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Chapter

In the Process of Being Left Behind: Rural-Urban Migration, Precarious Work Conditions, and the Health of Neglected Populations in Agbogbloshie, Accra, Ghana

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Abstract

Unlike international labour migration, there is a lack of substantive evidence of precarious work conditions and their associated poor health outcomes among rural-urban migrant labour workers. A lacuna that this paper attempts to fill in one of Ghana's urban slums, Agbogbloshie. We employed a sequential explanatory mixed methods design. In the absence of any sampling frame, simple random sampling was used to select 113 migrant household heads, while purposive sampling was used to select 12 in-depth interviews (IDI) and (8) key informant interviews (KII). The paper leans on the Harris-Todaro (1970) model and the ecological model. We found various precarious work activities, mostly dirty, demeaning, dangerous, and unrewarding. Logistic regression was performed on whether or not the type of work undertaken by the migrants resulted in ill-health. Using motor riders as reference, it indicates that electronic waste dealers' odds of ill-health (OR=1.0 [95%CI: 0.09–10.17]; P=1.0). Scraps dealers (OR=0.69[95%CI: 0.10–4.72]; P=0.71). Head porters (OR=0.25[95%CI: 0.22–6.97]; P=0.80). Street hawkers (OR= 0.5[95%CI: 0.03–7.45]; P=0.62). Truck pushers (0.83[95%CI: 0.05–13.63]; P=0.90). However, the association between precarious work and ill-health was insignificant across all work activities ($P > 0.05$). We found a slow pace in the government's response to addressing precarious work activities. We recommend work acceleration.

Keywords: rural-urban migration, precarious work, disease burdens, unfavourable informal workplace policy, slum

1. Introduction

In 2015, the number of international migrants reached 244 million [1]. However, a considerably higher number of migrants—740 million—moved within their countries, mainly from rural to urban areas or from one rural area to another [2]. This figure is expected to rise. The Department for International Development of the United Kingdom Government (DFID) estimates that in sub-Saharan Africa (SSA) 50%–80% of rural households include at least one migrant member [3]. The majority of the people who migrate are young individuals [4–13]).

These young migrants are between the ages of fifteen and twenty-four and make up one-eighth of the migrant workers who are moving mainly in search of better opportunities [14]. As a number of young men and women lack sufficient access to quality education, job opportunities, and a decent standard of living in their rural areas, the expanding urban informal sector becomes attractive to most of these rural youths [15–17]. This situation is worsened by the fact that farming in some of rural areas is not very attractive, partly because of the lack of capital to acquire advanced farming implements that will help the farmers expand their business. Young people, therefore, see migration to the major cities as the only option to earn decent incomes that will make life comfortable for them [18, 19].

As a result of the lack of the necessary skills, they are unable to compete in the formal labor market at their destination. The same can also be said of the lack of sufficient economic assets, social capital, and cultural capital [20]. They normally end up living in informal settlements [21]. The consequence of this is that most of them are forced to accept low-income employment, precarious work, unemployment, or underemployment [20]. The term precarious work, as used in this study, means work that is uncertain, unstable, and insecure and in which employees are faced with work-related risks and receive limited social benefits and statutory protections [22–28].

What this also means is that the rise of precarious work in urban areas is of great importance not only for the work situations and career opportunities that workers can expect but additionally for large-scale social issues, including the role of the welfare state and the nature of economic policy [29]. Migration can lead to positive development results and eventually to achieving the objectives of the 2030 Agenda for Sustainable Development Goal 8, which talks about decent work for all. At the destination, migrants can provide labor where there are shortages and can also contribute to services, thereby increasing the government budget through the payment of taxes and social security contributions.

However, this does not mean that migration always achieves its full potential. For example, in their study on migration and sustainable cities, Lucci et al., [30] noted that vulnerable urban migrants often work in the informal sector, where the rewards of migration are unrewarding. In most of Ghana's urban areas, for instance, female head porters popularly referred to as "Kayayei", earn a living by carrying loads on their heads in market places and lorry stations. Though this indecent work serves as the main source of income for these female migrants, who are mostly from the northern parts of Ghana, the arduous tasks they perform on a daily basis create a number of health-related problems for them [31–33]. This indicates that migrants are also more likely to encounter work-related accidents and diseases [34, 35]. This situation is especially common among those working in the informal economy, who

are also less likely to be protected through social-insurance schemes. Migrants may, therefore, lose extended periods of time to diseases. They may also end up with disabilities that limit their future earning potential or, in extreme cases, lose their lives. There is also the likelihood that if policies are not put in place to regularize the activities of controllers of the informal sector, most, if not all, of these migrants may return home with different health conditions, and the little money they might have earned will be used to treat these diseases. This can largely affect the migration intentions of many migrants, a situation that will make it difficult to achieve the 2030 Agenda for Sustainable Development Goal 8. It is important to note that the multi-faceted nature of the relationship between migration and development offers concrete and sector-specific policy entry points. For instance, the International Labor Organization (ILO) maintains that one factor that should always be considered in migration issues is the issue of decent work. Any decision to be taken as part of this agenda should consider the specific vulnerabilities of migrants in their various workplaces [30].

There is substantive evidence of precarious work conditions and their associated health outcomes, often connected to international migrant labor workers. For instance, Quandt et al., [36] note that these migrant labor workers are often engaged in what is known as 3-D jobs-dirty, dangerous, and demanding (sometimes degrading or demeaning), and these workers are often hidden from or invisible to the public eye and from public policy. They work for less pay, for long hours, and in worse conditions than non-migrants, and are often subject to human rights violations, abuse, human trafficking, and violence [37]. These conditions put immigrant workers at an increased risk of occupational fatalities and injuries when compared to native-born workers, even those doing the same job in the same industry [38].

However, anecdotal evidence suggests that similar precarious work activities are increasingly becoming common even among natives (internal migrants) of most developing countries who migrate from one part of the country to the cities in search of employment opportunities, and this phenomenon has escaped the research lens, a lacuna this paper attempts to fill. Therefore, this paper attempts to examine the precarious work conditions and health of rural-urban migrants living in the informal settlements of Agboghloshie in Accra, Ghana. Specifically, the study seeks to ask the following questions: What are the precarious work activities often engaged in by these migrant workers living in the poor urban setting of Accra? How does the precarious work they undertake affect their health outcomes? What has been the government's response to address precarious work conditions among this subpopulation?

1.1 Theoretical underpinning

For the purpose of this study, we used the Harris–Todaro [19] model of migration and the ecological model of public health [39] to explain the study. The Harris–Todaro model of migration was utilized to explain why individuals engage in rural-urban migration in developing countries despite high joblessness rates in urban areas. Building on studies by early researchers, such as Ravenstein, Harris, and Todaro, view migration as an economic activity, which for the individual migrant could be a balanced choice in spite of the presence of urban

unemployment [19]. They argued that migration is a result of urban-rural differences in expected income rather than actual earnings [19]. Potential migrants consider the various labor market opportunities available in both rural and urban areas and choose the one that augments their expected gains from migration. Although Harris–Todaro’s model has been criticized as theoretically simplistic [40, 41], it can be credited with providing some explanations for why people migrate from rural to urban areas despite the lack of jobs. Migrants have no choice but to engage in any type of employment in the city, which is largely unregulated with accompanying health risks.

Our use of the ecological model [39] comes from the fact that it suggests structural changes better and highlights the enormous individual efforts of the migrants, which prevents them from working in activities that are hazardous in nature and ensures behavioral change. The ecological model is a framework widely employed in public health research and practice. It is also a framework of the processes and social conditions that facilitate health-promoting policy and environmental change. Ecological models are visual depictions of dynamic relationships among individuals, groups, and their environments. They derive from a systems orientation to human development in which individuals are understood to influence (and be influenced by) people and organizations with whom they interact, available resources and institutions, and societal norms and rules [39]. In the health promotion field, ecological models have been used to understand and identify targets for both general and specific health behavior interventions [42–48].

2. Research methodology

2.1 Study setting

The study focuses on Agbogbloshie in Accra. Agbogbloshie is the nickname of a commercial district on the Korle Lagoon of the Odaw river, near the center of Accra, Ghana’s capital city. Near the slum called “Old Fadama,” the population of Agbogbloshie consists of economic migrants from northern and other rural parts of Ghana. To make a living, most Agbogbloshie residents engage in precarious economic activities [49]. For example, Ghana’s e-waste dump site at Agbogbloshie is reportedly the biggest in sub-Saharan Africa, and this has attracted the attention of many international environmental groups, researchers, and journalists. The dump is currently a site for trading in products recovered from the waste stream [23, 50]. Migrant workers scavenge the waste, dismantling the scrap in open-air burning to recover precious components for sale, including gold, copper, silver, aluminum, iron, and brass [51]. Children who are able to attend school often spend every evening and weekend processing waste, and searching for metals [52]. Dwellings are wooden shacks that lack water and sanitation [53]. Besides, Agbogbloshie also serves as an area for most migrants who work as head porters, locally referred to as “Kayayei,” who are manual laborers and transport goods to and from the markets. Typically, these head porters carry their loads in a large pan placed on their heads, using a moistened coil of cloth as a buffer to make a living. This and many other precarious economic activities are what migrants are confronted with in their daily routine work for survival. As a result, Agbogbloshie serves as a prime location for this study (**Figure 1**).

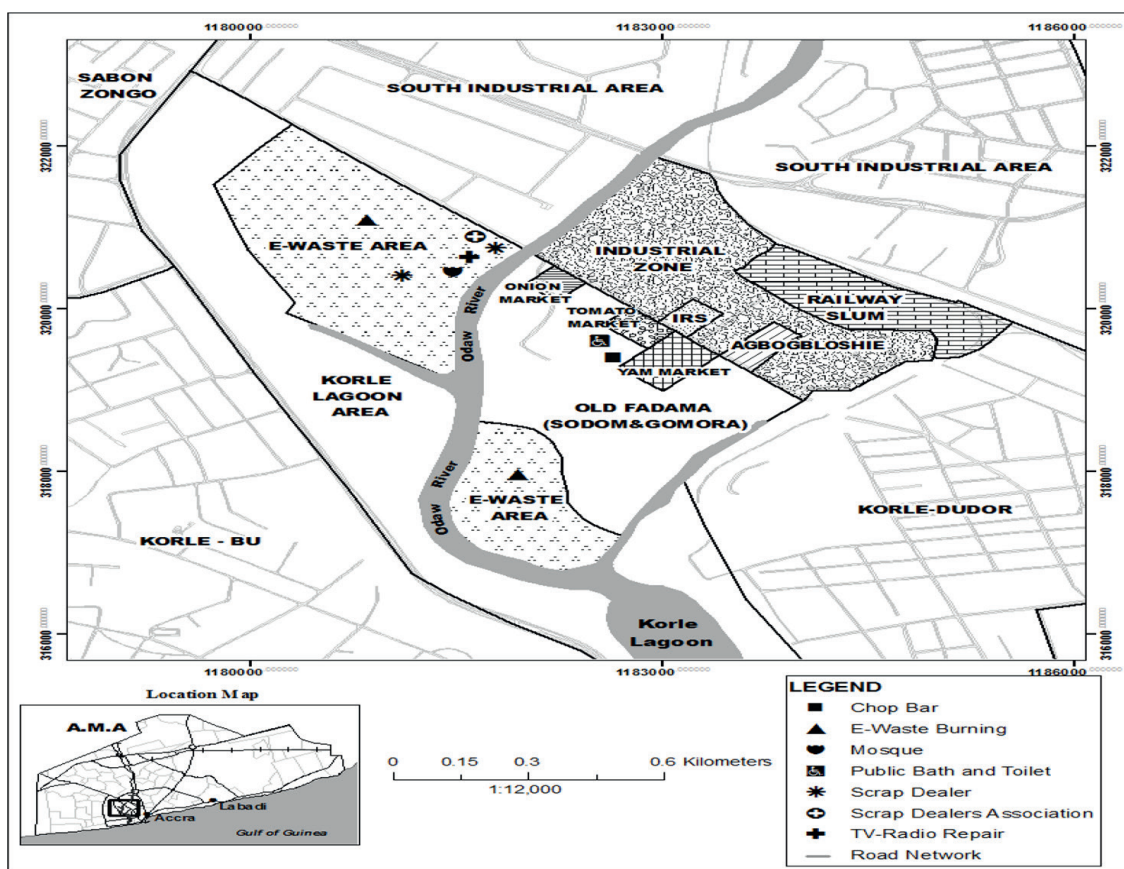


Figure 1.
 Map of the study area.

2.2 Research design

We employed the mixed method approach of research investigation. The study further used the sequential explanatory mixed methods design. This approach is supported and accepted by the pragmatic paradigm [54]. This was to allow the initial quantitative data results to be explained further with the qualitative data. This triangulation of several methods provides the strengths and weaknesses of individual methods [55, 56]. We used questionnaire surveys and interview guides for primary data collection purposes. Secondary sources used included books, journals, articles, and some scholarly internet sites, such as jstor.org, database, and Google advanced search. The use of secondary data was to help us gain an initial insight into the research problem.

2.3 Study population and sample size

Migrant labor workers who are engaged in precarious work activities in the poor urban setting of Agbogbloshie served as the population for the study. An enumeration undertaken in 2009 shows that the area has a total population of 79,684, with a population density of 2,424 persons per hectare [57]. For the quantitative, an initial screening of rural-urban migrant slum households' heads or their representatives was conducted. In total, 119 of the respondents were identified to represent the total population of the respondents. The small sample size that was identified during the screening was a result of the fact that data were collected during the upsurge of COVID-19; hence, most of the migrants had gone back to their places of origin in

order to avoid any threat posed by the virus. Yamane's formula was used to determine the sample size of 113. The formula is stated below:

$$n = \left[\frac{N}{1 + N(e)^2} \right]$$

Determination of sample size is based on the estimated population size ($n = 119$).

N - The sample size

N - The population size

e - The desired level of precision or level of acceptable error = 0.05

Total sample size (n) = $\left[\frac{119}{1 + 119(0.05)^2} \right] = \left[\frac{119}{1 + 119 \times 0.025} \right]$

= $\left[\frac{119}{1 + 0.05} \right]$

= $\left[\frac{119}{1.05} \right]$

= 113

For the qualitative aspect, an estimated twenty-one (21) respondents were selected for the data collection. But due to saturation, a total of twelve (12) respondents were selected. Twelve (12) in-depth interviews (IDI) and eight (8) key informant interviews (KII) were held with the migrants. The use of the qualitative approach enabled us to select participants who were engaged in precarious work activities and were knowledgeable about the issue under investigation. It is also to allow the migrants to share their experiences about migration and precarious working conditions and how these have affected their health outcomes.

2.4 Sampling frame, sampling technique

In the absence of any existing reliable sampling frame, a household listing exercise was conducted in the migrant communities and a recording of the contacts of the household representatives (or heads) was made, to whom the questionnaires were administered. The simple random sampling technique was used to gather quantitative data. This was accomplished by labeling code numbers to the households, which were then placed in a box and shuffled. The labels were then picked randomly from the box to form the sample in a series of draws. The aim was to ensure that each household head had an equal chance of being selected [58].

For the qualitative study, the purposive sampling technique was used to select the respondents. Since the majority of the respondents did not understand English, the services of a translator were engaged to help with translation into the English language, and this served as the main mode of communication between the researcher and the migrants. To understand what the participants were saying, the translator used Dagbani and Mamprusi (i.e., their local dialects) to convey the information to the participants. Also, a key informant interview was conducted at the Ministry of Employment and Labor Relations, which is a government department. This was to enable us to understand the efforts being made by the government to address the precarious working conditions of migrant labor workers in Ghana.

2.5 Ethical consideration

We adhered to the national protocol on ethical issues in conducting research involving subjects. Permission was sought from the opinion leaders before entering the community by announcing the study. Also, written consent was obtained from the participants after carefully explaining the key issues to be considered before giving consent. Participants who did not want to participate or withdraw from the study could do so at any time.

While noting the caution in giving incentives to research participants, some incentives, such as soaps and the cost of transportation fare, were given at the end of every meeting.

2.6 Inclusion and exclusion criteria

For our inclusion criteria the following protocols were observed:

- Only rural-urban migrants residing in any of the informal settlements at Agbogbloshie.
- Participants should have resided in any of the slum communities for no less than 6 months.
- Participants should have demonstrated their willingness to participate in the study.
- Participants should have been engaged in precarious job activities.
- Participants should have been 18 years and older.

This means that the respondents who did not meet the above criteria were not allowed to participate in the study. Again, those who were unwilling to participate in the study were allowed to withdraw at any time.

2.7 Data collection instrument

Both structured and semi-structured instruments were used to collect data from the respondents in February 2021. The structured questionnaire was self-administered to the respondents. For the semi-structured interview, the researchers conducted the interview, which lasted for 20–30 minutes at each interview session. The questions were aligned with the objectives and the theories that were adopted for the study. Some of the questions that were asked included the types of precarious work activities engaged by the migrants; how the precarious work that was undertaken affected their health outcomes; and the attempts made by the government to address precarious work conditions among the migrants.

2.8 Pretesting

Pretesting of quantitative data was done at Madina with 40 questionnaires. The use of a 40-sample size for the pretest was due to the total migrant population available in the community at the time of pretesting of the data. This was because the upsurge of COVID-19 made most of the migrants go back to their places of origin. The aim of the pretesting was to allow for the restructuring of the questionnaire and the time needed to conduct each interview. Madina is a suburb of Accra in the La-Nkwantanang Madina municipality. The municipality has attracted and continues to attract, migrants from all over the country due to the major commercial activities that take place there. As a result, Madina has also become a home for a growing number of economic migrants [59].

2.9 Data analysis

The quantitative data gleaned from the study was coded and then analyzed with the use of SPSS software version 21. Chi-square tests were conducted to test whether there

was a statistically significant relationship between the expected frequencies and observed frequencies in one or more categories of the study at the 0.05 level. Logistic regression was also performed on whether or not an association existed between work undertaken by the migrant and whether it resulted in a poor health outcome. Part of this report refers to findings from the qualitative results. For the qualitative analysis, data were transcribed and translated for uploading to NVIVO software. The data were done by identifying themes and sub-themes, coding those themes, and then interpreting the structure and content of the themes. Through this method, a codebook was developed, discussed, and accepted. Nodes were then created within NVivo using the codebook. Data triangulation were used to ensure that the findings were validated across different participants. The data were analyzed to understand the feelings and experiences of the migrants.

3. Results

3.1 Population characteristics and migration trajectory

As indicated in **Table 1**, most of the sampled population was female, which constituted (65.5%). The age group with the highest sample (61.9%) was between the ages of 18 and 25 ($M = 1.52$, $SD = 0.84$). A little over half (50.4%) of the respondents had had no education. Among the regions sampled, the northern region of Ghana had the highest proportion of respondents (93.8%) (see **Table 2**). The need to seek better employment opportunities (85.0%) accounted for most of the reasons for coming to the city of Accra. In an interview, it emerged that most of the migrants had come to Accra mainly to work to go back and trade. This was revealed in an interview:

I came to Accra to look for money to go and learn a trade [IDI, female migrant, Agbogloshie].

Variables	Number	Percentage
Gender		
Male	39	34.5
Female	74	65.5
Total	113	100
Age		
18–25	70	61.9
26–33	30	26.5
34–41	8	7.1
42–49+	5	4.4
Total	113	100
Education		
No education	57	50.4
Primary	33	29.2
Middle/JSS	18	15.9
Voc/tech/SSS/O'level	5	4.4
Total	113	100

Table 1.
Population characteristics.

Variables	Number	Percentage
Region of origin		
Northern	106	93.8
Savanna	4	3.5
Upper East	1	0.9
Central	1	0.9
Bono East	1	0.9
Total	113	100
Reasons for migration		
Education	6	5.3
Seek employment	96	85.0
Others	9	8.0
Total	113	100

Table 2.
Migration history.

3.2 Precarious work activities among the migrants

More than half of the respondents (58.4%) were head porters, popularly referred to as “Kayayee.” Scrap dealers came in second (20.4%). The least sampled occupation was truck driving, which had (3.5%) of its members. Long working hours were also reported by the majority of respondents; for example, exactly half (50.4%) reported working between 9 and 11 hours per day, while approximately 30.1% worked 12 to 14 hours per day (see **Table 3**). This observation was made in the course of an interview:

We do not intend to work for long hours.....but when you step out, sometimes you do not get customers. In that case, you have to extend your stay to cover the losses. In a nutshell, those of us who work long hours earn more than those who work less [IDI, Female migrant, Agboglobshie].

Analysis of the results of the chi-square test (see **Table 4**) has indicated that various health risk factors have been encountered by the respondents in their line of duty. For example, (84.6%) have been involved in motor accidents; (83.3%) have experienced burns/cults/explosions; approximately (80.0%) have experienced frequent falls; (78.3%) have received maltreatments/beatings from their masters; and 74.1% have faced the challenge of working in a dirty environment and its associated ill-health. Carrying heavy loads in the scorching sun was the least sampled health risk factor, accounting for 70.4%. Meanwhile, a statistical test shows an insignificant relationship between work activities and health risk factors ($\chi^2 = 1.680$, $df = 5$, $P = 0.891$).

The following was revealed in an interview:

We suffer here a lot. Sometimes while going about your duty, as in trying to cross the road with your load, you are knocked down by a car and the driver will not even stop. [KII, female migrant Agboglobshie].

Variables	Number	Percentage
Occupation		
Scrap dealers	23	20.4
Electronic waste dealer	7	6.2
Head porter	66	58.4
Motor cycle rider (Okada)	7	6.2
Hawkers (Yam & ice water)	6	5.3
Truck pusher	4	3.5
Total	113	100
Working hours		
1–2 hours	1	0.9
3–5 hours	3	2.7
6–8 hours	18	15.9
9–11 hours	57	50.4
Others	34	30.1
Total	113	100

Table 3.
Work activities.

Risk	Motor Accident N (%)	Heavy load/ sun N (%)	Burns/cuts/ explosions/ smoke N (%)	Falls N (%)	Mal-treat/ beatings N (%)	Dirty env't/ Sickness N (%)	Total N (%)	Chi-Square Test (χ^2)
Yes	11 (84.6)	19 (70.4)	15 (83.3)	4 (80.0)	18 (78.3)	20 (74.1)	87 (77.0)	$\chi^2 =$ 1.680,df = 5, P =0.891 (Insig)
No	2 (15.4)	8 (29.6)	3 (16.7)	1 (20.0)	5 (21.7)	7 (25.9)	26 (23.0)	
Total	13 (100)	27 (100)	18 (100)	5 (100)	23 (100)	27 (100)	113 (100)	

Table 4.
Assessment of precarious work and health risk factors.

Another respondent also noted that sometimes customers tell you to carry the load to that point, which is not far, but before you realize, they take you to a far place under the scorching sun, and in the end, they cheat you by paying you some small amount. It becomes more difficult while carrying a child behind you... As you can see, we are really suffering [IDI, Female Migrant, Agboglobshie].

Other respondents also expressed their views thus:

We have no work to do apart from scavenging just to feed ourselves and our families back home. Sometimes you inhale smoke from the burning site and it gives you a headache. But you cannot say you want to stop. You have to go to the burning site [KII, Male Migrant, Agboglobshie].

Another point was made: when attempting to break the metal, the hammer may strike your hand, causing severe bleeding. *So, if the bleeding does not want to stop, you go to the hospital. If not, there is no need to go to the hospital. You find a way of stopping the blood [IDI, Male Migrant, Agbogloshie].*

The loads we carry can be very heavy and they give us a lot of neck and sometimes severe body pains after you come from work... but you cannot say you would not go the next day. You will definitely go or else you will be hungry [IDI, Female Migrant, Agbogloshie].

3.3 Precarious work on health outcomes

Logistic regression was performed to investigate whether or not the type of work affects health outcomes. The results are presented in **Table 5**. Commercial motor riders, popularly known as “Okada,” were taken as the reference group since they are mostly involved in accidents, whereas every other occupation was then compared in terms of the odds of suffering a poor health outcome. From the results, migrant workers who are engaged in electronic waste have 1.0 [95%CI: 0.09–10.17]; $P = 1.0$) sickness times the odds of those involved in Okada. However, there is no association between electronic waste dealers and Okada riders. When compared to Okada, people who work in scrap-yards have a lower risk of poor health outcomes by 0.69 [95% CI: 0.10–4.72]; $P = 0.71$]. The resulting p-value shows it is not significant. Similarly, people who are head porters have in excess of 25% increased odds of having experienced poor health of 0.25[95%CI: 0.22–6.97]: $P = 0.80$ when compared to motorcyclists, even though the p-value is not significant. Those who are engaged in street hawking, the sale of tubers of yams and sachets of water have 0.5[95%CI: 0.03–7.45]; $P = 0.62$] sickness times the odds when compared to Okada riders. However, the p-value is not significant. For the truck pushers, the odds of experiencing poor health outcomes are 0.83[95%CI: 0.05–13.63]; $P = 0.90$] when compared to the Okada riders. The resulting p-value shows it is not significant.

In the course of an interview, we made this observation:

As for sickness, we are always hit by headaches, body pains, joint pains, and several others, but you cannot complain to anyone. Sometimes you can experience these conditions 3–5 times a week [KII, female migrant Agbogloshie].

Logistic Regression		
Suffer health outcome	OR (95%CI)	P-value
Type of work		
Motorbike business (Okada)	Ref	
Electronic waste dealer	1.0 (0.09–10.17)	1.0
Scrap dealer	0.69 (0.10–4.72)	0.71
Head porter	0.25 (0.22–6.97)	0.80
Hawker (water and yam)	0.5 (0.03–7.45)	0.62
Truck pushers	0.83(0.05–13.63)	0.90

Table 5.
Assessment of precarious work and risk exposure.

In a related interview, this emerged:

What we suffer here mostly are injuries because of the metals we deal with. Accidents are common here. Sometimes, the heavy hammer we used to break the metal can hurt you. Sometimes, too, the metal plate can also cut you. But you cannot say anything [KII, Male migrant Agboglobshie].

3.4 Policy response

One of the strategies for reducing work-related precarity for migrant workers in the informal sector of the economy is the role played by the government in bringing an end to such occurrences.

The study showed that even though the government has unreliable accounts of labor migrants working in the informal sector of the economy; the government is yet to establish information on the indicated group of migrant workers. The Ministry further indicated that the National Labor Migration Policy, which was drafted in 2014, has been given cabinet approval, which is yet to be implemented, and once that is done, it would provide the framework. The framework would enable the government to address precarious work conditions among migrant workers in the informal sector.

The following came to light in one of the interviews:

The Ministry has anecdotal knowledge concerning labor migrants in the informal sector. The required monitoring and data collection exercise are yet to be done to acquire actionable information on the indicated group of migrant workers. However, the National Labor Migration Policy recently received cabinet approval and its implementation would provide the framework that would enable government and other relevant partners to address issues of workers in the informal sector, especially migrant workers [Ministry of youth and employment, KII].

There are indications of efforts in revamping the country's employment centers and developing institutional capacities that will enable it to extend coverage to migrant workers due to the decent work deficits facing them as well as other workers in the informal sector. This was reported in one of the qualitative interviews:

The Ministry is aware of the decent work deficits facing workers in the informal sector. To that end, the Ministry, being responsible for the promotion of decent work for workers across all sectors, is revamping its public employment centers and developing institutional capacities that would enable it to extend coverage to informal workers, including migrant workers [Ministry of youth and employment, KII].

Whereas the timely implementation of the responses in addressing precarious work conditions among this population is important not only to bring about hope to the migrant workers but also to meet SDG 8, our findings suggest otherwise. This was noted in our interview.

Meeting SDG 8, as well as most of the other goals of the 2030 Agenda, would be very difficult at the current rate of progress. World leaders and international and regional bodies all agree that efforts must be stepped up considerably if we are to achieve the targets set [Ministry of youth and employment, KII].

4. Discussions

Our findings show that females accounted for the majority of the population sampled. The high number of females reported in the study indicates that the phenomenon of female migration has increased in recent times. Similar studies by Awumbila et al. [4] have also demonstrated that the migration of young females has become a common phenomenon due to the benefit of remittances from female members who work as head porters and domestic workers in the city.

The majority of those sampled for the study were young people. This is because most of the respondents at that stage of life want to explore the opportunities that migration can offer them. Similar findings from UNICEF [14] also note that the ages of most migrant workers often range from 15–24 years, accounting for one-eighth of the age groups that are often seen moving in search of better economic opportunities. One may be tempted to believe that migration in its widest sense is beneficial. However, certain age groups and categories of the population are particularly vulnerable to abuse, exploitation, discrimination, social exclusion, and violence. These have the tendency to expose them to poor health outcomes. Furthermore, the study found that most of the migrants had attained only a low level of education. It is not surprising, therefore, that most of them find themselves in low-paid work in the informal sector, with its associated long working hours. Such labor disparities do not only pose a health risk to them and their families but also contradict the ILO Constitution, which sets forth the principle that workers should be protected from sickness, disease, and injury arising from their employment [60].

Our finding also suggests that most of the migrants were from the three northern regions. The motivation behind the movement to Agbogbloshie was the need to seek better employment opportunities. This finding demonstrates the Harris–Todaro [19] model of migration, which explains why people move from rural areas to urban centers despite the high unemployment rates in the cities. Building on the works of early scholars, such as Ravenstein, Harris, and Todaro, see migration as an economic activity that for the individual migrant could be a rational decision despite the existence of urban unemployment. For most of the migrants that were sampled in this study, the unavailability of job opportunities in their places of origin forced them to seek better opportunities in the informal settlement of Agbogbloshie in the city of Accra. This makes migration to the city by many of the youth a gamble in seeking better opportunities [19].

We also found various precarious work activities ranging from scrap dealerships, electronic waste dealerships, head portage, commercial motorbike riding, hawking on the main street of Accra, and pushing of trucks loaded with goods to be conveyed to their destinations, as well as long working hours and generally dirty, dangerous, and demeaning conditions under which this work is performed for a meager income. As noted by Piper et al. [61], this phenomenon is often common with migrants in search of better work and wages who often find themselves battling for jobs on the lowest rungs of the labor market. The work is often insecure, arbitrarily remunerated, and thinly regulated. This finding is consistent with Harris and Todaro's [19] model of migration, which further argues that migration occurs in response to rural-urban differences in expected income rather than actual earnings [19]. In the case of the migrants at Agbogbloshie, emigration to their current destination offers them employment opportunities despite the precarious nature of the work they find for themselves. As highlighted in the ecological models, individuals are understood to influence and be influenced by the people and organizations with whom they

interact, available resources and institutions, and societal norms and rules [39]. Generally, efforts to address structural changes, such as equal geographic development, to address rural-urban migration and policies to regulate the activities in the informal sector of the economy can go a long way to address precarious work activity among migrants.

Results from the logistic regression that was performed on whether or not the type of work undertaken by the migrants resulted in poor health outcomes, using motor riders as a reference in the analysis, suggested that people who are engaged in electronic waste have the same odds of poor health outcomes when compared to motor riders (OR = 1.0 [95%CI: 0.09–10.17]; P = 1.0). Scrap dealers have reduced the odds of falling sick when compared to motor riders. However, the reduced odds are not statistically significant (OR = 0.69 [95%CI: 0.10–4.72]; P = 0.71). Migrants who are head porters have in excess of 25% increased odds of falling sick when compared to motor riders even though the p-value is not significant (OR = 0.25 [95%CI: 0.22–6.97]; P = 0.80). The odds of street hawkers falling sick when compared to motor riders is (OR = 0.5 [95%CI: 0.03–7.45]; P = 0.62). However, the resulting p-value is insignificant.

Truck pushers have a reduced odds of experiencing sickness when they are compared to motor riders. The p-value is, however, insignificant (0.83[95%CI: 0.05–13.63]; P=0.90). In other studies, evidence of job insecurity and vulnerability have been shown to have significant adverse effects on self-reported physical and mental health. For example, results show that, relative to workers who remained in secure employment, self-reported morbidity was higher among workers reporting insecurity in their jobs [62]. As suggested by the ecological model, such behaviors that make migrants indulge in precarious work activities will need specific health behavior interventions in order to promote their health and wellbeing [42, 45, 47, 63–65].

While national legislation and policies determining migrant status play an active role in producing precarity for migrant workers, our study found that the government, through the Ministry of youth and employment, though in the process of fully addressing the issue of precarious work activity among migrant workers, work has been slow in achieving this goal. Such actions only exacerbate the plight of migrant labor workers, potentially delaying the achievement of SDG 8. According to Anderson, [66] and Lewis et al., [67], policies of national governments are very important not only for regulating the flow of migrants into a country but also for the types of migrant labor available to employers, that is, that can be paid minimal amounts and offered on highly flexible and insecure terms, and which needs to be regulated.

5. Conclusion and policy recommendation

This paper has, for the first time, contributed to our knowledge gap on precarious work conditions and the health of rural-urban migrant labor workers in the informal settlement of Agbogbloshie in Accra, Ghana. Precarious work conditions and their associated health outcomes have often been associated with international labor workers, leaving a huge gap in the area of internal migration. The study has found various precarious work conditions among rural-urban migrant workers, which have resulted in poor health outcomes. This paper is consistent with Harris and Todaro's [19] model of labor migration. This model has aided in explaining the causes of the migration of the youth to the informal settlement of Agbogloshie in Accra, despite the

unavailability of job opportunities. Also, the paper's consistency with the ecological models [39] highlights the need for structural changes as well as individual migrants' efforts to engage in economic activities that promote their health and wellbeing. The study finally found a slow pace in which the government responds to addressing precarious work activities for the migrant labor workers in one of Ghana's urban slums, Accra. As a result, we proposed that structural changes can be implemented to address precarious work activities among migrants, as well as health promotion at the individual migrant level to address workplace-related health risk activities.

Competing interests

The authors have declared that no competing interests exist.

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