

# **CAS**

## **CATHOLIC ACTION FOR STREET CHILDREN**

**P.O. BOX 709 MADINA – ACCRA- GHANA.**

### **SOME MOTHERS AND BABIES OF KONKOMBA MARKET SHANTY: A PRELIMINARY SURVEY REPORT MARCH 1996**

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KONKOMBA MARKET SHANTY is arguable Accra's biggest shanty town. It is situated on the south side of the Fadema road opposite Ashiedu Keteke market.

CATHOLIC ACTION FOR STREET CHILDREN (CAS) is an agency that works exclusively for the Street Children of Accra. It opened the first ever day Refuge for the children in 1993 at Adedenkpo (James Town) in a warehouse rented from the Ghana Merchants Company. CAS more or less discovered the Street Babies of Konkomba in October 1994. We saw the dangerous conditions of the babies and children and realized we had to assist.

This led to reword its objectives. Instead of "caring for Street Children between the ages of 7-18 years", CAS now states that it must care for Street Children between 0-18 years. The Street babies of Konkomba are the new Street Children of Accra. It became clear in 1995 that CAS could not continue to shirk the problem of these children. 3 "crèches" were built in the western corner of konkomba to start offering some help to let these babies live and grown with dignity. Part of Konkomba is a rubbish tip. The "crèches", wooden sheds, are built on that tip to allow the babies spend their day in more hygienic circumstances.

No health care services are in place in the market shanty and the nutrition status of the children appeared to be of a low order. CAS asked UNICEF if a nutrition status survey could take place. By October 1995 it was obvious that our estimate of the total population of the Shanty was wrong, hence the numbers of babies and small children were not too accurate.

CAS decided to commission its own preliminary survey of the Shanty, and concentrate on one area it knew best, the area of West Konkomba. This survey was conducted entirely by CAS staff and funded by the CAS Board. It is not a place of academic work but rather a work tool to see how to proceed further to care for the hundreds of street Children and Babies who live there.

The findings have been acquired under normal social research methods. But some of them are challenging and disturbing. The mothers of these children and babies do not go back home any more: there is even less to go home for than there is in Konkomba.

The children have no health checks at all: nearly 50% of all the mothers have never even been to school. Many of the mothers are anxious to learn a skill. The vast majority of them want their children to go to school somewhere.

We wish to present this as a first part of our report on the shanty. It is hoped to conduct part 2 at end of 1996. As with all shanty towns everything is illegal and it could well be that some of the shanks may not exist by the end of this year. The whole area belongs to Central Government and Accra Metropolitan Assembly. This makes every building, wooden, tin or block made, illegal. It is all part of the "alternative Africa" that is the world of Street Children.

## KONKOMBA MARKET SHANTY TOWN ORIGINS

The majority of people in Accra will know the area as the 'Konkomba Yam market'. CAS has given it the name 'konkomba Market Shanty Town'. It is situated on the south side of the Fadema Road which is surrounded by the Korle-Lagoon. The word 'konkomba' now serves to remind us that some of the best yams in Ghana are grown in Konkomba heartland of North Eastern Ghana.

Let us back track a little. The area of the shanty (appr.1/2 sq. kilometer) has always been a place of recreation and of small hamlets belonging to the Gas.

The area is still known to the older GA people as Korle-Lagoon flows. The main road running past Konkomba is the Fadema Road. Fadema is Hausa for a particular kind of grassy swampy ground and has entered the geography books as such. So Konkomba was once an open, swampy place of land situated on the northern tip of the Korle-Lagoon. We have to admit that as of now we, and many others, are not sure when the yam market grew into a significantly large size. 25-30 years ago it was very small, today the yam market is dwarfed by all the other activities going on. There is quite a myth abroad that the land was parceled out on a temporary basis in 1994 to help Northern peoples live safely as a result of the ethnic conflicts occurring in their region. This we have to say is a little far fetched. It is safer to speculate that as the streets became crowded and as the numbers of people arriving in Accra grew larger the accommodation extended from the streets to the markets and from sleeping under a market table a shanty, shack grew. That a large number of women living in Konkomba market are Northern women is witness to the fact that many are kaya girls.

The Konkomba market is a fast growing shanty. It has been in existence for a long time. It derived its present name owing to the economic activity of the yam traders.

The area is in fact made of dwellings as well as a place to earn a living. The yam market is on the North Eastern part and the New Hawkers Association market (which is very new) is occupying the North West part. There are a number of Garages in the Central part.

The most densely populated area is the Southern and Western part. The inhabitants majority of whom come from the Northern part of Ghana manage to earn a living through all sort of economic activities. There are other inhabitants who come from other parts of Ghana, but they in fact form the minority.

Majority of the inhabitants are made up of mothers and children. The children are usually left on their own, for mothers who cannot afford to pay child minders to take care of them.

ACCOMMODATION: From time to time those who go to their villages bring in their friends when returning to Accra. They have to find accommodation. Initially they have to add up to the already large number occupying a small single room measuring about ten feet square and made of WaWa board. After some time they have to look for their own room. For those who wish to acquire a wooden structure, they first have to see one of the six caretakers of the land. The land actually is said to be the property of the Accra Metropolitan Assembly, however, Dr. Bart Plange, an elderly medical practitioner, states that the land belongs to the Ga, Gbese and Korle stools. All the illegal structures one sees at the area have actually been given by the custodians of the stools. The upshot is that officially every building in Konkomba whether shack dwelling or market concrete shed, is erected illegally. The bulldozers can come any day and level the whole place in preparation for a recreational area.

For a small wooden structure one has to pay about sixty thousand cedis (March 1996) for the space and an additional sixty thousand cedis to have the wooden structure put up. Having paid all these a tenant is required to pay five hundred cedis each month to the caretakers.

LEADERS: There are leaders for the various groups, however, these leaders only act as opinion leaders and that is all. The area is not a well organized community, one does what one pleases. No one has control over the other.

#### THE ENVIRONMENT

There are often problems that the inhabitants face. This includes flooding when it rains. The area is very clayed and it is difficult to move around with the least rain. The environmental conditions are fast deteriorating; the area has become a dumping site for solid waste and this is posing a serious health hazard to the inhabitants.

In July last year we witnessed a serious crisis when the entire area flooded and mothers, babies and young children were living in deep mud with the threat of cholera and dysentery from the worsened insanitary conditions.

In addition, the frequent bloody fights make the place very unsafe for some of the inhabitants. Some say that they wish they had alternative places to go but since there is none they have to cope with the situation. Fire outbreaks are common and it is usually severe owing to the illegal way electricity has been connected and by the careless nature of some of the inhabitants.

The Konkomba market is made of all characters who try to survive through all possible ways whether fair or foul. The majority of the men there, are very rough owing to the drugs influence in the area. There are serious night activities like prostitution, robbery etc. There are night clubs or pubs they can go to and this has been made possible by some of the inhabitants.

## METHOD OF INTERVIEWING

CAS has been working with mothers and children in the area for a long time and they have trust and confidence in us. The Western part which has been a good old friend to CAS owing to its increasing number of mothers and children from time to time receives all forms of assistance from CAS when they are in difficulty. This made us to work interviewing many of the mothers there. The area was divided into different clusters and from each cluster is a random selected interviewed.

The interview was conducted on a systematic “Man to Man” basis. It provided privacy to enable the interviewee express herself properly.

With the assistance of Ms. Fatima S. Tannagda, a second year student of the University of Tamale, Mr. Ken Amoah interviewed 60 mothers. The languages spoken initially were a handicap because many spoke dialects but with the help of other inhabitants a dialogue was established.

## WHY THEY ARE THERE

Many of the women interviewed said they were in the Konkomba Market as a result of some economic as well as social factors. An insignificant number talked about being there owing to civil strife in their villages.

Where the women come from are small villages. Farming is no longer lucrative in these villages owing to the population pressure to the same piece of land. As there are no other job opportunities other than farming, which is often on subsistence basis they move to Accra for a “Better Alternative”. Some women heard good stories about Accra and in their curiosity to find the truth and also be considered “enlightened”; having being in Accra, the women move down to Accra only to find misery. However, they cannot go back, because if they did, they are sure to be laughed at. They usually stay long, as it takes a very long time for them to acquire the material things they have longed for.

Some of the women have problem with their marital partners. They usually feel very uncomfortable with their co-wives. Others simply ran away just because they do not want to be enslaved by their rivals and husbands. There is also another group that cannot go home because they did not have their children the “right” way and this is considered a taboo; for an unmarried ( young) woman to have a child usually without a father or husband is a disgrace, they adopt the Konkomba Market as their “new home”.

## EDUCATIONAL AND SOCIAL BACKGROUND

Majority of the women (75%) interviewed had not been to school and the few that had the opportunity dropped out either because they could not afford it or educating women was not considered necessary in their various areas that they come from.

Majority of the women interviewed are actually not culturally married because most of them when asked about how soon their men were going to “see” their parents, they responded, “very soon”. Though during the interview most responded in the affirmative when to say so. They actually have boy friends and not husbands. (contrast of 75%).

As a considerable number of the women interviewed were single parents, they had to take care of their children all alone (92%). It is only a few who had the “husbands” taking care of the children. (38%).

Some of the Frafra women interviewed either came with the men to the Konkomba market or they met them there. There is one thing in common with both. They are either selling chicken or working in the ‘chop bar’.

One interesting thing about the other ethnic groups especially the girls from the Eastern Region is that they met their men in the streets.

Majority of the women from the Northern Region are in the Kaya business, those from the Upper East are either in the Kaya business or in the ‘chop bar’. Others are either in petty trading or in prostitution. In order to make extra money some of the young girls establish contacts during the day and offer their services at night.

“It is very difficult to make enough money these days”, says one young woman. The reason being that there are too many of them in a particular job and the competition is so high that it becomes survival of the fittest. The harassment of the city authorities is another factor which makes their work difficult.

Majority do not save more than a thousand cedis each day because they do not earn enough. A greater portion of each day's income goes into feeding and other daily needs such as water, toilet, etc.

Many of the women have been living in the Konkomba Market from six months to six years (18%-1995). It has become a permanent home for many who consider it the only place to make a home. Owing to the environmental as well as living conditions many of the women and their babies especially often fall sick. It is however, unfortunate the method of treatment they practice. Since they always try hard to add to their savings, they try to find the cheapest way of treatment when sick, though this can be extremely dangerous anyway. Some of the women expect sickness or diseases to naturally go as they come. It is only when it becomes serious that they get rushed to the hospital or clinic.

Even that makes the problem the same, because they cannot afford prescriptions which they consider too expensive. Many actually prefer self-medication. There are men who go around with leather bags containing all sort of medicine ranging from pain killers to antibiotics. They sell to the women their request without diagnosing. The women usually just buy two tablets of pain killers and either one or two capsules of antibiotics and hope that they would be cured.

Some of the women get pregnant from men from their villages or in Accra. They are usually ignorant about maternal and child health care. They hardly visit clinic or hospital when they are pregnant. Most of them prefer going to have their babies in their villages because there they can have some support and financial assistance from friends, family members and other well wishers. However, just when the child is a few weeks old they come along with them to the streets of Accra. Those who cannot afford transport fares to their hometowns are compelled to rely on friends in the street when they have their child.

Most of the children have not been immunized (28%). Some has just one does and forget about the rest. Some interviewed were found not to know the essence of immunization, they in fact did not find it necessary.

The children especially new babies are not breast fed properly because the mothers cannot breast feed when they are busy working. Some try to in-between hours manage breast-feeding, but even this is not done adequately because they usually have to stop in order to offer their service.

There are some who leave their babies in the care of other small children. They try to breast feed before they go to work at dawn and after they return late in the evening. In addition it is difficult for the women to observe proper hygiene in breast-feeding. The result is the children (babies) develop severe diarrhea.

#### OBJECTIVES OF THE STUDY

The general objective was to work out why and how people lived in Konkomba anyway. Was it (is it) an extension of the street? Is a shanty town the next best thing to a pavement a sidewalk or a space under a market table?

At the core however was the worry over the health of a large number of babies. The daily awareness of our social workers that all was not well with the babies had to be examined. We were anxious, thirdly, to see the life style of the mothers of these babies and small children: their work and earnings: their aspirations for their babies.

Fourthly we needed to test our own perception of Urban migration. Was it time that the old received wisdom of rural-urban migration in Ghana, that everyone went back home and conducted their lives in a cyclical fashion, was out of date? That Urban migration in Ghana was now in a straight line? You arrived in the city ex. Village, and never went back. Lastly we wanted to know more clearly what our role with these Street Babies should be.

## SURVEY DESIGN AND IMPLEMENTATION

It must be said from the outset that our survey work used two methods: Simple stratification in one area of Konkomba followed by a random sample inside the basic stratum and a simple observation exercise over a two-week period.

### 1. STRATUM AND SAMPLE

Our aim was clear so our stratum was well defined: Women and Girls with babies and children under five who have to leave them every day except Sunday to work. The stratum was further defined by the geography, we took the western area of Konkomba because we know it best of all. At the time of stratification we didn't know the whole area well as we do now. CAS was linked with the West. The random sample then took the form of picking rooms in the long shackys of the Western side using the arbitrary (and "littery" picked) number of every seventh dwelling.

80 women were chosen. Why 80? Simply from running out of time with a main interviewer and running out of money.

A deeper reason stemmed once more from our lack of knowledge of just how densely packed the population in Konkomba was. To pick 80 women for interview on a projected total population figure of 2000 is not too bad. But we discovered that the Western section has in excess of 6000 people.

Of the 80, 66 responded. Of the 66, 60 interviews were accepted. The interviews were long and well made and we think our findings from them have not inconsiderable experience.

Initially we tried to follow the text books quite rigidly. Attempts at 'piloting' were made but abandoned as the sensitivity of the inhabitants of Konkomba is too fine to allow a non-stop interviewing practice.

We wanted to use the women as interviewers but again abandoned the attempt as it appeared to cut them off from their peers. All in all 10 women were approached, pre-survey (piloted) and lessons for the actual work were well learnt. Above all many wanted a female stranger conversant in many languages that they could trust. Consequently the manager of the survey and three more senior Konkomba women agreed to use a Northern, female student of Social Welfare. The result was satisfactory.

## 2. OBSERVATION

We decided within two days of starting the interviews in the Western sector of Konkomba that the whole area needed. We had a number of staff workers conversant with parts of Konkomba. We combined the two and sent them in day after day with their check list in their heads and their eyes cast wide.

The result was quite exhilarating and we print their findings as they learnt. We now can say that the population of the area is about 28,000: we know the areas of trading: of living: of sex- work: of drugs. We know the kinds of dwellings: the density of population per room: the chop bars, churches and crèches. The fact that there are more drinking sports than water taps. Above all our observation technique showed that trying to unravel a shanty town in order to survey it well is a very difficult task.

## 3. CONSTRAINTS: FAILURES: PROBLEMS:

Constraints: Time, Finance and Personnel.

Failures: Failure to “Read” the areas of Konkomba well enough from the beginning.

Problems: A definite bias has to be admitted to. Of the fourteen workers involved only one (the Northern, female interviewer) could claim to be fully objective. The rest of us were committed long ago to looking at the plight of the Konkomba Babies.

## CONCLUSION:

The figures and comments and the constant themes coming from the observation notes show well enough that many babies and small children are in need of instant medical attention in Konkomba.

The majority of all mothers in Konkomba are illiterate. They do not go home any more and they are anxious to give their small children some care and schooling. They have to work hard 6 days a week but they are still the mothers of fine babies who are in trouble. If CAS had ever thought of leaving Konkomba it now cannot. The survey has bound us to it more tightly.

Two pictures to conclude to show that the shanty is indeed an expansion of the street.

At a recent meeting between health workers (Govt. and NGO's) and CAS a Public Health nurse said: “Perhaps we should not vaccinate the babies in the CAS crèches in the Western sector because of the enormous number of flies on the nearby rubbish tips. We should go elsewhere in Konkomba”. The senior CAS worker in Konkomba had to intervene and gently remind the nurse that the whole of Konkomba is a rubbish tip and that in some areas during the day you can't speak because you'll eat the flies. So the lesson is vaccinate regardless.

But for all of us working with Street Children is the real lesson that some Government medical services must on some occasions and for some of the time go to the streets or the shanties rather than always make the streets and shanties go to the “normal” health care points. Can we condemn a child to the danger of polio because his “suburb” is a shanty town with too many flies that make vaccination extremely difficult and arduous?.

There is a child mother (15) who sells bread on the corner of the entrance to the yam market. On her back is her baby (8 months old) and close to her is her brother (3) the baby’s uncle. Her mother (32) is a kaya at Makola. Both mother and daughter live in Konkomba west, and both of them have street babies now covering two generations.

## NO. QUESTIONS:

- 1A NAME OF MOTHER
- 1B AGE
- 2A HOMETOWN
- 2B ETHNICITY
- 3 NUMBER OF CHILDREN
- 4 WHERE THEY ARE AND WHAT THEY ARE DOING
- 5 WHETHER MARRIED TO CHILD(REN)'S FATHER
- 6 INFORMATION ON THE FATHER  
HOW BOTH MET/WHERE HE IS NOW/WHAT HE DOES FOR A LIVING/NUMBER  
OF OTHER WIVES OR WOMEN HE HAS.
- 7 DOES FATHER SUPPORT MOTHER AND CHILD(REN).
- 8 WHO SUPPORTS.

## MOTHER'S INFORMATION

- 9 WHAT SHE DOES FOR A LIVING AND WHY THAT PARTICULAR JOB.
- 10 HOW MUCH SHE EARNS.
- 11 HOW MUCH SHE SPENDS: FOOD, RENT, ETC.
- 12 HOW MUCH SHE SAVES.
- 13 MOTHER'S EDUCATIONAL BACKGROUND.
- 14 WHY MOTHER CAME TO ACCRA AND HOW LONG SHE HAS BEEN THERE.
- 15 DOES SHE INTEND GOING HOME FOR GOOD.
- 16 FUTURE ASPIRATION.
- 17 LIVING IN ACCRA COMPARED TO HOME.
- 18 DIFFICULTIES AND PROBLEMS ENCOUNTERED.
- 19 WHY NOT AT HOME FOR X'MAS.
- 20 IS THERE A LEADER WHO HAS CONTROL.
- 21 HOW SHE FEELS ABOUT AREA GOING TO BE BROKEN DOWN.
- 22 WHAT THEY DO WHEN SICK.
- 23 CHILD'S AGE.
- 24 WHERE CHILD WAS BORN.
- 25 HAS CHILD BEEN IMMUNIZED?
- 26 HOW DOES SHE MANAGE BREAST FEEDING
- 27 WHERE CHILD IS LEFT WHEN WORKING AND WHO IS IN CHARGE.
- 28 HAVE THEY HEARD FROM OUR WORKERS AND THE CRECHE?
- 29 DO THEY SEND CHILDREN TO OUR CRECHE?
- 30 OTHER INFORMATION.

- INTERVIEWS
- KNOWLEDGE OF CAS.
  - FREQUENCY.
  - AGE OF GIRLS AND WOMEN.
  - PLACES OF BIRTH.
  - MEETING PLACE OF MAN AND WOMEN.
  - STATE OF MARRIAGE.
  - SUPPORT.
  - OCCUPATION.
  - SAVINGS.
  - INCOME.
  - EDUCATIONAL BACKGROUND.
- PART TWO:
- DURATION OF STAY IN ACCRA.
  - MEDICATION.
  - VISITS TO HOMETOWN.
  - ACCOMMODATION.
- PART THREE:
- NUMBER OF CHILDREN.
  - AGE OF CHILD.
  - WHERE BORN.
  - BREAST FEEDING.
  - IMMUNIZATION.

1 Knowledge about CAS	6	Know about CAS	10%
	52.8	Does not know	88%
2 Interviews	60	Interviewed	
	6	Rejected	
	4	Refusals in the west	
	10	Refusals in the east	
3 Age	46.8	Age unknown	78%
	6	Below 20 years	10%
	8.4	Below 30 years	14%
	3.6	Above 30 years	6%
4 From where?	31.2	Northern region	52%
	9.6	Upper region	16%
	2.4	Central region	4%
	0.6	Western region	2%
	10.8	Eastern region	18%
		Volta region	
		Greater Accra region	
	3.6	Ashanti region	6%
		Upper west region Brong Ahafo region	
5 Where did the man and woman meet?	12	In Accra	20%
	46.8	Outside Accra	78%
6 Married?	46.8	Are married	78%
	14.4	Have a boyfriend	24%
7 Support?	22.8	Man support child	38%
	31.2	Does not support	52%
8 Nature of Job?	25.2	Kayakaya	42%
	7.2	Self employed	12%
	21.6	Hawker	36%
		Prostitute	
	3.6	Chop bar cleaner	6%
	3.6	Unemployed	6%
9 Saving Cedis.	49.2	Between 500-1000	82%
	6	1500-2500	10%
	1.2	3000 or more	2%
	1.2	No savings	2%

10 Earning Cedis.	33.6	1000-2000	56%
	14.4	More than 3000	24%
11 Education	46.8	Never in school	78%
	14.4	Primary level	24%
	3.6	Middle level	6%
12 Duration of stay	30	One year in Accra	50%
	16.8	More than 1 less 3	28%
	10.8	More than 4 years	18%
13 Medicate	39.6	Self medication	66%
	21.6	Clinic/Hospital	36%
14 Visit	58.8	Not at home for x'mas	98%
15 Sleeping	24	More than 10 in room	40%
	13.2	Less than 10	22%
16 No. of children	28.8	Only one child	48%
	12	Only two children	20%
	21.6	Three or more	36%
17 Age child	31.2	Child age 2- below	52%
	24	Above 2 years	40%
18 Where born?	12	Born in Accra	20%
	42	Outside Accra	70%
19 Breast Feeding	25.2	Adequately	42%
	21.6	Inadequately	36%
20 Immunization	42	Child immunized	70%
	8.4	Not Immunized	28%

### GENERAL INFORMATION

DATE	18-1-1996	10/1/1996	11/1/1996	17-1-1996	17-1-1996	19-1-1996
AREA	Crèches	Sodom and Gomorra	Central	West	East	North
NUMBER OF SHACKS			800	1250	1300	500
NUMBER OF PERSONS		8 to 10	8	10	10	7
NUMBER OF BABIES	9-25 in each crèche					
NO. OF SICK BABIES						
NO. OF MARRIED PEOPLE						
NO. OF UNMARRIED						
DRINKING BARS						
CHOPBARS						
VIDEO CENTRES						
CHURCHES						
SCHOOLS						
MEN -AGE	18-25				14-20	15-21
WOMEN- AGE		22-30				15-21
BABIES - AGE	4 months-	4years				
SICKNESSES OF BABIES	Malaria- diarrhea -worms					
PERSONS INTERVIEWED						
IMMUNIZATION						
TRIBES	Dagomba-Frafra-Akans-Nigerians-Sisala-Wala-Ewe's-Togolese-Gonjas-Kanjaga-Hawusa-Ga's-Gonjas-Fantis-SierraLeonians-Dagabas					
LANGUAGES SPOKEN	Twi- Ewe- Ga- Dagbani- Fanti- Houssa- Nzima- Balsa- Mamprusi- Wala-Frafra- Kassena- Dagari- Sissala.					

General remarks:

Area and buildings:

- Area has no drainage- water logged.
- Buildings are on top of rubbish heap.
- There are few latrines.
- Water supply is poor and illegal.
- Most people have built the structure themselves.
- They pay to the landlord- 500 Cedis
- Eight workshops are in area.
- Sanitation is poor.
- There are many flies and mosquitoes.
- Shacks are built with WaWa boards and covered with roofing sheets.

- Floors are cemented.
- Ventilation in the rooms is poor.
- Garbage all over the place.
- Some shacks have electricity others use candles and lanterns.
- There are pens for sheep and horses.

Babies:

- Do not receive good breast-feeding.
- Are poorly clothed.
- Many young girls have babies.
- Many suffer of malnutrition.
- Many bring their babies from the village.

Inhabitants:

- Some civil servants take shelter in the area.
- Akan live together with their partners.
- Dagombas live alone.
- There are more adults than children in the area.

Occupation:

- Many girls but also boys are involved in prostitution.
- Drug addiction.
- There is a lot of business / close to the yam market.
- Carrying goods in markets – kayakaya.
- Some persons used the area as a hide-out.

Conditions:

- 90% does not cook themselves but buy food.
- Adult want to be literate.
- Mothers pay to the minders.
- Many babies are not registered.
- Many men have more wives.
- Women do not receive sufficient support from husbands.
- They assist each other financially.
- Many are not married.
- Persons pay for water.

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