

# The Social Problems of Children in Sub-Saharan Africa



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in Sub-Saharan Africa

By

Jerry W. Hollingsworth

**CAMBRIDGE  
SCHOLARS**

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P U B L I S H I N G

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This book is dedicated to Dr. Robert Wallace,  
long time teacher, amazing scholar, mentor, colleague,  
and even more amazing friend.



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I have many early memories to lean on in the development of some of my ideas and visions. From an early age, I listened to my father tell stories about his adventures in Japan during the United States occupation after World War II. Those stories filled my head about world travel and cultures that were different from my own. Unfortunately, he passed before he realized that he had impacted me in such a way.

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To all my friends in Ghana, I say, Okokroko Nyame, Obaatan pa Nyame Omfa ne Sunsum mmo mo ho ban. Ye da moa se. May the great God surround the people, living and dead, with his great love and protection.

—Jerry W. Hollingsworth

## INTRODUCTION

There is something magical about traveling the world. Of course, as a tourist, you enter a country with great expectations. Perhaps you have looked at guidebooks and identified several key areas you would like to visit. You pick out a nice hotel, or you examine restaurants, transportation possibilities, and a host of other amenities that will make your visit more appealing. That's traveling like a tourist. That's fun, and there's nothing wrong with that. Traveling to third world countries examining social problems of children and conducting qualitative field work, however, is quite another story.

Instead of checking into a nice hotel with plenty of conveniences, you check into a hostel or other type of "group facility" where other workers are also staying. You might take a job as a volunteer, or a caseworker, or some other temporary position. You work yourself into an environment where you can see the problems firsthand, either in a hospital, an orphanage, school, or similar facility. In some ways, it is incredible to work in these types of organizations. More often than not, you meet terrific people who are out to make a difference in the world. I have worked alongside medical students, lawyers, doctors, social workers, teachers, students, and volunteers from all over the world. As a result, I have friends in different countries I still keep in touch with.

An Ethnographer also directly encounters the population they are observing. They may or may not let others know that they are on a research project. They are in a unique position to observe firsthand, the culture, the behaviors, lifestyles, and activities of the group in which they are interested in studying. If anyone knew that they were being studied, there is the distinct possibility that some behaviors may change, for several reasons. Some may want to appear more socially acceptable, thus giving you a false impression.

In other circumstances, I have told most of my subjects that they were part of a study, and eventually, they just accepted me and forgot all about the research. It is up to the Ethnographer whether or not they should inform the subjects, but good ethics might require that a standard permission be granted, as well as a brief overview of the research that is taking place. Interviews actually become easier, because you are there. It is also quite humbling for a professor who is used to standing in front of a

classroom, to be working with orphans, holding them in your lap as they urinate down your leg, or following a street child to his cardboard box house to see where they live. It brings the developing world to an “up close and personal” view.

The downside is that you may be alone in a foreign country, and vulnerable to certain conditions, such as robbery or kidnapping. Foreigners from Western countries are mostly considered “rich” by those in poor countries, and at times, can be targets of muggings and street crimes. Situating yourself in a high crime area in slums, shanty towns, or out in the streets observing conditions, you may inadvertently be putting yourself in harm’s way, and increase your chances of becoming a victim. Since 9-11, Americans are vulnerable in certain locales, and may be potential kidnapping victims.

Other downsides to working in these types of environments are possible medical problems. Some hospitals are poorly operated, with less than adequate resources, such as physicians, nurses, or other major medical personnel. Sometimes, blood supplies are even contaminated, and if you are in need of a blood transfusion, that could create numerous difficulties. My physician has constantly nagged me to take my own blood on my journeys to such places at Sub-Saharan Africa because of these conditions, but I could never bring myself to try that.

An Ethnographer working in these conditions in developing countries may also have to prepare for such things as malaria. One of the major drugs available for preventing malaria is Lariam, which I took before I left, during my stay there, and then for another month after returning home. The medicine works great preventing malaria, but has some nasty side effects. It may cause nightmares that can be extreme or may cause depression that can become debilitating to some people. I’ve seen many grown men crying in the night for no reason that they can think of. I have heard people screaming in the night from horrible dreams that were haunting them. Being away from home and family may intensify the depression and anxiety, as well.

In some regard, this style of research follows the style of Erving Goffman, who would immerse himself into his chosen area of interest. For example, Goffman posed as a pseudo-employee of St. Elizabeth’s Hospital for a year, and collected ethnographic data on selected aspects of patients’ social life (Goffman, 1961). Other noted sociologists have used this method to study such topics as drug use, crime, and homelessness. For this study, I set out to examine the life of children who live in orphanages in Sub-Saharan Africa. Several questions instantly arose as I mapped out my plan of study. For example, how and why do children end

up in an orphanage in the first place? What are the orphanages like in Africa? How does it affect development of children who are living there, both socially and cognitively? What are the long-term implications of being an orphan?

While the original intention of this work was to study orphans and orphanages, the situation quickly developed into a much deeper subject. Out of necessity, I was charged with looking at other social problems that were present in Sub-Saharan Africa. Orphans, I found out were vulnerable populations, and were perfect targets for child molesters, military recruiters, traffickers, employers looking for cheap labor, and other reprehensible situations. Thus, I felt it was important to include other social problems of children into the study.

### **From Latin America to Africa**

This study actually follows my original study on the street children of Latin America in my first book, *Children of the Sun: An Ethnographic Study of the Street Children of Latin America*. While studying street children there, I was appalled at the living conditions of people and children that were living in slums and shanty towns in Mexico and Peru. The nature of that work influenced me to project myself into the Continent of Africa, where I traveled to Ghana, in West Africa to continue observing the conditions of children there. However, when I landed in Africa, I was amazed at the number of people living in those conditions. In Latin America, there seemed to be pockets of prosperity, but in Africa, those pockets of prosperity were few and far between. As a matter of fact, the more I observed in Africa, the more problems I discovered.

Family life of society is also put under the microscope in the culture of Sub-Saharan Africa, and as a result, a number of questions begged to be answered. For example, what do we expect from the family unit? How does the family unit in Sub-Saharan Africa differ from family life in the United States? What other social problems do children in Sub-Saharan Africa suffer from?

### **Expectations for Children in Western Society**

Western societies, especially U.S. society have a somewhat contradictory idea of what childhood should be. On one hand, we feel like children should play, surrounded by this idea of innocence and play. Some of our fondest memories as adults are of the times when we were children and had no cares that adults faced. Yet, in between those years,

adults have insisted on moments when children should be studying, working, improving, and stimulating their brains. Therefore, we encourage educational activities and create an environment where essential development takes place.

However, in some cultures, this is not possible, as children are abandoned to live on their own as orphans, street children, or become exploited in many other ways. In Latin America, street children have become “pseudo-adults” at very early ages (Hollingsworth, 2008). In other cultures, such as Sub-Saharan Africa, although families are important, it is not always possible to maintain those family connections with children, especially when the adult population is dying off due to HIV/AIDS.

## **Setting and Methodology**

For the purposes of this study, I lived in a tiny fishing village in Ghana, West Africa, known as Teshie. I worked in several orphanages in Ghana, to get a real picture of what life was like inside an African orphanage. I also interviewed other workers in other orphanages to get an idea of what they were like. I walked the streets in Accra, the capital city, as well as Kumasi, the second largest city in Ghana to observe street children, as well. I observed Cape Coast, and the Slave Castles, where the Colonial powers such as Portugal, Spain, The Dutch, and the British held slaves in dungeons during the Atlantic Slave Trade era. I observed and conducted interviews in as many areas as possible to get a real picture of these social problems in an ethnographical sense.

## **What Are Social Problems?**

According to sociologists, a social problem exists when an influential group asserts that a certain social condition affecting a large number of people is a problem that may be remedied by collective action (Zastrow, 2000). For instance, they refer to the influential group as one that appears capable of having a significant impact on social policy at the national level. For the purposes of this book, the United Nations may be just such an influential group on an international level, along with several other International organizations, policy makers, and Institutions, such as UNICEF, the World Bank, and the International Monetary Fund. These organizations have been leading the way into discovering and addressing the problems of children in developing countries, and especially on the Continent of Africa. In this volume, we will also investigate these

organizations, as well as their policies, and their activities concerning the social problems of children in Sub-Saharan Africa.

Social problems must also affect a large population of people. If they affect only isolated individuals, they may be personal problems but not social problems. Accordingly, the Sociologist C. Wright Mills explains this concept as understanding the *Sociological Imagination*, (1959), or the ability to see the relationship between individual experiences and the larger society. Social problems are social because they are so widespread that they affect society itself.

This study should demonstrate that large enough numbers of children are affected by child soldiering, child labor, sexual exploitation, street children, and orphans in the developing world and thus are fully deserving of the title: social problems.

## **The Problem**

Currently, UNICEF estimates the number of Street Children around the world at 150 million. Those numbers are more than the combined populations of either Russia or Japan. Orphans are estimated at another 140 million. The International Labor

Organization (ILO), a UN agency, estimates the number of child laborers at 250 million. There are another 1.5 million children being trafficked each year for labor or sexual purposes.

If these numbers are not substantial enough to call these issues a social problem, then nothing is. Therefore, I will be presenting my picture of these child difficulties as social problems in the strict sociological sense, and presenting my case through statistics by influential groups such as UNICEF, The United Nations, The International Labor Organization, as well as International reports such as the Children on the Brink series, which gathers data on such topics as AIDS Orphans in Africa.

Another contributing factor in examining issues as social problems is that these social conditions may be remedied by collective action. Collective action can be described as strikes, demonstrations, public service advertising, lobbying, and formation of interest groups. In the area of social problems with children in a global setting, it has long been thought that these were conditions that were unchangeable. That sort of thinking must be abandoned in favor of collective action in the form of governmental groups, national agencies, the United Nations, Micro lending institutions, and Non-Governmental Agencies around the world to bring about lasting change for some of these problems.

## Background and Experience

I suppose I have a unique background for the work I am presenting here. Most of my academic credentials are specialized in several fields. Although I am sociologically trained, I have a Social Work background, and that is where I spent thirteen years in the field, working with children. My Doctoral work was also very specific, in that it trained me for my further work in children's problems. I am also anthropologically inclined, which means that I have a keen desire to get out into the field and observe social conditions firsthand, ethnographically.

My first book, *Children of the Sun: an Ethnographic Study of the Street Children of Latin America*, was an exploration into the culture of Street Children in Mexico and Peru. Delving into those problems directly led to the development of this study, which takes into account problems of children in Sub-Saharan Africa.

The statistics and the indexes, and the coefficients, and the reports from International research all make sense to me, but I find it particularly fascinating to try to live in those conditions as much as possible to get a feel of what poverty is like from an observation viewpoint. This is qualitative analysis in a nut shell. My academic training leads me to believe that one gain a greater understanding of a problem when they enter the field and observe, interview, or otherwise live with the people who are experiencing social problems.

While this is a great tool, sometimes it has its drawbacks. For example, when I first returned to the United States from Africa, I had a terrible time adjusting. I went to lunch at one of my favorite Chinese buffet restaurants, and after a few moments of watching people pile food high on their plates, and then returning to the buffet line for seconds and thirds, I had to leave. I was no longer the same person I was before I went to West Africa. I still had visions in my head of children living in an orphanage, eating one or two bowls of rice a day and crying themselves to sleep at night because they were hungry. I could remember the children in Mexico and Peru that huffed glue and other dangerous substances so they could numb the hunger pangs.

On the other hand, I have to admit, that at times, even I am often desensitized to the information I am working with. Recently, I was invited as a guest speaker at the University of Arkansas for their annual Sociology Alpha Kappa Delta event. The room was full to capacity as I began my presentation. I was presenting data that pertained to a good portion of what is contained in this book: orphans in developing countries, child trafficking, etc...and I proceeded with great gusto, trying to communicate

well, and with complete emphasis on my performance. After all, I was on stage in front of hundreds of people. When I was done, and it was time for questions, I looked up as they turned the lights up and I noticed that people were sporadically sniffing and crying. It dawned on me afterward that not everyone was used to seeing the facts, figures, and worst of all, the pictures that represent the many social problems of children in developing countries.

While it is not my intention to unfairly trigger emotional responses for the reader, I will present the information as clearly and accurately as possible. The information contained herein is often unpleasant and sometimes surprising. It's sometimes difficult to believe that some parts of the world can be so bad. It is hard to witness children starving, or living in squalor, when, in the developed world, we have so much, especially in the light of the "promise of globalization."

## CHAPTER ONE

### CULTURE, HISTORY, AND FAMILY LIFE

#### **Arrival in Ghana**

As my plane landed at the Kotoka International Airport in Accra, I was greeted with one of the many con games practiced by airport security. It was a well-practiced routine; one improved over time on their part, and one that depends on the naiveté of the innocent traveler.

First, they asked you if you have made contact with the parties that will be picking you up at the airport. If you say no, they will offer to contact them for you, using their cell phone. Afterwards, they aggressively suggest that you owe them for the service they provided. It's a "shakedown," and a very efficient one, especially since they are wearing a uniform. It's also not a good first impression of Ghana, but was also indicative of the massive poverty that existed there.

I was waiting for my official greeting party from the organization I was working for. It was a non-profit Non-governmental Organization known as the IFRE (the International Field Research Expedition). After finally meeting my group, I felt more secure, as I fended off at least a half-dozen more of Airport Security on my own before having to give up a few more dollars. I soon was joined by several others who would also be taking positions in various places in orphanages or hospitals, or schools in the greater Accra region of Ghana. The IFRE is a placement agency who is in contact with the many orphanages in Africa and provides qualified volunteers for a fee.

Most of the volunteers I met would be working inside the various agencies in Ghana, and would be staying in the same central location, and would report daily to their assigned positions. We would sleep at the central compound, take all our meals there, and basically reside there during the time of our employment at our various jobs. It was more like a glorified dormitory.

The agency would also contribute to our field of knowledge in other ways, such as giving us a basis of understanding the language there. We would receive classes on the culture of Ghana, as well as lessons in Twi,

one of the 57 different dialects of the Akan language of Ghana. Twi is spoken by about 50 percent of the people in Ghana. The organization would also provide us with trips to different areas of the country to help us understand the culture and the country better, which I thought would be very important in working with the children in the orphanages. In my work with street children in Peru and Mexico, I ended up spending a couple of years studying Spanish and the culture in order to understand the children's basic culture. I would not have enough time to totally grip the languages in Ghana, but fortunately, most people would be able to understand English, as English was the official language of Ghana, due to British Colonialism.

As we made our way through the streets of Accra from the airport area to our compound, it was an eye-opening experience. All around me, citizens carried large bundles of objects on their heads, carrying them with ease. As we approached our destination, the streets became less passable, and the paved roads disappeared. Houses and neighborhoods became more rundown. Naked children ran down the dirt roads, along with a large numbers of dogs, goats, and chickens.

As one government official told me later, you could see what areas the British had occupied, as the roads were well-paved, but once you got outside of that central district, the roads were particularly bad. I noticed that right away as we bounced along the dirt roads in the area known as Teshie.

Teshie was a small fishing village just outside the Greater Accra area. It was about one step up from a shanty town. The people here lived in small shacks, with no running water, no electricity, and no conveniences. The people were largely fishermen, craftspeople, or small store-owners. Large numbers of the people there were also poor and unemployed. The majority of the people grew small amounts of vegetables around their homes, and owned a few goats or chickens. Most of the people living in the village spoke either Twi, or Ga, another one of the local dialects.

As we made our way to the compound where we would be staying, we made our way across the ruts and the holes in the dirt roads. Nothing was paved. Transportation in the area consisted of beat-up and aging minivans the locals called "Tro-Tro's." These vehicles ran periodically through the dirt roads providing a way for citizens to get into the greater Accra region. They ran even when the ruts in the roads were so deep that it doubled the amount of time it took to get to the city. During the monsoon season, the rains would come and damage the roads even more, deepening, and widening the ruts as more and more Tro-Tro's ran through the roads.

Amazingly, we bounced our way to our new home, the compound where I would be living the rest of the summer.

The compound was a multi-room dwelling, much like a college dormitory, if you discounted the mosquito nets hanging from the bunks, and the fact that there were no restroom facilities in the building, and no running water. What was in place for using the restroom in the compound were two outside toilets, which were equipped with commodes, but no running water. Collected rain water was used to pour down the toilets to essentially flush them into one of the many open sewers that existed outside the compound. Two 30-gallon barrels would be refilled each night as the rains tumbled off the building. If it did not rain, we cut back on our “flushing” until the rains came again, filling the barrels.

Fresh water was delivered to the compound by truck once a week and the water could be used for showering, but not drinking. We were limited to using one five-gallon bucket of this water for showering per day. Taking a shower consisted of filling up a plastic bucket and taking it into an enclosed area and pouring the water over your head. It was primitive, but after a few days, it was much in demand. I quickly began to look forward to my daily shower, as the temperatures were constantly in the 80's (F) with humidity ranging between 85-100%.

For drinking water, the facility provided us with treated water in small plastic bags which was safe to drink. We simply tore off one corner of the bag and drank the water out of the bag. We took our meals outside under a canopy. The meals were typically West African, and usually consisted of such local favorites as fried yams (which tasted almost identical to fried potatoes), or Foo-Foo, a local favorite consisting of a starchy mass of Cassava, mixed with Plantains. It was eaten by dipping your fingers into a rich, spicy soup and swallowing it without chewing. The cooks would work on the Foo-Foo for hours, pounding the Cassava in a large wooden bowl with wooden sticks, a custom that obviously went back centuries and was still in use.

We ate other typical West African foods, called Kenkey, which consisted of a boiled corn meal ball, wrapped in corn husks. It is eaten in a similar manner as the Foo-Foo, by pinching off a piece of the corn meal ball and dipping it into a spicy fish soup. We were also provided with a quantity of rice and a Cassava dish that was served with a spicy sauce.

The volunteers that were staying in the compound were from all over the world. There were medical students, social workers, college students, retired professors and others who were volunteering in a variety of ways. My job was working inside one of the NGO (Non-governmental Organization) orphanages, or a private concern that operated in the local

area of Teshie. Others were working in a very large State-run facility in Osu, a neighborhood inside Accra, the capital city.

I was also afforded the opportunity to compare orphanages from two much different perspectives. While primarily working inside a private orphanage, I was able to observe the State facility as well, and was able to interview the workers and volunteers that were involved in the daily activities there. It was interesting to observe how different the two facilities were in the ways they were operated, how they were staffed, and the differences they offered in quality care. I would also get to travel to different locations to examine orphanages throughout the country. What I found was a variety of different operations, both good and bad. The observations inside these orphanages, and the interviews with street children led me into different areas that will be addressed in later chapters.

## **The Republic of Ghana**

The Republic of Ghana (formerly known as the Gold Coast) lies on the Gulf of Guinea on the Western coast of tropical Africa. It is bordered to the west by Cote d'Ivoire (the Ivory Coast), to the north by Burkina Faso, to the west by Togo and to the south by the Atlantic Ocean. It is a country with a total land mass area of about the size of the state of Oregon. It is not a huge country, occupying 30<sup>th</sup> place between Guinea and Uganda among the 47 countries of mainland Africa (Briggs, 2004).

The capital of Ghana is Accra, situated on the Atlantic coast, and has a population of about three million people. The second largest city in Ghana is Kumasi, the former capital of the Ashanti Tribal Empire, with a population of about one million. The total population of Ghana is approximately 20 million, with a population density of 80.0 persons per square kilometer.

Once a former British colony, Ghana was the first African country to be granted independence, and Kwame Nkrumah became the first president. Most of the country speaks some English, but at least four ethno-linguistic groupings exist in abundance there, including Fante, Akan, Ashante, Ewe, Mole-Dagbani, and Ga. However, there are at least 75 different African languages and many other dialects spoken in Ghana.

The geography of Ghana is an interesting diversity of low-lying flat areas of below 150 kilometers, to the Atlantic coastline, and then flanked by mountains to the east and west. The eastern highlands, part of the Togo-Atakora range that stretches all the way to the country of Benin, and reach altitudes of over 900 meters near the Togolese border. The highest mountain peak is Mount Afedjato. Most of southern Ghana is naturally

covered in rainforest, while the central and northern parts of the country consist of savannahs, which are drier and more sparsely vegetated.

## **Historical Background**

The study of ancient history of Ghana recognizes that humans have been living in modern day Ghana for over 300,000 years, and others suggest that humans have lived there for millions of years (Briggs, 2004). The people that occupied ancient Ghana were hunters and gatherers, who lived in small clans of 25-50 people, living a nomadic existence. Some experts believe that the people became more pastoral and agriculturally inclined about 5000 BC. By 2000 BC, cattle and other animals were being domesticated, and several small villages had been established. Around 1000 AD, Ghana was becoming more urbanized, with several villages containing more than 2,000 people (Briggs, 2004).

Ancient Ghana was also the first source of West African gold to be exploited by the Trans-Saharan trade. One Iranian scholar who comprised material for an encyclopedia of the Muslim world wrote the following statement in the year 900:

It is said that beyond the source of the Nile is darkness and beyond the darkness are waters which make the gold grow...to the town of Ghana is a three-month's journey through deserts. In the country of Ghana gold grows in the sand as carrots do, and is plucked at sunrise.

Other stories abound, that tell of Ashanti Kings dressed in gold, and his entire court elaborately adorned with it (Reader, 1997). Prior to the arrival of the Portuguese in the late 15<sup>th</sup> century, merchant caravans would cross the Sahara desert from the North to the South, bringing such things as salt, fine cloth, and other luxury items which they would trade for goods like gold and ivory. These trade routes are thought to have existed as far back as 500 B.C. The area has always been a chief source of ivory, gold, and Kola nuts. These same products prompted the spread of Islam into West Africa, and later, led to the arrival of the Portuguese, who sought the same items (Reader, 1997).

In more recent history, Ghana was essentially at the epicenter of European maritime trade out of West Africa, while the Ashanti Empire gave political and social cohesion to much of the area. The modern state of Ghana did not officially take place until 1873, as it became a British holding, then known as the Gold Coast Colony.

## **The Atlantic Slave Trade**

Along the coast of Ghana, there are over sixty European forts and castles which are reminiscent of the long-standing and horrific Atlantic Slave Trade. This is indeed true of the entire Western coast of Africa, from where the Sahara desert ends in the north to the Cape of Good Hope in the south. Cape Coast Castle served as the British headquarters in Africa who was involved in the Atlantic Slave Trade, along with the Portuguese, the Spanish, the French, the Dutch, the Danes, and the Swedes. Most of these castles are still standing, and Cape Coast is now a UNESCO World Heritage site.

The Transatlantic Slave Trade was the greatest forced migration in history. From the mid-fifteenth to the late nineteenth century, over 11 million people born in Africa were carried across the ocean. About 3 million of those were taken by ships belonging to British merchants. Nearly a million enslaved Africans went to Jamaica alone. Life was extremely difficult on the slave ships, where captured Africans would be subject to fears of shipwreck, epidemics, and hungry sharks. Large numbers of sharks were known to follow slave ships for hundreds of miles, waiting for rebellious Africans to be thrown overboard, or waiting for those who were willing to swim to safety at any cost (Rediker, 2007).

In Ghana, in particular, Cape Coast was a major transition area for the Atlantic Slave Trade. Today, its walls still hold secrets long held of abuse, death, living in excrement in dark dungeons, followed by walking through what was known as the “Door of no return,” as they were eventually loaded onto a slave ship bound for the Americas.

In examining the numbers of Africans sent as slaves from West Africa, it becomes an eye-opening experience. The sheer numbers reveal a booming enterprise for over 200 years. For example, between 1601 and 1650, over 503,000 Africans were kidnapped, imprisoned, and shipped through the famed “middle passage” to America. In the following years, between 1651 and 1700, another 750,000 Africans were shipped. Beginning in the seventeenth hundreds, the numbers increased drastically. In the years 1701-1750, the numbers of Africans shipped increased to well over 2 million, and the fifty years that followed, almost 4 million were shipped. Most of these shipments were made by the Portuguese and the British. The Portuguese accounted for over 46 percent of those numbers, and the British made up 28 percent. The rest of the smaller percentages were performed by The French at 13 percent, followed by the Dutch with 5 percent and even the United States settled in at 5 percent.

Most of these Africans were shipped to Brazil and Jamaica. In fact, 41 percent of the total numbers of slaves were sent to Brazil, and 11 percent of the total went to Jamaica. Other destinations were the Spanish Caribbean, Barbados, English-speaking North America and other Caribbean locations.

## **Effects on Ghana**

According to scholars, the effects of the Atlantic Slave Trade on Ghana were devastating, draining their societies of the fittest, most capable young men and women in the population (St. Clair, 1999). Since more men were taken than women, the Atlantic Slave Trade in Ghana resulted in a gender imbalance by as much as 25 percent, and a total population decline of over 10 percent.

## **Visiting Slave Castles**

Walking through these slave castles is an experience one never forgets. They are hot, stifling, dark places, and the guide that took us through Cape Coast Castle put us in the dungeon and closed the door. Immediately, we fell into a darkness that was so complete that we were overwhelmed both mentally and physically. The atmosphere was ghostlike, and unnerving, knowing that people were held here against their will, with no alternatives. They would be chained together, naked, and forced to stand in their own excrement until ships showed up to transfer them to the Americas as slaves. In some of the dungeons, brown stains still exist waist high from the human excrement that captured Africans deposited there over the years.

## **Modern Ghana**

### **Religion**

Freedom of religion is a constitutional right in Ghana, and Islamic populations and Christians live side by side in relative tolerance. The largest group of religious believers in Ghana is Pentecostal, or Charismatic Christians, and they represent about 24 percent of the population. Protestants number about 18.6 percent, and Muslims represent about 15.6 percent. The rest of the numbers are made up of Catholics, and traditional tribal believers. Catholicism was introduced by the Portuguese in the late 15<sup>th</sup> Century. However, as the Portuguese departed Ghana in 1637, their influence waned.

## Standard of Living

### Poverty

Just to say that someone in some country is poor really doesn't mean anything. There are poor people everywhere, even in richer countries. Poverty can actually be measured, and the World Bank has defined an international standard for analyzing poverty around the world. The World Bank, established in 1944, is headquartered in Washington, D.C., with more than 10,000 employees in more than 100 offices worldwide. The World Bank is an international financial institution that provides loans to developing countries for capital programs. The World Bank's official goal is the reduction of poverty (World Bank, 2000).

Poverty is usually measured as either *extreme*, (absolute) or *moderate* (relative). Currently, the World Bank has set the international poverty standard as living on less than \$1.25 a day for *extreme poverty* and \$2.00 per day for *moderate poverty*. It estimates that "in 2001, 1.1 billion people had consumption levels below \$1 a day and 2.7 billion lived on less than \$2 a day."

While in some quarters, Ghana is the shining light of Africa, it still has a long way to go, economically. Ghana has 30 percent of its population still living below the poverty line, which estimates their income at less than 1.25 US dollars per day. Education is also lacking there, with only about 45 percent of the children attending secondary schools.

Some other appalling facts about Ghana, is the lack of safe water and sanitation. Nineteen percent of households do not have access to toilet facilities, according to the Ghana Living Standard Survey taken in 2007. Only ten percent of the households have flushing toilets. According to the report, most households use a pan or a bucket for their toilet needs, and another 31.5 percent use a pit latrine.

The situation in the rural areas is even worse, with only 1.5 percent of households having access to flushing toilets. In the rural Savannahs, 69 percent have no access to toilet facilities. When it comes to sanitation, Ghana is hurting badly for a new system. Currently, according to the report, 58 percent of all households in Ghana dispose of their refuse by public dumping in pits, valleys, streams, rivers, or in the bushes somewhere. Another 8 percent of the population burns their refuse, while another 4 percent buries it (The Ghana Living Standard Survey, 2007).

In a recent Supreme Court decision, Ghana has banned the use of the pan latrines, and has outlawed hand-carrying excrement in the capital city of Accra, and will be phasing this activity out during the next five years.

It has also ordered the construction of 1500 public toilets within the same time period.

### **Health Issues**

One fact of life in Ghana is dealing with several health issues. Malaria is a potentially fatal disease transmitted by a specific type of mosquito, the *anopheles genus*. Malaria still claims about three million lives a year, with about 90 percent of the deaths reported in Africa. Poor countries in Africa lack the means to fight malaria. Ghana had 7.2 million cases of malaria in 2007, and malaria in Ghana results in 22 percent of deaths of children under the age of five (WHO, World Malaria Report, 2010).

There are three principal ways in which malaria can contribute to death in young children. First, an overwhelming acute infection, which frequently presents as seizures or coma (cerebral malaria), may kill a child directly and quickly. Second, repeated malaria infections contribute to the development of severe anemia, which substantially increases the risk of death. Third, low birth weight which is frequently the consequence of malaria infection in pregnant women constitutes the major risk factor for death in the first month of life. In addition, repeated malaria infections make young children more susceptible to other common childhood illnesses, such as diarrhea and respiratory infections, and thus contribute indirectly to mortality.

AIDS in Ghana has also been a major problem, and has directly influenced the number of orphans in the country. In 2002, there were 330,000 people between the ages of 15-49 that were living with HIV/AIDS, and another 34,000 children between 0-14 years of age. A total of 28,000 people died in Ghana from the disease.

With all of these health situations to deal with, it only stands to reason that orphanages are not going to be ideal places to raise children. They are not going to be able to receive the type of medical treatment they need for various diseases, which run rampant through these orphanages. More children are likely to die as the problems continue inside these facilities.

While there are vast numbers of children living on the streets all over Ghana, and while extended families take care of a large proportion of orphans there, it is inevitable that the numbers of orphanages will be increasing. As grandparents reach the end of their lives, children will again be handed off to another set of family members if they have anyone else who can care for them, or they will become wards of the state, and will eventually end up in one or more orphanages.

## **Economic Factors**

### **The Gini Index**

According to some statistics, such as the Gini Index, there is a great deal of inequality that exists in Ghana. These are general measurement indicators that help determine how countries are faring around the world. The Gini Index is a standard economic measure of income inequality. A society that scores 0.0 has perfect equality of income distribution. A score of 1.0 indicates total inequality, where one person has all the income in the country.

The Gini Index can also be used to determine such things as land inequality, as well. Land inequality rates would be important to determine poverty and lifestyles in poorer countries. For example, having no land means a person is at the mercy of landowners for their jobs or food. There is more land inequality in Latin America, with Africa being very close behind.

The Gini coefficient can also help to determine and compare income distribution for different countries over time, as well. Currently, the Gini Index in Ghana is approximately .40.

### **Sub-Saharan Africa**

In comparing the figures in the inequality equation, other countries in Sub-Saharan Africa are much worse than Ghana. Sierra Leone, for example sits around .63, while Namibia is .70, Botswana comes in with a Gini index of .63, South Africa at .65, and Zimbabwe has an index calculated at .50.

### **Fertility Rates**

The term total fertility rate is used to describe the total number of children the average women in a population are likely to have based on current birth rates throughout her life (United Nations Population Division, 2009). The number ranges from more than 7 children per woman in developing countries in Africa to around 1 child per woman in Eastern European and highly-developed Asian countries.

Associated with total fertility rate is the concept of replacement rate. The replacement rate is the number of children each woman needs to have to maintain current population levels or what is known as zero population growth for her and her partner. In developed countries, the necessary replacement rate is about 2.1. Since replacement cannot occur if a child

does not grow to maturity and have their own offspring, the need for the extra .1 child (a 5% buffer) per woman is due to the potential for death and those who choose or are unable to have children. In less developed countries, the replacement rate is around 2.3 due to higher childhood and adult death rates. Currently, the fertility rate in Ghana is approximately 4 children per family.

Total fertility rates are closely tied to growth rates for countries and can be an excellent indicator of future population growth or decline for a country or for a population within a country. Developed countries usually have a much lower fertility rate due to greater wealth, education, and urbanization. They also have better access to birth control. For example, the total fertility rate for the United States is just below replacement value at 2.09 and the total fertility rate for the world is 2.59, down from 2.8 in 2002 and 5.0 in 1965.

Although the *rate* of growth has been declining since the 1960s, global population grows each year by approximately 80 million people, or the equivalent of the population of a country the size of Germany. Nearly all of this growth is concentrated in the developing nations of the world, in many of which fertility rates remain high.

## **Sub-Saharan Africa**

As we again compare figures with some other Sub-Saharan African nations, we see the figures much higher in the region: Sierra Leone sits at 5.88 children per family, while Mali is at 7.29 children per household. Angola, Somalia, Ethiopia, and the Democratic Republic of the Congo all come in with figures over 6 children per family, while Zambia, Mozambique, Malawi all are sporting numbers of 5 or higher.

## **Why Care About Fertility Rates?**

High fertility can impose costly burdens on developing nations. It may impede opportunities for economic development, increase health risks for women and children, and erode the quality of life by reducing access to education, nutrition, employment, and scarce resources such as potable water. Furthermore, surveys of women in developing countries suggest that a large percentage--from 10 to 40 percent--want to space or limit childbearing but are not using contraception.

This finding indicates a continuing, unmet need for contraception. Historically, voluntary family planning programs have been very effective in filling this demand for contraception and by doing so helping

developing nations to moderate high fertility rates. For example, Mexico was able to reduce its child fertility rate from just over 6, to about 4 by utilizing family planning techniques (Hicks, Johnson, & Rodriguez, 1990).

Currently, most of the world's population growth occurs in poor, developing nations, which are least able to support rapid population growth and whose socioeconomic development is most likely to be hindered by high fertility. In most of these nations, fertility rates remain high. Sub-Saharan Africa in particular has experienced less change than Asia or Latin America: Its total fertility rate is almost at 6.0, notwithstanding a downtrend in a few countries such as Kenya, Zimbabwe, Ghana, and Zambia. In Nigeria, the continent's most populous nation, the average woman will give birth to 6.5 children in her lifetime.

## **The Black Star**

Taking a good look at most of the statistical data on Ghana is very revealing about the country. It is poor, it has health issues, it has sanitation problems, as well as a lack of safe, potable water. However, it also served as the model for independence for the rest of Africa. Ghana was indeed a pioneer, as it became the first independent former colony in Africa on March 6, 1957. Kwame Nkrumah became the first president of Ghana, and officially changed the name to Ghana, replacing the former Gold Coast designation.

Kwame Nkruma was born in Ghana, but was educated at the University of Pennsylvania, in the United States, where he received a master's degree in education. He became one of the first African Statesmen, where he was principal in establishing Pan-Africanism. He led the country until 1966, after the United States government became dissatisfied with his socialist and communist leanings. He was later exiled, and in replaced by a dictator, but in the meantime, during his presidency, he led the way for other African countries to begin pursuing their freedom from European colonialism.

Nkruma is still highly regarded in Ghana, and his museum and memorial museum is an intellectually stimulating place to gather information and review his life.

Even today, while Ghana suffers from numerous problems, it is still attempting to rise above its dilemmas. As I began to explore the orphanage problems in Sub-Saharan Africa, I began in Ghana because it was not rife in war and conflict, and the people were accepting and friendly. While many problems will be highlighted in Ghana in later chapters, it is important to note that those problems are much worse in

other parts of Sub-Saharan Africa. Today, Sub-Saharan Africa is the poorest region on earth, and its growth and development are at risk.

## Poverty in Sub-Saharan Africa

In this book, I will make references to the terms “developing world,” “as well as “third world.” Most of these terms are used to describe the region known as Sub-Saharan Africa. The term *Third World* was originally coined in times of the Cold War to distinguish those nations that were neither aligned with the West (NATO) nor with the East, the Communist bloc. Today the term is often used to describe the developing countries of Africa, Asia, Latin America and Oceania (World Bank Group, 2011).

The United Nations has been chiefly responsible for gathering data each year to help measure the progress of these developing nations. The Human Development Index, (HDI), for example, is published annually by the UN, and has become a chief source of information in my quest for data. The Human Development Index actually measures the average achievements in a country in three basic dimensions of human development: (1) a long and healthy life, as measured by life expectancy at birth, (2) knowledge, as measured by the adult literacy rate and the primary and secondary education levels, and (3) a decent standard of living, as measured by GDP per capita.

It’s also very surprising for people to learn what is known as the “irony of poverty.” In developing countries, people die from such things as hunger and not enough food, while people in the developed countries die of too much food.

When looking at such figures, it is sometimes appalling to note the differences between those third world nations and some of the richer nations, like the United States. For example, we see that the *Life Expectancy Rate at Birth* in some countries like Zambia is only 32, compared to the high 70’s in most rich countries. Sierra Leone has a life expectancy of only 34. The life expectancy in Ghana is 59 for men and 61 for women.

When I was traveling in West Africa, I was amazed that everyone kept getting up and letting me have their seat on the buses, and letting me go to the front of the line in banks and other establishments. I was surprised to learn that it was because I was considered a very old man there as I was in my late fifties.

There are also those countries known as “Least Developed Countries, or LDCs.” The least developed countries (LDCs) are a group of countries