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Migrattion and Health Nexus: a Case of Female Porters (Kayayei) in Accra, Ghana.

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Abstract
Migration, both voluntary and forced movement of people, especially young girls and women from the north to the southern part of Ghana, has earned the concern of government, civil society organizations and researchers. At the turn of the last decade migration of young girls and women to the commercial cities in Ghana to work as head porters popularly known as kayayei has increased several fold creating streams of problems to both the migrants and the host population. In many ways, the health implications of the migrants has been overlooked, less explored and exacerbated by lack of policies to make migration of the migrants a healthy and socially productive process. This study therefore investigated the effect of migration on the health of female head porters working in various market centres in Accra. The findings indicate that a vast majority of the respondents have no permanent place of abode and this exposed them to a range of illnesses, including malaria, skin diseases, cholera, sexually and reproductive diseases and environmentally related diseases. HIV knowledge among the respondents was very high yet little attention is given to condom use which accounted for unwanted pregnancies among the porters. Findings further show that economic and social variables combine to reduce the health seeking behaviour of the head porters. Policy measures to enhance the wellbeing of the porters, including free subscription of the NHIS to make healthcare easily accessible to them were recommended by the study, based on the findings.
Keywords: Migration, Female, Porters, Kayayei, Health.

1.0 INTRODUCTION.

People are increasingly on the move for political, economic, environmental and humanitarian reasons. This population mobility has health implications both for the migrants, those they leave behind and the host population. Migrants often face serious obstacles to good health due to discrimination, language and cultural barriers and other economic and social difficulties. As we focus our efforts on reaching the health targets set by the Millennium Development Goals, it is important to understand the challenges to health in the context of migration and globalization.

According to Awumbila and Schandorf (2008: 171), Ghana is not an exception as migration has become a common household survival strategy and the most basic survival strategy for individual and families to enable them cope with the economic difficulties and other unfavourable conditions. However, migration from the northern part of Ghana comprising the Northern, Upper East and the Upper West Regions of the country to the economically rich Regions in the southern Ghana particularly Accra and the Kumasi has been taking place for a very long time due to environmental, endemic poverty and other related issues.

A study conducted by Abdul- Koran in 2004 revealed that, the British colonial policies used the Northern parts of the country as labour reserve to employ unskilled labour for the industries, the mines and the cocoa growing areas. This has created a kind of ethnic antagonism between the Northerners and the Southerners and it has led to a kind of an intersectional identity between the people from the north and those from the south. This factor has led to a greater north- south disparity in terms of infrastructural development such as schools, provision of health facilities and the training and posting of health personnel to the north and the development of transport systems as well as the establishment of industries. For this and other reasons majority of people are forced to migrate to the south to better their economic status. This has paved the way for young girls and who to migrate to the commercial cities like Accra and Kumasi to work as head porters. In the cities these young girls are force to sleep in front of shops, lorry station and in uncompleted buildings and this has made them vulnerable to rapists and exchange sex for shelter which trigger the spread of communicable diseases and sexual transmitted diseases including HIV and AIDS.

The situation of these young women and girls have become a policy concern in terms of the welfare of young people generally, young women and the girl child particularly, and has attracted the attention of government, researchers, development actors and service providers. Against this background this paper aimed at examining (1) the migration process of young women and girls who make a living in the cities as kayayei, (2) the problems they faced in the cities which has an impact on their health and (3) the relationship between their migration and

their health including reproductive health and (4)to make recommendations for possible modes of interventions that would provide them with more choices and safety at different stages their migration process (pre-migration, during migration, at their work place and living environment, return and reintegration).

Migration and health share a complex bidirectional relationship from migration to health and from health to migration, which can be either positive or negative and have beneficial or deleterious effects on health, and from push to the pull factors on migration Michel Garenne, (2003). Migrants who move with the intention of improving their lifestyle sometimes return with sickness of all kind, and the money they plan to make become a myth .Migrants also contribute to the spread of certain communicable diseases within national populations, in particular from urban to rural areas Wilson (1995). In Northern Ghana for instance, HIV/AIDS was not known until 1998 when a female migrant returned from Burkaina Faso with the disease, A. Iddrisu (2001). This confirms how migration has a link with the spread of disease.

2.0 DATA AND RESEARCH METHODS.

In conducting this study mixed method was employed in the data collection process.

The study was undertaken in some selected markets in Accra the capital of Ghana between June, 2011to January, 2012. Purposive sampling was use to select the following markets in Accra for the study: the Makola market, the largest market in Accra, Tudu, Tema lorry station, Madina market, Mallam Atta market, Agbogbloshei market and Cocoa Marketing Board (CMB) area. Structured questionnaire were administered on a sampled of 400 female porters. Focus group discussions, in-depth interviews, life histories of female porters in the various markets as well as case studies were employed. Key informant interviews were also employed to interview Govermental and non- gogernmental organizations working on the issues of female porters in Accra.The caretaker Dagomba chief of Agbogbloshei was also interviewed.

3.0 RESULT AND DISCUSSION

Table 3.1 Ethnic Background of Female Porters in Accra.

Ethnic Group	Frequency	Percentage (%)
Dagombas	**145**	**36.25**
Mamprusi	**152**	**38.0**
Tamplinsi	**47**	**11.75**
Gonjas	**16**	**4.0**
Frafra	**13**	**3.25**
Wala	**6**	**1.5**
Bimobas	**18**	**4.5**
Others	**3**	**0.75**
Totals	**400**	**100**

In all 400 female porters who migrated from different places from the northern part of Ghana to work and earn a living in Accra were selected for this study. As shown in the table 1, the largest percentage of female porters in Accra formed 38.0 % were from the Mamprusi, they were either from East or West Mamprusi Districts of the northern Region of Ghana. The second largest were Dagombas representing 36.25% also from the northern region. The interesting revelation about the study was that the kayayei activity is now taking a wider dimension in that new ethnic groups are emerging in the trade. Minority groups such as the Tamplinsi which were the third largest ethnic group in the kayayei trade is not known in the activity and most Ghanaian are not even aware of this ethnic groups let alone to know which part of Ghana they are from. This is an ethnic group who are located in Mankarigu in the overseas area in the Tolon- Kumbungu District in the Northern Region of Ghana. In Accra the kayayei from that area are located in Malam- Attah market. The Bimoba are also not known in almost all studies conducted on female porterage (kayayei) in Ghana but in this study they were also found to be involve in the trade. The Bimobas are found in the Bunkurigu- Yonyoo District of the northern Region of Ghana. This therefore suggests that the kayayei trade is growing at a faster rate despite the challenges they face in the city of Accra.

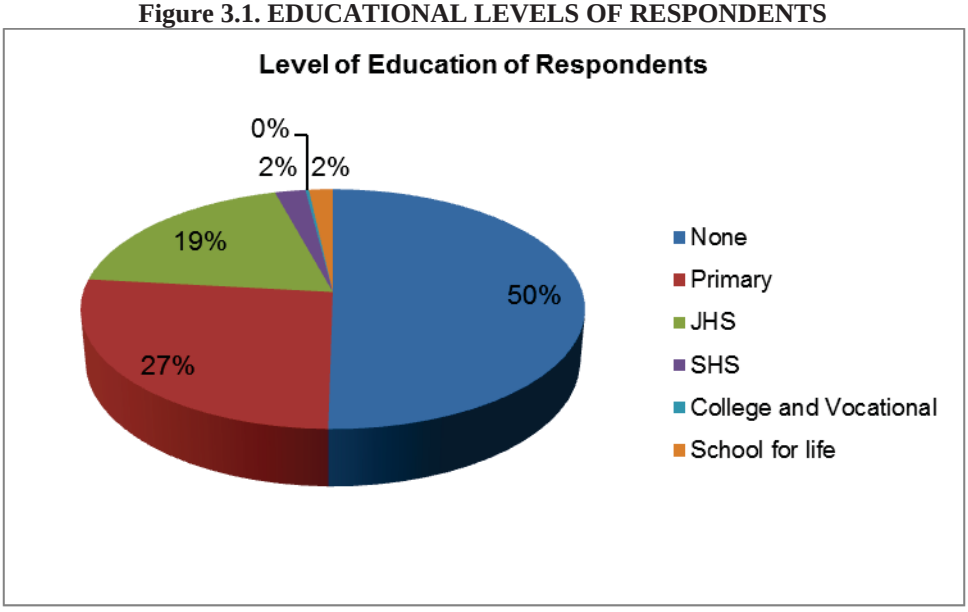
Indeed, female portering has been identified as an occupational niche of female from the Northern part of Ghana (Agarwal et al,1997), the study did supports the assertion because almost all the kayayei interviewed in this study were from the northern part of the country.

The age distribution of respondents ranged from 10 to 30 years with the majority of them being very young between the ages of thirteen to twenty years. The age distribution underscores the earlier study conducted by Agarwal et al. (1997) that the kayayei trade is a different phenomenon from street children. The age distribution indicates that 84 per cent (%) of the female porters are within the ages of 10 to 25 years with only 16 per cent (%) within the ages 25 and above. These age groups are the sexual active age group and due to their vulnerable condition some of them were force to engage in an unprotected sex which resulted in pregnancies. In the study 26 per cent of the kayayei were found to be having babies and 6 per cent were pregnant, pregnancy that a lay man call tell without be having a report from a medical officer. The nature of their work and living condition has a serious implication on their health and the health of their babies. It was realised that the active age group of child bearing were those who were mostly involved in this kayayei trade. This has implications to maternal and child health policies as well as reproductive health policy in Ghana. *I have no place to sleep with my 4 months old baby, when it is raining I run and stand in front of a nearby veranda where we can be protected from the rain. At times my baby will cry throughout because she wants to sleep but in that circumstance I cannot get a place for her to sleep. In a situation where we are unable to get a place I use a piece of plastic rubber to cover her when it happens that way the next day she will be coughing and keeps on crying given an indication that she is not well.* One of the kayayei narrated her experience during a Focus Group Discussion at the Malam Atta market.

It was realised that the active age group of child bearing were those who were mostly involved in this kayayei trade. This has implications to maternal and child health policies as well as reproductive health policy in Ghana. Those who were noted to be breast feeding their children could not get enough breast milk for their babies. When I interacted with one kayayo who was a nursing mother about how she feed her 3 months old baby, she said *I don't have enough breast milk so what I do is that I prepare "mooli kooko" for him but he does not like it and I have no option that to do that. When he was 2 months old, I carried a good Samaritan load and she asked what type of food do I use to feed my baby when I told her mooli koko she advised me to use SMA but I told her I do not know it there she sent me to a nearby shop and bought me the SMA but when it finished I went to the shop with the container and they told me it cost 27 Ghana cedis, I could not buy it because even if I use my one week earnings it cannot buy it, so I,m forced to feed him with the mooli kooko. With time she will be used to it.*

This therefore supports the study by Muroi, (2006) that exclusive breast feeding has to do with the ability of the mother in terms of income and health. Hence as a result of poverty the woman has to ignore the role of exclusive breast feeding even though she had knowledge about it.

Figure 3.1. EDUCATIONAL LEVELS OF RESPONDENTS



Holmes (1999) reports that school completion is an important determinant of future earnings and the return on education to the individual and society far exceeds the initial investments.

Of the 400 respondents, half of them were never had any basic education 50 per cent (50%) or enrolled in any formal education programme, 27 per cent had primary education, 19 per cent had Junior High School (JHS) education, 2 per cent had school for life education and another 2 per cent had educated up to the college and vocational education level.

The 50 per cent of female porters who never had any basic education is considered high considering that approximately 87 per cent of primary school- aged children in Ghana are currently enrolled in school (UNESCO, 2007). More importantly the introduction of the capitation grants in basic schools in Ghana has said to have increased school enrolment. Also Primary and lately junior high school education in Ghana is free and also compulsory (USAID, 2008). This also goes to say that Ghana is not near meeting the target of the Millennium Development Goal 2 (MDG 2): by ensuring that children everywhere boys and girls alike will be able to complete a full course of primary schooling. The low educational attainment of the female porters can be attributed to poverty and culture. Filmer and Pritchett (1999) in a cross national study of thirty-five countries observed that low enrolment or high school dropout rates is very common among poor households. Poverty is endemic in the three northern regions of Ghana where most of these kayayei migrated from. The three northern regions of Ghana suffer from disproportionately higher level of poverty compared to the other regions in Ghana (World Bank, 2008). This low enrolment by female porters mirrors the general low enrolment of girls in the Northern part of Ghana. Approximately, 40 per cent of girls at the basic school level in the Northern Region are not in school (USAID, 2007). From this, it is clear that Ghana will not be able to meet the target of the Millennium Development Goal 2 (MDG 2) which states that, by the ensuring that children everywhere boys and girls alike will be able to complete a full course of primary schooling by 2012, if more than 40 per cent of girls at the basic school level are not in school. . During a FGD a kayayo said *if I had formal education I will not have come here to work as kayayo I will have been working in an office and any time I,m sick my office people will pay for my hospital bill. Here I am but is too late for me to go to school. I will only work hard so that my children will get a better education.*

3.1 SEXUAL AND REPRODUCTIVE HEALTH EXPERIENCES AND PRACTICE

Sexuality and reproductive health issues were explored in this study included knowledge about contraceptives use and practice, sexual harassment, sexuality and knowledge about sexual transmitted diseases.

Of the 400 kayayei interviewed, 84 per cent admitted ever had sexual intercourse, 11 per cent reported that they never had sexual intercourse and 5 per cent refused to response to the questions on sexual activity. The earlier age at first sex was reported be 13 years. When I interacted with them, they reported that those who reported to have ever had sex had it with their male counterparts especially those who were able to acquire the wooded structures as their accommodation. In an interview with one kayayo she reported that *when I first arrived here, I was not getting a place to sleep so a young boy from man village who is also here to work and get money offered me accommodation and as a result he succeeded in making me pregnant.* This was a 15 years old kayayo who work and live in Agbogbloshei. The need for accommodation seems to be the major factor that pushed the female porters into consenting to sexual pressure from the young men.

Some of the kayayei attempted to justify the actions of their colleagues who find themselves pregnant. *Few of our colleagues abort their pregnancies especially those who have the money to do so and those who could not return to their hometowns in the north with the pregnancy. Hmm! A sad incident happened last year when one of us who wanted to abort her pregnancy met her untimely death because she used some concoctions to abort the pregnancy. We rush her to the hospital but by the time we got there she bled to death. All this is because of poverty; if she were having the money she will have gone to the specialist to abort it for her (a kayayo, 16 years old).*

An in-depth interview with the Dagombas chief in Agbogbloshei further indicates the following:

In this community where we live, we always see aborted babies in the rubbish dumps but is difficult to trace who might have done it people do that because of hardships.

A lot of the young girls here terminate pregnancies. Most of them do so because they cannot tell who the father of the child is because they have multiple partners. In this my house almost every day I settle pregnancy related disputes between kayayei and their partners. (Dagombas chief at Agbogbloshei). It was there for clear from the chief of the area who doubled as the care taker of the kayayei that abortion among the kayayei is common which relate to poverty and other social economic issues like lack of accommodation. Out of the 400 kayayei 238 of them representing 59.5 per cent reported ever falling victim to sexual harassment while at their destination in Accra working as kayayei. They reported that some of them men during the night will visit them and be proposing love to them, some move further to be touching the sensitive part of their bodies and some abuse them using indecent language. It was also reported that some of the kayayei were rape at their sleeping places at the Malam Attah market. They attributed the frequent rate of sexual harassment to the nature of their sleeping environment. The issue of child stealing was also reported and as a result of that, the kayayei at the Mallam Attah market have adopted a strategy of tying their babies on their legs when sleeping. This they have resulted in deforming some of the babies especially the very small ones. This issue has an implication on child health.

3.2 FEMALE PORTER'S KNOWLEDGE ABOUT HIV/AIDS

Their knowledge about the disease was found to be very high. They mentioned that some nongovernmental organisations normally come around to give the education on HIV/ AIDS and other sexual and reproductive health related issues. For instance, when asked the services that are available for HIV positive persons in Ghana mentioned condom use, counselling and HIV voluntary counselling and testing (VCT). About 97 per cent of the kayayei were aware of how to avoid HIV infection. It was only 3 per cent who said they have never taking part in the sexual and reproductive health education, their reason was that they were new comers in the trade and buck home in their villages they never had such education. During a focus group discussion, a question was posed as to how to avoid being infected with the HIV virus? They mentioned things like remaining faithful to one's partner, abstinence from sex, they also pointed to the use of condom. It was difficult to reconcile their knowledge with HIV/ AIDS and the rate at which they are getting pregnant in the city. It is that they know all these but yet they refuse to practice or there is the desire for them to have babies in the city?

Knowledge of any contraceptive use or any method of family planning among the female porters was very low 42 per cent compared to the knowledge of family planning methods and contraceptive use recorded in the 2003 GDHS (87%) (Ghana Statistical Service et al.2004). The low knowledge in contraceptive use or any method of family planning was attributed to their culture. One of them reported during a focus group discussion that. *In our village is only prostitutes who keeps condom and if a girl is found keeping condom they will use your name to sing in a simpa dance (* simpa is a local dance by young Dagomba girls and boys in northern region of Ghana) *and you will find it difficult to come out. Also girls in the rural settings find it is very difficult to go to the chemical shop and request for a condom or any of the family planning methods.*
It was therefore deduced that contraceptives use by the female porters were low as a result of their culture and also their fear that when seen with condom such a person will be brand as a bad girl.

3.2 DISEASES INCIDENCE AMONG FEMALE PORTERS.

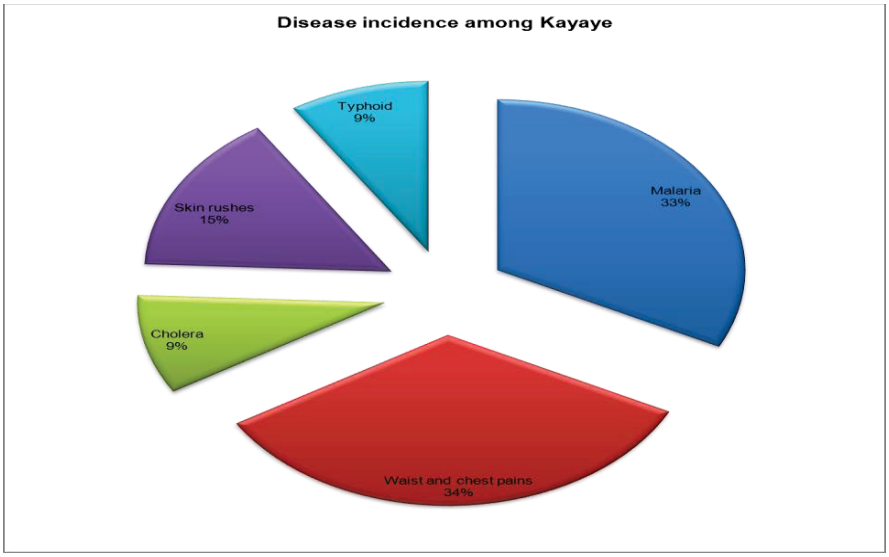


Figure 1.2 illustrates the common diseases the kayayei are suffering from. 34 per cent of the kayayei who took part in this study reported that, the common ailment that they suffered from is waist and chest pain. They relate it to the heavy load that they carried and the distance they cover while carrying the load. 33 per cent of them reported malaria. I was not surprise because malaria is the most common illness in Ghana and looking at the environment in which they live, it is full of gutter with running water that bread mosquitoes, the environment is very fealty and it can led to the outbreak of malaria and other related disease. Skin rushes was third highest (15 %), due to the nature of their rooms and the number of people living in those small rooms made them prove to the spread of communicable disease. In interview with a kayayo reported the following:
The kioks that I live in is overcrowded. We are about 12 to 14 people sleeping in that small kioks with our belongings, each one of us bought items such as basins, cloths, mats, bowls, bags and other important things we need to send home that will prepare us towards marriage. This makes us prone to all kind of diseases and sickness. Look at my body full of rushes in my skin. The kioks is not for us and the owner because he wants money continue to bring in more people and when we complain the man threaten us with eviction. And since we

need a place to lay down our heads and for the safe keeping of our belongings we cannot complain so we just have to continue perking till our time is up to go back to the North.(Hawa, a 19 years old kayayo).

The surprising thing was that those who sleep outside and in front of stores were not suffering from skin rushes. From my personal observation, I could observe that apart from the over crowdedness mentioned by some of the kayayei and others there is poor ventilation. The rooms are built with wood and are much closed to each other. Most of them do not have windows and the few of them with windows are hardly opened due to security reasons and privacy. The kayayei claimed that most of their rooms are close to that of the men and for them not to see them when sleeping they do not want to open the windows. They said due to the overcrowded nature of the room they sometime sleep with only their underwear and any man seeing them that way will be influence to do something (raping them).

The communities where these structures (kioks) are built are very fragile and such environments according to(Wood & Salaway, 2000) are " precarious site" according to them precarious sites are areas such as garbage dumps, embankment, polluted lands, rail way lines and contaminated watercourses. Communities where the kioks are built in the Abogbloshie market are near the Odaw River which flows into the Korle Lagoon. The river has a very huge dump of refuse in it and along its banks. It is estimated that there are about 31,000 people who live in this settlement and they use it as their refuse dump. Also there is public toilet in the neighborhood but one has to pay 50 Ghana pesewas in order to use the facility, so most people find it convenient to use the river and the lagoon instead. The kayayei who live in this vicinity complained about the sanitation condition there and it is evident in the narration by Memunatu a female porter in Abogbloshie during a focus group discussion.

The environment here is very filthy and dirty. Hmm! The big gutter that is just by the community flows into the Korle Lagoon of Accra and this is a major contributory factor to the outbreak of common ailment here such as cholera and malaria. Just last week my friend Samata was sick, she was just vomiting and when we picked her to the hospital the Doctor said it was cholera. We had to contribute to pay her medical bills. All the monies we are making here are being used to treat ourselves when we are sick. All rubbish in this community is dumped in the Lagoon. Due to these activities of people dumping their rubbish, the big gutter gets choked and water does not flow as it's supposed to. Mostly we experiences flooding and the end result is the outbreak of diseases such as "Tieri Kanyra" cholera, malaria, stomach pain, and sometimes diarrihoria.

3.3 HEALTH SEEKING BAHAVIOUR OF FEMALE PORTER IN ACCRA.

About three quarter of the female porters access health care from the chemical stores or from the drug peddlers. It was only few of them who reported to seek treatment from the hospital and clinics. It was deduced that they few who access health care from the hospitals and clinic are those who doubled as shop assistance and kayayei. Majority of them reported to resort to self-medication and local medicine they brought from their source communities. During the focus group discussion, they reported that before they go to the chemical shop, they had already discussed with friends as to what medicine to buy.

I have being working here for almost 2 years but any time am sick I go to the shop or if am fortunate to meet those moving around selling drugs I buy from them. Mosthly is paracitamol that I normally buy but if I have stomach upset I buy martin liver salt (kpazaa) Kande (17 years kayayo from Gymsi, in West Mamprusi District)

Self-medication was reported to be the norm of the female porters with symptoms diagnosed from them by friends who have suffered similar symptoms before.

The problem here is the dosage as to wether they know the right dosage and some of them even reported to be taking a drug from China that help them to carry heavy loads.

"Every morning before I go to work I take dardari or blue blue, this will help me gain the strength to carry the load. I know my strength is my wealth so if I don't take the drug I will not be able to carry the load. This indicates that there is a form of drug abuse among the kayayei just for them to be able to do their work.

4.0 CONCLUSION

The north- south pattern of female migration in Ghana is not a new phenomenon and cannot be stooped so long as the spatial inequalities exist. There are benefits and risks to the north –south migration of young girls and women and therefore needed policy intervention should be look at maximizing the benefits and reducing the costs. The study therefore recommend a simultaneous interventions thus from both the origin and the destinations communities so as to find a lasting solution to the problem.

From the analysis so far, it is clear that the work of the female porters in the city of Accra exposed them to certain risks and opportunities

5.0 RECOMMENDATIONS

The paper therefore suggests the following for policy formulation and implementation so as to make the young

girls and women from the north who migrate to the south to engage in kayayei more productive.

- The government and other policy makers in Ghana should target the northern part of country where these young girls migrate from as a special area in her poverty reduction programme with focus on masking the sheanut factory more viable and sustainable so that these young girl could be employed in that sector.

- The government through the Livelihood Empowerment and Social Development Programmes (LESDEP) and the Ministry of Women and Children Affairs (MOWAC) should have a programme that target the young girls at their origin by training them to be equipped with employable skills that will enable them to become self-employed in their various communities.

- The NGO, who work with the kayayei, should rather target them at the source and not when they become vulnerable at their destinations, so if they target them at their origin it will prevent them from migrating. Given them training at their destination influence more young girl to migrate to the cities to also benefit from such training and have the skill and equipment to come and establish themselves in the rural communities in the north.

- The study also recommended that the government through the Savanna Accelerated Development Authority (SADA) should make fund available for the young girls in the north so as to engage them in some economic activities that will prevent them from migrating to the south to engage in these kayayei activities.
- This study recommended that the government through the Ministry of Health, the Ghana health Service and the Ghana AIDS Commission should target this group of people in their reproductive health programmes and other health related issues. They should be given public education on their reproductive health needs, HIV\ AIDS and Sexual Transmitted Infections (STI) in particular. This will help in addressing their reproductive health and other health related challenges.

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