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CONTENTS

GENDER, MIGRANT REMITTANCES AND ASSET ACQUISITION IN GHANA

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ABSTRACT

The growing importance of migrant remittances has been the subject of many studies in recent decades. The remittance literature has however not addressed extensively the role of remittances in the accumulation of assets by members of remittance-receiving households. In this paper, we analyze the extent to which households in Ghana use migrant remittances – sent from former household members – to finance the purchase of assets, using data from the 2010 Ghana Household Asset Survey (GHAS). The paper also explores the interplay of gender, migrant's location, and the use of migrant remittances to acquire specific asset types. The study's findings suggest that the three asset types most likely to be acquired using migrant remittances are savings, the place of residence, and businesses. The findings further suggest that the use of migrant remittances to finance specific asset types is linked to the sex of the remitter, as well as the location – internal versus international – of the migrant.

Keywords: Assets, Ghana, Household Welfare, Migrants, Remittances

INTRODUCTION

Ghana has a long tradition of internal migration that preceded British colonial rule (from 1844 to 1957) and has continued since independence. For example, farmers migrated to other parts of the country where fertile land was in abundance. The British colonial government's policy of earmarking the northern sector of the country as a reserve for the supply

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of labour to mines and farms in the south created conditions for intensive internal migration from the northern part of the country to the south (Anarfi and Kwankye, 2003). An emerging phenomenon in the last two decades is the migration of teen-age girls and young women predominantly from the three northern regions of Ghana (Northern, Upper East and Upper West) to work as porters carrying head loads in the markets of the large urban centres in the southern parts of the country. The motivation to migrate, for many of these young females, is to acquire assets and other goods in preparation for marriage or in order to establish their own business (Opare, 2003; Awumbila and Ardayfio-Schandorf, 2008).

The Ghana 2010 Population and Housing Census report indicated that about 18.7% of Ghana's population in 2010 did not reside in the region they were born in (Ghana Statistical Service, 2013, pp. 60-61). This proportion was 19.4% in 1984 and 19.0% in 2000. Thus, about 19% of the population since 1984 has been internal migrants. This proportion does not take into account intra-regional migration. Emigration from Ghana in large numbers began slowly in the 1960s and expanded rapidly in the late 1970s to early 1980s. This expansion was due to the near collapse of the economy experienced over the 1975 to 1983 period - a near collapse which was related to very high world market oil price shocks involving the tripling of prices from 1973 to 1980 related to the 1973 Arab-Israeli War and other conflicts, poor economic management, and severe weather-related shocks arising from the El Nino-Southern Oscillation (ENSO) weather phenomenon in 1977 and 1982-83 (Anaman, 2006; Anarfi and Kwankye, 2003). The 1982-83 ENSO was the worst drought in the country's history; however ENSO phenomena had occurred in 1962, 1977, 1998/1989 and 2006 (Anaman, 2006).

The World Bank estimated that in 2010 about 3.4% of the population lived outside Ghana (World Bank, 2011). The 2010 Ghana Population and Housing Census collected information on the number of former household members aged 15 years and above who had lived outside Ghana continuously for more than six months. A total of 250,623 Ghanaians aged 15 years and above are reported to be living abroad, equivalent to about 1.1% of the total population. About 64% of the emigrants are men. The Census figures provide only a partial estimate of the stock of Ghanaians living abroad because entire households may have migrated over time and some migrants may have emigrated from the country so many years prior to the census that their origin households no

longer exist. Further, the numbers are not likely to include children of Ghanaians born overseas. The top five destinations according to the census data, in order of magnitude, are Europe (37.7%), the Americas including the Caribbean (23.6%), La Cote d'Ivoire (7.8%), Nigeria (6.8%) and Togo (3.1%). About 76% of the emigrants are working while about 14% are students. The remaining 10% are non-working people and these include the unemployed.

An activity that is almost always associated with migration is the sending of remittances. In the context of household livelihood activities, a remittance may be defined as a cash or in-kind transfer from one household to another, and for which no direct repayment is required. Clearly, although a remittance is conceptually not necessarily linked to migration, remittance flows often occur in the context of migration. There are many motivations for the transfer of remittances. Migration may be a household's strategy to diversify its sources of income and provide insurance against risk (Taylor, 1999). The migrant therefore sends remittances to supplement the income of the origin household and to smoothen consumption when shocks occur. Some migrants feel obligated to send remittances because family members may have financed their migratory move. Remittances are also sent to reciprocate the sustenance and support received (by the migrant) from the family (Dodoo and Nieftagodien, 2010). Remittances may also be intended to prepare for the migrants' return home and hence may be sent for the construction of houses and the establishment of businesses (Dodoo and Nieftagodien, 2010; Obeng-Odoom, 2010).

Since for Ghana, most migration is internal, it is expected that the proportion of households that receive remittances from internal migrants will exceed the proportion that receive international migrant remittances. Mazzucato *et al*. (2008) caution, however, that the classification of remittances into internal and international is not without some difficulty. This is because remittances that may be considered by the recipient as originating from an internal source may be the onward transfer of an international remittance. This difficulty notwithstanding, Mazzucato et *al*. (2008) found that 8% of Ghanaian households received international remittances and about 35% received remittances from internal sources in 1998-1999. Using the fifth Ghana Living Standards Survey (GLSS) conducted in 2005-2006, Deere *et al.* (2013) found that the proportion of households that receive international remittances had not changed from what it was in 1998-1999; whereas the proportion that received internal remittances was lower at about 27% compared to the 35%

level in 1998-1999. The World Bank reports that between 2000 and 2010, annual international remittance flows to Ghana increased from US$31million to US$136 million, the equivalent of 0.4% of Gross Domestic Product (GDP). According to the 2010 Population and Housing Census, women comprised about 36% of international migrants (Ghana Statistical Service, 2013).

Studies based on large scale data sets such as the GLSS and smaller-sized surveys provide evidence on the senders and recipients of migrant remittances, how much is sent, to what use the remittances are put and the form the remittances take. Using data from the fourth GLSS, Mazzucato *et al*. (2008) found that about 58% of the remitters are men. In a small study of 842 Ghanaian remitters residing in cities in Germany, the United Kingdom (UK) and the United States of America (USA), Orozco (2005) found that the majority of remitters (60-66%) were men. Using the fifth GLSS, Deere *et al*. (2013) found that women make up 37.8% of total remitters. They comprise 33.6% of those remitting from another African country, 35.7% of those remitting from overseas, and 37.6% of those remitting from an internal destination. There is not much information on the sex of recipients. The available information on recipients is about their relationship to the sender (Mazzucato *et al*., 2008; Orozco, 2005). Although women comprise 42% of remitters, their share of remittances received is lower at 38%. According to Mazzucato *et al*. (2008), in 1998/99, male international remitters sent, on average, $461 in a year, while the corresponding figure for female remitters was $306.

There are a number of reasons for this phenomenon. The proportion of women international migrants who are employed (72.4%) is lower than the proportion of men (78.4%) (Ghana Statistical Service, 2013), and women tend to be employed in low wage jobs (Wong, 2006). Most remittances are transferred to households in the form of cash. In 1998-99, 61% of remittances, irrespective of their source, were in the form of cash (Mazzucato *et al*., 2008). Remittances are used for both consumption and investment purposes. The GLSS collects information on up to three uses to which remittances are put. Using the fifth GLSS we estimate that about 89% of recipients of foreign cash remittances reported using the remittances for consumption purposes, 13% spent the remittances on housing, 12.4% spent the remittances on businesses and 2.5% saved their remittances. With respect to internal remittances, 81%,

9%, 5.3% and 0.1% of recipients used the remittances on consumption, housing, businesses and savings respectively. Recipients of international remittances are more likely to use such monies for the maintenance or acquisition of assets such as housing and businesses.

There are several studies on the use of remittances by Ghanaian migrants to acquire assets in Ghana such as businesses and houses. Smith and Mazzucato (2003), in their study on remittances between the Netherlands and migrants from the Ashanti Region of Ghana, focus on the acquisition of houses and businesses by the migrants. Black *et al*. (2003), on the other hand, examine return migration and the establishment of small businesses. In a study by Obeng-Odoom (2010), there was a focus on the use of remittances to acquire housing by Ghanaian migrants in Australia, while Saunders *et al*. (2004) focused on land. Orozco (2003) also finds that the majority of his sample of migrants in Germany, the UK and the USA who have assets in Ghana, also own savings accounts. These studies tend to discuss issues such as the motivation for these investments, the form in which the remittances were made, the channels used for remittance transfer and the cost of remittance transfers. Beyond providing data on the sex of the respondents, most studies (for example Obeng-Odoom, 2010; Black *et al.*, 2003; Orozco, 2003) do not provide a gender perspective to the analysis, nor do they delve into issues of ownership of the houses and businesses that have been established.

Much of the literature on remittances and assets focuses on the migrant's acquisition of assets with not much attention paid to the role that remittances can play in the acquisition of assets by members of the migrants' households of origin. This paper has three objectives. The first is to find out the extent to which members of remittance-receiving households acquire assets using migrant remittances and whether the location of the remitter matters. The second is to find out whether the assets acquired by households using remittances sent by men are the same as the assets acquired by households using remittances sent by women. The third is to analyze who specifically in the household (that is, a male or a female) has acquired assets using remittances, and whether the sex of the remitter makes a difference. We depart from earlier studies on remittances and asset acquisition by examining a broad range of physical and financial assets. These physical assets include the place of residence, agricultural land, other real estate, agricultural

equipment, livestock, non-agricultural business assets and consumer durables. The financial assets comprise all types of bank accounts and informal savings, stocks and bonds.

This study adds another dimension to the literature on remittances and asset acquisition by extending the focus beyond the remitter to the acquisition of assets by members of the migrant-sending households who receive remittances. In addition we identify the sex of the owner(s) of the asset and of the remitter. Surveys such as the GLSS collect data on the uses to which remittances are put. However, it cannot be assumed that the recipient of the remittance owns the asset that is acquired using the remittance. The acquired asset may be jointly owned by the remitter and the recipient, solely owned by the remitter or solely owned by the recipient. Going one step further and identifying the owner(s) of the asset is necessary because of the importance of asset ownership to individuals and households (Deere and Doss, 2006). Studies that utilise individual-level asset data have found that women's ownership of assets matters for their well-being and that of their household members. For example, in India, women who own the place of residence or agricultural land are less likely to be subjected to spousal abuse (Panda and Agarwal 2005, Bhattacharyya *et al*. (2011), while in Nepal, mothers who own land are less likely to have malnourished children (Allendorf, 2007).

DATA AND METHODS

We make use of data from the Ghana Household Asset Survey (GHAS), one of three country surveys funded by the MDG3 Fund of the Dutch Ministry for Foreign Affairs under the Gender Asset Gap project. This is a nationally representative survey conducted by the Department of Economics, University of Ghana, Legon, from May to July 2010 that collected individual level asset data from 2,170 households containing 7,984 household members[1]. The survey was based on a two-stage random sampling approach. In the first stage enumeration areas were randomly selected from the ten administrative regions of Ghana. The proportion of enumeration areas in each region was determined by the region's share of Ghana's population. In the second stage 15 households were randomly selected in each enumeration area.[2]

The survey instrument was designed to collect information on assets and their owners. Information on assets was restricted to assets owned either

individually or jointly by household members. Assets used by household members that were not owned by a member of the household were not included in the asset inventory and no information on their ownership was collected. The section of the questionnaire designed to create the inventory of assets and their owners was administered to the person most knowledgeable about assets in the household. In addition to providing information on the inventory of assets in the household, this respondent and another (typically of the opposite sex) were interviewed separately to obtain information on financial assets and debts, their participation in major household and farm decisions and ownership rights, among other topics.

The survey instrument contains a remittance module that collected demographic information on previous members of the household who had not resided in it in the six months prior to the survey and who have contributed to the household economically during the previous ten years.[3] A limitation of the survey is that it did not identify households that had migrants who did not contribute economically to the household. The definition of remittances used in this study does not include remittances from previous household members who reside in another household in the same town. It also does not include remittances received by migrants who were not previous members of the household. All the percentages in the tables are weighted. We provide population estimates by applying sample weights.[4]

CHARACTERISTICS OF MIGRANT REMITTERS AND THEIR HOUSEHOLDS OF ORIGIN

Since the survey only has information on households with migrants who send remittances, it is not possible to estimate gross migration rates or the incidence of receipt of remittances among migrant sending households. It does however provide the opportunity to investigate the role of remittances, distinguishing between internal and international remittances, in asset acquisition among remittance-receiving households. About a quarter of households (24.5%) report that a migrant has contributed economically to the household during the previous ten years. About 20% of households receive remittances from an internal migrant, 3.7% receive remittances from an international migrant, and 1.1% receive remittances from both. Compared to GLSS5 a lower proportion of households receive international remittances.

In contrast to the GLSS, GHAS includes in the remittance module only households that received remittances from previous household members.

In Table 1 we present information on the households that receive remittances from migrants who were previously members of the household.[5] There are significant differences between urban and rural households in the source of remittances. The proportion of both urban and rural remittance-receiving households that have internal migrant remitters far exceeds those with

Table 1: Distribution of Households that Receive Migrant Remittances from Previous Household Members, by Urban and Rural Locale of Household and Location of Migrants

Location of Migrants	*Urban*	*%*	*Rural*	*%*	*Total*	*%*
International	183,099	34.9	78,858	6.5	261,868	15.1
Internal	314,475	60.0	1,080,995	89.2	1,395,586	80.4
International and Internal	26,464	5.1	51,482	4.3	77,918	4.5
Total	524,037	100.0	1,211,335	100.0	1,735,372	100.0

Chi square test: p = 0.000. While the numbers have been weighted to reflect the population statistics, the statistical test has been conducted on the sample numbers in order not to exaggerate the degree of significance.

Source: Authors' computation using data from GHAS 2010.

international migrant remitters. Compared to urban households, a much smaller share of rural households have international migrant remitters (35% and 6%). This may be because the financial cost of sending a migrant to an international location is much higher, thus making it more difficult for rural households - whose average incomes tend to be lower than urban households- to send migrants to international locations. Rural households that receive remittances are more likely to receive internal remittances (89%) than urban households (60%). A minority of households in both locations receive remittances from both internal and international migrants. As Table 2 shows, men are more likely to be international migrant remitters than women.

Table 2: Remitters by Sex and Location

Location of Migrants	Men	%	Women	%	Total	%
International	303,512	17.5	154,788	13.3	458,299	15.8
Internal	1,430,011	82.5	1,012,482	86.7	2,442,493	84.2
Total	1,733,522	100	1,167,270	100	2,900,792	100

Chi square test: p=0.087. While the numbers have been weighted to reflect the population statistics, the statistical test has been conducted on the sample numbers in order not to exaggerate the degree of significance.

Source: Authors' computation using data from GHAS 2010.

Table 3: Households that Receive Migrant Remittances by Household Wealth Quintile and Location of Migrants

Quintile	Lowest	2	3	4	Wealthiest	Total
Location of Migrants						
International (%)	24.1	5.6	16.5	22.3	31.5	100.0
N						261,868
Internal (%)	30.7	15.7	16.9	20.4	16.3	100.0
N						1,395,586
International and Internal (%)	7.6	9.2	19.5	8.7	55.1	100.0
N						77,918
Total (%)	28.7	13.9	16.9	20.2	20.3	100
N						1,735,372

Chi square test: p=0.001. While the numbers have been weighted to reflect the population statistics, the statistical test has been conducted on the sample numbers in order not to exaggerate the degree of significance.

Source: Authors' computation using data from GHAS 2010.

In Table 3 the distribution of households that receive migrant remittances is presented by household wealth quintile and the location of the migrants. The wealth quintiles have been constructed based on the total national sample. Household wealth is the gross sales value of physical and financial assets owned by members of the household. More than 50% of households with international remitters are in the two wealthiest quintiles compared to about 37% of households with internal remitters. Households with internal migrants

who remit, 46% can be found in the two lowest wealth quintiles, whereas only 30% of households with international remitters are found in these two quintiles. The share of international remittance-receiving households in the lowest wealth quintiles is, nevertheless, substantial and is suggestive of the potential for international remittances to reduce poverty. Adams and Cuecuecha (2013), using data from the GLSS5 and a two-stage multinomial selection model, found that remittances reduce the likelihood of poverty and that the poverty-reducing effect of remittances is much higher for international remittances. They suggest that this is because the average size of international remittances is much larger.

Most migrant remitters are either married or in a consensual union (Table 4). This is irrespective of the sex or location of the remitters. Those who are not married or not in a consensual union are more likely to be single rather than widowed, separated or divorced. Among international and internal remitters there are significant differences in the marital status profile of women and men. Female remitters are more likely to be separated, divorced or widowed compared to their male counterparts, who are more likely to be single. Not surprisingly, most of the migrant remitters are also children of the respondents. Additionally, irrespective of sex, most remitters are aged between 26 and 50 years. Our data suggest though that among migrant remitters younger than this cohort, internal migrants seem to have a relatively higher share. Similarly, among the age group older than the 26-50 group, international migrant remitters are somewhat overrepresented.

Table 5 presents information on the education profile of migrant remitters. Irrespective of the sex of the remitter, international remitters have higher levels of education than internal remitters. International remitters are less likely to have only obtained primary education or less and more likely to have had tertiary education. There are no statistically significant differences in the education profile of women and men international remitters. The education profile of female internal migrant remitters is significantly different from that of male internal migrant remitters. This is largely because female remitters are more likely than their male counterparts to have only primary education, less than primary or no education, and are less likely to have tertiary or secondary education.

Table 4: Migrants with Economic Relations to Households by Marital Status, Sex and Location

Location of Migrant	Marital status	Men (%)	Women (%)	Total (%)
International				
	Single	20.9	10.3	17.3
	Married or in a consensual union	79.1	68.1	75.4
	Separated, divorced or widowed	0	21.7	7.3
	Total	100	100	100
Internal				
	Single	18.5	9.9	14.9
	Married or in a consensual union	77.4	83.9	80.1
	Separated, divorced or widowed	4.2	6.2	5.0
	Total	100	100	100

Chi square: International: $p = 0.001$; Internal, $p = 0.000$. While the numbers have been weighted to reflect the population statistics, the statistical tests have been conducted on the sample numbers in order not to exaggerate the degree of significance.

Source: Authors' computation using data from GHAS 2010.

Table 5: Migrants with Economic Relations to Households by Level of Education, Sex and Location

Location	Education Level	Men (%)	Women (%)	Total (%)
International				
	Primary only or lessor none	3.3	1.3	2.6
	Some secondary	35.7	40.2	37.2
	Secondary Completed	24.6	31.5	26.9
	Tertiary	20.9	16.1	19.3
	Others	15.4	10.9	13.9
	Total	100	100	100

Table 5 (cont'd)

Location	Education Level	Men (%)	Women (%)	Total (%)
Internal				
	Primary only or lessor none	6.6	15.0	10.1
	Some secondary	51.8	47.4	50.0
	Secondary completed	15.5	10.3	13.3
	Tertiary	12.3	6.1	9.7
	Others	13.8	21.2	16.9
	Total	100	100	100

Note: "Others" includes special school, Koranic school, don't know and missing.

Chi square: International, $p = 0.989$; Internal, $p=0.000$. While the numbers have been weighted to reflect the population statistics, the statistical tests have been conducted on the sample numbers in order not to exaggerate the degree of significance.

Source: Authors' computation using data from GHAS 2010.

THE ACQUISITION OF ASSETS WITH REMITTANCES
The Incidence of Remittances in the Acquisition of Assets

The survey collected information on assets owned by the remitters only if the asset is owned jointly with a household member. This is because migrants in this study are former household members and therefore their assets are not included in the household asset inventory that contains information on assets owned by current household members. In the survey, information was collected on assets owned (solely or jointly) by a household member, as well as the source(s) of funding of these assets in cases where the assets were purchased or where they were created by the owner (as in, for example, the construction of a building or the establishment of an enterprise). In identifying the sources of funding of the assets, provision was made for multiple responses.

In Table 6 we present the incidence of asset acquisition with the use of remittances sent by previous household members for all households. For each asset category, not more than 4% of households purchased (or in the case of places of residence, constructed) the assets using only remittances or in combination with another source of financing. When assets are acquired using migrants' remittances, these are often the only source of funds for

financing the acquisition. For example, 75% of households that receive migrant remittances (i.e., from former household members) constructed or purchased their places of residence with migrants' remittances only; in the case of consumer durables, the corresponding figure is 88%. In the case of agricultural land and savings, however, less than 50% of households that receive migrant remittances acquired these assets solely with migrant remittances (see Table 6). The assets least likely to be acquired using remittances are other real estate and livestock. Although agricultural land is the asset least likely to be acquired through purchase (Oduro *et al.*, 2011), the proportion of households that purchased land using remittances is not much smaller than the proportion of other assets (such as businesses and consumer durables) acquired using remittances.

Table 6: Acquisition of Assets with the Use of Remittances for All Households

Asset	Number of households that used remittances alone	Number of households that used remittances and other means	Total number of households that used remittances	Total number of households that own asset[1]	Proportion of households that acquired asset with remittances
Residence	31,788	10,539	42,327	1,797,433	2.40%
Agricultural land	1,307	1,997	3,304	250,140	1.30%
Other real estate	6,913	0	6,913	1,319,336	0.50%
Business	50,408	0	50,408	3,135,908	1.61%
Consumer durables	69,934	9,370	79,304	6,048,045	1.30%
Livestock	13,989	13,989	27,978	2,486,651	1.10%
Savings[2]	56,478	95,257	151,735	3,918,549	3.90%

Notes:

(1) Excludes assets that were inherited

(2) The number of savings accounts opened using remittances might be slightly overestimated because it was not always possible to distinguish between remittances from persons living in another household in the same town and migrants. The numbers have been weighted to reflect the population statistics.

Source: Authors' computation using data from GHAS 2010.

Table 7: Acquisition of Assets with the Use of Remittances for Remittance-receiving Households

	Total number of households that used remittances to acquire asset	*Number of households that own asset*	*Households that acquired asset with remittances as a share of those who own asset*
Residence	42,327	414,846	10.2%
Agricultural land	3,304	67,555	4.9%
Other real estate	6,913	295,975	2.3%
Business	50,408	550,828	9.2%
Consumer durables	79,304	1,351,517	5.9%
Livestock	27,978	568,633	4.9%
Savings	151,735	723,983	21.0%
Acquired at least one asset with remittances	294,885	1,735,372	17.0%

Note: The numbers have been weighted to reflect the population statistics.
Source: Authors' computation using data from GHAS 2010

In Table 7 we present information on the incidence of asset ownership through the use of remittances for households that have migrants who send remittances. The assets most likely to be acquired using remittances by remittance-receiving households are savings (21%), places of residence (10.2%) and businesses (9.2%). Overall, a not insignificant share of remittance-receiving households (17%) is likely to acquire assets using remittances. However, this proportion of households that acquire assets using migrant remittances is relatively low by international standards. A comparative figure for Ecuador is 24%.[6] Ecuador has a much larger share of households with previous members who are international remitters than does Ghana and this can explain Ghana's comparatively lower level of asset acquisition using remittances. This is because international migrants tend to remit larger amounts than do internal migrants.

The Incidence of Remittance Use by Location and Sex of Migrant

We now consider asset acquisition by remittance-receiving households based on the location and sex of the migrant. In Table 8 we show, for each asset category, the share of asset-owning remittance-receiving households that acquired the asset using either international or internal remittances. For almost all asset categories, the proportion of asset-owning households with international remitters that acquire assets using remittances is higher than the corresponding proportion for households with internal remitters. The only exception is found in the case of livestock acquisition. This finding suggests that in comparison with internal remittances, international remittances play a greater role in the acquisition of assets by households in Ghana. Even though ours is a sample of households that receive remittances from previous household members, our findings resonate with those of the GLSS5 which include all households that receive remittances. A plausible factor explaining why households with international remitters are more likely to acquire assets is the tendency for international remittances to be larger in size than internal remittances.

Table 8: Incidence of Use of Remittances to Acquire Assets among Asset-Owning Households with Migrant Remitters.

Asset	Households that receive international migrant remittances	Households that receive internal migrant remittances
Residence	15.2%	11.4%
Agricultural land	9.3%	6.4%
Other real estate	4.5%	1.3%
Business	13.2%	8.2%
Consumer durables	8.4%	5.4%
Livestock	2.4%	5.5%
Savings	26.6%	20.6%

Note: Households which have both an international and internal migrant are included in the total for each column. It should be noted also that the numbers have been weighted to reflect the population statistics.

Source: Authors' computation using data from GHAS 2010.

In Table 9 we present information on the sex and location of the remitter. In contrast to households receiving remittances from male international migrants, households receiving remittances from female international migrants tend to use the remittances to acquire a limited range of assets, i.e., places of residence, businesses and consumer durables.[7] A higher proportion of households receiving remittances from male international migrants (6.2%), however, use them to establish businesses. Among households that receive remittances from internal migrants, the incidence of asset acquisition using remittances is quite low (see Table 9).

In view of the tendency for the average size of internal remittances to be smaller than that of international remittances, this finding is not surprising. Again we observe that a higher proportion of households with female migrants (though not with as large a difference) used remittances to purchase the principal residence. A higher proportion of households with male remitters than those with female remitters used remittances to acquire consumer durables, businesses and livestock. While these findings are interesting, we do not have information that will enable us to explain the reasons for all the observed patterns. It could well be that there are gender differences relating to whether remittances are accompanied with instructions regarding asset purchase. Clearly, with the collection of suitable data, this issue can be explored in future research.

The Form of Ownership of Assets Purchased with Migrant Remittances
This section presents evidence on who owns the assets acquired using remittances and whether the assets so acquired are jointly owned with the remitters. We also explore whether there is a relationship between the form of ownership of the asset and the sex of the remitter. Form of ownership describes whether assets are owned solely by a member of the household, jointly by several household members or jointly by household members and non-household members with the possibility of the non-household member being the migrant remitter. A caveat to this analysis is the small number of observations. However, given the novelty of this type of gender analysis, we expect it to form the basis for future studies.

Table 9: Incidence of Asset Acquisition Using Remittances by Remittance-receiving Households by Location and Sex of the Migrant

Asset	International Remittances Recipient Households			Internal Remittances Recipient Households		
	Female migrants	Male migrants	Total international migrants	Female migrants	Male migrants	Total internal migrants
Residence	6.90%	1.10%	3.40%	3.20%	2.70%	2.80%
Agricultural parcels	0.00%	0.80%	0.60%	0.00%	0.30%	0.20%
Other real estate	0.00%	1.50%	1.20%	0.20%	0.30%	0.20%
Business	3.10%	6.20%	4.80%	2.00%	2.60%	2.50%
Consumer durables	10.50%	4.90%	6.60%	3.80%	5.00%	4.20%
Livestock	0.00%	0.90%	0.70%	1.10%	1.80%	1.90%
N =	125,049	265,346	339,849	695,319	1,115,041	1,473,435

Note: The numbers have been weighted to reflect the population statistics.
Source: Authors' computation using data from GHAS 2010.

Table 10 presents information on form of ownership for three assets (i.e. the place of residence, businesses and consumer durables) and sex of the remitter. The majority of the places of residence acquired with remittances (75%) are owned individually, 20% are owned jointly by a couple and only 5% are owned by a household member and a remitter. The majority of the places of residence bought with remittances are owned by women, who constitute more than half of the remitters. This is another interesting finding that merits further investigation in future research.

For women in Ghana, businesses in Ghana tend to be owned individually (69%) (Oduro *et al*., 2011). In Table 10 we find that almost all the businesses acquired with remittances (93%) are owned individually by women. About 72% of the businesses were established using remittances from male migrants, usually the spouses of the owners, while about 21% of businesses were established using the remittances from both male and female migrants. None of the businesses are owned jointly with the remitter.

The third section of Table 10 presents information on the form of ownership of consumer durables purchased with migrant remittances and the sex of the remitter. It can be seen that while most of the remitters are men, most (78.5%) of the owners of these consumer durables are women. Although we do not have information that clearly provides an explanation for this observation, it is plausible that many of these assets were purchased with remittances sent by the husbands or brothers/male relatives of these women. Notably, none of these consumer durables are owned jointly.

Table 10: Form of Asset Ownership and Sex of Migrant who Contributed Remittances

Form of Ownership	Sex of Remitter				
	Male	Female	Both	Total	Distribution (%)
Place of Residence					
Individual					75
Men	0	0	0	0	
Women	20,110	11,644	0	31,754	
Joint in Household					20
Couple	0	8,542	0	8,542	
Joint with Remitter					5
Men	0	2,031	0	2,031	
Women	0	0	0		
Total	20,110	22,217	0	42,327	100
Chi-square	p=0.264				
Business					
Individual					93
Men	0	0	0	0	
Women	35,830	6,617	7,448	49,895	
Joint in Household					7
Couple	0	0	3,931	0	
Joint with Remitter	0	0	0	0	
Total	38,350	6,617	11,379	53,826	100
Chi-square	p=0.099				

Table 10 (Cont'd)

Form of Ownership	Sex of Remitter				
	Male	Female	Both	Total	Distribution (%)
Consumer Durables					
Individual					100
Men	18,497	21,195	0	39,692	22
Women	63,399	15,345	65,863	144,607	79
Joint in Household					
Couple	0	0	0	0	
Joint with Remitter	0	0	0	0	
Total	81,896	36,540	65,863	184,299	100
Chi-square	p=0.007				

Note: While the numbers have been weighted to reflect the population statistics, the statistical tests have been conducted on the sample numbers in order not to exaggerate the degree of significance.

Source: Authors' computation using data from GHAS, 2010.

DISCUSSION

In this paper we have presented some exploratory evidence to illustrate the role of migrant remittances in asset acquisition by members of remittance-receiving households. We have established that remittances are used by members of remittance-receiving households to increase their asset wealth. The assets acquired by members of remittance-receiving households are not always owned jointly by the remitter. Ownership of the asset implies that the household member will have a claim to the stream of current and future benefits from the asset and that this claim will not be disrupted on the return of the migrant.

Using individual level asset data makes it possible to investigate whether gender patterns exist in the relationship between remittances and asset acquisition by household members. Our analysis finds evidence in support of a gender pattern. We find that among households with international remitters, the range of assets owned by household members that were acquired using remittances of women is not as wide as it is for households with male remitters. The difference between households with male and

female remitters in the range of assets acquired may be because the motives for remitting may be different between women and men. In addition, women and men may have different preferences regarding how they want their remittances to be used. In Ecuador, Deere *et al*. (2013) found that women remitters are more likely to give instructions on how remittances should be used. If women remitters exercise more control over how their remittances are to be used, this will limit the extent to which household members can use remittances for the acquisition of their own assets.

The relationship between form of asset ownership and sex of remitter varies by asset. Whereas there is no significant relationship in the case of places of residence, we found that businesses and consumer durables are more likely to be acquired using remittances from male migrants than from female migrants. Most migrants are men and the majority of them are married or in a consensual union. For those men who migrated without their wives, remitting money to their partners at home to establish businesses may be a strategy to ensure that provision is made for the day-to-day upkeep of the family left behind. In Ghana, places of residence are less likely to be owned solely by women compared to men (25% vs. 51%, see Doss *et al.*, 2011). This study highlights the possible importance of migrants' remittances in facilitating the acquisition of places of residence by women. Women have acquired ownership of their own home through the remittances of both male and female migrants, primarily their children.

We also found that assets acquired by remittance-receiving households using remittances are not usually owned jointly with the remitter. This suggests that to obtain a complete picture of the role of remittances in investment in housing and businesses, information is required from both remitters and remittance-receiving households. The location of the migrant makes a difference to the ability of households to accumulate assets through remittances. Households with international remitters are more likely than those with internal remitters to use remittances to acquire assets. We posit that this is largely due to the ability of international migrants to remit larger amounts than can internal migrants. However, the acquisition of assets by persons receiving the remittance depends not only on the amount sent, but also on the purpose for which the monies are sent and the circumstances of the recipient. Further research is required on these issues.

Most studies on the impact of remittances on receiving households in Ghana (for example, Litchfield and Waddington, 2003; Quartey, 2004; Adams *et al.*, 2013; Boakye-Yiadom, 2008; Ackah and Medvedev, 2010) have focused on the impact of remittances on welfare as measured by consumption expenditure. This paper has shown that the discussion of effects of remittances should delve into the acquisition of assets and the implications this has for the well-being of household members. Remittances have long-run effects beyond those captured by examining economic welfare as measured by consumption expenditure. Using individual-level data on asset ownership allows the identification of assets in use by the household that belong solely to migrants, assets owned jointly by migrants and household members, and assets acquired using remittances that are owned solely by household members. This type of information makes it possible to conduct an intra-household analysis on the effect of migration and remittances.

Most surveys ask about remittances received in the past 12 months. By examining the acquisition of assets using migrant remittances, we introduce a longer time perspective into the analysis. We have been able to identify what may be described as tentative relationships between the sex of the remitter and the form of ownership of the assets acquired using remittances. Significant relationships have been established for businesses and consumer durables. Further insights into these relationships using a much larger and detailed sample is required in order to delve more rigorously into understanding the nature of these relationships.

CONCLUSION

Remittances do contribute directly to increasing the housing stock and business investment in particular and the asset wealth of members of remittance-receiving households in Ghana, with the attendant multiplier effects on the rest of the economy. Several gaps, however, remain in our understanding of what explains the patterns of asset acquisition by women and men using migrant remittances. Further insights into the relationship between remitters and recipient households are required if we are to understand how remittances increase asset ownership by household members in Ghana. Research is required to answer the following questions: Does the remitter provide instructions on how the remittance is to be spent? Are women more likely than men to provide instructions on how the

remittance is to be spent? Does the sex of the recipient or the person responsible for using the remittance influence whether instructions are provided? Clearly, these questions can be addressed only with a more comprehensive dataset, the kind of dataset that can be obtained from a migration and/or remittance survey.

A limitation of this study is the lack of data and analysis related to the relation between remitters and the development of community-based assets such as schools, churches, toilet facilities and other assets owned by the town or village as a community property. This type of analysis is useful for the evaluation of the impact of remittances in reducing overall poverty within the community through the provision of community-based assets that can be accessed by all members rather than the narrow focus of assets ownership within specific communities. This analysis is important given the fact that many households do not have regular remittances from people living outside the village or town.

ACKNOWLEDGMENTS

ENDNOTES

[1]The estimate for internal remittances includes transfers from persons living in the same location as the recipient.

[2]The exception is the Upper East Region for which 20 households were selected.

[3]Household members are persons who have resided in the household during the previous six months. Since this study focuses on migrants, it excludes those family members and others who may have contributed to the household but who reside in the same town.

[4]The sample weights were calculated using the procedure employed by the Ghana Statistical Service.

[5]All the numbers in these tables are weighted. The statistical tests, however, have been conducted on the unweighted figures in order not to exaggerate the degree of significance.

[6]The information for Ecuador is obtained from Deere *et al*. (2013).

[7]Unfortunately the survey did not collect information on the identity of the person whose remittance was used to open savings accounts. The following discussion will therefore focus on physical assets.

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EXPANDING SOCIAL PROTECTION OPPORTUNITIES FOR OLDER PEOPLE IN GHANA: A CASE FOR STRENGTHENING TRADITIONAL FAMILY SYSTEMS AND COMMUNITY INSTITUTIONS

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ABSTRACT

The need to augment social protection arrangements to safeguard the wellbeing of older people now extends to societies beyond the borders of the welfare states of Europe. However, the emphasis seems to be on formal systems of support, with little attention paid to the extent to which the traditional family system and community structures could be enhanced to support this process. This study examines the relevance of the traditional family and community structures in providing social protection for older people using both quantitative and qualitative data. It is clear that the traditional family and community-based support arrangements remain a useful and reliable option for care and support of older people even if they are inadequate in some respects. We suggest that the traditional family system and community structures be strengthened through collaborative efforts of government and civil society for optimum social protection delivery for older people.

Key words: Community, Family, Government, Market, Social Protection, State, Traditional Institutions

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INTRODUCTION

Increasingly, there is a paradigm shift in thinking about providing care and support for older people throughout the world. This shift came in the wake of the rapid increase in the numbers of older people of 60 years and above. Africa is predicted to have the highest representation of older people by 2050 (United Nations, 2009). Many development and social policy practitioners believe that the answer to providing effective care and support for older people is social protection (Paul and Kugel, 2006; HelpAge International, 2008)). They argue that state-led social pension and social assistance systems are imperative for the social protection of older people. While this observation may be true, the important role of the family and community structures in providing care for older people cannot be discounted given the considerable evidence of this important role especially in developing countries. With many countries experiencing high government budget deficits, the need to enhance family and community structures as additional means for the care of older people is worth considering.

The assumption that rapid social change has weakened the traditional family system, making it less effective as a reliable social support for older people is articulated by several scholars including Mba (2006) and Ayetey-Nyampong (2008a). However, in many developing societies alternatives to traditional social support systems are absent or at best limited, making it risky to consider social protection for older people without due recourse to what the traditional social solidarity system and community structures can offer alternatively or in combination with formal state-led protection programmes.

The launch of the Millennium Declaration in 2000 by the United Nations intensified global resolve to mobilise all available resources to solve problems of development. This resolve has coincided with statements by various international bodies on the importance of regaining the family's mandate in social reproduction. For example, the Madrid International Plan of Action on Ageing recognized the importance of families, inter-generational inter-dependence, solidarity and reciprocity for social development and enjoined nations to take steps to maintain and improve upon this important family role (MIPAA (2002). The African Union (2002) Policy Framework for Older People explicitly acknowledges the need for strengthening family support systems with emphasis on the care of older people.

In the light of the above-mentioned discussion, it is useful to evaluate the emerging international consensus on the need to strengthen the traditional family and community support systems by examining their relevance and usefulness in modern times. The main objective of this paper is to examine within the Ghanaian context the relevance of the family and community structures such as the role of traditional authorities, community-based organisations, kinship/professional associations and religious organisations in social protection service delivery for older people.

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Inadequate income and lack of access to important social services by the aged lead to their human degradation and poor living standards. Economists call this phenomenon market failure which means that the free market, where everyone is left to fend for himself or herself, does not achieve the outcomes desired by society in general. This market failure can lead to persistent poverty and human degradation (Buadi *et al*., 2013). When markets fail to achieve desired societal outcomes, other alternatives are developed by society through the institutions of the Community and the State (Hayami, 2009). The Community represents non-State actors which are often voluntary associations, and semi-voluntary structures linked through blood ties such as extended families, clan lineages and chieftaincy institutions (Buadi *et al.*, 2013; Nukunya, 2003). The State on the other hand uses coercive taxation powers to generate funds for the general development of a country as part of its core functions. The State may provide social services for the aged to correct the market failure problem in order to reduce extreme poverty and hardship.

The provision of goods and services, whether formal or informal, for the purposes of reducing the risk and vulnerability that people face is referred to as social protection. However, social protection does not necessarily have to be provided by the State alone; it is often provided by various Community organizations, albeit in different forms. In totality, it is important to recognize the three institutional engines of society related to human development that includes the care of the aged. These are (1) Market (2) Community and (3) State. The importance of the Market is linked to the need for individuals to prepare adequately for retirement and/or be assisted to prepare for retirement through the provision of adequate information and job opportunities that can allow them to save for retirement. Whenever this

function of the market fails, there is the need to mitigate the risk thereof (refer to Figure 1 for the role of the individual in preparation for retirement).

We further build our theoretical argument around two perspectives of providing social protection for older persons in the wake of market failures. The first perspective deals with providing social protection for poor and vulnerable people through state-led formal structures and institutions (World Bank, 2000; Norton *et al.*, 2001; United Nations Development Programme,2005; Asian Development Bank,2009). The second perspective, put forward by Barrientos *et al*. (2004), argues for the combination of both formal and informal systems for support of poor and vulnerable people. This later perspective is the basis for the arguments we raise in this paper.

The argument over the years, from the World Bank's perspective, has been for the State to provide social security that strengthens social risk mitigation. This is supposed to lead to a process of reducing vulnerability and supporting the building of assets. Similarly, the Asian Development Bank (2009) argues that social protection should consist of policies and programs designed to reduce poverty and vulnerability and promote efficient labour markets, diminish people's exposure to risks, and enhance their capacity to protect themselves against hazards and interruption/loss of income. The approach suggested by the Asian Development Bank indicates five key areas under which social protection can be classified.

These areas are (1) labour market policies, (2) social insurance, (3) social assistance, (4) micro-and area schemes and (5) child protection. Van Ginneken (1999) also raises similar arguments on social protection by clearly detailing social insurance and social assistance as key components of viable social protection. However, these two approaches are generally State-biased with an emphasis on the State to undertake much of the social protection. They fail to take into account a good working window for drawing from the synergies that can be developed from complementing state-led social protection schemes with family and community social protection platforms.

Our study reported in this paper is rooted in the inspiration of complementary State-led schemes combined with family and community structures in dealing with the care of the aged. This view is also offered by Barrientos *et al.*

(2004) and the United Kingdom Department of Foreign and International (DFID) (2005). This more holistic view suggests that social protection should include public actions carried out by the State and/or private sector that equip people to better deal with risk and vulnerability to crises and change in circumstances (for example, unemployment or old age) and which provide support that minimises effects of extreme and chronic poverty. It also involves all interventions from public, private and voluntary organisations and informal networks to support communities, households and individuals in their efforts to prevent, manage and overcome risks and vulnerabilities faced by older and vulnerable people.

HelpAge International (2007) proposes that social protection for older people should encompass a range of mechanisms to provide safety nets and support to poor and disadvantaged members of society. It suggests that governments should provide a package of social protection, including basic healthcare, education and income support to older people. Social pension according to the source has the tendency to enhance access to food, water and health and to improve the ability to generate income.

At present, the sustainability of state-led social protection arrangements especially in Africa has been questioned. Several international Protocols including the MIPAA (2002) and the AU Framework on Social Protection have called for strengthening the traditional extended family system that provided protection for older people in the past as a good complement to the state-led systems. Irrespective of these calls, many countries including Ghana have done little to strengthen these traditional extended family and community structures for social protection (Doh, 2012). This inactivity of governments of developing countries such as Ghana has coincided with the weakening of the traditional extended family due to forces such as urbanization and continuous and systematic nucleation of the family (Nukunya, 2003).

In the context of human development, including the care of older persons, the Market, the Community and the State should ideally be working in tandem to protect people and allow older people to live more secure lives. However, the extensive market failures exhibited by increasingly large numbers of older people living in extreme poverty with many homeless and living with the forces of nature have caused a rethink of viable social

strategies. We argue that the traditional extended family systems need to be enhanced and supported as a complementary tool for social protection. Hence it is important for governments and states to take steps to strengthen the family and traditional structures for social protection rather than let them die to the detriment of poor older people. Our argument is elaborated in Figure 1 which suggests that the strengthening of traditional community and family structures alongside state structures and systems can provide a better protective environment for older people. Figure 1 also indicates the important role of the individual in accumulating personal wealth and savings to prepare properly for retirement.

Figure 1: Conceptual Framework of Effective Social Protection for Older People
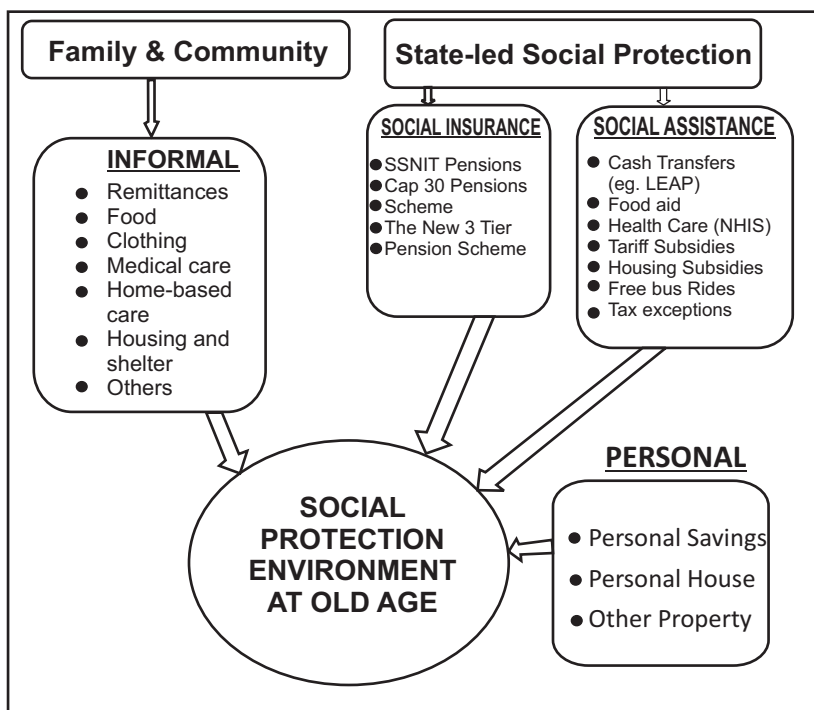
Source: Adapted from Doh (2012)

METHODOLOGY

The paper is developed from a survey conducted among 600 older people who were purposively selected from three regions of Ghana namely Volta, Ashanti, and Greater Accra Regions under the Older People Monitoring Group Project of HelpAge Ghana. In order to augment the survey data, 12 focus group discussions with 120 older people and 36 key informant interviews among policy level officers, frontline development and human rights experts and traditional leaders were also conducted. As a mixed method study, analyses of data were done using both quantitative and qualitative methodologies. For the purposes of this paper, the survey data were analysed using simple descriptive statistics such as the determination of means, frequencies and percentages of key variables. The analyses also involved correlation analysis in drawing linkages and relationships between the identified social protection arrangements and defined wellbeing of older people. For the qualitative data, a thematic analysis process was used. In doing this, qualitative codes were initially generated and these codes were later reclassified into themes as they relate to the study objectives. Furthermore, the paper also draws quite heavily on data from the Ghana Living Standard Survey Number 5 published in 2008 and several other secondary sources.

THE DEMOGRAPHIC DYNAMICS OF AGEING IN GHANA

Ghana, like many other African countries, has a youthful population according to the United Nations (2001). However, recent demographic analysis as shown on Table 1 indicates that the population of older people aged 60 years and above is rising. The trend indicates that in 1988, for example, the Ghana Demographic and Health Survey estimated that older persons 64 years and above constituted 3.8 percent of the population. This increased to 4.7 percent in 1998 and by 2003, the proportion increased to 5.3 percent. The Ghana Living Standard Survey (GLSS) Number 5, undertaken by the Ghana Statistical Service in 2005/2006 and published in 2008, estimates that older people 60 years and above constitute about 6.6 percent of the total population. It is expected that by 2030, the proportion of older people in Ghana would have reached 9.5 percent of the total population (AU, 2002). UN (2009) estimates that the proportion of older people to the total population of Ghana would reach 12 percent by 2050. Thus, it is imperative to critically examine

structures and systems which can effectively deal with the challenges associated with population ageing.

Table 1: Estimated Population of Ghanaian 60 years and above

Year	Proportion of older people in Ghana(60 years and above)
1960	4.6%
1970	5.2%
1984	5.9%
2000	7.2%
2010	6.7%
2030 AU estimate	9.5%
2050 UN Estimate	12.0%

Sources: Population and Housing Census data compiled by
Ghana Statistical Service (2003, p.54) and AU (2002) and
UN Population Ageing and Development Report (2009).

It is interesting to note that the official definition of older persons has shifted over the years. From colonial times when the official retirement age in the public service was 55 years, this age has now shot up to 60 for both men and women. There appears to be growing interest in extending this further to 65 years. For some public services for older persons, for example, the minimum qualification age has been fixed at 70 years. This lack of uniformity has negative consequences for planning and implementing programmes for older persons. Life expectancy has increased to 60 years for males and 63 years for females according to 2010 estimates provided by the Ghana Statistical Service using the 2010 Population and Housing Census data[1]. Given that these anomalies exist in the definition of older persons in Ghana, it is important to state the definition of aged people as stipulated by the Ageing Policy of Ghana (2010). The Ageing Policy explicitly stated that old age in Ghana starts at age 60 irrespective of gender. This statement of course, aligns itself with the provision of the AU Policy Framework on Ageing (2002) and other international practices.

EXAMINATION OF THE TRADITIONAL FAMILY SUPPORT SYSTEM IN GHANA

In this section, we examine the relevance of the traditional family system in modern social protection delivery arrangements in Ghana. The examination focuses on the key roles that traditional extended families play in providing social protection for older people and how these roles have affected the latter's wellbeing. For the purposes of this paper, the examination of the roles of the traditional family has been limited to remittances, housing support and medical care.

The Context of Traditional Family and Reciprocity in Ghana

In Ghana and in many parts of Africa the family is perceived as the most basic unit of society and made up of people who are related to each other by blood, marriage or adoption (Nukunya, 2003). In Ghana two types of family are identified. These are the nuclear and extended families. The nuclear family is composed of married couples and their children. The extended family on the other hand comprises series of close relatives along either the male or female lines depending on descent system (Nukunya, 2003).

By tradition and custom in Ghana, there is a reciprocal social support arrangement among members of a family. Particularly, it is expected that parents will look after their children who will in turn look after their parents when they grow (Ayetey-Nyampong, 2008b; Apt, 1996). For example, there is an Akan[2] proverb which states *that "if you look after your children for them to grow their teeth, they will look after you to lose yours"*. This statement connotes the concept of intergenerational social support in the family. In order to widen the support base, reciprocal arrangements in the past went beyond man, wife and children. Other relatives such as nieces, nephews, uncles and grandparents were all involved in the support arrangements.

Therefore, in the past, it was common to find people looking after relatives other than their own children and parents. This arrangement therefore suggested a much wider social support for older people depending on the number of people the older person helped *"grow their teeth".* There are concerns about the waning of this age-old support system due to modernization, migration and urbanization (Apt, 1996; Kimuna, 2005;

Asiazorbor, 2009). However, as shown by the survey results in Table 2, older people continue to receive various forms of support from their children and from other relatives. These support forms are discussed below.

Remittances

Remittances have remained one of the traditional forms of support provided to older people through the traditional family support system. As noted in Table 2 below, overall 79.7 percent of older people received remittances from members of either the nuclear or extended family. This is made up of 56.5 percent from children and 23.6 percent from family members other than the person's children. Indeed, the sharp difference between remittances from children and those from other family members highlights the gradual nucleation of the family as noted by Nukunya (2003). One in five of the respondents did not receive any remittances.

Table 2: Source of Remittances Received by Older People

Source of Remittances	Volta	Ashanti	Greater Accra	Overall
Remittances from children	61.0%	52.1%	56.4%	56.5%
Remittances from other family members	24.8%	28.8%	15.9%	23.2%
No Remittances	14.2%	19.1%	27.7%	20.3%
Total	100.0%	100.0%	100.0%	100.0%

Source: Field Data, 2008

This finding is consistent with the GLSS5 results which estimated that about 48.3 percent of aged parents received remittances from their children and that older women (30.5 percent) were in the majority compared to older men (17.8 percent) (refer to Table 3 for the GLSS5 results). Qualitative discussions revealed that the reasons for higher transfer to older women (mothers) than to older men (fathers) was linked to the traditional feeling that men by traditional labour practices had more money than older women, hence children tried to support their older mothers more. It could also be due to the perception that parental bonds between children and their mothers were stronger than those with fathers.

The Value of Remittances

In this study, attempts were made to determine the value of remittances received by older people in the month preceding the research. Findings revealed that remittances received by respondents totalled GH¢18,391.00, with a monthly average of GH¢38.47.

Table 3: Income Transfers to Non-household Members

Relationship of non-household member to head	Urban		Rural			Ghana		
	Male	Female	Male	Female		Male	Female	Total
Parent	25.8	41.5	13.2	23.0		17.8	30.5	48.3
Spouse	1.0	5.3	0.5	5.9		0.7	5.6	6.3
Child	26.6	13.8	40.6	25.7		35.6	20.8	56.4
Brother/sister	18.7	12.9	18.6	14.3		18.7	13.7	32.4
Other relative	22.1	21.4	21.3	26.5		21.6	24.4	46
Non relative	5.7	5.0	5.7	4.7		5.7	4.8	10.5

Source: GLSS5 Ghana Statistical Service (2008)

However, the highest remittance received per respondent was GH¢520 whereas the lowest was GH¢5. The majority of older people (69%) received remittances of less than GH¢25 in the month preceding the study. The average remittances received by both males and females stood at GH¢31 and GH¢46 respectively. Even though the value of the remittances to older people appears low, remittances remain to a large extent the only source of income for some of them. It is important to recognise that qualitative insights showed that the remittances have influenced the living conditions of the respondents.

For example, an older person notes that: "*My daughter lives in Koforidua where she sells kenkey. Every month, she sends me about GH¢12.00. This is what I use till the end of the month. Sometimes, it may get into the middle of the next month before she sends something. Other times, she may send less or more depending on how her market goes. At least, I am able to buy fish and other food items…………..It is difficult but she is my only child"*

Housing

Apart from remittances, older people are generally sheltered by their family members and their children. As shown in Table 4, about 38% of older people live in family homes, with another 3% living in the homes of their children. Further, over a quarter of older people (28%) live in their own accommodation while another quarter live in rented homes. For those older people who own their houses, 72 percent are men and 28 percent are women. It is important to note that the older people who are living in their children's homes (3%) are all women. As indicated by a woman in Achimota, *"My son built this house for me and I have been living here for the past eight years"*.

Of those who live in family homes, 69 percent are older women and 31 percent older men. The State and private employers do not provide any housing for the older people interviewed for this study.

Table 4: Housing for Older People by Gender

Housing	Overall	Male	Female
Family house	38%	31%	69%
Children's house	3%	0%	100%
Rented	25%	77%	23%
Government	0%	0%	0%
Self	28%	72%	28%
Private Employer	0%	0%	0%
Others	6%	21%	79%
Total	100%		

Source: Field Data, 2008

Medical and Food Aid

Home-based care for older people during illness is the responsibility of family members irrespective of location, as shown in Figure 2. More than three-quarters of older people (79%) pointed out that they receive support from their families when they are sick. The nature of the support includes caring for them and preparing herbal medicines when necessary, paying the premiums for the National Health Insurance Scheme (NHIS) and buying essential drugs.

However, the consistency and adequacy of support, particularly for essential drugs and payment of premium was described by many of the older people as "better than none". Relatives are often unable to sustain the supply of essential drugs for long periods. Some older people find their homes more conducive during ill health than the hospital, as they complain of gross apathy on the part of medical personnel. Furthermore, a significant proportion of older people indicated that their children and other family members usually provide them with food.

Figure 2: Main Sources of Healthcare Support
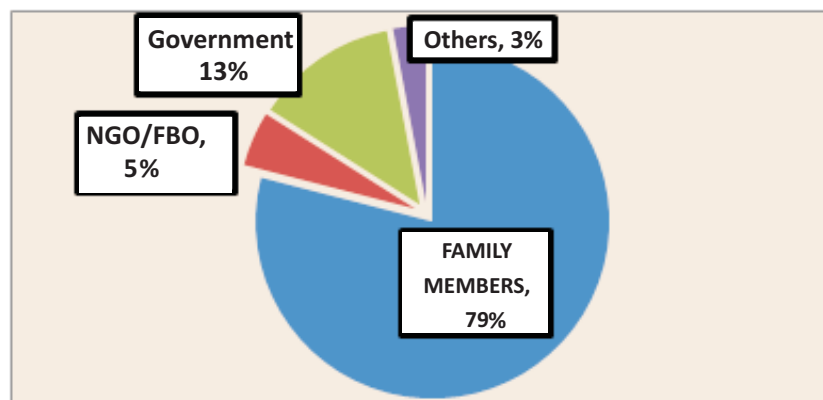
Note:
Others=Support via Social Networks during ill-health

COMMUNITY-BASED INSTITUTIONS DEDICATED TO THE SOCIAL PROTECTION OF OLDER PEOPLE

Community-based institutions discussed in this paper are traditional authorities, religious groups, mutual support groups, clubs and associations and civil society organisations.

Traditional Authorities

Traditional Authorities pre-date colonialism and have remained respected institutions within the community-system. Apart from being custodians of traditional values, cultures and belief systems, chiefs are also known to be agents of development (Assimeng, 1981). Traditionally, chiefs and elders of a community have the mandate to oversee the wellbeing of all citizens, particularly the weak and the vulnerable. Thus, in the past chiefs were known

to provide food-aid, shelter and in certain cases healthcare through the chief traditional religious priest of the community or the traditional herbalist.

Our investigation however shows that only four percent of older people in the study indicated ever receiving any support from chiefs and elders. For those who received support, this was mainly in the form of cash and food during bereavement. Even though statistically, the social supporting role of traditional leaders is relatively small, given their current constraints, they still represent a form of assistance that allow these leaders to effect some change within their communities. Key informant investigation revealed that chiefs were aware of their role in supporting the vulnerable in society but were held back by inadequate resources. They also noted that their relevance with regard to support for their community members had been weakened by their respective District Assemblies whom community members now looked more to for support. In their opinion, District Assemblies could be more effectively resourced and better placed to provide some level of social protection for older people and other vulnerable people.

This weakness notwithstanding, as noted from key informants, it is important to point out that: "*traditional authorities have the potential to serve as a reliable community-level institution that can propel issues of older people to a better level. This is so because we are among the older people ourselves and it will just be a matter of helping our colleagues. We better understand ourselves*. (A statement by a Chief in the Volta Region, June 2008)

Faith-Based Institutions
Faith-Based institutions have a long history of providing social protection for vulnerable people, including older people. This study reveals that about a quarter (24%) of older people indicated that their churches had provided support for them in the previous 12 months. The support included cash transfers, clothing, food-aid, medical care, visitation during sickness and prayers.

One woman in Bomso in the Ashanti Region noted: *"my church is my family, every Sunday they visit me because I cannot walk to church any longer. They come to pray for me and they give me food items, toiletries and sometimes*

money. Other times they bring me medicine. The last time, they brought some white people who operated on me at the hospital without cost. Even if I die today, I know they will bury me well"

The statement above and many other similar ones indicate the relevance of the church in contemporary social protection arrangements for older people. No matter how small the churches' contribution has been over the years, it is important to note that some of them have introduced various welfare and support schemes for all categories of people including older people. Thus their relevance to social protection arrangements cannot be overlooked in any policy discussion.

Social Clubs and Support Groups

Our investigations into social support groups, clubs and associations show that very few of these groups exist for older people. The predominant groups which many older people subscribed to were bereavement and funeral groups. This was done with the hope of getting a befitting burial after death, or of receiving support related to the funeral of relatives. Older persons also belong to professional associations and these provide minimum support during shocks.

Civil Society Organisations

Civil society organisations (CSO) have gained prominence in communities as agents of support and some of them have turned their attention to older persons. However, civil society groups with interest in older persons remain few, unlike the proliferation of such organisations for HIV and AIDS, children, women and people with disability. At the moment, HelpAge Ghana and Christian Action on Ageing remain the most organised civil society groups for older people in Ghana. HelpAge Ghana, for example, through its 3-Year Older People Monitoring Group (OPMG) programme, seeks to empower older people to engage with government and other service delivery agencies for effective and efficient service delivery for older people. About 52 percent of older people in the study indicated that they have benefitted from some CSO-led interventions.

ANALYSIS OF SOURCES OF SOCIAL PROTECTION AND OLDER PEOPLE'S WELLBEING

We conducted a correlation analysis to determine the relationship between the wellbeing of older people and the various support systems. Wellbeing, as used here, is the aggregate score on housing, food security, healthcare and income. As shown in Table 5, though nuclear family support has a positive relationship with older people's wellbeing, (p<.002, r=.127), the relationship is weak. This re-enforces the fact that the traditional support system is weak in terms of providing a reliable support for older people. However, in spite of this weakness, the qualitative insights point to the fact that the main force holding older people together in making ageing worthwhile is the family.

A similar argument can be raised for the extended family's support (p<.010, r=.106), which was also weak statistically but relevant qualitatively for providing some support for older people. For example, many older persons in the study were living with relatives or extended family members and some received remittances from extended family members. This is an indication that given the needed advocacy arrangements extended families can do more to protect their older family members. Furthermore, community-based support (p<.014, r=.101) and civil society contributions (p<.116, r=.064) are so weak that they may not produce the desired change in the lives of older people. Yet the qualitative insights suggest that ignoring such structures of social protection at the community level can deprive some older persons of needed support.

Table 5: Correlates of Wellbeing and All Support Systems

		Nuclear family support system	Extended family support system	Community-based Support	Support from Civil Society	Government Support
Older people's wellbeing	Pearson Correlation Coefficient	0.127(**)	0.106(**)	0.101(*)	0.064	0.020
	Sig. (2- tailed)	0.002	0.010	0.014	0.116	0.631
	Number of respondents	600	600	600	600	600

Notes

** Correlation coefficient is significant at the 0.01 level (2-tailed). * Correlation coefficient is significant at the 0.05 level (2-tailed).

As seen in Table 5, Government support (p>0.631, r=.020) was however not significant. This may be explained by the low coverage of the existing support systems, or the fact that many older persons from our sample were not benefitting from any of the state-led social protection systems. This notwithstanding, the essence of state presence in social protection for older persons is an important factor for complementing the activities of families and community structures.

GOVERNMENT-LED SOCIAL PROTECTION FOR OLDER PEOPLE IN GHANA

This section examines state-led social protection systems for older people and their delivery mechanisms. Our examination of formal sector shows that there are at least three types of social protection for older people in Ghana. These are social insurance schemes such as employer-based pensions, national health insurance and social assistance including cash transfer. To give expression to its commitment to older persons, Republic Day in Ghana, which falls on the 1st of July every year, is dedicated to senior citizens, and a select group get invited to a banquet on behalf of their colleagues. Although the Presidential Commission on Pensions Reforms in 2006 made special provisions for free or reduced fare for the use of public transport by older people, there is no indication that the recommendations have been fully implemented.

Pensions

Until 2009, Ghana operated two major public pension schemes, namely the Pensions Ordinance No. 40, popularly known as CAP 30 of 1950, and the Social Security Act (PNDC Law 247) of 1991(Kumado and Gockel, 2003). The Social Security and National Insurance Trust (SSNIT) was initially started as a Provident Fund to provide lump sum payments for old age, invalidity and survivor's benefits. However, between 1965 and 1991 the scheme was converted into a defined benefit Pension Scheme funded through a combined employer-employee contribution scheme of 17.5% of earnings (12.5% employer and 5% employee). According to the 2008 SSNIT Annual Report, there were 58,000 older people above 60 years on SSNIT pension. Given that there were 1,465,200 older people in Ghana, according to GLSS5 (2008), this meant that only about four percent of older people were covered by pensions in 2008. This low coverage has not improved since 2008.

The generally low coverage of older people by government-sponsored pensions is related to the over-formalisation of the SSNIT scheme and the insistence that only those older people who have contributed to the scheme for at least 20 years are covered by the pension scheme. However, our study indicates a disproportionately high representation of pensioners (35 percent) on government pension (refer to Table 6). Only 16 percent of women were on government pension as against 84 percent men. Thus, our study indicates that older women are largely excluded from the national pension scheme. This is so because women in our study are mostly represented in the informal sector which is also the least covered by the scheme. The latter observation is similar to the general picture for the country.

Table 6: Pensions Coverage among Older People

	Female	Male	ALL
On Pension	16	84	35% (N=210)
Not on Pension	84	16	65% (N=390)
Total	100	100	100% (N=600)

A new pension law was passed in 2009. The 2009 Act is a three-tier pension system consisting of a mandatory basic national social security scheme responsible for monthly pensions only. The second scheme is a mandatory, privately-managed occupational or work based scheme to pay lump sums, while the third is a voluntary provident fund and personal pension scheme which can cater for between 80 and 85 per cent of Ghanaian workers in the informal sector and others who want to contribute, in addition to the first two schemes. The essence of the new scheme is to provide pension benefits to ensure retirement income security for workers. But with only a handful of Ghanaians employed in the formal sector where they are likely to earn pensions, the Government has recently launched a social assistance scheme under its new social protection strategy.

Cash Transfers

Cash transfers are emerging as effective tools in reducing vulnerability and risk that people face (Stephens, 2008; HAI, 2008). Governments in developing countries undertake various schemes involving cash transfers to vulnerable

members of their countries. Ghana introduced a cash transfer scheme in 2008 under the name, Livelihood and Empowerment Against Poverty (LEAP). LEAP is both conditional and unconditional, targeting three categories of people – namely orphans and vulnerable children through their care givers, severely-disabled persons without productive capacity, and older people of 65 years and above who have demonstrated evidence of extreme poverty. For the purpose of this paper we shall focus analysis on the older persons category.

Since its inception in 2008, coverage has been extended to 80 districts nationwide. In 2009, there were nearly 28,000 beneficiary households (15,000 from the regular LEAP and an additional 13,000 from the emergency component). Though there were no beneficiaries among respondents, national estimates (see LEAP Progress Report 2010) show that as at 2008, 6,041 older people 65 and above were enrolled onto LEAP. By the close of 2009, 7,770 older people were added. Currently, LEAP has been extended to 13, 811 older people in 80 districts of the country.

The indication from key informant interviews was that the level of coverage of the LEAP was too narrow to reach the increasing numbers of older people who are vulnerable. Besides, the argument was raised that the eligibility age of 65 years had the tendency to discriminate against equally vulnerable older people who are below 65 years but may be very poor. In addition, LEAP is designed to exclude persons who have other means of support such as remittances or pensions, hence it is not surprising that none of the respondents in this study was a beneficiary of LEAP. Further, in the interest of regional balance and fairness LEAP tends to spread thinly across districts in the country. This reduces the probability of reaching the extremely poor older person.

National Health Insurance Scheme

The National Health Insurance Scheme (NHIS) was launched with the promulgation of the National Health Insurance Act (2003). The NHIS makes direct free healthcare provision for people above 70 years and those under government pension with the Social Security and National Insurance Trust. That the majority of older people are located outside the formal employment sector implies that even the NHIS is limited in making sufficient provisions for older people. However, indigents' policy which provides for free premium free

insurance for older people above 70 years has made in-roads into healthcare for older people. Given that the life expectancy for both men and women stands at 60 years and 63 years respectively, and that the pension age is 60 years, it follows that the policy is discriminatory. Besides, the 60-65 year cohorts also represent a sizeable proportion of older people, yet clearly, under these provisions they cannot enjoy the privilege of subsidized healthcare.

Analysis of data on the NHIS among older people shows that even though almost all (98%) respondents have ever registered with the scheme as indigent, with SSNIT as pensioners or as self-contributing members, there are concerns over renewal of registration every year. Apart from that many beneficiaries face low coverage for essential drugs and have to deal with the poor attitude of health care professionals, who they accuse of giving preference to non-NHIS patients.

This is illustrated in the following statement from a 72 year old woman."*……the NHIS is good but I don't feel like using it again. I used it last year but now I have to register again. Sometimes we are just dumped there at the hospital because we would not pay money; I think the Doctors intentionally write those drugs that are not on the NHIS list for us to buy. Besides, it's so difficult to get your cards……….. if I could pay for my healthcare, I would like that but I cannot"*

DISCUSSION OF THE ROLE OF THE COMMUNITY-BASED INSTITUTIONS IN EXPANDING SOCIAL PROTECTION FOR OLDER PEOPLE

The Traditional Family

The traditional family support, as noted above, has remained the dominant support system in the face of urbanisation, migration and modernisation. The evidence also supports the fact that in spite of their current status as the main source of support, their influence on the wellbeing of older people is weak. This recognition of the weakness of the traditional family support system has been echoed in many studies within Sub-Saharan Africa (Apt, 2002). Therefore, many experts have emphasised direct state intervention in social protection for older people such as social pensions and social insurance (for

example, Stephens, 2009; HAI, 2008; Kugel, 2006). This prescription has resulted in strong state-controlled interventions which are likely to deepen the weaknesses of the traditional family system and to cause its eventual extinction. Our field investigations in this study however show that the traditional family system can play two major roles in expanding social protection delivery opportunities for older people. These are the complementary and conduit roles of the family.

The complementary role of the family in social protection delivery has been the norm, whereby older people who benefit from state interventions also in many cases benefit from family support. For example, in the study we examined the incomes of those who received both pensions and remittances. Findings suggest that the average pension received in the last month stood at GH¢73.15, whereas the average remittances received by all respondents stood at GH¢38.70. The sum of average pension and average remittances is GH¢111.85. This means that for 35 percent of respondents who benefited from pensions, their average monthly income was GH¢111.85. This figure is higher than the average for those whose main source of income was remittances. Thus, one can observe that when family support through remittances is complemented by government support such as pensions, incomes are higher for older people.

Given a scenario with LEAP, even though no respondent had benefitted at the time of the study, it is important to recognise that when government implements social cash transfers such as LEAP which pays GH¢15.00 per month for non-pensioners, and if this is added to the average remittance of GH¢38.70, total average income will rise to GH¢53.70. Furthermore, we find that older persons who are on the National Health Insurance Scheme as "indigents" and who also have remittances and other forms of support from families have demonstrated higher scores on the wellbeing scale. This is indicative of the extent to which complementary social protection for older persons can improve the welfare of the aged.

Unfortunately, current eligibility criteria for state-led interventions such as LEAP preclude older people on remittances and other family support arrangements. It is important that the complementary roles of the family in

any social protection delivery arrangement are clearly delineated. The complementary role of the family has also been stressed by Kimuna (2005) who referred to it as a back-up support. Thus, whenever it is possible for the state to run a universal pension scheme for older people, the majority of older people on remittances in the study (89.7%) will be more likely to have enhanced income, which in many respects is a pre-requisite for improving wellbeing.

The conduit role pertains to the situation where either government or civil society directly channels social protection intervention for older people through the caring family support system. Focus group discussion analyses indicate that the family could be a platform on which government social protection for older people could be operationalised.

A group member in Kuntenasi in the Ashanti Region noted: *"….in the village here, all of us live with families and we are so close. If we have anything, we use it together no matter how small. If you give me something, you have given it to all of us in the household. Some of us live with our children, brothers, wives or husbands, others live with their grandchildren or other relatives"* (a 68 year old man Kuntenasi 18th October 2008)

Though this statement suggests mutual dependence or sometimes overdependence, among families where older people live, it is important to observe that when older people within a household are targeted for an intervention like cash transfer (LEAP) which amounts to GH¢15 per month, the likelihood that the money may be used to pay some levies for grandchildren or spent on something else is high. The argument then is that the family should be seen as a primary target for the intervention, taking into account the complementary aspects. For example, as the cash is provided, the direct caregiver of the older person is also provided with enhanced employment opportunities; dependent grandchildren could access free education, healthcare and school feeding.

Furthermore, it is important that intervention can target remote caregivers, as in the case of the daughter of the older woman who works in Koforidua, who will in turn channel their enhanced support to their older persons. This is

to say that caregivers of older people could be provided with support arrangements to enhance their income earning abilities to take good care of their older parents.

The Role of Other Traditional Community Structures

The roles of traditional leaders of a community include safeguarding the interest of the weak and vulnerable members such as children, women and older people. The role of chiefs or traditional authorities has been summed up in a statement by a chief in the Volta region as: "We *chiefs have the potential to serve as a reliable community-level institution that can propel issues of older people to a better level. This is so because we are with the older people ourselves and we are old too, it will just be a matter of helping our colleagues. We better understand ourselves....... We have resource constraints though!* (A statement by a Chief in the Volta Region, June 2008)

The statement above suggests that given the opportunity, community structures such as the chieftaincy institution can play well-defined partnership roles in social protection delivery arrangements for older people. There is no evidence of a clear-cut role for chiefs in modern social protection delivery arrangements, yet chiefs remain vital in the daily lives of their people. The indication from key informants is that chiefs feel alienated from the general development process in contemporary times. The chieftaincy institution itself has challenges, yet it has the potential to harness micro level structures and resources to provide some level of protection for older members. Some churches are already showing interest in caring for poor older people, but these arrangements are uncoordinated and are not supported by any state recognition. Thus the importance of a partnership between all community structures and the government and civil society cannot be overemphasized.

CONCLUSIONS AND POLICY IMPLICATIONS

Based on evidence from this study, we conclude that indeed, the family has undergone changes in both structure and function, yet it has remained a reliable and available social protection source for many older people in Ghana. In spite of this, modern social protection policies and interventions have limited or no recognition for the role of the family. Even though current social protection thinking has given prominence to state-led interventions

such as cash transfers, food aid, medical assistance and many others, the current trend in social protection delivery may likely be the last straw that breaks the back of the traditional family system. In many respects, we acknowledge that the sustainability of current social protection interventions is directly linked to the endurance of the family. In effect, though the contribution of the family system towards protecting old people appears weak by the day, its relevance in turning the tide of social protection for the future cannot be ignored.

Similarly, community level structures and systems such as the traditional authority, faith-based institutions and associations have become critical points of call for older people, even though their level of contribution to overall wellbeing is minimal. Harnessing the potential of these structures will have favourable implications for expanding social protection options for older people. We stress that the current trend in social protection delivery mechanisms for older people may collapse unless the systems are integrated into the family and community structures which have demonstrated sufficient resilience amidst threats from forces of social change.

Even though there is sufficient evidence that the family system and its social protection strengths have weakened, one cannot ignore the truth that in contemporary social protection arrangements, especially in Africa, the role of the family is key. The argument is that if the family system is relevant but weak, then there is the need to strengthen it to make it more relevant. In the immediate, government and its partners should consider integrating the family into social protection interventions by using the family as a conduit for transmitting social protection delivery. For example, household cash transfers for older people and the family in which they live provide a good opportunity for bringing the family into social protection arrangements. This has the tendency to enhance the capacity of the family in protecting older people. In effect, the LEAP programme in Ghana, for example, can be made a better platform for nurturing improved family life with opportunities for growth leading to poverty reduction.

Again, it is acknowledged that family support mostly manifests itself in remittances which come from gainful employment. In view of this, government and private sector institutions should work in partnership to

enhance employment opportunities for people. In addition, family focused legislation that promotes obligatory and reciprocal arrangements among family members can be considered.

It is prudent to note that the strength of traditional family support lies in sound reciprocal arrangements between generations. Therefore, in the remote sense, there is the need to improve parental participation in basic education, as well as secondary, technical and vocational education of children, as this has the tendency to improve the reciprocal arrangement. Furthermore, there is the need to consider a review of the general education curricula to incorporate not just the conceptual family support systems but also the practice of family solidarity. Lessons on ageing and the role of the family are imperative.

It is important that community structures, particularly traditional authorities and faith-based institutions are made aware of older people's issues through enhanced advocacy so that they can play their role effectively. In addition, state partnership with community level structures and other private sector agencies can provide a sound platform for social protection for older people.

ACKNOWLEDGMENTS

ENDNOTES
[1] The average life expectancy for men and women in Ghana was determined based on the more recent 2010 Population and Housing Census data.

[2] The Akans are the largest ethnic group in Ghana currently constituting about 47.5% of the population. Akans are identified by seven matrilineal lineage groups and every Akan belongs to one of them through the mother line. There are 22 Akan subgroups with distinct language dialects as formally classified by the Bureau of Ghana Languages and the Ghana Statistical Service. The 22 Akan subgroups are (1) Agona, (2) Ahafo, (3) Ahanta, (4) Akuapem, (5) Akwamu, (6) Akyem, (7) Aowin, (8) Asante, (9) Assin, (10) Banda, (11) Bawle, (12) Bono, (13) Chokosi, (14) Denkyira, (15) Evalue, (16) Fante, (17) Kwahu,

(18) Nzema, (19) Sefwi, (20) Twifo, (21) Wassa and (22) other Akan groups living in Ghana but largely based in the Ivory Coast. The Asantes and Fantes are the two largest Akan sub-groups with shares of 14.8% and 9.9% respectively based on the more accurate Akan sub-group compilations derived from the 2000 National Population Census. There are four written Akan language dialects, namely Akuapem Twi, Asante Twi, Fante and Nzema. The Agona dialect, a largely Twi dialect with some Fante elements, was proposed during the First Republic as a possible national language.

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GROWING UP WITH DISABILITY IN GHANA: EXPERIENCES AND PERSPECTIVES

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ABSTRACT

Despite the international conventions and national laws that exist to ensure the welfare of people living with disabilities, major issues of abuse and neglect continue to persist in Ghana. The paper looks at the challenges associated with growing up with disabilities in Ghana. It examines the factors that contribute to the maltreatment of children living with disabilities (CWDs), and the nature and effects of such maltreatment. In-depth interviews were held with children and adults with disabilities, community members and officials working with or on behalf of CWDs. The findings indicate that poverty, ignorance and societal perceptions, and the general inadequacy of facilities for the care of CWDs contribute to their abuse and neglect. The study recommends community-wide education on the causes of disability and the need for social workers to act to influence policy implementation.

Keywords: Child abuse, Child maltreatment, Child neglect, Disabilities, Ghana

INTRODUCTION

Persons with disabilities are among the most vulnerable citizens of every nation. Their needs for health care, education, social services and other forms of support such as protection from maltreatment require that every government commits resources to their welfare (Appiah, 2008).

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Key among the most prevalent forms of disabilities found in Ghana are vision, hearing and speech impediments, autism spectrum disorders, fits (epilepsy), learning difficulties and mobility impairments (Ghana Statistical Service, 2013; Thurman, 2003). Each of these disabilities comes with peculiar needs which may present extra challenges to the caregivers. Visual impairment is the most prevalent in Ghanaian children, constituting about 59% of all cases; this is followed by hearing or speech impairment (Akyeampong *et al.*, 2007).

While parents may be overburdened with the demand for care from such children, the community within which they live may not be supportive. For instance, in Ghana, many children with disabilities are discriminated against when they attend school. When such children are enrolled in a particular school, there are reported instances where other parents withdraw their children from the school (Sarpong-Boachie, 2012), indicating how deep-rooted the stigma and discrimination against children with disabilities are in Ghana.

The nuclear family in Ghana has the primary responsibility for the care of children, including those with disabilities. Besides the family, various state agencies, including the Department of Social Welfare (DSW), the Department of Children, the Commission on Human Rights and Administrative Justice (CHRAJ), the District Courts/Family Tribunals, and the Domestic Violence and Victims Support Unit of the Ghana Police Service (The Ghana NGO Coalition on the Rights of the Child, 2005), have vested duties to ensure the protection of all children, including those with disabilities. Further, the Ghana Disability Council and the Ghana Federation of the Disabled also have mandates to ensure that children with disabilities are protected from all forms of maltreatment. However, the Ghana NGO Coalition on the Rights of the Child (2005) indicated in a report to the UN Committee on the Rights of the Child that these agencies have not been forthcoming in their duties for various reasons. These reasons include serious resource and capacity challenges such as financing and budgetary allocation, human resource – staffing, training and development, remuneration, and logistical inadequacies**.**

It is important to note that there are laws and policies in Ghana such as the Children's Act of 1998 (Act 560), the Persons with Disability Act, 2006 (Act, 715), the Livelihood Empowerment Against Poverty (LEAP) programme and

the National Health Insurance Scheme (NHIS) that seek to protect children. These legal instruments have specific provisions for the protection of children, especially those with disabilities. Furthermore, Ghana was the first among the member countries of the United Nations to sign the Convention on the Rights of the Child (UNCRC). The convention, under clauses 2 and 3 of Article 23, beckons member countries to recognize the rights of the child with disability to special care and to provide the needed assistance for the child whenever possible. Clause 4 of Article 23 enjoins parties to the convention to, in the spirit of international cooperation, exchange appropriate information in the field of preventive health care and medical, psychological and functional treatment of children with disabilities. Ghana is also a signatory to the African Charter on the Rights and Welfare of the Child (ACRWC) which also has provisions for the protection of children in general and CWDs in particular.

It is evident that Ghana does not lack legal provisions for the protection and care of children with disabilities. However, in practice, the situation of children with disabilities depicts a gloomy picture. CWDs are still subjected to different forms of maltreatment ranging from physical and psychological/emotional abuse to neglect (Agbenyega, 2003).

This paper presents findings of a study carried out on the experiences of children and adults on growing up with disabilities in Ghana. We also elicited information from the perspectives of parents, community leaders and those who work with or on behalf of persons with disabilities. We identify the lapses in Ghanaian policies and laws that contribute to the abuse and neglect of persons with disabilities and discuss the effects of abuse and neglect on the victims. We conclude with the implications for social work policy and practice.

THEORETICAL PERSPECTIVE AND LITERATURE REVIEW
The study was guided by two models of disability; the medical and the social models. The medical model seeks to portray disability as emanating from the defects or illness of the individual which must be cured through medical intervention. It views disability as a problem within the person, caused by disease, trauma or other health conditions that require medical intervention to cure or 'fix'. This model therefore focuses on the impairment, rather than on the needs and abilities of persons with disabilities (Foundation for Child Development, 2007; Oliver, 1990). The model theorises that when people are

sick, they are excused from the normal obligations of society: going to school, getting a job, taking on family responsibilities and others. They are therefore expected to come under the authority of the medical profession in order to get better (Kaplan, 1999).

The social model of disability on the other hand originated from the United States Civil Rights Movement (Gosling, 2003) and was developed by the Union of the Physically Impaired Against Segregation [UPIAS] in London in 1976. The Social Model views disability as a consequence of environmental, social and attitudinal barriers that prevent people with impairments from maximum participation in society (Barnes, 1991; Finklestein, 1980; Oliver, 1990). Culturally-determined concepts of normality exist in all cultures that exclude different subsections of the population. This means that in every culture, there are different sections of the society that define certain persons as not normal and exclude such persons from mainstream society or culture (Agbenyega, 2003; Oliver, 1990). The social model makes it clear that what causes the inability of people with disabilities to function as expected by society, and hence, to be regarded as disabled, is their inability to access the resources that will ultimately enable them develop and improve their social living skills, due to societal barriers.

Extant literature on the maltreatment of children with disabilities indicate that despite the efforts by government and other stakeholders to curb the abuse and neglect of CWDs, the latter continue to face various forms of maltreatment. There is evidence of serious cases of abuse and neglect of CWDs in Ghana at various levels of society (Agbenyega, 2003; Denham, Adongo, Freydberg, and Hodgson, 2010). Agbenyega asserts that the birth of a child with a disability can lead to divorce and family disintegration. He continued that disability in Ghana is seen as a result of witchcraft, sorcery, 'juju' and/or magic. Agbenyega observes that many people in Ghana believe parents can spiritually exchange any part of a child's body for money. The exchanged part of the child then becomes defective. Consequently, the wealth of a rich family with a person with disability living in the household is labelled "sikaduro" (juju money). There are many stories about children with mental disabilities who are 'given back to the water' (Agbenyega, 2003) due to the belief that they are 'nsuoba' (children of the river).

Denham, Adongo, Freydberg and Hodgson (2010) provide evidence of a widespread belief in 'spirit children' in the rural Kassena Nankana District in Northern Ghana. People in this district perceive CWDs as sent to harm their families. CWDs in this district are deemed not fit to live in this world. Spirit children, according to Denham *et al.* (2010), are identified according to a number of characteristics - being born with deformities or with complex medical conditions and being orphaned at birth (when the mother dies during childbirth). The authors indicate that this phenomenon is often associated with infanticide and child abandonment.

The National Centre for Child Abuse and Neglect in the United States of America portrays child maltreatment as abuse and/or neglect of a child, that result in either physical or mental harm and deprivation of basic necessities of life, as well as threats of harm (Rycus and Hughes, 1998). Child maltreatment therefore encompasses the two phenomena of child abuse and child neglect. Child *abuse* refers to explicit acts of commission, including physical acts that lead to injury or harm to the child (Leeb, Lewis and Zolotor, 2011; Saisan, Smith and Segal, 2011). Neglect, on the other hand, refers to "the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm" (Leeb *et al.*, 2011: 455).

Child abuse manifests in many forms including physical, emotional and/psychological abuse. Physical abuse includes physical acts ranging from those that do not leave a physical mark on the child to those that cause permanent disability, disfigurement, or death. Such acts may include hitting, kicking, punching, beating, stabbing, biting, pushing, shoving, throwing, pulling, dragging, dropping, shaking, strangling/choking, smothering, burning, scalding, and poisoning (Baladerian,1985; Child Welfare Information Gateway, 2011; Leeb *et al*., 2011) .

Emotional or psychological abuse of a child is linked to the unpredictability of parental response; extreme frequent belittling of the child; verbal denigration of a child's personal worth; sarcasm and parental indifference (Baladerian, 1985; Rycus and Hughes, 1998). Emotional abuse of CWDs is evidenced in various forms. Baladerian and Bissada (2001) opine that CWDs are often sheltered from normal life experiences and may even be ignored within their families. They iterated that often, CWDs are excluded from family discussions

about daily experiences, plans for adulthood, social life and school. *Children* may also be abused economically or financially. Brown (2003) describes financial abuse to involve inadequate levels of benefits which limit the possibility of the people with disabilities (PWDs) living a life of their choice.

Neglect is categorised by Newton (2011) into physical, educational, and emotional. Physical neglect may involve such actions as refusal of or delay in seeking health care, abandonment and inadequate supervision of the child; feeding a child inadequate calories – not enough food or a bizarre diet (nutritional neglect); failure to provide the child with medical care; or failure to protect the child from physical and social danger (Kempe and Kempe, 1978; Newton, 2011). Educational neglect is viewed by Newton (2011) as permitting chronic truancy, failure to enrol a child of mandatory school age in school, and failure to attend to special educational needs of the child. Emotional neglect, on the other hand, is defined by Rycus and Hughes (1998:67) as:

> *Chronic emotional deprivation, in which the child is denied attention and affection, ignored, made to feel unwanted and unloved, isolated and denied interaction with other people, or is exposed to the conflict, discord, and often erratic behaviours of a mentally ill or emotional disturbed parent.*

A recent study by Kassah, Kassah and Agbota (2012) on Ghana revealed four forms of maltreatment of CWDs, namely, social, capital, physical and emotional abuse. Social abuse involved "actions that limit the participation of disabled children in most aspects of social life".

The cases studied by the above-mentioned authors included neglect, isolation and the placement of restrictions on the movement of CWDs. Capital abuse was used by the authors to refer to actions that led to death. Such actions were linked to rituals that were performed with the intention of sending CWDs back to the ancestral land where they supposedly belonged.

According to Kassah *et al*. (2012), physical abuse involved whipping CWDs, in certain instances with the intention of exorcising evil spirits from them. Emotional abuse is the last but not the least of the four forms of abuse of CWDs found in Ghana (Kassah *et al*., 2012). It involved belittling or demeaning

CWDs, and keeping them in isolation from other members of the family, except in some cases their mothers.

METHODOLOGY

The study adopted a qualitative approach in examining the experiences of growing up with disabilities in Ghana. A qualitative design was chosen primarily because the authors sought to collect in-depth information on the experiences of persons who are part of a hidden population and whose voices are hardly heard. The aim of the study was not to statistically generalise the findings to populations. Its purpose was to develop a theoretical understanding of the subject under study. The authors therefore focused on selecting "exemplifying cases" (see Bryman, 2004: 51) that captured various perspectives and the lived experiences of participants.

The study was situated in two Regions of Ghana: the Greater Accra Region and the Eastern Region. The Ga East Municipal Assembly was selected from the Greater Accra Region, while the Akuapem North Municipal Assembly was selected from the Eastern Region. Participants were selected from three care institutions: the Echoing Hills Village in the Ga East Municipal Assembly in the Greater Accra Region, the Akropong School for the Blind and the Mampong Demonstration School for the Deaf, both in the Akuapem North Municipal Assembly. These institutions were purposively selected because they give care to children who have appreciable communication skills and with whom the researchers felt they could have effective communication.

In addition, some officials were sampled from the National Office of the Department of Social Welfare and the National Disability Council. Participants were made up of CWDs, parents of CWDs, adults with disabilities who had experienced such disabilities from childhood, community leaders and officials who work with or on behalf of CWDs. Community leaders and parents who participated in the study were selected from Akropong, Agbogba and Oyarifa townships. The purposive sampling technique was used to select the participants because information sought could only be provided by identified categories of people.

In all, 22 participants were sampled for the study. They were made up of three children: two with hearing and speech impairments (a male, aged 12 and a female aged 14 years), and a 12-year-old female with an amputated left leg. Six adults with disabilities, made up of two females (aged 18 and 28 years) and two males (aged 18 and 40 years) with vision disability, an 18 year old male with hearing and speech impairment and a 50-year-old female with mobility impairment participated in the study. All the adults with disabilities who participated in the study have lived with their disabilities since childhood.

Four parents of CWDs participated in the study; they were a 47-year-old mother of a girl with multiple disabilities, a 38-year-old mother of a 12-year-old boy with cerebral palsy, a 27-year-old caregiver of a brother who has mental disability and a 44-year-old mother of a seven-year-old child with multiple disabilities. Two of the parents were selected from the Akropong community whereas the other two were selected from Oyarifa and Agbogba in the Ga East Municipal Assembly.

Four community leaders also participated in the study. Three of them were selected from the Akropong community and the fourth from the Oyarifa community. The final category of participants were officials who work with or on behalf of CWDs: a programme coordinator at the National Disability Council of Ghana, a deputy director at the Department of Social Welfare, a guidance and counselling coordinator at the Akropong School for the Blind (ASB) who grew up with visual impairment, an official of the Mampong Demonstration School for the Deaf (Demo Deaf) and a member of the management of Echoing Hills Village- a rehabilitation centre for persons with various kinds of disabilities.

In-depth interviews with the participants formed the main source of information for this study. All interviews were informal and conversational in nature, which made it possible for the researchers to probe further when a participant's response to a question necessitated follow-up questioning. Interviews with children were interlaced with jokes and stories to make the children comfortable. A method known as 'Framework' developed by the UK National Centre for Social Research (Spencer, Ritchie and O'Connor, 2003) was used as a guide in the analysis of data.

The analysis was done manually and followed a number of steps. The first step involved thorough reading of the raw data to identify initial themes and concepts that emerged from the data. The second step involved the building of a thematic framework made up of themes and sub-themes after identifying general patterns at the first stage. At the next stage, the themes that were identified were indexed by assigning same numbers to themes that had similar interpretations which allowed for proper categorisation or preparation of thematic charts to synthesise the data. This step was followed by a descriptive analysis of the themes where elements were properly defined by inspecting each column of the thematic chart across all cases to identify the content and dimensions of each case. This ensured a better refinement of the various categories that were identified. The next stage searched for patterns and links between sets of phenomena and between the different individual cases. This stage therefore involved associative analysis. The final step involved a discussion of the findings of the study in the context of existing literature and theory.

Framework was preferred for this study because it has the advantage of allowing the researchers to visit and revisit the various steps as many times as possible and makes the management of complex data easier. This method enabled an in-depth scrutiny of the data to arrive at the final themes and sub-themes. All quotations are presented verbatim to present a true reflection of the voices of the participants. Further, all names of participants have been replaced with pseudonyms to ensure confidentiality.

FINDINGS AND DISCUSSION
This section is divided into two main sections. The first section identifies and discusses the factors that contribute to the maltreatment of CWDs. This is followed by a discussion on the Effects of Maltreatment on CWDs.

Factors contributing to the maltreatment of CWDs
The study revealed several factors that contribute to the maltreatment of CWDs. The first set of factors include a general lack of knowledge about issues relating to disability and harmful societal beliefs and attitudes, demand for care, poverty, Lack of qualified personnel and infrastructure, and enforcement of laws and policies.

Lack of knowledge and harmful societal beliefs and attitudes

Many views and experiences were shared by the participants on ignorance about issues relating to disabilities, which results in negative beliefs and feeds negative attitudes. Focus was given to the views of community leaders, child welfare officials and parents in this section because the views held by the community and individuals affect the way they treat persons with disabilities. An official at the Akropong School for the Blind who grew up with visual impairment as a result of childhood measles shared his experience:

> *Ignorance plays a part of it (Abuse and Neglect) and I think somehow illiteracy; because the parents do not have any knowledge on issues of disabilities, they perceive their children with disabilities as incapable and so not worthy for resources to be spent on them (Mr. O.P: Official, ASB, Visually Impaired).*

> *Largely, parents see [CWDs] as burdens on them more than being a blessing, they see no good in them. They think that it is the child's own doings as far as his looks or his disabilities are concerned...So they put a larger portion of the blame on the child and the slightest thing the child does, they tend to maltreat him(Chief: Community leader, Akropong*).

Mary, a parent of a child with multiple disabilities (mobility, hearing and speech impairments) affirmed the opinion of Mr. O. P and Chief when she stated in response to whether or not her daughter was attending school:

> *Oh, this one, we have not taken her to school at all because she is sick and cannot cope with school activities (Mary: Parent of a child with multiple disabilities).*

Mary's statement affirms the tenet of the medical model that persons with disabilities are perceived to be sick and therefore until they are healed, are excused from participating in various social activities.

Mr F.O.A, an official of the Department of Social Welfare who is in constant contact with such parents, indicated that parents lack skills necessary to care for such children:

> *...parents don't have sufficient information on the management of childhood disabilities. Many of the parents of CWDs in our part of the world do not make efforts to learn the best ways of bringing up their children with specific types of disabilities. When it happens like this, such parents end up unintentionally harming their own children (Mr. F.O.A: Official, DSW).*

From the perspectives of participants, communities hold negative perceptions of CWDs. ASB Official Mr. O.P indicated that in his interaction with members of the Akropong community, he has come to conclude that:

> *Society creates the idea that once the child is suffering from one disability or the other, then the child is not complete. This is a misperception which forms the mind set of society and therefore informs the way children with disabilities are treated. I mean when you go to our local levels, CWDs are seen as sick and therefore the child assumes the status of a sick person. The status of a sick person goes with a role. So if you are sick, do this; don't go to school, don't go to church, get yourself hidden from the public eye etc. Why, because we are not so informed about the causes of disabilities. People will attribute them to different things (Mr. O.P: Official, ASB, Visually Impaired).*

Mr. O.P. re-echoes the idea of the medical model where disability is said to be located in the person and any effort at helping the person to become functional must be targeted at the individual. Ms. A.M of the Disability Council blames superstitious beliefs:

> *People believe all kinds of things about children with disabilities. People think such children have spiritual powers and so even if adults don't take care of them they can take care of themselves. Others think that spending resources on them is not prudent (Ms. A.M: Official, Disability Council).*

People within these communities use derogatory words to refer to various disabilities. Even Opanyin, a community leader, who spoke against

maltreatment of such children, used these words without realising their import, basically because it had become accepted in their community:

> *...but then go to Sefwi area ...they don't even know that to be deaf and dumb, you could be educated (Opanyin: Community Leader, Akropong).*

These were words many of the participants used, unaware of their import. According to Mr. F.O.A:

> *Generally speaking society believes in the completeness of the body.... Because people want to see others walking on their two legs and therefore if you happen to walk on all four limbs then you are considered as not complete by society and therefore you are treated as such (Mr. F.O.A: Official, DSW).*

As Oliver (1990) indicated, the social model of disability recognises attitudes as having important influences on persons with disabilities and therefore focuses on changes required in society in terms of attitudes.

Demand for care
In addition to lack of knowledge about disability issues, our findings indicate that very often the demand for care overwhelms caregivers. The situation of Mama AA, a parent of a 13-year-old girl with physical disability, is an example. Mama AA, who was no longer able to carry her daughter into the bathroom, forced the teenager to bathe in the open, exposing her to the prying eyes of the public. She confessed that her daughter resisted bathing in the open, but she was helpless in the face of limited alternatives:

> *I used to carry her to bathe her in the bathroom but now she is heavy so I have asked her to be bathing outside on the compound. At first she did not want to bathe outside but if I have to carry her into the bathroom, I get tired and my body aches. So I told her that whenever she takes her bath, I will look out and stop people from coming into the house so that when she is done with her bath, the person can come in. Whenever she wants to take her bath and there is a visitor in the house, she will wait until the person leaves (Mama AA: Parent).*

Mama AA lives with her three children in a compound house shared by four families. The bathroom is detached from the main house, making it impossible for her daughter to access it. The compound was being used as a thoroughfare by other neighbours to and from their own homes, making it difficult for her to stop them from passing through her compound when her daughter had to take her bath. Even though Mama AA recognises the need to protect her child and makes efforts in this direction, she is rendered helpless by various factors including the lack of government assistance that could have helped to renovate her home to suit the needs of her child.

Poverty

The findings also point to poverty as a contributory factor to the neglect of CWDs by their parents. All the parents who participated in the study gave an indication that they did not have enough financial means to take good care of their children:

> *You know, poverty is endemic here. I am a trader. Sometimes I can carry my things and roam all over the town and nobody buys anything. But you see, because she is sick she needs many things, and so we are not able to meet her needs. Those that we can, we provide, but I know that there are many things that we should be doing for her but because we do not have the money, we cannot afford to do them for her. If her father was here to support, that would have been better. But he is no more. So my mother is the only one who supports me but she too does not earn much (Mary: Parent of a child with multiple disabilities).*

Parents and caregivers are sometimes helpless when they are the sole source of support for such children. The question, is what do parents do when they are too poor to provide the needs of their children despite the genuine efforts they make to meet those needs? Should the State not bear some of this responsibility by providing safety nets for such families? Mary's experiences reveal a lack of social support to enable her effectively care for her child. Inability to provide the needs of the child means that the child's development is hampered, leading to her continuous dependence on others for survival. This is the main concern of the social model of disability, that persons with disability must be given every opportunity to take charge of their own lives

and daily affairs through provision of the necessary resources by the State and other relevant agencies.

Lack of qualified personnel and infrastructure

Participants in the study noted that the State and its agencies have failed to provide adequate skilled personnel, infrastructure and logistics for the care and protection of CWDs. Mr. O.P lamented:

> *Many of the people who work at that department (Department of Social Welfare), from the national to the district level, with all apologies, some of them are there because they need employment. They don't even understand the issues of social welfare and social work. You see, when you go to most of the offices of the Department of Social Welfare, you will see that many of the staff are National Youth Employment personnel. Mostly Senior High School graduates. What effective services can these people render without the right training? Then, even where there are those who understand, they are under-resourced to do this work (Mr. O.P: Official, ASB, Visually Impaired).*

The researchers' observation at a rehabilitation centre which served as one of the focal areas of data collection confirmed that there was only one professionally trained caregiver at the centre. The only social worker at the centre had a diploma in Social Work and upon his acquisition of a Higher National Diploma in Accounting, he was transferred to the administration department of the rehabilitation centre as an accountant. All other staff of the centre simply had the desire to serve the vulnerable, and many did so as a religious obligation.

The result of using unqualified staff to give care to CWDs, especially those with intellectual disabilities, is that rather than using positive reinforcement to correct the children, corporal punishment was used in many instances. For instance, during the researchers' two months of observation at the centre, they intervened on several occasions to stop the use of corporal punishment to correct children who obviously did not understand why they were put through such punishment. There were equally several instances where children at the centre were intimidated by staff through the use of words such as 'kwasea, woabodam' (stupid, you are mad). This situation points to the

veracity of the views of Lightfoot and LaLiberte (2011) that child welfare workers lack disability competence due to their inadequate formal training.

Furthermore, participants stressed that CWDs are deprived of education and skills training in remote areas of the country where illiteracy is high and where there is abject ignorance regarding issues of disability. Opanyin complained:

> *My problem with the government, all other successive governments is that unless the parents initiate [steps to educate their children with disabilities], it has never been the problem of government to fish out CWDs in very remote areas and take care of them (Opanyin: Community Leader, Akropong).*

The argument here is that in areas of the country where parents are aware of issues concerning disabilities, such parents take steps to ensure their children have some form of education and training to develop their potentials. However, in areas where there is no such enlightenment, the concern of the participants was that the State does not ensure the education or training of such children.

Enforcement of laws and policies
While children are vulnerable, those with disabilities are much more vulnerable. Therefore, within the laws and policies provided for the care of children due to their vulnerabilities, there are specific provisions for the protection of CWDs. Despite these special provisions, CWDs continue to be maltreated at various levels of society. This section of the study explores the reasons why despite the numerous laws and policies, CWDs are still subjected to abuse and neglect by their families, community members and State and non-State institutions. One of the reasons that came up strongly from the interviews held with participants was the failure of responsible agencies to enforce laws and policies. Opanyin and Chief, both community leaders of the Akropong Community observed:

> *I think on paper and policy wise the State is doing marvellously well with the care for children with disabilities. But then I am yet to see the real manifestation of what is on paper in their lives (Opanyin: Community Leader, Akropong).*

I think that all these [policies] in theory, they are nice but in practice, when they come on the ground, they don't reach their intended beneficiaries (Chief: Community Leader, Akropong).

Mr. Lam acknowledged that laws and policies exist only if they work. Therefore once they are not working, they do not exist:

The laws are there but once they are not being enforced, then we assume there are no laws (Mr. Lam: Official, Echoing Hills).

Another problem associated with the failure of the laws to function was that laws such as the Disability Act of 2006 (Act, 715) do not have legislative instruments (LI). In this vein, it becomes virtually impossible to effectively enforce such laws. Mr. O.P expressed his views on the reasons why laws and conventions are not achieving their aims:

… the act needs an LI [Legislative Instrument] to make it functional because some of the provisions in the act require an LI and about 5 years down the line, the LI is not ready and so it is making some of these mandatory provisions unenforceable….There is the UN convention on the rights of PWDs which Ghana has signed. …the issue we have in our country is that we are good in enacting laws but we are not good at implementing or enforcing them. These laws are in the books but the question is, how many people know about these laws? Even if they know about them, who and who are supposed to enforce these laws?(Mr. O.P: Official, ASB, Visually Impaired).

A legislative instrument is a statutory instrument which is made under an enactment (see, the Statutory instruments Act, 1959; section 4). Legislative instruments are laws on matters of detail made by a person or body authorised to do so by an Act of Parliament. They are statutory instruments that bring an Act into operation (Bennion, 1962) by assigning responsibilities and resources to various agents of state who are designated to perform certain duties in regard of an Act. Thus the LI is more or less the action plan of the Act. Without an LI to an Act such as the Disability Act, the Act cannot be effective because there will be no designation for resources and responsibilities. An LI gives an Act 'legs' and 'arms' to operate. In this case,

without an LI which operationalizes the Disability Act, the Act becomes redundant.

On her part, Ms. Meg posited:

> *[Politicians] just make the laws as if they are concerned, just to prove to the world that they are also concerned about PWDs but they actually don't care... (Ms. Meg: Official, Demo Deaf).*

The above assertion is in line with the point raised by Jones et al. (2009) that pro-poor policies in Ghana usually have political bearings, which makes them difficult to implement and therefore unsustainable. Some participants however observed that the culture of the Ghanaian or African has a stronger influence on the people than the law, and so cultural beliefs take precedence over the law:

> *...in Ghana or Africa in general, our culture is so powerful, sometimes the culture is even more powerful than the law, and then attitudes. It is difficult to change our attitudes on certain issues... (Mr. O. P: Official, ASB, Visually impaired).*

This observation affirms the findings of a study by Kuyini, Alhassan and Mahama (2011) that a main barrier to the implementation of laws, particularly disability laws in Ghana, is traditional values, beliefs and customs that conflict with national laws.

Apart from problems associated with the enforcement of laws and policies, a study of some of the legal documents revealed some issues that are worth considering. For instance, some provisions in the UNCRC (article 4), and the ACRWC (article 13.1) require that States commit resources to the care and protection of CWDs, based on the assumption that the State has the resources to fulfil those obligations. On the other hand, Section 10 of the Children's Act of Ghana makes the care of CWDs conditional, as it adds the phrase, 'where possible'. Such provisions are not really binding on the State then, as they leave room for the agencies concerned to hide behind the lack of resources and neglect their duties. Furthermore, the Disability Act, which was passed in 2006 (under subsection 60), allowed a ten-year period for the

implementation of provisions such as making public buildings accessible to persons with disabilities. In this case, during the ten year transition period, PWDs have to grapple with problems of accessibility to public facilities.

Effects of Maltreatment on CWDs
Although the physical, emotional and psychological effects of maltreatment on persons with disabilities are not entirely different from those suffered by people without disabilities, the concern is that due to their vulnerabilities, persons, especially children with disabilities are more susceptible to the effects of abuse and neglect than those without disabilities (Child Welfare Information Gateway, 2009). Abena, a 12 year old girl whose leg had been amputated above the knee, recounted how she was physically abused by a group of school mates, leading to injury to her leg:

> *…I wanted to play with them but they didn't want me to play with them. So I was begging them and then one of them pushed me and I fell into the gutter and hurt my right leg. Something cut me and blood was flowing. I also broke (twisted) my ankle (Abena: Child, Amputee).*

One of the most severe responses to maltreatment of CWDs from the accounts of the participants was that in some instances the children became suicidal. Mr. O.P revealed:

> *I have resolved over 15 suicide cases where the children wanted to end their lives because they thought that was the last resort; nothing good was happening to them (Mr. O.P: Official, ASB, Visually Impaired).*

Mr. OP's statement is congruent with the result of a study by Perkins and Jones (2004) on the abuse of adolescent children in the United States where they found that children who were physically abused were more likely to attempt suicide.

Apart from the participants who were speech and hearing impaired, all other participants with disabilities developed their disabilities while growing up. This means that most of them had lived at least part of their lives as non-disabled persons. Even though all persons with disabilities stand to suffer emotional and psychological pain when they are maltreated, from the

narratives of Owura, an 18-year-old with vision impairment, there is the likelihood that those who have experienced life as non-disabled persons will experience higher levels of emotional and psychological pain:

> *Ok as I said before, I was once sighted before I became blind so sometimes if [maltreat me]; I just remember when I was a sighted person. You see, sometimes I feel like God does not care about me. Otherwise He would not have allowed this to happen to me. I just wish I didn't go out to play that day (Owura: Adult with Visual Impairment).*

Ama, another adult with disability stated:

> *…when I was young, any time someone insulted me based on my disability, it pained me a lot. Sometimes I recalled those times that I did not have any eye problems and it made me cry most of the time. (Ama: Adult with Vision Disability).*

The findings indicated that often CWDs who are maltreated develop an inferiority complex and sometimes negative behaviours as they grow up:

> *…Some of the children become afraid of people but as for me, sometimes whenever any of those who mocked at me [become absent-minded] and get closer to me and I grab them, I also beat them. I do not spare them at all (Auntie Maggie: Adult, Mobility Impaired).*

> *My brother, [the effects] are many. Some of the children lose their self-confidence and give up their dreams (Opanyin: Community Leader, Akropong).*

> *In their own environment, the children show signs of abuse but when they come here we do our best to pep them up and to encourage them…but the maltreatment when it occurs for a very long time, the effects are two. Either the person becomes very aggressive or very reserved (Mr. O.P: Official, ASB Visually Impaired).*

> *The children get very emotional, and may indulge in stealing, telling lies, truancy, or pick pocketing. Some end up throwing temper tantrums.*

They are angry all the time (Ms. A.M: Official, Disability Council).

There was also the belief among participants that the maltreatment of CWDs creates minority groups in the society:

As a child, sometimes I got so sad and isolated myself from everyone else. I did not just want to have anything to do with them [perpetrators of the maltreatment], not to talk of talking to them (Auntie Maggie: Adult, Mobility Impaired).

When we continue to maltreat and neglect children with disabilities, we create minorities and all the attributes of minorities and therefore the children themselves take up certain roles as they grow. That is why begging is rife on the streets. They assume the role society designs for them. They are not ashamed of that. They do not have that self-respect (Mr. F.O.A: Official, DSW).

Oliver (1990) explained that the social model of disability is intended to eradicate societal attitudes that limit and prevent persons with disabilities from inclusion and participation in societal activities. Negative societal attitudes create labelling, and labelling leads to the creation of minorities as children grow up internalising those labels. Mr. O.P, an official who is also visually impaired, shared his childhood experiences:

I can tell you that it is not an easy issue. Emotionally, you feel that there is nothing more to live for. It is an issue of (he hesitates a while) I don't know, I have not died before but I can say it is even more painful than death (Mr. O.P: Official, ASB, Visually Impaired).

Baladerian and Bissada (2001) position their work, *Children with Disabilities*, that such children are usually aware that they have a disability and know that they are different from others. They are also aware that there are limitations placed on their activities, hence, their reactions to their disability depends to a great extent on how they are treated by their families and significant others. In addition, Mills (2004) asserted that abused children often develop and behave in characteristic ways; they either become too aggressive or too timid, or lose interest in socialising because they feel rejected.

Cosmos (2011) added that abused children often experience depression and post-traumatic stress disorder (PTSD), as well as aggression, delinquency, and substance abuse.

CONCLUSIONS AND POLICY IMPLICATIONS

The general lack of knowledge on disability issues, poverty and the high demand for care are important factors that predispose CWDs to maltreatment. In addition, inadequate commitment by the State to support families and train caregivers is also a factor that contributes to the maltreatment of CWDs. The maltreatment of CWDs and its effects place responsibility on social workers to identify the best ways of ensuring that policies against such practices serve their intended targets.

There is the need for the development of an educational curriculum on disability issues, not just at the tertiary level but across the educational spectrum of the country. In addition, the Disability Council, in collaboration with the Ministry of Gender, Children and Social Protection, the Ministry of Education and other stakeholders including social workers, need to embark on the education of families in particular and society in general. This education should provide information on the causes of disability in children, how to manage CWDs, and the immediate and long term effects of maltreatment on CWDs. Education should include the potential that CWDs possess and how that potential can be harnessed and developed. It is important for the government, through the various District Assemblies, to establish Child Disability Rehabilitation Centres to ensure the rehabilitation and education of CWDs throughout the country.

ACKNOWLEDGMENTS

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DOMESTIC SERVANTS IN THE LABOUR HISTORY OF COLONIAL CAMEROON FROM EARLY 1930s TO EARLY 1960s

WALTER GAM NKWI[1]

ABSTRACT

House boys, house girls and baby sitters are creolized jargons which meant house maids or domestic servants with different functions in homes that were not exclusively theirs. This article examines the mobility of these domestic servants from rural to urban areas and their resistance against colonial regulatory mechanisms. It questions the dynamics that have influenced the geographical mobility of domestic workers and more crucially attempts to concentrate on the different kinds of labour regimes in households during this period in Cameroon. Who were the recruiters of this category of labour and how were they contracted by their employers? The domestic labour regime never remained static. Thus the article further interrogates how and why it changed in this part of colonial Africa.

Key words: Cameroon, Domestic Servants, Domestic Workers, Houseboys, Housegirls, Informal Labour, Maids

INTRODUCTION

The history of Cameroon has been written in many text books by scholars who have at best focused on key political figures and political parties (Eyongetah and Brain, 1974; Johnson, 1970; Milne, 1999; Nelson *et.al.*, 1974; Ngoh, 2000). These scholars have in most of their works focused on the "big man" analysis of history. The most recent work which supports this assertion is that of Victor Julius Ngoh. In his two monographs he singles out one of the

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figures, John Ngu Foncha and has analyzed his role in the re-unification of the Cameroons. His conclusion, which has led to much debate, contends that Foncha was responsible for all the predicaments of Southern Cameroonians during the re-unification episode (Ngoh, 1995; Ngoh, 2011).

This article is a shift from conventional political history. It analyzes the typology of labour (domestic labour), which has remained a *terra incognita* in Cameroon historiography. Although the paper is limited to the colonial period, it exceptionally overlaps into the post-colonial period. That notwithstanding, despite the fact that these domestic servants were subjects in the colonial period, they nonetheless responded by forming associations and conferences to improve their lot. The domestic labour situation did not remain static. This article examines its changes in British Southern Cameroons.

'Cameroon' generally refers to the dismantled German Kamerun[1]. The British and French, following the German defeat in the First World War, partitioned German Kamerun. France acquired four-fifths of the land area of 445,000 square kilometres, while Britain took the remaining one-fifth, composed of two narrow discontinuous strips of territory along the eastern border of Nigeria, with a total land area of 88,036 square kilometres (Ngoh, 1987).

The Anglo-French partition of German Kamerun in 1916 remained provisional in principle until 1919, when the Treaty of Versailles obliged Germany to renounce her colonial possessions. In 1922, Articles 22 and 25 of the League of Nations confirmed the Anglo-French territorial partition and authorized Britain and France to administer their respective spheres of Cameroon as Class B mandates. The United Nations Organisation succeeded the League of Nations in 1946 and the French and British Cameroons were transformed into Trust Territories of the United Nations (Konings, 2009).

The Second World War which erupted in September 1939 unleashed and accelerated forces that contributed to the devolution of power to the African colonies. However, the way the British and the French governed their respective areas had a significant effect on the formation of labour movements and trade unionism in the two spheres. The constitutional developments in the trust territories that led to independence in 1961 were a

function of the policies elaborated by these metropolitan powers.

This paper is concerned with the part of Cameroon that fell under the British and was governed as part and parcel of Nigeria, which is today known as the North West and South West regions. From time to time correspondences from colonial administrators in the area refer to it as Nigeria and the Cameroons[2]. This is because on acquiring her own share of German Kamerun after the defeat of the Germans, Britain administered it as an administrative adjunct of Nigeria. Consequently, the constitutional and infrastructural development of the British Cameroons was largely an integral part of that of the Eastern Provinces of Nigeria until 1 October 1960, when Nigeria gained independence (Kalu, 1964). Apart from the geo-political focus, this article focuses on the role of domestic servants such as houseboys/girls, baby sitters and maids.

WHO ARE HOUSEBOYS, HOUSE GIRLS AND BABY SITTERS?

Evidently, house boys, house girls and baby sitters, are creolized jargons which meant house maids or domestic servants with different functions in homes that were not exclusively theirs. This became visible during the colonial period in Africa because colonial administrators needed their services in their homes. In much of colonial Africa, domestic work was the exclusive domain of women and in certain cases men were construed as better suited for paid household work than women (Mama, 1999). The colonizer tended to represent Africa metaphorically as one big female body which the Whiteman sought to unveil, penetrate and despoil. There was an element of feminine meaning to making men domestics and calling them 'boys' or women, 'girls.' This tamed sexuality and the meaning appeared to be useful for the project of literally engendering differences between the domesticated savage and the colonizer.

The terminology 'house boys' was systematically used to refer to African men at the work place even when they were employed in industry outside the domestic sphere (Mama, 1999). To complete the humiliation of the domestic servants they were forced to wear some kind of uniforms. These uniforms consisted of don shorts and aprons which constituted a form of dress that was feminizing, infantilizing and humiliating (Comaroff and Comaroff, 1989). Under the Apartheid system in South Africa domestic servants were subjected to a hierarchy of dress in which their inferior status was marked by old and

second hand clothes (Whisson and Wells, 1971). These terminologies, which represented labour regimes at home, experienced changes with time as they came to include drivers, cooks and gardeners.

Since the colonial period, countless attempts have been made by scholars and researchers to understand domestic servitude in Africa and elsewhere. There is no gainsaying to say that domestic work is as old as man himself. The rise of capitalism and industrialization in Europe was closely followed by the use of domestic servants in homes as they migrated from the rural to urban areas. Anderson (2000) contributes to theory in her book which studied the living and working conditions of migrant domestic workers in five European cities namely Athens, Barcelona, Bologna, Berlin and Paris (Adams and Anderson, 2000). In the United States, work has also been carried out on domestic labour (Scott, 1992; Palmer, 1989). Elsewhere in Africa researchers have also examined the phenomenon of domestic workers. Duncan Clarke examines the economic dimension of domestic servants in Rhodesia (now called Zimbabwe), paying attention to the wages they are paid, while Jacklyn Cock examines the domestic servants and the oppression which they underwent in various households during the apartheid system of South Africa (Clark, 1974; Cock, 1989).

The appellations - baby sitters, house boys, house girls - involve complex ambiguities and euphemisms which include maids, nannies, baby sitters, house boys or house helps, gardeners, garden boys, drivers, small boys, cooks and stewards, among others. This suggests that these labour regimes were never static. There were changes which occurred in their definitions and dynamics that were responsible for the changes as well. This gave rise to the concept of domesticity in Africa. "While the contents and meanings of the concept might vary according to culture and history, domesticity is broadly concerned with gender, space, work and power" (Comaroff and Comaroff, 1992). According to Nyamnjoh (2006), "space is seen here as home, work as home-keeping or pre-occupation with domestic affairs, worker as household servant or maid and power as ability to control and organize household affairs."

Understanding this reality requires an understanding of the changing and potentially contradictory meanings about actors and agency, dependency and

power, and about the home as both an enclosed space and a political economy." Citing Hansen, Nyamnjoh warns that there is nothing simple about the interplay given changing historical circumstances, economic shifts and varying socio-cultural realities (Nyamnjoh, 2006). After the colonial epoch, this category (domestic workers) continued, but under the new elite who were given birth by colonialism. Although these terms are commonly used in Africa South of the Sahara, they have different connotations in different geographical regions and could have complex ramifications. Quite pejoratively, these domestic workers can generate ambivalent social networks in the lives of those affected and consequences hitherto unknown.

The literature on domestic servants has received very scant attention in Cameroon. In this paper I wish to examine from an historical perspective the dynamics that led to the rise of domestic workers, their wages in so far as they were paid, and domestic workers' associations after World War II in Southern Cameroons. Crucial to the paper is an attempt to concentrate on the different kinds of labour regimes in households during this period in Cameroon and how and why they changed within this period.

In what follows in this article, after staking the study area and contextualising domestic servitude, the next section examines the dynamics of domestic servants' mobility. The recruitment of domestic servants and the typology of their work constitute another section. I have also examined the resistance of domestic servants and the reaction of the colonial government to the concerns of these types of workers. The conclusion is the last section of this study.

THE DYNAMICS OF DOMESTIC SERVANTS' MOBILITY
Labour and migration have become quite topical in contemporary times in Africa (Amin, 1974; Harris, 1994; Onselen, 1980).The colonial enterprise, with all its trappings, led to the migration and employment of domestic servants. Although initially Europeans saw Africans as untamed savages, hewers of wood and drawers of water, it soon became evident that for the smooth functioning of the colonial home, African domestic servants were required. Based on Victorian ideologies, colonialists gave priority to the employment of boys as gardeners, drivers, cooks and washermen. Much scholarship on domesticity has been on women. As Bujra's (2000) study of domestic service in Tanzania shows, there is clearly much to be learnt about male servants in the domestic spaces. This line of reasoning is adapted in this essay.

For the colonial state to regulate and control this social category, it passed the Master and Servant Ordinance. The Master-Servant Ordinance was applied to the Cameroons and Nigeria and was passed on 27 February 1924. Ordinance 3 provided regulations on domestic labour and the number of hours of work for their masters.[3] Further to the Master/Servant Ordinance was contract labour which the Germans introduced in the plantations. The introduction of contract labour involved the continuous use of hired labour in a camp for a period that ranged from a few months to five years. The workers were paid half of their wages with the remaining half given to them when the contract expired and the workers were returning home. The Germans justified that it was for the good of the worker, a justification that needs further investigation.

Close to colonialism was Christianity. What emerged from the church and Christianity in relation to a new social order were houseboys or mission boys. These boys served as gardeners, washer men, messengers, interpreters, guides and sometimes catechists. They wore 'European clothes' and could speak Pidgin English. The very nature of things made them believe that they were a class apart, although in the eyes of missionaries they were not. As a people apart, the mission boys started to think and act differently from other boys whom they thought had not attained their status. The Divisional Officer (D.O) for Bamenda, N.C. Duncan, confirmed such thinking when he remarked in 1924 that 'the mission boys are now irritating their less enlightened brothers by taking up the ancient mascots placed on their farms which served as boundary marks and insured successful crops.'[4] Although at the last rung of the new social ladder, these boys or domestic servants felt that they were different from those who were not employed by the missionaries.

Mission boys were the centre of attraction and appeared opposed to heathen ways as they worked with the missionaries in various domains. In Kom, one of the largest kingdoms in Northwest Cameroon, mission boys (called woinfalla, pl. or wain falla, sing.) like Joseph Muhbi Nsang were entrusted all year round with the daily activity of going to Fujua, a Fulani hamlet 25 kilometres from the mission where cattle was grazed, every morning to fetch fresh milk for the Rev. Father's tea. Godfrey Fuka was charged with cleaning the father's house, washing and ironing the father's clothes and cooking, while Andrew Ngongbi Fukuin was charged with transporting mail from Njinikom to Bamenda, a journey of some 54 kilometres at a time when there was no post office (Ndi,

2005; Booth, 1996).

Some of these houseboys, once they put on the new costumes, felt and thought that they were dehumanised and humiliated in the eyes of their wives. This was because the ordinary thinking and doing of household chores was done by women not men. Cooking, doing laundry and taking care of the children were the responsibility of a woman, so if a man was doing these things there was something wrong. Christopher Fuka, a mission boy, said that "My first trouser which was khaki was given to me by Rev. Fr. Thomas Burke Kennedy with an apron which had a string to tie across my waist. When I put it on I felt as though I was a woman (He laughs). It was ridiculous".[5]

The parallel of mission boys was convent girls. They were 'quarantined' in the nunnery and performed all sorts of duties ranging from gardening, cooking, laundry, ironing, taking care of orphans in the orphanage, and feeding pigs and chickens. The time of work was limitless and possibly ranged from 5:30 am when they woke up till 10 pm when they went to bed. Those who played the roles of baby sitters in the orphanage hardly slept smoothly, as they were intermittently disturbed by the cries of orphan children. Apart from convent girls who combined a multiple of functions, there was need for baby sitters or nursemaids in the homes of the few powerful elites. Baby sitters combined many functions ranging from taking care of the child during the day as well as late in the night; cooking food not only for the child but also for the whole family, sweeping and cleaning the floor, among other things. This could last for a year or two depending on verbal agreement. After that she was given a small token to help her undertake any artisan trade. Some were dismissed on trivial counts as low as being caught stealing some few cubes of sugar or drinking the child's milk.

Traders were also masters of domestic servants. A case in point in Cameroon was the Bamenda Grassfields. Trade in the Bamenda Grassfields contributed to the geographical mobility of people and the rise of domestic servants. This trade was on a regional and long distance basis. Traders were in need of carriers as well as other workers to take care of their daily needs. Domestic servants therefore were of paramount importance to traders. For traders, the possession of domestic servants meant additional wealth and prestige. The more domestic servants one had, the more power one wielded.

Traders traded in a variety of commodities such as kola nuts, iron products, guns, kernels, salt, tobacco, livestock and household goods. The traders recruited porters for long and short distance trade. On average, a trader could recruit as many as thirty to forty-five porters and about half of that number were domestic servants depending on the volume of the trade[6]. Trade engendered 'social stratification with a new social group emerging: merchants with large compounds and large numbers of wives' (Nkwi, 2011). As wealth was generated through trade, there was need for domestic servants who helped the traders.

One sub-social group which emerged as a result of trade was called 'boy boy,' which actually meant house boy. Broadly speaking, these were young men who served a renowned trader for several years, accumulated enough capital and then began their own business. In certain quarters some of these domestic servants became part of the 'family' of the trader. An example was Godfrey Chongwain who was born in c.1919 and at 21, that is, in 1940, he served Stephen Mukalla who was a trader. Godfrey accompanied Stephen on his trading trips to Yola, Port Harcourt, Onitsha and Victoria. Besides, he ran errands for Stephen, harvested coffee on his farms, did laundry and accompanied Stephen's children to school. He lived in Mukalla's compound until he got married to Thecla Fukuin Yuh in 1946. She gave birth to their first son, Christopher Chongwain in 1950, in Mukalla's compound.

Godfrey eventually started his own business. While a domestic servant, he was always up at the third cock crow, that is, 3:30 am, and only went back to bed after the domestic chores. In an interview, Chongwain said "It was a very difficult job but I persevered. I could never foretell what would happen the next day, nor where I would be sent to. I was always expected to be back in record time, which meant that no matter the distance, I did it running so as to make good time. I hardly had any payment in terms of money for myself".[7]

Chongwain's story was a tale of what domestic servants went through. It is also relevant to note here that the rise of traders was a key factor in the changing definitions and roles of domestic servants. Here they became carriers and sometimes became part of the family, though not treated fully as kin.

Domestic servants were and are subjected to stringent rules and carry out many demanding household tasks. They endure severe hardships as maids, and as females who are assumed to be more of the weaker sex, their plight could be worse. Despite these predicaments, the domestic servants sector remained a booming one. In Africa in general, and in Cameroon in particular, among the many factors propelling the migration of domestic servants, boys or girls, are the poor economic prospects in the areas of origin. Because of such economic downturns, people gave up their daughters and sons to work for friends or relatives in the towns and cities. They worked for a number of years as beer bar attendants, baby sitters and house girls for wages that were paid not to them but to their parents. The pattern in Cameroon shows that domestic servants moved more from rural to urban areas. The southwards migratory trend needs explanation. Within the littoral quadrant of Cameroon is a heavy concentration of different economic activities which include industry, trade and commercial agriculture (refer to Table 1 below).

Table 1: Distribution of Industries in Cameroon Which Helps to Understand the Mobility of Domestic Servants

Region	Industries
Western	Carving, weaving, pottery, embroidery, smithing and casting, cane work, brasswork
Eastern	Timber, groundnut oil mill, mining.
Northern	Textile, groundnut mill, local crafts, meat conservation, cement, cotton, leather work, rice.
Southern	Cocoa, coffee, tea, oil, flour, sugar, salt, brewery, perfumes, fertilizer, match, soap, paint and va mish, compressed gas, cement, metallurg y, boat and cigarette, ceramics, textile, electrical goods, footwear and leather, vehicle assembly and repairs.

Source: Aaron S. Neba (1982) Modern Geography of the United Republic of Cameroon (New York: Hamilton), 86.

A cursory observation of Table 1 indicates that there is a concentration of industries in the Southern region of the country. These industries produce food and beverages for home consumption and for export. They attract labourers from other areas of the country, especially from the Bamenda

Grassfields who seek employment to better their standards. The demand and supply of domestic servants in this area is high because the elites who work in these and other associated industries need their services.

Besides, in the southern part of the country there are other attractive factors. Ecologically, the coastal region is low-lying with volcanic soils which are best suited for agriculture. The population of the Bamenda Grassfields are attracted to this landscape, as many of them come from mountainous and semi-arid areas. A casual observation suggests that not less than 1500 people travel down to the coastal region of Cameroon on a regular basis. The plantations in particular have attracted a lot of labour migrants from the Bamenda Grassfields. The table below shows the percentage of migrants from the Bamenda Grassfields between 1926 and 1990s who moved to the plantations and neighbouring environments.

Table 2: Regional Composition of the CDC and Pamol Labour Force (%)

Province	1926	1941	1950	1960s	1970s	1980s	1990s
North West Province	14.0	37.0	32.5	43.5	54.5	73.5	71.0
South West Province	33.0	27.5	33.0	25.0	38.0	24.5	27.0
Francophone Cameroon	52.0	25.0	13.0	4.5	5.0	1.0	1.0
Eastern Nigeria	1.0	10.5	21.5	27.0	2.5	1.0	1.0
Total	100	100	100	100	100	100	100

Source: Piet Konings, (1993), Labour Resistance in Cameroon: Managerial Strategies and Labour Resistance in the Agro-industrial Plantations of the Cameroon Development Corporation (London: James Currey and Heinemann).

Table 2 shows the flow of migrants from the Bamenda Grassfields which later became known as the North West Province and then the North West Region. A comparison with other areas which supplied labour to the CDC is quite revealing. Initially, the plantation was opened and owned by the Germans during the nascent years of colonial rule. Within this time it employed as many as 18,000 workers using force for its recruitment. Yet most of the migrant labour came from countries along the West African coast like Nigeria, Benin and Togo, although in the long run it became too expensive to sustain their continued employment (Rudin, 1938). Alternatively, the planters were forced

to turn to the indigenous groups, especially the Bakwerians who were unwilling to work on their land which had been forcefully expropriated from them. Once the interior of Cameroon was pacified using outright force, the way was opened for the Bamenda Grassfielders' migration to the plantations (Chilver, 1966; Ardener *et al*., 1960; Nkwi, 1989).

Table 2 reveals a marked and steady increase of the Bamenda migrants to the plantations. Apart from a slight decline in the 1950s, there had been a steady increase since 1926, which reached 71.0 % in 1990. A decrease in migrants from the francophone areas from the 1950s, as against the rise in 1926 and 1941, could be explained by the fact that the French Mandate Authority carried out efforts to stabilise labour within their home region. This was done by relaxing forced labour laws which had forced Francophones to flee to the Cameroon Development Corporation located in the British section of Cameroon. Overall, and according to our focus, the Bamenda Grassfielders migrated to the plantation region more than any other ethnic group.

The cream of European settler population was found around the plantation area, first as plantation managers and administrative officers. These European elites needed domestic servants to work as gardeners, houseboys, drivers, gate men, washer men, cooks and stewards, among others. This domestic labour was supplied by their relatives who were working on the plantations. The domestic servants were assigned more stringent work and functions according to the whims and caprices of their masters. They were in most cases paid in kind. This meant that they were either trained as tailors, seamstresses, or placed in any available lowly profession that would sustain them and their dependants in the future (Nyamnjoh, 2006).

RECRUITMENT OF DOMESTIC WORKERS
There were several ways of recruiting domestic workers. Among them were three main methods by which domestic workers had contact with employers. This was through their relatives, parents, and friends. The need to assist family members in urban areas who were probably wealthy and could foster a kin's child's social mobility was partly responsible for the increased participation of females/males in domestic work. Domestic workers also made contacts with employers through recruitment agents. Such agents were however scarce in developing countries as compared to developed

economies. In this case, negotiation was between employers and these agents.

Recruiters of domestic servants were not a particular corps of people set apart for this duty. Indeed, recruiters ranged from parents, uncles, family friends and plantation workers. The history of recruitment and recruiters in colonial and post-colonial Africa is well established. In broad terms the recruitment of workers involved relatively large numbers of men and women who facilitated their transportation to their place of work within a short period of time. It also involved close supervision of the recruits and the provision of accommodation and food (Muyoba, 1983). Although in broad terms this is what goes into labour recruitment, little scholarship has been devoted to domestic labour in Cameroon. Richardson (1977) has noted that the Transvaal Gold mining established a recruiting and shipping company in 1904 known as the Chamber of Mines Labour Importation Agency whose sole function was to recruit Chinese Labour.

The case in Cameroon was different. Certainly, this is because domestic servants were not recruited en masse. They were recruited individually and this was done based on trust. There was trust between the recruiter and the domestic servant; between the employer and recruiter; and between the parent of domestic servant and the employer. Once the trust was cemented, the domestic servant started work pending the establishment of a contract. The contract was verbal or written, and in certain circumstances the father was the one who gave out his daughter to the employer. A sample of a written contract is presented below, and although it falls out of the time bracket of this article it could illustrate what a typical contract looked like. Written on 29 March 1991, Ful Martin signed a kind of contract in Buea, some 400 kilometres from Bamenda where he came from. In the contract he stated that he had seen his daughter living well with Alice Agebule. The so called 'contract' suggested that her daughter Mercy Ful was to work and live with Alice. It is not stated in the contract how long she would work per day nor the type of job she was engaged in. Such 'contracts 'were rampant and this one is just the tip of an iceberg. Interestingly enough, it appears there were no contracts found during the colonial era.

Source: File Si (1991), *Domestic Servants in Southwest Cameroon* (NAB)

This contract indicates a marked change in the labour regime of domestic servants. First, the creation of urban cities during the colonial and post-colonial period led to rural migration of many people in search of jobs. Those who got the jobs were most of the time so busy carrying out their work that both husband and wife could simultaneously be out of the house. The need for domestic servants to help out in domestic chores became necessary. The continuous migration of people from the rural to urban centres led to changes in thinking and action. Parents literally gave out their children to either improve their conditions or allow the children to improve themselves.

It did not matter much to the parents the difficulties and challenges which their children experienced. However, the challenging situation of domestic servants in Cameroon did not go on *sine die*. Consequently, they formed an association to address their grievances.

CAN DOMESTIC SERVANTS SPEAK?

Sometime ago, the Indian social historian, Gayatri Chakravorty Spivak, provoked in her seminal essay, "Can Subaltern Speak?", a debate that has appeared in most footnotes, texts and conclusions. I am not here to examine the context of that essay but rather to argue that domestic servants, whether indentured or otherwise, had a voice despite the traumas they underwent in performing their duties.

Trade unionism or labour associations and labour unions took root faster in British territories than in any other colonial territories. Ananaba (1993) maintains that the revolts in the British Indies led Lord Passfield to act in accordance to how further revolts could be controlled and how to ensure people do not manipulate workers to achieve their objectives. That culminated in the Trade Union Labour Ordinance Act of 1938. To a very large degree, what affected Nigeria, which was a British colony, affected West Cameroon, which was governed as an integral part of the Eastern Provinces of Nigeria.

The Second World War unleashed unforeseen consequences. One of them was inflation and an increase in the cost of living. This affected the standards of living in Africa and the situation of the domestic servants. With the formation of trade unions the domestic servants responded by forming their own union, the Domestic Servants Union of Nigeria and Cameroons (DSUNC) with branches all over the colony. Their grievances were articulated in letters which were addressed to the colonial administration. On 28 April 1949, the DSUNC addressed a lengthy letter to the colonial administration. Amongst other things, they put forward the following request:

(1)   Government will guarantee free education from colleges to Universities to the sons and daughters of the members of the above union.

(1)   The government should provide free accommodation to all domestic servants either in government services or otherwise.

(2)   Provide cheap stores and special foodstuffs for the sons and daughters of Domestic servants.

(3)   That the government should provide free payment for water rates and income tax.[8]

We are fully convinced that the only matter agitating the minds of all Domestic Servants in Nigeria and Cameroons is how to establish and promote mutual understanding, co-operation and good will between the masters and servants. That not until those boundaries are demolished that separate masters from servants, i.e., that not until actual understanding, co-operation and good will be made between masters and the servants should there be perfect peace and happiness in the hearts of the masters and servants respectively. Being thus convinced, we most respectfully appeal to Government, the employers to look into the following as urgently as possible.[9]

To paraphrase their demands, the domestic servants further asserted that their position was very important in the domestic life and so they should be taken as members of the family of their masters. They bluntly maintained that they rejected the contemptuous and unsympathetic treatment by their masters. Furthermore, jobs that were meant for one domestic servant should not be done by another. They requested that all the domestic servants, upon employment, should show proof that they were registered members of the union. Any master who needed a servant should request one by sending somebody with a written note, signed and with his name clearly written out. Above all, they denounced any form of maltreatment in the home from their masters.[10]

This litany of appeals to the colonial administration indicated that the Domestic Servants wanted their autonomy rather than to work to receive wages or compensation. They also indicated that the gap in understanding between the Masters and Servants was so wide that the servants were not comfortable. These points also suggest that the entire petition was a *diktat* to their masters. The petition was coming after the Second World War which had unleashed a wind of change in all the nooks and crannies in black Africa. People already understood and were also conscious of their rights as most

returned ex-soldiers had indoctrinated most people about the weakness of the Whiteman as they had experienced it in the world war. It was therefore to gain more autonomy from the European masters that the domestic servants formed such a union to air their grievances.

The complaints of the domestic servants seem to confirm the fact that it is/was traditionally African to see and treat the individual as a child of the community, as someone allowed to pursue the fulfilment of his/her needs. The individual's creativity, abilities and powers are and were best acknowledged and nurtured through relationships with others, but the domestic servants never saw their relationships with their masters in that light. That notwithstanding, if the April letter of complaint was more general because it included the Eastern Region of Nigeria, then the 21 November 1949 petition was more specific to domestic servants in the Bamenda Province of Southern Cameroons. Writing to the UN Visiting Mission on tour in Bamenda, they said, among other things:

The Domestic Servants salaries in the Cameroons as a whole were too low.

(a)   The highest Domestic Servant's pay in Bamenda with a family of wife and child or children is £3:10

(b)   The cost of living in Bamenda Province today for instance is not different from the cost of living elsewhere. For instance, food stuffs are sold to people of high and low grades alike.

(A)   A European's cook buys from the same market as an African's cook and at the same cost, both for masters and for themselves,

(a)   e.g., if one egg costs 2d, it is 2d for everyone who wants to buy. But the scale of salary is quite different. What will enable a domestic Servant to live happily with a £2 salary?

(d)   The shop or market prices of articles are not different for Europeans and Africans or for people with high rates of salaries and domestic Servants with low rates. With such a low salary a domestic servant cannot feed or maintain himself and his wife, let alone educate a child or children...[11]

The living conditions and overall economic situation of the domestic servants were becoming unbearable. It is relevant to note that the post Second World War period witnessed increased inflation especially the rapid rise of prices of staple foodstuffs and basic commodities. The domestic servants of the Bamenda felt the pinch of increased cost of living and in their petition they requested that the colonial administrators who made up the cream of their masters should redress their economic challenges and difficulties. The geographical locus known as Bamenda was the seat of colonial administration in the Northwest region of Cameroon. It therefore had some urban trappings which at the same time attracted many people migrating from the rural areas into the city. The colonial government responded to the petition of the domestic workers and made attempts to address some of their concerns.

COLONIAL GOVERNMENT REACTS

The government decided to first tackle the issue of contract which was basically between a master and his servant. According to the colonial authorities it was a matter for the parties concerned and any attempt to enforce such contract code by legislation would involve an unwarrantable intrusion into the privacy of the home. The authorities however pledged to defend the Servants in their contract deals with their masters provided they were not brought by any relations. The second was to set out minimum and higher minimum rates for long service wages which were to be paid directly to the Domestic Servants. The table (Table 3) below shows the minimum wages approved by the colonial government.

Table 3: Minimum Wages

Service	Amount in British Pounds and Shillings
Cook	**£ 3**
Steward	**£ 3**
Small boy	**£ 2**
Garden Boy	**£ 2**
Nursemaid	**£ 2.10s**
Car Driver	**£ 3.15s**

Source: File Ba (1922) 1 Report on the Bamenda Division, Cameroons, 30th September 1941 by N.C. Duncan, District Officer, Bamenda (NAB).

From the table above, it is clear that wages of domestic servants differed depending on the type of job being performed. The car driver had the highest amount, followed by the cook and stewards, while the small boy and garden boy had the least. Their redefinition gave rise to the differences in wages. As far as the higher minimum rates for long service was concerned, the Labour Advisory Board asserted that:

The wages set out above are recommended as minimum rates and higher rates should be paid to domestic servants of long service or special skill. Such higher rates must depend on the circumstances of each case but as a general guide it is considered that the minimum wages for cooks and stewards of over five years' experience who receive neither lodging nor food should be 4 pounds a month, and 5 pounds a month after 10 years' experience. It is further considered that the minimum wage for garden boys, nursemaids and car drivers who receive neither lodging nor food should be as follows: Garden Boys = 3pounds; Nursemaids = 3.10s; car drivers = 4.10s. Where free lodging is provided the reduction in these rates should not exceed 1 pound a month.[12]

Table 4 below shows the wages of domestic servants in pounds and shillings fixed as a result of their memorandum addressed to the government.

Table 4: **Wages of Domestic Servants**

Grade of Domestic Servant	Employer lodges and feeds employee	No such Provision
Cook Grade I	£ 2.10.0	£5.0.0
Cook Grade II	£1.15.0	£3.10.0
Cook Grade III	£ 1.5.0	£ 2.10.0
Steward Grade I	£ 2.0.0	£ 4.0.0
Steward Grade II if incharge	£ 1.10.0	£ 3.0.0
Steward Grade II	£ 1.5.0	£ 2.10.0
Small Boy	£ 0.15.0	£ 1.10.0
Gardener	£ 1.10.0	£ 3.10.0
Garden Boy	£ 0.15.0	£ 1.10.0
Nursemaid (Standard 6)	£ 1.10.0	£ 3.0.0
Nursemaid (Lower than Std 6)	£ 1.0.0	£ 2.0.0
Driver	£ 1.17.6	£ 3.15.0

Source: Labour Advisory Board of Nigeria and Cameroon (NAB).

A casual observation of Table 4 suggests that the spectrum of domestic servants was expanded and within the colonial lexicon domestic servants meant many things with new definitions tucked under the umbrella of the labour regimes.

A Cook Grade I was a worker who had had ten years' experience as a cook, five of which were spent in continuous employment as a cook. Such a person was to be wholly or mainly responsible for the preparation and cooking of food such as meat, poultry, fish, game and others, and in the making of bread, sweets, pastries and similar articles.

Alternatively, a Cook Grade II was a worker who had five years' experience as a cook, of which three must have been spent in continuous employment as a cook, and who was wholly or mainly engaged in the preparation and cooking of food of a standard but not to such a degree of proficiency as that of a Cook Grade I. A Cook Grade III was a worker who had three years' service under an experienced cook or had received training in a recognised establishment.[13.]

These various dichotomies show that labour regimes changed with time depending on circumstances and the way the colonial administration perceived them. The domestic servants' petitions led to the re-actions of the government. In its reaction the colonial government revisited the various definitions as well as the wage conditions of the domestic servants.

CONCLUSION

Domestic labour is not a new phenomenon. Several scholars have examined this phenomenon from diverse and complementary angles. In Cameroon domestic servants as a social category gained currency during the period of colonial rule. This has however been glossed over by scholars and researchers of this period of Cameroon history. Many factors led to the rise of domestic servants, including colonialism, missionary activities, the development of an elite class of professionals during the colonial and post-colonial eras and trade/traders.

Domestic servants were and are still subjected to their masters and mistresses. They depend on their master/madam for their livelihood and that of their family members. The master on the other hand also depends on

domestic labour for day-to-day 'menial jobs' in the house. The nature of jobs performed by domestic labour was stringent and hard because what was to be done was not clearly defined. Not so surprisingly, the post Second World War period saw domestic servants voicing their predicaments to the colonial administration which reacted by adjusting their working conditions and above all their wages and by re-defining the labour regime. The domestic servants fought for their rights and obviously change was effected by the colonial administration, even if this was not wholly satisfactory to the domestic servants.

The domestic labour regime never remained static. Changes accompanied historic epochs. Colonialism, Christianity, trade/traders and the growth of an African elite class were fundamentally responsible for the rise of domestic servants as a labour class. From the 1930s to the outbreak of the Second World War, domestic servants seemingly accepted their harsh working conditions in silence. The post Second World War period saw significant positive changes in the fortunes of domestic servants. Following the birth of the United Nations, its Article 76 (B) maintained that colonial powers were entrusted to prepare colonies towards self-government and independence. As such, colonial peoples were encouraged to form associations and trade unions. This brought change to the domestic workers who asked for and received recognition as a labour category. They penned their grievances for action to be taken by the colonial authorities. One can conclude that the changes in the treatment of domestic servants were a result of their petitions and the changing international scene as seen from the outbreak of the Second World War and the formation of the United Nations.

ACKNOWLEDGMENTS

ENDNOTES

[1]Cameroon has been ruled by three colonial masters and at each point in time a colonial master chose its spellings according to her lingua franca. For instance, from 1884-1916, it was spelt Kamerun; from 1916 till date it is variously called *Cameroon* for the British and *Cameroun* for the French. In addition, the post colonial state has

just been a replica of the colonial state in spellings and in many other structures.

[2]See File Afri 18/390 fol R 11 Report by His Britannic Majesty's Government on the Administration under mandate of British Cameroons for the Year 1924 (IISH Archive)

[3]Qe (1933)3, Master and Servant Ordinance Labour (National Archives Buea, Cameroon).

[4] File Ba (1922) 1 Report on the Bamenda Division, Cameroons, 30th September 1921 by N.C. Duncan, District Officer, Bamenda (NAB).

[5]Interview with Christopher Fuka, Njinikom, 12 August 2009. He died on 25 November 2010.

[6] File No. Cb 1924/3 Bamenda Divisional Annual Report 1924-1927 (NAB).

[7]Interview with Godfrey Chongwain, Wombong, 14 March 2009. He died on 8 June 2010.

[8] File Ba (1949)6 Visiting mission of United Nations Organisation, (NAB)

[9]Ibid.

[10]Si (1949)4 Domestic Servants Union of Nigeria and Cameroons (Buea National Archives, Cameroon).

[11]File Si (1940) 6 Report of the Eastern Regional Conference of Domestic Servants Union: Re-Delegates Appeal to Government-The Employers and Employees.

[12]File T/PET.4/55, Petition from the Domestic Servants Union Concerning the Cameroons under British Administration (NAB).

[13]Ibid

ADDITIONAL READING LIST
Archival Sources
National Archives Buea (NAB), Cameroon

File Afri No. 18/390 fol R 11 Report by His Britannic Majesty's Government on the Administration under mandate of British Cameroons for the Year 1934.

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NOTES TO CONTRIBUTORS AND CALL FOR PAPERS

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