). The “sense of coherence” concept, on the other hand, is a theoretical formulation by Antonovsky (1987) that provides a central explanation for the role of stress in human functioning. He argues that beyond the specific stress factors that one might encounter in life, and beyond your perception and response to events, what determines whether stress will cause you harm is whether or not the stress violates your “sense of coherence.” Antonovsky (1987) defined sense of coherence as:

A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement.

In his formulation, the sense of coherence has three components. According to Antonovsky, meaningfulness is more important than comprehensibility and manageability. This is because, if a person believes there is no reason to persist and survive and confront challenges, if he/she have no sense of meaning, then he/she will have no motivation to comprehend and manage events. His essential argument is that "salutogenesis"⁴ depends on experiencing a strong "sense of coherence." His research demonstrated that the sense of coherence predicts positive health outcomes. Ungar (2012a: 14) also, acknowledges the paradigm shift from understanding resilience mainly through the lens of emphasizing the individual capacities to looking at the possibilities within the social ecology, and advocates the imperative interrogation of resilience to be extended to interactional, environmental and a cultural pluralistic perspective. Although Ungar (2008), argues that resilience is both the capacity of individuals to navigate their way to social support and a condition of the individual's social environment, his important works fall short of providing solid and contextual empirical insight about this interface.

3.3.1 Models of Resilience Theory

Notwithstanding, the shortfalls in Ungars position on the interface of the social ecology of resilience, Zimmerman and Arunkumar (1994) provide different ways of understanding resilience. Within a compensatory model, exposure to specific stressors or risks is neutralized by compensatory factors. These compensatory factors exert a direct effect on the targeted outcomes and generally do not interact with risk factors. The coexistence of compensatory processes with fewer risk factors promotes resilience.

The compensatory model sees resilience as a factor that neutralizes exposures to risk. Risk factors and compensatory factors independently contribute to the prediction outcome. In a study conducted by Werner and Smith (2001), four central characteristics emerged, thus

⁴ The term salutogenic describes an approach focusing on factors that support human health and well-being, rather than on factors that cause disease. More specifically, the "salutogenic model" is concerned with the relationship between health, stress, and coping.

making young adults to be labelled resilient. These are an active approach toward problem-solving; a tendency to perceive experiences in a positive light even when they were suffering; the ability to gain other people's positive attention, and a strong reliance on faith to maintain a positive life view. Kumpfer and Hopkin's (1993) study (as cited in Ungar 2004) identified compensatory factors to include: optimism; empathy; insight; intellectual competence; self-esteem; direction or mission; determination and perseverance. The challenge model on the other hand, suggests that risk factors that are not to the extreme thus, enhance the adaptation of individuals. In essence, the experience prepares the individual for the next challenge (O'Leary, 1998).

In the protective factor model of resilience, there is an interaction between protection and risk factors, which reduce the probability of a negative outcome and moderates the effect of exposure to risk (O'Leary, 1998). This model argues that protective factors foster positive outcomes and healthy personality characteristics despite unfavourable or aversive life circumstances (Bonanno, 2004; Ungar, 2004). The protective factors identified included emotional management skills, intrapersonal reflective skills, academic and job skills, ability to restore self-esteem, planning skills, life skills, and problem-solving skills (Ungar, 2004).

A second way to consider the long-term consequences of teenage motherhood is in terms of protective factors. This model implies a process that interacts with a risk factor to reduce the probability of a negative outcome. Protective factors function as moderating variables and as catalysts. The third model described by Garmezy et al. (1984) and by Zimmerman and Arunkumar (1994) is a challenge model. Rutter (1987) also described this model as emphasizing inoculation effects. All three models suggest the existence of factors that shield teenage mothers and provide the strength to overcome contextually-related stressors. Given the risks and challenges posed by early childbearing, protective, compensatory, and challenge factors may increase the young mothers' self-esteem and

capability to cope with the added responsibility and may lead to opportunities for successful adaptation (Rutter, 1989).

Resilience theory helps to explain why some youth who experience adversity are able to thrive in the face of risk (Zimmerman & Arunkumar, 1994; Luthar Cicchetti, 2000). The resilience process refers to positive adjustment among youth who have been exposed to one or more risk factors (Fergus & Zimmerman, 2005). Risk factors increase the likelihood of developing positively to youth outcomes (that is, compensatory factors) and/or buffer youth from negative outcomes associated with risks (that is, protective factors). Promotive factors may be individual assets (that is, self-efficacy) or resources from an individual's environment for example, mentors. Resilience theory is a useful approach for estimating outcomes among at-risk populations because it allows researchers to focus on factors that may predict positive development within these populations. Thus, a resilience approach is unique because it focuses on strengths within the individual and the individual's environment as opposed to solely focusing on deficits and blaming at-risk populations for their own problems.

Few researchers have used a resilience approach to discover specific factors that may counter or protect teenage mothers from the negative outcomes associated with the risks they face. Of the few researchers who have investigated promotive factors for this population, some have found that the presence of a strong supportive relationship may contribute significantly to resilience among African American adolescent mothers (Carey, Ratliff, & Lyle, 1998; Klaw, Rhodes, & Fitzgerald, 2003;).

3.3.2 Challenges Associated with Resilience Theory

Reflecting on current trends in resilience research in relation to children facing hardship, Boyden and Mann (2005) highlight four additional limitations. First, they argue that resilience theory is confusing and riddled with imprecision. The popularity of the term has meant its use has grown exponentially, but in the process lost its analytical significance to conflicting conceptualisations and definitions of the term. Second, resilience refers to the

ability of some children facing hardship to cope better than expected. They argue that hardship and resilience “is as much a matter of perception as of situational fact” and they give examples of how some cultures actively encourage ‘stealing’ (Boyden & Mann, 2005, p. 10). Risk and resilience are therefore culturally and normatively loaded terms that are socially constructed (Ungar, 2004). Third, much of the existing literature has been conducted in the global North, creating a context from which the benchmark of a ‘normal’ childhood is examined.

Fourth, much of the existing literature draws on the views and perspectives of adults to understand the risk and resilience of children, resulting in adult interpretation. Boyden and Mann (2005: 11) argue that such a trend has meant that “resilience is conceived of more as the absence of pathology rather than the presence of personal agency in children.” What these limitations ultimately call for is greater attention to children’s perspectives on how they actively deal with hardship in particular contexts. We need to look at how children’s social environment enables or limits their capacity to cope successfully (using their agency) with hardship through interaction with their surroundings. Coping and resilience both have a strong history in, and connotations to, Western psychological sciences, rooted in a focus on individual capabilities, traits and strategies. However, arguably because of its metaphorical understanding, social studies have embraced the concept of resilience and transformed it into a concept that is increasingly used to investigate the dynamic and social processes that help individuals deal with hardship. Coping, on the other hand, continues to be conceptualised as the cognitive and behavioural response of individuals to deal with hardship (Lazarus, 1993). Although coping is seen as a process that can change over time and is the result of a dynamic interplay between a person and his or her environment (Lazarus & Folkman, 1984), the unit of analysis, and the locus of change of much coping research remains at the level of the individual.

Conclusion

Three theoretical frameworks: Social network theory; the ecological systems theory; and the resilience theory have all been employed to examine the research questions underpinning this study. The social network was utilised to explain the lived experiences of migrant teenage girls with respect to how social networks among them become important in not only reducing the risks involved but for offering social support for initial adjustments. It also explains how social network has been constructed around ethnic groupings, which serve as a major means of surviving on the street of Accra. Social networks, among migrant teenage girls, are important in understanding the way they carve ethnic spaces. The ecological systems theory examined the coping strategies utilised by migrant teenage girls in the capital city. In particular, the theory looked at the kind of environment that infants and very young children require for optimal development. Protective factors such as social support, resilience and social capital were considered factors influencing parenting. Finally, the resilience theory examined the challenges associated with parenting, particularly on the streets.

CHAPTER FOUR: RESEARCH METHODOLOGY

Introduction

The main methodological approach used for this study is a mixed-method design, an approach currently gaining grounds in social science research. The objective of this study was essentially to explore and document the lived experience of primiparous migrant teenage girls from northern Ghana, examine the coping strategies, and the factors that influence resilience among these teenage girls living on the streets of Accra with their children. In this chapter, the research design, and the rationale for employing mixed method research design are presented. The key assumption for this approach is that both quantitative and qualitative data provide different types of information that eventually sum up to yield the same results. The instruments used for data collection and how the study dealt with reliability and validity issues are described. The sample selection, the various data collection methods and why those methods were used as well as the key observations, including the limitations of the study as observed on the field are discussed. Priority of this study is on the qualitative data while the quantitative data are used to build on the results of the initial data. The embodiment of an acceptable research in the field of social science is one that takes into account ethical issues. As at the time the data collection was done, the University of Ghana Social Science Ethical Board was still being constituted: However, the Departmental Graduate Ethics Committee reviewed the ethical issues of the study proposal. The study was reviewed and approved by the Departmental Graduate Ethics Review Committee of the University of Ghana. Additional approval was given by my supervisors.

4.1 Philosophical underpinnings of this Study

This research is anchored on the pragmatic worldview. Pragmatism, in its simplest sense, is a practical approach to studying a problem and has strong associations with mixed-methods research. Pragmatism can be considered a bridge between paradigm and

methodology or what Greene and Caracelli (2003) refer to as a particular stance at the interface between philosophy and methodology. Johnson and Onwuegbuzie (2004) summarise the philosophical position of mixed-method researchers by making the observation thus:

We agree with others in the mixed-methods research movement that consideration and discussion of pragmatism by research methodologists and empirical researchers will be productive because it offers an immediate and useful middle position philosophically and methodologically; it offers a practical and outcome-orientated method of inquiry that is based on action and leads, interactively, to further action and the elimination of doubt; and it offers a method for selecting methodological mixes that can help researchers better answer many of their research questions (Johnson & Onwuegbuzie, 2004: 17).

Patton (2002) identifies the pragmatic approach as a means of promoting methodological appropriateness to enable researchers to increase their methodological flexibility and adaptability. Biesta (2010: 114), after a careful analysis of pragmatism, argues that the philosophical foundation of mixed-method research is that:

Although pragmatism is unable to provide the philosophical foundation for mixed-methods research, it ... has important things to offer particularly in helping mixed-methods researchers to ask better and more precise questions about the philosophical implications and justifications of their designs.

Creswell articulates that pragmatists do not see the world as an absolute unity and in a much similar way, mixed method researchers look to many approaches for collecting and analysing data rather than subscribing to only one way that is qualitative or quantitative. Thus, for mixed method researchers, pragmatism opens the door to multiple methods, different world views and different assumptions, as well as different forms of data collection and analysis (Creswell, 2009:10).

4.2 Research Design

A mixed-method approach is adopted for this study. Mixed-method is “research in which the investigator collects and analyses data, integrates the findings and draws inferences

using both qualitative and quantitative approaches and methods in a single study or a program of inquiry” (Tashakkori & Creswell 2007b: 4). The sequential mixed method procedures, according to Creswell (2009:14), are “those in which the researcher seeks to elaborate or expand on the findings of one method with another method.” He further states that this may involve beginning with a qualitative interview for exploratory purposes and following up with a quantitative survey method with a large sample so that the researcher can generalise the results to a population. In particular, the sequential exploratory design is utilised in this study. This research design was also utilised because the study had to design a new instrument, as there was no existing instrument that particularly looked at the experiences of migrant teenage girls with children on the streets of Accra that could be adopted. However, the design and development of the survey instrument was based on the qualitative data gathered in the first phase of the study. Essentially, the objective of using sequential exploratory design was to use quantitative data and results to build upon the interpretation of qualitative findings.

4.3 Rationale for mixed-method research Design

The selection of the research design must be appropriate to address the research questions. This is a qualitative study with quantitative data used to build on the results of the qualitative data gathered. The rationale for using mixed methods is because the proposed theories adopted for this study suggest some level of relationship between variables. The ecological and resilience theories for instance, suggest how social support, resilience and social capital influence parenting and child development. Besides, this study also sought to examine the experiences of migrant teenage mothers on the streets of Accra. This aspect of the study addressed the exploratory aspect of the research. In order to interrogate the kinds of relationship that exist between variables as postulated by the theories as well as explore the experiences of migrant teenage girls and their children on the streets of Accra, it was important to utilise a mixed method research process.

Tashakkori and Teddlie (2003) assert that mixed methods research answers research questions that other research methodologies do not. They make the point that mixed method research provides stronger inferences than any other method. In addition, they further make the point that mixed methods research enables the researcher to simultaneously answer confirmatory and exploratory questions, and therefore verify and generate theory in the same study.

4.4 Validity and Reliability Issues

This section discusses how validity and reliability issues in the research were handled. Content validity as identified by Abu-Bader (2011) was applied to ensure validity of the study. First, content validity addressed the question of whether the study measured what it set out to measure. A pilot-study with twelve teenage migrant girls with children in the Central Business District of Accra, served as a precursor to understanding the issues of migrant teenage girls with children on the streets of Accra. The pilot study guided the development of an interview schedule for the qualitative data collection. The findings of the pilot study were presented at a conference organised by the Office of Research, Innovation and Development [ORID] at the University of Ghana in August, 2012. Valuable feedback was received from the participating audience. The literature reviewed, further served as a pointer to the development of both the semi-structured interview schedule and subsequently the survey instrument.

The first phase of the data collection involved two qualitative methods: in-depth interviews and focus group discussions. The major objective for using these methods was to ensure that truthfulness was achieved in the data collection process. In other words, the study sought to establish that the results of the qualitative research are credible or believable from the perspective of the participants in the research. The twenty in-depth interviews and four focus group discussions were conducted in the locations where the respondents lived with their children. The accounts of respondents reflected their experiences as they shared their

stories. Teenage girls who had accidents showed scars to prove their experiences.

Respondents who were affected by fire out breaks showed pictures of their experiences.

teenage mothers whose children had rashes all over their bodies took off the dresses of their children to prove the experiences they went through with their children while those who sought medical treatment from both orthodox or herbal medicine showed the researcher the various kinds of medications they were using.

Overall, to be sure that the experiences of the respondents were true, the study adopted what Onwuegbuzie (2006) calls multiple validities legitimisation. Onwuegbuzie (2006) argues that a researcher can achieve truthfulness and avoid bias by utilising two or more methods to collect data on the same issue(s). Therefore, the adoption of the two qualitative methods; in-depth interviews and focus group discussions ensured that bias was curtailed in the data collection process. Besides, the two qualitative methods, and a survey was conducted in the second phase of the data collection process. One of the major objectives utilising a survey method, was to ensure accuracy, that is, internal validity with respect to what the instrument set out to measure. In terms of quantitative data, test of normality, the Cronbach Alpha and the Kaiser-Meyer-Olkin (KMO) and Bartlett's Test which measure the strength of the relationship among variables were all cross checked before conducting the appropriate factor, correlation or regression analysis. In fact, the internal consistency reliability coefficient was used in the data management, especially, in respect of conducting regression analysis. The internal consistency reliability assesses the extent to which the measured items are homogeneous and high. Added to that, the Cronbach Alpha was calculated to determine the internal consistency of the measuring test (Abu-Bader, 2011:12).

A potential validity threat that could affect this study is what Creswell and Piano (2011) identified with respect to the integration of qualitative and quantitative methods in one study. They identified a potential validity to relate to the collection of two types of data that do not

address the same topics. This potential threat was dealt with in this study, by ensuring that the instruments for the in-depth interviews, focus group discussion, and the survey broadly addressed the same questions, issues and themes.

Northern Ghana is home to many different languages. Against this backdrop, since respondents were sampled across different linguistic grouping, it became imperative to recruit translators who could speak some of the northern languages that the researcher could not speak. Equally important was the fact that translators had to be trained to be consistent with the use of concepts. The researcher resorted to the Ghana Institute of Linguistics and Bible Translation Society [GILBTS], a body reputed in Ghana with respect to translations, particularly, translating the Bible into different Ghanaian languages. They were consulted to assist in translating some of the concepts on the instruments. Equivalents for terms like ‘stigmatisation’, ‘lived experience’, ‘harassment’, were given a common contextual translation as used in the different northern languages. This intervention was very useful as the initial training of translators proved that they had difficulties in finding equivalent terms in their respective languages.

Creswell and Plano (2011) again, identified the selection of inappropriate individuals for both quantitative and qualitative data collection as a potential threat to validity. In order to overcome the potential validity threat, respondents were drawn from the same location to allow for data comparison. Collecting data from the same population using different methods and at different times provided me the opportunity to compare both qualitative and quantitative data analysis during discussion of the results. For example, in Madina Location, respondents were recruited for both qualitative and quantitative data collection. However, I ensured that respondents did not appear twice. This was achieved by ensuring that a coupon was designed as a means of recruiting respondents; respondents were informed that they

could not be recruited for a second time, while they were equally rewarded with cash and made to thumb print against their names.

Lastly, social desirability bias is one of the most common sources of bias affecting the validity of survey research findings. Social desirability bias has been described as the wish for individuals to answer survey questions based not on their true feelings, but on the desire to present themselves in the most favourable manner possible, based upon what they believe to be the social norms and mores of their region (Middleton & Jones, 2000). Conducting a research among teenage mothers on the streets of Accra, the potential for social desirability bias, creating a situation whereby respondents did not adequately report their lived experiences, coping strategies and the factors that influenced their resilience; and second, social desirability bias leading the research to become artificial in the sense that respondents views could be inflated or moderated. Following the pilot study the researcher, adopted methods to contain these potential threats to validity. Thus, the survey instrument utilised scale measurement, and the survey included female translators. The researcher also involved himself in questionnaire the administration. Third, with respect to the qualitative data, two methods in-depth interviews and FDGs were employed to reduce social desirability bias. Member checking was also conducted at the conclusion of the qualitative data collection with respondents recruited for the focus group discussion. This served as a feedback for the participants as a means of ensuring accuracy of narratives shared. Member checking was used to enhance truthfulness and truthworthiness of the qualitative data.

4.5 Sources of Data Collection

Primary data constituted the major source of data for this study. Primiparous migrant teenage mothers in the five locations in Accra, formed the main sources of data collection. Secondary data utilised included Ghana Child Labour Survey (2003) the UNDP Human Development Report (2007), the Population and Housing Census Report of (2010), the

National Youth Policy (2010) and the Children's Act are among several other important books, journal articles and documents used for the study.

4.6 Selected Mixed Method Design: Sequential Exploratory Strategy

The sequential exploratory strategy involved a first phase of qualitative data collection and analysis, followed by a survey instrument development. This is followed by a second phase of quantitative data collection and analysis that built on the results of the first qualitative phase. Priority is placed on the qualitative data analysis.

This is because, at the most basic level, the purpose of this strategy was to use quantitative data and results to assist in the interpretation of qualitative findings. Morgan (1998) suggest that this design is appropriate to use when testing elements of an emergent theory resulting from the qualitative phase and that it can also be used to generalise qualitative findings to different samples. Similarly, Morse (1991) cited one purpose of selecting the approach as: to determine the distribution of the phenomenon within a chosen population. Finally, the sequential exploratory strategy is often discussed as the procedure of choice when a researcher needs to develop an instrument because of existing instrument is inadequate or not available.

Using a three-phase approach as suggested by Creswell & Plano Clark (2007), the researcher first gathered qualitative data and analysed it. This constituted phase one of the process. The analysed data were used in aiding the development of the quantitative instrument which was subsequently administered to a sample of two hundred and fifty respondents from five locations in Accra. The sequential exploratory strategy has many advantages. Its two-phase approach; qualitative research followed by quantitative research makes it easy to implement and describe in a research report. It is useful to a researcher who wants to explore a phenomenon but, also wants to expand on qualitative findings. This strategy is particularly advantageous if the researcher is building a new instrument.

4.7 Study Population

The study population comprised teenage mothers from northern Ghana on the streets of Accra. These migrant teenage mothers were recruited through peers from the five locations. This ensured that the experiences of first time mothers and practices common to them could be compared.

4.8 Study Area

The study was conducted in Accra, the capital city of Ghana. Several reasons account for the selection of the study area. First, a study by Anarfi et al (2007) on child migrants from the north to the south, found that more girls come to Accra than Kumasi. In August 2000, Ghana's Ministry of Employment and Social Welfare reported that out of 800,000 children working countrywide, 18,000 children were working in Accra. Second, Accra, the capital town is the largest commercial city in Ghana and is the destination point for most migrants (ISSER, 2012; GSS, 2000, 2003, Opare, 2003). In addition, Agyei-Mensah and Owusu, (2001, 2012) suggest that Accra has neighbourhoods that have high concentrations of northern migrants. Again, research collaborate the fact that a dominant migration stream from north to south has been that of female adolescents (Awumbila, 2007). Moreover, the Ghana Child Labour Survey of 2003 showed that 55 percent of street children come from the three northern regions while more than 75 percent of the street children interviewed had congregated in Greater Accra and the Ashanti regions (GSS, 2003). These support the choice of Accra for this study. Indeed, the Child Labour Survey Report (2003) indicates that many of migrant children take up jobs as head porters (kayayei) in transport stations and market centres at these destinations, and constitute a very visible presence there. These reasons informed the choice of Accra as the study area.

4.9 Sample Size and Justification

A total of two hundred and ninety (290) respondents were involved in this study. Out of this number, forty (40) of the respondents were recruited for the qualitative data collection

while two hundred and fifty (250) were sampled for the quantitative data collection. The justification for the sample size was largely based on the need to balance the requirements for conducting both qualitative and quantitative research. With respect to the quantitative data, the legitimate question was what sample size was sufficient for a quantitative analysis? The study conducted factor analysis, multiple regression correlation, chi-square and other descriptive statistics (mean and standard deviation). According to Hair, Black, Babin, and Anderson (2010), the sample size should preferably be more than 100 for a factor or multiple regression analysis to be conducted. A sample size of 200 and 300 is considered “comfortable” (Tabachnick and Fidell, 2007: 613). Given the above, a total sample of 250 respondents was drawn for the quantitative aspect of the study.

With regard to the qualitative aspect of the study, Morse (2000) provides a number of factors: the scope of the study; the nature of the topic; the quality of the data; the study design; and the use of shadowed data for determining the sample size when conducting qualitative studies.

Morse (2000: 4) recommends that:

...when using semi structured interviews, one obtains a small amount of data per interview question (i.e., relatively shallow data), then to obtain the richness of data required for qualitative analysis, one needs a large number of participants (at least 30 to 60). If, on the other hand, one is doing a phenomenological study and interviewing each person many times, one has a large amount of data for each participant and therefore needs fewer participants in the study (perhaps only 6 to 10). Grounded theory, with two to three unstructured interviews per person, may need 20 to 30 participants.

Similarly, Creswell (2007) recommends at least 20 to 30 interviewees while Denzin and Lincoln (2005) recommended 30 to 50 interviews for qualitative studies. In the case of Focus groups, (Krueger, 2000) suggest six to nine participants while Langford, Schoenfeld, and Izzo (2002), and Morgan (1997) state six to ten participants. Johnson and Christensen (2004) also recommend FDGs participants to be between six to twelve participants. In line with the suggested positions of these methodologists, twenty in-depth interviews were conducted

while a minimum of five members that comprised four FGDs and resulted in a total of twenty (20) individuals being recruited for the purpose of the FGDs.

4.9 Sampling Procedures

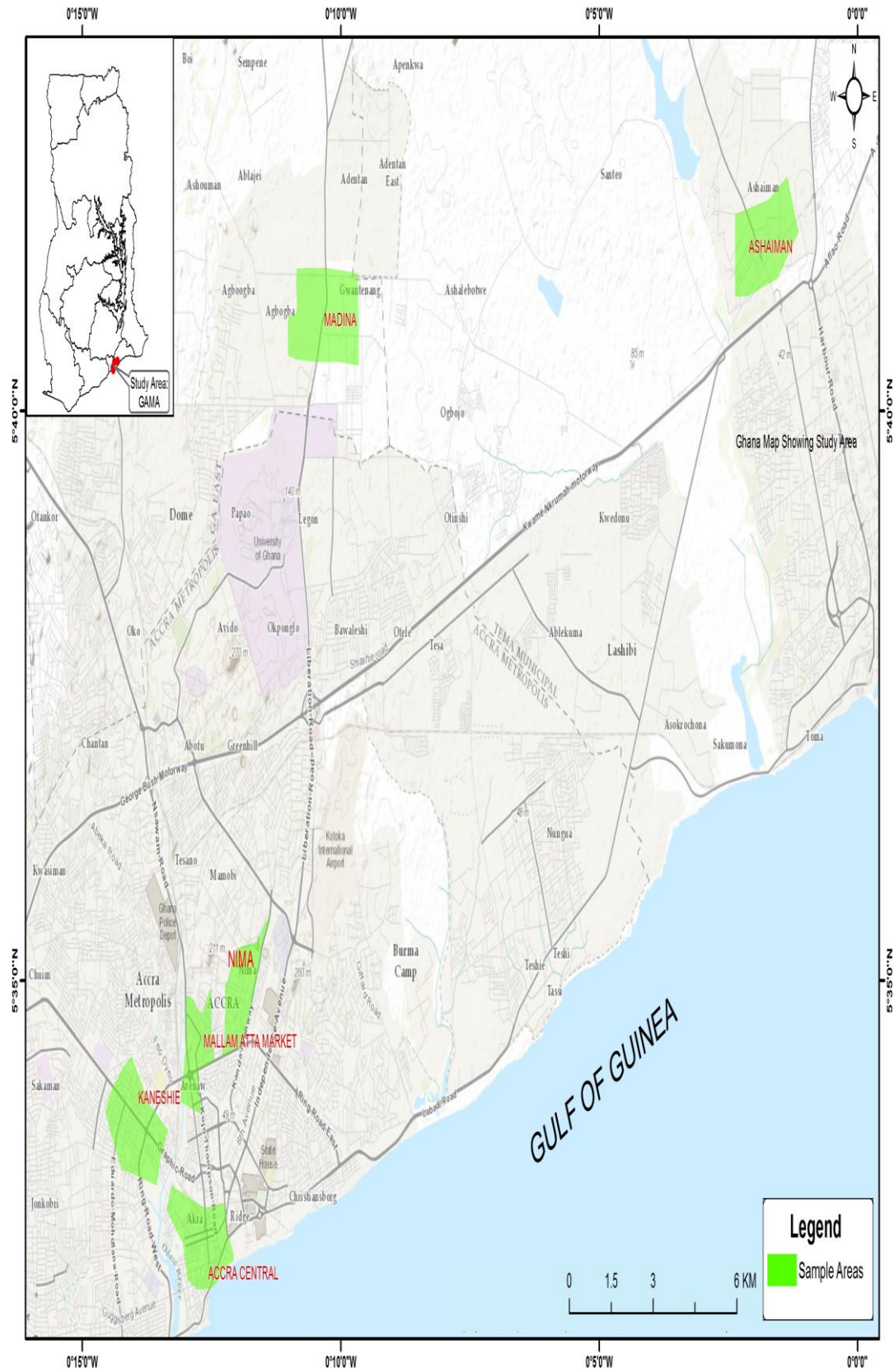
This section outlines the procedures employed in the data collection of this study. These included: the use of sequential exploratory strategy and the selection and training of data translators who supported the data collection in the five locations in Accra as shown in Figure 4.1.

4.9.1 Step One: Data Collection Process: Selection of Sample Areas

Respondents for both qualitative and quantitative data were drawn from five sample areas as shown in Figure 4.1. The five locations include Central Business District, Ashaiman, Madina, Kaneshie, and Mallam Atta Market. Each location was further stratified into five sites. In the Madina location, the five sites included: La-Nkwantanang; Madina Zongo; Madina Reddco Flats; Madina Atima/Estates; and Botwe Lorry Park. Literature and the pilot study constituted the main means of selecting the five locations. The literature suggests that in these areas, there are dominant clusters of the three regions of the north concentrated in the selected locations (Agei-Mensah & Owusu, 2011; 2012).

In the Central Business District, the sites included: Tema-Station; Kantamanto (June 4th); Agboblogshie; Novotel/Tudu; and the Railway Station. In Mallam Atta Market location, respondents were drawn from the following sites: Mallam Atta Market; ‘Nima 441’; Mamobi; Kokomemele and Circle Railway Line. At Kaneshie location, respondents were drawn from the following sites: Kaneshie Zongo Junction; Odaw, Old Fadama; Nyamekye; and Takoradi Station. In Ashaiman, respondents were selected from the following sites: Ashaiman Market Square; Zongo Laka; Taabo Lane; Jerrico and Tema-New Town.

Figure 4.1: Map of Accra



Composed: RS/GIS LAB, GEOGRAPHY DEPARTMENT, UG

In the preparation for the first phase of the data collection, the researcher embarked on transects walks with local people in the five locations as part of entry techniques. It was noted that in the locations, migrant girls from northern Ghana were clustered around ethnic groups. Local people in the five locations were asked to help in identifying primiparous migrant teenage girls from northern Ghana in the respective locations. The identified local people helped establish rapport with ‘seeds⁵’. The rationale of the study was explained to the initial ‘seed’, who later recruited peers for the study.

4.9.2 Step Two: Data Collection Process: Selection of Translators

For the sake of ethics and data accuracy, it was crucial to recruit data collectors who understood the protocols involved in interviewing respondents who cut across the three regions of the north, speaking different languages. The translators were trained on the instruments for data collection. The objectives of the study were explained to them, and they were taken through survey instrument. The training was on how to ask simple questions without leading respondents to provide particular answers. The training process for translators was very useful as the researcher received feedback on the framing of some of the questions. The feedback was considered and revisions on the framing of some of the questions were made.

With the exception of one of the translators, all other translators had a minimum of first degree and had experiences in data collection prior to their recruitment for this data collection. Again, all the translators hailed from the three regions of northern Ghana. The selection criteria were based on the ability of the translator(s) to speak at least one or more of these northern languages: Dagbani, Mampruli, Nanum, Gonja, Frafra, Kusaal, Buili, Kasem, Waala, Dagaare and Sissali. Translators for this study were both males and females. Translators were purposively sampled by the researcher. In many instances, the translators spoke more than two northern languages. Recruiting translators from different ethnic

⁵ Seed refers to the first recruits or initial contacts of the study

backgrounds proved to be very useful as it significantly helped in building trust between the researcher(s) and the respondents. In many instances that translators related with respondents of the communities they hailed from.

In total, seven translators excluding the researcher were recruited for the purpose of helping to collect adequate data from the respondents. The translators were recruited to reflect the major ethnic groups from northern Ghana, since the targeted respondents came from different ethnic groups. The translators spoke: Dagbani; Mampruli Waali; Dagaare; Sissali; Konkomba; Gonja; Nanum; Buili; Kasem; Kusaal and Frafra. For the following dialects: Dagbani and Mampruli; Waali and Dagaare as well as Kusaal and Frafra a translator each was used in the translation process. This is because the respective translators used were fluent in both languages as the languages by themselves are very similar and only differ slightly in terms of tone. The rest of the languages used one translator each. During data collection, it was found that respondents were comfortable sharing their experiences with translators who hailed from their ethnic group.

4.9.3 Step Three: Data Collection Process: Using RDS to recruit respondents

Respondent Driven Sampling was used in sampling respondents. The process began with the selection of five initial respondents, who are otherwise called the “seeds” in each location, one representing each site. The following mechanisms were adopted in the recruitment of respondents. First, in each site of the study, a seed was given a “coupon⁶” to recruit friends and acquaintances. When an individual was interviewed, the new respondent in turn was given a coupon to recruit a colleague. Every recruit was rewarded in cash both for completing the interview and for recruiting peers into the research. The main selection criteria included the following: The respondent should hail from one of the three regions of the north, aged between 13 and 19 years, be a first time mother; at least ae child but in some instances

⁶ Coupon, a special system of recruiting respondents was designed in order to avoid double counting in the selection process. The coupon had information of the location of the study and a number which did not permit someone selected to be recruited the second time.

having two children if the mother had twins. The selection was somewhat skewed towards 18 to 19 year olds. This is because, the study requested their current ages, and not when they conceived or delivered. In a number of instances, many of the girls became pregnant at ages between 15 and 17 years and as of the time they were studied, they were either 18 or 19 years old.

4.9.3.1 Difference between RDS and Snowball Sampling

Apparently, Respondent Driven Sampling is a form of “chain-referring” sampling strategy and is similar to the snowball sampling method. However, Johnson and Sabin (2010) state that Respondent Driven Sampling differs from snowball sampling in several ways: First, it uses a dual incentive mechanism to impulse the recruitment efficiency. Since each respondent is rewarded not only for the participation of him/her-self, but also the participation of peers he or she recommends, response rates are generally much higher than snowball sampling.

Second, rather than asking participants to name and reveal contact details of their friends, Respondent Driven Sampling allows respondents to recruit peers by themselves. Recruiting respondents by population members themselves (instead of by researchers who are from outside the social network) avoids the sensitivity and privacy concerns when hidden populations and or hard to reach populations such as migrant teenage mothers on the streets are approached. The peer recruitment mechanism also reduced the work load for the researcher and allowed the sample to grow automatically.

Third, the number of coupons given to seed recruits was limited to one per person. That is, each participant was allowed to recruit only one other person. One major means of checking with respondents to see if the sample was right was finding out if they ever participated in Ghanaian public elections, especially the December 2012 elections. Many indicated that the December 2012 elections was their first experience participating in public elections while many others also stated not making up the voting age of eighteen years. The

physical look of some of the participants was also the additional means of verification which ensured girls beyond nineteen years old were not recruited into the sample.

4.10 Methods of Data Collection

This involved the process by which data was finally gathered and measurement of variables of interest, in an established systematic fashion that enabled the participants to answer the stated research questions. The goal for the data collection was to capture quality information that then translates to rich data analysis for the study.

4.10.1 Step Four: In-depth Interviews

In-depth interviews and focus group discussions [FGDs] were the two main qualitative methods of collecting data from the respondents. With respect to in-depth interviews, the researcher purposively recruited four participants from each of the five locations. These initial recruits constituted ‘seeds’ for the research. In-depth interviews for example, are less structured and allowed participants the freedom to influence the flow and direction of the interview process (Osei-Hwedie, Rankopo & Mmatli, 2006).

Qualitative in-depth interviewing was useful to the extent that it explored what was on the mind of participants. Through the in-depth interview, detailed information was collected from participants on the topic, and this method was considered a key part of the data collection process. On average respondents spent 45 minutes for in-depth interview sessions.

Respondents were paid GHS 10.00 each after the end of each session and they were made to thumb print as in most cases or sign against their names to ensure that respondents who participated in the in-depth interviews were not recruited subsequently for the FGDs. The contact phone numbers of the seed recruits were taken and the researcher coordinated the locations and time for the FGDs. An analysis of the data was conducted and the other methods were followed through.

4.10.2 Step Five: Focus Group Discussions

As Holloway and Jefferson (2000) put it, a variety of data sources is required to achieve a greater depth of understanding social relationships and structures in child welfare. It is against this backdrop that, after the in-depth interviews, each participant was given a marked coupon to recruit a peer for the Focus Group Discussions. The researcher conducted a prior assessment of the locations and had a fair idea regarding the ethnic groupings of respondents he was likely to find in particular locations. Translators who could speak languages from those ethnic groups were utilised.

Focus group discussions were held because it involved smaller number of people that allowed for group interaction and sharing of realistic perspectives on issues discussed (Osei-Hwedie et al. 2006). Four focused group discussions were organised at the Central Business District, Madina, Ashaiman and Mallam Atta Market. At each location, the group members were about five. The FGD held at Tema Station were for Mamprusi girls while those at Mallam Atta market were for Dagomba girls. At Madina, the FGD were made up of Sissala girls while in Ashaiman the FGDs were made up of Frafra girls. Because of language differences, it was not possible to mix people of different ethnic grouping for effective discussion. The selection of participants from these ethnic groups was based on the fact that in the respective locations, their presence was quite dominant.

The focus group discussions proved useful as it provided a platform where teenage mothers shared their experiences. It was useful also because it provided the means of validating and cross checking what the migrant teenage mothers said at individual level, during the in-depth interviews.

4.10.3 Step Six: Survey Research

With respect to quantitative data gathering, a survey was deemed appropriate. The rationale is that the same kind of information was collected from every respondent: Qualitative (open ended questions) and quantitative (close ended questions). First, the

research questions were situated within the context of the theories reviewed and they flowed from the application of those theories for the study. Again, a survey method enabled objective data collection on a large migrant population of girls from northern Ghana living on the streets of Accra. Collecting data from this population using survey methods allowed for generalizations.

Owens (2002) identifies the following as the advantages of a survey design.

First, it generally yields high cooperation and low refusal rates. Second, it allows for longer, more complex interviews. Third, it has high response quality and it takes advantage of interviewer presence. Finally, it is viewed as a multi-method data collection. A cross-sectional survey method was adopted, that is, data collected at one point in time from a sample selected to represent a larger population (Owens, 2002).

A total of two hundred and fifty (250) respondents were sampled from five locations in the capital city. Fifty (50) respondents were sampled from each location.

4.10.4 Face-to-Face Interviews

The face-to-face interview method was employed in administering the survey. This method was employed as it guaranteed an equal probability of selection of each respondent from the large population (Rubin and Babbie, 2007). Face-to-face interviews were used to facilitate the administration of the questionnaire. This method allowed the researcher or interviewer to ask the respondents' questions orally and record the answers of respondents. This method ensured that the researcher could sufficiently explain the purpose of the survey. Face-to-face interview method was employed because it draws on large samples. It was also used as a quantitative tool to describe the social realities of migrant teenage mothers from northern Ghana living in Accra. Rubin and Babbie (2007) point out that respondent seem more reluctant to turn down an interviewer as compared to using mailed surveys or telephone surveys.

Table 4.1: A summary of recruitment of research participants

Locations	In-depth Interviews of Participants	FGD of Participants	Survey of Participant	Grand Total
Madina	4	5	50	59
Ashiaman	4	5	50	59
Central Business District	4	5	50	59
Mallam Atta Market	4	5	50	59
Kaneshie	4		50	54
Total	20	20	250	290

4.11 Instrumentation

Data were collected in phases. The first phase of the data collection made use of two interview guides: an interview and a FGD guide. These tools allowed for direct interaction between the researcher and the respondents. The interview guides started with questions on the background information of the respondent dovetailing into their lived experiences on the streets of Accra. The second phase of data collection involved the administration of a questionnaire. Appendix II, III and IV provide details of the content of the various instruments.

4.12 Method of Data Analysis

In respect of the qualitative interviews and focus discussions, data analysis include categorization and interpretation of data in terms of common themes, and the synthesis of data into an overall portrait of common identified themes. The data were organized around the perspectives of the respondents on the phenomenon of teen parenting in Ghana. Analytic noting, memoing and coding are part of the techniques employed for the analysis.

With respect to quantitative data, all statistical analyses were carried out using Predictive Analytics Software [PASW] version 20. Descriptive statistics of frequencies, means, and standard deviation were calculated for all instruments and independent samples *t*-tests were used to compare mean scores on the scales. Statistical summaries are cast in a series of tables and charts. The Pearson product-moment correlation was used to test bivariate associations for variables measuring the objectives of the study. Multiple hierarchical linear

regression analyses were used to evaluate the association between the determinants of resilience among migrant teenage girls on the street of Accra. A total of 250 respondents were sampled for the quantitative data. The justification for the adoption of 250 respondents was largely based on the need to conduct statistical analysis that had the potential of reducing the risk of estimation error of a targeted population of over 1000 migrant teenage mothers in the capital city. The basis is that having selected a margin of error of 5 percent and a confidence level of 95 percent, which is the acceptable standard practice, for statistical analysis.

4.13 Data Handling

Qualitative data collection utilised unstructured interview schedule as instrument for data gathering. The data were recorded, transcribed, coded into themes and analysed using narratives. The survey data were collected using questionnaires, which were coded and entered into the Predictive Analytics Software version 20. The data were cleaned and cross-checked for consistency and completeness of responses. Open-ended questions were re-categorised under common themes, coded and entered into the software for analysis. In-depth interviews were transcribed and categorised into themes for data analysis.

4.14 Field Observations

Anytime the purpose of the study was explained to the respondents some of them frowned. This was consistently observed in all the location data were collected. Respondents naturally were unhappy to hear that it was an academic exercise; many of the respondents naturally identified the researcher or translators as government representatives who was coming to their aid. Thus, anytime, they were told, we were not government representatives, the frown faces were very visible. Indeed, as the data collection coincided with the 2012 electioneering campaigns and its aftermath, respondents thought that the researcher and translators were sent by government to come and help them. Some of the respondents who were recruited by their colleagues decided not to participate. They articulated their views that

once it was not going to directly benefit them they were not interested. This is one of the difficulties conducting research with vulnerable groups such as migrant teenage mothers.

Again, it was observed that the kinds of jobs these migrant teenage mothers were engaged in had some semblance of their ethnic background. Dagomba and Mamprusi, Konkomba and Gonja girls were more likely to be engaged in head portering (kayayei). They explained that people from their hometowns mostly engage in that kind of job. They affirmed that before embarking upon their journeys they had prepared their minds to engage in head portering. Interestingly, the Northern Region is vast, and many of them walk several long distances to fetch water, firewood and collect foodstuff from their farms. Carrying loads on their heads for money was more or less in line with activities they are used to back home.

Girls from the Upper East and Upper West regions were more likely to engage in different kinds of jobs. For example, Bulisa girls are often seen selling banana and groundnuts while Dagaaba girls are more likely to carry brewed pito (millet drink) for sale. Frafra, Kusasi and Kasena girls mostly engaged in restaurant work or sell 'pure water', oranges and other consumables they could immediately sell on their own.

It was observed that in many instances some of the respondents had participated in similar exercises as they kept asking the researchers if we were in our final year. Thus, it was easier for the researcher to introduce himself as a final year University. However, those who encountered other researchers wondered why they were often the target of research from final year students. In one instance, one of them at Central Business District (Tudu) exclaimed:

Many of you educated people are living on the sweat of us the poor. You keep coming to us asking questions every day, showing us on TV and making money out of our difficulties yet we remain the same, no improvement. Even though you are different because you have given my friends money after your questions me, I won't answer your questions.

Another interesting observation was in respect of popular view that all migrant mothers gave birth here in Accra. The ordinary person on the street of Ghana perceives migrant teenage girls as people who engage in reckless sex, giving birth 'anyhow' and very

irresponsible. It emerged that beside second generation teenage mothers and some others, quite a sizeable proportion of the respondents were married and their children were not produced out of wedlock.

4.14 Limitations of the Study

The ‘maleness’ of the researcher to some extent posed a limitation to the data gathering process. This was expressed in terms of eliciting all the necessary information required of the study. In some instances, some of the respondents appeared shy to answer some of the questions posed as they were unable to ‘let out’ all of their experiences as that would have given them out. Northern Ghana is strongly a patriarchal society and this naturally made the girls timid. Girls who had spent less than six months in the city appeared to have this difficulty while those who stayed longer were able to freely recount their lived experiences without difficulty. The ‘maleness’ problem encountered by the researcher on the field was addressed through the recruitment of two females, both master’s students of the University of Ghana, who participated in the data collection. Issues of sexual lifestyle in the city were a major area for some of these girls, and the use of female field assistants resolved such issues.

The field assistants generally observed that the questions were too many as many of them respondents complained that they were tired after the interview. Many respondents often remarked: “Because of 10 cedis, you will ask me questions from head to toe.” The detailed nature of the questionnaire got some of the respondents feeling suspicious of the outcome of the research. They wondered if the results of the study were going to be used to arrest them and eventually stop them from coming to Accra, particularly, the teenage mothers who we singled out for the study. In instances that some of the respondents were tired of answering questions, the researcher skilfully negotiated short breaks to allow the respondent to warm up again into the sessions. Respondents who expressed reservations with respect to the use of the data were assured that the information sort was purely for academic purposes. In few

instances, where some respondents still had apprehensions such respondents were asked to withdraw voluntarily.

4.15 Ethical Consideration

This study recognises migrant teenage girls from northern Ghana with children on the streets of Accra as a vulnerable population and therefore took all the necessary steps to ensure that they were not put at risk. In the first place, data collection instruments were reviewed by the University of Ghana Departmental Ethics and Research Committee and the supervisors of my study. This step was taken as a means of ensuring that any potential harm to respondents in the data collection process was eliminated and that the data were collected in a manner that respected the dignity and worth of the participants. The researcher sought the informed consent of the research participants. A consent form was therefore provided and respondents either signed or thumb printed to ensure that they understood the research process explained to them and their decision to participate in the research was borne out of their own free will. The study guaranteed their safety by provisions in the consent form that assured the participants of the non-disclosure of their identity in the data analysis and presentation of the results.

With respect to the anonymity, respondent's privacy was guaranteed by ensuring that the identities of respondents were concealed during data collection and pseudonyms were used in the presentation of results. The purpose of the research was explained to the respondents before they were made to participate, especially, as in many cases, the level of education of the respondents was low. With respect to confidentiality, only the researcher has the right of access of data. Thus, in respect of in-depth interviews and focus group discussions with respondents, the interactions were recorded. The recording was done with the prior approval of research participants and the consent form informed participants that the information would be used for academic purposes only. Also, results of this study would not be presented in any way as to stigmatise the respondents as a group. Rather, this piece of

research aims give a voice to migrant teenage mothers from northern Ghana on the streets of Accra who are socially marginalized.

Conclusion

A mixed method research is adopted for the study, allowing for the use of qualitative and quantitative method in data collection, analysis and interpretation of results. Cogent reasons are provided for the adoption of mixed methods. Specifically, the sequential exploratory research design was utilised to achieve the objectives of the study.

The data collection was conducted in two phases: the first phase involved in-depth interviews with twenty migrant teenage mothers on the streets of Accra recruited from five locations.

The second stage of qualitative involved the conduct of four focus group discussions sessions, with each group comprising five discussants. The qualitative data collection preceded a pilot study conducted among migrant teenage mothers in the Central Business District [CBD], particularly in Katanmanto. Responses from the in-depth interviews and focus group discussions informed development of the survey instrument.

For phase two, a total of two hundred and fifty respondents (250) were sampled from five locations, Central Business District, Mallam Atta Market, Kanashie, Ashaiman and : Madina. Sampling was through respondent driven sampling which ensured peer recruitment and the reward of respondents with cash as a token for their participation. This sampling design was deemed appropriate because migrant teenage mothers on the streets of Accra work for people to earn a living. By accepting to participate in the research process, the cash reward was compensatory.

CHAPTER FIVE: RESULTS OF QUANTITATIVE DATA

Introduction

The objectives of this study was to document the lived experiences of migrant teenage mothers from northern Ghana in Accra; examine their coping strategies; and to gain an insight into the factors that influence resilience among them. The first objective is to describe the background characteristics of the respondents of the study.

Table 5.1: Socio-economic characteristics of migrant teenage mothers by region

Socio-Economic characteristics	Upper East (%)	Upper West (%)	Northern Region (%)	Total (%)
Age				
14-15	6.2	5.0	8.6	7.6
16-17	29.2	37.5	27.8	29.6
18-19	64.6	57.5	63.6	62.8
Have you ever attended school?				
Yes	64.6	60.0	34.0	44.0
No	35.4	40.0	66.0	56.0
Level of Education Completed				
Primary School	29.2	35.0	24.4	27.2
Junior High School	33.3	15.0	8.6	14.4
Senior High School	2.1	7.5	1.2	2.4
Never Attended School	35.4	42.5	65.4	56.0
Marital Status				
Married	18.8	67.5	77.2	64.4
Not Married	43.8	20.0	14.2	20.8
Co-habitation	37.5	12.5	8.6	14.8
Do you live with the one responsible for your pregnancy in the city				
Yes	70.8	15.0	32.7	37.2
No	29.2	85.0	67.3	62.8
Migration Status				
Seasonal migrant	31.2	47.5	80.8	66.0
Non-seasonal	10.4	32.5	16.7	18.0
Second generation	58.3	20.0	2.5	16.0
Family Structure				
Extended family system	68.8	70.0	79.0	75.6
Nuclear family system	31.2	30.0	21.0	24.4
Duration of Stay in Accra				
Past six months	16.7	72.5	84.6	69.6
Past twelve months	2.1	5.0	6.8	5.6
Over twenty four months	18.8	2.5	4.9	7.2
Over five years	6.2	0.0	2.5	2.8
Born and raised in Accra	56.2	20.0	1.2	14.8
Religious Affiliation				
Christianity	75.0	35.0	9.3	26.0
Islam	18.8	65.0	90.1	72.4
African Traditional	6.2	0.0	0.6	1.6
Total	100.0	100.0	100.0	100.0
N	48 (19.2)	42 (16.0)	162 (64.8)	250

5.1 Description of Survey Participants

A total of 250 migrant teenage mothers from northern Ghana living in Accra were successfully interviewed during the survey period. Considering the sample as a whole, Table 5.1 contains descriptive statistics on the background characteristics of respondents by region. The regional distribution of migrant teenage mothers as shown in Table 5.1 indicates that the largest population of migrant teenage girls with children from northern Ghana living in Accra came from the Northern Region (64.8%); followed by the Upper East (19.2%), while those from the Upper West, constituted 16.0% of the sampled respondents. Consistent with the size of Northern Region in terms of land size and population, among the three regions of the north, and data from the 2010 Population and Housing Census, it is not surprising that the majority of migrant teenage girls with children in Accra came from the Northern Region.

Age

In terms of age, Table 5.1 shows that 18 to 19 year age group constituted two-thirds (62.8%) of the sampled population with the 16 to 17 year group constituting nearly a third (29.6%) with the 14-15 year age group making less than a tenth (7.6%). The average age of migrant teenage mothers was 17 years, six months. The target of the second Millennium Development Goal aims at achieving universal primary education.

Education

The results as presented in Table 5.1 shows that more than half (56.0%) of the respondents had no formal education while 44.0% of the respondents ever had some form of formal education. The Northern Region had the highest proportion (65.4%) of respondents with no formal education compared to the Upper East region, which had the lowest (35.4%) percentage of respondents with no formal education. Of the respondents who indicated that they attended school (44.0%), the highest level of schooling attained (27.2%) was primary school education. Within the primary school category, a third (35.0%) of them came from the Upper West Region, while another 29.2% were from the Upper East Region. Nearly a quarter

(24.7%) of the respondents who attained primary schooling as their highest level came from the Northern Region. The Upper East Region had the highest proportion of migrant teenage mothers completing Junior High School while the lowest (8.6%) came from the Northern Region. However, the Upper West Region had the highest (8.6%) proportion of respondents completing Senior High School [SHS]. The results above, thus, indicate a preponderance of migrant teenage mothers who cannot read and write particularly in the English language.

Marriage

Marriage is said to be a universal institution (GSS, 2003), implying that all things being equal, most people would marry in their life time. Given the age and conditions under which migrant teenage mothers live in Accra, marriage is not expected to be part of their preoccupation. It was therefore a great surprise to find out that about two-thirds (64.4%) of the respondents claimed to be married. The majority of these migrant teenage mothers came from the Northern (77.2%) and Upper West regions (67.5%). Interestingly, the Upper East region had less than a fifth (18.8%) of the respondents who were married. Rather, the Upper East Region had a greater proportion of respondents either not married (43.8%) or cohabiting (37.5%). About 20.8% of the respondents were not married while 14.8% were cohabiting.

Partners/Spouses

About two-thirds (62.8%) of migrant teenage mothers were not living with their husbands or those responsible for their pregnancy as of the time of the survey, while a little more than a third (37.2%) confirmed that they lived with their husbands or the men responsible for their pregnancy in the city. The Upper West Region recorded an overwhelming majority (85.0%) of respondents who were not living with their husbands or those responsible for the pregnancy in the city, followed by the Northern Region (67.0%). The Upper East region recorded the majority (70.8%) of migrant teenage girls with children in Accra living with their husbands/partners while the Upper West region had the least

(15.0%). It is useful to note that the Upper East region recorded a significant proportion (37.5%) of the respondents who were in cohabitation. Second generation migrant teenage mothers (58.3%) were mostly found to be in cohabitation.

Status of Migrants

The results further show that the majority (66.0%) of the respondents were seasonal migrants while 18.0 percent were non-seasonal migrants. About 16.0% constituted second generation migrant teenage mothers. Seasonal migrants are those who migrate from rural communities to urban communities in search of greener pastures often during the long dry seasons or when schools are not in session. These periods coincide with when there is little or no economic activity for income generation in the three northern regions. These migrants travel back to their places of origin when the rains begin or school resumes. Second generation migrants are teenage girls whose parents come from the three regions of the north but were either born or raised in Accra. These categories of teenage girls trace their roots to northern Ghana but, have spent a large part of their life in Accra.

The largest proportion of seasonal migrant teenage mothers came from the Northern region (80.9%), followed by the Upper West Region (47.5%) while the migrant teenage mothers from the Upper East Region constituted a third (31.2%) of the respondents sampled. The Upper West Region had the highest (32.5%) proportion of teenage girls as non-seasonal migrants followed by the Northern Region (16.7%) and Upper East Region (10.4). More than half (58.3%) of the respondents who reported as second generation migrant mothers came from the Upper East Region with the Upper West Region constituting 20.0 percent of the sampled respondents.

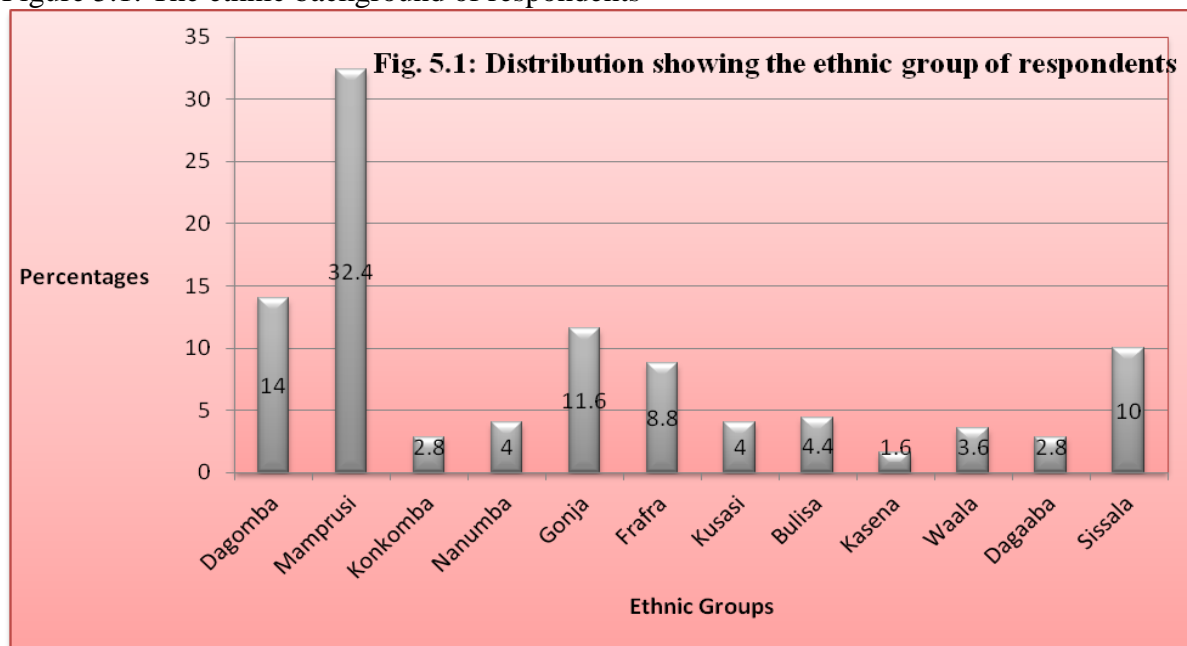
Family System

A greater proportion (75.6%) of the respondents came from extended family system while 24.4% of them were from nuclear family systems. Over three-quarters (79.0%) of

respondents in terms of regional distribution came from the Northern Region while a greater proportion from the Upper West (70.0%) and Upper East (68.8%) also came from extended family systems. With respect to the duration of stay of migrant teenage mothers, a higher proportion (69.6%), had stayed in Accra for the past six months while the periods of past twelve months, twenty four months and over five years recorded values (5.6%, 7.2% and 2.8%) respectively. However, respondents who were either born or raised in Accra constituted 14.8% of the sampled population. Significant proportions (72.4%) of the respondents were Muslims or people who professed the Islamic faith, while 26.0% were recorded as Christians with 1.6% of them practising the African Traditional Religion.

5.1.2 Ethnic Groups of Migrant Teenage Girls

Figure 5.1: The ethnic background of respondents



By ethnic disaggregation, the results, as shown in Figure 5.1 indicates that the Mamprusi constituted a third (32.4%) followed by the Dagomba (14.0%). The other ethnic groups include the Gonja (11.6%); Sissala (10.0%); Nanumba (4.0%); Konkomba (2.8%); Kusasi (4.0%); Bulisa (4.4%); Kasena (1.6); Waala (3.6%) and Dagaaba constituting 2.8%. It

appears all the major ethnic groups across the three northern regions produce girls who are teenage girls with children living in the capital city, Accra.

5.2 Lived Experiences of Migrant Teenage Girls with Children in Accra

Table 5.2: Percentage distribution of the lived experiences of respondents by region

	Ashaiman%	CBD%	Kaneshie%	Madina%	Mallam Atta%	Total%
Open Space/pavements	4.0	24.0	22.0	2.0	26.0	20.8
Railway/Lorry stations	10.0	6.0	24.0	2.0	2.0	8.8
Kiosk/metal containers	42.0	50.0	52.0	46	40.0	55.2
Rental houses	44.0	20.0	2.0	2.0	6.0	15.2
Do you pay for places where you sleep?						
Yes	36.0	61.2	52.0	95.3	44.0	56.6
No	64.0	38.8	48.0	4.7	56.0	43.4
What Migrant Teenage Girls sleep on?						
Cardboard	4.0	10.0	14.0	0.0	10.0	7.6
Cloth	8.0	28.0	32.0	22.0	48.0	27.6
Mat	24.0	48.0	50.0	74.0	38.0	51.6
Mattress	40.0	14.0	4.0	4.0	4.0	13.2
Where Migrant Teenage Girls bath						
Open Space	2.0	0.0	20.0	10.0	6.0	7.6
Free public bath house	40.0	6.0	16.0	6.0	12.0	16.0
Paid public bath house	58.0	94.0	64.0	84.0	82.0	76.0
Number of Hours Migrant Teenage Girls work in a day						
Between 1 to 3 hours	20.0	0.0	4.0	20.0	18.0	12.4
Between 4 to 6 hours	10.0	51.0	18.0	30.0	28.0	27.3
Between 7 to 8 hours	40.0	18.4	28.0	42.0	20.0	29.7
Over Eight Hours	30.0	30.6	50.0	8.0	34.0	30.5
Do you receive partner support as a migrant teenage girl?						
Yes	66.0	42.9	40.0	46.0	58.0	50.6
No	34.0	57.1	60.0	54.0	42.0	49.4
Do you receive peer support as Migrant Teenage Girls?						
Yes	28.0	20.4	42.0	74.0	42.7	41.5
No	72.0	79.6	58.0	26.0	53.3	58.5
Do you receive Family Support as Migrant Teenage Girls?						
Yes	84.0	18.2	10.2	10.6	20.8	16.8
No	16.0	81.8	89.8	89.4	79.2	83.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	50	50	50	50	50	250

Table 5.2 depicts the lived experiences of the respondents. On living arrangements of respondents, open spaces/pavements, railway and lorry stations, kiosk and rental houses were

the most common sleeping places for respondents as shown in (Table 5.2). More than half (55.2%) of the respondents reported sleeping in kiosk and metal containers, while another 20.8% of the respondents slept in open spaces/pavements. The results further indicate that 8.8% slept in railways and lorry stations while another 15.2 percent lived in rental houses. About fifty-seven percent (56.6%) of the respondents paid for the places where they slept while, 43.4 % did not pay. Respondents in the following locations: Madina (95.3%); CBD (61.2%); Kaneshie (52.0%); paid for the places they slept. Ashaiman (64.0%) and Mallam Atta (56.0%) recorded more respondents not paying for places they slept. On the average, respondents reported paying 2 GHS per week in areas that the sleeping arrangement required the payment of rent.

In reference to sleeping materials, more than half (51.6%) of the respondents stated that they slept on mats. About 27.6 percent of them slept on a cloth. A little above a tenth (13.2%) slept on mattresses with 7.6 percent sleeping on cardboards. Mat use was predominant in Madina (74.0%), Kaneshie (50.0%), and CBD (48.0%). Mattress use was predominant in Ashaiman while cloth use was more in Mallam Atta (48.0%), Kaneshie (32.0%), CBD (28.0%) and Madina (22.0%).

The data indicate that 76.0 percent of the respondents used paid public bath houses while another 16.0 percent used free public bath house. Only 7.6 percent of respondents used open spaces as bathing places. In all the five locations where respondents were interviewed, a significant proportion used paid public bath houses. Four out of ten respondents in Ashaiman reported using free public bath houses while two out of ten migrant teenage mothers in Kaneshie used free public bath houses. Another 30.5 percent of respondents worked for more than eight hours during the daytime, with another 29.7 percent reporting working between 7 to 8 hours while 27.3% stated working between 4 to 6 hours. Only 12.4 percent of the respondents worked between one to three hours during the daytime. Half of the respondents

in Kaneshie worked for about 8 hours during the daytime, followed by Ashaiman (30.0%), CBD (30.6%) and Mallam Atta Market (34.0%) all recorded a third of the respondents spending over 8 hours working during the daytime. Less than a tenth (8.0 %) of respondents in Madina reported working over 8 hours. Instead, four out of ten respondents in Madina reported working within 7 to 8 hours.

About fifty-one percent (50.6%) of the respondents reported receiving partner support during childcare while 49.4% did not receive such support. In the five locations, respondents were surveyed, Ashaiman recorded the highest proportion (66.0%) of respondents receiving partner support while Kaneshie received the lowest. The majority (58.5%) of migrant teenage mothers expressed never receiving peer support. However, Madina reported the highest (74.0%) proportion of respondents receiving peer support during child care with Ashaiman receiving the least (72.0%). Family support to migrant teenage mothers was predominant (84.0%), in Ashaiman area. Respondents in the other four locations explained having some long distance family relatives or people who hailed from the same villages, who, in some instances, offered some help.

5.3 Opportunities, Risks and Vulnerabilities

5.3.1 Opportunities available to migrant teenage girls in Accra

The study sought to find out the opportunities, risks and vulnerabilities migrant teenage mothers are exposed to while living in Accra. The findings indicate a statistically significant difference in the means between migrant teenage girls with children who were married and those of them not married attending antenatal (t=33.788, p<.000). More married migrant teenage mothers attended antenatal clinic compared to those not married. Postnatal attendance by both married and the unmarried migrant teenagemothers was not statistically significant (t=.107, p<.744). This implies that there was no significant difference between the married and unmarried attending post natal clinic after delivery. There was a significant correlation between married and the unmarried migrant teenage mothers having access to

accommodation in the city ($t=8.093$, $p<.005$). Married teenage mothers who had partners in the city had more access to accommodation (1.66) compared to the unmarried (1.45). Having access to jobs in the city between married migrant teenage mothers and those not married was found to be significantly correlated ($t=16.121$, $p<.000$). Respondents who were married and living with their husbands in the city reported having access to jobs compared to their colleagues who were not married.

Table 5.3 shows a statistically significant correlation between married migrant teenage girls with children having access to skilled attendants to deliver their babies compared to those not married ($F=42.169$, $p<.000$). What this means is that those who were married and lived with their partners (husbands) in the city were more likely to access better health care in respect of birthing compared to those without partners or husbands in the city.

Table 5.3: An independent T'test analysis on opportunities accessible to migrant teenage mothers

	Marital Status	N	Mean	Std. Deviation	T/F	P
Antennals	Married	162	1.4691	.50059	33.788	.000
	Not married	88	1.2841	.45356		
Postnatal's	Married	162	1.5679	.49690	.107	.744
	Not married	88	1.4432	.49961		
Accommodation in the city	Married	162	1.6605	.47501	8.093	.005
	Not married	88	1.4545	.50078		
A job in the city	Married	162	1.7037	.45804	16.121	.000
	Not married	88	1.5341	.50170		
Having a skilled attendant helping you to give birth	Married	162	1.5617	.49771	41.169	.000
	Not married	88	1.2500	.43549		

5.3.2 Other opportunities available to Migrant Teenage Girls in Accra

Table 5.4: Percentage distribution of opportunities of respondents by location

Jobs of Migrant Teenage Mothers	Ashaiman	CBD	Kaneshie	Madina	Mallam Atta	Total
Head Porter	30.0	80.0	86.0	94.0	80.0	74.0
Chop bar Attendant	10.0	6.0	6.0	0.0	10.0	6.4
Street vendor/Hawker	44.0	0.0	2.0	4.0	40.0	10.8
House help	0.0	4.0	2.0	0.0	2.0	1.6
Sales girl/Shop Attendant	16.0	10.0	4.0	2.0	4.0	7.2
Are you able to save?						
Yes	78.0	80.0	94.0	86.0	94.0	86.4
No	22.0	20.0	6.0	14.0	6.0	13.6
How often do you Save						
Daily	62.8	70.8	56.0	63.8	43.8	59.3
Weekly	27.9	12.5	38.0	25.5	47.9	30.5
Monthly	0.0	4.2	4.0	2.1	4.2	3.0
Non Applicable	4.0	12.5	2.0	8.5	4.2	7.2
Do you have other sources of making money						
Yes	14.0	22.4	4.0	16.0	20.8	15.4
No	86.0	77.6	96.0	84.0	79.2	84.6
Do you remit your family back north						
Yes	22.0	72.0	68.0	66.7	63.8	58.4
No	78.0	28.0	32.0	33.3	36.2	41.6
If yes, how do you send the money?						
Mobile Money Transfer	4.1	4.1	32.0	6.4	0.0	9.5
Through colleagues going home	44.9	65.3	36.0	63.8	44.7	50.8
Drivers of vehicles plying our hometown routes	2.0	0.0	2.0	0.0	21.3	5.0
Someone I trust	10.2	4.1	0.0	0.0	0.0	2.9
Non applicable	38.8	26.5	30.0	29.8	34.0	31.8
Do you know of any institution that offers social services to teen mothers in Accra?						
Yes	0.0	4.0	10.0	2.0	6.0	4.4
No	100.0	96.0	90.0	98.0	94.0	95.6
Have you ever received support from government institutions for support?						
Social Welfare Department at the Accra Metropolitan Assembly (AMA)	0.0	0.0	4.3	0.0	4.2	1.7
Never	100.0	100.0	95.7	100.0	95.8	98.3
Have you ever received support from a Non-governmental Organisation?						
Yes	0.0	4.2	0.0	8.2	0.0	2.5
No	100.0	95.8	100.0	91.8	100.0	97.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	50	50	50	50	50	50

Results as shown in Table 5.4 indicates that the blue bars represent frequencies while red bars represent the percentage. The results reveal that 74.0 percent of respondents were head porters (kayayei) followed by street vendors or hawkers who constituted 10.8 percent while, sales girls or shop attendants and or chop bar attendants constituted 7.0 percent and 6.4 percent respectively. Respondents who reported being house helps constituted only 1.6 percent. An overwhelming majority (86.4%) reported saving their income. As shown in Figure 5.2, 64.0 percent of the respondents saved with Susu collectors; 16.0 percent saved by themselves; about 14.0 percent saved with *Adasia*; while 3.6 percent saved with relatives and 2.4 percent saved with the bank.

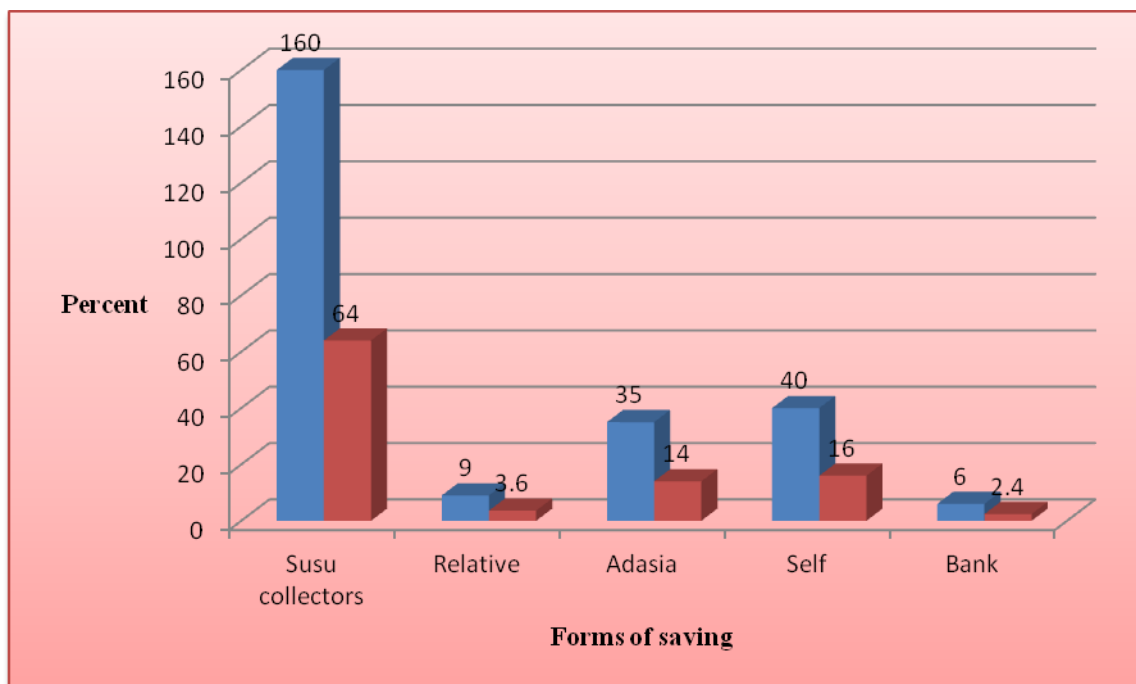
Nearly sixty percent (59.3%) of the respondents reported saving their income daily, 30.5 percent saved weekly and 3.0 percent saved monthly. Seven percent (7.2 %) of the respondents did not commit themselves to either saving on a daily, weekly, or monthly basis. The Central Business District recorded the highest (70.8%) number of respondents saving on a daily basis while Mallam Atta recorded the lowest (43.8%) daily savings, with 47.9 percent saving on monthly basis.

An overwhelming majority (84.6%) stated not having additional source of income. Only 15.4 percent indicated having additional sources of income. The respondents reported engaging in paid laundry on Sundays as additional sources of income. A majority (58.4%) of the respondents reported remitting incomes they earned to their respective families back north. The largest proportion (72.0%) of them who remitted came from the Central Business District while Ashiaman had the least number of respondents remitting income back home (22.0%).

A bare majority of the respondents (50.8%) send their money through their colleagues travelling back home. About 9.5 percent of the respondents send their money through mobile money transfer while 5.0 percent sent their money through drivers plying the hometown

routes of the said respondents. However, 31.8 percent of them did not utilise any of these forms of sending money back home. The Central Business District had the highest (65.3%) number of respondents sending money home through their colleagues, followed by Madina (63.8%), Ashaiman (44.9%) and Mallam Atta (44.7%). Mobile money transfer is predominantly used by migrant teenage mothers in Kaneshie as a significant percentage (32.0%) utilised this medium of sending money home. ‘Someone I trust’ is largely utilised in Ashaiman as compared to the other locations such as Kaneshie, Madina and Mallam where none of the respondents stated utilizing this medium of sending money home.

Figure 5.2: Where migrant teenage mothers save their income



5.3.3 Risks on the Streets of Accra

Table 5.5: Percentage distribution of the risks migrant teenage girls are faced with in the capital city, Accra

	Ashaiman	CBD	Kaneshie	Madina	Mallam Atta	Total	χ^2	P value
Have you engaged in unprotected sex								
Yes	66.0	33.3	42.9	10.4	41.5	39.1	32.807	.000
No	34.0	66.7	57.1	89.6	58.5	60.9		
Have you ever had your items stolen?								
Yes	68.4	68.2	49.0	60.5	50.0	58.8	6.393	.173
No	31.6	31.8	51.0	39.5	50.0	41.2		
Have you suffered from Injuries on the streets of Accra								
Yes	24.0	34.0	30.0	30.0	26.0	27.6	5.389	.715
No	58.0	54.0	50.0	50.0	48.0	52.0		
No response	18.0	12.0	26.0	20.0	26.0	20.4		
Total	100.0	100.0	100.0	100.0	100.0	100.0		
N	50	50	50	50	50	50		

*Significant at P <0.05

The study sought to examine the risks migrant teenage girls from northern Ghana are exposed to while living on the streets. Nearly four out of 10 migrant teenage mothers (39.1%) affirmed engaging in unprotected sex. Respondents from Ashaiman constituted the majority (66.0%), followed by Kaneshie (42.9%) and Mallam Atta (41.5%). About, 33.3 percent of the respondents came from the Central Business District while Madina had the least number (10.4%) of girls engaging in percent unprotected sex. A further chi-square analysis was conducted to determine the relationship between the two variables: Having unprotected sex and the location of the respondents. The findings indicate a statistically significant relationship exist between migrant teenage girls having unprotected sex and their locations ($\chi^2 < p < .005$). What this means is that unprotected sex was high among teenage girls in all of the five locations.

More than half (58.8%) of the respondents reported having had their items stolen. Ashaiman and the Central Business District recorded (68.4% and 68.2%) levels of stolen items from migrant teenage girls. These locations were immediately followed by Madina

(60.0%) while Mallam Atta and Kaneshie also shared similar levels (50.0%). A chi-square analysis was conducted and it was found that there was no statistically significant relationship ($\chi^2 < p < .005$) between respondents ever having their items stolen and the locations respondents were sampled.

Nearly twenty-eight percent (27.6%) of respondents reported suffering from injuries on the streets in Accra. Central Business District recorded the highest proportion (34.0%) of respondents, followed by Kaneshie (30.0%), Madina (30.0%), and Mallam Atta Market (26.0%) while Ashaiman (24.0%) recorded the least incidence of reported injuries. Yet again, no statistical significant relationship was observed between respondents suffering from injuries and the location areas where they were sampled ($\chi^2 < p < .005$).

5.3.4 Further Risks Migrant Teenage Mothers Face in the Capital City, Accra

Table 5.6: One-way Anova of risks on the streets of Accra by migrant status

	Migration status of respondent	N	Mean	Std. Deviation	F	Sig.
Difficulty meandering through vehicles with goods	Seasonal	117	4.3082	1.09052	23.076	.000
	Non seasonal	90	3.2448	1.30953		
	Second Generation	43	3.5063	1.52646		
	Total	250	3.6864	1.30883		
Being hit by a vehicle	Seasonal	117	2.9714	1.24389	2.385	.124
	Non seasonal	88	2.7421	1.55984		
	Second Generation	43	2.4444	1.38744		
	Total	248	2.7193	1.39705		
Falling with heavy load	Seasonal	117	3.3208	1.54867	.782	.378
	Non seasonal	89	3.2584	1.53985		
	Second Generation	43	3.0000	1.50831		
	Total	249	3.1932	1.53227		
Held responsible for goods damaged	Seasonal	115	3.6334	.88775	7.921	.005
	Non seasonal	90	3.3519	1.39642		
	Second Generation	42	3.0000	1.58487		
	Total	247	3.3284	1.28968		
Not paid the right fee after service	Seasonal	116	4.1605	1.29458	9.143	.003
	Non seasonal	89	3.6071	1.35608		
	Second Generation	41	3.5847	1.52108		
	Total	246	3.78426	1.39056		

*significant level is 0.005

The study sought to examine whether a statistically significant relationship exist between risks faced on the streets by respondent's migration status. An analysis of variance (ANOVA) was employed. Table 5.6 shows that of the 250 respondents in the study, 117 were seasonal, 90 were non-seasonal and 43 were second generation migrant teenage mothers. The results show that seasonal migrant teenage mothers ($\bar{X} = 4.31$) experienced more difficulty meandering in between vehicles on the street compared to second generation migrant teenage mothers ($\bar{X} = 3.51$) and non-seasonal migrant mothers ($\bar{X} = 3.24$). The Table shows that the F ratio is 23.076, with a p value of .000, which is smaller than the alpha of .05. This makes the finding statistically significant. What this means is that there is a statistically significant difference in the means of seasonal, non-seasonal and second generation migrant teenage mothers in respect of difficulties experienced meandering in between vehicles on the street. Thus, seasonal migrant mothers find it more difficult meandering in between vehicles ups. Interesting, after seasonal migrants, second generation migrant teenage mothers found it more difficult meandering in between vehicles compared to non-seasonal migrants. The expectation is that with second generation migrant teenage mothers having stayed much longer in Accra, they would naturally be able to meander in between vehicles on the street. However, the study's finding established that working on the street was quite new to second generation migrant teenage mothers. They were confronted with working on street only after becoming mothers.

Again, Table 5.6 shows no statistically significant difference in the means of seasonal ($\bar{X} = 2.97$) non seasonal ($\bar{X} = 2.74$) and second generation migrant mothers ($\bar{X} = 2.44$) in respect to being hit by a vehicle ($F = 2.385, p < .124$). What this means is that the risk of being hit by a vehicle on the street was not directly correlated with migrant status of respondents. In addition, Table 5.6 shows no statistically significant difference in the mean scores of seasonal ($\bar{X} = 3.32$) and non seasonal ($\bar{X} = 3.25$) and second generation migrant mothers ($\bar{X} = 3.00$) in

respect of heavy loads falling off their heads on the streets. With an F ratio of .782 and a p value of .378, which is higher than the alpha level of .05. This is not statistically significant which means that there is no association between one's migrant status and the risk of experiencing heavy loads falling off one's head on the street.

Moreover, the mean scores indicate quite clearly that a statistically significant difference exist between seasonal migrants (\bar{X} =3.63), non-seasonal (\bar{X} =3.35) and second generation (\bar{X} =3.00) migrant mothers and being held responsible for damaging goods. Seasonal migrants were more likely to be held responsible for damaged goods they were carrying compared to non seasonal migrants and second generation migrants. Table 5.6 shows that the F ratio is 7.921, and a value of .005, which smaller to the alpha level of .05. It was further found that seasonal migrants (\bar{X} =4.1) were more likely not to be paid the right fee after their service than non-seasonal (\bar{X} =3.6) and second generation migrant mothers (\bar{X} = 3.58). With an F ratio of 9.134, and a p value of .003, which is smaller than the alpha level of .05. This shows a statistically significant difference exist in the means respondent's migration status and individual migrant mothers not paid the right fee after providing services.

5.3.5 Vulnerabilities Migrant Teenage Girls are exposed to in Accra

Further, the study's objective was to examine the vulnerabilities migrant teenage mothers are exposed to while living in Accra. An analysis of variance (ANOVA) was run to find out which group of migrants were more vulnerable in the city with migrant status as a dependent variable. Table 5.7 shows that 247 respondents who answered the question, 116 were seasonal migrants (\bar{X} = 3.82), with 89 being non-seasonal migrants (\bar{X} = 3.43), while 42 were second generation migrants (\bar{X} = 3.30). The results shows no statistically significant difference between respondent's migrant status and being homelessness. (f = 1.997; p < .161).

However, migrant teenage mothers were found to be vulnerable during periods of rainfall. This was found to be statistically significant (F =31.317, p <.000). What this means is

that teenage mothers who migrate seasonally ($\bar{X} = 4.45$) are more vulnerable during times of rainfall compared to those who are non seasonal migrants ($\bar{X} = 3.82$) and second generation migrants ($\bar{X} = 3.40$).

Results from Table 5.7 show the respondents receiving unnecessary beatings from unsuspecting persons was found to be statistically not significant ($F=1.264$, $p<.262$) with regard to their migration status. What this means is that there is no statistical mean difference between seasonal ($\bar{X} = 2.50$), non seasonal ($\bar{X} = 2.71$) and second generation ($\bar{X} = 2.67$) migrant mothers with regard to being exposed to physical harm in terms of receiving beatings. However, what this means is that non seasonal migrant, followed by second generation migrants are more likely to receive unsuspecting beatings even though it is not statistically significant. The use of disparaging comments and insults on migrant teenage mothers as one of the main vulnerabilities respondents were exposed to in Accra was found to be statistically significant ($F=5.513$, $P<.020$) but the difference is not strongly manifested. What this means is that second generation ($\bar{X} = 4.61$), followed by non seasonal migrants ($\bar{X} = 4.40$).seasonal migrants were more likely to receive disparaging comments and insults compared to seasonal migrants ($\bar{X} = 4.38$). This finding is against the backdrop that second generation and non seasonal migrants who have lived in the city much longer carry themselves in ways that attracted insults compared to seasonal migrants who appear new to the city and more likely to kowtow to how city life operates.

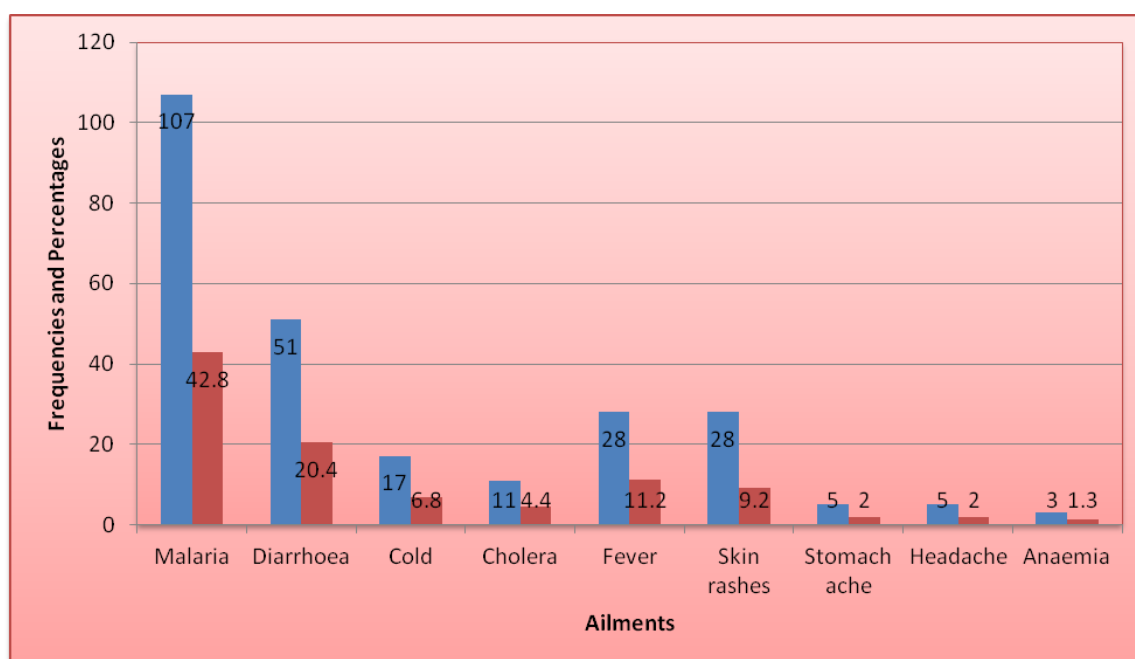
Table 5.7 One-way Anova on vulnerabilities of respondents by migration status

	Migration status of respondent	N	Mean	Std. Deviation	F	Sig.
Homelessness	Seasonal	116	3.8210	1.57190	1.977	.161
	Non seasonal	89	3.4321	1.62741		
	Second Generation	42	3.3048	1.33102		
	Total	247	3.5193	1.51011		
Rainfall during the wet season	Seasonal	117	4.4573	1.07024	31.317	.000
	Non seasonal	88	3.8214	1.55355		
	Second Generation	41	3.4057	1.29305		
	Total	246	3.8948	1.30561		
Receiving unnecessary beatings from unsuspecting persons	Seasonal	115	2.5031	1.32586	1.264	.262
	Non seasonal	86	2.7160	1.41629		
	Second Generation	42	2.6792	1.18927		
	Total	243	2.6327	1.31047		
Receiving disparaging comments and insults	Seasonal	116	4.3889	1.59842	5.513	.020
	Non seasonal	85	4.4096	1.25964		
	Second Generation	35	4.6173	.90640		
	Total	236	4.4719	1.25482		

*Significant level is P<0.05

5.3.6 Ailments children of Migrant Teenage Mothers were exposed to

Figure 5.3: Ailments children of migrant teenage mothers commonly suffer from



Living on the street exposes the children of migrant teenage mothers to various hazards and this makes them very vulnerable to many illnesses. Results of the survey as shown in Figure 5.4, indicate that a significant proportion (42.8%) of children of migrant teenage girls

interviewed had malaria; about 20.4% percent had diarrhoea, while 11.2 % had fever. About 9.0% reported suffering from skin rashes while those with cold constituted 5.2%.

5.3.7 Experiences of stigma on the streets of Accra

In-depth interviews and Focus Group Discussions (FGDs) revealed another form of vulnerability that migrant teenage mothers suffered while on the streets of Accra as stigma. Respondents complained of people generally making disparaging remarks and hurling insults and generally treating them as if they were non citizens. One way Anova analysis on migrant teenage mother's experience of stigma by location areas revealed interesting results. The study sought to find out whether there was any statistical difference in the experience of stigma with regard to the location of a migrant teenage girl? The study hypothesized that: H_0 : the location area where migrant teenage girls lived had no effect on the experience of stigma on the streets of Accra, while the alternative hypothesis stated that: H_1 = the location area where migrant teenage girls lived had an effect on the experience of stigma on the streets of Accra. Results as shown in Table 5.8 indicate that there was no significant difference (Sig=.055) between migrant teenage girls and their colleagues drawn from the five location stigmatising each other. The same finding was made of religious leaders and the experience of stigma. The implication is that migrant teenage girls did not find their colleagues or religious leaders in any of the five location areas as stigmatising them. However, there was a significant difference (Sig=.000) between migrant teenage mothers in the five location areas experience of stigma with regard to health care personnel, shop owners and people on the streets with regard to stigmatisation. These findings indicate that migrant teenage mothers are treated differently by health care personnel, employers and the people on the street in their location areas where respondents were sampled.

Table 5.8: One way Anova on migrant teenage girls experiences of stigma by Location

		Sum of Squares	Df	Mean Square	F	Sig.
Colleagues	Between Groups	2.296	4	.574	2.349	.055
	Within Groups	59.880	245	.244		
	Total	62.176	249			
Healthcare personnel	Between Groups	8.240	4	2.060	10.545	.000
	Within Groups	47.860	245	.195		
	Total	56.100	249			
Religious leaders	Between Groups	3.456	4	.864	3.328	.011
	Within Groups	63.600	245	.260		
	Total	67.056	249			
Shop Owners	Between Groups	7.824	4	1.956	10.926	.000
	Within Groups	43.860	245	.179		
	Total	51.684	249			
People on the street	Between Groups	6.264	4	1.566	15.189	.000
	Within Groups	25.260	245	.103		
	Total	31.524	249			

*significant at $p < .05$

5.3.8 Access to Social Support in the City

Table 5.9: Independent T' test analysis of respondent's access to social support

	Living with Partner	N	Mean	Std. Deviation	F	Sig.
Partner support	Yes	157	1.3758	.48588	5.696	.018
	No	92	1.6957	.46265		
Peer support	Yes	155	1.5226	.50111	25.265	.000
	No	91	1.6923	.46410		
Support from family members during child birth	Yes	147	1.1905	.39402	5.839	.016
	No	91	1.1319	.34022		
Institution that offers social services to teen mothers in Accra	Yes	157	1.9554	.23599	.344	.558
	No	93	1.9570	.25169		
Receipt of support from a Non-governmental Organisation	Yes	149	2.0268	.30638	.002	.968
	No	87	2.0230	.26312		

The study again set out to find whether migrant teenage mothers had access to social support while on the streets? In an attempt to ascertain whether there was a mean difference between respondents who lived with their partners and those who did not, the findings as presented in Table 5.9 show a statistically significant difference (Sig=.018) between access to

social support and living with partners. What this means is that respondents who lived with partners received more social support compared to those who did not live with partners.

Again, there was a statistically significant difference (Sig=.000) between those who lived with partners and those who did not. Migrant teenage girls who did not live with partners (1.69) were more likely to receive peer support than those who lived with partners (1.52).

Moreover, there was no difference between those who lived with partners (1.19) and those who did live with partners (1.13) in terms of receiving social support from family members during childbirth. The last two rows in Table 5.9 shows that there was no difference between migrant teenage girls who lived with partners (1.95 and 2.02) and those who did not live with partners (1.95 and 2.02) with regard to the receipt of social services from institutions that offer support to teenage girls as well as from Non-governmental Organisations in the city. The findings, therefore, show no statistical significance in the last two rows between the two categories of migrant teenage mothers in the capital city.

5.4 Coping Strategies of Migrant Teenage Girls in Accra

5.4.1 Childcare Arrangements

Table 5.10: A correlation matrix of migrant teenage mothers childcare arrangements in Accra

	Mean	SD	N	1	2	3	4	5	6
MS	.3520	.47855	250						
GATM	2.9720	1.18695	250	.152 .016*					
GAAM	2.8440	1.26890	250	.190 .003**	.181 .004**				
BYS	3.9360	1.04320	250	.094 .140	.177 .005**	.056 .377			
CMCA	4.5984	1.05080	249	-.117 .064	.048 .453	.003 .965	-.068 .288		
LCDC	1.9342	1.13718	243	.103 .109	-.006 .928	.109 .089	-.233** .000**	-.255** .000**	
LCVL	2.1458	1.32863	240	.242 .000**	-.083 .201	.321 .000**	-.206** .001**	-.040 .542	.382 .000**

Notes: ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). **Description:** Migration Status (MS, constant) Group arrangement where teenage mother take care of children for a few (GATM), Group arrangement where adult mother takes care of children for a few (GAAM), Brought younger siblings to support with child care (BYS), Carry my child along (CMCCA), Leave my child with day care centres (LCDC) and Leave child with a village relative (LCVL). **Scale:** 1=Not at all utilized 2=Not utilized 3=Sometimes 4=Utilised 5= Very much utilized

To answer the research question on coping strategies migrant teenage mothers adopt to survive on the streets of Accra, there is the need to examine what coping strategies migrant teenage mothers utilised in the capital city. Table 5.10 illustrates the coping strategies in relation to childcare arrangements. Subsequent Tables highlight different sub-themes.

Results as shown on Table 5.10 indicate that migrant mothers mostly carried their babies along (GMCA) as a strategy of child care. This scored a mean of 4.6 and a standard deviation value of 1.0 meaning that migrant teenage mothers very much utilised this coping strategy. It also emphasizes the similarity of views expressed as reflected in the standard deviation score. Second, bringing younger siblings to support (BYS) was the second most utilized child care coping strategy. This obtained a mean score of (\bar{X} =3.9) and a standard deviation value of 1.0. Some other child care coping strategies sometimes utilised included group arrangements where a colleague teenage mother took care of the children of other mothers for a fee (GATM, \bar{X} =2.9) or other times group arrangements where adult mothers cared for children of migrant teenage mothers for a fee (GAAM, \bar{X} =2.8). Leaving children in day care centres (LCDC) or relatives in the city (LCCVL) obtained mean scores of 1.9 and 2.1 respectively. What this means is that they were coping strategies not utilised by migrant teenage girls mothers.

Bivariate correlations using Pearson Correlation coefficients were computed to examine the possible correlations among the construct of child care arrangements migrant teenage mothers in the capital city adopted. As shown in Table 5.10, migration status has a significant correlation between GATM ($r=.152$, $p<.016$), GAAM ($r=.190$, $p<.003$), LCCVL ($r=.242$, $p<.000$) BYS ($r=.177$, $p<.005$). On the other hand, no significant correlations are found between migration status and CMCA ($p= -.177$, $p<.064$) and LCDC ($r=.103$, $p<.109$).

5.4.2 Feeding Strategies

Kwankye et al. (2009) found that child migrants constitute the urban poor who do not only live in a cash economy but literally buy everything for their livelihood. Against this background, this study set out to examine the coping strategies migrant teenage mothers adopted to survive in the city in respect of eating arrangements. The results as shown on Table 5.11 indicate that the majority of respondents very much coping strategy of buying food to feed which on the scale obtained a mean score of 4.7 and a standard deviation of 0.68. The low standard deviation score reflects the similarity of views expressed as the deviation from the mean is very small. Migrant teenage girls with children also teamed up with friends on Sundays to prepare food (Mean=3.6 and SD=1.2) while migrant teenage girls cooking own food obtained a mean score of 2.45 and standard deviation value of 1.4. The high standard deviation explains the diversity of views expressed by respondents. The study further found that migrant teenage girls did not at all utilise for going meals (mean=3.7 and SD=1.2) as eating arrangement strategy of coping in the city. Further, migrant girls did not utilise calling on relatives in the city for food (mean=2.2, SD=1.3) nor being fed by employers in the case of those who worked for store owners as coping strategies in respect of eating arrangements.

Again, bivariate correlations using Pearson Correlation coefficients were computed to examine the possible correlations among the constructs of eating arrangements migrant teenage girls with children in the capital city adopted. Table 5.11 shows that migration status of respondents had significant correlations with COF ($r=.243$, $p<.000$) BOF ($r=-.177$, $r=.005$) COR ($r=.226$, $p<.000$). The results also show no significant correlations FM ($r=.076$, $p<.238$) TUF ($r=-.027$, $p<.671$), FBE ($r=-.077$, $p<.232$).

Table 5.11: Mean, Standard Deviation and Correlations of Migrant Teenage Mothers by feeding Strategies

Constructs	Mean	SD	N	1	2	3	4	5	6
MS	.3520	.47855	250						
COF	2.4520	1.35612	250	.243					
BOF	4.7440	.68728	250	.000**	-.177				
FM	.37254	1.17694	244	.005**	.000**	-.092			
TUF	3.5880	1.16261	250	-.076	-.092	.020			
COR	2.2449	1.31403	245	.238	.150	.753	.091		
FBE	1.8299	1.09549	241	-.027	-.004	.119	.159	-.120	
				.671	.954	.061	.270	.060	
				.000**	.000**	.001**	.270	.060	
				-.077	.454	-.123	-.071	-.126	.240
				.232	.000**	.056	.012*	.051	.000**

Notes: ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). **Description:** Migration Status (MS, constant), cooked own food (COF), buy own Food (BOF), forgo meals (FM), team up with colleagues to prepare meals (TUF) call on relatives in the city for food (COR), fed by employers (FBE). **Scale:** 1=Not at all utilised 2=Not utilised 3=Sometimes 4=Utilised 5 Very much utilized

5.4.3 Sleeping Arrangements

Table 5.12 displays the marital status of respondents by sleeping arrangements adopted by migrant teenage mothers as a coping strategy to survive on the streets of Accra. The table shows that of the 250 respondents (total N=250) respondents in the study, 162 are married while 88 are not married. Table 5.12 shows married migrant mothers obtained the highest mean score (\bar{X} =3.53) compared to those not married (\bar{X} =3.37) with respect to sleeping in groups with friends from the same village. The results as shown on the Table indicates that the F ratio is 4.216 and is found to be statistically significant as the p value (two-tailed) .041 which is smaller than the alpha of .05. What this means is that married migrant mothers adopted this coping strategy of sleeping together in groups as a means of more protection compared to those not married.

Results from Table 5.12 again show that respondents who wore tight short jeans trousers to sleep as a coping strategy is statistically significant (F= 5.579, p<.019). Unmarried migrant mothers obtained a mean score (\bar{X} =3.77) compared to the married (\bar{X} =3.46). The

implication is that unmarried migrant mothers adopted this coping strategy more compared to the married.

Another coping strategy utilized by migrant teenage mothers as shown on Table 5.12 is the picking of boyfriends as a means of securing sleeping places. The results indicate that unmarried migrant mothers ($\bar{X}=3.51$) are more likely to adopt this strategy compared to the married ($\bar{X}=3.25$). With the F ratio of 4.394 it was found to be statistically significant as reflected in the p value of .037, which is smaller than the alpha level of .05

Moreover, keeping sharp objects as a protective sleeping arrangement mechanism was not found to be statistically significant ($F=.034$, $p<.855$). What this means is that there is no association between married and unmarried migrant mothers with respect to keeping sharp objects. This is seen in the mean scores for married ($\bar{X}=3.03$) as opposed to the unmarried ($\bar{X}=3.04$).

The last but not the least coping strategy utilized by migrant teenage mothers in respect of sleeping arrangement is renting a better room to sleep with child. The results as displayed indicates that neither married ($\bar{X}=2.84$) nor unmarried ($\bar{X}=2.97$) migrant teenage mothers utilized this coping strategy. With an F ratio of .123 and a p value of .726, is much higher than the alpha level of .05. This is found not to be statistically significant. What this means is that there is no significant difference in the means of married and unmarried in respect of utilizing this coping strategy.

Table 5.12: Independent T'test analysis on sleeping arrangements by marital status

	Marital status	N	Mean	SD	F	Sig.
Sleeping in groups with friends from my village with the aim of protecting each other	Married	162	3.5333	1.20167	4.216	.041*
	Not married	88	3.3671	1.42372		
Wear tight short jeans trousers to sleep	Married	162	3.4620	1.45697	5.579	.019*
	Not married	88	3.7778	1.17825		
Renting a better room to sleep with my child	Married	162	2.8491	1.44164	.123	.726
	Not married	88	2.9775	1.44582		
keeping sharp objects as a protective mechanism	Married	162	3.0377	1.45344	.034	.855
	Not married	88	3.0449	1.34764		
Picking up a boyfriend as a means of getting a place to sleep	Married	162	3.2563	1.31869	4.394	.037*
	Not married	88	3.5169	1.18813		

5.4.4 Coping strategies and health seeking behaviour

A principal components analysis with varimax rotation was used to validate the data reduction approach. During the phase one of the study, a number of factors were identified as influencing the health seeking behaviour of migrant teenage mothers on the streets of Accra. The quantitative phase of the study sought to solicit the views of such migrant on a five point scale. The correlation matrix sets of statements are related to the coping strategies of migrant teenage mothers in terms of health seeking behaviour on the streets of Accra. All eight statements obtained a Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy value of .697 meets the minimum level value of 0.6. Thus, this indicates that it is appropriate to conduct a factor analysis and the associated significant (.000). Bartlett's Test of Sphericity also indicates that there is a moderate level of relationship between the variables. The four factors explain 70.0 percent of the total cumulated variance.

The results show that the table is split into four component factors. The first factor explains teenage girls with children refrained from self-medication and or migrant teenage girl's not seeking medical care. About 74.0 and 78.0 percent of the variance in self-medication and not seeking medical care has been accounted for. The second and third factors

describe the forms of treatment respondent's go for while the fourth factor examines access to health care by the respondents. The results show that accessing health from pharmacies and chemical shops was the main coping strategy that influenced respondent's health seeking behaviour. This factor obtained the highest (26.3%) percent of variance contribution by each factor in the model, which is followed by respondent's seeking treatment from hospitals, clinics and health post (18%). Seeking advice from colleagues, herbal treatment as well as self-medication are all significant factors that help to explain the health seeking behaviour of migrant teenage mothers.

Table 5.13: Factor Analysis on the coping strategies migrant teenage girls adopted to access healthcare in the city

Statements	Component				Communalities	Total	Eigenvalues	
	Factor 1	Factor 2	Factor 3	Factor 4			% of Variance	Cumulative %
Access health care from pharmacies and chemical shops	-.155	.354	.413	.580	.656	2.106	26.328	26.328
Seek treatment from hospitals, clinics and health posts	-.048	.677	.233	-.006	.515	1.437	17.960	44.288
Seek advice from my colleagues on what medicine to buy	.093	-.233	-.242	.804	.768	1.084	13.550	57.838
Seeking herbal treatment	.033	.077	.841	-.090	.722	1.005	12.566	70.404
Self-medication	.672	-.390	.365	-.009	.738	.857	10.713	81.117
Resorting to oracles, soothsayers, and divine healers	.402	.720	-.168	-.129	.725	.691	8.639	89.756
Not seeking medicalcare	.836	.255	.009	-.123	.778	.480	6.003	95.759
Never Fallen sick since migration	.835	.058	-.114	.123	.730	.339	4.241	100.000

5.5 Resilience among Migrant Teenage Girls

5.5.1 Factors influencing resilience among Migrant Teenage Girls in Accra

The study set out to identify the set of factors that influence resilience among the migrant teenage mothers in Accra. The principal component analysis with Varimax Kaiser Normalisation rotation was performed to examine the various variables under study. The advantage of this technique is that it explores the interrelationships among a set of variables caused by common factors. A Kaiser-Meyer-Olkin Measure of Sampling Adequacy of .742 was obtained which indicates that a strong connection exists between the factors to conduct a factor analysis with the Bartlett's Test of Sphericity being significant (.000). Two factors (socio-economic backgrounds of my family and a strong goal orientation to succeed) had commonalities less than 0.05.

The results as presented in Table 5.14 below, indicates the statements are split into four factors which explain 61% of the total variance. The first factor describes the strong desire, hope, motivation and determination of migrant teenage girls to succeed in the city of Accra, thus, accounting for their resilience against all the odds in the capital city. The second factor highlights the resilient factors exhibited by migrant teenage girls on the streets of Accra to include problem solving skills, being insightful and intelligent as well as not being impulsive. The third factor of resilience explains the socio-economic backgrounds of migrant teenage girls serving as a strong goal orientation of these factors that motivate them to succeed in life while the fourth factor demonstrates the social network system among migrant girls through the development of mentors, who they consult when taking important decisions but at the same time, being responsible for their decisions.

Further, the analysis shows that the first factor, desire of migrant teenage girls to make it accounted for 29% of the variance; the second, that is, the pledge not to return to the north empty handed (14.%); and the third, linking up with colleagues from the same village

accounted for 10.0 %. All the remaining factors are not quite significant as the percent of variance attributable to each of them was less than ten percent.

Table 5.14: Factor Analysis on the factors influencing resilience among migrant teenage girls in Accra

Statements	Component				Communality	Eigenvalues		
	Factor 1	Factor 2	Factor 3	Factor 4		Total	% of Variance	Cumulative %
Desire to make it in life	.824	.046	.099	-.082	.697	3.754	28.878	28.878
Pledged myself not to return to my hometown empty	.718	-.043	.182	.199	.590	1.800	13.846	42.724
Linking up with colleagues from my home village for support	-.006	-.101	.076	.702	.509	1.337	10.288	53.012
Physical strength	.169	.410	-.419	.443	.569	1.061	8.159	61.170
Motivation to work hard	.776	.226	-.154	-.062	.680	.940	7.233	68.403
Hope for the future	.726	.186	-.147	-.052	.586	.921	7.083	75.486
Socio-economic backgrounds of my family	.050	.119	.559	.359	.458	.773	5.950	81.436
Problem-solving ability	.160	.811	.099	.025	.694	.591	4.543	85.979
Planfulness as opposed to impulsivity	.012	.855	.085	-.049	.741	.467	3.589	89.568
A strong goal orientation motivated to succeed	-.017	.119	.646	-.111	.444	.437	3.358	92.926
Insightful: being introspective, and intelligent	.249	.699	.185	-.349	.707	.356	2.739	95.665
Determined to stand up for myself	.263	.421	.402	-.580	.745	.346	2.664	98.329
I have a mentor who I go to for support and guidance when taking important decisions	.546	.161	.438	-.129	.533	.217	1.671	100.000

Table 5.15: Summary description of independent variables

Variable	Description
Age	This variable was asked as a continuous variable but was later coded into three categories as a nominal variable. It was again recoded as a dummy variable with 0=16 years and below and 1=above 16 years. This is against the backdrop that in Ghana, the legal age of consent to sexual intercourse is 16 years
Marital status	Marital status was initially asked as categorical variable which found three categories married, not married and cohabitation. It was subsequently recoded as a dummy variable 1=married and 0=not married
Age of child	The age of children of teenage mothers was asked. It was initially asked a continuous variable and subsequently recoded as a dummy variable 0=1 year or less 1=more than one year old.
Migration status	The objective was to find out whether the migration status contributed to resilience of teenage mothers on the streets. This variable was asked as a categorical variable and was quoted as a dummy variable with 0=seasonal migrant and 1=non seasonal migrant
Duration of stay in the city	The objective was to find out whether the length of stay of a migrant teenage mother in the city influenced the resilience of respondents. It was coded as a dummy variable 0= one year or less while 1=more than one year
Education	This proposed to find out whether receipt or non receipt of formal education influenced resilience among migrant teenage mothers. It was recoded as a dummy variable for the purposes of regression analysis 0=not received formal education 1=received formal education
Living with partner	This variable was recoded as a dummy variable with 0=Living with partner 1=Not living with partner
Partner support	The objective was to find out whether the receipt or non receipt of partner support influenced resilience among migrant teenage mothers. 0 was coded as no and 1=yes
Peer support	Similarly, the study sought to find out whether having access to peer support or non peer support influenced resilience. 0= no, 1=yes
Social support	Social support comes from variety of sources, family, friends, government and non-governmental organisations. The objective was to find out whether having access or non access influenced resilience
Accommodation	This variable was coded as 0=no accommodation in the city, 1=have access to accommodation in the city
Jobs in the city	This variable was coded as 0=No job in the city and 1=Have job in the city

5.5.2 Factors determining resilience among migrant teenage mothers

Table 5.16: Regression analysis on the determinants of resilience among migrant teenage girls in Accra

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B		(beta)		
Constant	-9.261	2.381		-3.889	.000
Age	-1.331	.407	-.190	-3.268	.001**
Marital status	-4.438	2.348	-.773	-1.890	.060
Age of child	.810	.370	.134	2.189	.030*
Migration status	-4.288	2.360	-.744	-1.817	.071
Duration of stay in the city	.052	.451	.008	.115	.908
Education	-.168	.326	-.030	-.514	.608
Living with partner	-.970	.403	-.170	-2.407	.017**
Partner support	.963	.337	.176	2.856	.005**
Peer support	-1.240	.333	-.224	-3.723	.000**
Social support	.022	.396	.003	.056	.955
Accommodation	-1.311	.376	-.235	-3.492	.001**
Jobs in the city	-1.930	.400	-.338	-4.821	.000**
N	250				
R²	.338				
Adjusted R	.302				
F=	9.353				
Sig.	.000				

****Significant at p<0.05**

a Dependent Variable: Resilience mechanism

This study set out to identify the set of factors that influence resilience among the respondents. A stepwise multiple regression analysis was conducted to estimate a regression model that best predicts level of resilience among migrant teenage mothers on the streets of Accra. Before conducting the analysis, normality of distribution, linear relationship between resilience and factors, normality of residuals, multicollinearity were checked. Variables which had very low correlations were removed.

The multivariate model uses variables as espoused in resilience theory and the literature to explain why some youth who experience adversity are able to thrive in the face of risk but, it is not an attempt to test these theories. Three related models; compensatory, protective, and

inoculation factors initially described by Garmezy, Masten, and Tellegen (1984) and elaborated by Zimmerman and Arunkumar (1994) provide different ways of understanding resilience. Some researchers (Carey, Ratliff, & Lyle, 1998; Klaw, Rhodes, & Fitzgerald, 2003) investigated promotive factors among adolescent mothers and found that the presence of a strong supportive relationship contributed significantly to resilience among African American adolescent mothers.

The results of the stepwise regression analysis revealed that seven of the twelve identified factors emerged as significant predictors of resilience ($F=9.353$, $p<.000$). With a beta of $-.338$ ($p<.000$), jobs in the city emerged as the strongest predictor of resilience accounting for 34 percent of the variance of resilience among migrant teenage mothers on the streets of Accra. Hence, the assurance of migrant teenage mothers getting jobs in the city of Accra is enough reason to strive against all the odds, they struggle to make a living.

The second strongest factor is accommodation with a beta of $-.235$ ($p<.001$), accounting for about 24 % of the variance in resilience. This indicates a negative partial correlation between accommodation and resilience. What this means is that, access to accommodation influences higher levels of resilience among migrant teenage girls. Again, the third strongest factor that influences resilience among migrant teenage mothers was peer support with a beta value of $-.224$ ($p<.000$). Peer support accounts for about 22% of the variance in resilience as the dependent measure. It further means that those with accommodation tend to be more resilient than those without accommodation as the correlation is significant.

The fourth factor that influences resilience among migrant teenage girls was age. Table 5.16 shows the partial correlation ($\beta=-.190$). This finding shows a negative partial correlation between resilience and age. Those above 16 years are more likely to be resilient than those below 16 years. This correlation is significant ($t=-3.268$, $\text{Sig}=.001$). In addition, the fifth predictor of resilience among migrant teenage mothers in Accra was partner support.

Partner support obtained a beta value of .176 and significant level of .005 thus, accounting for about 18 percent of the variance in the level of resilience as exhibited by migrant teenage girls with children on the streets of Accra. The implication is that of the migrant teenage girls who receive partner support, are more likely to be resilient than those without partner support.

Again, living with a partner in the capital city emerged as a predictor of resilience among migrant teenage girls (beta=.176, $p<.017$). The findings thus show that those living with partners are more likely to be resilient compared to those without partners. Lastly, the age of the child of the teenage girl is also a predictor of resilience. With a beta value of .134 with a significance level of .030 indicates that only 13 % of the variance in resilience is accounted for. The implication of the finding is that as the age of children of migrant teenage girls rise, the more likely their mothers will become resilient in the face of adversity in the city compared to those whose children are one year old or less. The remaining factors marital status, migration status, duration of stay in the city, education and social support were not statistically significant on the resilience of migrant teenage mother's ability to strive against the odds in the city. The literature (Awumbila & Schandorft, 2008, GDHS, 2008; Awusabo-Asare et al. 2004) supported by the findings of this study suggest that the majority of migrant teenage girls never had formal education or the highest many of them received of formal education was the primary level. Common sense and empirical research suggest that those who receive primary education are no better or different from those without education. It therefore, stands to reason why education is not a determinant of resilience. Again, whether the individual migrant teenage mother is a seasonal migrant, non seasonal migrant, and or second generation migrant teenage mother, the conditions they face are pretty the same, and therefore the non significance is consistent with the earlier findings of this study. Resilience theory talks about the availability of social support influencing resilience among at risk populations including migrant teenage girls in urban settings. However, against the backdrop

that migrant teenage girls were not exposed to any form of social support from family, friends, government and non-governmental organisations, social status in this circumstance was less likely to be an influencing factor on resilience. These results indicate that factors that influence resilience among migrant teenage girls from northern Ghana in the capital city is a function of job availability, accommodation, peer support and the age of the respective migrant teenage mother. Overall the model as shown in Table 5.16 explains about 30.2 % of all variance in the resilience of migrant teenage mothers (adjusted $R^2=.302$).

Conclusion

This section presented the quantitative analysis undertaken in this study. It employed descriptive and inferential statistics to analyse the quantitative phase of the data. It basically utilised percentages, averages and standard deviation to numerically describe the lived-experiences of migrant teenage girls on the street. The second and third research questions which looked at the coping strategies and factors that influence resilience, employed bivariate correlation analysis of Pearson Correlation, Mann Whitney U Mean Ranks, Factor Analysis and Multiple Regression Analysis.

CHAPTER SIX: RESULTS OF QUALITATIVE DATA

Introduction

As stated in the preceding chapter, the study employed a mixed methods design, specifically, the sequential exploratory strategy (Creswell, 2009). The aim was document the lived-experiences of migrant teenage mothers in Accra, their coping strategies and the factors that influence resilience among them on the streets. The qualitative interviews, as explained earlier were semi-structured. Additionally, the qualitative interviews and focus group discussions were used as a precursor to the quantitative data (Creswell, 2003; 2005 and 2009). This is consistent with the Exploratory Sequential Strategy (Creswell 2009), employed in the study.

In analyzing the one-on-one interview and focus group data, an interim analysis was performed in the field by memoing. Memoing, according to Groenewald (2008: 5), “is the act of recording reflective notes about what the researcher (fieldworker, data coder, and/or analyst) is learning from the data.” They are notes by the researcher about what was learnt from the data collection (Groenewald, 2008). Second, the general sense of the data was explored by listening to the voices on the tapes several times. Third, the data were transcribed with the support of Express Scribe software. This Software aided transcription as it allowed smooth listening and the ability to play the tape slowly. In analyzing the data, pseudonyms are employed, to ensure confidentiality. Presentation of the results is organized around themes arising out of the objectives and research questions. For each objective, the major themes that emerged are described. The emerging themes from the one-on-one interviews and focus group discussions are presented in the following pattern: characteristics of the respondents, experience of keeping pregnancy to term, the experience of child birth, child care, and the coping strategies teenage mothers adopt; why teenage girls migrated to Accra,

and the factors that make them to live in Accra against all the odds. A description of the places migrant teenage girls lived is provided.

The findings on the lived experiences of migrant teenage girls are presented along the social network theory. Social networks among migrant mothers become important in not only reducing the risks involved but also offering social support for initial adjustment for teenage mothers and their children. Its construction around ethnic groupings, serves as the major means of surviving on the street of Accra. Social networks among migrant teenage girls, are particularly crucial in understanding the way they carved ethnic spaces, lived, worked and accumulated capital.

6.1 Locations primiparous migrant teenage mothers were sampled

Belsky (1984) argues that an unsupportive home environment would be expected, if the parents lack personal resources, if the child is difficult to care for, and if the family context is characterized by high levels of stress and few resources. Respondents for this study were recruited from five locations discussed earlier.

Upon a visit to these locations, one is welcomed by the sight of scores of teenage girls from northern Ghana with head pans carrying loads of goods on their heads while strapping their children on their backs and sweating profusely under the scorching sun. For example, in notable parts of the Central Business District of Accra, such as Tema-Station, Novotel, Tudu, Kantamanto, Rawlings Park, 'Abuja', Railway Station, Old Fadama, Ashaiman, Madina, Nima and Madina Market one is greeted with deafening noise from both private and public vehicles honking as they are stuck in traffic. Loud cacophony emerge from speakers mounted in front of shops, and from public address systems of pastors busily preaching the gospel and of vans engaged in the sale of herbal medicine. It is common to find these teenage girls meandering their way in through traffic with loads of goods and constanly shouting

“agooo⁷”, “agooo”, “agooo” (make way). Some others are found hawking on the streets and selling consumables including sachet water, toffees and candies, toilet roll, fruits, mobile phone cards, among other household items. Others work in restaurants as attendants, fetching water, washing and sometimes as cooks. The majority of them work from dawn to dusk.

In the locations, where respondents were recruited, one has to navigate the streets jumping over muddy puddles, heaps of refuse indiscriminately left on the streets, open gutters and other open spaces unattended to with the associated pungent smell emitting from the heaps of refuse. Filth is the hallmark of these studied communities. Children of migrant teenage girls, some only a few months old, crawl or walk about unattended to in open spaces and by the roads in places like Old Fadama, Ashaiman and Nima, as motor bikes meander through traffic. Some of the children of these migrant teenage girls pick all manner of objects into their mouths. During some of the interviews and focus groups some children were seen squatting and defecating watery stool in public spaces without any let or hindrance. In one of the interviews, in Ashaiman, “Nafisatu bemoans the environmental problems thus:

See, this is my room; this small space is where I sit to cook but just look at the refuse right here. When I cook, house flies come to settle on the prepared food. Will that not make our children sick? Is that not why our children are always sick? All these are reasons why the children here are always sick. There is too much filth over here; we are all responsible including me. Here you cannot tell anyone to do the right thing otherwise you will be inviting trouble for yourself.

In these locations, it is common to find food sellers sitting directly opposite refuse dump, or public toilet selling food. Issues bordering on safety and cleanliness are compromised. Another respondent explains:

Here the people always urinate anyhow. Any place they will get, they urinate and spit and when the person is drunk, he will be vomiting, spitting or urinating in the same place where your child will also go to play and pick things and put in his mouth.

⁷ Agooo in Ghanaian parlance simply means excuse me in the context of an individual trying to make way in a crowded place/space.

In places like Nima and Ashaiman, it is common to find, animals like goats and sheep wandering about freely on the streets leaving their droppings all over the place. A greater proportion of primiparous migrant teenage mothers are located in the slums. They sleep mainly in old dilapidated wooden structures (kioks) while a significant others sleep on the pavements in front of shops and lorry parks. In Old Fadama, Kantamanto, Odawnar, Ashaiman and other similar places, is a complete citadel of lawlessness and a safe haven for criminals. In “June 4”⁸, a popular area in Kantamanto, respondents easily pinpointed out zones where criminals operate and the methods they employ to outwit their unsuspecting victims. Waste management is non-existent in the studied communities. In fact, unlike other parts of Accra that have their waste managed by assemblies, areas mainly inhabited by migrants in Accra have no one managing their waste. The residents in those neighbourhoods are often left with no option than to empty their waste in open gutters, while others litter the place with waste products. Open defecation into open gutters is common as toilet facilities are absent. In Old Fadama (Sodom and Gomorah) and other nearby places, the Odaw River or Lagoon serves as a dump site for the indiscriminate disposal of waste.

In locations where respondents live, residents continuously have uneasy relationship with government and other land owners as they are regularly served with eviction notices because they are squatters. Thus, it is common to read the inscription “Remove by AMA” or “Remove by LaNMMA.” Residents in these locations lack basic services such as potable water, waste collection sites, schools and health facilities that are common many neighbourhoods. In the absence of local government’s assistance in these neighbourhoods, some public spirited individuals have formed a network with the sole objective of arranging

⁸ June 4 in Ghanaian parlance refers to the dreaded fourth military coup that was undertaken by young military personnel of the Provisional National Defence Council led by Jerry John Rawlings.

the provision of basic services that are non-existent in their communities. *Kaya boola*⁹ or *Azonto Boola*, are common waste collectors in these studied vicinities.

6.1.1. Characteristics of respondents for Qualitative Interviews

The characteristics of the respondents relate to their social backgrounds: their ages, where they live, kinds of work they are engaged in, their marital status, their level of education, their accommodation arrangements and religious affiliation. These characteristics, to a large extent, shape the personality of these migrant teenage mothers, and invariably influence their parenting in the city.

All together, forty individual respondents participated in the qualitative study: twenty in the in-depth interviews and twenty in the four focused group discussion sessions. Of respondents who participated in the in-depth interviews, seven of them were aged between 14 and 16 years, while another thirteen of them were between the ages of 17 and 19 years. This was because the study was restricted to migrant teenage girls from northern Ghana currently living in Accra and between the ages of 13 and 19 years.

Children of migrant teenage girls were aged between six and eighteen months old. Twelve of the respondents were Muslims, and six were Christians. Two of the respondents were followers of African Traditional Religion. Fourteen of the respondents dropped out of school at the primary or Junior High School level while six of them never attended school. Some of the reasons respondents gave for dropping out of school included excessive whipping at school by the teachers, and peers (school prefects) and the death of a parent or parents. Four respondents cited illiteracy of their parents as the main reason they never went to school. Thirteen of the participants hailed from the Northern Region, four from the Upper East Region while another three hailed from the Upper West Region. Eleven of the participants were married while nine of them were not.

⁹ Kaya Boola or Azonto Boola ride on tricycles called Motor King to collect waste for a negotiated fee. Some others carry a waste bin on their heads collecting waste for a fee.

Out of the nine participants who were not married, four of them did not know the fathers of their children. This was as a result of having more than one sex partner. These respondents gave several reasons for having multiple sexual partners. They revealed that they take multiple sex partners as a means of protection, to ward off other young men from continuously harassing them, in exchange for accommodation, to negotiate space from ‘abayee’¹⁰ or ‘controllers’ or ‘*kobolos*’¹¹ (way ward or bad boys who exert control in a specific area) in order to work. Respondents stated that those of them who were unmarried and or cohabiting mostly shouldered the responsibility of childcare. They explained that their sex partners either denied responsibility for the pregnancies or just did not care about the child.

Twelve of the respondents were seasonal migrants who come to Accra to work and return to the north while the non-seasonal migrants have stayed in Accra for a continuous period of not less than three years without returning to the north. None of the seasonal migrant teenage mothers lived with their husbands. They explained that they migrated to Accra after the child could sit on its own. Almost all of them are homeless: they sleep either in front of stores, or in open spaces in the lorry stations/parks. Except the four respondents from Ashaiman who live in Kiosk houses with their family/relatives, respondents from all the other location were homeless. The respondents from Ashaiman were second generation migrants. That is, their parents are from northern Ghana and came to Accra as economic migrants. These girls were either born in Ashaiman or raised there.

Typically migrant teenage girls in Accra, except those from Ashaiman, can easily be identified mainly through the tribal marks they wear, and use of head scarves that partially cover their untidy hair. They often wear bathroom sleepers with and have cracked feet. Due to the fact they often perspire profusely following the loads of goods they either carry or to they

¹⁰ Abayee means the city guards employed by the District, Municipality or Metropolitan Assembly

¹¹ Kubolos in Ghanaian local parlance means bad boys

hawking they engage in on the streets, they typically have strong body odour. Children of the migrant teen mothers are often strapped on their backs, looking pale and somewhat malnourished. Almost all the mothers complain about regularly having to contend with their children falling ill, particularly from malaria. Some suffer from severe rashes that often become sores, thus, attracting houseflies to their bodies. Respondents intimated that they could do little about the insanitary conditions they find themselves in. Migrant teenage mothers and their other colleagues are not much bothered about personal hygiene, especially, in their effort to earn a living for themselves and their children. Their lack of attention for personal hygiene can also be attributed to the scarcity of water, bathrooms and sleeping places amidst the menial and odd jobs they engage in, as well as the demands of survival for these girls and their children, all of which leave them with little time for the neat appearance that is typical of a young Ghanaian girl in a city, such as Accra.

6.1.2 Results of In-Depth Interviews

The primary instrument used in the qualitative part of this study was semi-structured interview guide. Semi-structured interview is a loose structure, consisting of open-ended questions that allow participants to define the world or their experiences in unique ways. This type of interview allows the researcher to respond to the situation at hand.

6.1.2.1 Lived-Experiences of Migrant Teenage Mothers

This study is therefore about the lived experience of migrant teenage mothers on the streets of Accra. The context within which the findings are presented here include those issues within which this study falls. This includes how the respondents kept their pregnancy to term, their experience of child birth, child care, on the streets of Accra.

With regard to pregnancy, Tengama, a 17 year teenage girl from the northern region in Agbogbloshie with a nine month old child had this to say:

“I got to know that I was pregnant when I started feeling nausea and eventually started vomiting. My friends told me I was pregnant. They asked me whether I had unsafe sex in the last

one month. Initially, I denied but I continuously vomited. I went with my colleagues to work one day and when I was about to carry someone's goods. I started vomiting. It was a real new experience for me. For the first three months, it was difficult for me, I just could not do any meaningful work. I couldn't withstand any strong smell around me. It was terrible. I could not eat properly, but after the first three to four months, normal life returned to me. I started to work and made some money I eventually gave birth with the help of a birth attendant here in Agbogbloshie. This lady has been assisting many other girls who cannot go to hospital or go home to give birth."

Logre, an eighteen year old Mamprusi teenage mother in Old Fadama (otherwise called *Sodom and Gomorah*) with a twelve month baby narrates how she discovered her pregnancy.

"My brother! (Referring to the researcher and with her face fixed on ground). I was bathing on a Sunday when one of my friends also walked into the bathroom and as soon as she saw my breast she exclaimed; Heey Sharifa, E mo-la poree¹², literally meaning you are pregnant. I immediately abused her. She called another peer to come and examine my breast and she also concluded that I was pregnant. I quarrelled with both of them for suggesting that I was pregnant. But, deep inside me I was worried. So, I went to the guy here in Old Fadama to tell him what my friends said I was pregnant but he said it was not true. After some months, my feet started swelling and my breast started growing bigger and stiffer. Subsequently, my stomach started to protrude. I could no longer hide the pregnancy. The guy informed his family in Walewale and I went home for them to do the marriage. I gave birth and when my child started to sit I returned to Accra."

6.1.2.2 Experiences during Childbirth

During the in-depth interviews, respondents revealed that the nine month period of pregnancy and the first six months to one year after child birth constituted the severest traumatic life experience for them. One of the participants said:

"When I first gave birth, I did not know what to do. The child cried a lot, especially at night. I was so helpless and confused. The place where we slept is at the edge of the big gutter, so mosquitoes worried us a lot at night. I did not have any nice clothing to put on him or even change the child's clothes when he urinated or passed faeces. Things were really difficult for me. There were times I quarrelled with some of my colleagues because of the child. I decided to go back to Nima to the woman who delivered my baby. The woman taught me how to hold the baby, how to position and breast feed and what to do to put the child to sleep. She gave me some herbs to always boil for the baby to avoid sickness. In the first year it was really difficult.

¹² E mo la poree in Mampruli simply means are you pregnant?

I could not work much to make money because of the baby. Things were really difficult but my friends who had birth before, kept telling me it was the same with them and that I would survive. In all of this suffering none of the men I slept with came to my aid.”

Adompoka a nineteen year old girl added her story:

“I delivered the child here in Accra by myself. I had a cloth in front of me and I delivered myself. I bled but after the placenta came out the bleeding stopped. I asked my friends to buy me hot water before an elderly woman came and continued with the rest. In fact, back home in the north, there is a Traditional Birth Attendant [TBA] in our house, and I used to see how people give birth by themselves and so I encouraged myself that I could give birth myself. I was not even bothered when everybody was telling me to go to hospital.”

6.1.2.3 The experience of mothering on the streets of Accra

The researcher set out to understand what it means to be a mother on the streets. In other words, did the migrant teenage mothers find a difference in their lives from colleagues who had no children? The migrant mothers observed that becoming a mother, in many ways taught lend them to different kinds of experiences. Assibi, revealed:

“Being a teenage mother inhibits my movement. I can’t put my son away and go to places of interest. Before, I had a lot of freedom, but now I am no longer a candidate for any man. Before, many men will be seeking my attention, buying me gifts and even giving me money. I was much happier then than now. I am now all by myself. Freedom to run errands and make money has diminished. My child is now more or less a hindrance. Because I got pregnant, I had to get married immediately as my family does not accept bastard children. The marriage has given me traditional restrictions. I don’t fear breast feeding even though he sucks a lot. This boy!! He is a real man! If he is not satisfied, he cries a lot and the father is not here to see how he worries me at night or when I’m working. When I was coming here to find work, my mother made me to understand that children are gifts from God and that I will be blessed if I take good care of my child. You know, back at our place [pointing to the location of northern Ghana], you are respected when you have a child and now I have come to accept my situation as a teenage mother. It is just that it is not an easy experience. If you wake up, you have to look for water to bath him and yourself. Food the same, If he is not sleeping, no sleep for me. If he is not well, it means I’m also not well. He will urinate, go to toilet. I have to keep checking and cleaning. You see it not easy. My other friends without children do not think about any person except themselves.”

Nogrema, another migrant teenage girl at Kaneshie shares her experience that:

“Those of us with children don’t compete favourably with our peers without children. We compete for work and the people who come to shop want those without children over those of us with children. I don’t have freedom like first. Those without children freely go to the beach on Sundays, and other places of interest, but I cannot do that. When they go to nice, nice places and come back, they will be talking, talking, talking like that. You see [she points to other colleagues] they use their money to buy phones, playing music and dancing Azonto. Me I use my money to buy zinc tablets, and pampers. Here if you don’t buy pampers and you are carrying your child on your back, he can just ease or urinate on your back. Girls who do not put pampers on their children suffer embarrassment. In Accra, people do not like that at all. You will find some people insult you, kayayei ni, pepe ni, nta fuo¹³.”

6.1.2.4 Experiences of Migrant Teenage Mothers on Childcare

Study participants had clear ideas about what it means to be a parent and recounted some of their experiences. Abura, a 16 year old girl with a six month old child at summarized her experiences this way:

“Hymmmm, eehh, [Abura pauses for a while, shakes her head, wipes her face] having to buy pampers for the child and dealing with the child crying at night is always difficult. There are days that I will go and get a lot of oranges but the child will be crying so much that attending to her when she is crying has not been easy at all. The boy who made me pregnant is so lucky he is not presently here if not what I will do to him he will regret impregnating another girl. My brothers planned to beat him if he dares returns to Ashaiman and I approve it. Now, he has put me into suffering, all the nice things he used to tell me I realize are not true. Because my child cries a lot, I sometimes leave her with my mother before going to buy oranges. When the orange season passes, I concentrate on selling pure water. Because I’m selling little things, I’m able to buy her pampers and some broni-wawu.¹⁴”

Maame, a seventeen a year old girl at Mallam Atta Market had her nine month baby boy strapped at the back. The child has sore skin due to rashes. The mother gave an account of her experiences of in the city:

¹³ Kayayei ni pepe ni and nta fuo are derogatory descriptions of people from the north Ghana to mean carriers of load, people often seen walking together like twins

¹⁴ Broni-wawu in Ghanaian parlance means second hand clothes or used clothing

“My child cries excessively at night. In Accra here, there is no one to help you. Waking up to attend to her is just annoying. I become hopeless anytime her temperature is high and I regret giving birth. You see the houseflies following him? They eat his sores making him to keep crying. I always buy him koko when I’m working so that he will keep quite. He also sucks breast too much at night. He will suck like 5 times before day breaks and when he is sucking, he is not just sucking for about 5 minutes but about 20 to 30 minutes. My nipples sometimes hurt me because of the sucking. When he wants to suck and I am sleeping, he will cry and cry and cry until my peers wake me up. They will be teasing me that I like sleeping, but they forget that we walk a lot during the day. Sometimes, my son will bite me with his teeth when sucking. Then, I will beat him and that is when he will start to cry. He likes biting me a lot.”

6.1.2.5 Risks in the City

The in-depth interviews conducted with migrant girls showed that the risks they faced were socio-economic in nature. Risks identified as socio-economic revolved around the living and working conditions of migrant girls in the city. These were reported to include unacceptable sleeping places at night, low payment for the services the fear of being knocked down by moving vehicles, getting burnt by boiling water, disrespectful treatment and insults from the larger public.

In highlighting the risks associated with living on the streets of the city, an interviewee at Agboghloshie complained that “every now and then, our things get burnt over here. I can’t really explain why fire keeps breaking out over here. Some think that over here a lot of bad things go around and God is punishing us.” Another respondent added that “people here are just careless and negligent. People light candles and leave them unattended to, causing fire outbreaks.” The respondents cited the use of gas cylinders and other inflammable substances without due regard for safety. One other risk migrant teenage mothers are exposed to while in the city are open drains and the possibility of being knocked down by fast moving vehicles getting knocked down by fast moving vehicles.

Overcrowding remains another risk teenage girls face living on the streets of Accra. As an interviewee at Old Fadama stated, “Sometimes, we are over 15 or 20 people in a kiosk.

When one person gets a disease like chicken pox, it easily spreads to all of us especially our children who suffer the most of these diseases.” Many migrant teenage mothers testified being at risk of having heavy load falling off their heads and getting damaged. In such circumstances, some people hold them responsible and ask them to pay while some customers do not like to patronise the services of teenage mothers because they fear the load could fall off on their children strapped to their backs.

6.1.2.6 Other Vulnerabilities

Teenage girls living on the street are exposed to various hazards and this makes them and their children very vulnerable. Below are accounts of vulnerabilities the teenage mothers are exposed to living with their children. Dongmah, a 17 year old at Ashaiman recounted her experience thus:

“The first time I conceived, I was just 17 years, and I did not know much about having babies, and nobody told me what to do. I had difficulty dealing with the temperament of my child. I often hit her for crying so much, especially at night. Anytime the baby sucks a lot at night, I develop headache and wake up feeling exhausted the next day. Because of mosquitoes, my child has been falling sick of malaria, skin rashes and sometimes diarrhoea.”

Zuuremah, a 16 year old at the Central Business District stated:

“There are times when after carrying goods, and you are expecting to be paid 5 cedis or even more, the person gives you 50 pesewas. When you refuse, you are insulted and asked whether you know how people come by money. You know, with kayayei work, we only get paid at the destination point, so cheating by customers is a routine pain we grapple with. In some instances, we are unpaid. As a kayayei, your prayer is that you meet someone who has the fear of God; otherwise you just work for free.”

In Madina, Zong, a nineteen year old stated that:

“The mosquitoes disturb us a lot. My child fears mosquitoes. See the skin of my daughter [She shows the skin rashes the child has developed]. How to buy protective clothing for myself and the child to sleep at night is not easy. My biggest worry is that I have dependants; my mother has other children younger than me who all depend on what I will send to them to help with their school. I am contemplating bringing my younger sister to come and help me here to take care of the child while I work.”

At '441' in Nima, Kologmah an eighteen year old had this to share:

“Anytime there is rainfall, we become helpless and live at the mercy of thieves. Once there was a heavy down pour and my child was feeling cold. I took my phone to call some friends to find out if they had secured a better sleeping place. This confident trickster pretended to help me and my daughter. He cleverly took my phone from me and just vanished. I rained curses on him and I still believe that God will punish him.”

6.1.2.7 Opportunities available to Migrant Teenage Mothers

Notwithstanding the risks and vulnerabilities migrant teenage mothers are exposed to on the streets of Accra, there are several opportunities that make them to continuously stay in the city. The major desire commonly mentioned by respondents is the ability to earn income and save through 'susu'. In addition, there is opportunity to remit relatives back home. In a few instances, some mentioned accessing healthcare during antenatal services and receive and they receive education for nurses on how to keep themselves and the unborn baby safe.

Kambonpoka, an 18 year old migrant mother from Walewale explained that:

“Here we do “Adasiah” – (group susu). We contribute money regularly for one person at a time. Some also do susu card. With the susu card, someone comes around every day to collect money from us and when you are going home you send your card for him to calculate the total amount contributed by you. Some of us also keep our own money. Me I don't like susu card, because the people are cheats. I prefer “Adasiah”.

6.2 Coping Strategies of Migrant Teenage Girls

6.2.1 Health seeking behaviour

Studying the health-seeking behaviours of a group of people is a means for understanding how people utilise available health care facilities. The factors that determine how a group of people utilize healthcare differ. This study sought to understand how migrant teenage mothers accessed health care while living on the street with their children. When respondents were asked, where they go to first when they are sick, a respondent at the Central Business District disclosed:

“I go to the drugstore first when I fall sick. The drugstores are many at Agboghloshie, Kokomba market, where I live and also here in Makola area, where I come to work. I don’t like to go to hospital because it takes a long time to be seen at the hospital. Sometimes when the nurses and other health professionals see us [kayayee], they treat us badly. We kayayei and people from north, working here in Accra do not like going to the clinic when we are sick. This is because of the stigma surrounding us some [some refers to us as slum dwellers]. When you go to the clinic or hospital, they often ask you, where do you live? And when you mention Agboghloshie, Konkomba Market, at Old Fadama...you will see the nurses frowning and saying things to make you unhappy. This discourages me from disclosing where I live even if I have to go to the clinic.”

Another respondent in Madina confronted with the issue of how she accessed health care said:

“Hmmm, after carrying and walking up and down, you are bound to have body pains. What I do is to go to the drugstore and tell the person selling that my body is paining me. He will ask me what I did during the day then I will tell him I am kayei. The person there will give me pain killers and tell me how to take it.”

At Kaneshie, opposite the Takoradi Station, as I interviewed a teenage mother, down the street, groups of children played while their mothers were resting. One of the mothers brought jollof rice and called the children. The children immediately dashed over and started to eat without washing their hands. The mother who brought the food did not care either. When I question to her later, she told me that children will always fall sick. “Me I don’t see any problem with that.” Her response immediately reminded me of the erroneous statement that “African germs are not harmful.” This was her view of the migrant teenage girl who was interviewed:

“When I’m seriously sick or my child is sick, I will go back to the north. Back home in the north, I will take the child to the herbalist for treatment. When I was pregnant and about to give birth, I went back to the north and sometimes the community health officials will come and check on my health but during birth, a traditional birth attendant helped me. In Accra here, the hospital is very expensive and the people will look at you and start insulting you and behaving as if we don’t drink water from a calabash. The treatment we receive here in Accra is

appalling. Once, one of my colleagues was sick and the treatment given her was bad. So, me I won't go to hospital except a lorry knocks me down and I am rushed to hospital."

6.2.2 Feeding Strategies adopted by migrant teenage girls in Accra

In-depth interviews with migrant teenage mothers showed that the majority of them eat three times in a day provided they earned enough income for the day. However, some others indicated skipping meals whenever they do not earn enough money for the day. The majority of the respondents buy food from food vendors while on Sundays when there is not work, some of them team up to prepare their own meals. Respondents were emphatic that breakfast and dinner are constant but lunch is not guaranteed except for those who work in restaurants.

Respondents indicated that in the evenings, they have to eat properly because their babies will breastfeed. Some others indicated drinking at night to supplement the evening meals so as produce enough breast milk for the baby.

6.2.3 Accommodation strategies

This study sought to find out the sleeping arrangements of respondents. In Accra, respondents reported sleeping on the streets, that is, at lorry stations in front of shops and in uncompleted buildings. Respondents in all the five locations adopted the common strategy of sleeping in groups and sometimes according to place of origin by villages. An interviewee from the Central Business District stated that:

"I sleep with my child in the open at the Tema lorry Station. Here in we sleep by villages. Over there, there are the Kukua people: those other people are Yagiba, Kpatinga, Tali, and Daboya. I sleep on a mat, but sometimes on an old cloth, card board or plastic material. We are so many sleeping together. Here in the station, there is no electricity and running water. However, there are bathrooms where we buy water and go to bath. I take one bathe a day but sometimes not at all. I pay 50 pesewas to bathe and 30 pesewas to go to toilet. For my child, I wrap the faeces and drop it in the open gutters."

Another respondent in Madina Zongo stated:

"Here in the Zongo, we live in a kiosk. We are about 1ten in a kiosk. There is no water or electricity. We buy water to bath. We pay two cedis every week to the kiosk owner. Some sleep on

mats, others on old clothes. The major problem with our sleeping place is that we are many and it is always overcrowded and that makes breastfeeding at night difficult. When you sleep on one side, it becomes difficult to turn. I know that is part of the reason why the children cry a lot at night. When I sometimes wake up, I am exhausted because it is difficult to get a good sleep in Accra.”

6.3 Factors Influencing Resilience among Migrant Teenage Mothers

In the face of overwhelming adversities, primiparous teenage mothers go a great length to maintain independence and resilience in order to survive. A number of them have developed peer networks which enable them to negotiate the terrible difficult social terrain as most of them conduct their daily activities in groups. Indeed, those who have been on the streets much longer, provide some level of support to the new ones. They have mentors whom they look up to and confer with when they meet difficult circumstances in the city. For the ordinary person, the street is a passage, but for these girls the streets are all they have. They are very brave and the bravery enables them to survive. Tiipoka emphasized the point graphically thus:

“This place is no man’s land. Any space is not for anybody but the government. We are also government. You have to be brave and look tough. Before, me and my group, used to look soft and things did not work out for us. We realised that our friends who are brave, people don’t disturb them at night. So, to survive here means you have to be brave, hard and tough. Fire for Fire!” [as she ended her comment laughing].

Nyagpoka at Ashaiman said:

“Here in Ashaiman you have to master a fearless attitude and be emotionally strong and not bordered about what people say, because I won’t die of what people say about me. I just make my mind to remain to work hard to make money. In this world everybody is working for money.”

While Piima, at Kaneshie Market shared that

“What makes me to continue to be in this Accra even though things are not so good is because I need to survive with my child. So I work hard because I’m strong person. Every day I try my best to wake up around 5 a.m. and rush to the market to wait for my clients. I spend all of my time working to earn income for myself and to support my baby.”

6.4 FOCUS GROUP DISCUSSIONS

Researchers, such as Hughes and DuMont (1993) characterize focus groups as group interviews. “Focus groups are in-depth group interviews employing relatively homogenous groups to provide information around topics specified by the researchers” (p.776).

Alshenqeeti (2014) insist that focus group discussions involve the use of non-numerical data as a means to explore and describe the ‘quality’ and ‘nature’ of how people behave, experience and understand. Four different focus group sessions, comprising five members each at the Central Business District of Accra, Mallam Atta Market, Madina and Ashaiman, all suburbs of the capital city was employed as one of the techniques in the qualitative phase of the study. Rubin and Rubin (2005) suggest that focus group sessions generate the possibility for participants to develop ideas collectively and to bring forward their own priorities and perspectives, or to explore the degree of consensus on a specific topic (Bogdan & Biklen, 2003).

6.4.1 Life in the city of Accra

The first emergent theme on the focus group discussions was on the lived experiences of migrant teenage mothers with regard to their lives in the city of Accra. All the four different focus group discussion sessions, underscored that living in Accra is difficult contrary to their initial expectations prior to travelling down to Accra. Participants explained Accra being a difficult place to mean the difficulty in accessing potable water, especially for free, the general lack of accommodation, inability of many of them to afford a three square meal a day, high competition for menial jobs and the high cost associated with living in Accra.

In the Central Business District Focus session, a member stated thus:

“Once you come to Accra with the purpose of looking for money, then you have to immediately take out the idea of relaxing and relaxing well as there is nothing like that in Accra.” Another group member corroborated her assertion by stating that for those of us in kayayei, “We spend a great amount of our time in a day walking up and down carrying heavy goods.” Respondents

from the Ashaiman focus group session intimated that the living conditions were just expensive.”

This is how one group member had to say:

“Everything in Accra cost money and there is nothing for free. You have to pay for the place you sleep every week, buy water to drink, pay to bath, queue to go to toilet, pay for your refuse, pay Abayee [city guards] to allow you do kayayei Aba!why! My brother, even look, fish here is more expensive than Yapei even though the sea is right here, can you imagine?”

Inadequate accommodation in the city came up as another emerging theme that was passionately discussed. Respondents did not hide their frustration in the appalling places they had to contend with as places of dwelling, here in the capital city. Because of the paucity of accommodation in Accra, migrant teenage mothers adopt all manner of sleeping arrangements. A respondent in Old Fadama said:

“We are about 15 to 20 sleeping in one kiosk. We all crumble inside like that with our children like sardine. We almost sleep on each other with some of us our legs facing down while others have their legs facing up. When you are sleeping you cannot turn your body or stretch. Those who are into the habit of stretching their legs easily hit the faces of others and that often starts the quarrels. The children who do not like heat cry a lot at night, so you the mother will be forced to come outside of the kiosk to sit for fresh air. Sometimes after a hard day’s work you are over taken by sleep to the extent that you feel like throwing your child way when he or she is crying. We pay 2 cedis every week to the Kiosk owner.”

Another respondent who sleeps at the Tema-Station explained that:

“We sleep according to villages because of the differences in ethnic power play and dynamics. What is accepted as a joke in one village may be frowned upon in another village. And when we go to sleep, that is the time we go into chatting about our communities. For example, if someone was accused as a witch, a thief or anything considered bad. Sometimes discussions like this can bring about fights if we sleep together without recourse to villages. This is one main reason why we sleep according to villages. Even though we may speak the same language, our behaviours and understandings differ according to villages.”

The focus group session from the Mallam Atta Market similarly explained that they particularly sleep in front of the shops but, also, by villages. One of them remarked that:

“Accommodation is free here, but the mosquitoes pay for us. We are more than 30 sleeping together in front of the shop. We sleep according to villages. Sleeping together in groups allows us to be each other’s keeper. For example, criminals attempting to steal from us will attract at least one of us being awake who will shout for us to all wake up. The same reason goes for rapist. At least, rapist cannot get the chance to come in.”

But, the lived-experience of respondents from Ashaiman, on life in the city, was quite different. It was noted that the respondents who participated in the focus group discussions in Ashaiman were either born or raised there. The focus group members were mainly second generation migrant teenage mothers. Accounts of second generation migrant teenage girls was quite different and telling compared to teenage mothers who migrated straight from northern Ghana to Accra by themselves. A startling finding is that second generation migrant teenage girls in Ashaiman commonly picked boyfriends as survival options. During the focus group discussions, there was a constant refrain, ‘are you born one or born two’? Any girl in Ashaiman being described as ‘a born one or born two’ means an unmarried teenage girl who has either given birth once or twice. One participant said:

“I’m not a prostitute but I have a boyfriend who ‘sleeps’ with me. Eeeh!! If I don’t do that I cannot get money to buy food, dresses, sanitary pads, panties and pomade. My mother knows it and when I go to ‘sleep’ with him she does not complain.”

Another participant stated that:

“Me, I have stopped following the area boys. You know here, girls abr3¹⁵! These area small-small boys have no money. They just use you and dump you. My man is a ‘sugar daddy.’ He has a car self! Weekends he will come and take me for shopping at Melcom. He buys foodstuff for my mother too. He is the father of this baby” [pointing to her one and half year old boy].

Another member of the group stated:

¹⁵ Girls abr3 is a common terminology used by the youth of Ghana to mean girls are fed up. Sugar daddy in Ghanaian parlance refers to an older adult man who gives a young girl gifts, money and other items in exchange for sex.

“Me I am don’t belong to the group of ‘born- two’¹⁶! I am a ‘born one’ akansa! Here in Ashaiman many girls are either born ones or born-twos. Born ones and born twos do not cross each other. If you are born two, and you are teenager and have no husband, no one respects you. My pregnancy was a mistake and I was afraid to do abortion. I was 15 years, when the guy impregnated me in 2012. For those who are born- twos, they are stupid! [She exclaims] If you are a born-two, which man, will love you except kobolo¹⁷ boys. Me I don’t want to be pure water or orange seller. Born-twos, their job is selling of oranges or pure water. My guy works at the harbour and he tells me he will marry me.”

6.4.2 Experiences of Childbirth

The researcher set out to explore the perceptions of migrant teenage girls from northern Ghana on child birth. The following question was posed; what does giving birth mean to you? One member of the focus group session at the Central Business District responded:

“A woman’s worth in life is about giving birth, so if it means to die in order to give birth, you have to do it. Giving birth early in life means you stand the chance of continuously giving birth to many children. A strong woman is one who can give birth by herself. Birthing alone is a point of pride. You know back home [referring to northern Ghana], when we go to the well to fetch water, women who give birth by themselves without TBA are much talked about in the community. Are you not aware of this, she asked? Self-delivery is the pride. Men do not understand the needs of women.”

Another member of the group interrupted and said:

I will advice women who can give birth by themselves to do so. Going to the hospital is a sign of weakness. If everything of yours ends up in the hospital and your husband has up to three wives, you the wife who like going to hospital will not always get the attention of the husband.

Another member stated that:

“Giving birth and the number of children is a decision of your husband, his family, particularly mothers-in-law. Women who cannot give birth are chased out. Now, it is only the educated women who have power over when to give birth and the number children, but people like us [pointing to herself], my duty is to continue giving birth. Husbands and mothers- in-law are the decision makers on the number of children a woman should give birth to. A woman’s worth as you know is based on her ability to give birth.”

¹⁶ Born-two is a terminology that was used by participants to refer to colleagues who had given birth two times. Born one similarly refers to a teenage girls who have given birth once

Akansa in this context simply means for that matter. That is to say teenage girls who have given birth once or even twice and labelled *born-one* or *born-two* are not bordered by what society says about them

¹⁷ A Kobolo boy in Ghanaian parlance is a derogatory term which refers to bad boys or way ward boys.

6.4.3 Experiences of Childcare

Child care is another salient theme that emerged in the discourse among migrant teenage girls as they straddled between finding work to fend for themselves and their children and ably caring for their children in the city of Accra. According to Myers and Indriso (1987:26-27) child care refers to “the process of attending to a child’s basic need of shelter, protection, food, clothing and health” while Tetteh (2005:87) describes child care as ‘arrangements that a working mother makes, delegating her functions to another person whilst she goes to work.’ Respondents alluded to adopting different child care arrangements. For instance among the Mallam Atta focus group session, a group member said: “I always strap my child on the back while wrapping porridge in a polythene bag or any other food for her to eat while I continue with whatever activity that will earn me income.” The practice of wrapping food in polythene bags for children to eat while the mothers strapped their babies on the backs appeared a common routine activity to many migrant teenage girls living in the city of Accra.

At the Central Business District group participants collaboratively gave an itinerary of activities they undertake as part of child care arrangements:

“My brother! [Participants referring to the researcher] hardly will the child sleep and wake up the next morning without ‘pooh pooing’ and urinating. Some of us bring our younger siblings from the north to Accra to help in caring for the children while others basically straddle child care with work. Those with younger siblings will now hand them over to the younger ones for care while you start your day’s business. You return each time for the child to breastfeed.”

Among the group members in Madina, this is what they collectively explained:

“When your baby is sick, for instance, we first go to the chemical store or pharmacy to describe the condition of the child to the attendant and based upon that some medication is given. If the situation of the child does not improve, we will find time and proceed to a health post at Madina Polyclinic. If after the visit to the Polyclinic, the condition of the child does not get better, then the affected mother will immediately organise herself and send the child back to the north for the family to decide what to do.”

According to this focus group, and the three others, decisions on the health of a child are taken by the family and not the mother of the child. For the focus group in Ashaiman the experience was slightly different as a certain percentage of them often left their babies with mothers and other relatives. Again, all the participants mentioned the struggle of combining work and child care as posing a stress on them. All the participants explained that it becomes more difficult as a teenage girl in the capital city to work while taking good care of a child. All the participants explained that they had devised a rotational system among migrant teenage girls whereby on a daily basis one of them is paid to take care of their children while the rest of them go to work and only return to breastfeed their babies. This situation brings to attention the lack of child care centres and services for nursing mothers working in the capital city. It also exposes the lack of social support for migrant teenage girls in terms of the availability of partners, family members and relations to help with child care duties.

6.4.4 Risk Factors Migrant Teenage Girls are exposed to in Accra

Participants explained that their constructed kiosk ‘homes’ are often destroyed with careless abandon from city guards. Participants who are *kayayei* further explained that city guards destroy their head pans which they use in carrying goods in the city. Harassment of all forms is common living in the city. One of the girls indicated: This situation has made us to always live in danger not knowing what next will happen to us.” Respondents, during the focus group sessions, alleged physical and sexual harassment as a bargaining tool employed by city guards to seek sexual favours. One remarked: “at night while you are sleeping, the men just come stripping you for sex. Now what most of us do while sleeping is to wear jeans trousers as a means to prevent men from easily raping us.”

Another member had to this to say: Look! look! from mad people, driver mates, to city guards, we face harassment on a daily basis. Sometimes these city guards ask us to sweep for Zoomlion workers. Anytime an AMA official confiscates our pans they ask us to pay a fee,

before they can return the pan so because of that we at times leave the pans for them and instead resort to buying new ones because the fee often charged is always enough to buy a new one.

6.4.5 Vulnerabilities faced by Migrant Teenage Girls on the streets of Accra

On a daily basis, we face stigmatisation on the streets of Accra. Migrant teenage girls allege that the public does not treat them well when they are seeking their services. They further allege that insults are the order of the day in their struggle to survive in the city. They describe that a simple excuse of asking people to give you way along the street pavements attracts insults from the public. People here derogatively refer to kayayei as “akokoo¹⁸” implying that we are snakes. Indeed:

“We suffer a lot of verbal abuse. When owners of goods do not want to pay the right amount, they will insult you; insult your parents and hometown people and saying how we are cursed to remain in poverty just over a charge. You see we are all here by ourselves, yet people insult so many people connected to us. The public including owners of goods treat us as if we are not human beings. At first, I use not to insult them back but now when people insult me, I insult back. I know I came here to look for money not to fight, but sometimes, it is just too much simply they feel you are powerless here.”

Primiparous migrant teenage mothers explained facing the challenge of having to play double roles as fathers and mothers to the children they give birth to because they raise the children as single mothers. One focus group member noted:

“Sometimes there are midnight issues of sickness which we sometimes face which would have required the support of the father of your child. However, in the circumstance that I live here, alone, I don’t have him. You know a mother bringing up a child alone is not complete.”

Another parenting challenge that migrant teenage girls identified is the level of stress and frustration that they have to deal with following their inability to earn enough money to take care of their basic needs. As the brunt of the childcare and rearing

¹⁸ Akokoo is a derogative term used to refer kayayei on the street as literally as snakes. What users often intend to imply is that kayayei girls can be that dangerous likening to snakes

responsibilities are heaped on the mother, some of them expressed feeling stressed and frustrated. Another mother also explained some of their vulnerabilities in respect of the extra ordinary circumstance some of them have to endure and grief by themselves. Respondents recounted instances where their colleagues painfully lost their children in the wake of the heavy cholera outbreak in 2010 or in other instances following serious illness of the child.

This is how the interviewee put across her point:

“My brother [referring to the researcher] you know up north when our mothers lose their babies, they have people around to console them. At least, they have husbands to look up to but in Accra, there is nothing like that. Anytime a colleague losses her child here in this Accra, then the challenges start. Even how to bury the child alone is not easy and the burden of responsibility some friends have endured losing their children is not an easy experience. So anytime one of us has a child who is seriously sick, we contribute money for the person to go back to the north. It is better for your child to die up north than here. Over there, burial is free but here, it is not easy.”

6.4.6 Social support to migrant teenage mothers on the street of Accra

Jack (2000) describes social support as constituting a web of relationships that exist between individuals and a wide range of people including relatives, friends, neighbours, work colleagues and professionals. The structure of these networks in terms of size, proximity, and frequency of contact are useful for parent-child interactions. The study set out to find out if migrant teenage girls had social support in the process of child rearing in the capital city. A significant proportion of migrant teenage girls, during the focus group discussions, explained having little or no form of social support in the capital city. A group member in Madina said:

“I do not have family in the city and I also do not live with any relative. Those who I have here are people from my village. Another stated that “me I went up north to give birth before returning. I did receive support during child birth while up north but here is just me and my child. Sometimes I give my child to my colleagues when I’m going to bath, or to toilet and in some instances when I get load to carry. But, in terms of finance, it is my sole responsibility. Yet again, another member said: “I have some support from family relatives here in the city, but I do not live with them. I did receive support from my family/ relatives. My elder sister is here in the city and sometimes she helps me.”

Conclusion

Qualitative results were reported under themes related to the research questions. Data were presented within the two main methods utilised: in-depth interviews, and focus group discussions. Enduring hardship, homelessness, stigma, abuse and exploitation, and inconvenience with their children constitute daily experiences they live through in Accra. Self delivery is still seen as a mark of strength by some of respondents. They again experience the city by appreciating the value of everything measured monetarily while regularly being exposed to environmental dangers on the street. They adopt different survival options: cohabitation, picking of boyfriends, combining work and childcare and accepting the challenges. The resort to ethnic ties, the hope of finding work and earning income, saving, and remitting as well as the the ability to lean on the shoulders of peers and having faith in God, provide the leeway of teenage girls with children the opportunity to overcome adversity and travesty. The next chapter presents the discussions of the emerging issues from the study.

CHAPTER SEVEN: DISCUSSION OF RESULTS

Introduction

In this chapter, the emerging issues from the findings of the study are discussed. The goal of this thesis was to examine the lived experiences of primiparous migrant teenage girls with children from northern Ghana in Accra. The study adopted a mixed-method research design. The study explored the lived experiences of migrant teenage girls from northern Ghana in Accra, their coping strategies and factors that influence resilience among them. In-depth interviews and focus group discussions were held with respondents for the qualitative phase of the study while a survey was conducted in five locations where migrant teenage girls from northern Ghana mainly live in the capital city. These combined sources of data give insights into understanding how migrant teenage girls' survive with their children on the streets of Accra.

7.1 The Lived-Experiences of Migrant Teenage Girls in Accra

7.1.1 Childbearing on the streets of Accra

Bearing a child while still a teenager is a life event experienced by approximately 20,000 girls below age 18 everyday in the world today. Although, early childbearing is not considered the norm to parenthood, it is increasingly becoming a part of our society today. Previous studies (GSS, 2003; Kwankye et al. 2007; Awumbila and Ardayfio-Schandorf, 2008) consistent with the findings of the present study found that migrant teenage girls from northern Ghana between the ages of fourteen and nineteen years bear children on the streets of Accra. Alhassan (2010 & 2013: 18) argue that early childbearing is deeply ingrained in the culture of communities in the three regions of the north and strongly makes the point that in the Northern Region in particular; customary and religious practices often lead to both early betrothal and marriage of girls. From the data, childbearing, particularly among teenage girls, has the implication of exacerbating the cycle of poverty. This is against the backdrop that these girls make sums of money that is not enough for their adequate living as well as to cater

for their children. As these children grow unable to attend school, the likelihood of these same children ending up on the streets is very high. This is because the only environment they know quite well is the street. Further, this study's findings has implications on the ability of teenage mothers to make money and pay for services covering themselves and that of their children. What this further means is that the likelihood of these girls being exploited by unsuspecting customers is very high.

The finding also has health implications for teenage mothers. Early childbearing has been found to be life-threatening to both the mother and the child. Mothers younger than 17 years have been found to face an increased risk of maternal mortality because their bodies are not yet mature enough to bear children (Alan Guttmacher Institute, 1996; Noble & Yanagishita, 1996; Yinger et al., 1996).

This study's finding that childbearing among teenage girls is rooted in the culture of the three regions of the north is significant to the extent that it contributes to literature in the field of study. This finding is relevant to the extent that it invokes the jurisdiction of Social Work practitioners working with families and communities to recognise the need to understand that the physiological alignment of teenage girls is not ripe for childbirth. In communities where teenage childbearing is common, the need for public education that will reduce the practice of early childbearing is imperative.

7.1.2 Traumatic experiences during Childbirth

Primiparous migrant teenage mothers shared their experience of childbirth as one of acute pain, horror, especially, prolonged labour and in some instances, were delivered by a traditional birth attendants who in some instances did not wear hand gloves. In the attempt to deliver the child, some experienced vaginal tear in the process, leading to excessive bleeding. The findings of the present study support the finding of Gyesaw and Ankomah (2013) that teenage mothers testified to the pain of labour. In addition, this study's findings point to the fact some of the participants expressed regret conceiving at a younger age. In contrast,

Gyesaw and Ankomah (2013) indicate that none of the respondents expressed regret bearing a child except for the interruption it caused to their education.

In the case of married girls, their partners reacted positively to the news of their pregnancy and that paved way for the girls to travel down south to work to earn money in preparation for the unborn child. However, the partners of unmarried non-seasonal economic migrants and second generation migrant girls reacted negatively to the piece of news. This is because being responsible for a pregnancy in the city means an additional economic responsibility. Teenage girls, who were cohabiting immediately suffered relationship break-up, were sacked from their partner's accommodation and in many instances described as 'stupid' for getting pregnant. Indeed, such unplanned pregnancies were unwanted by the male partners and carried the implications of extra economic responsibilities for the partners. From the data, some respondents revealed that their partners relocated or denied responsibility for the pregnancies all together.

This finding sheds light on the uncertainties and the negative repercussions that follow unplanned decisions in conception among migrant teenage girls in particular. For the unmarried ones in the city, pregnancy carries some economic burden.

7.1.3 Underutilization of Maternal Health Services

Another emerging issue of this study's findings is that migrant teenage mothers underutilise maternal health services, most especially, post natal care. According to the GDHS (2008:1), "the health care that a mother receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and her child." Hence, one means of achieving an improvement in the health of women is providing maternal health services, such as antenatal care during pregnancy and post natal care after delivery (Arthur, 2012). Indeed goal five of the MDGs targets reducing maternal deaths by three-quarters by 2015. This study showed a significant difference between married and unmarried teenage girls with regard to the utilisation of antenatal care

but found no significant difference between them in the utilisation of post natal care. What this means is that married migrant teenage girls attended antenatal care more than the unmarried ones but soon after childbirth, neither of them attended post natal care. The Ghana Health Service (GHS, 2010), reports of an improvement in the national coverage of antenatal care and the utilization data available indicates that there has been a tremendous improvement in the 1998 figure of 2.4 visits to 3.4 in 2005.

Atinga and Baku (2013) found that women with high level of education, and distance to health facilities influence antenatal care attendance while Arthur (2012) found education, age, number of children living, transportation and access to the National Health Insurance as factors that influenced the use of antenatal care in Ghana. Arthur (2012) further found considerable variations in the use of antenatal care in the regions and also between rural and urban dwellers. In the case of post natal care, the study's finding appears to follow the national trend which records low utilization. In the case of post natal care, teenage mothers gave the following reasons for the underutilisation: long time waiting at hospitals and lack of time left to go and earn income to feed their children and therefore a waste of time to attend post natal care. There is also distrust for formal institutions as they are unacquainted with these institutions. Financial problems also constituted a major problem impeding their ability to access health care, especially registering and renewing their National Health Insurance Scheme premium. The participants described the process as cumbersome due to delays in issuing the health insurance card. In addition, the participants explained being stigmatised by some nurses at the point of health care delivery.

The findings of this study on reasons for underutilisation of post natal care services does not mirror the findings by Abor, Abekah-Nkrumah, Sakyi, Adjasi and Abor (2013) who identified age, education, access to health facilities, household wealth, residence, ethnicity, geography, and religion as important socio-economic factors influencing reduction in the

utilization of prenatal care, delivery at a health facility and postnatal care. The difference in the results could possibly be attributed to the different study groups.

Teenage girls' access to, and utilization of, adolescent reproductive health services are important for the prevention of teenage pregnancies and sexually transmitted infections particularly amongst migrant teenage girls from northern Ghana. This is because the health of women is an important non-income indicator of poverty. Hence, one means of reducing poverty is to improve the health of women. The medium term development policy documents such as Ghana Poverty Reduction Strategy and the Ghana Shared Growth and Development Agenda recognize that improving the health of the poor is crucial for reducing poverty given that, ill health is both a consequence and cause of poverty. Again, postnatal care as revealed by this study's findings is an essential part of safe motherhood. For example, the GDHS (2003) particularly alludes to the fact that postnatal check-up provides an opportunity to assess and treat delivery complications and to counsel new mothers on how to care for themselves and their babies. Moreover, the timing of postnatal care is very important given that most maternal and neonatal deaths occur within two days of delivery and new mothers are expected to receive postnatal care within the first two days following delivery (Abor et al., 2013). Therefore, in this present study, the findings call for the improvement of access to health services as well as the distribution of health services and personnel as a priority.

7.1.4 Homelessness of migrant teenage mothers

Another salient theme in this study relates to the issue of homelessness among migrant teenage girls with children on the streets of Accra. The data highlight the difficulties migrant teenage girls go through in the city with their children, especially, at night. Consistent with the findings of similar studies (Ringwalt, 1998; Berry, Shillington, Peak, & Hohman, 2000; Hanna 2001; and Dworsky and Meehan, 2012), they allude to the fact that the homelessness of teenage mothers is explained by a variety of factors including: teenage pregnancy, teenage girls escaping abuse and teenage girls leaving home due to conflicts with family members or

feeling unloved. Again, Springer (2000:483) distinguished two groups of homeless people: the first group consists of people sleeping on the street or other places not meant for human adaptation. The second group consists of people living in inadequate shelter situations. The last category combine concealed homelessness that is, taking shelter with a relative or friend, and enduring the risk of homelessness that is, being subjected to evictions from city authorities like the Accra Metropolitan Assembly.

The findings of this study suggest that migrant teenage girls with children belong to either one of these groups. The unanswered question is; what accounts for the homelessness among these girls? The findings of this study revealed that a significant proportion of respondents were seasonal migrants who could not afford to pay for rent in the capital city and therefore have to contend with sleeping in front of shops and lorry parks. In the case of non-seasonal migrants and second generation migrant girls, they are also unable to afford decent accommodation in the city and instead resort to picking boyfriends as a means of getting accommodation or they team up with colleagues to rent a kiosk where they pay on weekly basis.

The experiences of migrant teenage girls with children who sleep in the open in front of shops and lorry parks relate to the fact that at night, they are mercilessly bitten by mosquitoes. Whenever there is rainfall, their experience is a nightmare. This is because they have to stand with their babies strapped on their backs until the rainfall is over. Homeless migrant teenage girls with children in the capital city are therefore those who spend nights in front of shops, lorry parks and or kiosk in areas marked by city authorities as unacceptable shelter or makeshift shelter (abandoned building) in the capital city. The findings of this study, with regard to homelessness, therefore, differ with findings of previous studies that cite teenage mothers as already causing dysfunctional family situation or being engaged in risky

sexual behaviour. The crux of the homeless situation of migrant teenage mothers in Accra, has to do with their migration to the city and their inability to afford rented accommodation.

The findings raise grave concerns with regard to teenage mothers on the street. The findings expose the moral danger these girls and their children are exposed to on the street while highlighting the stressful circumstances under which they survive and parent at the same time. They are further exposed to bad weather and also at the mercy of people with bad intentions. In the past, there have been media reports about people going to steal the babies of homeless street girls. The findings therefore suggest that migrant teenage girls' homelessness is assuming a national problem that is much more common than is generally thought. The homeless situation of these girls has security implications of the country as the state of Ghana is enjoined to protect the safety of everyone as guaranteed by law. Advocacy by child welfare officers in the country on this matter is what is urgently required.

7.1.5 Social support to migrant teenage mothers

The transition to motherhood has been recognised as a major developmental milestone for all women, particularly, teenage girls experiencing motherhood for the first time. Social support has been discussed as a resource that comes from multiple sources such as the family, friends, teachers among several others. The findings of the survey and collaborations from in-depth interviews and focus groups discussions reveal that peer support was the major source of social support to migrant teenage mothers on the street particularly for those not living with partners. This is because participants are first and foremost migrants, and do not necessarily have family members in Accra. Again, from the data, the majority of the respondents did not live with partners. Those married had their husbands in the north. As a result of their peculiar circumstance, they mostly depended on colleagues to assist them with childcare duties anytime they needed to take a bath, go to toilet or do other things that they could not physically carry their children along. Social support from family members, partner support, institutions that are mandated to offer welfare services, NGOs is highly limited to

migrant teenage mothers. This finding differs from the findings of Gyesaw and Ankomah (2013) which found family and partner support among teenage mothers. The difference could be explained by the fact that, the sample of Gyesaw and Ankomah (2013) did not specifically deal with migrant teenage girls, but the sample cut across different ethnic and geographic regions of the country. However, the findings by Gyesaw and Ankomah (2013) underscore a fundamental point which is endorsed by this study to the effect that teenage mothers in Accra require support and community involvement, regardless of age and socio-economic position.

This study's findings therefore, contributes to the literature in terms of the specific focus on migrant teenage girls who live with children on the street of Accra. This finding is particularly relevant to the extent that it again draws attention to a social issue that is fast becoming a national problem. The finding again reinforces the need for social support to be extended to pregnant women particularly first time teenage mothers who desire it most.

7.1.6 Struggle for better Lives

Consistent with previous findings (Yeboah 2008; Yeboah and Appiah Yeboah 2009; Korang-Okrah, 2010), the findings of this study show that all the participants engaged in one economic activity or the other for survival in the city. About 74% reported working as porters, that is, carrying loads of goods for shoppers, shop owners and other market women, while the rest of them as attendants at *chop bars*.¹⁹ There were several struggles associated with migrant teenage girls with children in the city: Starting work at dawn - when traders opened their stores; having to contend with overcrowding in the market lanes while carrying loads of goods along and across busy streets; having to contend with owners of the goods yelling at them, and often using abusive language; engaging in long hours of work; engaging in hazardous activities of hawking; and having to live with the regular impact of decongestion exercises in the city. Detailed information was collected on the time of day and for how long migrant teenage mothers worked. The study showed that the majority of them worked during

¹⁹ Chop bars in Ghanaian parlance refers to local restaurants

the daytime averagely 6 am to 6 pm. However, they explained that there were times they stayed to work at night, especially when new stock had to be carted into shops. Girls who worked with 'chop bars' also hinted taking night shifts. Previous studies (GSS, 2003; Awumbila, 2008) also found street children working for long hours, in most instances over eight hours. Decongestion exercises in the central business district of Accra often carried out by city authorities were cited by the participants of this study as constituting a threat to their livelihood and survival in the city. Participants explained that their constructed 'homes' are often destroyed with careless abandon by city guards. They further explained that city guards destroy their head pans which they use in carrying goods in the city.

The study found that the struggle for better lives on the street of Accra comes with its own rules, language and principles: migrant teenage girls fight to create ethnic spaces for work and accommodation. They operate along ethnic groups. Even among the same ethnic group, migrant teenage girls further divide into villages. In an effort to achieve the convenience of surviving on the street of Accra, they also have to contend lobbying station masters, drivers, city guards and driver mates to secure spaces; and the price is often in kind or in cash and in most instances both.

These findings are crucial for child welfare officers to understand the intricacies in relation to how these girls operate on the street. This finding is particularly relevant as it draws attention to how to engage migrant teenage girls on the street. One of the cardinal principles is the building of trust which often requires a lot of patience and time in order to work closely with them. Indeed, exophobia and distrust for educated people demonstrate some of the challenges welfare officers might contend with in working with this vulnerable group of people. Further, the finding also draws attention to the inapplicability of the Children's Act which directs that night work by young girls less than 18 years constitutes a contravention of the Act (560). Enforcement of the Children's Act is necessary as it is crucial

to protect the welfare of migrant teenage girls particularly with children and who are less than 18 years and working on the street.

7.1.7 Peer Pressure

Michael Riera (2012: 20) stated:

The main consequence of saying no to negative peer pressure is not just withstanding “the heat of the moment,” as most adults think. Rather, it is coping with a sense of exclusion as others engage in the behaviour and leave the adolescent increasingly alone. It is the loss of the shared experience. Further, the sense of exclusion remains when ever the group later recounts what happened. This feeling of loneliness then becomes pervasive but carries an easy solution — go along with the crowd.

This quote explains the state of mind a lot of young people have had to contend with, especially dealing with peer pressure. From the quote above, one can infer that it can really be difficult for migrant teenage mothers to be different, as teenagers can often incredibly be mean to those who stand out. Kwankye (2011) asserts that it has almost become a culture for the average child from the northern regions to want to migrate in his/her childhood to southern Ghana either largely due to peer pressure or as a route out of poverty (Awumbila & Schandorf, 2008). Likewise, Ungruhe (2010) study of male migrants from the Upper East Region of Ghana revealed travelling as a symbol of success and travelling to the south and returning to the north with modern goods from the city was deemed crucial for young male migrants. From a materialistic view point, not having travelled implied not possessing modern goods and returning with modern possessions enhanced the status of male migrants. In a similar vein, the findings of this study showed that peer pressure was found to be a very important factor in the migration decision-making of migrant teenage girls travelling from the north to the south. This finding is supported by Korang-Okrah (2013) who found peer pressure as a push factor in the migration of girls from the north to the south. Following the findings of this study, it emerged during in-depth interviews and focus group discussions that peer pressure was both a direct and indirect contributory factor in terms of motivation for the migration of girls to the city. The data revealed that the most important reason for teenage

girls from northern Ghana deciding to migrate to the south was based on the stories they heard from returned peer migrants. It further emerged from the data that following these stories, and the way the returned migrants dressed and the items they acquired such as cooking utensils, bags, perfumes while on their return to the village, girls who were yet to migrate to the south were encouraged to go and try their luck and therefore, most immediately triggered interest of other girls to migrate down south.

This finding is particularly useful in understanding the psychology and motivation of teenage girls who travel down south. An attempt to stem the tide of rural urban migration must understand what motivates these girls. Again, this finding brings to the fore superficial nature of decision-making of teenage girls based on influence from peers without necessarily finding out the cost of the acquisition of items returnee migrants come with. This study's finding is significant in respect of finding appropriate measures to addressing the migration concerns of migrant teenage girls in the city. The finding further suggests that in order for migrant teenage girls to make the right decisions, especially, with regard to good parenting, they must have a family that supports them.

7.1.8 Escaping Poverty

This study found poverty to constitute the single most important reason why teenage girls migrated from the north to the south. This finding is supported by previous studies (UNDP, 2007; Awumbila 2008; Yeboah 2008; Yeboah & Appiah-Yeboah 2009 & Kwankye 2011) that poverty influences the migration of girls from the north to the south . However, this study's finding brings to the fore, the gender dimension of poverty which has not been the focus of many previous studies. From the data, girls from northern Ghana are viewed by their families as vehicles through which the family can escape poverty. What this means is that young girls are either encouraged by their families to marry early or they are given out in marriage by their families. When families encourage girls to marry or give them out in marriage, the family's benefit is the brideprice that is paid on the girl. For example, among

the Frafra and Kussasi ethnic groups in the Upper East Region, four cattle, are paid as brideprice. Besides, during raining seasons, sons-in-law are invited to come over and farm and during dry seasons they again are invited to come and undertake construction of new buildings. These are economic opportunities families stand to gain when they have girls to marry. The other option for young girls from northern Ghana to contribute economically to their families is, to drop out of school and rather travel to the city to work, earn income, and remit to their families.

The gender dimension of this study's finding is that it is only girls who face this problem of psychological compulsion of contributing economically to their families at young ages. Young male children, unlike, female children in most poor households in northern Ghana, do not suffer the psychological compulsion of either marrying or migrating to the south in order to contribute economically to their families. This is because the economic contributions of male children are viewed to come much later in life as they mature.

This finding, therefore, contributes to knowledge by highlighting the gender dimension of poverty, especially among teenage girls from the three regions of the north. Awumbila (2008) for instance, argues that migration and female head-load carrying is an adaptive response to poverty and increases vulnerability of migrants to poverty and health risks. Similarly, the Ghana Living Standards Survey 5, in acknowledging the significant roles women play in rural economic activities point to the fact that women bear a disproportionate share of the burden of poverty in relation to a great deal of obligations imposed on them: working in family enterprises and at the same time nurturing and rearing children. This observation is consistent with this study's finding when teenage girls on the street of Accra combine work and childcare. This finding again contributes to literature as it significantly highlights the correlation between poverty and illiteracy. Consistent with previous studies Bissell (2000) found teenage mothers to be socio-economically disadvantaged later in life

compared to their colleagues who delayed child bearing while Chevalier and Viitanen (2002) found early motherhood to be commonly associated with low education, resulting in reduced labour market participation and increased poverty among teenage mothers.

Thus this study's findings have empirically shown that girls who are illiterate tend to be vulnerable to poverty as in the case of primiparous migrant teenage girls. Migrant teenage girls from northern Ghana without education lack the requisite skills to enable them confront the future economically. The implications of the study are that migrant teenage girls with children are therefore denied life opportunities and hope for the future. This further means that children of teenage parents are more likely to encounter difficulties in their lives, and may eventually become teenage parents themselves, as long as they continue to live on the street, thus, perpetuating the cycle of poverty which began by a teenage birth. In the longer term, efforts of successive governments paying serious attention to Rural Ghana where the majority of these girls emanate have to be taken more seriously.

7.1.9 Risks faced by migrant teenage mothers on the Street

According to the respondents interviewed, the major threat they faced is in regard to meandering through vehicles and the fear of being hit by moving vehicles. Primiparous migrant teenage girls not being paid the right fee for service rendered was another significant risk. In addition, through in-depth interviews and focus group discussions, sexual harassment from city guards, station masters and driver mates was another significant threat of risks they faced commonly in their day-to-day life on the street but what threatens their survival more is customer's preference of non-teenage girls without children. These findings are collaborated by the Ghana Child Labour Survey (2003) that girls on the street suffered harassment from police and metropolitan officials as well as bigger boys. This accounted for over two-thirds of risks girls on the street face.

The implication of these findings is that different vulnerable groups on the street such as street children, and migrant teenage girls do face different level of risks. An awareness of

this fact is important for social welfare officers to design programmes for their benefit. The two kinds of groups just cited face harassment but the harassment may come in different forms requiring the adoption of different strategies.

7.2 Coping Strategies of Migrant Teenage Mothers in Accra

7.2.1 Childcare Arrangements

Another emerging issue with regard to the lived experiences of migrant teenage girls relate to childcare in the capital city. Respondents constructed their lives differently as they struggled with low-wages, insecure jobs, little state regulation and protection of childcare systems and above all managing the balancing act. The study found the lack of balance in the lives of primiparous migrant teenage girls. What the lack of parental balance means is that the comfort of the child and the mother is compromised as regards having adequate rest. This means that respondents are unable to adequately provide a safe and comfortable temporary environment for themselves and their children. From the narratives of teenage mothers they strenuously encountered difficulties comforting their babies anytime they were hurt and in some form of discomfort. Some mothers resort to physical beating as a means of controlling their children especially when the child cries a lot. Many respondents demonstrated helplessness and cluelessness in decision-making anytime their children were sick or in some difficulty.

The study again found that respondents have no access to kin care and support except in few instances among second generation teenage girls. This finding is contrary to Awumbila et al. (2011) observation that childcare practices common to working mothers in Ghana and West Africa include pro-parental institutions such as kin care practised mainly through fosterage. Badasu (2004) further buttresses that the dependence on kin is for support of childcare tasks and socialisation. In addition, Tettey (2005) noted that working mothers in Accra utilized crèches/nurseries, aunties, house helps and grandmothers in childcare. However, this is not the case with migrant teenage girls. Tettey's (2005) further observation

that no matter the level of poverty of a working mother in the Central Business District, they made some arrangements to provide care for their children is consistent with migrant teenage girls as some of them bring younger siblings to support with childcare and also utilize group care or hire adult mother to babysit for a fee.

Combining childcare and work is a routine practice among migrant teenage girls. From the data, respondents conceded not understanding and responding to the needs of their children in an appropriate fashion. They for example, expected their babies (one-and-half-year olds) to behave like adults; not crying unnecessarily but, rather keeping quiet over long periods as they went about their activities. Besides, respondents whose children could walk complained bitterly about how their children preferred to move freely by themselves on the streets. Indeed, the mothers failed to realise that toddlers need a lot of space to play. The mothers confirmed yelling at their children as a means of enforcing compliance and instilling fear in them.

7.2.2 Thriving lifestyle in the City

From the qualitative data, narratives from the respondents showed that migrant teenage girls survived in the capital city basically by accepting the challenges and enduring the harsh conditions of life on the street. Many of the participants described street life as chaotic. The day-to-day activities for migrant teenage girls included: coping with homelessness; verbal abuse from the public; finding someone to assist with childcare duties; struggling to have access to portable water for drinking, cooking, bathing and washing; and having access to places of convenience. Respondents were emphatic that having a child as teenage girl on the street comes with a feeling of devastation with regard to being competed out by colleagues for good job opportunities, curtailed freedom and limited choices of life. Despite the difficulties, motherhood provided the young women with a feeling of immense satisfaction. They were therefore determined to create a family environment that was safe, comfortable and aesthetically appealing.

These findings are quite consistent with Patterson and Kelleher's (2005) observation that thriving is largely influenced by a person's resilience capacity. With regard to migrant teenage girls on the street of Accra, part of the value system of the communities in three regions of the north that the worth of a girl is placed on her ability to bear children. This socialisation has influenced the thriving ability of these girls on the street. Again, beyond the family's expectation of young females to bear children is also the personal sense of fulfilment. These girls often want to be seen as capable women and that means the ability to give birth.

This finding is imperative to the extent that it brings to the fore the human dignity and worth of girls. The dignity and worth of teenage girls is far greater than the societal perception of girls as child bearers. The contribution to knowledge is in relation to the societal belief that the worth of a girl is in child bearing. This finding highlights the need for advocacy by the Department of Social Welfare to consider designing programmes that would aim at reorienting society that the worth of a girl is not only in child bearing but in many other human endeavours such as their fundamental right to education, which is often sacrificed by many families for early marriages.

7.2.3 Teaming Up

The study's findings show that respondents teamed up with colleagues in terms of their sleeping arrangements. They slept by villages and communities as a means of protection; others teamed by carving ethnic spaces where they work while others teamed up in childcare duties as well as in meal preparation during weekends. Consistent with previous studies (Quainoe 2005, Kwankye et al, 2009, Yeboah & AppiahYeboah, 2009) female porters' team up to find sleeping places as well as work together. The spirit of migrant teenage girls teaming up in many activities reinforces a stereotype name of people of Northern descent as

*ntarfuo*²⁰. Migrant teenage girls in the capital city have adopted to team up as a notable survival coping strategy to overcome difficulties, stress and the reduction of conflict situations they encounter while in the city. Again, Awumbila's (2008) finding that the survival strategies of head porters varied by gender, age and marital status slightly differs from the findings of this study. Awumbila (2008) explains that female porters developed various ways of surviving which include collective *susu*²¹ schemes, the carving out of survival and ethnic spaces; the formation of partnerships for both protection and financial support. She concludes that gender, age, marital status were the drivers of these survival strategies. This study differs with her observation to the extent that independent variables such as gender, age and marital status were not drivers of their survival strategies.

As noted earlier in this study, irrespective of the age, gender and marital status of migrant teenage girls, respondents teamed up in *Adasia*,²² a form of *susu* which they engaged in. What this study noted as a major driver of variation was in respect of ethnic grouping and type of job engaged in. Consistent with Awumbila's (2008) finding that female porters carve out ethnic spaces in the case of sleeping arrangements, places of work, childcare, coping strategies and the kind of job undertaken. It is true that migrant teenage girls who operated as head porters operated along ethnic groups, but those who hawked, or worked with local chop bars do not. Indeed, chop bar operators do not recruit based on ethnic background but on the ability of the individual to work. In addition, this study found ethnic groups to have predominance in some jobs undertaken. For example, Dagomba, Mamprusi, Gonja, Sisala and Konkomba girls are more likely to work as head porters while Frafra, Kusasi, Kassena

²⁰ *Ntarfuo* in Akan means a twin. However, it has become a stereotype description of people of the three northern regions to mean people always seen together as though they are twins.

²¹ *Susu* is a Hausa word meaning credit or collective savings of people in a group, where an *official* external to the group keeps the savings of each member and makes the money available as and when the contributor needs it.

²² *Adasia* is a form of *susu* practiced by migrant teenage girls themselves where a group of five, ten or more decides to contribute a regular fixed amount and hand it to one member to enable that individual buy her needs. They continuously contribute in the group until everyone in the group has had the opportunity of receiving the agreed upon amount fixed for every group member. This is very common among people of the same ethnic group or village where it is easy to track each other.

girls are more likely to work in restaurants or as street vendors. Bulisa girls are notoriously known for selling banana and groundnut while Dagaaba girls mainly sell.

This finding is significant in many respects. First it highlights strategies to engage vulnerable groups such as migrant teenage girls. This study's finding further draws attention to strategies different stakeholders can consider engaging migrant girls from different ethnic extraction. The findings of this study is important to the extent that it highlights the vulnerability of these teenage girls in respect of their savings culture in the city and therefore draws attention to small financial institutions such as saving and loans companies on how to target teenage girls with children in the city on ways of securing savings.

7.2.4 Health Seeking Behaviour

The Ghana Child Labour Survey (2003) found three in five street children to have been injured or ill as a result of being on the street, and 64.9 percent of street children having been injured or fallen ill while on the street. More frequent injuries/illnesses were therefore found among younger children than older children, thus, underlining the vulnerability of younger children on the street. Kwankye et al. (2009) found a significant proportion of head porters patronizing chemical shops and pharmacies for medication with only a fourth reporting to hospitals. However, Kwankye et al. (2009) did not assign reasons why Kayayei preferred chemical shops and pharmacies as a preferred means of seeking treatment. Like Kwankye et al. (2009), this study found an overwhelming majority of teenage mothers utilized chemical shops and pharmacies in the capital city as a means of seeking treatment. The reasons for the health seeking-behaviour of migrant teenage mothers included cost of seeking treatment from hospitals, avoiding long waiting time at the hospital and avoiding poor treatment they receive from some health professionals at hospitals.

7.2.5 Transactional sex

Transactional sex as noted by Gyesaw and Ankomah (2013) in this study also accounted for unplanned pregnancies among migrant teenage girls on the street of Accra. These unplanned pregnancies arose out of the need to negotiate for sleeping space, for protection and also as a means of warding off other potential men on the street. This study found that nearly forty percent (39.1%) of respondents engaged in unprotected sex. This finding is supported by Twumasi-Ankrah, Hilton and Keller (1999), Cater and Coleman (2006) and Badasu (2004) that nearly all the pregnancies of teenage girls were unplanned or unexpected. Unplanned pregnancies among migrant teenage girls was explained during focus group discussion to be common because men hardly prefer to use condom. They further explained that the female condom is also difficult to find.

This study is relevant to the extent that its findings impinge on teenage mother's low level of knowledge on reproductive issues. The findings have implications on the low contraceptive usage by these girls account for unplanned pregnancies. Unplanned pregnancies limits life opportunities for migrant teenage girls. Teenage girls dropping out of school would affect their future job prospects and their ability to adequately cater for themselves. The contribution of this study to knowledge is seen in light that it draws attention on the need to improve teenage reproductive health and the need to target the reduction of teenage pregnancy in Ghana, particularly among poor communities of the three regions of the north.

7.2.6 Enduring Stigma, Abuse, Harassment and Exploitation

Migrant teenage girls experienced stigmatisation from the public, and some health professionals at health centres. The data indicate that migrant teenage girl experience stigma from some health care personnel, shop owners and pedestrians or other members of the public on the streets of Accra. The findings of this study revealed that migrant teenage girls were constantly met with disparaging remarks and the hurling of insults and had to contend with the

general treatment as though they were non citizens of Ghana in the capital city. But, these girls adopted coping strategies that reflect the views of Greer (1970:17) which states that:

Until women themselves reject and refuse to feel ashamed for the way others treat them, they have no hope of achieving full human stature.

The literature, for instance, distinguishes between two types of stigma: public stigma and self-stigma. Public stigma is one's perception of others' reactions to one's illness. Meanwhile, self-stigma involves the internalization of public stigma typically marked by feelings of shame, embarrassment, and low self-esteem directed toward oneself (Corrigan, 2004). Despite this differentiation, it is best to conceptualize the two constructs together since they are so closely related. This is against the backdrop that stigmatization negatively affects an individual adolescent's psyche, and can result in teenage girls actually perceiving themselves as second class citizens in the face of the verbal abuse they regularly encounter.

Again, consistent with the observations of Boakye-Boaten (2008) on the experiences of children on the street of Ghana, this study found that respondents had to cope with emotional, verbal and physical abuse, as well as sexual harassment and exploitation from *Abayee*²³ driver-mates²⁴, *kobolo*²⁵, station-masters²⁶, and other pedestrians on the street of Accra. The experiences of girls being sexually abused have been found not to be peculiar to Ghana but in Kenya as well. For example, Kilbride, Suda, & Njeru (2000:123) asserted that "perhaps the most threatening to girls is a fear of rape by street boys that is frequently realized in practice" (p.123). Similarly, Suda (1997::231) in a study of street children in Kenya asserts that: the most common forms of abuse experienced by street children during the course of their work include harassment by the police and other law enforcement

²³ Abayee in Ghanaian parlance means city guards,

²⁴ Driver-mate in Ghanaian parlance refers to young men who drivers of public transport to collect the fares of passengers, refund of change and assisting passengers to alight off the bus at destinations.

²⁵ Kobolo is the plural form of bad boys

²⁶ Station-masters similarly refer to individuals at public transport terminals cloaked with authority of giving permit to vehicles that are lincensed to operate at the terminal.

agencies, rape by some night watchmen, rape by street boys, commercial sexual exploitation, lack of food ...and lack of sympathy or contempt from the public.

From the findings of this study, following sexual harassment migrant teenage girls had to endure on a regular basis, it is quite safe to infer why child bearing among these girls is common. From the indepth interviews, migrant teenage girls revealed that they were generally perceived as sexual objects by men and this thinking accounted for the regular rape attempts on them. Indeed, the findings of this study are important in several respects with regard to contribution of knowledge to the field of study. First, the findings highlights the vulnerability of migrant teenage girls on the street of Accra, who are perceived as sex objects, thus, making them targets of rape and sexual harassment by different kinds of men. The findings once again highlight the difficulty migrant teenage girls experience in accessing reproductive health care services, a situation which puts many of them at a disadvantage thus, obliging them to give birth and raise babies on the streets. In addition, these findings further highlight the fact that the situation of migrant teenage girls bearing children on the street and their experiences is not yet fully recognized by child focused and street children oriented organisations. This is because, there is no visible, aggressive attempt to develop outreach street programmes to reach street children including migrant teenage girls from northern Ghana on the streets of Acca through the provision of facilities and services.

In addition, this study's contribution to knowledge, is a clarion call on the urgent need to address the rights of girls on the street, thus reinforcing the need to champion a gender perspective in working with children on the street especially, recognising the fact that these at-risk targeted population – migrant teenage girls with children are not necessarily a homogenous group with all other young girls on the street.

7.2.7 Single Parenthood (Motherhood)

The study found single motherhood a common coping strategy among respondents on the street of Accra. The findings of this study, indicate that 62.8 percent of respondents were not living with their partners or those responsible for their pregnancies in Accra. They exclusively cared for the children. Reasons for this situation among migrant teenage girls included denial of responsibility of pregnancy by male sex partners; migration of seasonal economic female migrants to the city, unwillingness of some migrant teenage girls to marry men responsible for pregnancy. What this means is that the burden of responsibility during pregnancy, childbirth, childcare and child rearing is the sole responsibility the migrant teenage girl on the street. Respondents endured a lot of stress working for long hours. On average, they spent about eight hours, in an attempt to fend for themselves and their children on the streets of Accra. Many of these single mothers therefore work under stress and lack the time to invest in their children. It was common to find a group of migrant adult women and teenage girls with children huddled together in the open (in front of shops, lorry parks), sleeping with their children. At dawn, as the weather gets chilly, these girls wrap themselves and their children with thin sheets of cloth to keep themselves warm.

This finding is quite consistent with Kaye's (2008) study of teenagers negotiating transition from adulthood to motherhood which found young adolescents reporting more anxiety, loss of self esteem (when they conceived), difficulty in accessing financial, moral and material support from parents or partners and stigmatization by health workers when they sought care from health facilities. Similarly, Sibanda and Mudhovozi's (2012) study of teenage girls who are single mothers in South Africa contend that single teenage mothers experience psychological distress, their relationships with significant others gets affected, and their living situation leads to economic dependence on parents and government grants. While, Howard, Lefever, Borkowski, and Whitman (2006) study of fathers' influence in the lives of children with adolescent mothers in the United States concluded that father involvement

makes a meaningful difference in children's lives, at least through early childhood. The strongest influence of fathers was on behaviors related to school success, such as less defiance and greater cooperation with teachers.

Following from the above, parenting is not by any means easy and it is important to note that one parent cannot fill the gap of both mother and father. Raising a child as a single migrant teenage mother on the street of Accra was found to be a challenging task.

It is worthy to point out that single motherhood among migrant teenage girls is therefore not in accord with the spirit and letter of the Convention of the Rights of the Child and that of the Children's Act of Ghana. Indeed, the Children's Act of Ghana (Act, 560) of 1998 states among other things that a parent or any other person who is legally liable to maintain a child is under an obligation to supply the necessities of health, life, education and reasonable shelter for the child. In the circumstance of single parenting one party usually takes custody of the children as with migrant teenage mothers.

The findings of this study contribute to knowledge in several different respects. It stimulates the increased awareness about the importance of sex partners or fathers to be involved in the development of a child, particularly at the early stages of life. With respect to migrant teenage girls on the street of Accra, the findings again highlight the imperative need for maternal health care and some form of regularised formalised systems in the major market centres of Accra that will assist nursing mothers, particularly migrant teenage mothers in childcare responsibilities, so as to potentially enable their children enjoy childhood playing with colleagues. The current arrangements whereby either an adult mother or colleagues accept to take care for children of others for a fee is quite risky. One person taking care of several children is inappropriate and unacceptable childcare practice. Again, the findings call for targeted education to migrant teenage girls on the street, to the extent that contemplating

sex; they must first bear in mind the resulting effect of pregnancy and the associated risks of raising a child on the street.

These findings further contribute to knowledge in respect of highlighting the greater need for enforcing child support in Ghana. The Department of Social Welfare ought to do more by sending strong and unequivocal messages to men that if they father a child they ought to support the growth and development of that child for at least 18 years. Connectedly, there is need for a Family Support Act that will address the short falls of the child support system in the country as envisaged in the children Act.

7.3 Factors Influencing Resilience among Migrant Girls

7.3.1 Peer Social Support

Social support has been noted as a protective factor that helps young people develop and cope successfully with risky environments (Wolkow & Ferguson, 2001). An important finding of this study in respect of social support factors influencing resilience among primiparous migrant teenage girls in the city of Accra relate to the bond of peer social support that is developed and maintained by these girls. The findings indicate that while migrant teenage girls saw their determination and drive arising from within themselves, they maintained a strong bond of friendship with their peers as a means of overcoming the hardship and difficulties they commonly encounter on the streets of Accra. This reflects Mizen and Ofuso-Kusi (2010) observation that *Kayayei*, for instance, like other ordinary street children in many Ghanaian cities, develop very strong relationships or friendship as a means of survival. This study's findings show that migrant teenage mothers had their peers babysit their children for a fee. Migrant teenage girls devised an informal mechanism to overcome the adversity associated with raising children on the street. Children always require care and support. These girls acknowledging this need attempt achieving care and support for their children through peers.

It is also worth noting that migrant teenage girls enjoyed collective protection as they shared common sleeping and work places. At night they enjoy each other's company through singing of traditional songs as well as popular Ghanaian hip-life and hi-life songs from their cellular phones. They sometimes engaged in story telling as a form of entertainment, especially, to their children after a hard day's work. The following elements permeated their relationship: trust; collaboration and cooperation; mutual sharing of items including drugs, food, water, cooking utensils and the like. What this means is that collective sharing, lessens their frustrations, stress levels, pain and anguish encountered during the day on the street of Accra. Even though the migrant teenage girls lacked parental support in childcare and related care and support, which would to a large measure, have contributed in developing knowledge and skills in a healthy parenting. Nonetheless, the support and care provided by peers and adult migrant mothers on some occasions compensated, to some extent, the services these girls missed from their parents with respect to childcare. However, interestingly, the social support that teenage girls received from each other in terms of mutual sharing made them good mothers in responding to the needs of their children.

This finding is significant in many respects especially, in its contribution to knowledge in the field of welfare research in Ghana. As the finding highlights the social networks of migrant girls through peer support, reaching them and targeting services to them through this means becomes a better approach to working with at-risks groups such as those on the street. For instance, designing programmes including prenatal and parenting education, vocational and education assistance and encouragement, facilitation of child care services and childhood immunizations, contraceptive education and support, and other assistance related to the migrant teenage girls and that of their children's well-being, can be targeted using the network of peers on the street.

Again, this finding is relevant to the extent that with the new focus of the Ministry of Gender, Children and Social Protection that now situates the role of social workers in child protection as a core and critical mandate, the utilisation of migrant teenager's networks through peer support on the street is important for social workers providing case management services, street programme visits, individual counseling, and support groups. Professional social work interventions such as the above would be strengthened when practitioners are guided by an overarching practice framework of how to engage vulnerable children through networks.

7.3.2 Adoption of ethnic ties and spaces as survival strategy

Other studies (Sameroff, 1999; Sameroff & Fiese, 2000; Sameroff & Gutman, 2004) suggest that protective factors have positive effects on people's lives, irrespective of the level of risk exposure. Another significant protective factor migrant teenage mothers in the face of adversity relates to the deliberate carving of ethnic ties and spaces. As the findings of the study suggest, migrant teenage mothers in terms of sleeping and working arrangement through ethnicity for obvious reasons. First, as life on the street of Accra appeared difficult and harsh to migrant teenage girls and their children and in order to maintain, trust, co-operation, collaboration and mutual sharing one obvious logical survival strategy is to operate along ethnic line for their mutual benefit. To this extent, these girls have established jurisdictional boundaries of ethnic communities in terms of sleeping arrangement. For example, Awumbila and Ardayfio-Schandorf (2008) allude to the creation of ethnic spaces by female porters on the street of Accra for the simple reason of minimising incidence of rape attempts. In addition, this study found that to avoid pilfering, quarrels or conflict situations, and also the fear of not sleeping with 'ghost' or potential 'witches' migrant teenage girls prefer to organise their sleeping arrangements by village communities where their safety is

assured. This is against the backdrop that people of the same community or ethnic clique know each other quite well to guarantee some level of safety.

In similar fashion, migrant teenage girls created working spaces within the various markets through ethnic ties. As Awumbila and Ardayfio-Schandorf (2008) point out, in the female porter business, Dagomba girls operate mainly in Agbogbloshie, and the central market while Mamprusi girls operate in Tema-Station and Novotel areas of the central business district. Even though there is no clear delineation of working spaces by ethnic groups, there appears to be some dominant presence of particularly ethnic groups in some locations. For instance, consistent with the findings of the Awumbila and Ardayfio-Schandorf (2008), this study found that areas like Ashaiman and 'June 4' at Kantamanto were dominated by Frafra and Kusasi girls, while at La-Nkwatanang in Madina, Sisaala girls were predominant. In Agbogboloshie, 441 at Nima and Old Fadama recorded the dominance of Dagombas while Mamprusi girls mainly operated from Tema-Station, Mallam Atta Market and Kaneshie. The Konkomba could be located at the 'konkomba market'. In the case of Bulisa girls, they are mainly found in locations associated with Police and Military Barracks such as the Regional Police Barracks near Tudu. The Bulisa people from the Upper East Region are the first northern ethnic group to have been recruited by the colonial government into the police service. Through social networks their presence in the Ghana Police Service still remains high. A higher proportion of Bulisa people in the Police Service live in Police barracks. The wives of Bulisa Policemen since colonial days are reported to have developed the skill of selling banana and fried groundnuts to public. With time it became a dominant trade activity among them even till today.

Beyond the study's finding of migrant teenage girls operating in ethnic ties, the kinds of activities these girls are engaged in had some ethnic association. For example, Mamprusi, Dagomba, Gonja, Konkomba and Sisaala girls were mainly into head portering while Frafra,

Kasena and Kusasi girls are into chop bar business as attendants, and or hawking on the street and in some instances engage in the sale of oranges and sachet water, among other consumable items. Also, Bulisa girls for instance, are mainly into the sale of banana and roasted groundnuts while Dagaaba girls mainly move from one point to the other selling pito.

This finding is a significant contribution to knowledge in the field of study. This finding is relevant to the extent that for various stakeholders interested in stemming the tide of rural-urban migration of teenage girls to urban Ghana particularly Accra, the design of policy measures and programmes to address the needs of these girls must first take into account, understanding of the kinds of activities these girls are into, and leverage this into the planning, design and implementation of the said targeted programmes and services to these different categories of girls in the city. It brings to the fore how ethnic ties acts as a resilient factor to migrant teenage girls overcoming adversity in the city of Accra.

7.3.3 Finding Work

Another social support factor that influenced resilience among respondents in the capital city was the opportunity find work in Accra. Previous studies (Anarfi et al, 2003; Opare, 2003; Awumbila 2007; Awumbila & Ardayfio-Schandorf, 2008; Awumbila et al., 2008; Kwankye et al 2009) have put forward a number of reasons underlying the migration of young girls from northern Ghana to the urban south. Among the reasons proffered include: The lack of economic opportunities in the long dry seasons in the north, poverty, the need to buy items in preparation for marriage; limited availability of job opportunities for people in the informal sector of the economy from northern Ghana. Indeed, the findings of this study revealed poverty and the need to earn income as the most important reasons why young girls migrated to the city as well as other socio-cultural factors including escaping forced marriage; not getting infected by guinea worms and avoiding conflicts were some of the socio-cultural factors. In the 2007, the UNDP Country report categorised teenage mothers and residents of the urban slums as one of the socially excluded in Ghanaian society. Aside language barrier

and knowledge of the city, first time migrants from northern Ghana are good enough to find work on the streets of Accra soon after arriving from the three regions of the north. This study's findings are supported by the observations of Bancroft (2004) who observes finding work has been acknowledged as a source of resilience in terms of supporting the development of skills that provides a sense of competence and strength.

7.3.4 Earning income, savings and Remittances

The findings of this study are consistent with other studies (Anarfi et al., 2003; Kwankye et al., 2007) that were conducted on female porters with regard to income earnings, savings and remittances. Previous studies as pointed out above, report of how female porters are able to earn income, save and remit money back to their respective families up north. Anarfi et al (2003) highlight the fact that rural young people feel they have no choice but to leave home in search of work, since successful generation of remittances makes a difference between food security and a lack of it for their families. Relatedly, a survey conducted by the Ghana Statistical Service (2012) on Comprehensive Food Security and Vulnerability Analysis (CFSVA) of the Upper East, Upper West and Northern Regions, revealed that food insecurity was still rife in those areas, with the Upper East in the lead. Indeed, in the Upper East Region, 27 percent of households interviewed were either severely or moderately experiencing food insecurity, compared to 10 per cent in Northern region and 16 per cent in the Upper West.

Thus, this study's findings bring to the fore how income earnings; savings and remittances remain a key factor influencing resilience among migrant teenage girls on the streets of Accra as their remittances to their families back home make a difference in the area of ensuring food security. As alluded to earlier, poverty, lack of economic opportunities in the three regions of the north as well as social and cultural factors continuously account for migration, especially among female migrants from the north to the urban south. Against the backdrop of earning an income, migrant teenage girls on the street of Accra overcome adverse conditions on the street because of the opportunity to earn income, partly save and

remit to their families. Indeed, during focus group discussions, a number of the respondents revealed that their immediate families depended, to a large extent, on what they earned on the street and looked up to what they could remit to them. Kwankye et al. (2007) draw attention to the fact that remittances from child migrants from northern Ghana in the city of Accra was an opportunity and not every one of them earns enough let alone to save and send money home. This observation is true with second generation migrants who did not have the culture of remitting to their families up north. However, in the case of seasonal migrant girls, remittance is a yardstick of their success in the city and they personally feel obliged and therefore work hard to ensure that they are able to remit income back to their families.

The implication of this finding is that it sheds light on the earning and saving strategies employed by migrant teenage girls on the street of Accra. Certainly this finding contributes to knowledge in respect of highlighting the informal forms of saving among migrant teenage girls which is encouraging. The “susu” and Adasia informal savings habit is important to the extent that it develops desirable saving habit in these girls. This habit entails entails a lot of self-discipline and commitment to set aside, either daily or weekly, portions of meager earnings for the future. What this means is that the banking sector can consider targeting these girls on the street with better services such as mobile banking which will guarantee that their earnings are kept in tact, and that they will be spared criminal attack at night for their monies.

7.3.5 Having faith in God (Allah)

Faith in God, to a large extent, plays a significant role as an influential factor in the resilience of migrant teenage girls. The findings of the study suggest that about 72.4 percent of the respondents professed the Islamic faith while 26.0 percent of them were Christians. All the migrant teenage girls attributed their ability of overcome the toils, stresses and obstacles to their faith in God. Many of the respondents highlighted the number of times they have

come close to encountering severe accidents, others surviving fire outbreaks at night or dawn or difficult circumstances involving their children. All the respondents spoke about the role of faith in their respective lives which has enabled them to overcome adversity. Brodsky's (1999) study of African American adolescent mothers in the United States revealed faith in God as a strong factor of resilience. The findings of Brodsky (1999) are similar to those found in this study in respect of teenage girls' reliance on God to see them through life. Again, Beateau's (2007) study of single mothers in California also shows that respondents were able to contend with the difficulties and stress of life in respect of successfully combining academic pursuits and motherhood as a result of their faith in God. In the case of migrant teenage girls who are Muslims, they intimated observing their prayers and that anytime they skipped their prayers they ensured that they made up later. In a similar vein, the Christians revealed going to church regularly on Sundays and even hinted paying tithe. Again, Bock's (2000) study of single mothers also found that having faith in God was a sustaining force in respect of being able to care for one's child (ren) in the absence of family support. Bock's finding eloquently speaks to the belief of unmarried migrant teenage girls with children on the street of Accra.

This findings of respondent's belief in the faith of God are strongly supported by these other studies in which faith in God is crucial in providing solace and confidence that difficulties circumstances would be overcome. This finding is significant to the extent that it sheds light on the role of spirituality with regard to resilience exhibited by migrant teenage girls on the street of Accra.

Conclusion

The narratives collected in this study provide an overview of respondent's lived-experiences, a snapshot of the coping strategies and a window into the factors that influence resilience among them. In their accounts of lived-experiences included unplanned

pregnancies and traumatic experiences during pregnancy, childbirth, and childcare. They faced risks, endured stigma, abuse, harassment and exploitation from the public. Migrant teenage mothers utilized different coping strategies in terms of childcare arrangements, accommodation, nutritional needs and health seeking behavior. They adopted ethnic ties, utilized peer social support, survival strategies and faith in God as determinants of resilience.

CHAPTER EIGHT: SUMMARY OF FINDINGS, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Introduction

This chapter highlights the key findings of the study, conclusion, implications for social work practice and policy as well as the recommendations for the eventual improvement in the wellbeing of migrant teenage girls in the city of Accra. The key findings are presented in consonance with the objectives of the study; examining the lived experiences, the coping strategies and factors that influence resilience among migrant teenage girls in Accra.

8.1 Key Findings from the Study

8.1.1 Lived-experiences of migrant teenage mothers in Accra

- i. A greater proportion of migrant teenage girls from northern Ghana in Accra live in slum areas. They sleep mainly in kiosks while a significant number of them sleep on pavements with their children in front of shops and lorry parks. Some of them who sleep in the open sometimes attempt to utilise treated mosquito nets. On average, respondents reported paying 2 GHS per week as rent for sleeping in kiosk in the city.
- ii. Old Fadama, Abogbolshie, Kantamanto, Odawna, Ashaiman, Nima/Mamobi and other similar places where respondents were drawn for the study, constitute a citadel of filth, lawlessness and a safe haven for criminals.
- iii. Waste management was found to be non-existent in the studied communities. In fact, unlike other parts of Accra that have their waste managed by Assemblies, areas where migrant girls mostly inhabit in Accra have no authority managing the waste. The residents in those neighbourhoods emptied their waste in open gutters, while others litter waste all over the place. Open defecation into open gutters was common while others wrapped their fecal matter in polythene bags and disposed them in open gutters because they lacked toilet facilities.

- iv. Some of the respondents revealed picking multiple sex partners as a means of protection, to ward off other potential young men from continuously harassing them, in exchange for accommodation, to negotiate space from ‘abayee’ (city guards) or ‘controllers or ‘*kobolo*’ (troublesome or bad guys who exert control in a specific area) in order to work.
- v. In locations that respondents were recruited, residents continuously experience uneasy relationships with government and other land owners as they are regularly served with eviction notices because they are squatters. It is common to read the inscription Remove by AMA, Remove by LaNMMA on constructed wooden structures. Residents in these locations, lack basic services such as potable water, waste collection, schools and health facilities that are common in other neighbourhoods.

8.1.2 Risks on the Streets

- i. The study’s findings indicate that migrant teenage girls engage in unprotected sex. The likelihood of getting infected with sexually transmitted diseases such as HIV/AiDs is high.
- ii. About 27.6% of respondents reported suffering from injuries on the streets of Accra. Respondents who were head porters or street vendors ran the risk of being knocked down by fast moving vehicles. In other instances some of these girls stood the risk of being pushed down into open gutters by other pedestrians. Seasonal migrants found it more risky meandering in between vehicles compared to non-seasonal migrant teenage girls.
- iii. Many migrant teenage girls testified being at risk of having heavy load falling off their heads and getting damaged. Under such circumstances, some customers held them responsible and demanded that they pay the value of the damaged item. Seasonal migrants were more likely to be held responsible for causing damage to goods they were carrying compared to non-seasonal migrants.
- iv. Teenage girls who migrate seasonally are more vulnerable in terms of homelessness during times of rainfall compared to those who are non-seasonal migrants.

- v. A significant proportion (42.8.%) of children of migrant teenage girls interviewed had malaria. Some of the children suffered from diarrhoea while others suffered from fever. Skin rashes was a common ailment many of the children of migrant teenage girls suffered from.
- vi. Hurling of insults and disparaging comments from the public was something migrant teenage girls experienced on a daily basis on the streets of Accra.

8.1.3 Vulnerabilities Migrant Teenage Mothers are exposed to in Accra

- i. Migrant teenage girls were unable to access adequate health for themselves and their children. Financial problems constitute a major problem, especially when it comes to getting registered and renewing their registration under the National Health Insurance Scheme.
- ii. Decongestion exercises often carried out by city authorities in slum areas were cited by the participants, as constituting a threat to their livelihood and their survival in the city. Participants explained that their constructed ‘homes’ are often destroyed with careless abandon by city guards. They further explained that the situation has made them to always live in constant danger, not knowing what will happen to them next. Respondents regularly become victims of fire outbreaks in the city. Over the past few years, Ghana, as a country has witnessed fire outbreaks in market places and slums including: Abogbloshie; Odawna, Old Fadama among other places. Many of the respondents lost their property following fire outbreaks.
- iii. Sexual harassment was found to be a bargaining tool by city guards (task force) to seek sexual favours in order that they could be allowed to operate without encumbrances. This finding is telling as one respondent remarked: “at night while you are sleeping, the men just come stripping you for sex. Now, what most of us do while sleeping is to wear jeans trousers as a means to prevent men from easily raping us.”

iv. Another form of vulnerability that migrant teenage girls suffer while on the streets of Accra is stigma. Respondents indicated receiving disparaging remarks and insults by the public and shop owners.

8.1.4 Migrant teenage mothers access to social support

- i. The study found that migrant teenage girls who lived with partners in the city received more social support compared to those who did not live with partners.
- ii. But, migrant teenage girls who did not live with partners (1.69) were more likely to receive peer support than those who lived with partners
- iii. With respect to receiving social support from family members during childbirth, there was no significant difference between those who had partners and those who did not have partners in the city. Family support to migrant teenage girls was predominant (84.0%) in Ashaiman location area.
- iv. The study's findings indicate that there was no difference between migrant teenage mothers who lived with partners and those who did not live with partners with regard to the receipt of social services from institutions that offered support to teenage girls as well as from Non-governmental Organisations in the city.

8.1.5 Opportunities available to Migrant Teenage Girls

- i. An overwhelming majority (86.4%) of primiparous migrant teenage girls reported saving their income. About two-thirds migrant teenage girls (64.0%) saved with susu collectors while 16.0 percent of them saved by themselves and 14.0 percent saving with Adasia groups. Only 3.6 percent saved with relatives and 2.4 percent. the bank
- ii. About 58.4 percent of the respondents remitted incomes they earned back to their respective families at home. About 72.0 percent of them who remitted their families came from the Central Business District area. About 50.8 percent remitted through their colleagues travelling back home.

8.2.1 Childcare strategies adopted by migrant teenage mothers

- i. Migrant teenage girls utilised the services of colleague, or adult mothers to babysit their children for a fee as a childcare coping strategy.
- ii. Another popular childcare coping strategy is for the migrant teenage girls to bring younger siblings from northern Ghana to support in childcare. However, this coping strategy continues the cycle of teenage motherhood in the city and denies these younger siblings from going to school.
- iii. Overall, migrant teenage girls mainly cope by accepting the challenges of being a single mother in the city. They do this by enduring stigma, abuse, harassment and exploitation commonly associated with street living.

8.2.2 Feeding strategies adopted by migrant teenage mothers in Accra

- i. The majority of respondents very much cope by buying food to feed themselves and their children. On Sundays they teamed up with friends to prepare food as a means of reducing cost.
- ii. Respondents did not at all forgo meals as a coping strategy. They also did not call on relatives in the city for food, nor were they being fed by employers in the case of those who worked for shop owners.

8.2.3 Sleeping arrangements adopted by migrant teenage mothers

- i. Some respondents wore tight short jeans trousers to sleep as a coping strategy. This finding was significant with regard to the mean differences established for married as against the unmarried. That is, married teenage girls in the city mostly utilised this coping strategy. In northern Ghana, it is a serious taboo for married women to cheat on their husbands. Married women who cheat on their husbands will immediately suffer broken marriages because the act of adultery is perceived to invoke curses onto a family. So, married teenage mothers who are not living with their husbands ensure that they do not become victims of rape.

- ii. Again, it was further found that some of the respondents who slept in kiosk and unsafe areas kept sharp objects such as knives and blades as a means of protecting themselves. This was also significant as it established a mean difference between married and those not married. The findings, therefore, showed married teenage girls in the city were more likely to keep sharp objects compared to the unmarried.
- iii. Another significant sleeping strategy was that some respondents particularly the unmarried picked up boyfriends as means of getting a place to sleep. This finding was significantly observed among teenage girls who cohabited and also among non seasonal migrant girls who lived in the city much longer. The driving factor for these girls to take on boyfriends in the first place was to secure a place to sleep. This finding was also significant with the mean difference between those not married and the married respondents. What this means is that unmarried teenage girls utilised this coping strategy.
- iv. Moreover, the study found that the majority of migrant teenage girls slept in groups particularly with colleagues from the same village as means of protecting one another. In some instances, they collectively rented kiosk to sleep together with their babies as a means of protecting themselves and their babies. These findings did not establish any significant difference between married women and those not married with regard to sleeping in groups.

8.2.4 Health coping strategies adopted by migrant teenage mothers

- i. The main coping strategy that influenced migrant teenage girl's health seeking behaviour was the resort to accessing health from chemical shops or pharmacies. The overriding factor explaining this behaviour was that respondents could not afford hospital services and considered going to the hospital a waste of their time.
- ii. The study further found that the health seeking behaviour of migrant teenage girls was largely influenced by advice from colleagues, the use of herbal treatment as well as self-medication.

8.3.1 Factors that influenced resilience among migrant teenage mothers

- i. First, from the quantitative data, jobs in the city emerged as the strongest factor that influenced resilience among migrant teenage girls with children. It was found that as long as migrant teenage girls were assured of earning a living by securing a job, it influenced their resistance to all the odds against them in the capital city.
- ii. The second strongest factor was accommodation. In most of the places that they slept, they often suffered eviction, by land owners and sometimes through fire outbreaks. However, anytime migrant teenage girls secured a place of dwelling influenced their resilience.
- iii. Peer support was the third strongest factor that influenced resilience among migrant teenage girls in the capital city. Migrant teenage girls immediately resorted to their colleagues for support with child care duties anytime they had to attend to nature's call, bathe and or undertake petty activities that they could not carry their babies along. The fourth factor that influenced resilience among migrant teenage girls was the age of respondents. Respondents who were above 16 years were more likely to be resilient than those who are below 16 years. Respondents who are above 16 years appear more matured and have some slight edge over colleagues who are younger in how they respond to difficulties.
- iv. The fifth predictor of resilience among migrant teenage girls was partner support. Migrant teenage girls who received partner support were more likely to be resilient than those without partner support. Therefore, living with a partner in the capital city emerged as a predictor of resilience among migrant teenage girls. The findings thus show that those living with partners were more likely to be resilient compared to those without partners.
- v. The age of the child of the migrant teenage girl was also a predictor of resilience. The implication of the finding is that as the age of children of migrant teenage mothers increases, the more likely their mothers became resilient in the face of adversity in the city.

- vi. Marital status, migration status, duration of stay in the city, and level of education were not statistically significant on the resilience of migrant teenage girl's ability to strive against the odds in the city.
- vii. The data highlighted respondent's faith in God as a pivotal factor that provides solace and confidence in the midst of difficulties, they will overcome the adverse situation.
- viii. Adoption of ethnic networks and spaces was one other factor that influenced resilience among migrant teenage girls on the street of Accra. The findings reveal that the sleeping arrangements and spaces of work to a large extent were defined by ethnic grouping. Thus, it is common to observe that some ethnic groups dominate and operate in particular areas of the city.
- ix. Again, the opportunity of migrant teenage girls to find work in the city as well as the ability to earn income, save and remit their families back north were important factors that influenced resilience among migrant teenage girls on the street to the extent of making them overcome adverse situations in their lives.

8.4.1 Conclusions of the Study

This study has examined the lived experiences, coping strategies and the factors that influence migrant teenage girl's experience of having children on the street of Accra.

The findings show that migrant teenage girls from northern Ghana with children on the street of Accra experience different kinds of strains in their everyday lives. Economic strain is one difficulty they largely face. Structural and demographic forces in the city have left them with no formalised support system for either financial, childcare, housing, reproductive health services, educational or other opportunities for themselves and their children. The economic strain is aggravated by the paucity of social programs in the country for vulnerable groups. Migrant teenage girls in the city in most situations do not have a partner or spouse to help meet resource constraints.

The lived-experiences of migrant teenage girls in respect of the risks they and their children are exposed to on the street would to a large extent, have serious effect on their later growth and development. The male child of a migrant teenage girl who survives the rough life on the street may become a father in the future. The female child of a migrant teenage girl on the streets of the Accra may also become a mother in the future. What roles are these children going to play in the Ghanaian society? The nation will pay a very huge price if the situation of migrant teenage girls on the street is not addressed. The love and care that migrant teenage girls have for their children is lost in poor their environmental in the city where there is little or no social support.

Migrant teenage mothers on the streets adopted different coping strategies to live with their children. They utilised the services of younger siblings, adult migrant mother and or colleagues to babysit their children. Some others picked boyfriends on the street as a negotiation measure for securing sleeping places or warding off possible sexual harassment. Others coped by keeping sharp objects as a means of protection against thieves and possible rapists. They resort to pharmacies and chemical shops for health care and hardly went to hospitals citing, long waiting time, unprofessional attitude of some health staff and the lack of money.

Previous studies that examined female porters in the urban south of Ghana did not look at the issue of resilience. This study has filled the knowledge gap by examining the factors that influence resilience among migrant teenage girls with children on the streets of Accra. The study's findings established some key factors: jobs in the city, access to accommodation; peer support; age of the respondent; partner support and age of the child; peer social support; adoption of ethnic ties and spaces, the opportunity to find work, earning income, savings and remittances, individual physical strength, humility and hard work as well

as faith in God were critical determinants of resilience among migrant teenage girls on the street of Accra.

This study significantly contributes to knowledge through the adoption of a sequential exploratory design that combined three methods; in-depth interviews, focus group discussions and surveys to comprehensively understand the experiences of migrant teenage girls bearing children on the street of Accra.

Finally, this study has implications for social work policy and practice. The findings thus show that many migrant teenage girls and their children urgently need both formal and non-formal education, material support, and a two-generation policy approach in the capital city and beyond to simultaneously tackle the associated negative outcomes between teenage mothers and their children in the future.

8.5 Implications and Recommendations from the Study

8.5.1 Implications for Social Work Practice

Tuula and Spearman (2005) contend that the passage of legislations expressed as social policies, provide the framework for social work practice. They further indicate that social policies refers to family, health, criminal justice, child welfare, mental health and many other related fields that provide the platform for practice. The findings of this study have practice implications on several issues including enhancing child welfare and protection; enhancing family support; promoting reproductive health; promoting academic achievement; promoting social skills development; and promoting the development of public awareness and social support programs. Child bearing among migrant teenage girls from northern Ghana in Accra is a demonstration of weak enforcement of national laws, and the dominance of traditional and religious norms and conventions. There is the urgent need to stem the tide of childbearing among migrant teenage girls in Accra, and the role of social work in Ghana is absolutely crucial in this regard.

8.5.1.1 Enhancing child welfare and protection in the Ghanaian Environment

One major areas of social work practice is child welfare and protection. Enforcement of laws on child welfare and protection in Ghana is weak. Legislations protecting children in Ghana such as: The Children's Act, Act 560; the Juvenile Justice Act, Act 653; the Human Trafficking Act, Act, 694; the Disability Act, Act 715) vest power and authority on different institutions including the Department of Social Welfare, the District Assemblies; the National Youth Authority; the Domestic Violence and Victims Support Unit, to name but a few. These different institutions have overlapping and duplicating mandates, which eventually, impede adequate protection of children.

Child welfare and protection in Ghana could be enhanced if institutions with the mandate to enforce various laws protecting children derive their power and authority from one political institution. However, this one political institution in the exercise of its functions should be required to do so in collaboration with other institutions deemed important in the exercise of that function. For example, the Ministry of Gender, Children and Social Protection should be made the primary political authority on issues of children. To illustrate this point, per the Children's Act, the District Assembly is mandated to protect the welfare and promote the rights of children within its area of authority. In lieu of this function, the District Assembly is therefore entrusted with the power to set up child panels that have non-judicial functions to mediate in criminal and civil matters which concern a child. Again, the same Children's Act, makes provision for the setting up of Family Tribunals by the Chief Justice. Family Tribunals also have jurisdiction in matters concerning parentage, custody, access and maintenance of children. Now, the problem is that in many districts of Ghana, Child Panels and Family Tribunals have not been set up, thus, impeding social welfare officer's ability to protect and promote the welfare of children. The District Assemblies are answerable to the Minister for Local Government and Rural Development. Issues affecting children does not appear to be the immediate focus of a minister in charge of Local Government nor that of a

Chief Justice. Child welfare and protection in Ghana will therefore be greatly enhanced if laws protecting and promoting children are reviewed and realigned to one political authority such as the Ministry in charge of social welfare.

8.5.1.2 Enhancing Family Support

African families remain crucial in the developmental context of children particularly teenage girls. Interventions at the family level must be designed to target the social support functions of parents, the family, and community members to assist teenage girls in reducing stress. To achieve this, social workers must be utilised by District Assemblies and Non-Governmental Organisations to apply models that trains parents in the management of children in the prime ages. Social work practitioners should aim at providing support to parents through community sponsored programmes.

8.5.1.3 Promoting Reproductive Health for Migrant Teenage Girls

One critical area identified in the study relates to the reproductive health of migrant teenage girls. Although in Ghana, there are on-going efforts by the Ministry of Health and the Ghana AIDS Commission to address HIV/AIDS and other reproductive related problems in the general population, these programmes should be refocused with some special attention given to migrant teenage girls with children on the streets of urban Ghana. It is suggested that migrant teenage girls in the cities should be targeted with sustained public education on their reproductive health in general and on HIV/AIDS/STI in particular. Since, their reproductive health risks are obviously linked to their economic vulnerability, such reproductive health public education programmes should be integrated into skill-provision training programmes.

8.5.1.4 Promoting Education among Teenage Mothers

School social work has long considered parent and community involvement to be the cornerstone of enhancing school functioning among pupils. The traditional role of social work has shifted from focusing on individual pupils to working on the socio-economic, emotional

and ecological factors of pupils as regards the promotion of academic achievement. To forestall the high rates of school dropout, especially among girls, the study proposes the adoption of school social work across all the districts of northern Ghana.

8.5.1.5 Promoting Social Skills among Teenage Mothers

From the data, migrant teenage girls with children on the streets of Accra are mostly homeless. They need a safe and stable place to live, basic life skills training and services to help them overcome many barriers to self-sufficiency. With respect to social work practice, this study advocates for the immediate establishment of shelters that will serve pregnant or parenting homeless girls in Accra. These shelters should be established by the Ministry of Gender, Children and Social Protection in conjunction with UNICEF, and other private partnerships. These shelters would need assessment. This should be done at both intake and exit point. Teenage girls at high risk could then be referred for more intensive parenting interventions if there is the need.

8.1.5.6 Development of Public Awareness and Social Support Programs

In northern Ghana, some parents often give out their teenage daughters in marriage as a survival strategy, in order to earn the family some income. In other instances, girls are given out early in marriage because parents want to protect the virginity of the girl before marriage. In addressing the issue of early marriages in communities where the phenomenon is common, UNICEF, Ministry of Gender, Children and Social Protection working through the Department of Social Welfare across all the districts in northern Ghana, must of priority develop early warning systems to identify children at risk of early marriage and to trigger immediate support to these children and their families. Again, the Government of Ghana and other relevant stakeholders such as UNICEF Ghana should consider developing a special incentive package program based on a needs assessment that targets poor families with

teenage girls who are in school. This initiative has the potential to attract families to keep their daughters in school first instead of giving them out for marriages.

8.5.2 Implications for Social Work Policy

First and foremost, the Government of Ghana through the Ministry of Gender, Children, and Social Protection, must of policy priority consider childbearing on the street a developmental indicator. Accepting this social issue a developmental indicator would require, the design of a national plan to holistically address the problem. In line with this, a two-generation approach would be required to guide policy planning and implementation. What this means is that, policies and programmes must focus on the needs of street mothers and their children simultaneously. This is because the well-being of teenage girls as mothers on the street are intricably linked to their children and therefore, developing a two-generation approach becomes an imperative and not an option.

Legislative policy documents such as: the Children's Act 1998 (Act, 560), the Juvenile Justice Act, 2003 (Act, 653) the Disability Act 2006 (Act, 715) and similar legislations have often envisaged the roll out of policies and programmes by different governmental institutions. These envisaged programmes are not developed holistically and interlinked to the benefit of the targeted populations. This study contends that there should be one political authority overseeing child welfare, from which policies, programmes and services will flow.

There is the greater need for social work policy to inform the educational policy makers about the urgent need and special support for over-age learners in Ghana. There is the further need to develop strategies towards enforcing the element of compulsion of basic education in all parts of the country following the implementation of FCUBE²⁷.

Children have the fundamental right to live and grow in a healthy, protected and safe environment that will ensure that they have the chance of becoming successful human beings.

²⁷ FCUBE means Fee Free Compulsory Universal Basic Education

In the case of migrant teenage girls and their children in the capital city who can be described as ‘children having children’, they are not assured of such a future. The Ghana Child Labour Survey recognised two categories of street children in the country: Children on the street and children of the street. The National Youth Policy that was passed into law in 2010 also recognises pregnant adolescent girls and their children in the country as one of the identifiable groups that require focus and attention. Against this background, this study advocates for government and other relevant stakeholders to take immediate steps to design and develop an action plan targeting children on and of the street, as envisioned under the National Youth Policy. It is the conviction of this researcher that programmes that target children on the street would cover migrant teenage girls with children.

Child labour is closely associated with drop out and girls are most prone to school drop-out (Camfed, 2012). The Children’s Act (Act 560) prohibits employment of children under the age of 15, although the law permits light work. The Children’s Act must be reviewed to incorporate maximum number of hours a child under 15 years of age could be engaged, beyond which he/she would be said to be exploited. The Act should be enforced and made fully operational. Legal and judicial practitioners, the police and other law enforcement agencies must be educated on the Act and also sensitised on child labour issues. Again, the Ministry of Gender, Children, and Social Protection in collaboration with UNICEF and ILO should embark on a sustained public programme to educate parents, teachers and the general public on the relevant sections of the Children’s Act. The Child Labour Unit of the Department of Social Welfare should be supported in terms of staff and logistics to effectively monitor child labour programmes in the country.

There is the need for government to take the bold initiative of providing uniform skills and service training programme across the length and breadth of this country. This study therefore recommends the *Skills and Service Village* across all the districts in the country.

However, a pilot scheme could be experimented under the Savannah Accelerated Development Authority (SADA), a policy of government to bridge the developmental gap between the north and south of the country. SADA could consider as part of its programme the skills and service village, a programme to be developed across the three regions of the north.

This study proposes that social welfare institutions mandated to carry out child welfare delivery need to develop a ten year strategic development plans that aims at dealing with the myriad of social problems confronting the country. The ten year strategic plan should simply synthesize these researches into comprehensive programmes of action to be executed by trained social welfare practitioners in the country.

The government needs to consider urban development and planning of public markets. The Makola, Madina, Mallam Atta, Agboloshie, and Ashaiman Markets are very crowded and do not create enough space for people to shop and move about freely. The serious congestion in Ghanaian markets has given rise to the attraction of migrant girls from northern Ghana to the city to offer head porter services. This has brought in its wake the child bearing phenomenon among these girls who are in their teen ages thus, limiting the future of these girls and their children in many respects.

Policies have to be pursued as envisioned under the National Youth Policy (2010) to ensure that these young girls do not continue to live on the streets. Vocational training in the northern part of the country could be started by the government of Ghana as a targeted initiative for young girls and boys as means of rolling back rural-urban migration. In line with rolling back rural-urban migration of young teenage girls from northern Ghana, there is the greater need to develop stronger understanding of the importance of rural communities by ensuring that the educational system is developing in people the knowledge and attitudes required for sustainable living of individuals and communities with the long objective of establishing employment-based social welfare system through a strong connection of

programmes like Livelihood Empowerment Against Poverty (LEAP), Ghana Youth Entrepreneurial Employment Development Agency (GYEEDA).

8.6.1 Recommendations of the Study

In line with carrying out a two-generation policy approach, this study recommends the establishment of teen parenting support centres at major markets and suburbs in the city where teenage girls could freely receive services including: ‘adult’ learning; skills training; how to set up micro businesses; professional counselling on parenting. At the same time the centres should serve as drop-in where children receive early learning and development training, receive primary healthcare and nutritional support. With a two-generation policy approach, implementation would be intended to meet the needs of both generations; teenage mother and the child.

Girls not in school in Ghana have little to do with government policy, but much to do with the environment or the cultural orientation of the people. It is recommended that the Ministries of Education, and Gender, Children, and Social Protection cojointly adopt strategies to deal with cultural issues impeding educational progression in communities in the three regions of the north. Further, the Government of Ghana should pursue policies of providing education for all that take into account grade slippage of over-age learners. As a matter of priority, this study recommends levelling²⁸ and transitional²⁹ education for migrant teenage girls and other girls who miss out on education but could still attend school.

With respect to migrant teenagers already in the cities in southern Ghana, the Ministry of Gender, Children and Social Protection should have a programme that focuses on these girls. The Ministry in connection with the National Youth Authority should embark on a

²⁸ Levelling education envisages getting children in crash programmes appropriate to levels they dropped out of school previously. Providing education for children aged 13 to19 years should therefore be a priority of the country.

²⁹ By transitional education, the Ministry of Education needs to adopt an all year-round educational program designed to meet the educational needs of over age learners to acquire skills needed to create a positive life for themselves in order to promote their successful reintegration into future school, work and/or community endeavours

programme aimed at training teenage girls on the street to equip them with self-employable skills. It is suggested that the government of Ghana should reconsider the policy of holistic poverty reduction strategies and adopt a targeted poverty reduction strategy of disadvantaged groups in the country. For example, the government could identify one or a number of disadvantaged groups in the country such as: teenage girls with children; post basic and secondary school drop outs; youth with disability, pregnant teenagers on the street across the country by developing specific strategies to address their problems at all levels. With targeted poverty reduction strategies, the country stands to gain as progress or otherwise can be better monitored.

It is recommended that community film shows in rural communities of northern Ghana by the Information Services Department will to a large extent help stem the tide of female migration to Accra. The findings of the study further indicate that migrant teenage girls in the capital city did not appear to know places including the police and how to access their services, counselling centres, and social welfare centres. It is recommended that frontline social workers, counselors and police officers in these institutions develop strategies to target migrant teenage girls in the city and support them in their myriad of difficulties as their mandates cover this category of society.

It is further recommended that the formal banking system develops specific services to target this group that has shown a culture of saving. They need to be supported with mobile banking services. This would prevent thieves stealing from savings.

In summary, social work is not clearly defined in Ghana and practitioners have not owned the programmes thus, making it difficult to develop programmes that would be sustainable. Legislations on child welfare and protection at best remain scattered, incoherent and places similar functions to different authorities who administratively fall within different bureaucratic ministries of government. Therefore, the field of practice in Ghana is still largely

dependent on Western philosophies and practice based on borrowed concepts which are not situated in the Ghanaian context to resolve the specific problems inherent in our cultural and environmental needs. Going forward, social work practice in Ghana needs to focus on developing programmes on welfare targeting vulnerable groups that are directly linked to cultural practices.

This study is important to social workers because:

- i. It highlights the fact that the profession's focus should change from working with individuals to groups and communities.
- ii. It allows practitioners the opportunity to consult the findings covering migrant teenage girls.
- iii. It contributes to literature regarding social work practice with migrant teenage girls with children in the country, particularly those on the street.
- iv. It provides future researchers with valuable framework for designing and planning social work services, utilising a mixed-method design.

8.7.1 Contribution to Knowledge

Empirically, this study contributes to knowledge by demonstrating that teenage motherhood among migrant girls from northern Ghana on the street of Accra is cyclical. The study found that a significant proportion of migrant mothers brought younger siblings to assist them in childcare arrangements. This coping strategy lends itself to situations whereby these younger female siblings brought to assist eventually become teenage mothers themselves at some point in time as they are exposed to street life in Accra. The accounts of some the migrant mothers revealed that they were once brought to the city for similar roles.

This study again contributes to knowledge by enhancing understanding that childbearing among migrant teenage girls is significantly ingrained in the culture of communities in three regions of the north. A greater proportion of respondent's revealed that a woman's worth is to give birth. Respondents hardly related to the consequences of giving

birth and the possibility of childbirth in their teens emasculating their future. Even though a few of them expressed regrets for giving birth, they subsequently showed satisfaction in the children they carried irrespective of the difficulties and circumstances they were raising those children. Through this study, it is abundantly clear that girls from northern Ghana, particularly on the streets accept childbearing as a responsibility they must carry. The finding that a woman's worth is to bear children, appears to be fundamentally ingrained in the cultural orientations of migrant teenage mothers. This finding is therefore a significant contribution to literature.

A research gap this study sought to fill was in relation to the over concentration and use of qualitative methods in studying issues of vulnerable groups such as migrant teenage mothers on the streets of Accra. Nearly three quarters of literature reviewed on female porters in Ghana, as well as studies on teenage mothers beyond Ghana and Africa utilised qualitative methods. This study significantly contributes to knowledge by using a mixed-method sequential exploratory research design that comprehensively the question of understanding the lived-experiences, coping strategies as well as the factors that influenced resilience among migrant teenage mothers in Accra.

This study again contributes to knowledge by putting forward a number of implications for social work practice and policy as well as recommendations for consideration. The findings of this study have implications for enhancing the understanding of the reproductive health of teenagers and their children in the provision of holistic healthcare and welfare services targeting migrant teenage mothers in Accra. Teenage mothers in the city through well designed and developed outreach programmes could be taught basic parenting skills.

8.7.2 Direction of Future Studies

The findings of this study provide direction for research relating to migrant teenage girls from northern Ghana. Areas of future research may include a comparative study on

migrant teenage girls with children and those without children regarding their lived-experiences, coping strategies and factors influencing resilience. Besides, a comparative study on the lived-experiences, coping strategies and resilience between adult and teenage migrant mothers in the urban south of Ghana. In addition, a future study may consider looking at the developmental challenges of children of migrant teenage girls in the city as a means to inform needs driven programs as proposed for the establishment of teen parenting support centres in the major markets and suburbs of the city

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APPENDIX I: Consent Form

Title of the study: Risks, Support, and Social Resilience: A study on Primiparous Migrant Teenage Girls from Northern Ghana in Accra

Dear Respondent,

I am Kingsley Saa-Touh Mort, a doctoral student from the Department of Social Work, University of Ghana. The study seeks to understand the phenomenon of street teenage parenting in the capital city of Ghana. This study is significant given that very little has been researched on migrant teenage mothers. The study will involve interviewing migrant teenage mothers having children on the streets of Accra. Please respond to the questions as honestly and sincerely as possible. Involvement in this study is entirely voluntary and there are no known or anticipated risks to your participation. The questions ask for your opinion on a variety of statements concerning your experience living on the street as a migrant mother. All information you provide will be considered confidential and the data collected will be used only for academic purposes.

Participants Responsibilities

I certify that I have read/and or explained to and understand this consent form and voluntarily agree to participate in the research. I understand that any information obtained from me for this research will be kept confidential. To further ensure privacy, I have the option of using a pseudonym.

I certify that I am not less than 13 years and not more than 19 years of age.

Date _____

Thank you for accepting to participate in this research

APPENDIX II: Survey Instrument

Section A. Details of Migrant Teenage Mothers

1. Hometown of respondent.....
2. Region respondent comes from.....
3. Location of respondent in Accra.....
4. What is your age? **(Tick only one)**
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - 19
 - Other specify.....
5. How old is your child **(Tick only one)**
 - Less than three months
 - Six months
 - Nine months
 - One year old
 - Over two years
 - Other, specify.....
6. Which Ethnic group do you belong? **(Tick only one)**
 - Dagomba
 - Mamprusi
 - Konkomba
 - Nanumba
 - Gonja
 - Frafra
 - Kusasi
 - Builsa
 - Kasena
 - Waala
 - Dagaaba
 - Sissala
 - Other, specify.....
7. Do you have a husband where traditional rites have been performed making you a wife? **i. Yes ii. No**
8. Do you live with the one responsible for the pregnancy (husband)? **i. Yes ii. No**
9. If no why.....
10. Have you ever come to Accra and returned to the north and come back to the city?
i. Yes ii. No
11. How long have you lived in Accra (duration of stay in Accra) **(Tick only one)**
 - Past one month
 - Past three months
 - Six months
 - One year
 - Over two years
 - Other, specify.....
12. Do you live with your uncles, aunties, grandparents, brothers and sisters in the same household back in the north? **i. Yes ii. No**

13. What is your religious affiliation? (**Tick only one**)
- Christian
 - Muslim
 - Traditional
 - Other.....
14. Have you ever attended school?
- Yes **Go to Q15 and Q17**
 - No **Go to Q16**
15. If yes, what level of education completed?
- Lower Primary
 - Upper Primary
 - Junior High school
 - Senior High School
 - Other specify.....
16. On a scale of 1 to 5 what was the important reasons you never went to school? (1=not at all important 5= very important).

	Not at all important	Not important	Not applicable	Somewhat important	Very important
Parents cannot afford schooling					
Parents did not send me to school					
School too far away					
Not interested in school					
Family does not allow schooling					
Illness					
Disabled					
Both parents not alive					
Father not alive					
Mother not alive					
Other specify					

17. Which of the following reasons do you feel are the most important factors for you exiting school? Please rank in order of importance (**1=Not at all important 2= Not Important 3= Somewhat Important 4= Important 5= Very important**)

	1	2	3	4	5
Completed school					
School too far away from my house					
Inability of parents to pay fees					
Poor in studies/not interested in school					
Failed at school					
Afraid of teachers					
Got pregnant					
Suffered a disability					
To work to support self					
To work to support self and other family members					
To work to obtain capital to set up own business					
Family does not allow schooling					
Both parents not alive					
Father not alive					
Mother not alive					
Other specify					

Section B. Experiences of Teenage Mothers and their Children in the Capital City

18. Who do you live with in Accra? (**Tick only one**)
- Alone

Friends
 Co-workers
 Parents on the street
 Other Specify.....

19. Who did you live with before migrating to Accra? **(Tick only one)**

Alone
 Father alone
 Mother alone
 Both parents
 Extended family members
 Other please specify.....

20. Where do you usually sleep with your child at night? **(Select all that apply)**

Open space/pavements/in front of a store
 Railway station/lorry station/bus stop
 Classrooms
 Cinema house
 Vehicles
 Kiosk/metal container/shop
 Uncompleted buildings
 Please specify.....

21. Do you pay for this place? **i. Yes ii. No**

22. How much do you pay per night? **(Select only one that is applicable)**

50 pesewas
 1 GHS
 2 GHS
 Please specify.....

23. What do you sleep on? **(Select only one that is applicable)**

Cardboard
 Cloth
 Push Truck
 Mat
 Mattress
 Benches
 Other please specify.....

24. Please indicate the meals you and your child eats for morning, afternoon and evening

	Morning meals	Afternoon meal	Evening
Mother			
Child			

25. How much does it cost you and your child for morning afternoon and evening meals

	Morning meals	Afternoon meal	Evening
Mother			
Child			

26. Where do you take your bath?

Open space
 Free public bath house
 Paid public bath house
 Other specify.....

27. If paid bath house, how much do you pay to have a bath

20 Pesewas
 50 Pesewas
 1 GHS Cedi
 Other specify.....

28. When does your work day start?

Dawn (4:00 am to 5:59)

- Morning (6.00am – 11.59am)
 - Afternoon (12.00pm – 4;59)
29. When do you close work in a day
- Evening (5:00pm to 7:59pm)
 - Night (8:00pm to 10pm)
 - Other please specify.....
30. How many hours do you spend working in a day
- Between 1 - 3 hours
 - Between 4-6 hours
 - Between 7-8 hours
 - Over eight hours
 - Other specify.....
- 31a. Please indicate whether if you receive child care social support from the following while in the city of Accra
- i. Partner support **Yes No**
 - ii. Peer support **Yes No**
- 31b. Did you receive support from family relatives during your preparation towards child birth? i. **Yes**
ii. **No**
32. On a scale of 1 to 5, please indicate the difficulties you have experienced living on the streets of Accra? (1=Not at all difficult 2=Not difficult 3=Not applicable 4=Difficult 5=Very difficult)

	1	2	3	4	5
Finding accommodation					
Sleeping in overcrowding places					
Bitten mercilessly by mosquitoes					
Access to health care for myself					
Access of health for my child					
Financial problems during pregnancy					
Financial difficulty during child care					
The child constantly falling ill					
Sexual abuse from unsuspecting young men					
Verbal abuse from members of the public					
Attacks from male counterparts					
Physical harassment from city guards					
Access to social support					
Business gone down because of the increase number of kayayei					
Too heavy loads for less pay					
Work is too difficult					
No load to carry					
Cheap prices for migrant services					
Swindled by confident tricksters					

Section C. Coping Strategies

33. Which of the following coping strategies do you adopt in taking care of your child in the city? (1=Not at all utilised 2= not utilised 3=Not applicable 4=Utilised 5 = Very much utilised)

Child Care coping strategies

	1	2	3	4	5
Group arrangement where one teenage mother takes care of the children of other teenage mothers for pay					
Group arrangement where a migrant adult mother takes care of children of migrant mothers for pay					
Brought a younger sibling from my hometown to babysit my child					
I carry my child along while working, strapping him/her back					
Leaves my child at a day care centre					
Leaves my child in the care of village relative in the city					

34. Eating coping strategies

Please rank the following strategies in order from 1 to 5, (1=Not at all utilised 2= Not utilised 3=Not applicable 4=Utilised 5 = Very much utilised), how you fed yourself and your child?

	1	2	3	4	5
Cook own food to feed myself and the baby					
Buy cooked food to feed myself and the baby					
Forgo some meals in a day					
Team up with other friends to contribute to the preparation of food as a means to reduce cost					
Call on some relatives in the city for food					
Fed by employer					

35. Accommodation coping strategies

	1	2	3	4	5
Sleeping in groups with friends from my village with the aim of protecting one another					
keeping sharp objects like blades and knives when sleeping as protection in the eventuality of an attack					
Wear tight short jeans trousers to sleep					
Renting a better room to sleep with my child					
Picking up a boyfriend as a means of getting a place to sleep					

1=Not at all utilised 2= Not utilised 3=Not applicable 4=Utilised 5 = Very much utilised

36. Health coping strategies

	1	2	3	4	5
Access health care from pharmacies and chemical shops					
Seek treatment from hospitals, clinics and health posts					
Seek advice from my colleagues on what medicine to buy					
Seeking herbal treatment					
Self-medication					
Resorting to oracles, soothsayers, and divine healers					
No medical care					
Never fallen sick since migration					

1=Not at all utilised 2= Not utilised 3=Not applicable 4=Utilised 5 = Very much utilised

Section D. Resilience factors Migrant Teenage Mother's exhibit

37. Please indicate your level of agreement with the following statements on a scale of 1 to 5, (1=Strongly disagree 2=disagree 3=Non-applicable agree 4=Agree 5=Strongly agree): the resilient factors that you exhibit as a teenage mother in the city

	1	2	3	4	5
Desire to making it in life					
Pledged myself not to return to my hometown the same					
Linking up with colleagues from my home village for support					
Physical strength					
Motivation to work hard					
Hope for the future					
The socio-economic backgrounds of my family					
Problem-solving ability					
Planfulness as opposed to impulsivity					
A strong goal orientation premised on the motivation to succeed					
Insightful: the ability to be introspective, interpersonally intelligent, and articulate					
Independent, action-oriented, and determined to stand up for myself					
I have a mentor who I go to for support and guidance in times I want to take an important decision					

1=Strongly disagree 2=Disagree 3=Non-applicable 4=Agree 5=Strongly Agree

F. Opportunities

41. Did you have access to the following services in the city	Yes	No	N/A
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1	Antennals			
2	Postnatal's			
3	Accommodation in the city			
4	A job in the city			
5	Did you have a skilled attendant helping you to give birth			

42. What kind of job are you engaged in?

- Head porter (kayayei)
- Job bar attendant
- Street Vendor/Hawker
- House help
- Sales girl/Shop attendant
- Other specify.....

43. How much do you earn in a day

- Less than 10 cedis
- Between 11-15 cedis
- Between 16-20 cedis
- Between 21-25 cedis
- Between 26-30 cedis
- Other specify.....

44. Are you able to save your money? **i. Yes ii. No**

45. Where do you save your money?

- Susu collectors
- Employer
- Relative
- Other, specify.....

46. How often do you save?

- Daily
- Weekly
- Monthly
- Other please specify.....

47. How much do you save in a day

- 5 cedis
- 10 cedis
- 15 cedis
- Other specify.....

48. Do you have other sources of making money? **i. Yes ii. No**

49. If yes, how.....

50. Do you remit your family relatives back in the north? **i. Yes ii. No**

51. If yes, how do you send your money home?

- Mobile Money Transfer
- Through Family relatives
- Bank transfers
- Other specify.....

52. Do you know of any institution that offers social services to teen mothers in Accra?
i. Yes ii. No

53. Have you ever received support from government institutions for support

- Ministry for Gender, Children and Social Protection
- Social Welfare Department at the Accra Metropolitan Assembly [AMA]
- Never

54. Have you ever received support from a Non-governmental Organisation **i. Yes ii. No**

G. Risk Factors

55. On a scale of 1 to 5, with 1 being least affected and 5 being most affected, can you please indicate how the following have affected you

	1	2	3	4	5
The absence of a father-figure in the home					
The family living below the poverty line					
Overcrowding or the lack of space in where you leave					
Mother having achieved less than 12 years of education					
Mother less than 20 years of age at birth of the child					
Other specify					

56. Please indicate the kind of harassment do you commonly experience on the streets?

	1	2	3	4	5
Has anybody physically slapped, beaten you					
Has anybody shouted, insulted, said anything that you feel offended					
Do men touch you against your will, in a way that make you feel uncomfortable, such as unwanted touching, rubbing, kissing, grabbing or fondling					

1=Not come at all 2=Not common 3=Non applicable 4=Common 5=Very common

57. How many sexual partners did you keep for the past one year?

- One
- Two
- Three
- Other specify.....

58. Have you engaged in unprotected sex? **i. Yes ii. No**

59. As of the time you gave birth were you able to work on the streets? **i. Yes ii. No**

60. Can you please tell me the category of people who sexually harass you?

- City guards
- Night watchmen
- Male Colleagues
- Other specify.....

61. Have you ever had any item stolen from you? **i. Yes ii. No**

62. On a scale of 1 to 5, with 1 being not at all risky and 5 five being very risky, can you indicate the risks you have encountered living on the street of Accra as a teenage mother?

	1	2	3	4	5
Meandering through cars with goods					
Hit by a vehicle					
Falling with heavy load					
Held responsible for goods I cause its damage					
Not paid by the right charge after your service					
Other please specify					

1=Not at all risky 2=Not risky 3=Not applicable 4=Risky 5= Very risky

H. Vulnerabilities

63. What common ailment does your child suffer from

- Malaria
- Diarrhoea
- Cold
- Cholera
- Fever
- Skin rashes
- Other specify.....

64. On a scale of 1-5, with 1 being no problem at all and 5 being the most problem experienced, what problems do teenage mothers face with their children on the streets of Accra?

	1	2	3	4	5

Homelessness					
Rainfall during the wet season					
Receiving unnecessary beatings from unsuspecting person					
Disparaging comments and insults					
Other specify					
1=No problem at all 2=Least problem 3-Non applicable 4-Problem 5= Most problem					
65. Have you suffered from any injury before on the streets of Accra i. Yes ii. No					
66. Please indicate the level of agreement of your experience of stigmatisation you have suffered in the capital city					
Colleagues	1	2	3	4	5
Healthcare personnel					
Religious leaders					
Employers					
People on the street					
Other specify					
1=Strongly disagree 2=Disagree 3=Non-applicable 4=Agree 5=Strongly agree					
Thank you very much for your participation.					

APPENDIX III: Interview Schedule on Migrant Teenage Girls

This is an interview guide, and will adopt a conversational format with respondents.

A. Background Data of Respondents

1. Age of mother.....
2. Age of child (ren)..... No. of children.....
3. Home town..... Ethnic group you belong.....
4. Home District..... Language (s) Spoken.....
5. Region..... Location in Accra.....
6. Education: Are you in school now..... (Did you go to school).....Level Attained.....
7. Is your child (ren) currently in school.....?
8. Marital Status.....
9. Do you live with the one responsible for the pregnancy (husband) Yes.....No.....?
10. If no why.....?
11. Duration of stay in Accra.....?
12. Religious affiliation.....?
13. Seasonal Migrant..... Non-seasonal Migrant.....

B. Coping Strategies of Migrant Teenage Girls with Children

i. Childbirth

14. When did you give birth.....
15. Where did you deliver your child (ren).....
16. What will you say was your experience of child birth.....

ii. Childcare

17. Can you please share your experience as a teenage mother
18. How do you take care of your child (ren)
 - Feeding the child
 - Placing the needs of the child ahead of their own
 - Buying clothes, and sandals for the child
 - Changing pampers of the child
 - Attending to a crying infant,
 - Interaction with the child (playing)
 - Level of patience, tolerance towards the child
 - Preference for punishment: physical, verbal
19. When you are busy working, who takes care of the child.....
20. Do you combine taking care of your child and working.....
21. How do you combine the two roles.....

iii. Health Seeking Behaviour

22. Types of common sickness usually experienced.....
23. Sickness experienced by child (ren).....
24. What do you do when the child falls sick.....
25. Can you tell me where you go when you fall sick.....
26. What do you do when your child (ren) falls sick.....
27. Where do you take your child (ren) when he/she falls sick.....
28. If you have ever being to a health facility, can you share your experience.....

iv. Eating

29. How many times do you eat in a day.....
 30. How about your child (ren).....
 31. What d you eat for:
 Breakfast.....
 Lunch.....
 Dinner.....

v. Accommodation

32. Where do you sleep.....?
 33. Type of accommodation.....
 34. How many rooms.....
 35. How many roommates do you have.....?
 36. Where do you sleep with your child (ren).....?
 37. What do you sleep on.....?
 38. Do you have access to the following:
 i. Electricity.....
 ii. Water.....
 39. If yes, how do you pay for the services of these facilities?

C. Resilience factors migrant mother’s exhibit

40. What will you say are the things that keep you going in the capital city against all odds

41. What will you highlight as your strengths that make you live with your child in the city

D. Opportunities

42. Did you have access to hospital services Yes_____ No_____
43. Do you have a job in the city Yes_____ No_____
44. What kind of job are you engaged in.....?
 45. What time of the day do you work.....?
 46. How long do you work in a day.....
 47. As of the time you gave birth, where you able to work Yes_____ No_____
48. How much do you earn in a day.....
 49. Are you able to save your money.....?
 50. Do you have other sources of making money.....?
 51. If yes, how?
 52. Do you send some money back to your relatives in the north Yes_____No_____
53. How do you send your money home.....?

E. Risk Factors

54. Can you explain how the following have affected you
 i. The absence of a father-figure in the home
 ii. The family living below the poverty line
 iii. Overcrowding or the lack of space in where you leave
 iv. Mother having achieved less than 12 years of education by
 v. Mother less than 17 years of age at birth of the child
55. Have you ever being harassed Yes_____ No_____
56. What kind of harassment did you suffer?
 a. Physical

b. Emotional

c. Sexual

57. Can you please tell me the category of people who sexually harass you?

58. Have you ever had your money stolen?

59. What other risks can you share with regard to living on the street as teenage mother in the capital city

.....
60. How many sexual partners did you keep for the past 1 year.....?

61. Have you engaged in unprotected sex Yes _____ No _____

62. Did you have a skilled attendant helping you to give birth Yes _____ No _____

Vulnerabilities

63. What kind of ailment does your child commonly suffer from

.....
64. What problems do you face on the streets

.....
65. Have you suffered from any injury before Yes _____ No _____

66. Please indicate if you have ever being stigma from one/all of the following

Neighbours/colleagues Yes _____ No _____

Healthcare personnel Yes _____ No _____

Religious leaders Yes _____ No _____

Employers Yes _____ No _____

Others,

67. Have you ever expressed fear accessing health care Yes _____ No _____

F. Role of Social Support to Migrant Teenage Mothers

68. What kind of social support did you receive as of child birth?

i. Family support

ii. Partner support

iii. Peer Support

69. Do you have family/relatives in the city Yes _____ No _____

70. Do you live with your family/relatives in the city Yes _____ No _____

71. Did you receive support during child birth/child care from any family relatives

Yes _____ No _____

72. If yes, what kind of support did you receive.....

APPENDIX IV: Focus Group Discussions

1. Level of Education of respondents
2. Marital status of Respondents
3. Duration of stay
4. Religious Affiliation
5. Migrant status

Lived Experiences in Greater Accra

6. Can you share with your lived experience in the capital city?
7. Where do you live?
8. How do you sleep (Sleeping arrangements)
9. Do you pay for utilities?
10. Where did you give birth?
11. What was your experience giving birth in the city?
12. Can you please share your experience as a teenage mother?
13. How do you take care of your child

Opportunities

14. Can you please indicate the opportunities you enjoy leaving in the city?
15. Antennal, postnatal's,
16. Savings, remits

Risks

17. Have you ever experienced any harassment?
18. What common harassment do you suffer from?
19. How are you harassed
20. Which category of people harasses you?

Vulnerabilities

21. What are the common problems you face as a teenage mother?
22. What are the common sicknesses you and your child suffer from?
23. Have you suffered any injuries before?
24. Have you suffered from any stigmatisation?

Coping Strategies

25. How do you take care of your children?
26. Accommodation strategies
27. Eating strategies
28. Health seeking behaviour

Resilience factors

29. What will you say are the things that keep you going in the capital city against all odds?
30. What will you highlight as your strengths that make you live with your child in the city?