

“If she looked after you when your teeth came out, you should look after her when her teeth are falling out”



Understanding the role of social security arrangements in urban livelihoods. Case study: Kaneshie Market, Accra, Ghana



Radboud Universiteit Nijmegen



Thijs den Heijer

**Master Thesis
Human Geography:
Globalisation, Migration
and Development**

“If she looked after you when your teeth came out, you should look after her when her teeth are falling out”

Understanding the role of social security arrangements in urban livelihoods. Case study: Kaneshie Market, Accra, Ghana

Author:

Thijs Ruben den Heijer
Studentnumber: 0800228
Human Geography
Specialization: Globalisation, Migration and development
Nijmegen school of Management
Radboud University Nijmegen

Supervisor:

Prof. Dr. Lothar Smith

Internship supervisor:

Prof. Dr. George Owusu

Explanation of the Title:

‘Wanhwè wo ama wo se afifiri a, hwè no na ne se ntutu’ (‘If she looked after you when your teeth came out, you should look after her when her teeth are falling out’) is a Twi saying, that emphasizes the importance of intergenerational reciprocity in social security arrangements in Ghana.

In loving memory of:

Mr. Ausgustus Davis Djan

Hannah Ama Antwiwaa

Herman Woltering

Acknowledgement

There is an endless list of people who deserve my deepest thanks for being part of the great time in Ghana and for contributing to my research and thesis. First of all I would like to dedicate this thesis to all the welcoming and friendly brothers and sister, aunties and uncles of Kaneshie Market and Darkuman. Their openness and hospitality is something I will never forget. To thank each of my respondents individually would be impossible. Hence my sincere appreciation goes out to everyone who gave me their time and shared their knowledge about the market and their insights on the phenomenon of social security in Accra.

The always present support and trust in my abilities from my parents, Piet den Heijer and Aletta Gerritsen, has always been very important. The freedom and support they gave me to develop myself means a lot to me. Special thanks also to my brother Maarten. Furthermore, I like to mention Akke, Bernadette, Els, Jacqueline Maas, Peter Kaan and Jan de Bree for their interest and support. Thanks to my Ghanaian host family: Mr. And Mrs. Djan. Kojo, Adua, Yaw, Kofi and Mabel for always taking care of me and making me feel at home in Accra. Moreover, special thanks to my sisters Corinne and Lorna for all the adventures in Ghana and Line Rosenkrands for being the best.

Many thanks also to my supervisor Dr. Lothar Smith for all his help, recommendations, patience and good ideas. I would like to thank the people at ISSER, especially Prof. George Owusu for supervising me in Ghana. Furthermore, I would like to thank Dr. Charles Ackah, Rev. Dr. Adobea Owusu, Dr. Isaac Osei-Akoto and Prof. Clement Ahiadeke for welcoming me at ISSER and helping me out with my research. Mary Kyei should also be mentioned for giving me a warm welcome and showing me around at the campus.

All the informants, who gave me valuable information and linked me to the right people in Accra should be mentioned as well: Yaw Duah of NIMCOSS and Augustine Ganiyu Adams of Global Communities. Eric Nyarko of HelpAge Ghana. Ato Baiden of the Ghana Insurers Association. Dr. William Brown and Phyllis Adwoa Kudolo (Auntie Phyllis) from ADRA Ghana. Kofi Amofa and Genevieve Dorbayi from Nap+ Ghana. I am also grateful to the agents and staff of Star Micro insurance for trusting me and giving me insights in the microinsurance business. Especially Ayham, Seth, Solomon, Kingsley, Evan and Ms. Afua Donkor. Charles Gerhard and Pieter-Paul Gunneweg for sharing their experience and knowledge about healthcare in Ghana.

Many thanks for an amazing and instructive year goes out to my great colleagues and best friends of the tenth board of NSVV FC Kunde: Hans Martens, Sanne van Huet, Jasper Barreveld, Maaïke de Wolf and Linde van de Put. Finally, my best friends since the first day I arrived in Nijmegen: Tarja Meijs, Jelle Eshuis, Nick Middeldorp, Elwin Gerritsen, Suzanne Smeets and Avalon Veldstra, have had a central role in my students life and their friendship really helped me to complete my studies.

Thijs den Heijer, July 2014

Executive Summary

The main goal of my research is to get a holistic understanding of the role of social security arrangements in Accra and of the traders of Kaneshie Market in particular. I want to get an understanding of what people consider as social security, basic needs, important cultural ceremonies, risks and vulnerabilities and what they conceive as major challenges in Accra. This helps to identify the key changes that are taking place in emerging global cities, when it comes to social security measures and could possibly contribute to the development of social security in Ghana and Accra.

Next to that, a holistic understanding of the different social security measures people have and the motivations, choices and backgrounds attached to these measures, is pursued. This helps to discern the role of traditional and new actors of social security in a fast changing and urbanizing global city. The central research question is: What are the social security arrangements pursued by traders at Kaneshie Market and how are they significant for understanding urban livelihood arrangements within a broader socio-cultural, economic and political context?

Social security consists of many features. In this thesis I mainly focus on funerals, health related issues, education (training) and employment¹. Often the social importance of funerals in Ghana is emphasized (Mazzucato et al. 2006; Van der Geest 2000). Issues about the provision and access to healthcare is a global concern and is also of much importance in Ghana. Finally, access to education and employment in an urban context is an important topic in this thesis. Education is often seen as the key to development. Education and training of children lead to better chances and career perspectives in life. Therefore education and employment can be seen as an investment of parents to safeguard their own future and social security.

People in most societies will always be involved in a ‘multiplicity’ of social security relations and they compose a ‘social security mix’ consisting of various arrangements for social security. Especially the choices people make in using different providers of social security and the way in which they compose a particular ‘social security mix’ will be central in this thesis.

In the changing and urbanizing environment of Accra and at the market in particular, people, from different backgrounds and with different incomes, face different social security issues and make use of different measures. People constantly try to maintain or rearrange

¹ In the methodology chapter the choices for these particular arrays of social security will be further explained and underpinned.

social relations in changing circumstances and at the same time try establish new ones to secure their lives. The social, cultural, economic and political backgrounds of the choices they make are the main focus of this thesis.

For the traders of Kaneshie Market social relationships, especially those within families are the most important for support for health related issues, income security, education, employment and funerals. Next to arrangements based on family relations, social networks attached to churches and among colleagues within the market are an important source of support. The enrolment of the traders in formal social security schemes (the NHIS and microinsurance policies) is low. Overall, formal arrangements are less used and valued by traders than arrangements based on social relations.

During funerals the prestige of a family is displayed. Furthermore it is an occasion to show all the good things the deceased person did for his or her family. Finally, the involvement of people before and during funerals can be explained by the fact that funerals are occasions in which people secure and achieve their belonging to particular groups. Involvement and making contributions during funerals has an important social function.

For the traders of Kaneshie Market the support for health related issues is mainly the responsibility of the nuclear family. In chapter five the interconnection of different arrays of social security provided by the family becomes clear. The family is not only important for support for healthcare, but also for other arrays of social security, like education, employment, funerals and weddings. All these arrays of social security provided by the family are connected and intertwined through mutual relations and reciprocity. Next to the family, social networks attached to churches and within the market are an important source of support.

In chapter six the importance of long-term relationships and reciprocity is further emphasized. In this chapter the focus is on income security. Investment in education or training of family members was emphasized to be a key way to try and achieve this. Parents invest in education of children for their own future and to make sure that they can have a good living, when they are old and retired. Helping a family member or friend to complete education to a certain level, will help the recipient of the sponsorship to secure well-paid employment. Once this has been achieved, the sponsor(s) of the educated person can anticipate certain reciprocity for their investment.

Social belonging and the interconnection of different arrays of social security through reciprocity are the main reason for the preference of traders for social security measures based on social networks. Moreover, formal social security measures are not in accordance with trader's needs, expectations and demands.

Table of contents

Acknowledgement IV

Executive Summary V

Table of contents VII

Chapter 1: Introduction 1

1.1 Social security in Accra 1

1.2 Research objective 3

1.3 Societal relevance 4

1.4 Scientific relevance 6

1.5 Structure of the thesis 7

Chapter 2: Theoretical framework 9

2.1 Social security 9

2.2 Coping with risks and vulnerability 9

2.3 Different social security providers 12

2.3.1 The government 13

2.3.2 The market and commercial insurances 15

2.3.3 Member-based organizations 15

2.3.4 Churches and religious groups 17

2.3.5 Private households and the extended family 19

2.4 Reciprocity 20

2.5 Formal- and informal social security 22

2.6 The development of social security systems 23

Chapter 3: Methodology 27

3.1 Introduction 27

3.2 Background information 28

3.3 Surveys 30

3.4 Doing fieldwork at Kaneshie Market 31

3.5 Participant observation and informal conversations 32

3.6 Literature and documents 33

- 3.7 Respondents 34
- 3.8 Language barrier and translator 36
- 3.9 Reflections 36

Chapter 4: Funerals, social security and social belonging 39

- 4.1 Introduction 40
- 4.2 Funerals in Ghana 40
- 4.3 Case: The funeral of Mr. Djan 42
- 4.4 Different suppliers of social security in the case of a funeral 44
- 4.5 The role of associations and social networks within the market 45
- Box 4.1: Dominic Kwalegah 46
- 4.6 The church and religious networks 49
- 4.7 Micro life insurance 50
- 4.8 Lack of money and fluctuating incomes 51
- 4.9 The necessity of life insurance 53
- 4.10 Lack of trust 53
- 4.11 Misunderstandings about life insurance 55
- 4.12 Social and cultural factors 59
- 4.13 Conclusion 60

Chapter 5: Support for health related issues in Accra 63

- 5.1 Introduction 64
- 5.2 Global health related processes and –issues 65
- 5.3 Family as a key actor of support for health related issues 68
- Box 5.1: HIV/AIDS and social security 70
- 5.4 The interdependence of multiple arrays of social security within the family 71
- 5.5 Support for health related issues supplied by the church and religious networks 73
- 5.6 Support for health related issues supplied by associations and social networks within Kaneshie Market 75
- 5.7 The Enrollment in The National Health Insurance Scheme (NHIS) 76
- 5.8 Conclusion 82

Chapter 6: Education, employment and income security 83

6.1 Introduction 84

6.2 Social networks and reciprocity within Kaneshie Market 84

6.3 Education as an investment for income security 85

6.4 Access to formal education in Accra 89

6.5 Apprenticeships: Mobilizing careers 91

6.6 Urbanization and the role of churches for income security 92

6.7 Conclusion 96

Chapter 7: Conclusions and recommendations 97

7.1 Conclusions 97

7.2 Discussion and recommendations 100

7.3 Further research 102

Bibliography 105

Appendices 115

List of respondents and informants 115

Survey: Social security 116

Topic list/ interview questions 119

Chapter 1: Introduction

1.1 Social security in Accra

A minority of urban (and rural) actors in sub-Saharan Africa makes use of formal social security arrangements. According to van Ginneken (1999) formal social security schemes only include about 5 to 10 percent of the total working population. He adds that there is little sign that this number will increase. While other authors produce slightly different numbers (see for instance, Kaseke and Butare 2003), the basic message is the same, namely, that formal social security arrangements are more or less limited to civil servants and in some countries to salaried workers.

These percentages show that “traditional” or informal social security systems play an important role. In recent decades intensified globalisation, epidemics like HIV/ AIDS, urbanisation, natural disasters and political change have posed new challenges for social security arrangements worldwide (Thelen, Leutloff-Granditts and Peleikis 2009).

Ghana, with an estimated population of 24,658,823 (GSS 2010), faces rapid change. The country is often seen as one of the best performing economies in Africa and has also made considerable progress in poverty reduction (Grüb 2007). Also in Ghana, informal arrangements dominate risk management and social security strategies. Several of these arrangements are based on membership of social groups and family- and friendship ties (Appiah-Kubi, Oduro and Senadza 2004). Nevertheless, there are various formal actors: Recently (in the last decade) a National Health Insurance Scheme was put into motion. Next to that (Micro) insurance companies offer, among other policies, life insurances. These arrangements still have a limited role in the provision of social security in Ghana.

With an urbanization rate of four percent, Ghana is one of the most rapidly urbanizing countries of Sub-Saharan Africa. It is estimated that fifty-one percent of the population lives in cities and towns (Worldbank 2012). The biggest city in Ghana is the capital Accra, with an estimated population of 1,848,614. Accra is one of the most populated and fastest growing cities in Africa with an annual growth rate of 4.3 percent. Accra’s population is very young with fifty-six percent of the population under the age of 24 (Ghana statistical service 2010). The rapid growth of the city has hindered the provision of services like water provision, solid waste disposal, refuse collection, housing, and electricity. Accra has 114,198 of its labor force unemployed, making an unemployment rate of 12.2 percent (UN-HABITAT 2009).

Apt (2002) emphasizes that rapid urbanization is altering relations between generations and within communities. Urbanization has a negative effect on balanced exchange between the generations. He argues that urban living frequently means that the old and the young are no longer found inhabiting the same dwelling and this increasingly results in the formation of nuclear families and less intergenerational support. Where the existing kinship relations offer no solace in cities, people try to establish new relations and arrangements, hoping to find more security for themselves and their children. People usually seek security in different kinds of safety nets such as kinship, friendship and religious networks, but also formal and commercial insurances. In my research I would like to find out how people, living in Accra, one of the fastest growing cities of Africa, use different social security systems to secure their lives and how they cope with consequences of fast urbanisation.

Access to social security is often seen as the foundation for sustainable development and one of the prerequisites for eradicating poverty (ILO 2011). At the moment, around fifty per cent of the global population has access to some form of formalized social security. Some argue that the need to extent coverage is a key challenge for social security organizations and governments in all countries (ISSA 2013).

Others argue that the formalization of social security arrangements is not the solution, but it is the lack of resources that causes social security issues (Von Benda-Beckmann and Von Benda-Beckmann 1994). A holistic understanding of social security arrangements in Accra is key in order to contribute to the debate about the way the social security situation of people in Ghana could be developed. The influence of rapid urbanization and the role of traditional as well as new suppliers (i.e. NHIS and microninsurances) of social security should therefore be taken into account.

One of the largest and most important places for trading in Accra is Kaneshie Market. It is a busy and complex place, packed with people, animals and stalls. The market is a three-storey yellow building. On the ground floor of the building mainly foods and vegetables are sold. On the first floor traders sell (among other products) wigs, buckets and shoes. On the top floor there are many clothes- and fabric shops, seamstresses, hairdressers and beauty salons. At Kaneshie Market there is a wide variety of traders, with different kinds and sizes of businesses and incomes. In- and outside the market there are also hawkers, who walk around with the products they are selling on their head. Squatters are selling vegetables that are spread out on the ground or on small desks outside the market.

One of these squatters is Agatha, who is selling tomatoes outside the market. Every day she has to make complex decisions about her own social security and that of her five

children. Would it be the best to save money to extend her business or should she invest in her own pension, funerals or weddings? Is it useful to get a micro insurance policy or become part of the state based National Health Insurance Scheme or would she rather invest in traditional social security arrangements based on kinship relations? Agatha tells that her dream is to send at least one of her children to Senior High School. However among her social contacts within the market she could find a suitable apprenticeship for her children as a future safeguard for herself and her children.

In the changing and urbanizing environment of Accra and at the market in particular, people, from different backgrounds and with different incomes, face different social security issues and make use of different measures. People constantly try to maintain or rearrange relations in changing circumstances and at the same time try establish new ones to secure their lives. The social, cultural, economic and political backgrounds of these choices will be the main focus of this thesis.

The differences and similarities between the case of Ghana and European countries is interesting. The importance of social connections for employment and education can be seen as a worldwide phenomenon. Students in the Netherlands, for example, besides financial support from the government, still depend on the support of their parents. In the coming years the dependence on family will grow, because of governmental retrenchments. Social security is not only a socially important topic of discussion in Ghana. Rather this is a worldwide phenomenon. The case study of Accra (and its similarities and differences with other cases) can be of interest and of value for discussions about social security in the Netherlands and other (European) countries.

1.2 Research objective

The main goal of my research is to get a holistic understanding of the role, importance and value of social security arrangements in Accra. I want to get an understanding of what people consider as social security, basic needs, important cultural ceremonies, risks and vulnerabilities and what they conceive as major challenges in Accra. This helps to identify the key changes that are taking place in emerging global cities, when it comes to social security measures and could possibly contribute to the development of social security in Ghana and Accra.

Next to that, a holistic understanding of the different social security measures people have and the motivations, choices and backgrounds attached to these measures, is pursued.

This helps to discern the role of traditional and new actors of social security in a fast changing and urbanizing global city, as described in paragraph 1.1.

The central research question is: What are the social security arrangements pursued by traders at Kaneshie Market and how are they significant for understanding urban livelihood arrangements within a broader socio-cultural, economic and political context?

Social security consists of many features. In this thesis I will mainly focus on funerals, health related issues, education (training) and employment. Often the social importance of funerals is emphasized (Mazzucato et al. 2006; Van der Geest 2000). Issues about the provision and access to healthcare are a global concern and is also of much importance in Ghana. Finally, access to education and employment in an urban context is an important topic in this thesis. Education is often seen as the key to development. Education and training of children lead to better chances and career prospects in life. Therefore education and employment can be seen as an investment of parents to safeguard their own future and social security². A holistic understanding of the social security arrangements of these features is pursued. Therefore the following sub-questions arise from the central research question:

- How do traders perceive and pursue the social security arrangements that are involved in the case of a funeral?
- How do traders perceive and pursue the need for social security arrangements for health related issues?
- How do traders perceive the role of education (and training) in their social security arrangements?
- How do traders perceive the role of employment in their social security arrangements?
- In what way are different actors involved in funerals, healthcare, employment and education?

A sub-question is devoted to the four arrays of social security that are central in this thesis. In order to arrive at a holistic understanding of the different arrays of social security another sub-question is dedicated to the different actors that are involved in them.

1.3 Societal relevance

Social security is an important topic of discussion in Ghana. Subjects like the high costs of housing, the bad quality of healthcare and the lack of access to employment and education come forward in many daily conversations on the streets of Accra. A lack of social security is

² In the methodology chapter the choices for these particular arrays of social security will be further explained and underpinned.

often seen as one of the major causes and displays of poverty and underdevelopment. The relationship between poverty and (lack of) social security that is discussed in this thesis, is therefore socially relevant. Many parents in Accra, for example, see the future and education of their children as a way of growing out of poverty. A lack of social security (as in a lack of access to quality education) is therefore often seen as one of the reasons why poor families have difficulties to overcome poverty.

In the first chapter of this thesis, the role of funerals as a main social occasion will be described. Many people complain about the high costs that are attached to funerals in Ghana. Some argue that this could better be spent on other arrays of social security, like healthcare and education. Although many Ghanaians criticize this situation, most of them still continue to be part of it because feelings of belonging and status of their family are at stake. Special attention is paid to these current discussions around funerals and the connection to other arrays of social security.

Social security issues cannot only be analyzed on a local or national level. Global issues and processes, like international migration, globalization and “brain drain” have an important influence on social security on a local level. Especially the global shortage of healthcare resources and personnel is an issue that affects many people across the globe. These important global problems will be discussed in the second chapter.

The issues and topics discussed in this thesis are not only socially relevant for people from Ghana. In many European countries, like the Netherlands social security policies and systems are under pressure and subject of (political) debates. Political parties (like the PVV) argue for instance that social security should become the responsibility of families again³. On the contrary, in the literature it is often emphasized that for the development of countries like Ghana, the formalization of social security is needed.

The differences and similarities between the case of Ghana and European countries is interesting. The importance of social connections for employment and education can be seen as a worldwide phenomenon. Students in the Netherlands, for example, besides some financial support from the government, still depend on the support of their parents. In the coming years the dependence on family will grow, because of governmental retrenchments. Social security is not only a socially important topic of discussion in Ghana. Rather this is a worldwide phenomenon. The case study of Accra (and its similarities and differences with

³ The Party for Freedom (Dutch: Partij voor de Vrijheid, PVV) is a political party that is represented in the Dutch house of representatives and the European parliament.

other cases) can be of interest and of value for discussions about social security in the Netherlands and other (European) countries.

1.4 Scientific relevance

Much has been written about social security. Very few, however, deal with the actual social and economic condition of (in) security of local people and focus on the way their lives are affected by social security institutions. There is a need to fill this gap with knowledge about local forms of people's social security, according to von Benda-Beckmann and von Benda-Beckmann (1994). More research is also needed to understand and monitor the complex relationship between poverty, risk, and economic behaviour in poorer communities (Baido and Buss 2012). Furthermore, according to Butare and Kaseke (2003), with the exception of a few studies on Africa, world literature on social security rarely addresses this region's social security issues.

To develop the social security of people in Ghana, an in depth understanding is needed about what local people see as social security, the current systems of social security they are involved in and the preferences and choices of people in this. With this thesis and qualitative methodology I hope to contribute to this and fill these knowledge gaps.

Some literature can be found about the NHIS or similar schemes in Africa. Few studies, however, have explored community preferences and perceptions and their impact on decisions to enroll in the NHIS in Ghana (Jehu-Appiah et al. 2012). Moreover, local views on social security and health care can contribute to the theoretical debate about the influence of migration of health workers on social security of people worldwide.

The social importance of funerals and its backgrounds is already well described in the literature⁴. In what way the social importance and the spendings that are attached to it, influence and are connected to other arrays of social security needs to be further clarified.

Some literature can be found about the (introduction of) micro insurance in Ghana and other African countries. However, in this literature there is a bias towards health. Micro life insurance has received much less attention, while it is more widely distributed. Moreover, existing studies have tended to focus on rural populations. Given the existence of the urban poor, research investigations should be extended to cities and towns (Baido and Buss 2012).

Furthermore, client value studies form a very small proportion of the total research output into micro insurance (Dercon et al. 2008). Some quantitative studies⁵ about the reasons

⁴ Mazzucato et al (2006); Van der Geest (2000).

⁵ FinMark trust (2010); Steiner and Giesbert (2010).

people have not to make use of micro insurance have been done over the last years using surveys. The economic, socio-cultural and political backgrounds of these reasons are not investigated in surveys. Therefore there is a need for qualitative research to find out more about the underlying processes that influence the choices of people. Little is known about socio- economic backgrounds, risk perceptions and conceptions about insurance and in how far people feel that current products serve their needs (Owusu, Ackah and Gruijters 2012). This qualitative study in a major African city about choices, motivations and values of people, could therefore contribute to a better understanding of social security arrangements in urban livelihoods.

It is important to take into account that poor people engage in a variety of ex ante strategies to manage risks. Some of these strategies are direct competition of micro insurance policies and can reduce the uptake of micro insurance products. Some people combine insurance and other risk pooling systems. The interaction between the different arrays and mechanisms of social security needs to be further analysed (Dercon et al. 2008; Baido and Buss 2012). With this research I hope to contribute to this.

1.5 Structure of the thesis

In chapter two current theories, discussions and issues of social security will be enumerated. Subsequently, the research methods and methodology will be described in chapter three. In this chapter the different choices I made during my fieldwork will be clarified. In the following three chapters the four main arrays of social security, that are posed in the sub questions of the research objective will be discussed:

In chapter four the emphasis is on funerals, as one of the most important social occasions in Ghana. The sub-question central to this chapter is: How do traders perceive and pursue the social security arrangements that are involved in the case of a funeral?

Furthermore, I will elaborate on health in chapter five. In this chapter the focus is on the second sub-question: How do traders perceive and pursue the need for social security arrangements for health related issues?

The last empiric chapter is about the way education and employment are involved in the income security strategies of families to maintain and enlarge their income security. The emphasize of this chapter is on two sub-questions: How do traders perceive the role of employment in their social security arrangements? And how do traders perceive the role of education (and training) in their social security arrangements?

Finally, conclusions are posed and discussed, an answer is formulated to the central research question and several recommendations for future research are presented.

Chapter 2: Theoretical framework

2.1 Social security

Social security refers to the protection against different kinds of risks on the one hand, and the access to some (basic) needs on the other. Van Ginneken (1999, 49) defines social security as follows: ‘The provision of benefits to households and individuals through public or collective arrangements to protect against low or declining living standards arising from a number of basic risks and needs’.

A key feature of social security is the ability to manage risk, in other words, the ability of households to prevent major declines or variability in their living standards (Worldbank 2000). In the literature, different areas of social security are distinguished, like medical care, benefits in the case of sickness, unemployment, old age, employment injury, family circumstances, maternity, invalidity and widowhood (Van Ginneken 1999).

Jütting (2000) emphasizes that social security does not only refer to the protection against individual risks (illness, accident, widowhood, disability, old age and death), but also collective risks (like drought, bad harvest, natural disasters and riots). Social security systems help to mitigate the consequences of these risks. Furthermore, basic needs (like regularizing expenditure on basic education, help with housing costs, rearing children and food security) are aspects of social security (van Ginneken 1999).

De Bruin and van Dijk (2009) argue that *etic* definitions of social security still contain normative notions that may not exist at the *emic* level of understanding. Therefore it will be of much importance to find out what people, living in Accra, consider as social security. Von Benda-Beckmann and Von Benda-Beckmann (1994) for example, argue that, next to the lack of access to basic needs, also other situations of need, that are constituted by social and cultural order, can be seen as social security. Examples of this are the requirements to provide material goods at socially important ceremonies, like weddings and funerals. In Ghana, for example, funerals are and always have been a main social event. In my research I would like to find out how families provide the resources for funerals (and other important social occasions) and which different arrangements, systems and choices are important in this.

2.2 Coping with risks and vulnerability

An important feature of social security is the vulnerability to risks. Appiah-Kubi, Oduro and Senadza (2004, 3) define vulnerability as ‘the lack of capacity of a household to cope with (an

adverse) shock or resilience against a shock'. Social security consists of the abilities and assets (physical, financial, human- and social capital) of individuals or households to minimise risks. Van Ginneken (1999) describes several of these risks. First, there are calamities, such as flood, fire, civil unrest and famine. The second set of major risks are the loss of earning power because of disability, health problems or loss of assets are major risks. Moreover, there are life cycle crises such as death and family breakdown.

Moser (1998, 3) defines vulnerability in an urban context as: 'insecurity and sensitivity in the well-being of individuals, households and communities in the face of a changing environment'. These environmental changes can be ecological, economic, social and political and can take the form of long-term trends, seasonal cycles, or sudden shocks. A change in the environment can have effects on the access to basic needs, employment at reasonable wages, health- and education facilities. Moser further emphasizes that vulnerability is linked to the ownership of assets: the more assets people have, the less vulnerable they are. He sees labour as the most important asset of poor people. Also Swift (1989) sees vulnerability and (in)security as a function of assets. He distinguishes three kinds of assets: investments, stores and claims. Investments consist of human investment in education and health on the one hand, and physical investments in housing, equipment and land on the other. Stores are valuables such as money and food. Finally, claims are the potential assistance and help from friendship, kinship and the government. In other words, social capital and reciprocity within communities and neighbourhoods can be seen as an important asset.

In addition to this, Rakodi (2002) explains that households engage in multiple activities to ensure their survival and improve their well-being. Economic activities form the basis of a household strategy, but also migration, maintaining ties with rural areas, urban food production, decisions about access to education and housing and participation in social networks can be important strategies to lower vulnerability. Households have access to a portfolio of assets. The members of these households make decisions about how to use these assets: for example for earning, to fulfil kinship obligations and -responsibilities and to develop mutual support networks. Households, both in rural and urban areas, try to 'mobilize resources and opportunities and to combine these into a livelihood strategy mix which is a mix of labour market involvement, savings, borrowing and investment, productive and reproductive activities, income, labour and asset pooling, and social networking' (Rakodi 2002, 7). Households and individuals adjust this mix in accordance to their circumstances.

Three differences of vulnerability between urban and rural areas can be distinguished: commoditization, environmental hazard and social fragmentation. An aspect of commoditization is that people in the city pay for their food and shelter, rather than producing these assets themselves. Next to that, labour is the most important asset for the urban poor. Examples of environmental hazards are: poor housing quality, inadequate sanitation, water supplies and waste disposal. These problems might become worse, because of industrial, vehicular air and water pollution. Finally, people living in the city, are more vulnerable to social fragmentation. Because of social and economic heterogeneity, community- or kinship mechanisms of trust can be weakened.

In the literature different aspects of dealing with vulnerability and risks are emphasized: risk reduction, risk mitigation and risk coping. First, risk reduction consists of all actions that are taken to reduce the probability of a risky event occurring. Examples of this are migration to reduce unemployment risk and treatment of water before drinking to prevent illness. Second, risk mitigation actions are taken to reduce its impact when it occurs. Examples of risk mitigation are mixed cropping and migration to do a part-time job. Finally, risk coping are actions done, once a negative event has already occurred (afterwards). Borrowing money from friends and relatives, temporally withdrawing children from school, asking for remittances or assistance from NGO's and selling property are examples of risk coping (Appiah-Kubi, Oduro and Senadza 2004).

Often a distinction is made between *ex ante* (preventive) and *ex post* (coping/repressive) measures to deal with risks and vulnerability (Smith 2007, von Benda-Beckmann and von Benda-Beckmann 1994). *Ex ante* measures are attempts to avoid big income fluctuations to manage risks. A way to achieve this is to diversify income-generating activities. Both risk mitigation and risk reduction, as described by Appiah-Kubi, Oduro and Senadza (2004) can be seen as *ex ante* actions. In contrast to *ex ante* measures, *ex post* measures are about the coping behavior of actors after a crisis has taken place. These *ex post* actions correspond with risk coping actions, as described above (Smith 2007).

Von Benda-Beckmann and Von Benda-Beckmann (1994) emphasize that there is tremendous variation in the extent to which vulnerability and insecurity are dealt with in different societies. Cultural belief systems and ideologies are important factors in the way insecurity and vulnerability are perceived. Next to that, individual people differ in their perception of uncertainty and insecurity and in their willingness and ability to live with them. This depends on the personal economic situation and their psychological well-being and is influenced by the social organization in which they live. They further argue that uncertainty

and insecurity are not always perceived as negative features. Where some uncertainties are perceived as a negative influence on people's lives (insecurity of basic needs: food, shelter, health and care), these could sometimes be seen as the 'exhilarating thrill of the unexpected'. Also ideas of security and certainty can have negative connotations and may be seen as a lack of freedom and autonomy (Von Benda-Beckmann and Von Benda-Beckmann 1994).

In my research I want to address what people, living in Accra, see as (the most important) insecurities and risks and what kind of measures and strategies they use to prevent themselves from these.

2.3 Different social security providers

Urban actors involve themselves in several formal and informal measures to achieve social security. People have social security mixes, which are based on a multiplicity of social relations. Different social security structures are operating at different scales of social organization and space. Social security is provided by a variety of sources, agents, institutions and networks. Which social units are or should be recipients or providers of social security and what the prescribed kinds and amounts of resources to be given or received are, may be different in local people's traditional law, in religious laws, and in legal regulations of the state. Norms and regulations can constrain people's possibilities of achieving social security. On the other hand it offers different options for choosing between different social security providers and recipients. (Von Benda-Beckmann and Von Benda-Beckmann 1994).

Most developing countries have developed some forms of state-based social security that co-exists with normative regulations based on tradition, religion and new forms of self-

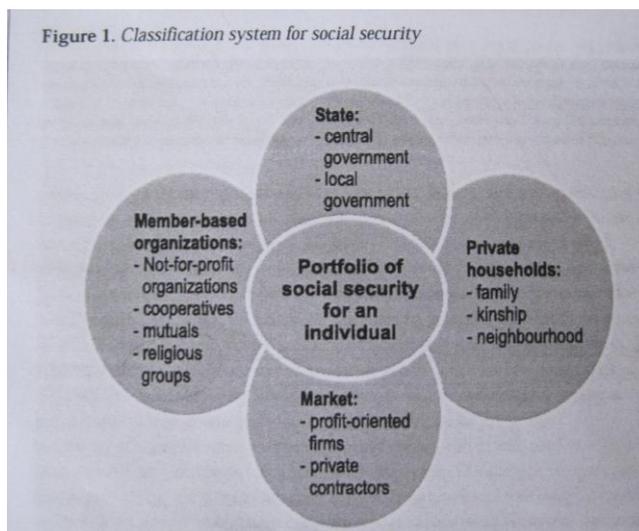


Figure 1.1: Different social security providers (Jütting 2000)

regulation. Smith (2007) and von Benda-Beckmann and von Benda-Beckmann (1994) argue that the distinction between formal and informal economies and the social security institutions related to these, does not show how actors use a diversity of institutions in order to achieve this. Some measures are institutionalized through formal government institutions or welfare schemes created by churches and labor unions. Other measures are less

formal. The extent to which people can take certain measures, depends on financial means, their access to institutions providing these measures and to what extent they perceive this as relevant ‘investment’ (Smith 2007). In accordance to that, Jütting (2000) describes that the contribution of different organizations and institutions to the social security of an individual varies over time.

Four main providers of social security can be distinguished: the state, the market, member-based organizations, and private households (see figure 1.1). The boundaries between these four are fluid and not always clear.

2.3.1 The government

Besides the low coverage rates, as I already mentioned, state-based systems also face financing and management problems in most developing countries. In these countries only a small proportion of the population works in the formal sector, in which employment contracts can be monitored and assessed for the purpose of contributions (Jütting 2000).

According to Butare and Kaseke (2003) the underdevelopment of state-based social security in Africa can be explained by poverty-, debts- and globalization constraints. Because of these factors, African governments have difficulties to find the right social security policies. Next to that, there is often a lack of resources to mobilize these policies.

People living in cities have several reasons not to participate in formal social security measures, as explained by Van Ginneken (1999). Many workers outside the formal sector are not willing or able to contribute a relatively high percentage of their incomes to finance social security benefits that do not meet their priority needs. Next to that many people may be unfamiliar with or distrust the way the formal social insurance schemes are managed. There are also factors that restrict access to the formal social insurance schemes, such as legal restrictions and administrative obstacles.

Another explanation of the low population coverage of formal social security systems are the effects of structural adjustment programmes. According to Smith (2007) and Butare and Kaseke (2003) these programmes had negative effects on the development of social security systems of many African countries: ‘Restructuring has led to both state-run and private enterprises closing down and thereby undermining the capacity of government’s revenues. A number of national governments used the social security reserves to compensate these deficits’ (Butare and Kaseke 2003, 8).

Smith (2007) argues that the structural adjustment programmes lead to a ‘cash and carry’ payment scheme for health provision in Ghana. Persons in need of medical treatment

were required to pay ahead of the actual treatment. For the rural and urban poor, illnesses already formed a threat to their livelihoods. Their livelihoods were further threatened, because the treatment of their illness affected their ability to pay for other important expenses. The consequence was that people would avoid treatment as long as possible. When treatment could no longer be stalled, support from others would be sought.

Over the last few years the situation has been changing in Ghana. In 2004, Ghana put a National Health Insurance Scheme (NHIS) into motion. The NHIS is a national scheme of the government. By extending coverage to residents who had previously been excluded from health insurance, the NHIS does not only increase the number of beneficiaries, but also contributes to the decrease of health related poverty (Grüb 2007). According to Apt (2012) The NHIS had a coverage of 66,4 percent in June 2010.

According to UN-Habitat (2009) health facilities are now more within physical accessibility of the poor. However, the costs are still often beyond their scope. Most of the poor, therefore, still rely on traditional medication and self-medication for their health needs. Derbile and van der Geest (2012) state that the costs of NHIS enrolment are only \$ 11,50 per year and that most people should therefore be able to afford enrolment. The costs are not a suitable and complete explanation of the low enrolment of poor people in the NHIS scheme. User fee exemptions were introduced to help vulnerable groups and to obtain more equality in public health care in Ghana. However, there are still serious problems with the numbers, effectiveness and equality of this enrolment. One problem is a lack of acceptance of the concept of insurance, leading to a lack of priority among the population. Next to that the high costs of medical care are a financial burden for the scheme. Finally, a variation in quality of health care and attitudes of doctors and nurses does not ensure equity in healthcare.

The poor still have very limited access to user fee exemptions and rarely benefit from exemptions. Several factors account for this. First, there is low awareness of exemptions (for the poor). Second, service providers face difficulties in identifying the poor for exemptions, because of unclear guidelines. Furthermore, a shortage of drugs and perceptions of inferior and poor quality of drugs associated with exemptions adversely affect the enrolment of people in the NHIS. Also people still often have to pay for drugs. Another factor, finally, is discriminatory behavior of health workers against the poor. Service providers are sometimes unfriendly and disrespectful to clients and there is a kind of favoritism (Derbile and Van der Geest 2012).

State-based social security schemes (like the NHIS) are gaining importance, but also face problems. Many (poor) people are still excluded from the NHIS or choose to stay out of

this state-based social security scheme, because of a lack of trust and quality of the service. During my fieldwork I would like to find out more about the way the NHIS provides people with social security and health care. I will especially focus on choices people make in getting access to medical care and the reasons they have to enroll in the NHIS or not.

2.3.2 The market and commercial insurances

A second provider of social security is commercial insurance. These providers still play a very limited role in developing countries and the access is mainly limited to the wealthier part of the population (Jütting 2000). With the rise of the urban middle-class, the role of commercial insurances gains importance in Ghana. Therefore I would like to investigate if and why people decide to make use of commercial insurance schemes, or rather stick to other social security systems based on kinship and social networks.

A form of commercial social security that is rising in popularity, especially in urban areas, is life insurance. When an insured person passes away, life insurance schemes provide financial compensation to all beneficiaries appointed by the policy owner. Taking out a life insurance, has the benefit of reducing the financial consequences for the family.

Several religious and cultural ideologies in Ghana are in contrast with these commercial schemes. Funerals are often organized in the hometown of the deceased and are attended by hundreds, sometimes thousands, of people. To attend these occasions many guests travel long distances. A funeral can be seen as an occasion for redistribution of resources within communities and extended families. Donations by those who attend the occasion may help the organizing family redeem most of the costs incurred. (Smith 2007). Furthermore, Van der Geest (2000) explains that it carries more prestige to run into debt, because it confirms how much money was spent on the funeral.

Life insurance policies could take away these cultural and social meanings (like the affirmation of family- and community bonds and social integration) of a funeral and therefore commercial insurances might not always be socially accepted in Ghana and Accra. People might still prefer a community based insurance system, because of the social importance described above. It is therefore interesting to investigate to what extent commercial insurances and cultural ideologies can sometimes be contradictory in the provision of social security.

2.3.3 Member-based organizations

Member-based organizations are often seen as the backbone of social security in communities of developing countries. The size of these organizations is small to medium and the members

are usually based in one community, so that they face a similar socio-economic background. MBO's are involved in the financing and provision of social services. Moreover, MBO's have an important role in direct health service provision in Sub-Saharan Africa. Mutual health organizations in West- and Central- Africa are an example. Apart from healthcare-providing organizations, credit and saving associations play a very important role for individuals that would otherwise be excluded from (formal) financial services (Robinson and White 1997).

For some, occupational unions are important in the provision of social security. Platteau (1997) describes the role of informal risk sharing arrangements that are used by traditional rural communities to achieve a significant degree of protection against income fluctuations and other hazards beyond their control. These arrangements (often) have no legal basis, but informal mechanisms of social control (social norms and values). When written and legally binding contracts are not feasible, risk pooling arrangements can be sustained by the existence of close and long-term relationships between members. Platteau and Abraham (1987) describe that credit transactions can sometimes serve the function of reducing risk in small-scale fishing communities. These transactions are a form of insurance against various types of risks. People can clearly improve their situation collectively by transferring current incomes to one another. These kinds of arrangements cannot only be observed in rural areas or fishing communities, but also in cities. In the Kibera slum, Nairobi, for example very similar arrangements can be observed (Platteau 1997).

In Ghana the principle of *susu*, a traditional money collection system, is well-known and described in the literature. *Susu* means savings and refers to the name of a wooden box that people always kept in their house, to save money. *Susu* is a micro savings mechanism where individual collectors pick up daily deposits from savers over an agreed period of time (usually a month) and return the savings minus one day's deposit as fees (Anku-Tsede 2013).

In rotating savings and credit associations (ROSCAS), regular payments to a common pool are made. The pool is periodically allotted to one of the members in turn. This is often dependent on the needs of particular members. The person that is most in need gets the pot (Platteau 1997). For my bachelor thesis, I did a research among parking guards in Yogyakarta, a major city on Java, Indonesia. The parking guards were often organized in an *paguyuban*, a kind of occupational union. The *paguyuban* provided its members with several forms of social security. Every member had to pay 5000 rupiah⁶ per day to the organization. This money was used for several goals. When a member had to stay in hospital for more than three days, the

⁶ 5000 rupiah is about 30 eurocents

paguyuban financially supported the parking guard and his family. Also when a parking guard or a family member of the parking guard passed away, the union gave financial support (Den Heijer 2011).

I would like to find out how, arrangements like *susu*, occupational unions and arrangements between people with the same profession in Accra help people to obtain more social security.

2.3.4 Churches and religious groups

All over the world churches and religious groups are involved in providing social security. Also in Sub-Saharan Africa and in Ghana in particular, churches and religious networks are important in the provision of social security. Religious networks consist of: ‘social actors linked to each other through religious practices, ideologies and institutions’ (Thelen, Leutloff-Granditts and Peleikis 2009, 5). Rohregger (2009) explains that individuals create overlapping religious networks that serve different social security purposes. She further states that people sometimes shift between churches in an effort to satisfy their material and spiritual needs. In her article it is explained that religion is the key element of social security in cities in Malawi. First, there is the role of churches as a direct provider of social security (vertical support). Second, churches function as a social space in which a network of mutual support relations evolves (horizontal support). These networks partly extend beyond the religious context.

Indeed, it can be argued that religious groups provide community development and social integration, which leads to social security. However, in the literature also negative effects of churches and religious groups on social security provision come forward. Some churches are accused of alienating their members from (other) social networks, like the family or the society in general. Furthermore, religious networks drive people to support other members only and thereby exclude others. Once a social network provides access to some resources, it can be argued that some will be excluded from these resources, because they are non-members (Thelen, Leutloff-Granditts and Peleikis 2009).

Often kinship caring obligations can be enforced by religious networks. The duty to take care of one’s parents, for example, is very important and embodied in the Biblical Fifth Commandment “Honor thy father and thy mother that thy days may be long upon the land which the Lord thy God giveth thee” (Exodus 20:12). A general feeling of debt that children owe to their parents, underwritten by Biblical quotations and the threat of Divine punishment could enforce the notion of kinship caring obligations (Aboderin 2004; Van der Geest 2008).

However, religion and religious networks can also lead to the withdrawal of individuals from his or her family, as explained by De Bruin and van Dijk (2009) and Meyer (2004). Over the last twenty years, Pentecostalism has become the most popular form of Christianity in Ghana. It attracts many members from the young and urban middle class who are seeking success and prosperity in life (Van Dijk 2002).

African Pentecostal churches call for a radical rupture from one's personal sinful past, and from the wider family and village of origin. Van Dijk (2002) explains that Pentecostalism restructures kinship relations and obligations and it brings these obligations under the supervision of individual members: 'It confronts the ancestral past of family authority, pursues a replacement of the authority of family heads, and seeks to implant conjugal relations, which it promotes as being part of a modern identity' (174).

Furthermore, giving to the church even in circumstances of poverty is a key ideological practice of numerous Pentecostal churches in Sub-Saharan Africa. In Ghana, the act of giving relates above all to expectations of prosperity. It is difficult to see how church-based associations produce greater security, since their financial support is usually minimal and it also tends to be biased towards those who have a higher status in the church (De Bruin and van Dijk (2009). They further state that there is no ground to suppose that practices of giving, breaking with the past and families, money collection and reciprocities leads towards greater social security in African Pentecostal communities. They state that the Pentecostal ideology fosters insecurities and uncertainties.

Meyer (2004) agrees to a certain extent and states that ancestral bonds could get broken because of Pentecostal ideologies. The effect is a reduction of dependencies within the family structure, leading to a further breakdown of reciprocities and mutual support that exist at the kinship level. For the lower socio-economic classes the consequences for the rudimentary forms of mutual support and security through the family system are enormous. Their vulnerable position in comparison to the more prosperous middle-classes makes the risks they take in severing family ties far greater. However, she states that Pentecostal churches also often help believers and offer small loans to needy members, which should enable them to engage in trade and become financially independent. The aim is not only desirable to the person in question but also to the church, as it eventually yields higher donations (Meyer 2004). Furthermore, the extent to which these churches stimulate new forms of communality, which may act as a surrogate family, should not be neglected. New communities are formed that surpass the space of the family, ethnic groups or the nation, which can lead to new social security networks.

Rohregger (2009) emphasizes that people make rational choices to join or switch to particular churches, in search for more social security. However, in the view of De Bruin and van Dijk (2009) and Meyer (2004), to a certain extent, some religious ideologies and practises (in particular of the Pentecostal church) could lead to more uncertainties and less social security. Therefore I will also focus on the role of the church in my research and investigate what kind of social security churches offer. Furthermore I will try to find out why people in Accra join particular churches and to what extent they make rational choices in this to get more access to social security.

2.3.5 Private households and the extended family

Finally, private household-based systems are the anchor and the basis for most people living in developing countries. These systems can (sometimes) cope with major risks affecting people's lives. People use risk diversifying strategies to cope with income variation and expenditure shocks (Jütting 2000). Kane (1997) explains that in most developing countries, the population has depended on traditional social solidarity relations to meet its social security needs. In most African countries reciprocal obligations ensures that each member of a clan can in the last resort count on an irreducible guarantee of social security.

Social security for the majority of rural people is largely based on social relations connecting a limited number of persons within small-scale social organizations. Relations of kinship, friendship, common-village membership and patron-client relationships are the dominant ones. People in the city may be poor, and social relations, which in the past may have provided more social security have weakened, also in cities these relationships remain the main vehicle through which people in need and distress receive at least some help (Von Benda-Beckmann and Von Benda-Beckmann 1994).

It is important to keep in mind that social security strategies of urban households cannot be seen in isolation from their wider context. Owuor (2004), for example, emphasizes how urban dwellers invest in their rural ties to ensure their survival in the city. He states that urban-rural linkages are not only important for the rural households. These linkages are also important for the risk-mitigation strategies of urban households. Many urban households have rural components to their livelihoods and retain strong links with rural areas. Others keep part of their asset base in rural areas. Next to that many households straddle between the city and village for their livelihoods. Owuor (2004) describes that life in urban areas of Sub-Saharan Africa has become more expensive over the past decades. Many people living in cities face economic hardships, increased costs of living and urban poverty. The transfer of food from

rural to urban households is an important strategy of many urban households. Next to that multi-spatial families are examples of social security strategies of urban dwellers. Sometimes the wife and children stay at the rural home or children live with their grandparents. Because of rising costs of living in cities and the lack of resources to support everyone in town and a lack of housing, part of the family stays in a rural area, because education and living costs are cheaper and also food can be produced for the family. It is a form of mobilizing both rural and urban resources.

2.4 Reciprocity

A key feature of social security (especially within arrangements between family members and friends) is reciprocity. Reciprocity in a wide sense is a relationship in which two groups or persons give the same things to each other. Eriksen (2004) states that reciprocity is the obligation to give, receive and return gifts. Reciprocity, which creates enduring social bonds based on trust and mutual obligations, is often seen as a fundamental aspect of human life. According to Eriksen (2004) and Mauss (1954) reciprocity is the strongest glue for keeping societies and communities together. Eriksen further argues that reciprocity not only creates (moral) communities but also boundaries between communities.

People act as receivers and providers of social security throughout their life. Different phases of life show different needs and insecurities, which demand different forms of help and support. In some phases people tend to be mainly recipients, while in other phases they are predominantly receivers. Most of the time, however, they are receivers and providers. Relations of kinship do not act by themselves. They need mobilization and work selectively and differentially. Relationships must be maintained to be mobilized (Von Benda-Beckmann and Von Benda-Beckmann 1994). Van der Geest (2008) describes that the quality of relationships between young and old people in Ghana depends on what the older generation long ago invested in the younger.

Educational sponsorships is another example of how reciprocity contributes to the social security of people in Ghana. Smith (2007) explains that helping a family member or friend to complete education to a certain level, will help the sponsorship recipient to secure well-paid employment. Once this has been achieved, the sponsor(s) of the educated person can anticipate certain reciprocity for their investment. A similar strategy is the supporting of a family member or friend, in their quest to travel abroad. These strategies intend to improve the income obtained by the family and can diversify the income sources that are available.

These investments in education and migration of a family member can be seen as an *ex ante* form of social security that helps to overcome future crises (Smith 2007).

Reciprocity shows how morality, economics and social inclusion are intertwined. Personal gain, considerations for others and the need to be socially acceptable all play a part. It is in theory voluntary, but in practice obligatory: When a person offers a gift (material or immaterial), the receiver is obliged to offer something in return (Eriksen 2004). Sahlins (1972) calls this phenomenon ‘generalized reciprocity’. In his view there is no explicit demand for return gifts, but every person involved, knows the rules intuitively.

Especially in the absence of formal political institutions, gift exchange or reciprocity is a foundation of social integration. According to Eriksen, reciprocity establishes ties between most inhabitants of a community: ‘Everybody finds him- or herself in a maze of vague commitments and obligations to others, which in certain cases may include, in one way or another, most of the other villagers’ (2004, 86).

Mauss (1954) emphasizes that gift-giving is universal and fundamental for social integration in societies. In his view social institutions, like the state, trade-institutions, insurance companies and the church, have taken over some functions of the gift. In modern, market-orientated societies, reciprocity has been relegated to a more marginal role. Mauss argues that societies develop from reciprocity to market economies. Eriksen (2004) criticizes this evolutionary approach, in which market economies are seen as the end product of a long development process. He argues that humans do not primarily strive to maximize utility and he refuses to view economics in isolation from the totality of social life. In his view, social relations based on reciprocity remain very central in contemporary industrial societies, not least in informal social life. A social system without moral commitments attached to reciprocity in a wide sense (favours, services) is difficult to imagine.

The importance of reciprocity within social security systems is emphasized in the literature. Evans-Pritchard describes the role of reciprocity in risk coping strategies: ‘In a community where everyone is likely to find himself in difficulties from time to time, he who is in need today receives help from him who may be in like need tomorrow’ (1940, 85). By giving a loan an individual knows that he can expect comparable help from his debtor, if one day he in turn falls short of the necessities of life. On the other hand, the borrower pays a kind of interest, because by accepting a loan, he engages himself in a solidarity relation with the lender. In this sense, lending is a way to secure oneself against future risks (Platteau and Abraham 1987). Reciprocal gifts allow households to share risks within confined networks of

family and friends. Key in this is the principle of balanced reciprocity, in which people expect a return from any contribution or payment they make (Platteau 1997).

When a risky event is frequent and everyone within a community can reasonably expect to be hit by it within a rather short time, arrangements based on balanced reciprocity help to overcome these risky events. Everyone knows that efforts to help someone else will soon be reciprocated and people have a strong perception that everyone benefits. Furthermore, by pooling together a sufficiently large number of risks, more people are affected by one of these risks. Again everyone can expect their contributions back in a short period of time (Platteau 1997).

Platteau's work is mostly based on research in rural and fishing communities. However, I think that arrangements based on reciprocity still play an important role in social security provision in Accra. Therefore I would like to learn to what extent and in what way reciprocal relations among people in Accra are important for the provision of social security.

2.5 Formal- and informal social security

Often a distinction is made between formal- and informal social security systems. Van Ginneken (1999) explains that people working in the formal sector have a steady and high income and are therefore able to contribute regularly to social security. On the contrary, informal workers may not wish to save for retirement, since they will be supported by their children. Moreover, if they have the resources, they may prefer to invest in their business, land or their house, as van Ginneken explains: 'Most informal workers are engrossed in their problems of immediate survival to such an extent that any concern or motivation to provide for a distant eventuality gets almost obliterated' (1999, 53).

Jütting (2000) argues that the vast majority of the rural population and people in informal urban sector are left out of social security provided by the state. Thus, it could be argued that, in most developing countries, formal sector social security schemes fail to reach major parts of the informal economy (Cichon et al. 2003). Van Ginneken (1999, 2003) states that the formal social security in Sub-Saharan Africa covers an estimated five to ten per cent of the working population. According to him these numbers are still decreasing. Formal social security insurance is often limited to civil servants and to salaried workers. In addition to Van Ginneken, Butare and Kaseke (2003) argue that formal social security systems cover 15 per cent of the labour force in Africa. In their view, social security systems in Africa have always been too exclusive and inadequate for the needs of its population.

Jütting (2000) explains that in developing countries insurance markets are missing and possible substitutions in the form of labour markets and credit markets are either non-existent or do not function properly. The most important alternatives are systems based on reciprocity and solidarity at the household or community level. In contrast to (most) developed countries, it is the family, people from the neighbourhood and organizations operating at the community level that play a dominant role in developing countries. These systems are often called informal social security systems and are facing tremendous adjustment problems because of economic and social changes, like population growth, migration and a change in social habits. These changes can lead to erosion of traditional social security systems.

The irregularity of informal sector employment makes it unreliable as a source of income for social insurance contributions. To meet costs of large medical expenses or long term sickness, for example, people have to raise money from their family savings and are often dependant on assistance from relatives. The willingness and ability of relatives to contribute varies and therefore this form of social security is unreliable and not sufficiently effective. In cities mainly, these traditional social security systems have gradually been replaced by private social security arrangements (van Ginneken 1999). Smith (2007) explains that rural to urban migration, and increasingly also international migration, has changed the role of traditional institutions in social security arrangements based on family ties. Migration has triggered an increase of the number of alternative (formal and informal) institutions through which urban actors can derive social security (Clark 1999). Examples of these alternative institutions are mutual aid schemes or collective arrangements set up by the people to provide social protection for themselves and transnational networks (Smith 2007).

2.6 The development of social security systems

In a dualist or a modernist development theory it is thought that, as a result of economic growth, all workers would sooner or later end up in secure formal sector employment. According to this approach the informal and formal sector are dichotomous and both have their own characteristics. In the formal sector employment is organized, registered, and protected. On the contrary the employment of the informal sector takes place in the public domain on the streets. Within the dualist approach often a distinction is made between traditional (informal) and modern (formal) sectors and this dichotomy is part of the bureaucratic model of development. Working in the informal sector is seen as a transitional stage in the process of modernization (Bromley 1979).

This evolutionary approach is often criticized. Jütting (2000) argues that a development from traditional and informal social security systems to a modern and formal system cannot be observed. Van Ginneken (1999) states that facts show the contrary and that even in countries with high economic growth, more and more workers are in less secure employment conditions. In his view, the expansion of formal social security programmes cannot be the only answer to satisfy the social protection needs of increasing numbers of workers. Von Benda-Beckmann and Von Benda-Beckmann (1994) argue that in an evolutionary approach it is believed that traditional social security systems must be replaced, not only because they are no longer sufficient to fulfil local social security needs, but also because they hinder economic growth.

The poverty situation, usually implied by informality, is explained by the lack of formality. According to Von Benda-Beckmann and Von Benda-Beckmann (1944) it is difficult to see why forms of social security based on kinship and social networks should be an obstacle to development. These are often a precondition of survival and development. It is not so much the interpersonal relations involved, which lies at the root of a lack of social security. In their view, it is the material and social conditions under which people live, the quantity and quality of resources available to them, which bring new insecurities or intensify existing ones. In other words: the problem is not to be found in the kind of social security systems, but rather in the lack of available resources. In the Netherlands, they further argue, demands are being made that more social security should be provided by the family and the community. The resurrection of these structures is seen as a precondition for economic growth. No danger is seen that the desired larger role of kinship and social networks would have a negative influence on economic growth.

Informal sector workers have set up schemes which better answer their needs and contributory capacity. Also, self-employed workers are usually not prepared to pay the “double” (employers and workers) contribution for formal security. Next to that, people might voluntarily avoid formal social security systems because of a lack of trust and the burden of formal regulations (van Ginneken (1999)). This is in accordance to the legalist school, which has yet another view on the informal sector. De Soto (2000) for instance, argues that entrepreneurs voluntarily generate in the informal sector to avoid costs, time and effort for formal registration. Within the informal economy formal rules and regulations are ignored because the rules are unreasonable and regulations are restricting private enterprise. Similarly, many workers outside the formal sector are not willing or able to contribute a relatively high percentage of their incomes to finance social security benefits that do not meet their priority

needs and are therefore involved in informal social security systems. The question is to what extent informal social security systems are always more flexible than formal ones. The choices of people to avoid formal social security systems cannot only be explained by financial reasons. Also religious and cultural ideologies are important in this.

In the literature, there is a debate about the way social security can be developed. The International Social Security Association is an international institution that brings social security agencies and organizations together. The aim of the ISSA is to promote dynamic social security as the social dimension in a globalizing world by supporting excellence in social security administration (ISSA 2013). According to this association one of the key current global problems facing social security is the fact that more than half of the world's population are excluded from any type of formal social security protection. It could be argued that the ISSA sees the formalization of social security systems as the only way to develop these systems. As described above, it is questionable whether formalization of social security systems is possible and even wished for by people living in developing countries. A major part of the population in the informal economy does not have and will not have a sufficient and regular income to afford membership in formal social security programmes. Because only five to fifteen per cent of the people in developing countries make use of formal social security schemes, it could be argued that it is of much importance to develop alternative social security systems (Cichon et al. 2003)

In my research I hope to make a contribution to this debate by exploring the underlying reasons and explanations that people in Accra have and the choices they make concerning social security providers. I hope discover whether people voluntarily stay out of formal social security systems or whether they are forced to stay out, because of a lack of access. Hopefully I can make a contribution to the debate on how to develop social security systems in Accra.

Chapter 3: Methodology

3.1 Introduction

The main goal of my research is to get a holistic understanding of the role of social security arrangements in Accra. I want to acquire an understanding of what people consider social security, basic needs, important cultural ceremonies, risks and vulnerabilities and what they conceive as major challenges in Accra. Next to that, a holistic understanding is pursued of the different social security measures people have and the motivations, choices and backgrounds attached to these measures. The central research question is: What are the social security arrangements pursued by traders at Kaneshie Market and how are they significant for understanding urban livelihood arrangements within a broader socio-cultural, economic and political context?

According to von Benda-Beckmann and von Benda-Beckmann (1994) people in most societies will always be involved in a ‘multiplicity’ of social security relations: ‘people usually compose a social security mix consisting of various arrangements for social security. But not everyone has the same capabilities’ (1994, 9). These multiplicities vary per person and depend on gender, age, class and status. Smith (2007) further states that urban actors in Ghana strategically resort to a diversity of institutions in order to achieve a certain level of social security. People constantly try to maintain or rearrange relations in changing circumstances and establish new ones in order to secure their lives. Examples of these different institutions are religious groups, extended- and transnational families, occupational unions and member-based organizations.

An understanding of the different strategies (ex-post and ex-ante) people or households have and use to lower risks, is therefore important. The economic, social, individual, psychological and cultural factors that have a role in this should all be taken into account arrive at a holistic understanding of the different social security strategies of the traders at Kaneshie Market.

To arrive at a holistic understanding of social security in Accra, I employed different, mainly qualitative, methods. The methodology of this research can best be described as ethnographic fieldwork. Ethnographic fieldwork has the purpose of coming to an understanding of the practices and notions of people in its full context, by paying attention to its social, political and economic surroundings (Van Maanen 1988; Eriksen 2004). This type of research is able to provide for rich, in-depth and nuanced data about the different social security systems

people are involved in and can also clarify preferences, emotions and backgrounds of choices. I encountered informants in formal as well as informal contexts and used methods such as (formal and informal) interviews, participant observation and document analysis (Gobo 2008).

I made use of an intensive research design, in which the emphasis is on describing a single or small number of case studies with the maximum amount of detail. Causes are elucidated through in depth examination and interpretation. In order to achieve this usually ethnography and qualitative analyses are used. Explanation is concerned with disclosing the links among events, mechanisms and structures (Clifford, French and Valentine 2010).

According to Aitken and Valentine (2006) researchers can and should use multiple methods and different sources of information to try to maximize the understanding of a research question. Geographers adopting a humanistic approach argue that human behavior is subjective, complex, messy, irrational and contradictory. Therefore humanistic geographers often use methods, such as in-depth interviews and participant observation, that allow them to explore the meanings, emotions, intentions and values of people's lives (Aitken and Valentine 2006). In the following paragraphs I will review the different research methods I have used and support the choices I have made during my fieldwork.

3.2 Background information

During my fieldwork in Accra, I visited several NGO's, insurance institutions, occupational unions and churches to get a better understanding of and background information about social security issues in Accra. For example, I spoke to Auntie Phyllis, the chairwoman of the HIV/AIDS project of ADRA Ghana⁷. Through ADRA, I came in contact with Kofi Amofa, the national president of Nap+ Ghana⁸. This organization is a network of support groups of people with HIV and AIDS. One of the organization's main goals is to reduce the Stigma of HIV. In these conversations I got an better understanding of how the stigma that is attached to HIV/ AIDS is connected to (a lack of) social security⁹.

With some staff members of Global Communities Ghana and NIMCOSS¹⁰ I talked about some of the major social security issues and problems in the slums of Accra. Both organizations have several projects that upgrade and improve slums by empowering youth and expanding basic facilities in slum areas. Especially issues concerning housing and access to basic facilities and needs were topics we discussed.

⁷ The Adventist Development and Relief Agency Ghana

⁸ The Ghana Network of Persons Living with HIV and AIDS

⁹ See box 5.1 on page 70

¹⁰ Nimba Community Support Services

I also interviewed someone from HelpAge Ghana, an NGO that focuses on the wellbeing of the elderly in Ghana. We talked about the social security issues that the elderly in Accra, but also in rural areas, face. Furthermore, I spoke to board members of the GPRTU¹¹ and GHABA¹² at Kaneshie station to find out more about the role of occupational unions as a supplier of social security. Moreover I visited three churches¹³ and interviewed people that were involved in church welfare schemes.

I spoke to several staff members of ISSER. Rev. Dr. Adobea Owusu and Dr. Charles Acka, were especially helpful, because micro insurance and access to healthcare were some of their main research areas. Dr. Isaac Osie-Akoto helped me with making a suitable interview guide.

Moreover, I visited several churches and spoke to members and predecessors, to find out more about churches as suppliers of social security. I joined my host family several times while attending the St. Marks Methodist church and also was invited by Yawsom, one of my informants, to attend services at the International Central Gospel Church. Another respondent, Justice, introduced me to the pastor of his catholic church. A short interview I had with Florence, the chairwoman of the welfare scheme of the Goodwill International Charismatic Church in Darkuman, helped me to acquire an impression of the social security arrays churches are usually involved in.

Furthermore, I interviewed a staff member of the Ghana Insurers association (GIA) an association that represents different insurance companies. Through the GIA I came in contact with Star Micro insurance, a company that supplies people with lower incomes with (micro) life insurances. For some weeks I was able to follow some insurance agents into the field. One of the agents, Evan, went to the Mallam Atta market and Kaneshie Market every day. He had been working as an agent for Star Micro Insurance for two months. His job was to collect dues from clients and also try to convince people to join one of the policies that Star Micro Insurance offered.

During these weeks I met many traders, mainly at Kaneshie Market and I could easily ask them about their motivations to make use of a micro insurance policy. Furthermore, I was able to attend staff- and agent meetings and interviewed different staff members and agents about their work and about micro insurance in general. The difficulties and misunderstandings

¹¹ The Ghana Private Road Transport Union

¹² Ghana hairdressers and beautysaloons association

¹³ Goodwill International charismatic church in Darkuman, the St. Mark Methodist church in Darkuman and the ICGC Christ temple in Accra North.

that come with micro insurance became more clear to me during these weeks. It was interesting to find out more about the goals and motivations of an insurance company on the one hand and the opinions and attitude of clients on the other.

At Kaneshie Market I interviewed Kingsley Asante, the revenue manager of Accra Markets Limited. This company can be seen as the owner of the market. Kingsley Asante explained to me a lot about the commercial motivations of Accra Markets Limited and also about the different associations and their use.

3.3 Surveys

In the first weeks of my fieldwork I started with a broad focus and tried to find out as much as possible about the different measures and systems of social security in Accra. I used a survey to ask several people about the main difficulties in Accra and in what kind of ways they tried to mitigate these difficulties¹⁴. I also asked the respondents which suppliers of social security are the most important for a variety of situations. The survey was a way to start a conversation with my respondents and was used as a basis to ask more questions about the backgrounds, motivations and choices. In this way I received a first impression of what people conceive as social security and the problems they were facing in Accra. Furthermore it became clearer which measures were often taken for particular problems and social security issues.

Fifteen respondents participated in the survey. Nine of them were male and six female. All respondents were from Darkuman, the neighborhood I was living. The sample was heterogeneous. Most respondents had a small shop or a food store. Among them were also two nineteen year old boys that were still living with their parents and two women who were already retired. All the women were married. Some of the men were still unmarried while others had a family. To most of them I spoke several times, also after the first weeks. I realize that fifteen surveys is not enough to come to generalizing conclusions about the situation in Accra, but especially the conversations that came forward during and after the surveys were very interesting and a good way to orientate on my subject.

It helped me to clearly focus and to understand which subjects concerning social security are of importance in Accra. New questions about social security came up because of the conversations. Furthermore, I realized that there were prepossessions in my survey. Respondents were telling me that housing and paying rent in Accra was one of their concerns as well, while originally there was no question about housing in the survey.

¹⁴ In the appendices on page 112 the complete survey can be found.

Moreover, several respondents did not know what to answer, when I asked them who would help them if they became unemployed. I realized that being unemployed especially for male respondents, was socially unacceptable and is often perceived as a weakness and failure to take good care of the family. Being unemployed and letting someone else take care of you was not seen as a realistic option. Before I entered the field I thought this would be an important social security issue and I assumed that Ghana had similar mechanisms as the Netherlands to take care of the unemployed.

The surveys helped to acquire a good understanding of the different arrays, measures and suppliers of social security. The data from these surveys functioned as a basis for the qualitative interview questions that I used later during my fieldwork at Kaneshie Market.

3.4 Doing fieldwork at Kaneshie Market

The remaining three months of my fieldwork I mostly spent at Kaneshie Market. This market was an interesting place for my research because there were new and upcoming arrays of social security (like micro life insurance), but also more traditional measures based on reciprocity, kinship and friendship. After a period of orientation I had to make a choice in the group of people I wanted to focus on. Mainly because of the interesting experiences at the markets with Star Micro Insurance, I decided to focus on the traders of Kaneshie Market. The traders were a suitable focus group, because they are at the border of formal and informal economies and are in the middle of urban-rural connections. At the market I was able to find out more about the way in which social networks, the involvement in associations and church groups, but also the role of (micro) insurance companies and state-based welfare schemes (like the NHIS), are combined into a social security mix by traders.

At the market it was possible to get a better understanding of the difficult choices the traders have to make and how economic factors, identity, status and psychological backgrounds influences these choices. The traders are in close contact with each other every day and positive or negative stories told in the market influenced people's choices.

Markets have always been a place of interest for social scientists, especially among anthropologists. The complex social institutions that organize markets and the role of social capital in this are important subjects. In his book Tsukiji, Bestor (2004) describes how Japanese markets are created by the production of cultural and social capital as well as goods and financial assets. The social structure of economic process and the role of a marketplace as a cultural institution are emphasized in his work. Social networks and institutions, in his view, make the market run. Special attention is paid to the role of the family, apprenticeships and

training, hometown ties and kinship and the importance of coalitions and alliances between traders.

Gracia Clark is an anthropologist who has been doing research in African markets for over thirty years. She mainly studies the market women of Kumasi Central Market, which is often considered the largest market in West Africa. In order to understand the key social forces that generate, maintain, and continually reshape the shifting market dynamics, Clark explains the economic, political, gender, and ethnic complexities involved in the operation of the marketplace (Clark 1994, 1999, 2011).

In the work of Clark (1994, 1999, 2011) and Bestor (2004), social networks, competition and the role of family and kinship are the main subjects and these are also of importance for research about social security. The role of relative new suppliers of social security, like the NHIS and micro insurance companies, is not discussed in their work (partly because at the time of writing these suppliers did not exist yet). In my thesis I will discuss some of the same topics that are discussed in the literature, like the role of kinship and associations, but I will also focus on micro insurance and the NHIS.

At Kaneshie Market I used different qualitative research methods to get a clear and in-depth understanding of the ‘social security mix’ of the micro entrepreneurs. At first I tried to make use of interviews. Emans (2003) emphasizes that the more an interview is structured, the more the interviewer sets the direction and possible answers of the interview. During my research I made use of semi-structured interviews. According to Heldens et al. (2005) the goal of a semi-structured interview is to find out as much as possible about the informant’s experiences and visions. The content of my interview questions were more or less fixed. However, the order of the questions, the way and occasion of asking and the possible answers were variable. In my view, it is important to have an open conversation in order to find out as much as possible about the informant and his or her views about social security¹⁵.

3.5 Participant observation and informal conversations

Formal interviews turned out to be not the most ideal research method at the market. Most traders were busy helping customers and did not have the time to do long interviews. It was better to ask some questions in between their activities. The methods I used at the market can best be defined as participant observation: ‘In participant observation the researcher does observations and holds several informal conversations and interviews, while taking part in the

¹⁵ In the attachments on page 115 some of my interview questions can be found

daily social life of the informants' (t Hart, Boeije and Hox 2005, 73). I used this method to get a complete understanding of how people come to their 'social security mix' and how personal choices, different social-, cultural-, economic- and political features are involved in this.

During my fieldwork, I took part in the daily activities of people to find out as much as possible about how different people manage to provide for themselves and others with social security. Rather than doing formal interviews, I spoke to most of my respondents on a daily basis and asked them a few questions a day, while making notes of their answers. In the evening I worked on my notes and thought about what more I would like to know about them. The next time I spoke to the same person, I was able to ask further questions and supplement the existing information. I kept using the interview questions I composed beforehand, but was never asking all the questions at the same time or in the same order.

To achieve willingness and trust and build up initial rapport with people, unstructured interviewing is an excellent tool. It is an adequate method to interview people who would not tolerate a more formal interview (Bernard 2011). Most respondents I spoke on a daily basis. With some of them I became friends and a mutual trust came into being. Indeed it became increasingly easy for me to ask more personal questions about family issues, for example. Respondents were also asking me questions about my life in the Netherlands. This intense contact and mutual trust with several traders, contributed to my ability to acquire a holistic view of the activities, issues, difficulties and social security measures of micro-entrepreneurs of Kaneshie Market.

During my four months in Accra and also during my first stay in Ghana in 2007, I stayed with a local family, the Djan family. I had several conversations with different family members about social security issues and was also able to see in practise how different actors, like the extended family and the church are involved in this.

While I was living with the family, I was able to observe the importance of social contacts within Accra and other parts of Ghana. In September my host father, Mr. Djan, passed away after a few years of suffering from dementia. In the weeks and months after his death, I was able to observe and also participate in the preparations of his funeral.

3.6 Literature and documents

For a theoretical background and grounding of this research I used academic books and articles. Literature is a source of knowledge for it contains theoretical insights (Verschuren and Doorewaard 2010). The scientific literature used in this study was found using a variety

of search methods. Firstly, I have used different electronic search appliances, like Web of Science and Radboud University Catalogus. I mainly used the 'snowball principle' to find relevant publications. My supervisor, Dr. Lothar Smith provided me with relevant literature and while reading new relevant literature captured my attention.

3.7 Respondents

For my research I made use of respondents, as well as informants. A list of my most important informants and respondents (with references to more information) can be found in the appendices on page 115). The role of my informants was already discussed in the section on background information. It is worth mentioning that the day before I had an interview with an informant, I would usually acquire information about the organization in which the informant worked in order to set up my interview questions.

As already explained in the paragraph about surveys, I had 15 respondents for the survey. All surveys were carried out in Darkuman, the neighborhood, where I lived. Because this was during my first weeks in Accra, I was unsure how to start and I intended to use snowball sampling in selecting respondents for my survey. I did not find any difficulties in finding respondents in Darkuman. Most of the time people started a conversation with me and after a while I asked them if they were willing to participate. I mentioned that men were usually more assertive in starting a conversation with me, but in the end seven women and eight men took part.

A second group of respondents are the people at the market (mainly Kaneshie Market, but also the Mallam Atta Market). It is hard to speak of an amount of respondents because I spoke to many people. Some traders I spoke with on a daily basis, but I also met new people every day with whom I spoke only once or twice. I had nine respondents with whom I (almost) spoke to on a daily basis.

At first, I chose my respondents randomly. Like in Darkuman, it was easy to make contact with traders at Kaneshie Market. Almost everyone was interested in me and started talking to me. Soon, I had to make some rational choices and had to control the social contacts I was making in order to get a representative understanding of the different people at Kaneshie Market.

Kaneshie Market is a complex place with a lot of different kinds of traders. The market consists of three floors. On the ground floor, mainly foods and vegetables are sold. On the first floor traders sell (among other products) wigs, buckets and shoes. On the top floor there are many clothes- and fabric shops, seamstresses, hairdressers and beauty salons.

Outside the market, there are many traders as well. Squatters are selling vegetables that are spread out on the ground or on small tables. In and outside the market there are also hawkers, who walk around most of the time with the products they are selling on their head.

In other words: within Kaneshie Market there is a wide variety of traders, with different kinds and sizes of businesses and incomes. Because of the large size of the market and because my goal was to get in-depth data, I was not able to focus on all the different kind



Picture 3.1 : An impression of Kaneshie Market

of traders. I chose to focus mainly on the traders on the first floor, where businesses of different sizes are situated. On this floor I interviewed (among others) shoe-sellers, toilet paper-sellers, wig-sellers, hairdressers and people selling plastic buckets. A second focus group was the squatters outside the

market, who overall have lower incomes than the traders inside the market. Among this group I spoke to ladies selling tomatoes, yams, other vegetables and dried fish.

The market was mostly a woman's business. There was a clear division between men and women. Women mostly sell products and stay close to their shops. Men do the physical work, like supplying the shops with wheelbarrows (Often they are yelling that they have to go past, while running with high speed and showing their strength). Because of their activities, interviewing men was awkward. After a month of fieldwork at the market, I came to the conclusion that I interviewed mainly women simply because there were only a few men available. Therefore the last focus group was the butchers on the ground floor. All the butchers were men and because they worked at fixed places, it was more easy to meet them regularly and ask them questions. In this way I was able to obtain a better understanding of the differences between men and women.

To achieve a holistic understanding of social security I did not limit myself to conversations with people at the market. In fact I spoke to many people outside the market, like students, people that were living in Darkuman, the neighbourhood I was resided, people from different churches and associations, taxi drivers and people that were attending the

funeral of Mr. Djan. This gave me an idea of how these people living in Accra, perceived or acted in social security arrangements.

3.8 Language barrier and translator

A major problem I was facing in the market was the language barrier. Most of my informants spoke some English to have a conversation. Especially the squatters outside the market were often difficult to understand and they also often had difficulties with understanding my questions. Overall I had no problems with attaining some general information from my respondents. More complex questions about social security issues, however, were often not understood.

To overcome the language barrier I worked together with a translator: Kingsley, an 19 year old boy, who just finished Senior High School. He was helping his auntie in her wig shop at Kaneshie Market and had a lot of free time. He was waiting to start university, but his family did not have enough financial means yet. He knew many people at the market, which was useful to find respondents. Kingsley speaks Ga, Twi and English and with these languages we were able to interview respondents in a good way.

3.9 Reflections

With the research methods I used during my fieldwork I was able to collect rich and in-depth data. Moreover, I was able to get an understanding of the backgrounds of decisions and choices of people. The used methods were therefore suitable for the intentions of my research. Because of my intensive research design, I am not able to make too many generalizations about social security in Ghana, Accra and even not about the entire market. Quantitative research has been done about the choices people make and about, for example, the uptake of the NHIS and micro-insurances. The economic, psychological, social and cultural backgrounds of these choices were important to investigate.

The low amount of people I spoke, could be seen as a shortcoming in my research. This was a rational choice, in order to fill a knowledge gap with in-depth data about social security arrangements in urban livelihoods.

As I described before sampling and finding respondents was not a difficulty in Accra. During my research I constantly tried to stay conscious of the different characteristics of people. I often spoke to a few traders at the same time and always tried to stay aware of the fact that I was not only paying attention to the most self-assertive and talkative people. Therefore I also tried to approach people for my research that were more shy and not too

enthusiastic about my research at first, instead of speaking only to people that approached me.

A final critical point is the fact that I was not able to speak the local languages (like Ga and Twi). A part of my research was observing what was going in the market. If I was able to understand the local language this would have been more easy. Interviewing together with a translator worked out well, but was not always easy. Kingsley is not a professional translator and sometimes I had to make sure I stayed involved in the conversation and got informed about the answers of the respondents on a regular basis. Furthermore, Kingsley was not always around at the market or was sometimes busy helping his aunt. When this was the case I was more or less limited in having small talk with people and was only able to have thoroughgoing conversations with people, who spoke English on a good level.

Chapter 4

Funerals, social security and social belonging



4.1 Introduction

Funerals are and always have been important social and cultural occasions in Ghana. A grand funeral is of great importance for both the living and the dead. A way to prove one's success is through the size and scale of a funeral. The belief is that only a person who led a successful life will be admitted to the land of the ancestors. Moreover funerals show the prestige and honour of a family (De Witte 2001; Mazzucato et al. 2006; Van der Geest 2000). In this chapter I will describe the importance of funerals and also discuss some current debates about funerals and social security. Based on interviews at the market and observations before and during the funeral of Mr. Djan¹⁶, I will try to give an impression of the different systems of support that come into being before and during funerals. Social networks and family are important in this. Furthermore, I will pay attention to different institutions, like labour associations and the church, that offer support.

A new development that shows the dynamics of funeral practises in Ghana, is the involvement of micro life insurances. People pay small amounts of money every week or even every day. When a direct family member dies, a cheque is handed out to the insured (as can be seen on the picture on the previous page). In this chapter I especially focus on the different suppliers of support that people have for a funeral. The choices people make for particular suppliers and the reasons and motivations people have for these choices will be analysed and described.

4.2 Funerals in Ghana

Among (most) people in Ghana, the funeral is commonly regarded as the ultimate care that the family provides for its members. In their description of funerals among the Akan¹⁷ Van der Geest (2000) and de Witte (2001) describe that families show their deepest love and respect for the one who has died. Funerals are among the most important ceremonies of Akan cultural and social life (Mazzucato et al. 2006). The importance becomes clear when I am on my way home in a taxi one evening, talking to a taxi driver, who calls himself Mr. Maxwell. He tells me about the importance of funerals and explains that when someone dies, everyone will contribute money. However, he is not very positive about the way in which funerals are celebrated in Ghana:

¹⁶ On page 42 and onwards more information about Mr. Djan and his funeral can be found.

¹⁷ Akan is a group of related people residing mainly in the southern regions of Ghana and Ivory coast. The Akan are the largest ethnic group in Ghana

When someone dies, Kofi will give ten Ghana¹⁸ and Kwesi will give five Ghana, Adua gives fifteen Ghana. Everyone will contribute. But if you have a hard time with your taxi business no one will help. In Ghana, you first have to die, before you get some help. If you don't have money for the education of your children, nobody will help. You do not get any help, when you are still alive. Funerals are very, very expensive. Also when someone dies, the family will start to upgrade the house. I think it is very sad that the deceased person cannot enjoy the nice house at all. (Mr. Maxwell, conversation 7 September 2013)

These words of Mr. Maxwell represent the importance of funerals in Ghana. Also it displays an important discussion that is going on about the expenses and high costs of funerals in Ghana. According to Van der Geest (2000) funerals create ambivalences in Ghana. Their high costs and extravagance are often criticized in articles, speeches by pastors, politicians and journalists. A central critique of funerals is that they are used by families to show off rather than express their grief. Families often spend more on a funeral than they spend on the care of an elderly family member.

Indeed, many people I meet in Accra and at Kaneshie Market in particular are complaining about the high costs of funerals. However, when Hannah, a shoe seller at the market and one of my respondents suddenly died in a traffic accident, the people that criticized the high costs of funerals were the main initiators in collecting money for Hannah's funeral. This situation confirms the dualism and dilemma that Van der Geest (2000) describes in his work. On the one hand, many people have the opinion that there is an overemphasis on funerals and this is at the expense of proper care and support in other cases of need. On the other hand a poor funeral would be an unbearable disgrace.

Funerals are occasions in which families compete for social prestige. No family can afford to stay behind. It is very shameful when a family is unable to give a family member a good burial. (Mazzucato et al. 2006; Van der Geest 2000). Neglect of elderly people is considered socially wrong. However, it carries fewer connotations of disgrace because it can remain unobserved by others. It can be stated that public honor (that is displayed during funerals) is of greater importance than private welfare. A funeral not only confers prestige upon a family (it shows that family members are successful in life and respected by others). Furthermore is also a public display of solidarity within the family (De Witte 2001).

¹⁸ Often people refer to Ghana cedi, by simply calling it a "Ghana". One Ghana Cedi is worth €0,24.(http://www.wisselkoers.nl/ghanese_cedi)

4.3 Case: The funeral of Mr. Djan

During my four months in Accra and also during my first stay in Ghana in 2007, I stayed with an Akan family, the Djan family. I had several conversations with different family members about social security issues and was also able to see in practise how different suppliers, like the extended family and the church were involved in this.

In September 2013 my host father, Mr. Djan, passed away after a few years of suffering from dementia. In the weeks and months after his death, I was able to observe and also participate in the (preparations of his) funeral. When I arrived at home one afternoon in September, I found the house and the garden full of people from the church the neighbourhood, and also family from other parts of Ghana. They came to greet and condole the family. Especially in the first week after his death the house was constantly packed. The role of the church in providing psychological support for Mrs. Djan and her son Kojo was impressive. Every day and evening several groups from the church came to support the family and pay their regards. Some evenings the church choir came over to sing hymns during the evening. The pastor and the members of the Women's Methodist Association, of which Mrs. Djan is a member) were present much of the time.

Furthermore, people from the neighbourhood, whom I met on the street and had some connection with the Djan family told me that they had paid or were planning to pay a visit to the house. Members from the Ghana Hairdressers and Beauty Saloons Association came over to give their condolences. Before Mrs. Djan retired she had a hair salon and was a member of GHABA.

A day after the Mr. Djan's death, family members started to upgrade the house and the garden. People started to clean and remove trash from the house. Among them was Yaw, a nephew of Mrs. Djan who stayed in the house six years ago and did a lot of work in the house back in that time. Mr. And Mrs Djan in return helped him financially to finish his education. In the following weeks Yaw painted the whole house (inside and outside) including the flower pots and walls in the garden. Other people, mainly from the neighbourhood, were hired to give the garden a make-over, measure for new curtains and bring new furniture for the living room.

A small television was replaced by a brand new flat-screen television. During the funeral, Kojo was showing me a newly installed air-conditioning system in the living room. This was only used during the funeral itself, when a lot of people visited the house. During the weeks after the funeral, it was never switched on again. Just before the funeral itself, that was held in the beginning of November, also the kitchen was renovated. A new stove and fridge

were installed. Very surprising was the installation of small things, like new water taps. During my stay (and the one from six years ago) the taps had never been working. I talked about this with Mrs. Djan and she explained that it was better to use a bucket to do the dishes in order to save water. A few days before the funeral ceremonies, however, brand new water taps with running water were installed.

Moreover, in the kitchen there is a big table, where the family and I always had our meals. This was also the place where I often read books and worked on my research during the evening and where family members read the bible. In the evenings, however, it was very dark at the table, because there was no light bulb above the table. I thought it was simply not possible to install a light bulb, but a few days before the funeral there was suddenly a light at the table. When the funeral was over and all the visitors returned home, to my surprise the light bulb and the water taps were removed again and I had to read in the dark with my torch and do the dishes with a bucket of water again.

many of the changes and new items installed in the house, like the air-conditioning, the water taps, and the light bulbs, were not to be enjoyed by the inhabitants of the house. Most of the transformations were changed back after the funeral ceremonies were finished. According to Van der Geest (2000) funerals in Ghana are occasions for the family to affirm prestige and to celebrate its excellence. He further argues that funerals are not really about death. In his view, death is only an excuse to celebrate a funeral. At funerals people, of course, cry over their dead. However, the main function of funerals is to demonstrate social, political and economic excellence of the family. All the transformations in the house can be seen as a way to make sure that the excellence of the family is displaced and mentioned by all the people that pay a visit to the house.

Kojo, the son of the deceased Mr. Djan has a slightly different explanation for all the changes in the house. He tells me that it is important for the family to show to all the people that come to visit the house, that his father had a successful life and always took good care of his wife and children. The good state of the house is a way to show that Mr. Djan always worked hard in order to give his children a good future. This is also mentioned in the work of Marleen de Witte (2001). She explains that a successful life of a person in Ghana, is first of all measured by what someone has done for his or her children.

Men in Ghana highly value being the head of the household. A man has to provide income and social security for his wife and children. The importance of this becomes clear in the conversations I had with Ben. He is a thirty-one year old man, who sells fried rice with chicken on the street in a small shed in Darkuman. He is married and has one boy (who is one

year old). In one of our conversations, Ben tells me the following: “I am the head of my family. If something happens to my wife or child, it is my responsibility. If something happens to me, I will have to solve it myself”. (Ben, Interview 9 August 2013). The transformation at the house is not only done to show the excellence of the family. One of the main reasons is to show that the deceased person, in this case Mr. Djan, always took care of his family and was an excellent head of his household. This view was also present in the stories that were told during the funeral service in the church. A good example is the speech of Kofi Djan, the oldest son of Mr. Djan:

As our hearts are full of sorrows and our eyes are filled with tears, we are encouraged by the fact that like the apostle Paul you have fought the good fight and ran a good race in your lifetime. Your sacrifices to ensure that all your children are educated in addition to the Christian and moral principles you trained us which made us what we are today. (2 November 2013)

In all the speeches from the children, his wife and fellow members of the men’s fellowship of the Kaneshie Presbyterian Church (of which Mr. Djan was a member) the ways in which Mr. Djan always had taken great care of his family was emphasized. Stories were told about a hard working man that had made sure that all of his children made it to university. Furthermore, one of his children was currently living in the US and another in London. This was mentioned several times as his achievement.

Funerals are occasions to show the excellence of the family. Van der Geest (2000) states that funerals are not about the death, but only used as a way to show the greatness of a family. It should be added that one of the main reasons of funerals and all the transformations in the house, is to honour the deceased person and to show and make people know about all the good things he did for his family.

Next to the prestige of the family, honouring the good and successful life of the deceased is of much importance. Only persons who had a successful life will be admitted to the land of ancestors. Funerals are a way to show this success. Ancestors influence life on earth and funerals are occasions when families can honour or offend their ancestors (De Witte 2001; Mazzucato et al. 2006).

4.4 Different suppliers of social security in the case of a funeral

In the case of a funeral a complex support system with a lot of parties involved comes into

being. In other cases of hardships, like support for education or hospitalization, the burden is mostly on the shoulders of the closest family members only. In one of my conversations with Dominic¹⁹, he explains that in the case of a funeral, there are many support systems that help the family members of the deceased person to cover the costs of a funeral: ‘When a family member dies, a lot of people will help small. The family is the most important in this. Family from the whole of Ghana will come to contribute. But also friends will help small and people from church, neighbours and my master. Everyone will help small’ (Dominic Kwalegah, survey 19 August 2013).

The fact that so many people are involved in funerals and come over to the house and the funeral ceremony itself, can be explained by the social function of the occasion. During (the preparations of) a funeral the belonging to social groups plays an important role. It is questionable, therefore, whether people in Ghana see all the different systems that come into being during and before funerals as social security. In my view social security is not the main goal and function of funerals. It is social belonging that can explain the involvement of so many people.

In the work of Mazzucato et al. (2006) the function of funerals for social belonging is explained. Funerals are a way for communities to keep migrants interested in them. Large investments of family members (who live abroad) in the funeral is a way to re-establish and legitimize positions within the family. It is an occasion for family members to strengthen their position and respect within the family. In the following paragraphs the different suppliers of support in the case of a funeral will be discussed. In my research, next to the role of family, I mainly focused on the role of associations and micro insurance companies, because I mainly performed my research at the market, where these two suppliers were very visible. Some attention is paid to the role of the church as well.

4.5 The role of associations and social networks within the market

In Ghana occupational unions or associations are widespread. At the markets every product has its association. Member-based organizations like these, are often seen as the backbone of social security in communities of developing countries (Robinson and White 1997). When it comes to funerals and social security in general, one of the suppliers of support are the occupational associations.

Rose, who is selling onions in a small stall at the Mallam Atta market, tells me that

¹⁹ See boxed text ‘Dominic Kwalegah on page 46

Box 4.1: Dominic Kwalegah



Dominic Kwalegah is a butcher who works in a small shop in Darkuman. Every day when I am walking to the trotro that goes to Kaneshie Market I go past his shop and we often talk about our lives, about living in Accra and about social security issues. Dominic is twenty three years old. He is a Catholic and was born in Bumu (a village in the North of Ghana). When he was young he never went to school and was working at the farm of his parents. Currently, Dominic is working as an apprentice in a butcher shop that is

owned by someone else. He refers to his employer as 'his master'. His master is a friend of his father and this is also how Dominic got the job.

The rest of his family is still in Bumu, except one of his cousins, who also lives in Accra. His master taught him butcher-skills. He also lives together with his master and the wife and children of his master. Dominic earns about fifty cedi a week and pays ten cedi a month to his boss, for water and electricity. Next to that he has to pay for his own food. He further sends money to his parents in the north. This is about fifty cedi a month. *'I give it to bus driver that drives to the north. When he gets there my family collects the money there'*, he says. When there is a bad harvest or when there is a special occasion like a funeral he sends extra money.

Dominic works seven days a week (from seven till eight). He sometimes complains that he works hard and still is not able to save a lot of money. He says he saves about ten cedi a month. The main goals of his savings are to get married with his girlfriend and to start up his own butcher shop. For his own shop he needs an estimated 1500 cedi and to organize a sufficient wedding 2000 cedi. To be able to get married he has to save money to pay for all the clothes of his family in law, drinks and food for the wedding. In contrast to funerals, Dominic explains, a man does not get any help from his family (or family in law) to pay for his wedding.

The case of Dominic shows how young men in Accra have to find the right balance to try and save money to achieve their own goals and dreams on the one hand and support their families in hard times and supply them with social security on the other. Family bonds are important in many cases. It was through his father that Dominic found a job and learned a profession in Accra. His family supplied him with a job, but also needs financial support and in a way stops him from getting married and moving up in life and starting his own shop.

there are about forty-five associations at the Mallam Atta Market. She is a market queen and one of the leaders of the 'onion-sellers' association. This association offers some social security to its members, but this is very limited, she tells me. When a member of the association dies, the family of the deceased member will go to the leader of the association and every member of the association will contribute something to support the family of the late association member. When a parent or a child of a member dies, there is no help from the association.

Not all the ladies are a member of an association at the Mallam Atta Market. This depends on the kind of products they sell. All the tomato sellers and sewers are well organized and all of them are members of an association. On the contrary, Margareth, a lady selling Yam, tells me that there is no association for her. Support of an association for funerals depends on the availability of associations on the one hand and on satisfying the obligations of the association on the other: 'Only if you follow the rules they will help you. I am not a member of an association, because my environment does not have one. In my church there is one, but I don't join, because of the rules. If our name with all the requirements and fees is not on the list, you won't get any help' (Ben, conversation 20 August).

In Kaneshie Market every product has its own association. In contrast to the unions at some other markets, like the Mallam Atta Market, it is compulsory for traders to join the association. There are some differences between the associations within Kaneshie Market, but most of them do provide their members with some kind of social security. However, it can be stated that for none of them this is the main function of the association. Rather, they are used to organise and control the traders of the market. Every association has a leader (queen mother) and the different queen mothers are also organized in an union. Members pay monthly dues to the queen mother.

In Kaneshie Market the associations are a kind of mediator between the company (Accra Markets Limited) that owns the market and the traders that rent space to trade their products. The board and shareholders of the market often come together with the queenmothers to discuss several issues. In this way it keeps the security in the market, keeps it clean makes sure every trader is paying tax and the rent. Security guards are patrolling in the market during the day and at night. Also several measures for fire prevention are taken care of. Every two years, new rents are discussed with the queenmothers. (Auntie Adua, queen mother of the Kaneshie hairdressers association, conversations August – November 2013; Kingsley Asante, Revenue manager of Accra Markets Limited at Kaneshie Market, interview 8 October 2013)

Only when one pays dues to the queen mother, he or she can get some help in times of need. For most associations this help consists mainly of financial support for funerals and some associations give some support when a new child is born or for weddings. Agatha (interview 18 September 2013), who sells tomatoes, just outside Kaneshie Market, tells me that her association only helps with funerals (also in the case of the death of a close relative, like a husband and children). The dues are used for this. She states that she does not get any other help from her association. Jessica (interview 23-09-2013), who is a member of the wig-sellers association, pays one cedi a month to her association. She says that she can get fifty cedi for a funeral of one of her close relatives. This is not of much help, she explains, because a good funeral costs a lot more. Like many traders at the market, Jessica does not take any other ex ante measures, next to the compulsory membership of her association.

Another respondent, Joyce, sells toilet paper and diapers in a small shop. She is a member of the association of toilet paper sellers, that consist of about fifty members. All member pay five cedi per month. With this money members get some help, for instance when one of the parents die. Joyce is unsure about the amount of money she will receive for a funeral and tells me that this always gets discussed during a meeting.

One thing that the associations have in common is that they all offer some kind of financial assistance for funerals. The kind of help varies among the different associations. Some associations only offer help to the family, when a association member dies, while others



Picture 4.1: Funeral T-shirt of Hannah

also offer support to members of the association when a family member dies.

The support of social friends and social connections is important in the market. The case of Hannah, one my informants, who died in a traffic accident in the end of October 2013, represents this. Hannah was thirty-three years old and had worked in the market for seven years selling shoes and sodas in a small shop that she managed. When I passed her shop one afternoon, her shop was closed and red ribbons were attached to her small shop. Her neighbouring traders were telling me that she died the day before and this was the way to show it.

A week later, during the one-week celebration of her death, the importance of funerals and celebrations around the funeral, once again became clear to me. On the second floor of Kaneshie Market, where Hannah's shop was based, a professional DJ was playing very loud music all day. Women from the whole market, but especially the ones that had their shops close by Hannah's were dancing hysterically.

A few woman were organizing the collection of money and collected the contributions from traders at the market. This money was used by the family to buy drinks and food for the funeral. T-shirts with a portrait of Hannah, were dispersed among Hannah's friends in the market. These money collecting activities at the market are an example of how social belonging becomes apparent during funerals preparations. The dancing in the middle of the market, active collection of money and wearing the funeral t-shirts, were activities to show grief for Hannah's death. Moreover, these activities functioned as a way to show that people at the market contributed and were involved in the funeral and most important, belong to each other. The spontaneous collections were not done by the association, but by people that knew Hannah well. Among them were hairdressers, wig sellers and women selling plastic buckets. Hannah, told me that she was a member of the shoe-seller association, but this organization was not of much help for the family in organizing and paying for the funeral.

In the market, help from friends and social networks. turned out to be the most important. Although there is a lot of variation, in Kaneshie Market, associations have a mainly organizational function and do not contribute much to the social security of its members. All the associations offer some help in the case of a funeral, but the provision of social security is limited and less important for people than I expected beforehand and that is described by Robinson and White (1997).

4.6 The church and religious networks

Many churches in Ghana have welfare schemes. Like the associations at Kaneshie Market, members of the church have to pay monthly dues. Florence (chairwoman welfare scheme of the Goodwill International Charismatic Church Darkuman, interview 2 September 2013) tells me that the welfare scheme helps members with different problems. If a member dies, for example, the whole church will travel with him or her to the hometown to be there at the funeral.

Besides the church will pay for the deceased's coffin. Still the family is also important: 'We are just the church and we can help, but the members also have family that is responsible', Florence explains. Because our church is big, all the members belong to a group

within the church. If a parent or another family member of a member dies, the group will join him or her for the funeral in the hometown. For many it is of great importance to have a funeral in one's hometown. This is to show to the ancestors that the deceased had a successful life and to show the status of the family to the people in the hometown (Mazzucato et al. 2006).

Similar to the associations, the help given by the welfare scheme mainly consists of support for funerals. Florence tells me that when someone is ill and is hospitalized, the church members will visit the member. She says that the church cannot pay all the bills, but can help small. The member also has family that is responsible for this.

Rose²⁰, tells me that she mainly depends on family and friends, but also combines the help from the association and church. She thinks an additional micro insurance is valuable. She also sees this as a good way to save money for the education of her son. In the following paragraph I explain more about micro life insurances.

The role of the church as an institution and the welfare schemes are an important safety net for some, especially in the case of a funeral. However, the welfare schemes are not of importance for everyone, as is shown in the interviews I had at the market. In fact all the people I have spoken to were not a member of a church welfare scheme. The church has a very important role, as I briefly described above. The social networks attached to the church are central during and before the funeral, as the case of Mr. Djan shows. Also they are important in financing the funeral, because members of the church make donations to the family during the ceremony.

It can be questioned, whether the goal of the support during funerals is (purely) social security. Rather, funerals are mostly a way for people to show and make sure that they belong to a certain group. Attending the funeral, giving donations and providing psychological support, functions as a confirmation of one's belonging to a particular church (but also neighborhood, a group of colleagues at the market, a family). The fact that funerals are an important (the most important) occasion for many Ghanaians to show that they belong to a social network, can explain why everyone will contribute and is involved in funerals.

4.7 Micro life insurance

Another relative new actor that is involved in the social security of people in Ghana and at the market in particular, are micro insurance companies. According to Gerelle (2012) micro

²⁰ See page 45

insurance products could potentially address about eighty percent of Ghana's population. In Ghana, however, only between three and five percent of the total population has some kind of formal insurance (Ato Baiden, Ghana insurers association, interview 11 August 2013; FinMark Trust 2010; Gerelle 2012; Giesbert and Steiner 2011).

People make use of the available insurance products, only to a very limited extent. Next to that, the people that are insured in Ghana are mostly the ones that work with formal companies and the government. Especially among the people with lower incomes and people that work in the informal sector, the use of (micro)-insurance is very low. In the following paragraphs I will discuss the different reasons people have for not making use of life insurance policies.

4.8 Lack of money and fluctuating incomes

In the literature and in the interviews and conversations that I had at the market a lack of money and fluctuating incomes is often referred to as the main reason for people not to join an life insurance policy. In a survey done by Steiner and Giesbert (2010) questions were asked about the reasons that people have for not making use of insurance. 46.1 percent of the respondents answered that expenses were their main reason for not having insurance coverage. The FinMark Trust (2010) has slightly different results. In their survey even more (64 percent) of the respondents appointed affordability as the main reason.

A lot of people at the market, especially the ones that are selling vegetables just outside the market, have low and fluctuating incomes. Therefore, many of these traders simply do not have enough money to cover all the different arrays of social security. Because



Picture 4.2: Agatha

of this they have to make important choices, as Ben (interview 9 August 2013) explains: 'All the problems in Accra are in the end about money. If you have money, you have access to everything'.

The case of a forty-five year old lady, called Agatha is a good example of the difficulties some traders have at Kaneshie Market concerning social security. She sells tomatoes just outside the Kaneshie Market. She is divorced from her

husband and has to take care of her five children. She is not at all able to cover all the different arrays of social security. She tells me that her dream is to send some of her children to Senior High School. However, she sometimes even struggles to have enough food for everyone. She has to make very complex decisions and has to choose between saving money to extend her business, for her pension, funerals, weddings, children's education or purchasing a micro insurance policy or NHIS.

Because of a lack of money, Agatha is not able to cover all these needs and she is not able to fully protect herself and her family from all the risks they are facing. Many people mention that the market is not going well and that it is not busy these days. For many, this is a reason not to join an insurance scheme and in some cases it leads to the decision to stop paying dues for a microinsurance policy. Microinsurance companies understand the problems of the people, that mostly have irregular and unpredictable incomes. Therefore they work with flexible payments. Customers can pay weekly, monthly or daily and through different channels (agents, banks, post office, mobile money).

During my fieldwork I joined Evan, an agent of Star Microinsurance several times on a visit to the Mallam Atta Market. Evan goes to the market from Mondays until Fridays and has been working as an agent for star micro insurance for two months. His job is to collect dues from clients and also to try and convince people to join one of the policies that star micro insurances offer. During these visits I often spoke to Priscilla, a lady, who is selling yam. One day she tells me that she did not pay any dues for her microinsurance policy for over the last six months. This means that if something happened to her or one of her family members at that time, she would not get any help from star micro insurance. She did not realize this and tells Evan that she will start paying again. However she will have to pay for the last seven months. This is a lot of money (about forty cedi).

The lack of money is indeed an important factor and reason for people not to make use of an insurance policy. However this resource problem forces people to make choices in the way they provide themselves and their family with social security. From the interviews, surveys and conversations I had, it became clear that if people are forced to make these choices, they mostly do not choose to make use of an insurance policy. By simply distinguishing a lack of money as the main reason, personal and social factors and backgrounds are not taken into account, In other words: A lack of money is not an comprehensive explanation of the fact that people do not choose to make use of microinsurance. Rather it is the reason why people have to choose between different suppliers of social security.

4.9 The necessity of life insurance

In the surveys I cited before, 15.1 percent (Giesbert and Steiner 2011) and 13.2 percent (The FinMark Trust 2010) of the respondents stated that insurance was not important or necessary for them. However, because traders at the market, who have a lack of money, decide not to make use of microinsurance and use other arrays of social security instead, shows that necessity is a more important factor, than is shown in these surveys. Next to that, the fact that traders, stop paying dues in times of hardships (instead of stopping to make use of other arrays of social security), contributes to this view and shows that many people do not see the utility of micro insurance.

Many people are not used to the idea of insurance and their views and situation are often not in accordance with the rules and ideologies of insurance policies. I mention that for many people, paying dues for years, without any direct profit is unusual. It is not clear to many that insurance is a long term investment and that it is bound by several rules. Some people, for instance, decide to stop paying their dues when they are not making a lot of money and business is not going well. They have the belief that they can get back all the money that they paid in dues, but this is not the case. The statement of a trader at Kaneshie Market illustrates this situation in a good way: ‘We Africans, we do not like insurance. We want to work, get money eat and die. We want to use the money directly to eat’. It is understandable that people, who are struggling to provide themselves and their families with the necessities of life and have fluctuating incomes, are not willing and not able to pay dues for years, without seeing any direct result.

Again, fluctuating incomes should not be seen as the main reason people have for not getting a life insurance. Actually, resource problems, force people to make decisions and these decisions show that a lot of people do not see the importance of insurance and decide to use their money for other purposes. The lack of resources forces people to make decisions over a short-term period. Many people in the market have a lot of problems they have to deal with immediately, like dealing with tomatoes that are spoiling, decline in business, paying school fees, and paying hospital bills. The daily issues and hard times the traders have, make it understandable that they are not willing to pay monthly dues for something that could be profitable in the long-term.

4.10 Lack of trust

When I ask Seth, the head of finance of Star Microinsurance, about the low levels of participation in micro insurance policies, he states that money is not the problem: ‘Our

premiums are as low as possible. The dues are between five and seven cedi a month for a life insurance... it is very accessible for almost everyone' (interview 26 august 2013). In his view it is not the height of the dues, but the bad reputation of insurance companies that is the problem. Furthermore, in the literature a lack of trust is often mentioned as a factor that influences the decisions of people whether or not to make use of insurance.

In an interview that I have with Kingsley, an agent of Star Microinsurance, it becomes clear that the (lack of) trust has to do with different kinds of social factors within the market. Kingsley tells me that if one person tells a negative story about insurance companies, this can make ten people stop paying their premiums. Indeed, there is a lot of gossip within the market. Opinions are formed not solely but are much influenced by the social contacts someone has. One lady says that all insurers are liars: '*They make promises, but never pay*', she explains to me. When I try to find out why she has such a negative opinion about insurance, it turns out that she (or her family) never had a negative experiences herself, but that she heard negative stories from other market women.

Many people in the market tell me stories about people from susu companies, that are collecting money yet would disappear after a while. Therefore a lot of people do not trust people that ask for money in order to help them with their savings or insurance. Most people that were telling this story, did not experience this by themselves. However, this negative story contributes to a lack of trust and is a reason for people not to join a micro insurance programme and trust an insurance agent.

Susu is a broad term used for traditional money collection systems. *Susu* means savings and refers to the name of a wooden box that people always kept in their house, to save money. *Susu* is a micro savings mechanism where individual collectors pick up daily deposits from savers over an agreed period of time (usually a month) and return the savings minus one day's deposit as fees (Anku-Tsede 2013).

Susu is purely used for savings and is not comparable to the principles of insurance. People that use *susu*, receive their savings every month and can spent it on whatever they want. Next to that, people can decide every day if and how much they like to contribute to their own savings. The principle of insurance is completely different. People have to pay a certain amount of dues every month. If they do not, they are not insured. Furthermore, insurance companies only pay when a particular event, like the death of a family member, occurs.

People at the market are not always aware of the difference between *susu* and insurance. This is somewhat because policies like the IFP are partly for savings as well and

agents often refer to this as *susu*. Misunderstanding that appear because of this will be discussed in the following paragraph.

A lack of trust, that comes into being through negative stories that go round in the market, is an important factor that influences the choice of people to make use of a particular supplier of social security. If people have limited resources and money to spent on social security, it is rather a lack of trust and not the lack of resources itself that makes people decide not to make use of insurance. Negative stories can come into being, because of misunderstandings, as will be explained in the following paragraph.

4.11 Misunderstandings about life insurance

During my fieldwork I observed that many negative stories and a lack of trust come into being because of a lack of information and knowledge about insurance in general and about particular insurance policies. During the weeks that I joined Star Microinsurance in the field, I mentioned that there are many misunderstandings among my respondents (as well as among those who make use of an insurance policy, as among people that decided not to make use of it).

A lot of misunderstandings have something to do with the monthly dues people have to pay. At Kaneshie Market and Mallam Atta Market, mostly funeral policies are sold. The IFP (Investment and Funeral Policy) is the most popular policy and the agents I joined to the markets are only selling this particular policy. As the name indicates, the goal of this policy is to invest (for example for school fees or business) in combination with having a funeral policy. The monthly dues for the insurance of funerals are fixed. Depending on the family size a person will pay 5,50 or 6,50 cedi per month in order to receive financial help for funerals of themselves, their spouse, children or parents. When people have no parents and one child, the premium will be 5,50. Otherwise the costs are 6,50.

Several people that have this policy, however, think that they pay these dues in order to invest in (in most cases) the education for their children and the full amount of their monthly payment goes toward their savings. In fact they are just paying premiums for a life insurance. People save less money than they hope or think.

Ato Baiden (interview 11 August 2013) is working for the Ghana Insurers Association, an umbrella organization for insurers operating in Ghana. In total 24 Non-life and 18 Life Insurance Companies are involved in the association. Ato Baiden is the head of the life insurance department of GIA. He tells me that these misunderstandings can be found in the whole country. People are often not well informed about what the dues are for. Often

dues are a combination of savings and insurance, like the dues of the IFP policy. A lot of people are not aware of this (they believe that 100 percent of the amount they pay are savings). When the insurance company does not repay all the money that was invested, the people get disappointed. In this way negative stories are spread among traders in the market.

Some misunderstandings and disappointments are caused by a lack of information about the waiting periods that are part of the IFP policy. There is a waiting period of 6 months and after this period people can get half of the money that they invested (after a year they can get their total investment). Many people are not aware of this or are not well informed about it. I met a few traders, who were angry because they were not able to get (a part of) their investment yet.

Also the coverage of the funeral policy starts after 6 months. At aneshie Market I met a lady who started an IFP policy four months ago. When I spoke to her she had just lost her son. The policy has a waiting period of six months and therefore she did not get any money for her son's funeral. The lady was disappointed by this and decided to stop making use of the life insurance policy. It can be questioned whether this lady was unaware of the waiting period or that she was just disappointed that she was unlucky by not having started the policy earlier.

In the policy there are also several rules about maximum ages. People above the age of 64 cannot join the policy. The risk that this person will die in a short period of time is too high. The parents of the policy holder must be under the age of 74. When children become adults (above the age of 23), they are not covered anymore and have to register for their own policy. These rules cause misunderstandings as well. A lady that was working in a small sewing-shop, for example, heard a story about a woman, whose son died. Her son was above 23 and therefore not anymore covered under the policy. She did not receive money for the funeral and was very angry about it and said that the company never explained this to her. The sewer I spoke to heard this story and was afraid that something like this would happen to her as well (however, her oldest son just became 14). She was in doubt and decided therefore not to pay her dues anymore. When we met her she had not been paying for 5 months. This case shows how misunderstandings and incorrect knowledge about policies can lead to negative stories and attitudes among customers. These misunderstandings do not influence only the people that are directly involved, but can make many people decide to stop making use of a microinsurance policy.

Many misunderstandings, in my view, come into being, because of incorrect and incomplete information given by agents and the focus of the company to sell as many policies

as possible. Correct and complete information is key, especially because people are still not used to the idea of insurance. People should be aware of what kind of policy they have and for what purpose they are paying monthly dues in order to prevent disappointments. The lack of information is another reason why people do not insure. Indeed, 8.6 percent (Giesbert and Steiner 2011) and 27.6 percent (The FinMark Trust 2010) of the people give this as the main reason for not getting an insurance.

In a conversation I have with one of the insurance agents, it becomes clear to me why incorrect information is given to potential clients in some cases. The agent tells me as follows: 'Also you don't tell the clients that they secure for the death of their children because they will think that they wish their children to die. That's why I always say that is an investment for their education'. Cultural beliefs are important when life insurance is considered. One of the queen mothers at Kaneshie Market, summarizes this as follows: 'If you think about evil, the evil will happen'. For many, this is a reason for not getting a life insurance for themselves and their family. Insurance agents are aware of this and in order to sell their product they change the message a bit by telling that dues are paid in order to save money for education.

During my fieldwork I asked many clients of micro life insurance companies, why they decided to get a policy. The goal of most woman I speak to in the market is to save money for the education of their children. I had the impression that most women are not saving much, because they just pay the premiums. This amount is to cover future funerals of family members and no money is saved for future education. The main reason to join the policy is not addressed well. They save less than they hope or think. Therefore it is understandable that disappointments and negative stories develop and people have a lack of trust in insurance agents and companies.

A part of the problem is the short term thinking of the agents and the insurance company. The company works with commissioned sales: The more policies agents sell, the higher their salary. Since most agents work for the company only for a few months, they try to sell as many policies and get as possible and earn as much commissions as they can. The main goal is profit and selling as many policies as possible. In all the company meetings I attended, it became clear to me that informing clients correctly and making sure that clients receive the most suitable policy of which they understand the terms, is not the main goal of the company and individual agents.

A lack of information and the lack of trust in insurance companies are interconnected and cannot be seen as separated factors. Incorrect information leads to disappointments, misunderstandings and negative stories and can finally lead to the mistrust of insurance

companies. In the short term more insurance policies may be sold based on incorrect information. However, in the long term this can lead to many unsatisfied and disappointed customers and lead to a decline in customers.

One day I joined some agents of star microinsurance again to Kaneshie Market. The plan was to do a presentation about the company in order to attract more clients. Florence, one of the customers of star microinsurance made a claim, because she lost her father. The agents



Picture 4.3: Florence thanking Star Microinsurance

went to the market to hand out a big cheque, on which was written that she received a thousand cedi from star microinsurance (see picture on page 39). The agents brought a sound system and loud music was played in the market. Agents were explaining about the principles of microinsurance and their company. Florence was thanking star

microinsurance for their help and told other people to get a policy as well, in order to make people see that star microinsurance gives money and that clients are very happy with them.

After this presentation the agents tried to register new clients, that had their stalls around the place where the presentation was held. That afternoon 28 new clients were registered immediately for the IFP policy. In my view there was not enough time to explain the conditions of the policy, the waiting periods and the maximum ages. This example shows that selling policies, is the main goal of the company and correct and complete information is not the main priority.

Furthermore, the policies that are offered by the insurance company, are not in accordance with the demand of the (potential) clients. It is important that policies cover the items that people need and their situation demands. At the moment this is not the case. As I stated before, the only policy that I came across in the market, was the IFP policy, a policy that offers help, when a family member dies. Although funerals are the most important social occasion in Ghana, help in the case of a family member's death is not the biggest need people have. As mentioned before, funerals are already well covered by support systems connected to family, church, neighbours, associations and networks in the market. It is therefore

questionable, whether life insurance is really what people need.

It could be argued that life insurance is the easiest way to make profit for insurance companies. Next to that, compared to other risks like fires and floods it is relatively easy to predict the costs an insurance company has to make. High risks in the market, like fires, loss of assets, business problems and floods are less attractive and not profitable for insurers. Furthermore, it can be argued that it is even financially impossible, to insure people against these high risks. Seth (head of finance of Star micro insurances, interview 26 august 2013), explains to me that it is not possible to insure all traders at the market against fires. The costs of a case in which all the stalls of the market are destroyed by fire, are very high and therefore it is too risky for an insurer to offer people a fire insurance policy. Traders at Kaneshie Market stay unprotected against high risks, like fires, floods, loss of assets and business problems.

4.12 Social and cultural factors

The cases of Mr. Djan and Hannah show that social belonging is an important feature of funerals in Ghana. This is also evident from my interviews and observations. It is questionable whether the involvement and financial help of people during funerals is purely because of social security. Support is mainly used for funeral expenses and not to compensate for the loss of an important breadwinner. People that are involved in these complex support systems, that come into being before and during funerals, are not doing this for social security reasons, but because funerals are an occasion to show and feel that one belongs to a particular group of friends or colleagues, a neighbourhood, a church and a family.

Reasons people give for not making use of a life insurance policy, like fluctuating incomes, a lack of trust and misunderstandings, should be taken into account. However, social belonging is the main reason people are involved in so many different arrays, when it comes to funerals (and are less involved in other cases of hardship like hospitalization, education and pensions, as will be addressed in the following chapters). The measures that are used for funerals may be inefficient compared to available formal measures, like micro life insurance. Still people prefer these measures, based on social contacts and family bonds, because these have an important social function and because participating in them is important for one's sense of belonging.

The amount of money provided by the social networks is not the main focus of the people. Rather, the social networks itself are important. Therefore, the lack of this social meaning, when using a life insurance (or other ex ante measures like church welfare schemes)

explains why there is not much demand for life insurances in Ghana and people do not (always) see the importance of it. The social importance of funerals in Ghana should be taken into account, when looking for explanations of the low coverage of people by life insurances.

Reciprocity, which creates enduring social bonds based on trust and mutual obligations, is often seen as a fundamental aspect of human life. According to Eriksen (2004) and Mauss (1954) reciprocity is the strongest glue for keeping societies and communities together. In Ghana, funerals are the main occasion in which the principle of reciprocity is evident and through which family and community bonds are strengthened. The belonging to a family, as will become clear in the following chapters, is also of importance for other arrays of social security, like education, employment and healthcare.

4.13 Conclusion

For funerals many support systems are involved in Ghana. When someone dies, the church, associations, people from the neighbourhood, family and friends will support the family of the deceased. The death of a person is well covered by social networks attached to neighbourhoods and churches.

During the past decade also micro life insurance has gained in significance. However, people make use of life insurance products to a very limited extent. This can be explained by several factors, like a lack of money and lack of trust, misunderstandings, a lack of knowledge and the fact that Ghanaians are unaccustomed to the principles of insurance. These explanations should be taken into account. In this chapter it was argued, however, that cultural and social factors are decisive for the choices people make.

During funerals the prestige of the family is displayed. Furthermore it is an occasion to show all the good things the deceased person did for his or her family. Finally, the involvement of people before and during funerals can be explained by the fact that funerals are occasions in which people secure and achieve their belonging to particular groups. The latter is the main explanation for people's preference for measures based on social contacts and family bonds. Involvement in- and making contributions during funerals has an important social function. This function is absent, when making use of formal measures, like micro insurance, church welfare schemes and support from associations.

The importance of and the amounts of money spent on funerals influences social security. Less money is left for other measures and as we will see in the following chapters, less support systems are there for other risks and needs that people are facing in Accra (like support for education, hospitalization and pensions).

Next to that, it was explained in this chapter that that the micro insurance policies, are not in accordance with the needs of the people. Mostly life insurances are sold at the market, while as can be seen from my interviews, there is no or little demand for life insurance. For other arrays of social security there is demand for ex ante measures. When someone dies, the church, associations, people from the neighbourhood, family and friends will support the family of the deceased. The main reason that women at the market give to join a insurance policy is to save money for the education of their children. Church welfare schemes and microinsurance companies should focus more on and listen to the needs of people.

Chapter 5

Support for health related issues in Accra



5.1 Introduction

The importance of health is visible in Accra. On billboards across the city slogans can be seen like "building a healthy, happy nation for all". Across Accra many pharmacies, health clinics and hospitals can be found and also many churches offer free health checkups. Next to that on every corner of the street small herbal stores, can be found. Many people make use of herbal products, especially for small health problems, like headaches, diarrhea and waist pain. Some people in Accra also prefer to go to a herbal store for more serious diseases, like malaria. It is questionable whether this is a rational choice based on preferences or people are more or less forced to make use of it because they have no access to medical care and this is the cheapest and most accessible option.

Access to quality healthcare is perceived worldwide as one of the most important necessities of life. Much is written about healthcare in developing countries and Sub-Saharan Africa in particular. Three of the eight Millennium development goals, are directly related to health: reducing child mortality, improving maternal health and combating HIV/AIDS, Tuberculosis and Malaria (UNDP 2013).

In Accra health and the provision of healthcare are subjects that are discussed everywhere and by almost everyone. Because of the visibility and importance of health, a chapter about social security and health had to be included in this thesis.

In this chapter first global health issues, like the shortage of medical staff and the migration of health workers will be discussed. Then I will describe how traders deal with these different issues on a local level and how they supply in their health needs will be described. Attention will be paid to the key role of the family as a supportive actor for health related issues. Afterwards, the way in which this support is interconnected to other arrays of social security provided by the family will be explained. Moreover the role of churches, associations and social networks attached to these institutions will receive attention. The next topic is the National Health Insurance Scheme (NHIS), that was introduced in Ghana in 2004. The enrollment of the traders of Kaneshie Market in this scheme is low. The reasons and motivations people have for this will be discussed in paragraph 5.7. Following on the prior sections, in the conclusion matters related to improvements and developments in healthcare and social security will be discussed.

5.2 Global health related processes and -issues²¹

There is a growing recognition of the global shortage of health workers. This shortage affects nearly all countries across the globe. The World Health Organization estimates that a total of 4,3 million health workers are needed to fill the gap. (Anyangwe and Mtonga 2007; WHO 2006). Due to ageing there is a growing demand for nurses and doctors worldwide.

Distribution of health workers by level of health expenditure and burden of disease, by WHO region

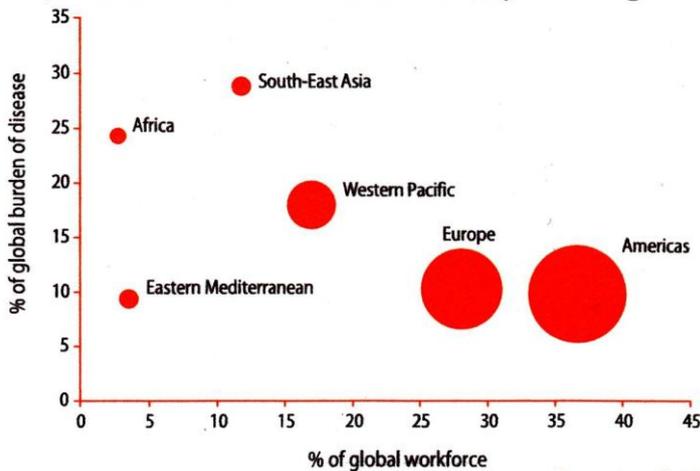


Figure 5.1: Distribution of health workers (Source: WHO 2006)

Furthermore, there are many inequities in the distribution of health workers between and within countries. The distribution of health workers across countries is highly uneven. The shortage of skilled health workers are mainly in developing countries. Ideally, countries with the highest burden of disease should have the greatest numbers of skilled

health workers. Unfortunately, this is not the case in today's world as is displayed in Figure 1.

Sub-Saharan Africa faces the greatest challenges. The region has about 11 percent of the world's population, bears over 24 percent of the global disease burden, but is home to only three percent of the global health workforce. In contrast and to emphasize the misdistribution of health workers, the Americas (mainly USA and Canada) have 14 percent of the world's population, bear only 10 percent of the world's disease burden and have 37 percent of the global health workforce. In addition to that it is worthy to note that a big proportion of the health workforce in the Americas originates from sub-Saharan Africa (WHO 2006). In general, countries with higher per capita GDP and incomes have more health workers. Most countries in Sub-Saharan Africa have the lowest per capita income as well as the lowest health worker density.

In the literature it is stated that 23 doctors, nurses and midwives per 10000 inhabitants are needed to supply all the inhabitants with sufficient healthcare. Few African countries reach this threshold. (Anyangwe and Mtonga 2007; WHO 2006). The WHO estimates that 57

²¹ The guest lecture of Dr. Ernst Spaan of 17 October 2012 as part of the course 'International migration, globalisation and development, was inspirational and helped to find relevant literature in order to write this section about global health issues and brain drain.

countries worldwide have a critical shortage of doctors, nurses and midwives. 36 of these countries are in sub-Saharan Africa. Inequities also exist within countries, with urban areas having greater proportions of trained health workers than rural areas (Anyangwe and Mtonga 2007). Part of the problem is that in Sub-Saharan Africa funding for facilities to train health workers are lacking. Two-thirds of sub-Saharan African countries have only one medical school, and 11 countries within this area have no medical schools at all (Ogilvie et al 2007).

The migration of skilled health workers, also known as “brain drain”, is often perceived as one of the most prevalent causes of the health workforce problems in sub-Saharan Africa (Anyangwe and Mtonga 2007; Ogilvie et al. 2007; Brush and Sochalski 2007). In the World Health report of the WHO (2006) it is clarified that between 20 and 60 percent of all physicians trained in 10 African countries now work abroad. For Ghana this is 29 percent. Next to migration of health workers, other factors like the high disease burden, lack of medical schools and facilities cause the healthcare crisis in low-income countries. Nevertheless, for vulnerable countries such as those in sub-Saharan Africa, the effects of increased migration of health workers are problematic and weakening healthcare systems that are already under pressure. The number of nurses and doctors leaving these countries has devastating consequences, like closure of departments or entire health facilities and inadequate faculty to staff medical schools. (Brush and Sochalski 2007).

Over the past 30 years, the number of migrant health workers has grown significantly. Although 25 years ago migration involved mainly movement of workers from a few developing countries to a small number of developed nations, over the past decade it has become more global, more complex, and also increasingly involves governments and recruiting agencies (Brush and Sochalski 2007).

The migration of health workers from low income countries to high-income countries can mainly be explained by the shortage of health professionals in high income countries and the higher salaries and better working conditions in these countries. The conditions in source countries are also factors, that make health workers decide to migrate. Some of these so called push-factors are the low wages, poor working conditions, lack of equipment, low prestige and status, few skill upgrading possibilities and poor career perspectives, a lack of opportunity for advanced education or promotion, low job satisfaction and the need to ensure the education and future of one’s children. (Anyangwe and Mtonga 2007; Ogilvie et al. 2007; Brush and Sochalski 2007).

Like most Sub-Saharan African countries, also Ghana is facing a shortage of health workers. The WHO (2006) threshold of 23 doctors, nurses and midwives per 10.000

inhabitants is not reached by far. In 2006 there were 11 doctors, nurses and midwives per 10.000 in Ghana. Moreover, an acceleration of nurse migration can be observed. Between 1998 and 1999 40 nurses migrated, compared to 255 nurses between 2002 and 2003. Between 1998 and 2003 3087 nurses were seeking employment, while only 1729 graduates of nursing schools in Ghana requested initial licensure to work in Ghana. This suggests a potential net loss of 1358 nurses over 5 years through international migration alone (Ogilvie et al. 2007). The impact on an already stressed healthcare system is serious. A recent study suggests that approximately 60% of health professionals in Ghana, South Africa and Zimbabwe plan to migrate (Munjanja, Kibuka and Dovlo 2005).

The critical shortages in (human) resources for health are one of the key causes of exclusion of access to quality health care. This is especially true in Sub-Saharan Africa. Also in Ghana there are not enough doctors, nurses and facilities to give everyone sufficient quality healthcare. Some have the perception that migration of health workers leads to ‘brain circulation’: Global collaboration and sharing of ideas, technological advances and skills. Increased migration of health professionals, however, is further weakening healthcare systems in low-income countries, like Ghana. Migration of health professionals poses a major threat to

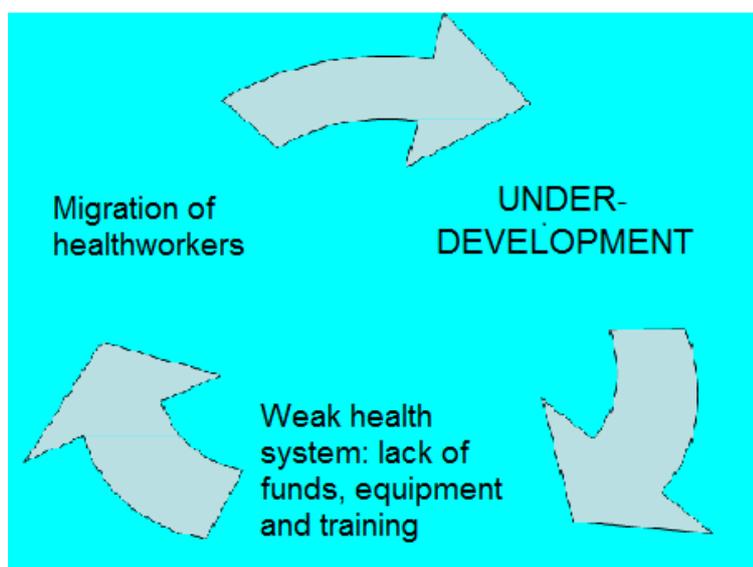


Figure 5.2: The relation between underdevelopment, a weak health system and migration of health workers. (source: Jehu-Appiah et al. 2012)

the achievement of health equity (Ogilvie et al. 2007).

According to Jehu-Appiah et al. (2012) a vicious circle can be observed in which under development leads to a weak health system, which leads to the migration of health workers, which leads to more underdevelopment. In figure 2 this relation between health- and underdevelopment issues and migration is illustrated.

To supply more people in Ghana with sufficient healthcare the existence of this vicious circle should be changed. The lack of social security in Ghana and the lack of access to healthcare cannot be explained solely by local issues. Solutions to provide more Ghanaians with quality healthcare should be found also at the roots of the problem: the health workforce shortages in high-income countries, as well as in low-income countries (Ogilvie et al. 2007).

Keeping these global issues in mind, in the following sections the way traders at Kaneshie Market provide for their health needs and the way family is involved in this will be described.

5.3 Family as a key actor of support for health related issues

In Ghana there are and always have been several systems for social security and healthcare in particular. The most important support for health related issues comes from family members. Household-based systems are the anchor and the basis for most people living in developing countries (Jütting 2000; Kane (1997). In cities social relationships remain the main vehicle through which people in need and distress receive at least some help, even though these relations may have provided more social security in the past (Von Benda-Beckmann and Von Benda-Beckmann 1994). In the results of the survey, the interviews and in-depth conversations the key role of the family is significant, as described in the literature.

In the survey I used in the first weeks of my fieldwork the following question was included: “If you (or one of your family members) need medical treatment, medicine, or needs to pay a visit to a hospital, who will take care of the expenses?”²² The respondents could pick more than one answer from the answering options. All of the 15 respondents answered that the nuclear family would take care of the expenses. Furthermore, 12 of the 15 respondents mentioned this as the only supplier of help, which shows the importance of the conjugal family. One of my respondents also mentioned receiving help from his employer (next to help from the conjugal family). Five respondents stated that extended family would give some financial help and also one person answered that her religious community would probably help her financially.

As explained and supported in the methodology chapter, I used a small sample of 15 respondents for my survey²³. Even though the sample of this survey²³ was small, it shows that mainly the conjugal family is responsible for the health of a family member. Furthermore, the survey functioned as a suitable starting point after which in-depth conversations about the backgrounds and preferences for particular social security arrangements could be held with the same respondents.

The findings of my interviews and observations in Accra and at Kaneshie Market endorse the fact that in general, the nuclear family is the most important supplier of support

²² The complete survey can be found in the attachments

²³ Information about the age, wealth, gender and family situation of these respondents can be found in paragraph 3.3.

for healthcare among the traders at Kaneshie Market. Patrick Atta is 33 years old and works as a chef. He is self-employed and cooks different Ghanaian rice dishes, which he sells out of a small shed on the street. Furthermore he sometimes cooks for parties, weddings and funerals. He is unmarried, finished college and is a Charismatic Church member. His church is not of help when it comes to health related issues. The only thing the church has to offer is



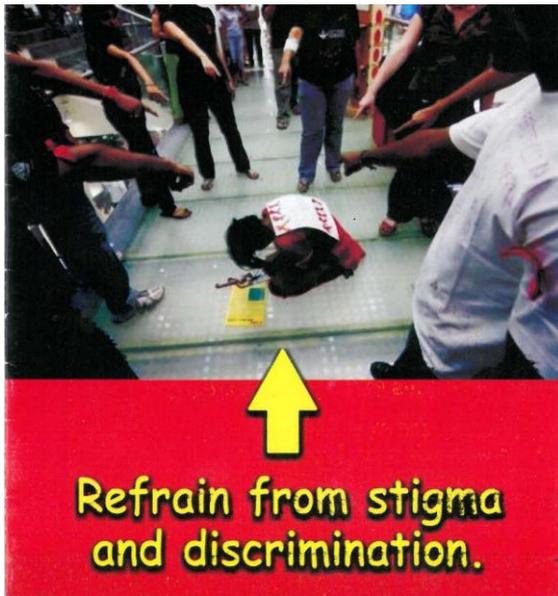
Picture 5.1: Patrick Atta

a free health check-up twice a year. He explains: 'For medical care, the family is by far the most important. My brothers and sisters will always help me out' (interview 17 August 2013). In boxed text 5.1 on the next page, the importance of family as a social security actor is further emphasized. Described is what jeopardy arises, when this actor vanishes.

Health related issues and the accompanied care can be differentiated by type and magnitude. Different measures are needed and counted on for different health related issues. When something small happens, people might chose to overcome this by themselves, in order to receive support from others when this is more needed. When something happens that cannot be overcome directly, the first actor that will become involved is the closest family, respectively the extended family. When a big health related issue is at stake, others from the social network may be approached. More research is needed to arrive at a better understanding of the relationship between the magnitude of health related issues and the parts of social networks that are accessed.

The role and responsibility of the family goes much further than paying for the medicine and visits to a doctor or hospital. The 24 year old Alice, who sells artificial flowers and wreaths at Kaneshie Market, explains that when a member of her family is sick, the care, the nursing, the housekeeping and the cooking are usually done by family member (interview 25 September 2013). In the following section it is explained how health issues are interconnected to other arrays of social security organized by the family.

Box 5.1: HIV/AIDS and social security



In this chapter the importance of family and other actors like churches as suppliers of support for health related issues is emphasized. When these important actors vanish, people depending on these actors face many problems as cases from people with HIV and AIDS show.

With a prevalence rate of 1.4 percent the percentage of people living with HIV and AIDS is relatively low compared to other African countries (Ghana AIDS Commission 2012). However, in Ghana, HIV (still) causes many problems. People living with HIV not only have health-related issues, but are also more vulnerable when it comes to social security.

Especially the stigma attached to HIV and AIDS is problematic. During my fieldwork I spoke

to employees of Nap+ Ghana, an organization that advocates for the rights and responsibilities of persons living with HIV and AIDS. The organization is a network of 350 support groups within Ghana of people with HIV and AIDS. I joined one of these support groups a few times during my research and it became clear to me how the stigmatization of people living with HIV influences their social security in negative ways.

Kofi Amofa, the national president of Nap+ Ghana explains that people are scared to share a house, bathroom or kitchen with HIV positive people, because they think this can be dangerous (interview 27 August 2013). Many landlords do not rent out houses to people infected with HIV. Even in hospitals people with HIV are treated in a bad way. One member of the support group told me that some nurses refuse to sit on chairs, that were occupied by someone with HIV. Some nurses do not want to clean a baby from a mother with HIV. She further explained that self-stigma is another problem: 'Sometimes loneliness comes in, people do not take their medicines or see a doctor, because they are afraid of being discriminated in a hospital'. (Ama, conversation 3 September 2013). Finally, people might lose their job, because employers are not willing to employ people with HIV.

HIV and the stigma attached to it can lead to social security related problems and people are more vulnerable to lose some of their basic needs, like housing, employment and healthcare. Maybe even more problematic is that HIV can make people lose (a part of) their most important support networks. Kofi Amofa explains that some family members might vanish when they hear their family member has HIV, because of prejudices and stigmatization. As described in this thesis, for many family is the most important supplier and actor of social security arrangements. For people, who are already vulnerable and at risk for losing their employment and housing and are seriously in need of medical care, the disappearance of family and other social contacts can be problematic.

Also stigmatization in the church can be a problem. In some churches HIV is understood well and church members with HIV receive support from the church. However, some pastors preach against people with HIV. Believed is that HIV is for distrustful people and is a punishment from God. The church and social networks and groups attached to the church are important in providing social security.

5.4 The interdependence of multiple arrays of social security within the family

Different arrays of social security provided by the family are connected and intertwined through mutual relations and reciprocity. Usually the family is involved in the support for healthcare, education, employment, funerals and weddings²⁴ and therefore these arrays cannot be seen as independent affairs.

The case of the Djan family can clarify the way in which different social security arrays are intertwined. The care and nursing of Mr. Djan, who was suffering from dementia, was totally taken care of by family members. Especially Adua, Mr. Djan's cousin was taking care of this. She moved in with the Djan family and took care of Mr. Djan for over the last three years. Besides the care for Mr. Djan, Adua was doing household tasks like cooking and cleaning. In return the Djan family financially supports Adua with her education. She is doing a two year education to become a hairdresser. After finishing her education she is planning to start her own beauty salon, with (financial) support of Mrs. Djan. This is an example of how education and health related issues are connected to each other through reciprocity within the family.

By giving a loan an individual knows that he can expect comparable help from his debtor, if one day he in turn falls short of the necessities of life. On the other hand, the borrower pays a kind of interest, because by accepting a loan, he engages himself in an alliance with the lender. In this sense, lending is a way to secure oneself against future risks (Platteau and Abraham 1987). Smith (2007) explains that helping a family member or friend to complete education to a certain level, will help the recipient of the sponsorship to secure well-paid employment. Once this has been achieved, the sponsor(s) of the educated person can anticipate certain reciprocity for their investment.

During my first visit to Ghana in 2007, Adua's brother, Jaw, did a lot of work in the house of the Djan family like sweeping, cleaning, washing and shopping for groceries. After a few years, he went to university in Cape Coast with the financial help of Mr. And Mrs Djan. Now Jaw is living independently in Accra and has a job in a hospital. When Mr. Djan died Jaw was the first person to arrive at the house and to help the family out with the preparations of the funeral. Jaw especially took care of upgrading and painting of the house. Mr. And Mrs. Djan sponsored Jaw to secure well-paid employment. In return, Jaw was one of the first persons they can count on in the case of a crisis. This is another example of how reciprocity connects different social security arrays and creates interdependence between familymembers.

²⁴ In the following chapter about education and employment more about the interconnection of different arrays of social security and the role of the family will be explained.

Investing in social contacts is one of the most important ex ante measures traders have to improve their social security situation. Traders are helping each other in the market, are involved in associations connected to the church, sending money to family members that live in rural areas, sponsoring the education of junior family members and are attending and contributing to funerals. All these social activities can be seen as a way of strengthening one's social network in order to have a safety net in times of hardship. These long-term investment in social contacts, church groups and family-relationships can be seen as ex ante measures. In Chapter 4 it was emphasized that funerals are main occasions to confirm and strengthen social relations. Attending and contributing to funerals can therefore also be seen to improve one's social security by investing in social relations.

Spontaneous money collection after an incident can be seen as ex post measures at first sight. It should be taken into account, however, that the investments in social relations in the church, market and within the family, that are taken place before these collections are part of these measures. Therefore it can be argued that these social security arrangements are in fact ex ante measures.

In the literature, the low enrolment in formal social security arrangements like the NHIS and micro-insurance is often linked to cultural factors (Owusu, Ackah and Gruijters 2012). People may be unfamiliar with the idea of insurance, because they used other safety nets for hundreds of years. People might like to remain with the traditions they are used to. In this reasoning, a lack of acceptance of the concept of insurance, leads to a lack of priority among the population. Another 'cultural' argument is that people believe that nothing will happen to them and therefore, do not see the value of insurance. They do not want to pay for something they do not need. One lady at the market (whom I only spoke once and whose name I forgot) summarizes this conception: 'We Africans, we do not like insurance. We want to work, get money, eat and die' (conversation 28 August 2013).

Even though there is some truth in these explanations, they are not a totally satisfying explanation. Indeed people, especially those with small and fluctuating incomes, that have to make sure that every coin spent is an functional investment, do not want to invest in insurance, because of the uncertainty and the chance of the lack of a financial return. By means of investments in family relations, but also other social relations within the market and church, people tend to secure themselves and their families for different needs and arrays of social security at the same time. Investments in these social contacts, can lead to support for funerals, health related issues, education and employment, when this is needed.

The low participation in formal measures of social security can be explained by the

fact that these measures only cover one array of social security. The NHIS, for example, only covers health and micro life insurance only funerals. Traders are not sure whether and when they get there investment back and are therefore in doubt whether these are functional investments.

The principle of balanced reciprocity is central. People expect a return from any contribution or payment they make. By pooling together a sufficiently large number of risks, more people are affected by one of these risks and everyone can expect their contributions back in a short period of time (Platteau 1997). By investing in social contacts, one can expect support for in different cases and for different needs. Traders prefer these investments instead of getting one measure for every array of social security, without knowing whether this investment is a functional investment and whether and when they ever need support for this array.

The preference among family members for a variety of social security arrays and the perception that investing in social contacts is functional and provides social security is the main explanation for the low enrolment in the National Health Insurance Scheme and micro insurance policies. Similar trends can be observed for the church welfare schemes and the role of associations. This will become clear in the following sections. In paragraph 5.7 other reasons for the low enrolment in the NHIS will be discussed.

5.5 Support for health related issues supplied by the church and religious networks

In Ghana religion and churches have a central role in the society. Social networks are formed and maintained in churches and are key for the social security of many. On the one hand there is the role of churches as a direct provider of social security (vertical support). Second, churches function as a social space in which a network of mutual support relations evolves (horizontal support). These networks partly extent beyond the religious context. Individuals create overlapping religious networks that serve different social security purposes (Rohregger 2009).

Many churches have welfare schemes²⁵. Members pay monthly dues and with these dues, support is offered in different cases. Support from these welfare schemes is usually limited to funerals and in some cases weddings²⁶. During my fieldwork I did not come across

²⁵ An overview of the churches this is based on can be found in paragraph 3.2

²⁶ This is based on conversations with several informants from different churches and on conversations with respondents.

a church welfare scheme that was offering financial support for healthcare. Dr. Isaac Osei-Akoto is a researcher at ISSER specialized in financing and behavioural issues on health care. According to him (interview 21 September 2013) churches and also associations used to help with health, but since the introduction of the NHIS this is taken over. Many people do not make use of the NHIS. It can be argued that the government failed to make use of the existing systems, based on church and associations, he states.

People know about the church welfare schemes, but at the market nobody I spoke to was a member. This is because of the costs and many people do not see the importance of being a member of a welfare scheme. Justice for example explains:

There is a system in the church, the church welfare committee. You have to pay five cedi a month. When you get a baby, a wedding or a funeral, the committee will help you small with the expenses. Only if you pay every month. I am not a member of that, because of the rules. If our name with all the requirements and fees is not on the list, you will not get any help. (Justice Hiagbe, interview 17 august 2013)

An important reason for many to decide not to join a church welfare scheme, are the monthly dues. As Justice explains, support is only given when members have always paid their dues. For many this is not an easy task. They have many responsibilities and have to make important choices in the way they provide themselves and their families with different arrays of social security. As I described in the previous chapter, the support that is offered by the welfare schemes, especially for funerals is also covered by different measures and people. Therefore people might not see the importance of paying dues every month. At least it can be questioned, whether the offered support of welfare schemes is in accordance with the biggest needs (like health needs) of the church members.

When it comes to health the social networks attached to churches have a meaningful role. The church provides psychological support for a sick person and his or her family by means of prayers and visits. This is mentioned as an important way in which the church is involved in health related issues. Janet (interview 11 September 2013) tells: ‘The church will help in another way. Not financially, but with prayers and psychological support’. During several church services I attended, in the prayers the members with health problems are mentioned. Next to that members of the church are asked to pay visits. One day Mrs. Djan, for example, tells me about the son of a lady from her church (St. Marks Methodist church), who was sick and had to go to hospital. Mrs. Djan regularly visited the lady to support her and her

son. This kind of support can be seen as a form of social security and prayers and visits from church members also contributes to the well-being of the diseased and his or her family members.

Florence is the chairwoman of the Welfare scheme of the Goodwill International charismatic Church in Darkuman. She tells me that when a member of the church is ill or is in hospital, other members of the church will visit this member and his or her family: ‘We cannot pay for all the bills, but we help small. We are just the church and the members also have family that is responsible’ (interview 1 September 2013). On the one hand this shows that within the church it is expected that the payments of hospital bills and other medical costs are taken care of by the family. On the other hand it shows that the social networks attached to the church can be meaningful.

As discussed in the theoretical framework, religion and religious networks can lead to the withdrawal of individuals from his or her family, as explained by De Bruin and van Dijk (2009) and Meyer (2004). For some arrays of social security this is indeed the case, as will be described in the following chapter. When it comes to healthcare, however, churches (at least the ones I visited in Accra), emphasize the responsibilities of the family. This is also the case at the ICGC, an important Pentecostal church in Accra.

People normally pay for themselves (or their family members) when they have a health problem. In several interviews people emphasize that when people cannot afford it, a spontaneous collection of money sometimes happens in the church. Kojo Djan, who is a member of the Methodist church in Darkuman tells me (conversation 23 October 2013): ‘In some cases the whole church will contribute some money. This only happens if there is nobody else to help’.

Paying monthly dues for welfare schemes is not a common measure for social security among the traders of Kaneshie Market, because many have doubts whether this is a functional investment. Similar to the NHIS and insurance policies, the welfare schemes cover only one or in some cases two arrays of social security (mainly funerals). People therefore rather invest in social contacts within the church in order to improve their social security, because these are perceived as more functional.

5.6 Support for health related issues supplied by associations and social networks within Kaneshie Market

The associations at Kaneshie Market do not offer any support when one of its members has health related issues. In the literature, however, it is stated that associations play an important

role in the health service provision in Sub-Saharan Africa. Mutual health organizations in West- and Central- Africa are an example. Apart from healthcare-providing organizations, credit and saving associations play a very important role for individuals that would otherwise be excluded from (formal) financial services (Robinson and White 1997, Platteau 1997). This cannot be found in my data. When it comes to hospitalization the family is responsible and no financial support is given by the associations active at Kaneshie Market.

Similar to the situation within church communities, the social networks within the market, are often important, especially for mental support. Eunice, a lady who has a small wig shop, takes care of another shop during the four months I am doing my research at the market. It turns out that this is not her own shop. Eunice tells me that the shop is owned by another lady. The husband of this lady has health problems and often has to go to the hospital and therefore Eunice is watching the shop. Eunice emphasizes that she is doing this for free, but that she and the other lady are friends and often work together and help each other.

5.7 The Enrollment in The National Health Insurance Scheme (NHIS)

In 2004, a National Health Insurance Scheme (NHIS) was introduced in Ghana. The goal of this national scheme is to extend the coverage to residents who had previously been excluded from health facilities. By June 2010 the NHIS had a coverage of 66,4 percent (Apt 2012, NHIA²⁷ 2010). Grüb (2007) states that the NHIS does not only increase the number of beneficiaries, but also contributes to the decrease of health related poverty. According to UN-Habitat (2009) health facilities are now more within physical accessibility of the poor, due to the NHIS.

For the lower income population, the NHIS might be useful in order to have more access to health facilities. However, a lower enrolment among the poor, compared to people that have more to spend, can be observed (Asante and Aikins 2008; GSS 2009; Jehu-Appiah et al. 2011; Sarpong et al. 2010; Sulzbach et al. 2005). A recent conducted survey by the Ghana Statistical Service (2009) shows that among the 20 percent of the population with the highest incomes, 43 percent is enrolled in the NHIS. Among the quintile with the lowest incomes this is only 23 percent.

Indeed, few traders with a low and fluctuating income at Kaneshie Market make use of NHIS . The uptake is much lower than expected beforehand. In Kaneshie Market, only four percent of the respondents (two people of the more than fifty I spoke to) are registered

²⁷ The National Health Insurance Authority of Ghana

members of the NHIS.

Poor people have less to spend and are therefore forced to make important choices. In other words: the effectiveness of the money spent is of more importance among poor people than among richer people. At the market traders have to be sure that all the money they spend is a functional investment. It can be argued that, in general, spending money on the premiums and registration of the NHIS is not seen as a more functional investment than those organized by family and social networks, as described in paragraph 5.4.

Potentially the NHIS could be a good addition to already existing social security arrangements based on social networks. For the poorest families in Accra, however, the dependence on family and other social contacts can be problematic. When one has a low and fluctuating income, his or her social network (based on family, church members, colleagues) usually have low incomes as well. The dependence on social security arrangements based on these networks, could lead to low access to quality healthcare, because within the social network not enough resources are present to financially bear this.

A system like the NHIS could potentially change this and bring more equality in access to healthcare. This is the scheme's original main goal. The goal to supply the whole nation with quality healthcare has not been achieved and the enrollment of people in the NHIS is low. The system itself and the goals and intentions attached to it, might be good, but the resources are simply not there for a successful implementation: 'The increased service utilization that has accompanied the removal of the financial barrier by the NHIS has not been matched by a commensurate increase in already inadequate human resources, infrastructure, equipment and supplies' (Jehu-Appiah et al. 2012, 229). There are not enough hospitals, doctors and nurses, medicine and other facilities to give everyone in Ghana quality healthcare yet. The high costs of medical care are a financial burden for the scheme. These issues are not only found in Ghana, but are part of global processes and problems, discussed in paragraph 5.2.

In the literature several explanations of the low enrollment of people in the NHIS becomes clear. The poor quality of care, delays in NHIS card production and distribution, a lack of trust in the scheme, long waiting times, a shortage of drugs and perceptions of inferior and poor quality of drugs are often mentioned as factors in the literature that influence the enrollment of people in the scheme (Bruce et al. 2008; MOH 2009; NHIA 2010). These factors can all be deduced from the main cause of health-related issues in Ghana: The shortage of health workers, facilities, hospitals and medicine.

The same factors described above are often mentioned by my respondents. A

statement of Margareth Djan, who worked for years as a hairdresser and is now retired, illustrates and summarizes some of the considerations and reasons people have to decide not to enroll in the NHIS:

I am not longer a member of NHIS, because it is not of use for me... You can go to a private hospital or a state hospital. If you go to a private one, they will not accept NHIS and you have to pay yourself. At the government hospitals you have two lines. They have good doctors at this hospitals, but it is always very crowded. The doctors do not have much time. One line is with people using NHIS. In this line you have to wait for hours and hours. The other line is with people that will pay themselves. This line goes much faster. One day I was sick and went to a government hospital. I registered with NHIS, so I went to wait in the NHIS line. But it took so long. The people in the other line were helped much, much quicker. I decided to go into the other line to see a doctor. Also if you have NHIS they will not cover everything. They will only pay for your doctor visit. When you go to a private one they will not pay for that. If you need some medicine or surgery you still need to pay for this yourself. The government will pay for your visit, but you have to add much money yourself. The scheme is not developing in a positive way. When it just started it was better and the NHIS was of use. It would compensate for more than it does now and more hospitals (also private) would be part of the NHIS. Now less hospitals are involved and less is paid by the NHIS. (Margareth Djan, conversation 2 August 2013)

The costs (premiums and registration fees) of the NHIS are often mentioned as an important barrier to enrolment (Arhinful 2003; Asante and Aikins 2008; Basaza, Criel and van der Stuyft 2007; Bennett, Creese and Monasch 1998; Chankova et al. 2008; De Allegri et al. 2006; Jütting 2000; Schmidt et al. 2006). The price is perceived as too high and therefore people decide not to enroll. The costs itself are only \$ 11,50 per year and people (also the poorest) should therefore be able to afford enrolment. Next to that, those aged under 18 and over 70, pensioners, pregnant women and people with the lowest incomes are exempt from premium payments. (Derbile and van der Geest 2012; Jehu-Appiah et al. 2011).

The costs are not a suitable and complete explanation of the low enrolment of people in the NHIS scheme. It is not the costs itself, but the fact that people do not see these costs as a functional investment, that makes people decide not to enroll in the NHIS. In a conversation I have with Patrick (conversation 17 August 2013), he tells me that NHIS is important, but that his card has expired six months ago and he still has to renew it: 'I'll do it soon, but I am

so busy'. Furthermore Ben (conversation, 9 August 2013) tells me as follows: 'I did not register, because it takes so long. If you register and pay the money, you wait for 4 months. And then you ask and they forgot about it and then you have to pay again'. These examples show that people have the money to enroll in the NHIS, but do not see the value of it. The registration and renewal of the NHIS card, might take some effort and might not be well organized, as Ben and Patrick state, but if they perceived NHIS as a functional and valuable investment they would definitely make sure that they were (re)- registered and make more effort.

An interesting point from Margareth's statement is about the difference between public and private hospitals. Alice explains: 'If you want good care, you have to go to a private hospital, but then the NHIS is of no use... In public hospitals the care you get is of poor quality' (conversation 25 September 2013). She further explains (like in the statement of Margareth) that in a public hospital people get help faster, when they are paying in cash. In the government hospitals there are two lines. When one makes use of NHIS, one is waiting for a long time. People that pay themselves are treated better and faster.

On the one hand, there is the division between public and private hospitals, in which private hospitals are considered as hospitals with better quality of healthcare. Private hospitals do not accept NHIS and the costs are higher than in public hospitals. A second division can be observed within the public hospitals. There are two lines: one for people using NHIS and one for people that are paying by cash. Overall it can be concluded that most people in Accra have the opinion that when one is making use of NHIS, he or she will get the lowest quality of care and has the longest waiting times. Therefore many decide to stay out of the national health

insurance scheme.

The former shows that the expectations of people in Accra of the healthcare they will receive in hospitals are not in accordance with the care that is offered in hospitals that are accepting NHIS. In my conversations and interviews often the poor quality of the health services, when using



Picture 5.2: A slogan of the New patriotic Party about healthcare

NHIS, are emphasized. Many people give this as the main reason for not being enrolled in the scheme.

People expect that the quality of the care is high and that the government will pay for everything, while they only pay between fifteen and twenty cedi a year to register. People, who are used to get special treatment, still want this under the NHIS. The high expectations are not surprising, given the political campaign slogans under which the NHIS was introduced in Ghana (see picture on the front page of this chapter and picture 5.2 on page 79).

One of the few positive opinions about the NHIS came from a lady that is known in Kaneshie Market as ‘Auntie Mother’. She told me that about a year ago she had a problem with her leg. She went to a public hospital, where they, in her opinion, helped her well and paid for her hospital visit and some medicine: ‘In the end they paid for about half of my expenses, which was of good help for me. If I did not have NHIS, I had to pay for everything myself. The NHIS card is only 20 cedi a year, which is very cheap, so why should I not get one?’ This example shows that when someone does not expect much from the NHIS, one is satisfied with all the support that is offered. However, this example is seldom and just a few people I meet in Accra, share this positive opinion. Overall the expectations of people in Accra, are high and they are not positive about the actual support that is offered by the NHIS. Therefore they decide not to participate in the NHIS.

In Accra people are used to certain living standards and therefore have certain demands. Ghana and Accra is developing fast and therefore the demands of people, also for healthcare become bigger. The emerging middle class in urban areas should be mentioned here. Compared to rural areas there are many health facilities in Accra and people are able to chose between different suppliers of health services. As described above, using NHIS means lower quality of care and longer waiting times. When people have the choice and financial means, they rather chose to pay more and thereby get better and faster treatment. The expectations and livings standards of the traders at Kaneshie Market, who can be seen as part of the lowest income people in Accra, are apparently not in accordance with the care that is offered by the NHIS. Part of these developments are ‘under the desk’ payments. Better treatment and medicines are given upon extra payments than those covered by the NHIS. People, in urban livelihoods, who economically cannot afford to be sick and stay at home, need to recuperate as soon as possible and are therefore willing (when financially able) to pay extra (to achieve this and therefore prefer to go to an private clinic or make use of ‘under the desk’ payments).

Another factor is the notion of shame and social status. Especially for men in Ghana it

is important to show that one is able to take good care of himself and his family. Whether the negative stories about the NHIS are true or not, they can make people decide not to make use of it because other people might think that they are not making the best choices for the health of their family. In some of my interviews I got the impression that many people see the NHIS as a system for poor people and therefore are ashamed to make use of it. Nobody said this in a direct statement, but answers to questions about NHIS point to such an inclination. When I asked some students at the University of Ghana whether they were using NHIS, they laughed and were surprised that I asked them this question. They told me that they would never use it, because the quality of the care is poor. The negative stories about the NHIS that are told might make people feel ashamed when making use of it. because people without the cash are publically visible. There were two lines in the public hospitals one for people with NHIS and one for people paying with cash

In the work of Derbile and van der Geest (2012) the discriminatory behavior of health workers against the poor is described. Service providers are sometimes unfriendly and disrespectful to poor clients and they show favoritism to people that pay in cash. Doctors and nurses will make people wait if they come with their NHIS card. They first help people that come with money. The healthcare that is offered by the NHIS might be of lower quality. However, also status and shame are important and can make people decide not to make use of NHIS, while they never had a negative experience with NHIS before. This also relates to the past 'cash and carry' system, whereby ill persons were required to pay for expenses associated with a particular treatment ahead of the actual treatment (Smith 2007). This has produced a new tradition and relationship between health staff and patients.

Traders can have better quality healthcare and lower waiting times when using arrangements based on social relations than they would when using NHIS. These measures better meet their demands and expectations. They can choose the hospital they prefer and they do not stand in a line with other NHIS users where they may feel ashamed. On the other hand, when one has serious health problems and for example needs surgery, the support of the NHIS is not helpful. In these cases also the family and other social contacts are not able to fully support the person. For small health care, there are and always have been enough safety nets in Accra. In the last ten years the NHIS is a new measure, but for many people in Accra, the value of this scheme is not evident. For serious health problems the family still has the biggest responsibility and the NHIS did not change this.

5.8 Conclusion

For the traders of Kaneshie Market the support for health related issues is mainly the responsibility of the nuclear family. This chapter shows that different arrays of social security provided by the family are connected and cannot be seen as independent entities. The family is important for support for healthcare, but also for other arrays of social security like education, employment, funerals and weddings²⁸. All these arrays of social security provided by the family are connected and intertwined through mutual relations and reciprocity. In addition to the family, social networks attached to churches and within the market provide support.

The preference of traders for arrangements based on social networks and relations can be explained by the interconnection of social security arrays through social relations and reciprocity. People with low and fluctuating incomes are not willing to take the risk of investing money, while not being sure whether this is a functional investment. Measures like the NHIS, micro insurance schemes and church welfare schemes only cover one array of social security. Arrangements based on reciprocity cover more arrays and are therefore more in accordance to the needs and demand of people.

The NHIS is a potential scheme that could be supportive for families. At the moment the scheme does not operate in accordance with the demands, expectations and living standards of people living in Accra. Not every Ghanaian has access to sufficient healthcare and the NHIS is not functioning well because of the global shortage of health personnel and facilities which are partly caused by ‘brain drain’. Therefore, more health workers should be trained. Moreover, in order to lower the migration of health workers, health workers should be supplied with better working conditions and career perspectives. The shortage of health workers in Ghana and Sub-Saharan Africa is an international responsibility and international agreements against brain drain should be formed to improve the social security and healthcare of Ghanaians.

²⁸ In the following chapter about education and employment more about the interconnection of different arrays of social security and the role of the family will be explained.

Chapter 6

Education, employment and income security



6.1 Introduction

In Accra, but also in rural areas, families use different measures to arrange their income security. In this chapter the role of formal education, apprenticeships and employment opportunities to secure the income of families will be central. Education of children is one of the main concerns of many parents in Accra and of the traders at Kaneshie Market more particularly. For parents and other people involved, investing in someone's education is a way to secure their own future. Investments, by means of formal education or by arranging and financing an apprenticeship, more or less guarantees support for future social security needs. Helping a family member to complete education or training to a certain level, will help the recipient of the sponsorship to secure well-paid employment. Once this has been achieved, the sponsor(s) of the educated person can anticipate certain reciprocity for their investment. Being and getting employed is thus an important manifestation of the livelihood and success of multiple generations and persons.

For the children of the traders of Kaneshie Market, access to formal education is problematic. At the market alternatives to secure the future employment and thereby the income security of a family can be observed. Apprenticeships are important in this.

In this chapter first the social networks and arrangements based on reciprocity within Kaneshie Market will be discussed. Education as an investment for income security is the next subject. Furthermore, the access to formal education in Accra is a topic. The role of apprenticeships in Kaneshie Market is central in section 6.5. Finally, before the conclusion, the role of the church and religious groups for employment in an changing urban environment will be delineated.

6.2 Social networks and reciprocity within Kaneshie Market

At Kaneshie Market reciprocity and friendship are of importance for employment and business. Also for education and trainings social contacts at the market are key (as will further be discussed in section 6.6). Shops and traders are connected within the market in different ways. Traders and shop owners share products and send customers to each other's shop. Alice tells me that next to her, three former apprentices of her "mum" now have an artificial flower shop at Kaneshie Market. The four shops are connected to each other and when Alice does not have a particular product in her shop, she will either get it in one of the other shops or send the customer to one of the other shops.

There are many ties between shops and traders at the market. Hairdressers and wig sellers often work together. Customers of hairdressers are always send to the same wig shops



Picture 6.1: A grandmother and -daughter working together at the market

by the hairdresser to buy artificial hair, for example. Traders have connections and agreements with each other, based on friendship and reciprocity. Often small commissions or compensations are given as well.

Also within the market family bonds are important. Some families have been trading in Kaneshie Market for generations. Different family members have

shops at the market and work together with other family members. On picture 6.1 a grandmother and granddaughter are selling yam next to each other.

Some of the bonds are based on ethnicity. Ethnocentrism plays a role in the market. Rather than taking the customer to the neighbouring shop that also sells the same products, a Ga will often direct customers to a shop that is owned by another Ga. Many Ga's are living in the same neighbourhoods in Accra (like Jamestown and Ga Mashie) and more important they share a common language. Often their families have had bonds and also worked in the market for decades.

Similar to what is the case within church communities, these connections and the social networks within the market, are often important. This is especially the case for psychological support. Eunice, a 35 year old lady who has a small wig shop, takes care of another shop during the four months I am doing my research at the market. It turns out that this is not her own shop. Eunice tells me that the shop is owned by another lady. The husband of this lady has health problems and often has to go to the hospital and therefore Eunice is watching the shop. Eunice emphasizes that she is doing this for free, but that she and the other lady are friends and often work together and help(ed) each other.

6.3 Education as an investment for income security

Many of the market women I speak to are concerned about the education of their children. As described in chapter four, one of the main reasons for them to join a micro insurance policy is to save money for their children's tuition. Mainly parents or grandparents are responsible for

the education of children. Not being able to give your children a good education and future is a major concern, especially among the mothers at the market. The importance of education can be understood and explained in two ways. First, education is an investment. Education and the future income of children is the main way of securing the future income and pension of a family. Second, social importance and prestige of parents are factors.

Sponsorships for education are an example of how (intergenerational) reciprocity contributes to the social security of people in Ghana. Smith (2007) explains that helping a family member or friend to complete education to a certain level, will help the recipient of the sponsorship to secure well-paid employment. Once this has been achieved, the sponsor(s) of the educated person can anticipate certain and often continued reciprocity for their investment. Reciprocity shows how morality, economics and social inclusion are intertwined.



Picture 6.2: Auntie Adua with her grandson Kojo

Personal gain, considerations for others and the need to be socially acceptable all play a part.

During my fieldwork, I came across several examples that show the role of reciprocity within families. Agatha tells me as follows: ‘Oh, paying the school fees of the children is very hard. I haven’t eaten since morning.

It is 350 cedi for one term (Senior High School). I hope my children will get wealthy so that they can help me’ (interview 18 September 2013).

The help in the household of Adua and Yaw, in exchange for financial support for education from Mr. And Mrs. Djan was already mentioned in the former chapters²⁹. A father I meet one day, tells me he had to sell his car to put all his three children into a university. However he sees this as an investment in his own future: ‘When they graduate, they will buy me a new Ferrari’. This example shows that education of children can be seen as a ex ante measure and a long term investment for parents to secure their own future and income.

Investment in family relations can be seen as the most important ex ante measure

²⁹ See for example section 4.3 on page 42 and section 5.4 on page 71

people in Ghana have for social security matters. In the former chapters the decisive role of the family for healthcare and funerals was described. In this chapter the importance of family relations for education already was made clear. Also for employment family members can be key. Starting capital for an own shop or business is most of the time provided by the family or friends of the family. Furthermore, apprenticeships are often found through connections and social relationships within the family.

Obligations towards children from parents and vice versa are of socially importance to be respected as a good and responsible parents and children. In most African countries these reciprocal obligations ensures that each member of a family or community can in the last resort count on an irreducible guarantee of social security. Investing in one's education is, next to care giving, a way to gain more income security and to secure the future of the family.

For children it is an obligation to support parents after finishing ones education. An article in the Ghanaian Times of 27 August 2013 illustrates the obligations of children towards their parents very well and shows the obviousness of these obligations in Ghana:

Considering the kind of society in which we live especially if you are raised in a typical Ghanaian home, nobody has to remind you of your financial obligations to your parents and siblings when you complete your 'first' tertiary education... For some individuals, supporting their families after school is not a matter of choice, since that burden was bestowed upon them the very first day their cry was heard. (Arthur 2013)

Furthermore, shame for not directly being able to contribute to one's family after finishing one's education, is common according to Arthur (2013).

Individual and family needs and goals can sometimes be contradictory. The case of Dominic shows how young men in Accra have to find the right balance to try and save money to achieve their own goals and dreams on the one hand and support their families in hard times and supply them with social security on the other. Family bonds are important in many cases. It was through his father that Dominic found a job and learned a profession in Accra. His family supplied him with a job, but also needs financial support and in a way stops him from getting married and moving up in life and starting his own shop. It is unimaginable and also social unacceptable for Dominic to stop giving financial support to his family in order to save enough money to start his own business, because he also depends much on his family and depended on them in the past.

In Ghana there are also formal arrangements for pensions. The Social Security and National Insurance Trust (SSNIT) is responsible for this scheme. It is mandatory for all businesses to register their employees with SSNIT. Almost everyone I speak to at Kaneshie Market thinks this is for government workers only. People that have their own business, however, can also make use of it. Margareth, who had her own beauty salon in the past, explains: ‘Because I worked for myself it was my own responsibility. I paid a certain amount of money that I could miss every month and brought it to SSNIT’. A lot of people that have their own shop or business are not doing this. A frequent mentioned reason is that people cannot miss money for the SSNIT every month. Hannah (interview 17 September 2013) tells me that she pays five cedi a month for SSNIT, but she has no clue whether this is enough. She asks me if she should pay more, which shows that she does not know in what way the SSNIT can be beneficial. Many traders are not up to date about the mechanism of the SSNIT, like Hannah.

A major reason for the low enrolment of traders in the SSNIT is that the family as a supplier of social security is more extensive and in comparison with the SSNIT helps with care giving, the household and social support, next to financial support. Furthermore, different social security matters supplied by the family are interconnected through reciprocity. Support from the family for health, education, funerals, employment and pension are all intertwined. Other social security measures, like the SSNIT only cover one array of social security and only in a financial way. Because different social security measures are connected through reciprocity within the family it is less likely for someone to use another measure for one particular array of social security (which is not intertwined with other arrays). The case of Margareth, however, shows that formal arrangements, like the SSNIT, can be combined with arrangements based on intergenerational reciprocity.

Social importance and prestige of the family are other factors that should be mentioned here and that can explain the importance of education of children in Accra. For parents it is socially important to make sure that children get a good education and job. Being a successful parent in Ghana is related to having successful children. Prestige and being seen as a good parent are reasons why so many woman at the market, consider the education of their children as one of the major concerns. Next to that parents see their children as their future and most important supplier of their pension and caregiver.

As described in chapter four about funerals, the ways in which Mr. Djan always had taken great care of his family was emphasized in the speeches from the children, his wife and fellow members of the men’s fellowship of the Kaneshie Presbyterian church (of which Mr.

Djan was a member). Stories were told about a hard working man that had made sure that all of his children made it to university. Furthermore, the fact that one of his children was currently living in the US and another in London was mentioned several times as his achievement. This shows that education for children is key in order to be appreciated as a good parent by others.

6.4 Access to formal education in Accra

In Ghana there are different kinds of Senior High Schools. To get into a Senior High School a test have to be done after finishing junior high school. With the result one can apply for a Senior High School. The West African examination council is organizing the applications and tests. There are Senior High Schools of different levels and with variable qualities and facilities. The levels of the schools are marked from A to D (A is the best and has the best facilities and D has a lack of these)³⁰. School fees for one term (three months) vary from 150 cedi to 450 cedi and depend on the level of the Senior High School. The higher the level of a school, the more expensive the fees.

For the traders at Kaneshie Market, sending their children to a Senior High School is often impossible for several reasons. Firstly, the costs are an important factor in this. Especially after Junior High School, school fees become too expensive. In general traders, with low and fluctuating incomes are not able to send their children to a Senior High School. The incomes of the traders at the market vary. Jessica, who owns two wig shops in the market, makes 100 cedi on a good day, but zero cedi on a bad day. Joyce has a more stable income, because she is a waged worker. The shop she works is owned by her sister and Joyce gets 150 cedi a month. Agatha, who is selling tomatoes outside the market, cannot give me a straight answer about her income, because it is fluctuating a lot. She tells me that there are a lot of tomato sellers in the market and when there is a lot of sun, the tomatoes get destroyed. Because of the many tomato sellers at the market, some days she does not sell any tomatoes. During the seasons in which tomatoes are scarce she is sometimes able to save some money, but some months she is having a hard time to have enough food for her five children.

Some traders, like Jessica are able to save enough money to send (some of their) children to a Senior High School. This also depends on the husband, who is often considered in Ghana as the main breadwinner. Agatha is separated from her husband and takes care of her five children by herself and only gets help from her mother. She is dreaming about

³⁰ Information about the Senior High School system can be found on the website of WEAC: <http://www.ghanawaec.org/ABOUTWAEC/Functions.aspx>

sending one of her children to a Senior High School, but is not sure how she is going to manage this.

A second reason why the access to formal education is problematic is the fact that education is most of all a family matter. Families hardly get support from other suppliers of social security. The government has a loan system for university students. The Students' Loan Scheme is a financial arrangement under which Ghanaian Students enrolled and pursuing approved courses in tertiary institutions in Ghana are granted loans to assist with the financing of their education. For traders at Kaneshie Market this scheme is not of help, because of the requirements and conditions that are attached to the scheme³¹. Application for a lone is complex. One needs to have a valid social security number and an active bank account. Most of my respondents do not have these. Furthermore, three guarantors shall be required to endorse the duly completed loan documents. The guarantors must be a contributor to the SSNIT and must have contributed for not less than five years. Moreover, the guarantors need to have a stable and fixed monthly income. Traders of the market with fluctuating incomes are not able to fulfil these requirements and thus not able to make use of the loan system.

Some of the churches I attended in Accra offer scholarships³². Just a few children benefit from these. Scholarships do not have a high priority with most churches. Alice, for example tells me that at the entrance of her church there is a box for scholarships, where people can put their useless coins in. Kingsley³³ tells me that his primary and secondary school (Junior High School) were free. For the Senior High School he was very lucky to get a scholarship from his church. Every year, he tells me, one or two children out of thirty applications get a scholarship for Senior High School from the church. Kingsley further tells me that he wants to start university now, but his family does not have enough money and the church will not give him a scholarship.

When a family does not have enough money to send a child to a Senior High School, even though this child has the abilities and talent to do so, it is not possible to attend a Senior High School. Next to the lack of financial resources, support systems of churches and the government are not suitable and accessible for the poorest. Because of this, formal tertiary education is and stays a privilege for the elites. In the following sections alternative options for parents to invest in their children's future are discussed.

³¹ The requirements and conditions for a loan can be found on http://www.ssnit.org.gh/studentsloan_borrower.php

³² This is based on the churches I have attended and the questions I asked to my respondents about their churches.

³³ See paragraph 3.8 on page 36 for more information about Kingsley

6.5 Apprenticeships: Mobilizing careers

At Kaneshie Market, reciprocity and the major role of family for education and employment becomes clear in the phenomenon of apprenticeships. Keeping the lack of access to formal education in mind, this can be seen as a major alternative for traders at the market to secure the future income of themselves and their children. Many of the traders learned their profession from a “master” or “mum”. Apprentices usually work for free or a small salary and learn the different proceedings of the occupation. Apprenticeships are usually organized and found by family members, but also religious networks are important in this. Taking the access to formal tertiary education in mind, apprenticeship can be seen as an alternative way for parents to give their children better chances to get employed. Investing in an apprenticeship is



Picture 6.3: One of auntie Janet’s apprentices practising skills

a long term measure for the benefits of the income security and livelihood perspectives of the whole family.

A good example of this is the case of Dominic, who is working as an apprentice in a butcher shop that is owned by someone else³⁴. He is referring to this person as “his master”. His master is a friend of his father and this is also how

Dominic got the job. Social networks, mainly based on family relations are thus important to learn a profession, get a job and eventually start an own business. Apprenticeships furthermore, strengthen and creates bonds at the market, as is explained in box 6.1 on the next page.

Especially among hairdressers apprenticeships are common. Auntie Janet, for example, owns a small salon on the top floor of Kaneshie Market. She has three apprentices, working in her salon, who learn the different techniques of hairdressing³⁵. They knew auntie Janet from church (Roman Catholic). The church and the social networks attached to it, are thus important to find a job or get a apprenticeship.

In addition to the family, the church can also be important to find an apprenticeship, as

³⁴ See box 4.1 on page 46 for more information about Dominic.

³⁵ Auntie Janet and her apprentices are displayed on the second picture of the front page of this chapter.

Alice explains: ‘My teacher was in the church of my auntie. I had nothing to do so, I came and started helping her’. Alice, who just started up her own shop a month ago, furthermore explains: ‘I worked for two years in a shop like this and a lady was teaching me how to make wreaths. I got a little salary and I was saving this in the bank. I needed about 1500 cedi to start my own shop’(conversation 12 August 2013). This case shows how apprenticeships can lead to starting up an own business. It should be taken into account that the investment of Alice’s auntie, the auntie did not only secure Alice’s future, but also that of herself.

6.6 Urbanization and the role of churches for income security

In the literature it is often emphasized that migration and urbanization is altering relations within families and communities and between generations. Urbanization has a negative effect on balanced exchange between the generations, according to Apt (2002). Churches and the social networks attached to them are important for migrants to fill the gap of the extended family. Churches help to deal with being new in the city and also help to build up new social networks. It is questionable whether the church and Pentecostal ideologies in particular are responsible for breaking family ties or that these ties are already reduced because of the migration itself and the (ideology of the) church is a way to deal with this for migrants.

On the other hand urbanization can be seen as a rational choice or strategy of extended families to gain more social security and income for the whole family. Strong family bonds can also be a reason for urbanization. Many people working at the market send money to their family in their home town. Interesting to mention is that STC busses are often used for this. People give money and sometimes other things like bags of rice, to the driver and the family will collect it in or close to the hometown. As the case of Dominic shows³⁶ family bonds can be key in the urbanization process. Dominic’s father arranged an apprenticeship in Accra for his son. Dominic’s migration is not an individual choice but a strategy to gain more social security and spreading sources of income for the whole family.

Owuor (2004) emphasizes how urban dwellers invest in their rural ties to ensure their survival in the city. He states that urban-rural linkages are not only important for the rural households. These linkages are also important for the risk-mitigation strategies of urban households. Many urban households have rural components to their livelihoods and retain strong links with rural areas.

³⁶ See box 4.1 on page 46

Within churches in Accra new social security networks are formed. Where the existing kinship relations offer no solace in cities, people try to establish new relations and arrangements, hoping to find more security for themselves and their children. In most cases the church is not taking over the role of the family completely, but for employment and career opportunities especially the Pentecostal church emphasizes the importance of not staying dependant on family solely.

As already explained in the previous paragraph, churches can be of importance for people for finding employment. Auntie Janet explains: ‘If someone needs an employee, the church is the place to find someone’ (interview 11 September 2013). She further tells that in her church it is customary for members to do an announcement during the church service, when one is looking for employment or employees.

In some churches one of the main messages is making a career and building up a successful social network. It is emphasized that people should help and get help from people that can make one move forward in life. One should not depend on family and friends, just because they are family and friends. Networking is important and there is a focus making a



Picture 6.4: Billboard of the ICGC (with Dr. Otabil in the front)

career and being successful. Believed is that God creates a lot of opportunities, but people have to make the right choices and make use of the right contacts to utilize everything God offers.

The case of Yawsom, who attends the International Central Gospel Church, is a good example of this. Several

times I attended a service of the ICGC together with Yawsom. Before, during and after the church services we had conversations about his church and about his life and future plans. Yawsom is 34 years old and unmarried. He was born in a village close to Bolgatanga (Northern Ghana). His parents died already and he has five siblings, who are still living in their place of birth. His father and mother were no Christians. Some of his siblings are Muslim, some are Christian. After finishing secondary school he went to Accra, to develop

his life and, as he says, because God wanted him to go.

Predecessor of the ICGC is Dr. Mensa Otabil, a well-known predecessor in Ghana. The church reminds me of a concert hall. There is a band and there are big screens on which you can see the service. Several camera men are filming the service and there are special theatre lamps. A camera attached to a crane that flies over the crowd surprises me the most. During the services there are always more than a thousand visitors in the church. Before the service starts, I sit outside with a lot of people. Outside the church large flat screen televisions are spread out so that people can watch the services outside.

The service I joined on the 4th of August 2013 gives a good impression of the general message of the church. The service starts at 9.30 in the morning (It is the second service, the first service starts at 7.30) After a few songs of praise and worship people (with different choirs and singers). People are called to come forward with special envelopes, where they can put money in. They have to write their name, address and telephone number on the envelope. The following statements of Dr. Otabil's preach illustrate the general message of the service:

You should try not to limit what God gives you. Your container is small and you should make it bigger... Networking with the right people is important in this! It will enlarge your capacity. The problem is not what God gives, but your capacity to deal with it... It is important to find someone that is really able to help you and can enlarge your capacity. Find someone that can do the job. Link with people with better capacities and new ideas... This means that also some people must exit. (Dr. Mensa Otabil, preach 4 August 2013)

Making and planning a successful career, by linking to the right people was the main message of the service and of the church in general.

Yawsom shows me some DVD's of a conference of the church about planning and making a successful career. The DVD's are sold outside the church in a shop. This also shows that the focus of this church is on being and getting successful by networking with the right people. Interesting to see is that people donate a lot of money to the church. Yawsom explains that believed is that people will have a successful life when they give generously. They will get a lot of advice, ideas, and connections to help them to be successful.

Often kinship caring obligations can be enforced by religious networks. There is a general feeling of debt that children owe to their parents and this is underwritten by Biblical quotations and the threat of Divine punishment could enforce the notion of kinship caring obligations (Van der Geest 2008, Aboderin 2004).

However, religion and religious networks can also lead to the withdrawal of individuals from his or her family. As already described in the theoretical framework, some churches are accused of alienating their members from (other) social networks, like the family or the society in general. Pentecostalism restructures kinship relations and obligations and it brings these obligations under the supervision of individual members (Thelen, Leutloff-Granditts and Peleikis 2009; Van Dijk 2009).

Meyer (2004) agrees to a certain extent and states that ancestral bonds could get broken because of Pentecostal ideologies. The effect is a reduction of dependencies within the family structure, leading to a further breakdown of reciprocities and mutual support that exist at kinship level. New communities are formed that surpass the space of the family and ethnic groups, which can lead to new social security networks.

The fact that Yawsom came to Accra without his family and came here on his own to be successful, is justified by the church. Yawsom tells me that he is happy that he did not stay at a place and with people that were not able to bring him forward in life. He recognises his own ideas in what is told and emphasized in the church. The church, in a way, answers Yawsom's demands and needs. Rohregger (2009) emphasizes that people make rational choices to join or switch to particular churches, in search for more social security. Because Yawsom is in Accra without any family, it can be argued that he was somehow forced to invest in new social networks in order to be successful. Pentecostal churches attract many members from the young and urban middle class who are seeking success and prosperity in life (Van Dijk 2002). This message is also emphasized in the ICGC.

Yawsom tells me that he sometimes sends money to his brothers, sisters and also an auntie in Northern Ghana. The last time he visited his place of birth was about a year ago. The reason for sending money is the bad harvest of last year. In the case of illness or a funeral Yawsom will also contribute to help his brothers and sisters, but so far this has not been needed.

The case of Yawsom shows that in some cases, especially when it comes to employment, the church and Pentecostalism in particular, emphasize that people should dissociate themselves from their family in order to become successful. For other arrays of social security, like healthcare but also education the family stays (the most) important. As explained in chapter five, churches even emphasize the responsibility of family members for this array of social security.

6.7 Conclusion

This chapter has show that different social security arrays are interconnected and intertwined, mainly through reciprocity and relations within families. In this chapter the importance of long-term relationships and reciprocity for income security was illustrated. Investment in education or training of family members was emphasized to be a key way to try and achieve this. Parents invest in education of children for their own future and to make sure that they can have a good living, when they are old and retired. Helping a family member or friend to complete education to a certain level, will help the recipient of the sponsorship to secure well-paid employment. Once this has been achieved, the sponsor(s) of the educated person can anticipate certain reciprocity for their investment.

Dependency on family can be seen as problematic. Lower income families tend to stay lower income families, because education and employment are arranged within the family. There is not much equality in chances for education in Ghana and there is no social security system that brings more equality. Firstly, the costs are an important factor in this. Especially after Junior High School, school fees become too expensive. In general, traders with low and fluctuating incomes are therefore not able to send their children to a Senior High School.

Besides the lack of financial resources, support systems for education of churches and the government are not accessible and helpful for the poorest. Because of this, formal tertiary education is and stays a privilege for the elites. At Kaneshie Market apprenticeships are important alternatives, to give children a training in order to enlarge job opportunities. Within the market apprenticeships can be an important way to find a job or start a career.

In the literature it is often emphasized that migration and urbanization is altering relations within families and communities and between generations. On the other hand urbanization can be seen as a rational choice of a extended families to gain more social security and income for the whole family. Churches in Accra and the social networks attached to them are important for migrants to fill the gap of the extended family. However this is to a certain extend. Getting a successful career, by linking to the right people is often emphasized in Pentecostal churches, like the ICGC. For other arrays of social security, like healthcare and education the family stays (the most) important.

Chapter 7: Conclusions and recommendations

7.1 Conclusions

In the changing and urbanizing environment of Accra and at the market in particular, people, from different backgrounds and with different incomes, face different social security issues and make use of different arrangements. People constantly try to maintain or rearrange social relations in changing circumstances and at the same time try to establish new ones to secure their lives. The social, cultural, economic and political backgrounds of the choices they make were the main focus of this thesis.

The main goal of this research was to get a holistic understanding of the role, importance and value attached to social security arrangements in Accra and of Kaneshie Market's traders particularly. The central research question was: What are the social security arrangements pursued by traders at Kaneshie Market and how are they significant for understanding urban livelihood arrangements within a broader socio-cultural, economic and political context? In this research attention was paid to the following social security arrangements: health related issues, funerals and income security (education and employment).

In the literature it is often emphasized that migration and urbanization is altering relations within families and communities and between generations. Urbanization has a negative effect on balanced exchange between the generations (Apt 2002). Indeed, this can be observed in Accra to some extent. Churches and the social networks attached to them are filling the gaps of extended family relations or are playing that role strategically by putting the emphasis on the conjugal family. Churches help to deal with being new in the city and to build new social networks.

Getting a successful career, by linking to the right people is often emphasized in Pentecostal churches, like the ICGC. For other arrays of social security, like healthcare and education, the family is (the most) important. Churches even emphasize the responsibility of family members for health related issues. The church and those with Pentecostal ideologies in particular are not completely breaking family ties. Rather these ties are already reduced because of migration and the (ideology of the) church is a way for migrants to deal with it. Some cases that came forward in this thesis also show that urbanization can be a rational choice and strategy of extended families to gain more social security and income for the whole family. In this sense, strong family bonds can also be the reason for migration to the

city. Many people working at the market send money to their family in their home town.

During my fieldwork I decided to focus on a small and specific group, namely the traders of Kaneshie Market. In this thesis it was emphasized that social relationships, especially those within families are the most important for support for health related issues, income security, education, employment and funerals for traders of Kaneshie Market. Next to arrangements based on family relations, social networks attached to churches and among colleagues within the market are an important source of support.

The qualitative and in-depth methods of this research made the interconnection between different social security arrangements more clear. Different arrays of social security (support for education, health- related issues, funerals and employment) provided by the family are connected and intertwined through mutual relations and reciprocity. Parents invest in education of children for their own future and to make sure that they can have a good living, when they are old and retired. Helping a family member or friend to complete education to a certain level, will help the recipient of the sponsorship to secure well-paid employment. Once this has been achieved, the sponsor(s) of the educated person can anticipate certain reciprocity for their investment. Investment in education guarantees future support for other social security issues, like health-related issues and pensions.

Funerals are important occasions to maintain and strengthen these social relationships and are therefore important for social security. funerals are occasions in which people secure and achieve their belonging to particular groups. Attending the funeral, giving donations and providing psychological support, functions as a confirmation of one's belonging to a particular family, church, neighborhood and a group of colleagues at the market. The fact that funerals are an important (the most important) occasion for many Ghanaians to show that they belong to a social network can explain why everyone will contribute and is involved in funerals.

Funerals are also occasions in which families compete for social prestige. It is very shameful when a family is not able to give a family member a good burial (Mazzucato et al. 2006; Van der Geest 2000). Next to the prestige of the family, honouring the good and successful life of the deceased is of much importance. Only persons who had a successful life will be admitted to the land of ancestors. Funerals are a way to show this success. Ancestors influence life on earth and funerals are occasions when families can honour or offend their ancestors

The enrolment of the traders in formal measures (the NHIS and microinsurance policies) is low. Overall, formal arrangements are less used and valued by traders than

arrangements based on social relations. A preference for social security arrangements based on social networks and family relations can be observed. In this thesis several explanations for this fact were discussed. The already explained interconnection of different arrays of social security through social relations and reciprocity is an important factor. People with low and fluctuating incomes are not willing to take the risk of investing money, while not being sure whether this is a functional investment. Measures like the NHIS, micro insurance schemes and church welfare schemes only cover one array of social security. Arrangements based on reciprocity cover more arrays and are therefore more in accordance with the needs and demands of people. Moreover, social belonging should be taken into account. By supporting each other within a family, church, neighbourhood or market, social networks are maintained and strengthened. Reciprocity is indeed the strongest glue for keeping societies and communities together (Eriksen 2004; Mauss 1954).

Another explanation of the low interest of traders in formal social security measures is that these measures are not in accordance with the needs of the traders. The low interest of traders in micro life insurance can be explained by a lack of money and trust, misunderstandings, a lack of knowledge and the fact that Ghanaians are not used to the principles of insurance. Furthermore, mostly life insurances are sold at the market, while, as comes forward out of my interviews, there is no or little demand for life insurance. For other arrays of social security there is demand for ex ante measures. The main reason, for example, that women at the market give to join a insurance policy is to save money for the education of their children. Church welfare schemes and microinsurance companies should more focus on and listen to the needs of people. These explanations should be taken into account.

Moreover, the expectations and livings standards of the traders at Kaneshie Market, who can be seen as part of the lowest income people in Accra, are apparently not in accordance with the care that is offered by the NHIS. In Accra people are able to chose between different suppliers of health services. As described in this thesis, using NHIS means lower quality of care and longer waiting times. When people have the choice and financial means they rather chose to pay more and thereby get better and faster treatment.

Although traders prefer measures based on social networks, the dependency on family and the interdependence of different arrays of social security can be problematic in some cases. Poor families in general are in social networks with other poor families and therefore have less access to quality healthcare, education and employment. Lower income families tend to stay lower income families, because education and employment are arranged within the family. Access to formal education is problematic because of a lack of financial resources.

Furthermore, support systems for education of churches and the government are not accessible and helpful for the poorest. Because of this, formal tertiary education is and stays a privilege for the elites. At Kaneshie Market apprenticeships are important alternatives, to give children a training in order to enlarge job opportunities. Within the market apprenticeships can be an important way to find a job or start a career.

Formal social security measures, like the NHIS, the SSNIT and micro life insurance policies could potentially be supportive for families. These schemes are not yet able to bring more equality in access to social security. According to Butare and Kaseke (2003) the underdevelopment of state-based social security in Africa can be explained by poverty-, debts- and globalization constraints. The global shortage of health workers and facilities, partly caused by 'brain drain' are the root causes of problems that are named by the respondents and explains the fact that not every Ghanaian has access to sufficient healthcare. Because of these factors there is a lack of resources to mobilize these policies.

7.2 Discussion and policy recommendations

Traders at Kaneshie Market have a preference for social security measures based on family bonds and other social networks. As explained throughout this thesis, on the one hand this is because of social belonging. On the other hand, formal alternatives are not in accordance with demands, needs and expectations and are sometimes inaccessible because of fluctuating incomes.

To develop the social security situation of traders and Ghanaians in general, the root causes of social security issues should be taken into account. The low access to quality healthcare and formal education is problematic and can be explained by the lack of facilities and resources. As described in this thesis, it is questionable whether formalization of social security system is the solution and wished for by people living in Accra. The problem and solutions should not be found in the kind of social security systems and arrangements, but rather in the lack of available resources. The material and social conditions under which people live, the quantity and quality of resources available to them, bring new insecurities or intensify existing ones.

The shortage of medical workers and health facilities leads to the fact that not every Ghanaian has access to quality healthcare. Currently the NHIS is under pressure: The quality of care is poor, there are delays in NHIS card production and distribution and there is a lack of trust in the scheme. Furthermore, traders complain about long waiting times, a shortage of drugs and inferior and poor quality of drugs. The NHIS can only work well and can bring

more equality, when the roots of the healthcare issues (the shortage of health workers and facilities) are taken into account. Only when enough health workers can be trained, sustained and retained in Ghana there can be a sufficient healthcare system and more equity for everyone. Part of the solution lays in Ghana. To lower the outmigration of health workers, health workers should be supplied with better working conditions and career perspectives. The shortage of health workers in Ghana and Sub-Saharan Africa is also a international responsibility and international agreements against brain drain should be formed.

Similar issues can be observed, when looking at the access to formal tertiary education. To improve the equality in access to formal education, a solution could be to extend and develop the governmental scholarship system. As long as this is not combined with the training of enough qualified teachers and the creation of enough education facilities, this will not be a suitable solution. Furthermore, graduates already face difficulties to find suitable employment. More graduates could put more pressure on the labor market. Therefore job opportunities should be created.

To supply traders with more social security, already existing arrangements and systems should be used. The traders of Kaneshie market are well organized within associations and social networks in the church. Within these associations and religious groups networks are strong and people can easily be reached. People from the church meet each other a few times a week. Most association meet twice a month. Most people are used to pay dues to queen mothers and make contributions to the church. By making use of these already existing networks, the registration for formal social security schemes like the NHIS, would be more easy.

Associations and churches used to help with health-related issues. But since NHIS this is taken over. However, many people are not making use of NHIS. It can be argued that government failed to make use of already existing systems (based on church and associations). It would have been better and easier to support already existing schemes, people already trusted and were familiar with. It should be mentioned here that in my research it became clear that church welfare schemes are not an often used social security measure by the traders of Kaneshie Market. When these schemes focus more on the demands and needs of their members, this might change and the schemes can contribute to the social security situation of its members. The schemes now mainly focus on support for funerals, while there is demand for support for health-related issues and education of children.

7.3 Further research

During my fieldwork I was not able to investigate all the arrays of social security. As explained in the introduction and methodology I decided to focus on health, funerals and education as a social security provisioning form for the long term. Research about other arrays and measures of social security and the connection to the arrays I investigated would be valuable.

In Accra housing is often seen as problematic. Many people I speak to complain about the high costs to rent a house in Accra. These issues can especially be found in urban livelihoods. Patrick (conversation 30 August 2013) explains as follows: ‘The biggest problem in Accra is housing. Some people in Accra have to sleep outside, because housing is too expensive. For me it is also a problem because the rent is so high. I pay 75 cedi a month for a small house’. The main problem is that landlords expect the rent 2 years in advance. A lot of people have to get a loan for that. There must be different kinds of arrangements in order to make sure that they can pay the rent two years in advance. How people manage to do this and how this influence other arrays of social security is interesting. More research is needed about the influence of housing issues on social security of people in Accra and other big cities.

Another interesting topic for further research are weddings. It is interesting to mention that in many cases there is not a lot of financial support from family members for grooms for the preparations of a wedding. Saving money for a wedding is, in contrast to other social security arrangements, mostly an individual responsibility. Future families in law compose lists, on which the requirements of the wedding are written for the future husband (Like the kind and colour of wedding clothes, the amount of guests and types of foods and drinks, but sometimes also new facilities for in the house). Like investing in education of family members, putting demands on a future husband is a way to manage the income security of a family.

Five of the ten male respondents emphasize the importance of saving money and work hard, so that they can get married. They save money for many years and plan everything way in advance. In Accra a man has to pay for all the necessities for a wedding like dresses and suits of his bride’s family members. Furthermore he has to take care of all the drinks, the food, the music, the rent of the chairs etcetera. A lot of money is needed and usually family members are not helping in these cases. Some people even get in trouble because of a wedding because they do not plan it in advance. They get a loan and get themselves in debt, because

they want to get married to fast³⁷. Similar to housing issues, for men the preparations for a wedding are long-term investments. Men are saving for years in order to get married. More research about the influence of weddings on other social security arrangements would be valuable.

In this research I mainly focuses on the traders of Kaneshie Market, which is only a small sample of the total population of Accra. All of my informant had low and fluctuating incomes. Research about the upcoming middle class and the population with high incomes, would be of value. These people probably have access to and use more and different social security measures.

The difference of social security arrangements between rural and urban areas is an interesting case for further research. I solely focussed on (a small part) of Accra. The expectations, demands and the living standards people are used to might vary between rural and urban areas. In rural areas health facilities are for example more scarce and maybe therefore the enrolment of people in the NHIS is higher.

Comparative and in depth research in other urban environments in Sub-Saharan African- and developing countries about social security issues and arrangements could be valuable. Similar social security related issues, like the lack of government support and the interconnection of different social security arrangements through family and social networks might be observed in other countries. Getting an insight in this and coming to an understanding of differences between different cases could contribute to the development of social security in different countries.

³⁷ This information is mainly based on the interviews and conversations with Ben, Patrick, Dominic and Justice

Bibliography

- Aboderin, I. 2004. Decline in Material support for older people in urban Ghana, Africa: Understanding Processes and causes of change. *Journal of gerontology: Social sciences* 59 (3): 128 – 137.
- Aitken, S. and G. Valentine. 2006. *Approaches to Human Geography*. London: Sage Publications.
- Anku-Tsedde, O. 2013. Susu: A Dynamic Microfinance Phenomenon in Ghana. *Journal of Economics and Sustainable Development* 4 (3): 146 – 156.
- Anyangwe, S.C.E and C. Mtonga. 2007. Inequities in the global health workforce: the greatest impediment to health in sub-Saharan Africa. *International journal of environmental research and public health* 4 (2): 93- 100.
- Appiah-Kubi, K., A.D. Oduro and B. Senadza. 2004. Understanding poverty in Ghana: Risk and Vulnerability. Paper presented at the international conference: Ghana's Economy at the Half Century. Accra: ISSER, University of Ghana & Cornell University, July 18-20, 2004.
- Apt, N.A. 2002. Ageing and the changing role of the family and the community: An African perspective. *International social security review* 55 (1): 39 – 47
- Apt, N.A. 2012. Aging in Africa: past experiences and strategic directions. *Aging international* 37 (1): 93 – 103.
- Arhinful, D. 2003. The solidarity of self-interest: social and cultural feasibility of rural health insurance in Ghana. *Research report 71*. Leiden: African Studies Centre.
- Arthur, L.P. 2013. Dear mum and dad: I'm coming home. *The Ghanaian Times*, 27 August.

- Asante, F. and M. Aikins. 2008. Does the NHIS cover the poor?, Danida Health Sector Support Office paper. Accra: Danida.
- Baido, I. 2012 Research and development on Microinsurance. Introduction. In *Promoting Microinsurance in Ghana. Microinsurance as a Means of Insurance Sector Development*, chap. 4.1. Accra: National Insurance Commission.
- Baido, I and M. Buss. 2012. Literature review: Barriers to Microinsurance Uptake. In *Promoting Microinsurance in Ghana. Microinsurance as a Means of Insurance Sector Development*, chap. 4.1. Accra: National Insurance Commission.
- Basaza R, B. Criel and P. van der Stuyft. 2007. Low enrolment in Ugandan Community Health Insurance Schemes: underlying causes and policy implications. *BMC Health Services Research* 7: 105- 118.
- Bennett, S., A. Creese and R. Monasch. 1998. Health Insurance Schemes for People Outside Formal Sector Employment. Geneva: World Health Organization.
- Bernard, H.R. 2011. *Methods in anthropological research. Qualitative and quantitative approaches*. Lanham: Alta Mira Press.
- Bestor, T.C. 2004. *Tsukiji. The fish market at the centre of the world*. Los Angeles: University of California Press, Ltd.
- Boakye-Yiadom, L. 2004. The evolution of welfare in Ghana: A Rural-Urban Perspective. Paper presented at the international conference: Ghana's Economy at the Half Century. Accra: ISSER, University of Ghana & Cornell University, July 18-20, 2004.
- Bromley, R. 1979. *The Urban Informal Sector: Critical Perspective on Employment and Housing Policies*. Oxford: Pergamon Press Ltd.

- Bruce E, S. Narh-Bana and I. Agyepong. 2008. Community Satisfaction, Equity in Coverage and Implications for Sustainability of the Dangme West Health Insurance Scheme. Project No. 2001/GD/08, Technical Report Series No. 9. Accra: Ghanaian Dutch Collaboration for Health Research and Development.
- Brush, B.L. and J. Sochalski. 2007. International Nurse Migration: Lessons From the Philippines. *Policy Politics Nursing Practice* 8 (37): 36 – 46.
- Butare, T. and E. Kaseke. 2003. Social security in Africa: Inherited burdens, future priorities. *International Social Security Review* (56): 3 - 9.
- Chankova, S., S. Sulzbach and F. Diop. 2008. Impact of mutual health organizations: evidence from West Africa. *Health Policy and Planning* 23: 264–276.
- Cichon, M., D. Tumwesigye, K. Pal, F. Léger and D. Vergnaud. 2003. Linking community initiatives to national institution: Ghana. *International Social Security Review* (56): 59 - 71.
- Clark, G. 1994. *Onions Are My Husband: Survival and Accumulation by West African Market Women*. Chicago: University of Chicago Press.
- Clark, G. 1999. Negotiating Asante family survival in Kumasi, Ghana. *Africa* 69(1): 66-86.
- Clark, G. 2011 *African Market Women: Seven Life Stories from Kumasi, Ghana*. Bloomington: Indiana University Press.
- Clifford, N., S. French and G. Valentine. 2010. *Key methods in Geography*. London: Sage Publications Ltd.
- Daddis, C. 2010. Adolescent peer crowds and patterns of belief boundaries of personal authority. *Journal of Adolescence* 33: 699–708.

- De Allegri, M., B. Kouyate, H. Becher, G. A. Gbangou, S. Pokhrel, M. Sanon and R. Sauerborn. 2006. Understanding enrolment in community health insurance in sub-Saharan Africa: a population-based case-control study in rural Burkina Faso. *Bulletin of the World Health Organization* 84: 852–858.
- De Bruin, M. and R. van Dijk. 2009. Questioning social security in the study of religion in Africa: The ambiguous meaning of the gift in African Pentecostalism and Islam. In *Social security in religious networks: Anthropological perspectives on new risks and ambivalences*, ed. C. Leutloff-Grandits, A. Peleikis and T. Thelen, 105 – 127. New York: Berghahn Books.
- Derbile, E.K. and S. van der Geest. 2012. Repackaging exemptions under National health Insurance in Ghana: How can access to care for the poor be improved? *Health Policy and Planning* October 2012:1-10.
- Dercon, S. and M. Kirchberger, J. w. Gunning and J-P. Platteau 2008. Literature review on microinsurance. Microinsurancepaper No. 1. Geneva: ILO.
- Den Heijer, T.R. 2011. Juru parkir. Een onderzoek over de parkeerwachters van de Jalan Malioboro, Yogyakarta. Bachelorthesis, Radboud University Nijmegen
- De Soto, H. 2000. *The mystery of capital: Why capitalism triumphs in the west and fails everywhere else*. New York: Bantam
- De Witte, M. 2001. *Long Live the Dead! Changing Funeral Celebrations in Asante, Ghana*. Amsterdam: Askant Academic Publishers.
- Emans, B.J.M. 2003. *Interviewen: theorie, techniek en training*. Groningen:Stenfert Kroese
- Evans Pritchard, E.E. 1940. *The Nuer – A description of the modes of livelihood and political institutions of a Nilotic people*. Oxford: Clarendo Press.
- Ghana AIDS Commission. 2012. Ghana Country AIDS Progress Report. Accra: Ghana AIDS Commission.
- Gobo, G. 2008. *Doing Ethnography*. London: SAGE Publications Ltd.

- Eriksen, T.H. 2004. *What is anthropology?* London: Pluto Press.
- Grüb, A. 2007. Ghana - Social security schemes for Health. Accra: GNeMHO.
<http://www.ilo.org/gimi/gess/RessShowRessource.do?ressourceId=4872>
- GSS. 2009. Ghana Demographic and Health Survey 2008. Accra: Ghana Statistical Service.
- GSS. 2010. Population by region, district, age groups and sex. Accra: Ghana statistical Service.
- Hart, H. 't, H. Boeije and J. Hox. 2005. *Onderzoeksmethoden*. Den Haag: Boom Onderwijs.
- Heldens, J. and F. Reyssoo. 2005. De kunst van het interviewen: reflecties op het interview met een guide. *KWALON* 10 (3):107-121.
- ILO. 2011. World Social Security Report 2010/11. Providing coverage in times of crisis and beyond. Geneva: ILO.
- ISSA. 2013. About social security. Social security: a fundamental right. <http://www.issa.int/Topics/About-social-security>. (accessed April 5, 2013)
- Jehu-Appiah, C., G.C. Aryeetey, E. Spaan, T. de Hoop, I. Agyepong and R. Baltussen 2011. Who is enrolling, who is not and why? An assessment of equity of the national health insurance in Ghana. *Social Science & Medicine* 72: 157–162
- Jehu-Appiah, C., G.C. Aryeetey, I. Agyepong, E. Spaan and R. Baltussen. 2012. Household perceptions and their implications for enrolment in the National Health Insurance Scheme in Ghana. *Health Policy and Planning* 27: 222–233
- Jütting, J. 2000. Social security in low-income countries: Concepts, constraints and the need for cooperation. *International Social Security Review* (53): 3-24.

- Kane, P. 1997. Reform of pension schemes. The perspective of the informal sector. Geneva: ILO Social security department.
- Mauss. 1954. *The gift*. London: Roudledge
- Mazzucato, V., M. Kabki and L. Smith. 2006. Transnational Migration and the Economy of Funerals: Changing Practises in Ghana. *Development and Change* 37 (5): 1047 – 1072.
- Meyer, B. 2004. Christianity in Africa: From African independent to Pentecostal-charismatic churches. *Annual review of anthropology* 33: 447 – 474.
- MOH Rwanda. 2010. Economic Development and Poverty Reduction Strategy (EDPRS), Implementation Report. Kigali: Ministry of Health, Rwanda.
- Moser, C. O. N. 1998. The asset vulnerability framework: Reassessing urban poverty reduction strategies. *World Development* 26(1): 1-19.
- Munjanja, O.K., S. Kibuka and D. Dovlo. 2005. The nursing workforce in sub-Saharan Africa. Geneva: International Council of Nurses
- NHIA. 2010. National Health Insurance Authority 2009 Annual Report. Accra: NHIA.
- Ogilvie, L., J.E. Mill, B. Astle, A. Fanning and M. Opare. 2007. The exodus of health professionals from sub-Saharan Africa: balancing human rights and societal needs in the twenty-first century. *Nursing Inquiry* 2007 14 (2): 114 – 124.
- Owuor, S.O. 2004. Urban households ruralizing their livelihoods: The changing nature of urban-rural linkages in an East-African town. Paper presented at the African Studies Centre Seminar Series, Leiden.
- Owusu, A.Y., C. Ackah and R. Gruijters. 2012. In *Promoting Microinsurance in Ghana. Microinsurance as a Means of Insurance Sector Development*, chap. 4.1. Accra: National Insurance Commission.

- Platteau, J-P. and A. Abraham. 1987. An inquiry into quasi-credit contracts: The role of reciprocal credit and interlinked deals in small - scale fishing communities. *The journal of development studies* 23 (4): 461- 490.
- Platteau, J-P. 1997. Mutual insurance as an elusive concept in traditional rural communities. *The journal of development studies* 33 (6): 764- 496.
- Rakodi, C. 2002. A livelihoods approach - Conceptual issues and definitions. In *Urban livelihoods, a people-centred approach to reducing poverty*, ed. C. Rakodi & T. Lloyd-Jones, 3-22. London: Earthscan
- Robinson, M. and G. White. 1997. The role of civic organization in the provision of social service: Towards synergy. *Research for Action* 37. Helsinki: UNU/ WIDER
- Rohregger, B. 2009. ‘Church shopping’ in Malawi. Acquiring Multiple resources in urban Christian networks. In *Social security in religious networks: Anthropological perspectives on new risks and ambivalences*, ed. C. Leutloff-Grandits, A. Peleikis and T. Thelen, 146 – 164. New York: Berghahn Books.
- Sarpong N., W. Loag J. Fobil, C.G. Meyer, Y. Adu-Sarkodie, J. May and N.G. Schwarz. 2010. National health Insurance coverage and socio-economic status in a rural district of Ghana. *Tropical Medicine & International Health* 15: 191–197.
- Sahlins, M.D. 1972. *Stone age economics*. Chicago: Aldine
- Schmidt, J.O., J.K. Mayindo and A. Kalk. 2006. Threshold for health insurance in Rwanda: who should pay how much? *Tropical Medicine & International Health* 11: 1327–1333.
- Smith, L. 2007. Transnational networks and social security arrangements of urban actors in Accra. In *Tied to migrants. Transnational influences on the economy of Accra, Ghana*, chap. 7. Leiden: African Studies Centre.

- Sulzbach, S., B. Garshong and G. Owusu-Banahene. 2005. Evaluating the Effects of the National Health Insurance Act in Ghana: Baseline Report. Bethesda, MD: Abt Associates, PHRplus.
- Swift, J. 1989. Why are rural people vulnerable to famine? *Institute of development studies bulletin* 27 (1): 49 – 57.
- Thelen, T., C. Leutloff-Grandits and A. Peleikis. 2009. Social Security in religious Networks. An introduction. In *Social security in religious networks: Anthropological perspectives on new risks and ambivalences*, ed. C. Leutloff-Grandits, A. Peleikis and T. Thelen, 1 – 15. New York: Berghahn Books.
- UNDP. 2013. The MDG Report 2013: Assessing Progress in Africa Toward the Millennium Development Goals. New York :UNDP
- UN-HABITAT. 2009. Ghana: Accra Urban profile. Nairobi: UN-HABITAT
- Van der Geest, S. 2000. Funerals for the living: Conversations with elderly people in Ghana. *African Studies Review* 43 (3): 103-29.
- Van der Geest, S. 2008. Resilience and the whims of reciprocity in old age: An example from Ghana. *Medische Antropologie* 20 (2): 297-311.
- Van Dijk, R.A. 2002. Religion, reciprocity and restructuring family responsibility in the Ghanaian pentecoastal diaspora. In *The transnational family. New European frontiers and global networks*, ed. D.F Bryceson and U. Vuorela, 173 – 196. London: Berg Publishers
- Van Ginneken, W. 1999. Social security for the informal sector: A new challenge for the developing countries. *International Social Security Review* 52 (1): 49 – 69.
- Van Ginneken, W. 2003. Extending social security: Policies for developing countries. Geneva: ILO, ESS Paper No. 13.

- Van Maanen, J. 1988. *Tales of the Field: on Writing Ethnography*. Chicago: The University of Chicago Press.
- Verschuren, P.J.M., J.A.C.M. Doorewaard. 2010. *Designing a research project*. 2nd Edition. The Hague: Eleven International Publishing
- Von Benda-Beckmann, F. and K. von Benda-Beckmann. 1994. Coping with insecurity. *Focaal* 22/23: 7-35.
- Worldbank. 2000. *Dynamic Risk Management and the poor. Developing a Social Protection Strategy for Africa*. Washington D.C.: Human Development Group, The Worldbank.
- Worldbank. 2012. *Government of Ghana partners with Cities Alliance to host Special Forum on rapid urbanization in Ghana. Special Session of Ghana Urban Forum on Planning for Ghana's Urban Future*. Washington D.C.: The Worldbank.
<http://go.worldbank.org/27N8OQ6260>
- World Health Organization. 2006. *The world health report 2006: Working together for health*. Geneva: World Health Organization.

Appendices

List of respondents and informants

Adua: Cousin of Mr. and Mrs. Djan, also working as an apprentice at Kaneshie Market
Agatha: Lady selling tomatoes outside Kaneshie Market (more information on page 51)
Alice: Selling artificial flowers at Kaneshie Market (more Information on page 69)
Auntie Adua: Hairdresser and queenmother at Kaneshie Market
Auntie Janet: Hairdresser at Kaneshie Market (more Information on page 91)
Auntie Mother: Lady selling make-up at Kaneshie Market
Ben: Sells fried rice in Darkuman
Dominic: Butcher in Darkuman (see Box 4.1 on page 46)
Dr. Osei-Akoto: A researcher at ISSER specialized in financing and behavioural issues on health care.
Eunice: Lady with a small wig shop at Kaneshie Market
Evan: Insurance agent of Star Microinsurance
Florence (1): Customer of Star Microinsurance
Florence (2): Chairwoman of the welfare scheme of the GIC Church in Darkuman
Hannah: Shoe seller at Kaneshie Market (more Information on page 48)
Jessica: Owns two wig shops in Kaneshie Market
Joyce: Sells toilet paper and diapers in a small shop at Kaneshie Market.
Justice: Informant from Darkuman, who works as a piano teacher
Kingsley (1): Translator and also informant (more information on page 36)
Kingsley (2): Insurance agent of Star Microinsurance
Kingsley Asante: Revenue manager of Accra Markets Limited.
Kojo: Son of Mr. and Mrs Djan
Kofi: Son of Mr. And Mrs. Djan, living in the United States of America
Kofi Amofa: national president of Nap+ Ghana (more information on page 70)
Patrick: works as a chef in Darkuman (more information on page 69)
Priscilla: Lady selling yam at the Mallam Atta Amrket
Margareth: Lady selling Yam at Kaneshie Market
Mr.Djan: informant and host father (more information on page 42)
Mrs. Djan: informant and hostmother
Mr. Maxwell: Taxi driver and informant
Rose: selling onions in a small stall at the Mallam Atta market
Seth: Head of finance of Star Microinsurance
Yaw: Cousin of Mr. and Mrs. Djan
Yawsom: Member of ICGC (more information on page 93)

Survey: social security

1. Information about respondent

Name:

Age:

Occupation:

Education:

Religion:

Neighbourhood in Accra:

Place of birth:

Size of the household (names, age, kind of relationship):

Income and asset situation (income of household + regularity, height), own car/ house/ rent?)

2. How would you rate the living conditions in Accra?

- very easy
- easy
- normal
- hard
- very hard

3. Which of the following answers do you consider as a problem/ difficulty in your life (more options possible) ?

- Access to healthcare/ medication
- access to education
- access to food
- pension
- housing
- (un) employment/ loss of employment
- invalidity
- family circumstances (funerals, death)
- loss/destruction of property
- other, namely

Additional questions:

Rank the given answers (from most difficult to the least difficult)

Why? Causes?

- Has it to do with the frequency or the scale of shock?
- Answer based on future or past considerations?

4. What is the importance of the following suppliers of help/ support for you?

(5 is very important, 4 is somewhat important, 3 is neither important, nor unimportant, 2 is somewhat unimportant, 1 is very unimportant)

	5 very Important	4 somewhat Important	3 neither important, unimportant Nor unimportant	2 somewhat unimportant	1 very unimportant
Nuclear family, private household		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Own savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Extended family		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
A religious group/ community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Church fund.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Neighbours, people from the same neighbourhood			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The government		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Occupational union	<input type="radio"/>				
Commercial insurance organizations	<input type="radio"/>				
Other, namely..	<input type="radio"/>				

Additional questions: what do you consider as help?
 - financial, social? Frequency?

5. If you (or one of your family members) need medical treatment, medicine, or needs to pay a visit to a hospital, who will pay the expenses (more answers possible)?

- Nuclear family, private household
- Own savings
- Extended family
- Friends
- A religious group/ community
- Church fund
- Neighbours, people from the same neighbourhood
- The government (NHIS)
- Employer
- Occupational union
- Commercial insurance organizations
- Other, namely..

Additional questions:

Rank the given answers from most important to least important.

Why? Choices?

Absolute (financial) or frequency?

6. For your education, which suppliers helped you with paying the fees?

- Nuclear family, private household
- Own savings
- Extended family
- Friends
- A religious group/ community
- Church fund
- Neighbours, people from the same neighbourhood
- The government
- Employer
- Occupational union
- Commercial savings organization
- Other, namely..

Additional questions:

Rank the given answers from most important to least important.

Why? Choices?

Absolute (financial) or frequency?

7. When a direct family member passes away, which people/ organizations will help you with the funeral costs? (more options possible)

- Nuclear family, private household
- Own savings
- Extended family
- Friends
- A religious group/ community
- Church fund

- Neighbours, people from the same neighbourhood
- The government
- Employer
- Occupational union
- Commercial insurance organizations
- Other, namely..

Additional questions:

Rank the given answers from most important to least important.

Why? Choices?

Absolute (financial) or frequency?

8. If you lose your job and get unemployed for a while, who will you rely on? (more options possible)

- Nuclear family, private household
- Own savings
- Extended family
- Friends
- A religious group/ community
- Church fund
- Neighbours, people from the same neighbourhood
- The government
- Employer
- Occupational union
- Commercial insurance organizations
- Other, namely..

Additional questions:

Rank the given answers from most important to least important.

Why? Choices?

Absolute (financial) or frequency?

9. When you retire from work, who will take care of you financially and socially? (more options possible)

- Nuclear family, private household
- Own savings
- Extended family
- Friends
- A religious group/ community
- Neighbours, people from the same neighbourhood
- The government (SSNIT)
- Employer
- Occupational union
- Commercial insurance organizations
- Other, namely..

Additional questions:

Rank the given answers from most important to least important.

Location

Why? Choices

10. Questions/ remarks from respondent.

Topic list/ interview questions

1. Information about respondent

Name:

Age:

Occupation (kind of trader):

Education:

Religion:

Neighbourhood in Accra:

Place of birth:

Size of the household (names, age, kind of relationship):

Income and asset situation (income of household + regularity, height), own car/ house/ rent?)

2. Can you tell me something about your work?

-How long have you been working on the market?

-How does a normal working day look like?

3. Can you tell me something about difficulties at the market (and in your life in general)?

-What are other difficulties/ risks?

- Which measures do you take to overcome/ prevent these risks?

- Why did you choose this particular measure (and not another one)?

What are the most important needs in life for you?

Do you (always) have access to these needs?

4. Are you a member of an association? Can you tell me something about it?

- How long have you been a member?

- Functions

- Premiums

- how many members.

- What are the benefits you got from the association in the last year?

Why are you a member? Why not?

Does the organization help you in mitigating/ coping with risks?

- what risks?

- what kind of help?

Are you a member of any other group (in the market)?

- religious/ ethnic?

- In what way do you help each other?

5. Family

You already told me some things about your family. Can you tell me something about the way you help each other within the family?

- Education

- how do (did) you finance the education of your children

- Did you get help from other family members, friends, people?

- (un) employment

- Food security/ water

- Medical care

6. Church/ religious groups

You told me you are a member of this church..

Can you tell me something about the role of this religion in your life?

- Social contacts, friends?

- Psychological support

- contributions

Have you always been a member of this church?

- Why did you choose to be a member of this church/ religious group?

In what way do you give/ get help and support to/ from other members of the church?

- medical care, employment, education etc.

What are the welfare benefits you got from church the last year?

7. What would you do if you or a family member is sick ?

- pharmacy/ chemical shop?
- go to herbal clinic/ shop
- go to medical hospital?
 - why?
 - trust?
 - money?
 - cultural/ used to do this?

- Who will help with the expenses?

- Do you have a NHIS card?

Why (not)?

- Do you use it?
- why did you not extend it?

Own experience or story from others?

8. insurances?

- Do you save money?
 - for what purpose and how? Microfinance/ bank?
 - Are you involved in any micro insurance/ susu system? What kind?
 - Why (not)?
- How does this system work?
What is your opinion about insurances?

9. Funerals are important in Ghana.

If you or a direct family member dies, how do you get enough money to organize a good funeral?

- help of
 - association?
 - insurance
 - church
 - family

How much will it cost? Is it enough?

10. Are there any difficulties/ needs in your life that are difficult to cover?

- education/ housing?

11.Future

Can you tell me something about your future plans?

How do you make sure that you will have a good living when your are older?

- family
- pension fund/ SSNIT

12. How do you deal with a variable income/ business?

13. Questions/ remarks