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**Coping Strategies of Independent Child Migrants  
from Northern Ghana to Southern Cities**

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## Introduction

Migration in Ghana, like migration anywhere else in the world, is in response to imbalances in development existing between origin and destination areas. It is also a strategy for survival. Migration within West Africa, and between the region and the rest of the continent goes back a long way (Arhin 1978). The trans-Saharan caravan routes are among the earliest evidence of major interaction between West and North Africa for trading and exchange of scholars (Boahen 1966). Migratory movements in Ghana have always been strongly determined by the distribution of economic opportunities.

Literature on internal migration in Ghana has focused mainly on male adults from the northern regions who moved either alone or with their dependents to the middle and southern belts of the country to take advantage of opportunities in the mining and cocoa-growing areas of the south. These movements were initially more seasonal in nature. In contemporary times, however, these movements are all-year round, and have involved young children and particularly females who migrate independently from the northern parts of the country to cities and large urban centres in the south, notably Accra-Tema, Kumasi and Sekondi-Takoradi, to engage in various economic activities, including as *kayayei* or porters, carrying heavy loads on their heads (see also Riisøen, Hatløy and Bjerkan 2004). Indeed, there is a strong tradition in Ghana of children leaving on their own initiative to find work (ibid.)

As independent child migrants in unfamiliar socio-cultural and economic environments, some of these children are likely to be vulnerable and face some risks. For example, many of them are found at transport stations and market places, which double as their places of work and sleep. It is common to find several children sleeping under sheds in these markets at night, bringing to light the problem of accommodation, among others, which many of these children face. These problems notwithstanding, more child migrants continue to migrate from the north to cities in the south, a situation which presupposes that they have some coping strategies and social resources which make them survive in these otherwise unfriendly environments. This paper seeks to ascertain the coping strategies independent child migrants adopt in their day-to-day lives in the city. Though there has been regular media coverage of the problems migrant children face in the cities, an investigation into the dimensions of the problems and the strategies they adopt to cope will better inform policy makers. This, in turn, might help the formulation of better policies that would reduce the risks and vulnerabilities faced by these migrant children.

Based on analysis of data collected by the authors in an independent child migration survey in Accra and Kumasi, carried out by the Institute of Statistical, Social and Economic Research (ISSER) and the Regional Institute for Population Studies (RIPS), who are partners of the DFID-funded Development Research Centre on Migration, Globalisation and Poverty, this paper examines the coping strategies adopted by these independent child migrants with reference to their day-to-day living at the destination areas.

The paper attempts to answer the following questions: What are the main reasons for the children staying in the destination areas? What risks are these child migrants exposed to? What coping/survival strategies do they adopt? The next section provides a brief overview of migration dynamics with reference to north-south child migration in Ghana. The following sections will then analyse the demographic and socio-economic characteristics of the child migrants, the risks they are exposed to and their coping strategies. We will conclude with some relevant policy implications and recommendations.

### **Historical Perspectives on North-South Child Migration in Ghana**

The pattern of internal migration in the country has particularly been 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. The pattern of socio-economic development in Ghana has created three distinct geographic identities (Anarfi *et al.* 2003). These are the coastal zone dominated by Accra-Tema and Sekondi-Takoradi; a middle zone (the Ashanti region) with Kumasi as its centre; and the northern savannah zone. The coastal zone, as the most industrialised and urbanised area in the country, has been the focus of internal migration since the beginning of the last century. In terms of administrative division of the country, the two cities that are the focus of this study, Accra and Kumasi, belong to the Greater Accra and the Ashanti regions respectively.

The spatial population distribution thus shows a vast and sparsely populated northern savanna belt, a densely-populated middle belt with a high concentration of commercial and industrial capitals and towns, and a very densely populated south, particularly around urban centres like Accra. The natural resource disadvantages faced by the northern regions were compounded right through colonial times into the present

as development priorities of governments were skewed towards further investments in the south rather than development in the north. The availability of natural resources like minerals, cocoa, coffee and timber products in the forest zone and the construction of railways, roads, ports and harbours along the coast to aid the transportation and export of these products meant that investments were channeled to these areas while the north was left behind. This process of development thus created a spatial dichotomy between the northern and southern parts of the country, which in turn triggered the migration of economically active persons from the north to the south in search of work in agriculture and mining. The north (consisting of the Northern, Upper East and Upper West Regions) thereby became a labour reserve for the south.

Census information further corroborates this. Analysis of internal migration from Ghana's population censuses since 1960 reveals that the three northern regions have largely been net out-migration areas, with movements largely to the south. Net migration in the three regions of Northern, Upper East and Upper West was -157,055 in 1960 and -182,426 in 1970. In 1984, however, there was a net gain of 10,716 for the Northern Region, while the Upper East and Upper West suffered a net loss of 20,762 and 3,083 persons respectively. By 2000, all three regions experienced large volumes of net losses of population, which stood at 139,216 for the Northern Region, 201,532 for the Upper East Region and 191,653 for the Upper West Region<sup>1</sup>. This suggests that with the exception of the Northern Region in 1984, the three Northern regions have consistently suffered net losses of population to other regions in Ghana.

More recently, liberalisation and structural adjustment programmes have seriously affected northern development with the agricultural sector being rendered largely moribund as fertiliser subsidies and subsidies on health care and other social services were withdrawn. The consequence of this uneven development has been that 'the north has constituted a major source of labour supply for the industries and agriculture in the south, reflecting the impoverishment in the north and the relative buoyant urban economy in the south' (Awumbila 2007). Recent studies estimate that 80 percent of the population in the three northern regions is now poor, while almost 70 percent is extremely poor.

Additionally, an analysis of the 2000 Population and Housing census of Ghana showed that the proportion of inter-regional migrants in Northern, Upper East and Upper West were the lowest in the country (6.0

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<sup>1</sup> The net-migration figures were computed from the 1960, 1970, 1984 and 2000 population censuses of Ghana from the region of birth and enumeration data (Central Bureau of Statistics 1962 and 1975; Ghana Statistical Service 1987 and 2002).

percent, 5.4 percent and 5.8 percent respectively) while Greater Accra and Western regions had much higher proportions of inter-regional migrants (36.9 percent and 26.1 percent respectively).

Another point worth noting is migrants' perception that urban centres have relatively better opportunities for them to enhance their lives. These opportunities therefore serve as attractions or incentives for migrants from the north or rural settings to move to urban centres. Given perceptions of higher incomes to be earned in both formal and informal sector employment in the south, or opportunities for furthering one's education, migrants go to great lengths to move from a small community in the hinterland in the north either straight to the cities of Accra, Kumasi or Takoradi, or embark on stepwise migration. Both have been contributing to the rapid growth of the urban population in Ghana. At the current growth rate of 2.6 percent per annum, the urban population is expected to double in 17 years (GSS 2002). 'Accra Metropolitan Area (AMA) alone according to 2000 census represents 25% of all urban dwellers in Ghana, increasing at 4.2% per annum' (Otoo, Whyatt and Ite 2006). Indeed, trends indicate that more than half of the population of Ghana would be resident in urban centres in the country by the next decade.

As already noted, more male adults moved to work in the cocoa growing areas, oil palm plantations and mining firms in the southern and middle belts in the past. This has however changed in contemporary times where the migration streams to the urban centres, particularly Accra and Kumasi, are becoming increasingly younger. '[I]n recent times a dominant migration stream from north to south has been that of female adolescents, moving independent of family, largely towards the cities of Accra and Kumasi...' (Awumbila 2007). The Ghana Child Labour Survey of 2001 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), which also supports the choice of these two cities for our survey. Many of these children take up jobs as head porters (*kayayei*) in transport stations and market centres at these destinations, and constitute a very visible presence there.

## Head Porterage in Historical Context

*All over Ghana, people carry their wares on their heads. Head porterage for commercial purposes was first introduced in this country by male migrants from the Sahelian countries in West Africa, mainly from Mali. It was virtually a male domain. Those who practised it were called 'kaya', a Hausa word for load.*

*After the Aliens Compliance Order of 1969, the 'kaya' business almost died out as those who practised it were affected by the expulsion order. The vacuum created was filled by Ghanaians but with a little alteration. Although it was still men who carried the heavy loads, they chose to carry the loads on hand trucks instead of their heads. These hand trucks became part of the traffic in Ghanaian cities and most big towns. However, with time it became increasingly difficult to use these hand-pushed trucks in the central business districts of Ghana's expanding cities and towns. It was easier for human beings to carry loads on their heads and weave through heavy vehicular traffic. Head porterage then re-assumed a place in the transportation of goods from one part of the city to another, providing a niche for young people migrating into the cities from the north of Ghana. Now for the first time, this service was being provided predominantly by females, hence the need to qualify the type of service provider by combining 'kaya' with 'yoo' ('female' in the Ga language of the Greater Accra Region of Ghana). The term 'kayayoo' constitutes a migration legacy which vividly brings out the connection between internal and international migration – it was international migration that gave rise to the term 'kaya', and more recent internal migration that rendered it female or 'yoo'.*

*The types of wares carried by these 'kayayeei' include everything from farm produce like vegetables, maize and yam and meat to provisions like Milo, milk and sugar either in boxes or plastic bags. The main users of this service are shoppers, shop owners and anyone who needs help in carting an item from the point of purchase to the point where transportation will be available. This business is informal in nature and all the people engaged in it are self-employed. It is dominated by people from the northern parts of the country, especially the Northern Region. Consequently, most of the 'kayayeei' are Dagombas. What one needs is a head pan either bought from one's own resources or hired on a daily basis especially for the new entrants into the business. Arrival at the city and locating one's ethnic group or some familiar faces in the business is enough of a permit to get into the 'kayayeei' business. Some of the 'kayayeei' have regular customers.*

## **Methodology**

The paper uses data from a survey of independent child migrants that was conducted during the first quarter of 2005 in Accra and Kumasi. Quantitative methodologies are complemented with qualitative work, including in-depth interviews with parents of current migrants, opinion leaders and some returned migrants in the origin areas in the north. Some focus group discussions were also organized among potential child

migrants and other adults on their views on migration. Other methods adopted to gather information included the use of key informants at the places of origin and destination of the migrants.

The child migrants for the quantitative survey were contacted using their group leaders as key informants at major transport stations and market places in both cities. The snowball approach was then adopted to locate other child migrants from places like the Kwame Nkrumah Circle Transport Park, Kantamanto Market area, Okaishie – Makola Market Area, Agbogloshie Market Area and Kaneshie Market Area in Accra and the Kejetia Lorry Park, Adum Shopping Centre, Asafo Market Area and Kumasi Central Market Area in Kumasi. Many of the young migrants were working as *kayayei*. Data were collected using structured questionnaires simultaneously by two teams – one in Accra and the other in Kumasi.

Child migrants from the three northern regions of Northern, Upper East and Upper West aged between 10 and 24 years who migrated on their own to the southern cities of Accra and Kumasi form the target group for this study. The sample includes migrants aged 18 years and above who were 17 years or younger at the time of their first migration<sup>1</sup>. This cutoff point of 17 years is to capture the child migrants in the group as 18 years is the legal age for adulthood. Since the sample was purposively selected, it is not representative of all child migrants.

The study targeted 400 child migrants in Accra and 200 child migrants in Kumasi. A total of 641 migrants aged 10-24 years from the three Northern regions who are currently resident in the cities of Accra and Kumasi constituted the respondents. However, of these, a small number (191 or 29.8 percent) who are between 18 and 24 had migrated after they were 18 and so fell outside the target group. The remaining 70.2 percent (or 450 children) was made up of 304 migrant children (67.6 percent) in Accra and 146 migrant children (32.4 percent) in Kumasi.

Additionally, focus group discussions and in-depth interviews of children of both sexes and within the age groups of 10-14, 15-17 and 18 years and above were also carried out. The focus group discussions were divided by gender in order for the male and female children to express themselves freely without feeling inhibited by the presence of the other gender. The discussion by age groups was also to avoid the

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<sup>1</sup> Persons 18 years and above are certainly not children but were included in the survey considering that some of them would have left their place of birth for the first time when they were children (i.e., below 18 years). The analysis however, excludes all persons who migrated at ages 18 years and above.

dominance of the older ones over the younger ones and to unearth specific concerns by age and sex, which may not have come out had these respondents been mixed.

### **Demographic and Socio-Economic Characteristics of the Child Migrants**

The demographic and socio-economic characteristics of the 450 child migrants were examined with respect to age, sex, region and district of origin, current education, occupation and marital status, in both destination areas. More than half of the migrants in the two cities (54.4 percent) were in the age group 15-19 years with 26.9 percent aged 10-14 years (see Table 1), suggesting that there were not very many young children involved in the north-south migration. Overall, the sex distribution indicated that more girls than boys are involved in the north-south migration in both destinations, particularly in the younger age groups, and more so to Accra than to Kumasi. This seems to contradict some of the literature on migration, which suggests that males dominate long distance migrations and females short distance ones. Kumasi is much closer to the north than Accra, though there seem to be more girls going all the way to Accra than to Kumasi. However, the proportion of girls decreases in the older age groups, suggesting that more boys tend to stay on in the destination area. This might be attributed to girls' getting married as they grow older, for which they would return to the north. Marriage would restrict their mobility to the cities down south to work as *kayayei*.

Sixty percent of the migrants are from the Northern Region (see Table 1), compared to a smaller proportion of them who had migrated from the Upper East and Upper West regions. By sex, however, it was noted that most of the males are from the Upper East (65.2 percent). Conversely, most of the females had come from the Northern Region (79.8 percent). The Upper West Region had the least proportion of child migrants surveyed in the two cities overall.

**Table 1: Current Age and Region of Origin of Child Migrants**

	Accra			Kumasi			Both Cities		
	M	F	T	M	F	T	M	F	T
<u>Age (yrs)</u>									
10-14	9.2	33.6	26.7	21.2	33.3	27.4	14.6	33.6	26.9
15-19	56.3	59.0	58.2	39.4	53.4	46.6	48.7	57.5	54.4
20-24	34.5	7.4	15.1	39.4	13.3	26.0	36.7	8.9	18.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	87	217	304	71	75	146	158	292	450
<u>Region of origin</u>									
Northern	25.3	83.4	66.8	21.1	69.3	45.9	23.4	79.8	60.0
Upper East	57.5	5.1	20.1	74.7	24.0	48.6	65.2	9.9	29.3
Upper West	17.2	11.5	13.1	4.2	6.7	5.5	11.4	10.3	10.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	87	217	304	71	75	146	158	292	450

Source: Independent Child Migration Survey in Accra and Kumasi, 2005

By district of origin, the data shows that West Mamprusi, Tamale Municipality, Bolgatanga Municipality and Bawku East were the dominant districts of origin of the child migrants. The majority of the boys are from Bawku East and Bolgatanga Municipality, while the girls are mainly from West Mamprusi District and Tamale Municipality. This is corroborated by a father of a current migrant at Kankobba in the Tamale Municipality, who stated: 'All the children in this area have gone to do *kayayei*. All the houses you see around here have children over there.'

For about two thirds of the child migrants, their place of birth (66.3 percent) and of childhood residence (65 percent) is urban i.e., settlements with a population of 5,000 or more, suggesting that most of the migrants are from other urban areas in the three Northern regions. It must be noted, however, that there is a tendency for people to associate their hometowns with urban settlements. The possibility therefore exists that not all persons citing urban places of origin would actually be from urban areas, considering that in Ghana it is not uncommon for people to quote the nearest well-known town as their hometown or place of birth.

The majority of the child migrants (87.3 percent) have little or no education with small differences between the two destinations. As indicated in Table 2, only 13 percent of them have received education beyond the

primary school level. In both cities boys tend to have relatively higher education than girls. This is consistent with the results of the 2003 Ghana Demographic and Health Survey (GSS, NMIMR and ORC Macro 2004).

The majority of the child migrants work as head porters (*kayayei*). This is the case for both cities, except that the proportion is higher in Accra than in Kumasi. There are more girls working as porters than boys in both Accra and Kumasi. The proportion of females working as porters is higher in Accra (95 percent) when compared to their counterparts in Kumasi (76 percent). Among the males, the highest proportions (43 percent) are working as technicians or mechanics in Accra while 44 percent are working as porters in Kumasi.

Other jobs that are common among the males in Accra include street vending (16 percent) and trading/selling (7 percent) and in Kumasi, street vending and trading/selling (21 percent each). Given the low levels of education recorded in Table 2 among the migrants, the types of work they are reported to be engaged in might be expected.

**Table 2: Education and Type of Work of Child Migrants**

	Accra			Kumasi			Both Cities		
	M	F	T	M	F	T	M	F	T
<u>Education</u>									
No Education	21.8	60.4	49.3	38.0	60.0	49.3	29.1	60.3	49.3
Religious	1.2	2.8	2.3	1.4	8.0	4.8	1.3	4.1	3.1
Primary	43.7	32.7	35.9	43.7	22.7	32.9	43.7	30.1	34.9
Middle/JSS	29.9	4.1	11.5	12.7	5.3	8.9	22.1	4.5	10.7
Sec./SSS	3.4	0.0	1.0	4.2	4.0	4.1	3.8	1.0	2.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	87	217	304	71	75	146	158	292	450
<u>Type of Work</u>									
No Work	2.3	0.5	1.0	2.8	4.0	3.4	2.5	1.4	1.8
Porter	26.4	94.9	75.3	43.7	76.0	60.3	34.2	90.1	70.4
Technician/Mechanic	42.5	1.4	13.2	11.3	10.7	10.9	28.5	3.8	12.4
Street Vendor	16.1	0.9	5.3	21.1	8.0	14.4	18.4	2.7	8.2
Trading/Selling	6.9	0.5	2.3	21.1	0.0	10.3	13.3	0.3	4.9
Artisans	1.2	1.4	1.3	0.0	0.0	0.0	0.6	1.0	0.9
Labourer	3.4	0.0	1.0	0.0	0.0	0.0	1.9	0.0	0.7
Other	1.2	0.4	0.6	0.0	1.3	0.7	0.6	0.7	0.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	87	217	304	71	75	146	158	292	450

Source: Independent Child Migration Survey in Accra and Kumasi, 2005

The majority of the migrants have never married (90 percent -- not shown in table). However, a slightly higher proportion of the males fall in this category compared to the females. This is to be expected as women generally marry earlier than men in Ghana.

### **Child Migrants' Lives in the City**

Migration involves both opportunities and risks. Depending on one's preparedness and fortitude, and the prevailing conditions at the place of destination, this 'leap in the dark' could be a big opportunity for the migrant to turn not only his/her life around but also to positively affect the lives of his/her dependents back home. At the same time, there are also high risks and possible costs.

A closer look at the day-to-day lives of child migrants at the destination will bring into perspective the risks they are confronted with in their bid to make a living in the city. Again, their own views would provide some insights into both sides of child migration -- constituting both a risk and an opportunity.

#### *The Risks Child Migrants Face in the City*

The analysis shows that the problems child migrants often face at the destination are basically socio-economic in nature and in both cities problems revolve mainly around their living conditions. These were reported to include having no proper places to sleep at night, poor payment for their services, harassment from city guards and security men (night watchmen), their perception of their work being too difficult, low incomes, increased population of *kayayei* that has reduced job availability, and disrespectful treatment and insults from customers to whom they offer their services. With basically little or no education or skills, most of the child migrants find it difficult to find jobs when they come to the cities and end up in the *kayayoo* business. As Quaicoe (2005) points out in her article 'Woes of the *Kayayoo*', young girls are faced with myriad problems which include poor housing facilities, poor health care, inadequate sanitation facilities and harassment from male colleagues. This is corroborated by the findings of this survey. Despite this difficult situation, about 13 percent of the migrants in Accra and about 18 percent in Kumasi indicated that they faced no serious problems (Table 3).

**Table 3: Major Problem Faced by Child Migrants**

Problem	Accra			Kumasi		
	Male	Female	Total	Male	Female	Total
Business gone down	5.1	2.3	3.1	-	-	-
Cheap prices for migrant services	2.6	5.6	4.8	6.6	11.4	9.2
Disturbance from City Guards	3.8	14.0	11.3	9.8	1.4	5.3
Financial problems	6.4	1.9	3.1	-	1.4	0.8
Too heavy loads for less pay	2.6	4.2	3.8	9.8	14.3	12.2
Work is too difficult	1.3	1.9	1.7	9.8	20.0	15.3
No load to carry/No job	19.2	20.1	19.9	9.8	5.7	7.6
No proper place to sleep	15.4	15.9	15.8	9.8	7.1	8.4
Too high taxes	3.8	2.3	2.7	-	-	-
Other minor problems	27.0	19.2	21.1	24.7	23.0	23.6
No problem	12.8	12.6	12.7	19.7	15.7	17.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	78	214	292	61	70	131

Source: Independent Child Migration Survey in Accra and Kumasi, 2005

### Work-related Risks

For many child migrants, their work also constitutes their major source of health risk. Many of the children of both sexes, especially in Kumasi, cited problems arising from the heavy loads they had to carry (see Table 3). Even when a customer's load is particularly heavy, they force themselves to manage the load somehow to ensure their daily bread. The onus thus rests on the customer to decide not to allow a very young or frail *kayayoo* to carry a heavy load. However, few customers take this into consideration, particularly once the *kayayoo* indicates their ability to carry the load and the price is right. Indeed, often the fees paid to the *kayayoo* are not commensurate with the services they provide.

The children, both at the individual and group levels, listed various forms of aches and pains that were a regular occurrence on account of their work. Habiba<sup>2</sup>, a 13-year-old *kayayoo* from Tamale, Northern Region, said, 'Apart from body pains, I sometimes also get locked at the waist and have to remain in that posture for some time before having some relief.'

The *kayayei* operate at market places and transport stations. They also operate in other locations where they might be required to carry goods. At market and transport stations, *kayayei* are supposed to pay a daily

<sup>2</sup> The names of all respondents have been altered to maintain their confidentiality.

toll to the local authorities, which then allows them to operate for the day within that jurisdiction. However, some *kayayei* do try and evade paying this daily toll, often running away at the sight of authorities. Others are openly confrontational and refuse to pay the toll, leading to physical abuse by authorities. When not working or during the day when business is slow, they can be found resting under trees along some principal streets in the central business districts, which is considered illegal by local authorities who then try to drive them away.

### Shelter-related Risks

Accommodation was reported among the most important issues of concern to the child migrants (Table 3) in addition to the risk of abuse based on where these child migrants spent the night (Table 4). In Accra, more than half of the females and a little more than a quarter of the males reported that they passed the night in the streets, at market squares and at transport stations. This was the case for the majority of the respondents of the in-depth interviews and focus group discussions at the Malata Market, Agboghloshie Market and the Tema Station and Cocoa Marketing Board (CMB) stations. And while a third of the males in Accra and one in seven of their female counterparts accommodated themselves in kiosks<sup>3</sup> at night, a relatively lower proportion of both sexes spent the night at the home of relations or friends, often without having to pay a rent. In contrast, however, more respondents in Kumasi (almost 40 percent of both sexes) slept in a relation's or friend's home.

The results show quite clearly that many of the young migrants are exposed to risks of not only the weather but also of sexual harassment or even sometimes fall victims to criminal activities. For many of the children, therefore, their sleeping places at night constitute a big risk that could be life threatening, as Habiba, Samsom and Meiri<sup>4</sup> suggest:

I sleep with about 50 other girls in front of a chain of stores (about five of them) near the market. Some of us sleep on mats, others on cardboards and others sleep on the bare floor with just a piece of their cloth. Our accommodation arrangement is not comfortable because we are too many and we are exposed to many

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<sup>3</sup> This is a wooden structure made mainly with plywood and is usually a single room located by the roads, in a market place or a transport station which during the day serves as a place for commercial trading and in the night, as accommodation for these migrant children. Sleeping in a kiosk could be for free or paid for.

<sup>4</sup> Meiri is a 22-year-old *kayayoo* who first migrated at the age of 16. She is married and is still in the business at the Tema Station.

things like thieves and murderers. The other time someone murdered a *kayayoo*'s baby when they were asleep. Some of us thought it was for 'sikadro'<sup>5</sup> (Habiba).

I sleep with nine other boys in front of a cold store which is not big enough. Some of us sleep on mats while others sleep on benches. I don't pay for where I sleep. Sometimes so many boys come to join us and this makes sleeping uncomfortable. Where we sleep is not big enough. My security concern is the fear of our money being stolen by some 'junkies' from Nima. They cut our pockets with a blade while we are sleeping and steal our money (Samson, 14 years from Bolgatanga, Upper East Region).

I sleep on the pavement under one of the sheds at the Tema Station with quite a number of other girls. I don't know the number, we are very many. We use our mats. Some also use the benches for the passengers. It is not comfortable at all but we don't pay anything for sleeping there. I hear some girls get raped but I haven't experienced it (Meiri).

**Table 4: Place Where Child Migrants Slept at Night**

Place	Accra			Kumasi		
	Male	Female	Total	Male	Female	Total
Home	28.7	12.8	17.4	38.0	41.3	39.7
Market/transport Station	27.6	67.4	56.0	12.7	10.7	11.7
Street	0.0	2.8	2.0	1.4	1.3	1.4
In front of shops	4.6	0.9	2.0	4.2	2.7	3.4
Kiosks	33.3	15.1	20.3	38.0	44.0	41.1
Workshops	5.8	0.5	2.0	-	-	-
Cinema Halls	0.0	0.5	0.3	-	-	-
Uncompleted buildings	-	-	-	5.7	0.0	2.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	87	218	305	71	75	146

Source: Independent Child Migration Survey in Accra and Kumasi, 2005

#### Reproductive Health-related Risks

The fact that a large proportion of the migrants in Accra and Kumasi spend their nights at transport stations, market squares and in kiosks points to the possibility of exposure to reproductive and health risks. From their own reports, 76 percent of the children have never had sex (Table 5). However, responses from the migrants on their sexual activities may be inaccurate, because in Ghana matters of sex and reproductive

<sup>5</sup> Literally translated 'medicine money'. It is a term used for a ritual murder for the purposes of acquiring wealth.

health are often shrouded in secrecy. Caution should, therefore, be exercised in the interpretation of the results presented in Table 5. In particular, given the circumstances under which the children live in Accra and Kumasi, the proportion reporting never having had a sexual experience may be considered to be on the high side.

**Table 5: Variables of Reproductive Health of Child Migrants**

Reproductive Health Variable	Both Cities		
	Male	Female	Total
<u>Ever had sex</u>			
Yes	35.7	17.9	24.1
No	64.3	82.1	75.9
Total %	100.0	100.0	100.0
N	157	291	448
<u>Age at first sex</u>			
< 15	19.6	26.9	23.1
15-19	62.5	69.3	65.8
20-24	17.9	3.8	11.1
Total %	100.0	100.0	100.0
Mean (years)	16.4	15.6	16.0
N	56	52	108
<u>Timing of first sex</u>			
Before migration	41.1	59.6	50.0
After migration	55.3	40.4	48.1
Cannot tell	3.6	0.0	1.9
Total %	100.0	100.0	100.0
N	56	52	108
<u>Circumstances under which first sex occurred</u>			
Forced/Coerced	3.6	11.5	7.4
Mutual consent	80.3	69.2	75.0
Monetary considerations	5.4	7.7	6.5
Peer pressure	8.9	7.7	8.3
For pleasure	1.8	3.9	2.8
Total %	100.0	100.0	100.0
N	56	52	108

Source: Independent Child Migration Survey in Accra and Kumasi, 2005

With reference to age at first sex, however, Table 5 shows that a large proportion of the migrants in both cities reported to have initiated their first sex at the age of 15-19 years. The mean age at first sex also shows a slightly lower mean age among the females than the males. Age at first sex among the migrants is lower compared with the 2003 GDHS figures of 18.4 among females of 20-24 years and 19.6 among males

of the same age group (GSS, NMIMR and ORC Macro 2004). It is also observed that overall, while half of the migrants reported to have had their first sex before migrating to their current location, a higher proportion of the females (60 percent) did so compared to the males (41 percent).

With respect to the circumstances in which first sex occurred, a high percentage of the respondents attributed it to mutual consent (80 percent among the males and 69 percent among the females). There were, however, some 12 percent of the females and 4 percent of the males who indicated that their first sex was coerced. While a slightly higher proportion of the males pointed to the influence of peer pressure for their first sexual activity, monetary considerations seemed to play a slightly bigger part for females (Table 5).

According to some of the parents interviewed in the sending regions, some of the girls returned home sick and sometimes pregnant, which clearly suggests that some of the migrant girls did engage in unprotected sex and thereby exposed themselves to sexually transmitted infections (STIs) including HIV/AIDS. Some were said to have engaged in commercial sex as well. This point was corroborated by an acting Chief as follows:

Child migration affects the education of the children. Some of the children return with pregnancies, which indicate they engaged in prostitution. But some of them return with their utensils ready for marriage while some return with sewing machines. The only solution to migration is to create jobs.

This statement also brings to the fore the opportunities that exist in the city for child migrants, especially in the informal sector, given their low levels of education and lack of employable skills.

### *Opportunities in the City*

Notwithstanding the problems and risks enumerated above, some opportunities are also available to child migrants. These relate primarily to their ability to earn some income from the informal sector. Some of them even demonstrated their ability to save and send remittances back home. Not every one gets these opportunities though. Some are able to earn but not enough to make ends meet, let alone consider making savings or sending remittances.

Analysis of the average daily incomes earned by child migrants shows differences between the two cities. Migrants in Kumasi appear to earn relatively higher incomes than their counterparts in Accra (¢32,522 in Kumasi compared to ¢21,528 in Accra). Males tend to have a higher income per day relative to females in both cities (¢26,735 compared to ¢19,528 in Accra and ¢41,176 compared to ¢23,868 in Kumasi – Table 6). The pattern of earnings also shows that in Accra about 80 percent of both male and female migrants earn less than ¢30,000 a day compared to 51 percent among the males and 69 percent among the females in Kumasi. The proportion of the migrants who earn ¢60,000 or more is also much higher in Kumasi than in Accra. The results should, however, be interpreted with some caution considering that people are usually very reluctant in volunteering information about their incomes. Granted that these figures are accurate, then by Ghanaian standards, where the minimum wage per day at the time of the survey was ¢13,500, many of the migrants may be considered to be doing quite well, especially if they live with no dependents.

**Table 6: Average Daily Income Earned by Child Migrants (in Cedis)**

Average Daily Income	Accra			Kumasi		
	Male	Female	Total	Male	Female	Total
< ¢10,000.00	14.4	18.5	17.4	13.2	11.8	12.5
¢10,000.00 - ¢19,999.00	47.0	44.0	44.8	23.5	38.2	30.9
¢20,000.00 - ¢29,999.00	20.5	16.2	17.4	14.7	19.1	16.9
¢30,000.00 - ¢39,999.00	3.6	6.9	6.0	13.2	7.4	10.3
¢40,000.00 - ¢49,999.00	3.6	7.4	6.4	4.4	10.3	7.4
¢50,000.00 - ¢59,999.00	4.8	3.7	4.0	5.9	5.9	5.9
¢60,000.00 or more	6.1	3.3	4.0	25.1	7.3	16.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	83	216	299	68	68	136
Mean	¢26,735	¢19,528	¢21,528	¢41,176	¢23,868	¢32,522

Source: Independent Child Migration Survey in Accra and Kumasi, 2005

Note: At the time of the survey, the exchange rate was approximately ¢9,000 to US\$1.

Further analysis of the data also shows that more than three-quarters of child migrants in both cities reported that they are able to save some money from their earnings. The proportion in Kumasi that saved among income-earners was much higher (96.6 percent) than in Accra (76.3 percent). The frequency of savings also shows that most of them save on a daily basis. This is to be expected because in Ghana most people in the informal sector make daily savings through the *susu*<sup>6</sup> banking system. No significant difference was found between the proportions of males and females who saved money from their earnings.

<sup>6</sup> A system of banking, where accredited individuals go round the market places and even to homes on a daily basis to collect a stipulated amount that each client voluntarily decides to pay. This is saved and payments are made to the individual at the end of

More than half of the migrants indicated that they send home some money as remittances. This is especially the case amongst the migrants in Kumasi, where up to 80 percent of the males and 63 percent of the females who responded to the question indicated that they send home monetary remittances. This and the above mentioned result on savings could signal that life in Accra is more difficult than in Kumasi and is consistent with the reported variation in daily earnings between the two cities.

Thus, in spite of their small earnings and savings, the migrants reported to be able to manage to send home money for various purposes. In Kumasi, males are more likely to send money home than females, while no significant difference was found in Accra between the proportions of females and males who send money home. Additionally, analysis from the in-depth interviews and focus group discussions showed that respondents also remit in kind and send home things like imported rice, soap and other household provisions.

## **Coping Strategies**

Independent child migrants form part of what is called the urban poor who not only live in a cash economy and have to purchase virtually everything but are also faced with limited livelihood opportunities, unsanitary conditions and the lack of appropriate safety nets to reduce their vulnerability within the urban environment. They therefore adopt strategies which they find necessary to their survival in these unfamiliar environments. This is particularly important since further analysis of the data shows that over 75 percent of them are first-time migrants, 90 percent are recent migrants (up to five years) and some have migrated at ages below 10 years. Their coping strategies have been examined relative to eating, accommodation or shelter and health-seeking behaviour.

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each month less the savings for one day, which is retained by the 'susu banker' as his/her commission. This system is fairly convenient as the 'bank' in this context moves to the client instead of the customer going to the bank as the case with the modern banking system.

## *Eating*

In-depth interviews with some child migrants in the city of Accra showed that most of them eat three times a day when they can afford it, but sometimes have to forgo a meal or two in a day when they do not have enough money. Others also call on some of their relatives in the city or team up with other friends to contribute to the preparation of food. Generally, however, many of them satisfy their hunger by buying food from street vendors. According to them, they have few choices. Though buying from the street is expensive, these children find it relatively cheaper since a lot more is needed to cook one's own meal. Apart from the ingredients for the meal, they need cooking utensils, fuel for cooking and have to ensure that any food that is left does not go bad. Some of them indicated that they sometimes cooked during the weekends with contributions from their colleagues. Most of the migrants however agreed that getting food was not a problem provided one had money. Some of them recounted their experiences in the following words:

I eat 3 times a day when I have enough money. But sometimes I have to skip breakfast. It is sometimes difficult to get money to buy food and I depend on my brother during such times (Stanley, 14 years, from Bolgatanga in the Upper East Region).

I don't always eat 3 times a day. My breakfast is assured because we cook some porridge or something in the morning. But it is not the same with lunch and supper. Sometimes, I get some money from my brother or other relatives for lunch. Other times, I go hungry. In the evenings, too, I sometimes go hungry unless my sister brings something home. She (respondent's sister) helps a *waakye*<sup>7</sup> seller so sometimes she comes home with some food (Atongo 17 years, from Lemgbensi, Northern Region).

These quotations clearly suggest that some of the child migrants, although they might have migrated independently, are not always independent in the cities of destination. Those who find feeding a problem rely on their relations or share the cost of cooking meals:

I eat 3 times a day. I buy most of the food but I also cook sometimes. I have some cooking utensils and a coal pot, which I use in the evenings when I decide to cook. I have a friend I share my food with. We come

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<sup>7</sup> *Waakye* is a locally prepared dish from rice and beans.

from the same place. So when I have, I give her and when she has, she gives me (Asana, 11 years, from Tamale, Northern Region).

The issue of the vulnerability of the children arises from the fact that they tend to buy most of their food and the likelihood of getting infections like typhoid, cholera, diarrhoea and other gastro-intestinal diseases are high. In fact, the in-depth interviews showed that apart from malaria, stomach ache and diarrhoea are also common amongst these child migrants. What is cause for concern is the low level of awareness about this and the sense of helplessness as indicated by Simao: 'I don't know anything about health threats but I think with the food we eat sometimes we can get stomach ache but there is no choice.'

### *Shelter*

Due to their poor housing facilities and accommodation arrangements, some of the child migrants have adopted strategies to protect themselves. Some have rented wooden structures popularly known as 'kayayoo quarters' in places like Agbogbloshie. Additionally, their sleeping arrangements are in groups based on where they come from and with the aim of protecting one another. Those who sleep in the open, for example in front of shops or at the transport stations, have resorted to having some sharp objects like blades and knives on them when sleeping as protection in the eventuality of an attack.

According to Simao (19 from Tamale, Northern Region)<sup>8</sup>: 'Even though I don't belong to any association, we have a group sleeping arrangement. I sleep with the Tamale group – all the girls I sleep with are from Tamale and we protect ourselves from outsiders by teaming up. For example, when there is trouble for one or a fight against one from an outsider, we all fight the outsider.' Asana (11 years, from Tamale, Northern Region) added that: 'Since we are sleeping outside, each of us gets either a blade or a small knife under the cloth when we are going to sleep which will be used in the event of an attack.'

The accommodation arrangements also expose the children to exploitation. Some child migrants who sleep in front of a shop indicated that they are made to pay ₵1,000 per person each day to the owner of the shop for the privilege of sleeping there. Sometimes there are as many as 50 of them sleeping in one such

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<sup>8</sup> She migrated when she was 17 and in class 5, having started schooling very late at age 12.

location. So apart from the accommodation being uncomfortable, they are further exploited with a threat of eviction and reporting to the police if they refuse to pay.

### *Health-seeking Behaviour*

About half of the child migrants at both destinations access health care from pharmacies and chemical shops, with almost a fourth of them seeking treatment from hospitals, clinics and health posts (see Table 7). The former means of seeking treatment may or may not constitute self-medication depending on whether or not a qualified pharmacist administers the medication based on his or her professional assessment of the condition of the customer. More often than not, however, these child migrants visit the chemists having already determined what they want to buy, and buy them over the counter from shop attendants who may not ask any questions. Self medication seems to be more of the norm, particularly in Kumasi, often with symptoms diagnosed for them by friends or acquaintances who have suffered similar symptoms previously. For instance, Zuera<sup>9</sup> (19 years, from Bawku – Upper East Region), said: 'I have been sick only once. I had a stomach ache after eating some kind of food late in the evening. A friend's uncle, who I'm currently staying with, gave me some medicine he said had been given to his wife when she had a stomach ache'.

Alima (16 years, from Wulensi, Northern Region) said:

I don't often get sick. I have however had some headaches and stomach aches, which I treated with drugs from the drug store. I have never visited the hospital since I came here. I once had a headache which was terrible so I took some medicine and had a rest but could not rest for long since the longer I rested, the more opportunities I missed for making some money.

The sick person then simply buys a remedy suggested by the friend, with no idea of the dosage, leading to possible instances of overdose, becoming resistant to particular drugs or, in the worst case scenario, with fatal repercussions. There is cause for much anxiety here, particularly in relation to the administering of the new drug for malaria – Artesunate Amodiaquine -- which is to be taken according to one's weight. Most child migrants are hardly aware of their weight.

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<sup>9</sup> She migrated to Accra when she was 16 years.

**Table 7: Source of Health Care Used by Child Migrants**

Source	Accra			Kumasi		
	Male	Female	Total	Male	Female	Total
Hospital, clinic, health post	27.9	20.3	22.5	26.8	21.6	24.1
Herbal treatment	3.5	0.5	1.3	5.6	1.4	3.4
Self-medication	9.3	11.0	10.6	23.9	20.3	22.1
Pharmacy, chemical shop	52.3	59.0	57.1	43.7	55.4	49.7
Oracles, soothsayers, divine healers	0.0	0.5	0.3	-	-	-
No medical care	1.2	2.7	2.3	0.0	1.3	0.7
Never fallen sick since migration	5.8	6.0	5.9	-	-	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	86	217	303	71	74	145

Source: Independent Child Migration Survey in Accra and Kumasi, 2005

From the focus group discussions and in-depth interviews, it emerged that most child migrants used over-the-counter drugs like Paracetamol whenever they were sick. These children went to the hospital or clinic only when their health condition did not improve with over-the-counter treatment. Furthermore, the children often compromised on their health in their endeavour to continue working to try and make ends meet.

## Conclusions and Recommendations

From the analysis, it is clear that the phenomenon of child migration from Northern to Southern Ghana involves some risks and opportunities. The issue here therefore is how to minimize the risks and reduce vulnerability of child migrants against the background that a number of them, particularly girls, migrate for the first time when they are less than 15 years of age. This paper has highlighted some of the relevant conclusions and important observations that have far-reaching implications for policy formulation in Ghana.

North-south independent child migration in Ghana is quite widespread, with almost every house in the Northern Region in particular reporting some child migrants in the South. Although north-south migration has a long history in Ghana, resulting as it does from the spatial imbalances in socio-economic development, large-scale independent child migration is a relatively recent phenomenon, with a younger cohort of girls dominating the process.

Child migration in Ghana comes with both opportunities and risks. The opportunities take the form of the possibility of earning an income from the informal sector, being able to save and if possible remit to families back home in the north, be these remittances in cash, food (groundnuts or tubers of yam) or other items (household provisions like rice, soap, sugar etc).

A number of the migrants are exposed to poor accommodation and health risks as they resort to self-medication and over-the-counter drugs. They are also vulnerable to sexual abuse, including rape.

From the discussion so far, it can be deduced that the north-south independent migration of children in Ghana has almost become a rite of passage for people in the north and the child migrants go through a lot in a bid to survive in the destination areas. It is therefore important that policies and programmes are evolved to ensure that the risks involved in the migration of these children are reduced while sensitizing them well to take advantage of the opportunities it may present.

Against the foregoing conclusions, the following recommendations should be considered. First, the government should target the three Northern regions as a special case in her poverty reduction programme, with a focus on developing resources which the North is endowed with like sheanuts and cotton. If these are given attention and made part of the Presidential Special Initiatives (PSIs), it would be a more lucrative source of income for most of the young girls in the area.

With respect to child migrants already in the cities in southern Ghana, the Ministry of Women and Children's Affairs (MOWAC) should have a programme that retrains them to be equipped with employable skills to enable them to have relatively more lucrative jobs, or indeed to become self-employed. Some civil society organisations are also running training programmes for these children, but these are on a small scale. The involvement of government through its relevant ministries, especially MOWAC, could upscale this programme for greater impact in terms of human resource development, especially at their places of origin.

One critical area of cost identified in this paper has been with respect to the reproductive health of child migrants, particularly that of girls. Although in Ghana, there are on-going programmes by the Ministry of Health and the Ghana AIDS Commission to address HIV/AIDS and other reproductive health-related problems in the general population, these programmes should be refocused with some special attention

given to vulnerable child migrants who, though they may not be engaged in commercial sex as a source of livelihood, are still exposed to the risks of HIV and STI infection. It is therefore recommended that child migrants in the cities 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 public reproductive health education programmes should be integrated into the skill-provision training programmes that have already been recommended. An intensification of education on condom use as a protection against STIs would also help reduce their vulnerability.

It is also important to have a programme that targets parents and potential child migrants in the sending areas to sensitise them to the risks involved in migration, particularly since parents and other relations are actively involved in the migration decision-making process. The District Assemblies in the sending regions should also devote a proportion of their Common Fund to sensitise potential child migrants to attain some level of education, at least up to the Senior Secondary School level, before they decide to migrate so that they may have more opportunities to choose from, including possible work in public service, rather than being confined to head portering. It would also ensure that if they eventually migrate, it would be at an age when the migrant would have attained some level of maturity to be able to better cope with independent living in the destination areas. This way, their vulnerability and consequently, the risks of migration would be reduced. It is hoped that findings from this study would provide the National Parliament with some relevant information to consider in designing policies on child migration in Ghana.

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