Transnational Parenting: Child Fostering in Ghanaian Immigrant Families

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This chapter by Dr. Cati Coe, “Transnational Parenting: Child Fostering in Ghanaian Immigrant Families” is from the Migration Policy Institute volume *Young Children of Black Immigrants in America: Changing Flows, Changing Faces*, edited by Randy Capps and Michael Fix.

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Introduction

Today, we are witnessing high, but not unprecedented, rates of migration across national borders and around the globe. It is widely known that this movement holds the potential to influence social and economic conditions in migrant-sending and -receiving countries. What is less commonly recognized is that contemporary flows of migration seem to be generating transnational family arrangements that may influence children’s development and well-being. Families are scattered among countries, with spouses separated and children living apart from one or both parents and their siblings for years at a time. Statistics describing the prevalence and structures of transnational families, however, are hard to come by.

One study based on interviews with 385 adolescents born in China, Central America, the Dominican Republic, Haiti, and Mexico living in the United States found that 85 percent had been separated from one or both parents for an extended period. A larger survey of 8,573 US-based immigrants who had just received legal permanent residence (LPR, known as a “green card”) and their children found that 15 percent of these immigrants’ children had been separated from at least one parent for two years or more. Separation was more common for those children who were born outside the United States: 31 percent had been

separated from a parent. These statistics make it clear that separation is quite common among the children of immigrants in the United States and elsewhere.

Ethnographic research suggests that parent-child separation may be more common among Black immigrants than other immigrants because of parenting traditions that distribute child care through practices known as child fostering, child circulation, or child shifting. These practices have developed in areas of West Africa and the Caribbean that have long traditions of regional migration. This chapter explores the practice of child fostering and its implications for parent-child separation among immigrants from Ghana.

Like many Caribbean immigrants and some West Africans who come from politically stable countries, many Ghanaian immigrants do not raise their young children in the United States. Instead, these children are raised in their country of origin by other family members. Some of these children are “left behind” when a parent migrates; others are born in the United States and later sent to Ghana as infants or adolescents. Ethnographic research shows that the ages of their return to the United States vary: many do so as young adults, others when they are ready for elementary school.

This chapter analyzes the reasons why many Ghanaian immigrants decide to raise their young children in Ghana. It also assesses the informal and formal social resources available to support the well-being of young children of a select group of Black immigrants in the United States.

2 Thomas H. Gindling and Sara Poggio, Family Separation and Reunification as a Factor in the Educational Success of Immigrant Children (Baltimore, MD: Maryland Institute for Policy Analysis and Research, University of Maryland, Baltimore County, 2008). In the survey, 59 percent came from Latin America, 19 percent from Asia, and 22 percent from other parts of the world.

I. Distributed Care and Fostering in Ghana

Across West Africa, children are often raised by someone other than their parents, in a practice termed “fostering” in the anthropological literature because rights to the children’s birth parents are not abrogated, making it more similar to fostering than to adopting as is practiced in the United States and Europe. Ghana’s censuses report quite consistently that between 15 to 25 percent of children live with neither their mother nor their father, with the rates slowly declining over the past 40 years. However, fostering is not quite the right word to use, depending as it does on a Western notion of nuclear family life and rights. Rather, it is fairer to say that parenting — entailing child care, training, and launching a child into adulthood — can be distributed widely across many people; birth parents are central, but they are not the only adults who can or are expected to assist in this process.

In many ways, distributing care in this way provides a safety net for children in adverse circumstances (for example, those whose parents suffer from mental illness or are disabled) although it is not only such children who are fostered. In the anthropological literature on the Caribbean, these practices are known as “child-shifting,” which seems more descriptive of the practice than “fostering” because children easily and informally move among households.

Children in Ghana circulate among households throughout their childhood and adolescence, depending on many factors including the health and wealth of the caregiver and their parents, geographical proximity to schooling, and opportunities to learn skills and habits from the family with which they are living. Although the most common fostering occurs among close family members, with children fostered by an aunt, uncle, or grandparent, it also takes place among more distant kin.


or non-kin, in which case the child can be treated like a house servant in exchange for his or her continued schooling or trade apprenticeship. Practices of fostering have been critical to rural-urban migration across West Africa, with female urban migrants since the 1970s sending their children to their mothers back in the villages, so they can dedicate themselves to their work. Rural migrants also sent their children to urban relatives so that they could go to school and see more of the world. As West Africans have moved farther afield, including to the United States and Europe, they have used fostering to facilitate their migrations and to ensure their children’s well-being, including connections to kin, good schooling, and familiarity with their home language and culture.

Despite certain continuities, international migrants have introduced two changes in fostering practices in comparison to their counterparts who remain in Ghana: (1) the age of the fostered child is younger, and (2) the child is fostered in households that are relatively less wealthy. Ghana’s 1998 census reported fostering rates of 23.6 percent for children 10 to 14 years old, 12 percent for those aged 3 to 5, but only 2.6 percent for those under the age of 2. Grandmothers were the most prevalent foster parents for children under the age of 5, with a wider range of caregivers for older children. My research suggests that international migrants, on the other hand, are as likely to foster out babies and young children as teenagers, usually to grandmothers. Furthermore, unlike general patterns in Ghana, where the likelihood of being fostered out increases with age, it is when children of international migrants become young adults that they tend to leave the foster household and move abroad with their birth parents.

The second difference has to do with the wealth of the fostering-in and fostering-out households. Children in Ghana tend to shift from poorer households to wealthier households that are better able to provide them with educational and training opportunities, shelter, and food. Contributing to this trend, urban middle-class families in Ghana prefer to raise their own children to make sure that they can control their training and character, but are willing to foster-in children of their

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poorer relatives. Although international migrants are considered to be more wealthy than those living in Ghana and to have access to better educational opportunities abroad, they tend not to raise their own children, much less the children of their siblings, as they might do if they were in Ghana. Instead, the children of international migrants are shifted to relatively poorer households back in Ghana that are dependent on remittances from abroad.

Many Ghanaian parents living in the United States would like to raise their own children but feel unable to do so to their satisfaction; they therefore feel compelled to foster them with relatives in Ghana. It is an imperfect option, but one that is available to them, given their family histories and cultural repertoires. An exploration of the tensions involved in parents’ decisions around child fostering gives us an opportunity to see some of the obstacles to their children’s well-being in the United States.

II. Ghanaians in the United States

Migration has long characterized West African social and economic life, and migrants and refugees have historically been valued as sources of new knowledge, skills, and resources. In the late 19th and early 20th centuries, skilled craftsmen and traders typically traveled throughout West Africa. During the late colonial and early postcolonial periods in the 1950s and 1960s, elite Ghanaians went abroad — particularly to Britain, the imperial center — for several years for an education that won them high-status civil service positions on their return. Other Ghanaians traveled to the United States for their education, among them the first prime minister, Kwame Nkrumah, who attended Lincoln University in Pennsylvania and the University of Pennsylvania before going to Britain in 1945 for two years. He returned to what was then known as the Gold Coast in 1947 to lead the British colony’s movement toward independence, which Ghana achieved in 1957. International migration to the United Kingdom and United States has thus been historically associated with the elite class and high status in Ghana, like in other West African countries.

Ghanaians’ international migration increased substantially after structural adjustment programs were instituted by the World Bank during the 1980s, causing civil servants’ wages to stagnate even as Ghana began to experience economic growth. In the 1990s Ghanaians began traveling farther afield in greater numbers, including to Dubai, Israel, Jamaica, Japan, and South Africa. Almost 1 million

Ghanaians were estimated to be living outside their country in 2005, representing 4.6 percent of a population of 22 million people. Most of these migrants moved to other West African countries that are part of the Economic Community of West African States (ECOWAS), which made travel between these countries easier. The United States and United Kingdom were among the most significant destinations outside of Africa (at 7.3 percent and 5.8 percent respectively); many Ghanaians initially migrated to another African country (such as Togo, Nigeria, Botswana, or Gabon) to enable eventual migration to a higher-income country. International migration has become increasingly available to a broader swath of the population, including students, teachers, and lower-level civil servants, and skilled blue-collar workers such as mechanics and electricians. Still, it is primarily those living in southern Ghana’s urban areas who can raise the capital and tap into overseas connections to migrate outside of Africa.

Two changes in US immigration law have enabled more Africans to migrate legally to the United States. The Immigration Act of 1965 eliminated national-origin quotas that in effect discriminated against those from Asia, Africa, and some parts of Europe. Even more significant was the Immigration Act of 1990, which established a green card lottery for nationals of countries with low rates of immigration to the United States. Every year, no more than 55,000 permanent resident visas are made available through this lottery to foreign nationals who met certain educational or basic work experience requirements. Although so-called diversity immigrants account for a small share (4.8 percent in 2010) of legal permanent admissions to the United States, African nationals have received a large share of them (41 percent of the diversity lottery visas in 2010). In 2009 Ghana had the highest number of lottery winners of any country (8,742), although not all of these individuals ultimately received a green card.
Ghanaian immigrants, like other Africans, are primarily new immigrants. Forty-one percent of Black African immigrants in the United States arrived between 2000 and 2005, and three-quarters came in 1990 or later. As of 2007 more than four in ten Black Ghanaians had arrived in the United States in 2000 or later.

Although the Black African immigrant population in the United States is growing rapidly, the number of Black African immigrants remains small in comparison to immigrants of other racial/ethnic backgrounds and origins. In 2009 the number of Black African immigrants living in the United States was estimated to be 1.1 million, or about 3 percent of the total foreign-born population. Among Black African immigrants, 110,000 were Ghanaians (10 percent) and Ghana was the third-most popular country of origin for Black African immigrants, following Nigeria and Ethiopia. In 2007, among metro areas, the New York–northeastern New Jersey metropolitan area and metropolitan Washington, DC were home to the largest numbers of Black Ghanaian immigrants.

Many African immigrants to the United States are highly educated, and Ghanaian immigrants are more likely than immigrants overall and native-born Americans to report a bachelor’s degree or more as their highest educational credential. The criteria for the diversity visa lottery favors the more educated, as awardees must have at least a high school education or its equivalent, or two years of work experience in the past five years in an occupation that requires at least two years of training or experience.

According to American Community Survey (ACS) data, in 2007, 91 percent of Ghanaians in the United States had a high school diploma or higher (in comparison to 85 percent among the total US population). More specifically, 20 percent reported a bachelor’s degree as their highest educational credential (compared to 17 percent of the overall population), and 14 percent a master’s, professional, or doctoral degree (compared to 10 percent of the total population). Strong educational

20 See Chapter 2 in this volume, Randy Capps, Kristen McCabe, and Michael Fix, New Streams: Black African Migration to the United States.
21 Author's analysis of ACS 2006-08, pooled.
22 Capps, McCabe and Fix, New Streams.
24 Capps, McCabe and Fix, New Streams.
credentials are extremely difficult to obtain in Ghana. Space at secondary and tertiary schools is limited, so students have to do very well on a series of exams at different points in their educational careers to progress. In Ghana in 2009, only 36 percent of young people of secondary-school age were in secondary school, while only 6 percent of those ages 18 to 21 years were pursuing higher education.\(^{25}\) Thus, Ghanaian immigrants are slightly better educated than the overall US population and far better educated than Ghanaians who do not emigrate — suggesting they represent a small group from the elite and middle class among Ghanaians.

However, Ghanaians’ educational credentials do not necessarily pay off in the United States. ACS data show that in 2007 median annual earnings among civilian employed Black Ghanaians ages 16 and older were similar to those for Americans overall, despite the higher educational levels of Black Ghanaians.\(^{26}\) In 2007, 13 percent of civilian employed Ghanaian immigrants ages 16 and older worked in health-care support positions, 11 percent in office and administrative support roles, 10 percent in health-care practitioner and technical occupations, and 9 percent in sales and related occupations. More specifically, 12 percent reported working as “nursing, psychiatric, and home health aides.”\(^{27}\) Median wages for all US workers in this occupational category in 2008 were $11.46 an hour, with an annual median income of $24,010 in May 2010.\(^{28}\) Half of the home-care workers were so poor they had to depend on food stamps or other public assistance, and were not eligible for overtime pay.\(^{29}\)

Similar to other immigrants, most Ghanaians enter the country through family reunification: of the 7,429 Ghanaians who obtained legal permanent resident (LPR) status in 2010, 4,393 were the immediate relatives of US citizens and another 527 entered under family-sponsored preferences (therefore, a total of 66 percent obtained LPR status through family relationships). Another 2,086 (28 percent) of Ghanaians who received green cards in 2010 entered through the diversity visa program, 265 (4 percent) through employment-based pathways.


\(^{26}\) Capps, McCabe and Fix, New Streams.

\(^{27}\) Author’s analysis of ACS, 2005-09.


and 135 (less than 2 percent) as refugees or asylees.\footnote{DHS, Office of Immigration Statistics, 2008 Yearbook of Immigration Statistics.} As with other immigrants, it is likely that some Ghanaians live and work in the United States without authorization, although Black African immigrants are generally less likely than immigrants overall to lack legal status.\footnote{Capps, McCabe, and Fix, New Streams.}

Given their comparative advantages — relatively advanced educational credentials, high rates of English-language proficiency, and relatively low likelihood of lacking legal status — it is surprising that some Ghanaian immigrants decide to raise their children in Ghana rather than the United States. That they do so provides a window into the difficulties that Black immigrants face in caring for their young children. Some of these challenges are shared by native-born US families; others are particular to immigrants because of immigration laws and policies.

### III. Methodology and Sample

#### A. Methods

Members of the Ghanaian diaspora in the United States who were involved in this study reported that raising one’s children back in Ghana is common, but it is difficult to get exact statistics on this phenomenon. In 2008, children under the age of 15 represented only 7 percent of the Ghanaian-born population in the United States, whereas they constituted 20 percent of the total US population and (for 2009) 36 percent of the total population in Ghana.\footnote{UNESCO Institute for Statistics, “Ghana Profile.” The US age data is based on Catherine Andrzejewski’s analysis of 2008 ACS data.} While some of the children of Ghanaian immigrants are US-born and therefore do not show up in estimates of the Ghanaian born, we also know from ethnographic research that there are US-born children sent to be raised in Ghana and Ghanaian-born children who will eventually join their parents in the United States who are not represented in the US figures.

To examine this phenomenon, this analysis uses ethnographic data collected in the United States and Ghana, including participant observation in Ghanaian churches and community celebrations in Philadelphia and New Jersey over three years (2004–07) and in Ghana during four trips that occurred between 2005 and 2009, totaling 12 months. This chapter is primarily based on 38 unstructured interviews conducted with Ghanaian immigrant parents in the United States. This group is not a random sample; it was generated through contacts in Ghanaian communities in the United States and through surveys in schools and a small town in Ghana. Fifteen parents (or 39 percent of all parents interviewed) had children living solely in Ghana, 14 parents (37 percent) had children living only in the United States, and nine parents...
(24 percent) had children living in both places; in the latter situation, the most common scenario was a younger child living with one or both parents in the United States and an older one left behind or sent back to Ghana, who was expected to come to the United States in a few years.

Many of the parents with children in Ghana intended to have their children join them in the United States, although a few unauthorized parents simply decided that it would be better for their children to remain in Ghana given their status. Parents and children who were separated because of the wait times imposed by the US immigration system and expense of family sponsorship or naturalization applications tended to be apart for five years or more. This analysis concentrates on the 13 parents who raised their children in Ghana for reasons unrelated to immigration constraints, as well as those parents who were raising their children in the United States. These two groups of parents were grappling with some of the same dilemmas and thought about the resources available to them in Ghana and the United States in similar ways. The numbers involved are not meant to illustrate the prevalence of Ghanaians raising their children in Ghana by choice; rather, they are intended as a source of insight into why a parent would do so.

The interviews with parents are supplemented with interviews with nine adolescents and young adults who had come to the United States recently after being raised in Ghana, as well as focus-group discussions in Ghana with 52 children of emigrant parents, some of whom had been sent back to Ghana as teenagers and infants but most of whom had been left behind. This study also draws on a household survey conducted in 2008 by the author in a small town called Akropong in the region of Akuapem in southeastern Ghana to discern the differences in fostering patterns between the children of international migrants and the children of internal migrants. This survey included data on 220 households, interviews with 92 caregivers and 80 children ages 8 to 22, focus-group discussions with 45 of the same children, and interviews with six of their US-based parents. Twelve of these households were fostering children under the age of 8 who had one or both parents abroad. Five other families in three larger cities (Kumasi, Koforidua, and Accra) served as more in-depth case studies, where all parties in the care-giving triad — caregivers, children, and parents — were interviewed.

Because of its focus on Ghanaian immigrants in the United States who chose to foster their children with relatives in Ghana, this study draws primarily on the previously described interviews with parents in the United States, and not the study conducted in southern Ghana. Interviews and conversations were conducted in Twi (Akuapem or Asante Twi) or English, and most took place in person in informants’ homes or

33 Not all of the parents had migrated to the United States.
public areas that they chose out of convenience and decorum, although a small share took place by phone. Of the 38 interviews with Ghanaian parents in the United States, ten were conducted with both husband and wife (48 people total).

B. Description of the Study Sample

Most informants lived on the East Coast of the United States, between Worcester, MA, and northern Virginia, with the largest concentrations in the Philadelphia metropolitan area, where the author conducted participation-observation in Ghanaian churches and community activities (n=15); northern and central New Jersey (n=6); the Washington, DC metropolitan area (n=5); New York City and its northern suburbs (n=4); and metropolitan Chicago (n=3).

The median length of stay in the United States for informants in the United States was six years, with two-thirds having lived ten years or fewer in the United States, with a range of one to 35 years. The informants were therefore somewhat newer to the United States than national surveys suggest is true for Ghanaian immigrants as a whole. The difference may also suggest that newer migrants are more likely to be separated from their children.

Seven study participants (20 percent) had a college degree, a smaller proportion than in national survey data (33 percent). The most common occupation in Ghana was that of a retail market woman or small-scale trader (a common occupation among women in Ghana, n=9); teacher (n=6); or government worker (n=4). A few had not worked in Ghana but came to the United States as young people for further education and found work in the United States subsequently. Of the 32 people whose prior residence in Ghana was known, two-thirds (n=21) lived in a metropolitan area prior to their emigration. Reflecting the prevalence of health-care employment among Ghanaians seen nationally, of the 46 participants whose US employment characteristics were obtained, 14 worked in the health-care field (30 percent), four as nurse’s aides, three as home health aides, and the remaining seven in other occupations within the health-care field. Many of those working in health care had not done such work in Ghana but had entered that field because of the availability of jobs and low skill levels required. This allowed them to begin remitting to their families immediately, without needing to undergo extensive retraining, which is often costly and time consuming.

Those interviewed varied in the degree to which their prior experience and training in Ghana aided them in securing employment and earning money in the United States. Those working in skilled jobs involving manual labor tended to experience continuity in their occupations: the two men who had been electricians in Ghana worked as electricians in the United States, and the one man who had been an automobile mechanic in Ghana also worked as a mechanic in the United States. On
the other hand, of the six who had been teachers in Ghana, two went through the certification process to become teachers in the United States, one was a student, and of the remaining three one was working as a mental health worker; the second, a home health aide; and the third, a babysitter. Those who were educated in the United States were more successful in obtaining professional employment that matched their educational credentials; their occupations were social worker, accountant, civil servant, radiologist, and teacher. One woman who had worked as an accountant at a bank in Ghana (the equivalent of a certified public accountant) also worked for a bank in the United States but felt she was overqualified. The two informants who reported they lacked legal status worked in the least stable and most poorly remunerated jobs.

There was great variation in the neighborhoods in which the 43 Ghanaians who provided their addresses lived. The average census tract where participants lived had the following characteristics:

- A relatively high (20 percent) foreign-born population, of whom 19 percent were African born
- A relatively diverse racial/ethnic composition of 40 percent white, 44 percent Black, and 15 percent Latino
- Median household income (1999) of $47,833 (near the national average)
- Poverty rate of 12 percent (also near the national average)
- A four-year college completion rate of 25 percent
- A high-school completion rate of 85 percent.

But 12 households lived in census tracts where poverty rates were 18 percent; 17 households lived in census tracts with about average rates of poverty; and 13 households lived in census tracts with low rates of poverty (less than 5 percent). Fifteen lived in areas where whites were the largest group (three in the Midwest, one in the Northeast); ten lived in census tracts in highly segregated Black neighborhoods, where Blacks constituted more than 80 percent of the residents, with varying levels of income; eight lived in majority-Black neighborhoods, three of which were Black, middle-class areas in terms of income and education; six lived in segregated white neighborhoods; and three, all in New York City, lived in majority Latino neighborhoods, with high foreign-born populations and an average high poverty rate, working-poor income, and low educational level.

Overall, Ghanaians interviewed as part of the US portion of the study tended to live disproportionately with other immigrants, US-born Blacks, and other Africans, in neighborhoods with slightly lower-than-average household income and average education levels among resident adults. One teenage girl living in Worcester, MA, who had recently come from Ghana to join her father in the United States, expressed surprise at her school and new school friends: she had expected to meet whites in the United States but instead found herself in a diverse school of Central American, South Asian, and African immigrants. In most of the interviews, the Ghanaians compared themselves to US-born Blacks and Latino immigrants — their neighbors and work colleagues — with particular regard to their ways of parenting.

**IV. Findings**

**A. The Difficulties of Combining Work and Child Care: Ghana and the United States**

One of the reasons that parents in the study decided to send their young children to Ghana to be raised was because of the difficulties of balancing work and child care. Such a finding is surprising because in Ghana, women of all social classes are expected to work and raise many children. Combining work and family life is therefore not new to Ghanaian women or something to adjust to in the United States, as it is for some other female immigrants.35

It is helpful to look at how Ghanaian women have been able to balance high fertility with productive work in Ghana. Many choose work such as trading or farming that generates a steady source of income or food, allowing them to feed their children on a daily basis, even if doing so means reducing their profits or cutting into their business capital.36 Self-employed, they can control the intensity and duration of their daily work routines, working less when children are small and increasing their workload and profits as children grow older. In some instances, children accompany their mothers to the market or the farm, although some research shows that women would prefer not to take them, as they accomplish much less when children are around.37 Even women with jobs in the formal sector have more flexibility with infant care than they would in formal employment in the United States. One study found that while many of the occupations that women pursued in

Ghana were compatible with child care, 30 percent of women working in the formal sector also cared for their children while they worked.\textsuperscript{38}

Because bringing children to work may interfere with a woman’s productivity, many mothers, according to the author’s ethnographic research, rely on a distributive model of caring in which other people help with child care while the mothers work. For instance, an adolescent relative may move into a mother’s household to help with the domestic labor, or the children may go to live with another relative so that a mother can work. Mothers usually cultivate long-term relationships and lifelong ties of obligations with these relatives.

For example, a 60-year-old woman in Akropong described how, when she was about 10, she went to help her older sister after her sister married and had a child:

\begin{quote}
When I was a little girl, my older sister got married. She was a trader and she took things around to sell, so when she gave birth, I carried — I lived with her and carried her child on my back,\textsuperscript{39} so she could go to the market. I made food for the children at home.
\end{quote}

This scenario was relatively common for women in this town. Some who helped out their older sisters or aunts in this way were rewarded by having their school fees paid for by the mother or being sent to learn a trade, although that was not the case for this particular woman, to her lifelong disappointment.

This practice of circulating relatives is still common today: a mother in Akropong described how a few years before, her sister’s daughter, a high school student, came to live with her after she gave birth to twins. Her husband was a high school teacher at a boarding school, and they lived on the campus. It was convenient for her niece to live with them, attend high school as a day student, and help care for the newborns and an older toddler in the early mornings, evenings, and weekends. Occasionally, however, particularly in urban areas, an adolescent girl from a poorer or more rural family may be hired to help care for the children, as younger relatives become unavailable because of their own schooling.

Other women are helped by their mothers. Either the grandmother will temporarily move in with her daughter after her grandchild is born, or her daughter and grandchild will come to live with her for a few months. Akosua, now living in Philadelphia, talked about the support her mother gave her in Ghana after the birth of her first child. She worked as a secretary in a bank, her husband had recently gone abroad,


\textsuperscript{39} Gottlieb describes how carrying a child on one’s back indexes taking care of a child more generally (see Gottlieb, \textit{The Afterlife is Where We Come From}).
and she was living in a house belonging to her husband’s family. When she went back to work, her mother stayed with her for a while, before returning to stay in her own house. However, her mother continued to be helpful, and Akosua took her daughter to her mother’s house in the morning before work and picked her up in the evenings. She summarized what this felt like: “My family is there — everybody is there, taking care of me.” These and other practices of distributed parenting make infant care manageable (though complicated), even for women who are employed in the formal sector.

However, when Ghanaians have small children in the United States, it is harder to balance work and family life by circulating children among mothers and younger siblings. Women would like to bring over their mother or a relative for a few months or years to help them, but it is difficult to get a tourist visa for them, given the efforts taken by the US Embassy in Ghana to prevent visitors who might overstay their visas from coming to the United States. One woman reported that after the birth of her child her mother was denied a visa because the reason given for the visit — to help with child care — was viewed as a form of work and not allowed on a visitor’s visa, even though the work was for a family member and not for wages.

Some do succeed in bringing over relatives. One informant recounted that if the grandmother owns a house in Ghana (a tiny fraction do), she may be viewed as being more likely to return to Ghana and therefore more likely to be granted a visa.

The significance of support to a mother of young children is revealed by Ama’s story. A nurse, Ama reported how she made it through the difficult period when her twins were young. She invited her mother over for a year. But even though her mother had a green card and could live in the United States permanently, she did not want to stay more than six months because, as Ama explained, she felt cooped up and lonely in the house. Whereas in Ghana the mother would often visit friends, in the United States her only company was the television, as the other household members were busy with work or school. Like Akosua’s mother, who got bored when she was alone in a big house during the day and returned to her own residence, Ama’s mother returned to Ghana along with Ama’s twins when they were 20 months old. After staying in Ghana for a few years with their grandmother, they returned to live with Ama in the United States.

While legal reasons prevent some parents from bringing over relatives to help with child care, other immigrant parents are challenged financially as a relative can be sponsored for a visa only if one can document sufficient income to support another household member. For example, when one informant tried to bring her mother over to help with her second child, she was told that she did not have the income to support an additional person in her household.
In the absence of family support from Ghana, women rely on family support in the United States. Rita managed the birth of her first baby by sharing a residence with her husband’s sister: she took the graveyard shift as a certified nursing assistant and the sister-in-law the day shift. But having given birth again a year later, she was considering sending the children back to Ghana as the burden was too great and she wanted to go back to school to become a nurse. Some women reported that they similarly coordinated their schedules with their husbands, so that there was always someone with the baby. However, relatives and husbands alike are constrained by their own work and continued schooling and cannot always provide as much assistance as new mothers need. Under- and unemployed relatives in Ghana, on the other hand, are often willing and able to provide such help. Rita reported, “I call [my mother in Ghana], I am all the time crying: ‘Mummy, it’s too much for me to raise the kids and take care of them’.” Her mother asked her to bring the children to Ghana.

After the birth of her first child in Ghana, Akosua and her daughter joined her husband in the United States, where she had a son. Unlike in Ghana, where she had family support after her daughter’s birth, in the United States her husband was able to take off two weeks after their son’s birth but then had to go back to work full-time. All the domestic work fell on Akosua. Even though she had relatives in the United States, she said:

Nobody is there for you, because everybody is working, the bills are piling [up], the bills you are piling [up], you have to pay this, you have to pay that. If you call out [from work] for one or two days, you lack something.

While Akosua’s husband did do some of the housework while she was recovering from her son’s birth, neither he nor other relatives who lived in the United States were able to help much, because they had to work many hours to make ends meet. The lack of grandparent support for child care is typical among pioneer immigrants, as most African immigrants are.

Because they are unable to enact the strategies of balancing work and family that they would use in Ghana, Ghanaian mothers in the United States — like many mothers in the United States — must ask fathers and other relations to help out, cut back on work or schooling, and/or rely on day care.

40 A woman from Accra, Ghana interestingly describes a similar situation of giving birth when she and her husband lived in Cameroon in the late 1920s and early 1930s: “My husband was also very helpful; he would go for water and sweep the rooms and the compound before going to work every day for the first week after my delivery. After that week I did everything.” See Claire C. Robertson, Sharing the Same Bowl: A Socioeconomic History of Women and Class in Accra, Ghana (Bloomington, IN: Indiana University Press, 1984): 71.

41 Yoshikawa, Immigrants Raising Citizens.
Ghanaian parents reported that fathers in the United States take on more household and child care responsibilities than they would in Ghana, but that of the division of labor is still far from equal, as is the case in most American families. Some couples reported that disagreements over housework, paid work, and child care added tension to married life. Many women worried that these disagreements made divorce more likely in the United States — although divorce also occurs in Ghana. Moreover, disagreements over domestic duties may be a symptom of marital discord rather than the cause of it.

As for work, few Ghanaian migrant women stay home to raise children. Indeed, some report feeling an even greater need to work than their Ghana-based counterparts because they know that relatives back home depend on their remittances. This orientation is reflected in the relatively high rates of employment among Ghanaian women and men in the United States. Migrants with poor relatives back home feel the pressure to work acutely. One woman imagined her parents and siblings in Ghana starving without her remittances. “I have a lot of people over there; all their eyes are on me,” she said. The money women contribute also gives them leverage in household and family decisions.

Women are encouraged to use the opportunity of being in the United States to make money. One morning, in the basement of a Ghanaian church in the United States, a young woman compared pay and employment prospects in two major East Coast cities with two older women, as her toddler ran around the tables set up for an event later in the day. The mother complained about having to follow her husband to

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44 See Chapter 3 of this volume, Donald J. Hernandez, “Young Children in Black Immigrant Families from Africa and the Caribbean.”


a city where wages were lower and job opportunities scarcer, and she shared, somewhat tentatively, that she would soon send her son to live with her sister in Ghana for a few years so that she could work more easily. The older women listening to her reassured her that her plan would work out.

What allows Ghanaian mothers to work in Ghana, therefore, is a combination of limited occupational choices that allow mothers to bring their young children to work and practices of distributed care, wherein relatives share child-rearing responsibilities. In the United States, however, few employers allow mothers to bring their children to work, and distributed parenting is limited by restrictions on visas for relatives who are willing to provide support and the need for relatives, including fathers, who are already in the United States to work as much as possible to pay their own bills and also remit back home. The next section describes why institutional options that distribute care of young children more broadly — namely day care — do not provide a solution to these dilemmas among Ghanaian parents.

B. The Costs and Inconvenience of Formal Child Care in the United States

Day care is an institutional way of distributing parenting responsibilities more widely; it is a more temporary and market-based form of fostering, so to speak. But unlike the long-term and reciprocal relationships that are formed through fostering, the bonds between parents and paid caregivers are often short-term and relatively weak. Although child-care centers vary in quality, as a whole they have been associated with improvements in children’s cognitive abilities, such as motor and language skills, in early childhood. \(^{47}\) However, Ghanaian parents reported finding day care a poor substitute for distributed parenting due to its high cost, inability to accommodate nonstandard work schedules, and varying quality. And because day-care centers cannot care for sick children, parents must often take off from work to do so. \(^{48}\)

Of these factors, day care’s high cost is the most critical. Although Ghanaian immigrants use day care at relatively high rates among immigrants, they would be even more likely to use it if they had greater access to child-care subsidies or affordable day-care options. \(^{49}\) The Children’s Defense Fund reported that in 2008, the annual cost of day care was similar to the annual in-state tuition at public four-year

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\(^{48}\) Chinese immigrant parents in Canada also found the cost of day care to be prohibitive (see Bohr and Tse, “Satellite Babies in Transnational Families”).

\(^{49}\) Hernandez, “Young Children in Black Immigrant Families.”
The Ghanaians who reported using day care for their young children (and thus were raising their children in the United States) tended to have relatively high earnings; still, day care was one of their largest expenses. The total costs multiplied with each new child; costs were also higher for infants. A couple in northern New Jersey — both teachers — with three children ages 5 to 9 said that their children go to the YMCA for an hour before school and two hours after school. They felt it was a lot of money for that short a period of time — the equivalent of renting an additional two-bedroom apartment. Another couple — he has a PhD in public health and was working for a state agency, she was working for a bank and going to school part-time — reported having three small children in full-time day care, and complained that day care cost more than the mortgage on their Maryland condominium, even though it was subsidized by the mother’s school. Many Ghanaians in the study reported that their incomes made formal day care unaffordable. Rita, a mother of two working as a certified nursing aide, complained that she was asked to pay $800 per child per month for day care but felt that all she could afford for child care in her budget was $250 to $300 per month. Given that the average salary of a nurse’s aide is $24,010, $1,600 might indeed use up all or most of her post-tax monthly income.

Ghanaian parents also expressed worry about the quality of care among day-care or informal child-care providers. Irene, a home health aide, took her baby back to Ghana to be raised by her family because it gave her peace of mind to know that the baby would be well taken care of — something she worried about in day care. What’s more, she said, if her children were in day care while she worked, she would never see them except when she was exhausted and stressed. Finally, she argued that if a child was in day care and became sick, the child would have to stay home or be taken to the emergency room, causing the mother not only to miss a day of work but also to run the risk of losing her job if it happened too frequently. Irene’s mention of the emergency room rather than a doctor reveals the absence of health insurance, common among low-income workers and home health aides. It also suggests that

51 These data support the finding that professional immigrant families in Italy, Finland, France, and Portugal tended to rely more on the delegation of care to institutional and formal forms of care than immigrant families with more modest incomes. See Karin Wall and José São José, “Managing Work and Care: A Difficult Challenge for Immigrant Families,” *Social Policy and Administration* 38, no. 6 (2004): 591–621.
53 Moe and Shandy report on the Cost, Quality, and Outcomes study on day care centers, conducted in the mid-1990s, which found that on average, child-care centers were rated about halfway between “minimal” and “good” (Moe and Shandy, *Glass Ceilings and 100-Hour Couples*, 75).
programs that expand health coverage for low-income children do not always reach immigrants’ children.\textsuperscript{55}

If a child is raised in Ghana, Irene explained, a mother can work double shifts or take a live-in position (as she does) and make more money. She can be sure that her child gets the best medical treatment in Ghana that her remittances can buy. For healthy children, this strategy tends to work well. Likewise, a mother of a son with autism returned with him to Ghana because she could get better and cheaper all-day care for him there than in the United States. Some parents with children with severe medical problems, however, bring them to the United States temporarily for specialized therapy or surgery.

Under these circumstances, many mothers who want to work (particularly in time-intensive and low-wage occupations) but lack assistance for child care foster out their infants temporarily to grandmothers or other trusted relatives in Ghana. They may bring the children back to the United States when they are ready for school and require fewer hours of day care, or as adolescents. In other words, they rely on family networks as they would in Ghana, except that they foster out their children to their family in Ghana, rather than add relatives to their household to help with child care.

C. The Care of Young Children in Ghana

Seven grandmothers who were responsible for caring for children under the age of 5 were interviewed in Ghana: the children’s parents were in the United States (four), Britain (two), and South Africa (one). Six of the seven were content with the arrangements. All but two of the grandmothers lived in multigenerational households in their hometowns, in compounds shared by adults (siblings and adult children of the elderly caregiver) and younger and older children. Thus, particularly for the two grandmothers who were frail or disabled through polio, the care of a baby or toddler could be distributed among many people in the household. The adult children and adolescents helped with the laundry, child minding, cooking, and other household work. Other grandchildren, whose parents were elsewhere in Ghana or living in the compound, were playmates to the youngsters, sharing the toys and special foods the fostered children received from abroad.

Grandmothers relied on preschool in addition to family care to help take care of young children. Low-cost government-supported preschool is provided at the age of 3 in Ghana. When parents provided sufficient remittances, some grandmothers took younger children in their house-

holds (not only the children of emigrants) to private, more expensive
day-care centers and crèches. Supported by an extensive network of
relatives and some institutional care, many of the grandmothers felt
satisfied by the arrangements and were not overwhelmed by the care of
the infants and young children.

The only grandmother unhappy with the arrangement was working in
a government office in a large city. Living outside her hometown, she
did not have access to a large support network. Finding caring for her
two grandchildren more onerous than she anticipated, she fostered in
three adolescents in exchange for supporting their trade apprentice-
ships. They transported the grandchildren, ages 4 and 6, to and from
school and cared for them after school. However, the grandchildren
were picky eaters, accustomed to imported foods and expensive sodas
and sweets, and ate nutritious food only when their grandmother fed it
to them. They were having difficulty adjusting to life away from their
mother, who was an emigrant to South Africa. The grandmother, like
Ghanaian mothers in the United States, was having difficulty combining
work with child care, although she had mitigated some of the stress by
fostering in the adolescents as house servants, which Ghanaian immi-
grant mothers cannot do.

The young children of Ghanaian immigrants are surrounded by
more people in Ghana than they would be in the United States, in
part because of greater under- and unemployment among adults.
Their status is also bolstered by their connections abroad — that
they are US citizens or have parents who are abroad — and so they
are given special treatment, including toys and food brought back by
their parents and relative freedom from responsibility. Indeed, many
migrant parents worried that their children were becoming spoiled,
living in greater luxury than they themselves had experienced in Ghana
as children or were able to afford in the United States.

In the author’s household survey, there are some children, however,
who have been abandoned by their migrant parents and left in the care
of grandmothers and do not enjoy these benefits and increased status.
Most of the children who fit this description were abandoned by their
father prior to the father’s emigration, rather than as a consequence of
it. The author did not encounter any children abandoned by a migrant
mother. Many of the children abandoned by fathers (migrant or oth-
erwise) were living in poverty with their grandmothers, who were
unevenly supported by their other adult children. Some of the children
had difficulty continuing their education because of school costs.

Many children who are fostered in Ghana reported that they regularly
received gifts and phone calls from their parents, but opinions about
whether the separation was painful for them varied widely. Other
studies show that the children’s emotional pain depends on the cultur-
ally based narratives that caregivers and parents tell children about the
cause of separation, the degree of intimacy and closeness between the caregiver and child, and the stigmatization of parent-child separation more generally in that community, within the local media, and among state officials. In Ghana, fostering is common, so children may be less likely to feel that separation from parents is abnormal, and caregivers can further normalize the situation by comparing international migrants to urban migrants within Ghana. Furthermore, material forms of caring are treated as important aspects of relationships in Ghana. Children therefore view remittances and gifts as signs of caring rather than as poor substitutes for kisses and “being there,” as Honduran children “left behind” do. Children raised by caregivers from a young age reported that they have close relationships with their caregivers and do not miss their parents, while those who were sent back or who were adolescents when their parents migrated are more distressed about the separation. Because children’s responses to the separation were so varied, the longer-term implications for children’s development are unclear.

V. The Implications for Children’s Development

Parents differed in their assessment of whether it was good to foster out their young children, drawing on their own experiences, as well as those of friends in their networks, to evaluate the consequences. Some parents brought their children to the United States when they were ready to begin school in kindergarten or first grade, when the hours and costs of day care were not so onerous. Others delayed bringing their children to the United States until they were in their last few years of high school or ready to begin college. At this point the parents reported being concerned about the quality of or violence in neighborhood schools in Ghana and the possibility that their teenagers might go wayward. The parents also reported that raising older children in the United States was more financially feasible.

Adolescents and preteen children involved in the study consistently reported that they did not have difficulty with the transition to school.


in the United States, except for a few months during which they grew accustomed to American English, the isolation of their households, and the “rudeness” of their school peers. Surprisingly, many expressed that school in the United States was easier than in Ghana, because of the emphasis on homework rather than examinations and the lack of physical punishment. Perhaps as a result, or because of influence by their peer groups, they tended not to take school very seriously, unaware of the hidden inequalities in American education.58

One day in a youth group meeting at a Ghanaian church in the United States that the author attended regularly for two years, the leader, Kwasi, parent of a toddler and infant, talked to the teenagers about how “fortunate” they were to be in the United States. In Ghana, he told them, you had to be the best to continue, but here education was easy. In his secondary school, he was afraid of the teacher and couldn’t raise his left hand to answer a question or he would be slapped. Here, Kwasi said, teachers asked you about your problems and gave you lots of help if you didn’t understand, so you should make the most of your opportunity in school. One teenage girl who came regularly to church with her mother and had been raised in the United States from birth responded by saying that even if she didn’t do her homework, she still passed the class. She also said that though school in the United States was easier than in Ghana, she had learned a lot in her American school. However, in general, Ghanaian parents involved in the study voiced more concern about the character of their children than their scholastic competence, feeling that discipline, hard work, and perseverance were more significant to academic success than prior educational preparation.

Many children experienced warm relationships with those who raised them, particularly if they had lived with them from a young age. Coming to the United States usually involved a transition in their relationship with their parents, even if they had been in regular contact with them through phone calls and occasional visits and associated them fondly with remittances and gifts. The process of reunification with parents, and concomitant separation from a previous caregiver, can be painful for children. One mother reported that her 7-year-old son, Kwaku, joined his parents in the United States when he was 4 years old after staying with his grandmother in Ghana for three years. But they were strangers to him, she said, and for a while Kwaku kept asking for his grandmother and wanting to return to Ghana. Over time he got used to the United States and no longer wants to return. In Ghana, children experience less pain in moving among households because there is more of this type of circulation: children can stay in households temporarily, such as over school holidays, and then move back to their primary home, allowing them to slowly build relationships with multiple caregivers.

Some parents delay bringing over their children until they are in their teens. At this age, too, tensions may arise. Although teenagers in their bid to join their parents in the United States may promise to contribute to household income and help with child care, many respondents reported that young men tend to strike out on their own after their arrival, establishing independent households maintained by their newfound income. Young women were perceived as more helpful to their parents, residing in the family home, continuing with their education, and contributing to the family by helping with child care and other domestic chores. Many teenagers reported that their affections remained with their caregivers back in Ghana, years after they came to the United States, although they appreciated the opportunities that their migrant parents provided them. For example, one young woman whose education in Ghana had been financed by her migrant father joined him when she was ready for college. She was grateful that he supported her to go to community college to the extent that she did not have to work part- or full-time, as many of her peers did, but she felt a distance between them. Although sad that she did not care as much about her father as many of her college friends did, she seemed to be coping with the emotional distance and respected and appreciated her father in spite of it. Children are raised to live with a variety of people and to control their emotions, and the Ghanaian young people who had recently arrived from Ghana seemed to be living out that legacy in their new circumstances.

Many children and young adults who had been fostered out reported experiencing a lower quality of life in the United States than they did in Ghana: from a larger to a smaller living space, from private to public schooling, and from the freedom to visit a network of friends with a lot of free time to a constricting of public leisure activities because of more private spaces, the busy lives of adults, and concerns about safety. Furthermore, they experience a loss of status — from being considered a wealthy and fortunate child of a migrant abroad (an “American”) to being considered an “African,” a representative of a continent often portrayed as rife with poverty, disease, and strife. Some respond by shedding their “Africaness” as quickly as possible; others try to maintain their distinctiveness from US-born Blacks, recognizing it as a different kind of stigmatized identity in the United States.

Parents in the United States viewed the higher quality of life in Ghana as a sign that children were “spoiled” by their caregivers or by remittances but reported that their children adapted quite easily to the challenges of US life. For instance, one young man raised first by a family friend and then by his grandmother in Ghana was considered lazy by his parents in the United States because he wasn’t working as a

59 Smith, Lalonde, and Johnson similarly report that among the children of Caribbean immigrants, boys reunited with their parents reported higher levels of deviance than girls, and were less likely to conform to their parents (see Smith, Lalonde, and Johnson, “Serial Migration and Its Implications for the Parent-Child Relationship”).
teenager in Ghana (young people in Ghana who are going to school do not normally work, even part time). He admitted to spending much of their remittances on frivolous items. However, when he arrived in the United States at the age of 18, he adjusted easily to working in a restaurant, happily earning his own wages, which allowed him to become independent of his parents and go to community college part time.

In sum, young people who come to the United States to rejoin their parents tend to experience a loss of pre-existing relationships, a downgrading of status, and a lower quality of life but greater opportunities for autonomy and independent income. But the long-term social, economic, and psychological consequences of fostering on the children of Ghanaian immigrants remain uncertain.

VI. Policy Implications

Like other African immigrants, Ghanaians in the United States are a relatively educated population whose educational credentials from Ghana often do not pay off in terms of their employment and income in the United States. The largest single occupation in which Ghanaians work — as health-care aides — is time intensive, poorly remunerated, and characterized by difficult emotional ties and physical labor. More broadly, the difficulty Ghanaian immigrants experience combining relatively low-paying but time-intensive employment with parenting in the United States may explain why, for those in less-skilled jobs, raising children in Ghana in the care of relatives is particularly attractive. These parents would be more likely to raise their children in the United States if they had access to high-quality, low-cost child care; if relatives could stay with them to help with infant and child care, particularly after birth; if their Ghanaian credentials were more transferrable; and/or if those working in certain health and mental health professions were paid a family-sustaining wage and given health benefits. These changes would likely improve not only the lives of Ghanaian immigrants and their children, but also those of many other low-income American parents, native born and immigrant alike. But unlike most other low-income parents and many other immigrants, Ghanaians have another option: child fostering in Ghana.

The fostering option may be attractive to Ghanaian immigrant parents for a number of reasons. First, Ghanaians in Ghana have greater access to preschool for 3- and 4-year-olds than those in the United States do.

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60 Capps, McCabe, and Fix, New Streams.

Additional effort has gone into expanding preprimary education in Ghana in recent years, with the World Bank estimating that 70 percent of 4- and 5-year-olds were enrolled in preschool in Ghana in 2009.62

Children of immigrants in the United States, on the other hand, have especially low rates of prekindergarten enrollment due to socio-economic barriers, lack of awareness about the availability of early childhood education, and confusion about eligibility rules.63 Low-cost opportunities for early childhood education, such as Head Start, have been expanded by the Obama administration.64 Still, more could be done, particularly in terms of immigrants’ access to Head Start and public child care subsidies that are available to low-income families. Ghanaians tend to live in states that are not among the worst in providing resources and access to early childhood education, but they may still face significant barriers to accessing high-quality, low-cost preschool and day care.65

Second, most low-income American parents can rely on unpaid family child care, but Ghanaian immigrants have difficulty doing so. Current US immigration laws make it difficult for Ghanaian immigrants in the United States — especially those with lower incomes or without substantial assets — to bring over parents or other relatives to help raise their children. US immigration laws are unlikely to grant more temporary or permanent visas to these relatives due to concerns about visa overstays. But at the very least, the current immigration categories for extended relatives should be protected, and efforts should be taken to make sure they are made available to immigrants from countries in Africa and elsewhere that rely heavily on diversity admissions and therefore have relatively small co-ethnic communities in the United States.

Third, improving the job prospects and earnings of Ghanaian immigrant workers in the United States would allow them to afford child care outside the home. Given the mismatch between Ghanaian immigrants’ qualifications and employment, credentials earned in Ghana

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62 See World Bank, “World Development Indicators,” http://data.worldbank.org/indicator/SE.PRE.ENRR. The World Bank is a bit suspicious of its own figures, but considers it the best estimate given what districts report, which is closer to 96 percent.


might be more easily transferred through reciprocal agreements. Thanks to organizations that review and verify the credentials of foreign-educated nurses and physicians, it is easier for these workers to transfer their credentials to the United States than it is for other professionals to do so. 66 While the review process is expensive and time-consuming, it is preferable to the several years of study that face accountants and teachers, whose prior education counts for little on the path to certification. If the United States begins to face a teaching shortage, reciprocal agreements for teachers from other countries may increase. 67

Finally, low-income workers in the health and mental health fields — including the many Ghanaians in such jobs — should be paid a family-sustaining wage and receive access to affordable health insurance. Their wages have been kept artificially low by Medicare and Medicaid reimbursement rates. Home-health aides have, in some states, pursued unionization, which has led to higher average wages and health coverage. 68 It is promising that in December 2011 the US Department of Labor’s Wage and Hour Division proposed extending federal minimum wage and overtime requirements to certain in-home care workers. 69

These strategies should be adopted by policymakers interested in promoting the well-being and development of US-born children of Black immigrants, whose successful integration will lead to their making greater social and economic contributions to US society in the long term. Such strategies also apply to working immigrant parents of other origins, as well as working US-born parents. The fostering phenomenon among Ghanaian immigrant parents is a signal that the United States has weak societal and institutional supports for raising young children — supports that some other countries, even those considered middle and low income, provide to a greater extent.

66 The Commission on Graduates of Foreign Nursing Schools International is a nonprofit, private organization created in 1977 to evaluate and verify the credentials of foreign nurses (www.cgfns.org/sections/about/); the Educational Commission for Foreign Medical Graduates does the same for physicians (www.ecfmg.org/about/index.html).


Works Cited


Young Children of Black Immigrants in America: Changing Flows, Changing Faces


