

## **FOLLOWING THE TRAILS OF THE MOTHER: MIGRATION AND REPRODUCTIVE HEALTH NEXUS A CASE STUDY OF FEMALE PORTER IN ACCRA**

### **ABSTRACT**

The study presents the working and living conditions that female migrants who migrate from the north to the southern part of the Ghana are going through at their destinations in the commercial cities and how it impacts on their reproductive health. Female porters popularly known as "kayayei" are young girls, mostly in their reproductive ages who migrate from rural communities in the north to the commercial cities in south. During the last few decades, out-migration of young girls to the commercial cities in Ghana to work as head porters has increased several fold creating streams of problems to both the migrants and the host population. In many ways the health implication of the female porters has been overlooked, less explored and exacerbated by lack of policies to make the migration of the female porters a healthy and socially productive process. The study utilizes both primary and secondary data. Primary data were obtained through questionnaire administration, direct observation and key informant interviews. 400 questionnaires were administered purposively to 400 female porters while the secondary data were obtained from review of related literature. Data collected was analysed using descriptive statistics. Results revealed that the porters have no shelter and are exposed to rapists; it also found out that some porters exchange sex for shelter which exposed them to STDs. The study also revealed that abortion rate among respondents were high, contraceptives use and practice among respondents were very low.

**Key Words:** Migration, Reproductive Health, Female Porters.

### **INTRODUCTION**

Ghana, like most developing countries, faces a host of problems. Among the list of problems is the issue of migration that manifests itself in several forms. Unskilled youths migrate from the underdeveloped regions in the north and hinterlands to the cities in the south to work menial jobs (Boakye-Yiadom and MacKay, 2007; Twumasi-Ankrah, 1995). A majority of these low skilled migrants end up working in the informal sector, in occupations requiring very little or no education and skills – as porters, petty traders, seasonal laborers on cocoa farms, etc. (Hashim, 2007). Porters, from the latter group are the focus of this study. Porters are individuals who carry goods for shoppers or traders in and around commercial centers for a negotiable fee.

The north south migration has significantly increased during the last few decades mainly because of environmental and particularly economic pressures (Anarfi, 2005). As a result of this, people are more likely to migrate to seek better living conditions in the urban and commercial areas. Poverty touches both men and women, but the corresponding economic crisis affects them in different ways (Diop, 1993). According to (Ulin 2000), the combined effects of family separation and reduced agricultural productivity encourage many women to abandon the safety of their communities in the pursuit of a better life for themselves and their children in an urban environment. However, the migrants find limited economic opportunities as they reach the urban centres. Many of these migrant women quickly become dependent on other survival strategies that increase their risk of contracting sexually transmitted diseases as some of the trade sex for shelter and other economic benefits.

Literature on internal migration in Ghana has focused mainly on male adults from the northern regions (northern, upper East and West) 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 (Riisøen, Hatløy and Bjerkan 2004).

Indeed, there is a strong tradition in Ghana of children leaving on their own initiative to find work (ibid).

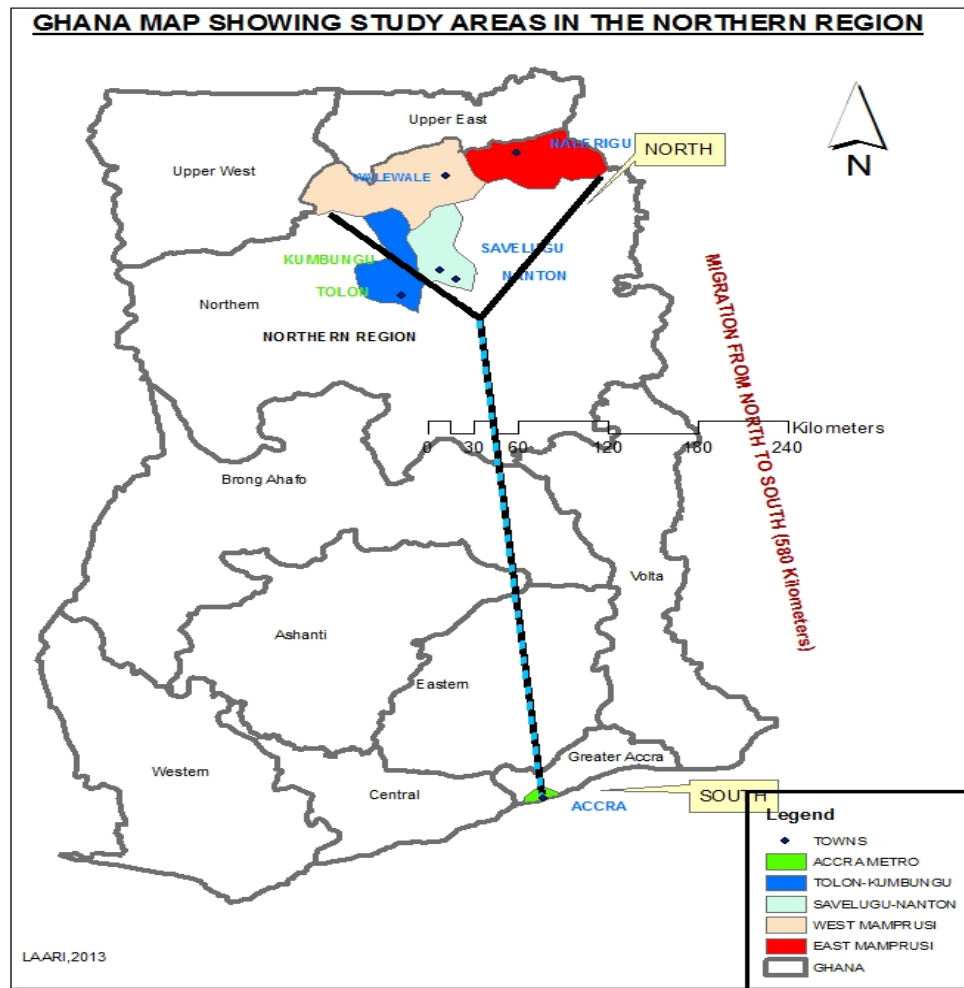
As independent child migrants in unfamiliar socio-cultural and economic environments, some of these young women and girls are likely to be vulnerable and face some risks. For example, many of them are found at transport stations and market places, uncompleted building which double as their places of work and sleep. It is common to find several young girls sleeping in front of shops, lorry stations and under sheds in these markets at night, bringing to light the problem of accommodation, among others, which many of these migrants face. These problems notwithstanding, more of the female migrants continue to migrate from the north to cities in the south, a situation which exposed them to all forms of abuses which affect their health (physical and reproductive health). This paper seeks to ascertain the link between the migration of these female and their reproductive health with more focus on their sleeping and working environment in their day-to-day lives in the city. Though there has been regular media coverage of the problems female migrants face in the cities, an investigation into the health related 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 female porters.

### **Historical context of North-South Migration in Ghana**

The pattern of internal migration in the Ghana has particularly been influenced by the stark differences in the levels of development 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) 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, all the ministries and the seat of government is located in Accra which is the focus of this study.

The spatial population distribution in the country illustrates 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 presence of natural resources like minerals, cocoa, coffee, gold and timber products in the forest zone and the construction of railways lines, roads, ports and harbours along the coast to aid the transportation and export of these products meant that investments were channeled to the south while the north was left behind. This process of development 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, trade and mining. The north thereby became a labour reserve for the industries and the cocoa farms in the south.

More recently, liberalization and structural adjustment programmes (SAPs) have seriously affected development in the north 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 85 percent of the population in the three northern regions is now poor, while almost 70 percent is extremely poor. (GPRS, 2009).



## Theoretical Framework

Health has been defined by the World Health Organization (WHO) as a state of complete, physical, mental and social wellbeing and not merely the absence of disease or infirmity. Health implications associated with irregular migration could be physical, social or mental. Physical fatigue and stress arising from walking over long distances could predispose migrants to illnesses associated with such conditions. Also experiences in transit and or final destination could have some psychosocial effects on some migrants while others may fall foul of the laws depending on the type of social network they associate themselves with in the at destination.

In sub-Saharan Africa, studies on human mobility and diseases were first initiated by (Prothero 1965) and others in the 1960s. His studies among others covered migrants and malaria, disease and mobility and forced movements of population and health hazards. On Migration and malaria, Prothero (1965) found that people could be infected with malaria through a number of ways: first through movement from ecological zone which is free of malaria to another which infected with malaria; second through contact between people with little or no immunity to infected persons; and third through physical and psychological stresses which include fatigue and under nutrition/malnutrition which reduce resistance to infection.

Also, Wessen's (1974) postulation on population movement and epidemiology is relevant to the focus of this paper. As cited in (Anarfi 1993), (Wessen 1974) observed that in population movements of whatever kind, epidemiological concern is with problems: first is the possible transmission of disease by those who move (these are active transmitters in their effect upon the health status of the community into which they move; second is the exposure of those who move to various health hazards in the course of movement and at the destination (these movers are passive acquirers). Although irregular migrants could be both active and passive acquirers, the latter are more central to the main objective of this paper.

Another perspective on health risks associated with migration is proposed by MacPherson and (Gushulak 2004) in a paper titled: irregular migration and health. The authors classified health risks associated with migration into three, namely pre-departure conditions, conditions during transit and post arrival conditions at destination (Prothero, 1961; MacPherson & Gushulak, 2004). The circumstances encountered during the journey or at the destination result in migrant populations, particularly irregular migrants who have to maneuver their through unapproved routes, being more vulnerable to health problems than stationary population groups. Exposure to contagious diseases may occur during this phase of irregular migration. Long incubation infections such as Tuberculosis and HIV/AIDS acquired before or during transit may remain quiescent well into the post arrival phase. Such infections not only affect the health of the migrant but also are of concern to public health authorities. Short incubation infections such as malaria or viral haemorrhagic fever can occur during the transition phase or shortly after arrival, with potentially lethal consequences for the migrant.

In the post-arrival stage, irregular migrants may be exposed to weather and environmental conditions which could predispose them to some illness. But their status as irregular migrants may preclude them from accessing social services such as health care services. In addition the lack of access to social services may also preclude the irregular migrant from accessing the protection afforded by the police and the judicial processes. Thus, increasingly stringent migration policies and anti-migrant sentiments may aggravate the vulnerability of migrants to ill health. the nature of movement, whether by foot or transport or both, the exposure to different climatic and environmental conditions and the conditions under which they live and work could pre-dispose some irregular migrants to some illnesses, whether in transit or at the final destination.

Besides these theoretical perspectives, some studies have shown that there is a close association between migration and health. For instance, Tanle (2007) observed that female migrants involved in the kaya yei (female head porters) business were predisposed to HIV/AIDS infection; Anarfi (1993) in a study titled sexuality migration and AIDS in Ghana, noted that migration increases vulnerability to HIV/AIDS, particularly among international migrants; and the 2008 Ghana Demographic and Health Survey report shows that there is higher risk sexual behaviour among non-mobile populations (Ghana Statistical Service, 2009).

### **Historical Perspective of Head Portage (Kayayei) in Ghana**

All over Ghana, people carry their wares on their heads especially women. Head portage for commercial purposes was first introduced in this Ghana by male migrants from the Sahelian countries in West Africa, mainly from Mali. It was virtually a dominated by men. 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 like Accra. However, with time it became increasingly difficult to use these hand-pushed trucks in the central business districts of Ghana's commercial cities and towns. It was easier for human beings to carry loads on their heads and weave through heavy vehicular traffic. Head portage 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 goods carried by these 'kayayei' 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, clothing and sometimes building materials like cement. The main users of this service are shoppers, traders, shop owners and anyone who needs help in carting an item from the point of purchase to the point where transportation service 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 'kayayei' are either Dagombas or Mamprusis. 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 'kayayei' business. Some of the 'kayayei' have regular customers.

## **MATERIAL AND METHODS**

This study draws on previous data obtained from female independent north –south migration using a survey questionnaire, focus group discussions, key informants interviews and an in-depth interview guides. The specific information extracted from the questionnaire consisted of the socio-demographic characteristics of respondents, respondents' knowledge and practice of contraceptives and sleeping environments of the respondents, while that of the focus group discussions, the in-depth interviews (IDI) covered a descriptions on health seeking behaviour, reproductive health needs of respondents, contraceptives use and practice, shelter related risks and reproductive health risks of respondents. The aim of the in-depth interviews and the focus group discussions were to supplement the quantitative data with the voices of the respondents (qualitative)

Data for this study were collected from both primary and secondary sources. This was coupled with oral interviews from opinion leaders, direct observations at the sleeping and working environment of respondents, focus group discussions and in-depth interviews. These constituted the major information use for empirical analysis in this study.

Questionnaire were also administered to 400 respondents using simple random sampling to obtain information on the socio-demographic characteristics of respondents, the shelter needs, nature of their sleeping and living environment.

Data obtained from the field were analysed through descriptive statistics such as frequency count percentages

## **RESULT AND DISCUSSIONS**

The background characteristics of the respondents showed that they were mostly young girls and women, mostly unemployed and almost all of them are in their reproductive ages and have no or little education. Majority of the respondents were single and few of them reported that they were married. With regards to the ethnic background of respondents most of them were either Mamprusis or Dagombas both in the northern region of Ghana. The background characteristics of respondents are shown in Table 1.



Background characteristics of	Frequency	Percentage
<b>Age</b>		
Less than 15	106	26.5
15-19	156	39
20-24	62	15.5
25-29	5	1.3
30+	4	1.0
<b>Marital status</b>		
Single	294	73.5
Married	96	24
Divorce	6	1.5
Widow	4	1.0
<b>Ethnicity</b>		
Dagombas	145	36.25
Mamprusis	152	38.0
Tamplinsis	76	19.0
Others	27	6.8
<b>Levels of Education</b>		
Non	286	71.5
Primary	97	24.25
JHS/Middle	5	1.25
Secondary	2	0.5

Source: field survey 2012.

**Table 1 Socio-Demographic Characteristics of Female Porters**



Most of the respondents were quite young and in their reproductive ages. When the respondents were grouped into various ages, majority (39%) of them were within the 15 and 19 years as shown in the table 1.1. This therefore illustrates the fact that the kayayeei phenomenon is mostly dominated by young women some of them are dropped out of schools and preparing for marriage.

The age distribution of respondents ranged from 10 years to 30 and above. Majority of the female porters about 81 percent fell between the ages of 10 and 24 years. (Table 1.1) The age distribution underscores the earlier study conducted by (Agarwal et al 1997) that the kayayeei business is a different phenomenon from street children. It must be noted that the active age of child bearing occurs within the same age group of the kayayeei interviewed. That is almost 83.3 percent of the respondents were in their reproductive age groups. This has an implication for the welfare of children born by these female porters and it also has an implication for sexual and reproductive health policy as well as maternal and child health policies in Ghana. There was only 4 of the respondents (0.3%) who were above 30 years. they were in at their destination working as a care taker of the young kayayeei children and their belongings whiles they are working at the markets centres.

"I am a 33 years old kayayo working in this market. I came to Accra here about seven years ago. As at the time I came here I was very strong and I could carry load from one place to the other. As a result of my work as a kayayo I had a problem with my neck. but now my age and the neck problem would not permit me to do so and quite apart from that the customers prefer the young girls to the old ones. So the young ones have taken all the work I used to do. What I do now is to take care of their babies' whiles they are in the market working so that at the end of the day each of them pays me one Ghana cedi (GH¢1). Hmm!! I wish I were still in my twenties".

Marriage is recognized by society as a union of man and woman for the purposes of procreation, mutual support and companionship. In the African and Ghanaian context, marriage is actually a union between two families. For this reason, society regulates the conditions for entry into such a union. Marriage is socially defined to include formal unions that are legally, traditionally or religiously sanctioned as well as informal cohabiting unions. Table 1 illustrate the percentage distribution of the respondents by marital status

The number of respondents who never married is higher than those who are married. As shown in table 1.1 above, 73% said they have never married and 24% of the female porters interviewed said they are married

"I am here working as kayayeei to be able to get money to buy my cooking utensils and other items that a house wife should have by the standard of a northern woman. In my community before you marry there are certain basic things that you need to have. And to get them you need money so when a man pays the bride price (asadaache) it is now left to you the woman to adequately prepare yourself for the marriage. And to do all these you need money that is why am here to work so that I will be able to buy if not all of my items but the most important ones"

### **Female Migrants Lives in the City**

Migration involves both opportunities and risks. Depending on the individual preparedness and fortitude and the prevailing conditions at the place of destination, this ' leap in the dark' could be a big turn not only his or her life around but also the positively affect the lives of the people left behind at the origin. At the same time there are also high risks and possible challenges.

A close look at the day-today lives of the female migrants at the city will bring in perspectives the challenges they are confronted with in their bid to make a living at their destinations.

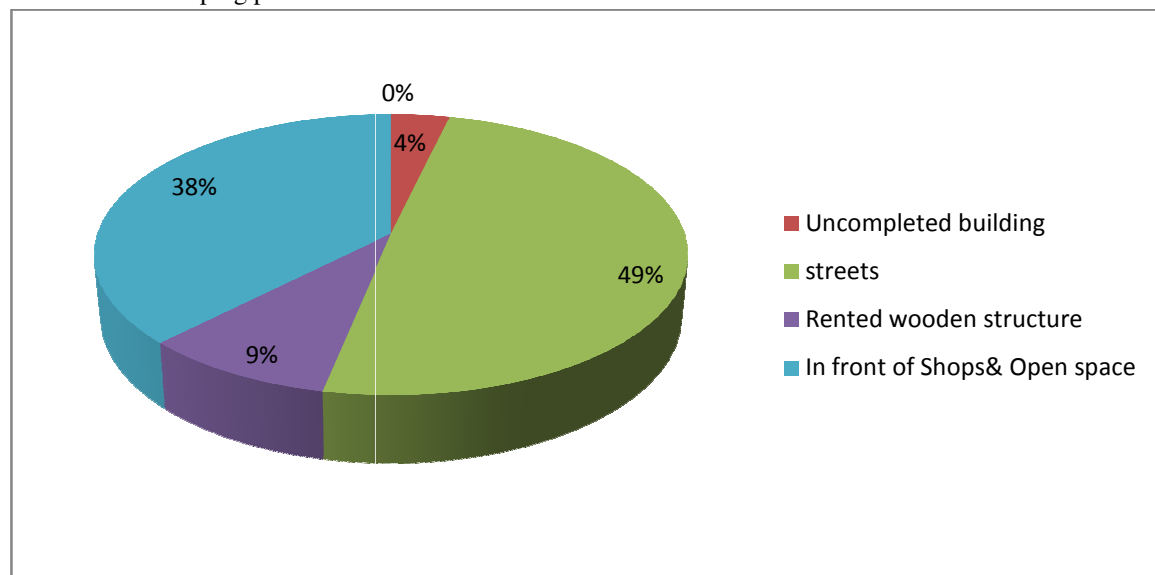
### **The Risks Female Porters Face at their Destination**

The analysis showed that the challenges female porters face at their destination are basically socio-economic in nature. This are revolved mainly around their living conditions. These were reported to include having no proper place to sleep after their days work, harassment

by men and city guards, poor payment of their services and increased the population of the kayayei. They also reported of maltreatment, disrespect and insult from customers and natives whom they offer their service. With basically no or little education, these female porters finds it very difficult to find any meaningful job when they migrate to the city apart from their usual carrying of load. As stated by Quaicoe (2005) in her study “Woes of the kayayo” young girls are faced with myriad problems which include poor housing facilities, poor health care, inadequate sanitation facilities and harassment by men at their sleeping places. This is supported by the findings of this study. Almost all the female porters interviewed reported of facing the same challenges.

### Shelter-Related Risks

Accommodation was reported among the most important issues of concern to the female porters in addition to the risk of abuse based on where these female porters spent the night. In Accra, almost half of the females reported that they passed the night in the streets, while others sleep in uncompleted buildings and some in sleep in front of shops 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 Tema lorry station, the Mala-AttahMarket, Agbogbloshie Market and Cocoa Marketing Board (CMB) stations all in the CBD of Accra. The results show quite clearly that many of the female porters are exposed to risks of not only the weather but also of sexual harassment or even sometimes fall victims to criminal activities at their sleeping places.



**Figure 1: Distribution of the Respondents by their sleeping places**

I sleep with about 60 other girls in front of a store in Agbogbloshie here. Some of us sleep using a piece of cloth on the bare floor, other sleep on card board and some sleep on the bare floor. Our accommodation arrangement is not the best because we are too many and we are exposed to rapists and thieves. (Salima, 19 years kayayo)

I sleep with about 23 young girls on the street at the market. Normally, when it is about 12 midnight we arrange a place at the station and that is where we sleep. The place is not good but since we don't have any sleeping place and we do not pay anything for sleeping on the street is ok for us (Katumi, 18 years old kayayo at the Tema station).





## **Reproductive Health risks of Respondents**

The fact that majority of the female porters spend their nights on the streets, lorry stations, in front of shops points to the possibility of exposure to reproductive and other health risks.

### **Sexual and Reproductive Health Risks of Respondents**

Sexuality and reproductive behaviour is used to describe people's sexual practices including how they consciously or otherwise try to avoid or prevent an unplanned or unwanted pregnancy and sexually transmitted diseases or infections. These types of behaviour in one way or the other can have effect on childbearing and could lead one to some reproductive health risks. A person's attitude to sexual practices could result in early or later timing of first sexual intercourse. The sexual and reproductive behaviour variables that this study examined and analysed are age at first sexual intercourse, contraceptive use and practice, knowledge of HIV and AIDS awareness, and pregnancy termination or abortion related issues among female porters. The aim of this is to determine the possible reproductive health risks that the female porters might be exposed to by virtue of their vulnerable positions at their destination. Large percentage of the female porters in Accra spend their nights in open places, uncompleted buildings, kiosks as indicated in chapter six of this study. This pointed to the possible exposure to reproductive health risks.



Reproductive Health indicators			
	Frequency	Per cent (%)	Total
<u>Ever had sex</u>			
Yes	293	73.25	
No	107	26.75	100
<u>Age at First sex</u>			
<14	148	37.0	
15-19	246	61.5	
20- 24	6	1.5	100
<u>When did you have the sex</u>			
Before migrating	121	30.25	100
After migrating	279	69.75	100
<u>Circumstances under which the first sex occurred.</u>			
Forced\ Raped		25.8	
Mutual-understanding		9.5	
Financial difficulties		55.1	
Peer influence		10.2	
			100

**Table 2 Indicators of Reproductive Health**

Source: fieldwork 2011

From the table 7.2, it was reported that 73.25 of the respondents reported ever had sex and 26.75 reported that they never had sexual intercourse. From this one can deduced that majority of the respondents are into a kind of sexual relationships. Most of the respondents (69.75%) reported that they had their first sexual intercourse after they have migrated into the city. Some of them (30.25%) reported that they had their first sexual intercourse before migrating into the city. Some of those who reported to have had their first sexual intercourse before migrating said they were either marriage women or those who were traditionally engaged.

With regard to circumstances under which first sexual intercourse occurred, about 55.1 of the respondents gave financial constrain as a major reason that led to their involvement into the act. They indicated that financial difficulties have resulted in some of them indulging in the act. From this it was therefore clear that some of the female porters were into sex trade. Some of the respondents (25.8%) reported



that they were raped at their destination and some of them reported that they were compelled to sleep with their male counterparts as a result of lack of shelter at their destination. One of the kayayei during an in-depth interview reported that:

“When I came to Accra, the first day, I did not know anybody and could not get a place to sleep. A young man saw me and offered me shelter at the Konkomba market. The first day he was very kind to me but few days after, he demanded sex from me. I could not refuse because I needed the accommodation. As a result of this he succeeded in making me pregnant”. (Ramatu, a 17 year old kayayo).

It was clear that some of the respondents gave in because of their vulnerable position and this may affect their reproductive health as some indulged in this act without protective measures. Some of the respondents reported having their first sexual intercourse as a result of peer group influences. About (10.2%) reported that they had their first sex because their friends sometimes talk about it and that, they also what to test and feel it.

### **Respondents' knowledge and Awareness of HIV and AIDS**

Respondents knowledge and their level of awareness of the disease was said to be very high. They reported that some NGOs normally come around to give them training education on the HIV and AIDs related topic.

Level of awareness	Frequency	Percentages
Yes	256	64.0
No	144	36
Total	400	100

**Table 3 Respondents Awareness Level of HIV and AIDS**

Source: Field work, 2011.

When respondents were asked about their knowledge of HIV and AIDS majority of them (64%) indicated that they have knowledge about the disease. Some of them went ahead to mention the services that are available to HIV and AIDS patients. They mentioned condom use, voluntary counselling and testing (VCT). It was only 36% of the respondents who reported not to have any knowledge about HIV and AIDS. They indicated that they were not part of the group that were given the training and that they only heard of the disease on radio and sometimes from people.

During a focus group discussion, respondents were asked about the measure that they could put in place to avoid being infected with HIV and AIDS. They mentioned the following. Be faithful to your partner, the use of condom if one ones to have sex, no sex at all. One of the respondents reported the following:

“We know all these but at time we are force to have sex without even thinking of the deadly disease. This is so because of the circumstances in which we found ourselves. At times you asked your partner to used condom but he refuses what you can do then that to comply” (Samira is an 18 year old kayayo)

### **Contraceptives Practice and use among Respondents**

The following areas of interest in the analysis on contraceptives practice and use were examined. Ever use of contraceptives, types of contraceptives use, condom use at both first and last sexual intercourse. It was observed from the study that majority of the female porters were reported to be using contraceptives at their destination currently. From the table 7.4 below 87 percent of the respondents were



reported to be using some form of contraceptives at their destination in Accra. The use of contraceptives has a link with the age of respondents. For instance those who fall within the ages of 20 and 24 and were reported to have ever use contraceptives were more than those respondents who fall within the age of 15 and 19. (8% against 7%)

Categories	15-19	20-24	Total
Ever used	24 (6%)	28 (7%)	52 (13%)
Current use	106 (26.5%)	242 (60.5%)	348 (87%)

**Table 4 Percentage Distribution of Respondents (15-24 years) by Ever and Current use of Contraceptives at their Destination**

Source: Field work, 2011

From the table 52 of the respondents representing 13 % were reported to have ever use contraceptives while 348 reprinting 87 percent are currently using contraceptives.

From the table 24 respondents who ages are between 15 and 19 ever used contraceptives which represent 6%. Whiles 26.5 % of the 15 to 19 age groups were reported to still be using contraceptives. It was also reported that for the ages 20 to 24 it was reported that 28 (7%) ever used contraceptive whiles 242 (60.5%) were reported to be in current us of contraceptives.

To determine whether there is any difference in the use of contraceptives among the age groups under study chi square analysis was used at a significant level of 5 %. The following hypotheses tested were tested:

H<sub>0</sub> (Null hypothesis): There is no significant difference in the use of contraceptives among the age groups

H<sub>1</sub> (Alternate hypothesis): There is a significant difference in the use of contraceptives among age groups

From the chi square analysis, at 5% significant level there was a significant difference between the age groups in the use of contraceptive ( $p=0.032 < 0.005$ ).

When respondents were asked to mention the types of contraceptives they have ever used. The table below illustrates the types of contraceptives use by respondents.

Types	Frequency	Percentages
Pills	198	49.5
Condon	105	26.25
Injection	69	17.25
Periodic abstinence	28	7.0
Total	400	100

**Table 5 Types of Contraceptives used by Respondents**

Source: field work 2011

From table 5 it was reported that majority of the respondents 198 representing 49.5 percent were reported to be using pill as contraceptives. The respondents reported that the pills were very cheap for them to buy and it was also accessible at any time. They indicated that they normally borrow the pills from their colleague.

“The pills are good for us. Almost all of us have it and we even called it “ashili” (secret). When I need it and what I need to do is to see one of my friends and tell her that I want “ashile” all of us know it by that name” (Nadia a kayayo at Tema station who was interviewed during my Field work in 2011).

Some of them reported that any time they were to have sex with their men counterparts they ask them to use the male condom. Those who reported to be using condom were 26.3 percent. 17.25 percent of the respondents reported to be using injection as a form of contraceptive. They indicated that the injection is expensive and that getting a professional to inject them was other challenge. As reported by Sadia:

“The injection is good, but it is expensive and also sex is something we hide to do but with the injection, the person going to inject you will know why you are doing it. Also some of our colleagues are saying that constant taking the injection will make one barren. And I want to give birth in future that is why I don’t patronize the injection”.

Few of them (7%) mentioned periodic abstinence as a method they have adopted. They reported that any time they get to know that they are in their dangerous zones they do all what they can to avoid having sex. As indicated by Salmu a kayayo. I have no money to buy any form of contraceptives and I don’t want to go about borrowing pills as other do. They best way to protect myself from becoming pregnant is to calculate my days after my menses. That one is safer and very cost effective.

From Salimu’s report it was clear that they use contraceptives with the main aim of not becoming pregnant and not to protect themselves against any sexually transmitted diseases (STDs).

“In our village only bad girls who keep 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 even find it difficult to come out. Also girls in the rural settings find it very difficult to go to the seller and request for a condom or any of the family planning methods. (Source: Zainabu a kayayo in MalamAttah).

As reported by (Agnes M. Chimbiri, 2003) that the perceptions about condom usage and talking publicly about sex in most African rural communities are grounded in the fact that traditionally, it is a taboo to discuss sex in the African communities. Therefore, discussion of condoms and AIDS is limited (Brown 1994). Reticence to discuss sexual issues is instilled from a young age and adolescents are prohibited from attending talks and plays about reproductive health (Ashwood-Smith 2000). This has therefore affected the most young girls in most rural communities in Ghana, especially those from the hinterland in the northern part of the country, where discussions on sexual related topics are seen as a taboo and yet the young girl in trying to satisfy their sexual desire they go into it and are easily impregnated by the men because they lack the knowledge of protective and safe sex making the kayayei vulnerable to teenage pregnancy and other related sexual transmitted diseases.

### **Pregnancy and Abortion Issues among Respondents**

Pregnancy and abortion related issues among the female porters were discussed in this study. These issues are important because during the survey it was observed that a great number of the kayayei were either carrying babies or were pregnant while working. As indicated in chapter six most of the female porters reported that the need for accommodation seems to be the major challenge that pushed the kayayei 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. In an interview with one of the kayayei at the Konkomba market reported the following:

“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 kayaye, 17 years old).

Abortion according to some of the respondents was a common thing among the kayaye in Accra. An in-depth interview with the Dagomba chief in Agbogbloshie further indicates the following:

“In this community where we live, we always see aborted babies in the rubbish dumps and dust bins. We find it very difficult to trace who might have done it. People do that because of hardships and the shame they will bring to their families back in the north. Those who could not abort their pregnancies and gave birth, some of them were rejected by their families back in the north. Almost every month I have to travel to the north to plead on behalf of kayaye whose parents disowned her or them just because they are pregnant and could not get who is responsible for the pregnancy or the baby. 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 kayaye and their partners. At times the assembly man here and I always go to the police station to report cases of aborted babies in dust bins”. Interview (Dagomba chief at Agbogbloshie 2011).

Some of the respondents indicated that because most of them are found in the vicinity any person who abort pregnancy and put in the dust bin or in gutters they attribute it to kayaye. This is not all the aborted pregnancies that are from the kayaye. During a discussion with the Magasia (women leader) of the female porters she said:

“It is true that some of the kayaye abort pregnancies but not all the aborted pregnancies in this area are from the kayaye. Because we are poor and vulnerable any aborted fetus in a bin or gutter is attributed to us”.

The respondents therefore attributed all these to their unfortunate situation.

### **Exploitation and Harassment of Female Porters**

Exploitation of the kayaye are in various forms, ranging from poor sanitation, inaccessible healthcare and other contingencies as well as competition in the market for job and even competing for open space to sleep during the night after the hard day's work. The young girls and women are more vulnerable than that of the male porters in all situations because of their social status and reproductive issues. The city environment poses a lot of difficulties to the kayaye as they are identified as a social group belonging to the larger category of urban poor. The various forms of exploitation that make the kayaye vulnerable in the city and measures adopted to overcome are presented in this section.

### **Exploitation by thieves and Rapists**

Social vices in Accra, especially the activities of armed robbers and thieves affect the effective operation of the kayaye and this makes them most vulnerable especially those who lodge on pavements at the Tema lorry station and Mallam –Attah market are mostly affected by these problems.

In a focus group discussion with some of the kayaye at the MallamAttah market this issue came out in all the FGDs that the researcher held with the people in that area. The respondents reported that any time they are sleeping some men usually come to their sleeping places to steal their monies and other belongings and when they tried to resist they end up inflicting wounds on them. Some of the

respondents reported that they were cutlass by some thieves when they were to protect their property. The respondents reported that, the people are not only there to steal but some of them have the intention to rape them.

“I was raped by an unknown man who asked me to give all the monies that I have with me but I told him that I have no money with me, before I realised the other came from behind and carried me up. He run into a nearby shop and forcefully had sex with me. I cried but nobody came to my aid. But strangely in Accra here no one cares about the other. When something is happening to you and you are even crying for help nobody will come to your aid. unlike the North where everybody is the others keeper. In the North when you hear a cry for help will run to find out what is happening to the person crying. (Namawu, 19 years kayayo).

Most of the kayayei interviewed reported that they were rape either at their sleeping places or on their way to their sleeping place. These young girls who were reported that they were rape may be infected and this could result in the transmission of sexually transmitted disease (STDs)

The respondents also reported that some young men in the city sometimes visit their sleeping place to tell them to pay for the floor they are sleeping with the reason that they are custodians of the land the kayayei are lodging. And for that matter for the kayayei to have access and utilize that land to sleep, they will have to pay or exchange it with sex. Though kayayei do not give in to this sex demands, the frequency of such harassment affects them. The kayayei have always relied on their ethnic space and communal living to defend themselves against such men who always try to rape them. The respondents reported that they find it difficult to sleep at night because of this situation, and that their inability to have adequate sleep affect their health.

### **The “Accra white lady” and its impact on sexual and reproductive health**

The survey revealed that the use of beauty creams and lotions is a common phenomenon among the female porters in Ghana especially those young ones who are not married. The aim is to become fairer and more attractive to the opposite sex both at the destination and at home on return. This practice is, however, said to be uncommon with married women in the kayayo trade. The bleaching creams and lotions make their skin fair that any young man in the villages at the origin of the porters described them as the “Accra white ladies”. The kayayei reported that three months for them to return to their home towns and villages in the north, they spend part of the monies they got from the kayayei business to buy beauty creams and lotion that when they bath with and use the pomade it will change their skin from the dark black to faire one for this reason the people in the villages in the north called them the Accra white ladies.

Some informants established that young men have a preference for fair women. To liken the description of one informant one may say that, it seems that a fair woman is like the proverbial beautiful woman who is said to be like an olive tree standing by the road side; every man sees her on his way up and down the road. One old lady during a focus group discussion stated “my son, parents get more money from the asalache[dowry] of a fair coloured woman.” Not only do parents get a bigger dowry from their daughter’s husbands but also gain some pride and reputation in and around the neighbouring villages for their daughter getting married to a responsible man by virtue of a good dowry, as other informant brought to light. This, therefore, suggests that bleaching among the Kayayei is not only to make them more attractive to men but acts to attract more wealthy men as husbands who will bestow some reputation on them since it is fashionable to marry a wealthy man. The first negative health effect of the bleaching exercise is probably the itching of the skin when they fail to continue the use of the „efficacy“ due to the inability to afford. According to some informants, the young girls who do so get the lotion to continue the bleaching looks more darker than before and when the sun is very hot they experiences skin rushes and their colour change to black and white. With the introduction of mobile telephone, the girls will call home to inform their parents and friend that this particular day they will be coming home. The young men will them prepare for their arrival. The day they will be arriving, in the night the young men will go to the big town around the village waiting for their sweeters from Accra. And when they arrived they will pick them on bicycles, and some on motor bikes. A kayayo will get market depending on her colour since the young men in the north



cherish coloured women. The fair ones are those who will be lucky to be picked on a motor bike and the darker ones may be picked on a bicycle. This has an implication for both sexual reproductive health and the physical health. On reproductive health because of their colour they are attracted to so many young men and this can lead to multiple sex partners. And if care is not taking it can lead to sexual transmitted diseases like the HIV/AIDS and other related diseases. This is common to the young girls who at their destination in Accra may be practicing prostitution as a secondary source livelihood strategy in addition to the kayaye business.

On the part of their physical health, bleaching or whitening the skin can lead to the removal of the upper skin remaining the inner one and in case there is going to be surgical operation on any of them it will be difficult to get the vein. Also it makes their faces to be multi coloured. Another health effect of the bleaching exercise is probably the itching of the skin when they fail to continue the use of the "efficacy" due to the inability to afford. According to some informants, the young girls who do so get the lotion to continue the bleaching looks darker than before and when the sun is very hot they experience skin rashes and their colour change to black and white. During a focus group discussion at Kasulyili a rural community in the northern region of Ghana one old man reported that

"these women when they get married due to the fact that they are coloured, they cannot go to farm during harvesting season because they fear to work in the hot sun and this has resulted to so many divorces in this community yet the young men will not learn their mistakes they still go in for the white ladies from Accra"

This underscored the importance the rural men attached to fair coloured women.

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