

The “American Baby” Syndrome and the Migration of Ghanaian Women

Peace Mamle Tetteh, University of Ghana, Ghana
pmtett@yahoo.com

The migration of people from one society to another in search of better conditions of life is quite common in Third World countries like Ghana where people migrate constantly to America, Europe and even to other African countries. In recent times, there appears to be a shift in the goals of these movement patterns: pregnant Ghanaian women are now migrating to the Western Worlds, particularly the United States to have babies, who become “American babies” by virtue of their being born in the States. This study attempts to investigate the motivations and implications of this relatively new phenomenon in Ghana.

INTRODUCTION/ RESEARCH PROBLEM

One has casually observed in recent times that several pregnant women travel to the United States to have their babies. *In fact, in recent times particularly among urban dwellers, people would rather ask ‘where are you going to have the child’ (Ghana or America) instead of the typical age old ‘when are you due?’* Thus, it is very common these days to ask of a pregnant friend, relation, colleague etc, and be told she has traveled to the United States of America usually a few months before they are due to deliver. At least one knows many women within this category with at least an American born baby. What intrigues me most is the fact that ordinarily many of these women may never have traveled outside Ghana, but do so only when they are pregnant and about to deliver. Several questions then come to mind namely: Why has this practice become common? Why would some pregnant women travel at a critical time of their pregnancy, bracing all the risks and stress to have their children in another country? And why America?

Another observation is that many of these women (parents) belong to the middle or upper levels of the socio-demographic strata-usually the highly educated and in relatively high occupations. Could this be the case that these are the cohort officials at the U.S Embassy easily grant visas because their socio-economic status is a guarantee that they would return home? Besides, what are the financial implications of such trips (in the face of the several complaints of economic hardship and low income levels in the country)? This research was undertaken to understand the motivations of women who travel to deliver their children in the United States.

OBJECTIVES

This study specifically sought to;

- Obtain a profile of Ghanaian parents with American babies
- Identify the motivations for having an American baby
- Examine the implications of having an American baby

LITERATURE AND THEORETICAL MODELS

This section first examines the patterns of migration in Ghana in addition to identifying and assessing migrant motivations and factors that facilitate these migrations. Secondly, it identifies theoretically models that adequately explain female international migration in Ghana.

An Overview of Migration Patterns in Ghana

People in Africa and thus, the sub-region have over the years exhibited a high tendency to migrate (Adepoju, 2005). Migration within and without is almost a way of life for the Ghanaian. Hence, the sub-region has seen various kinds of movements, distributions and re-distributions of its population within and without.

The patterns of migration have gotten diverse and complex in contemporary times. The contemporary trend has portrayed an increase in the number of women who migrate. Zlotnik (1998) reports a 63% increase in the number of female migrants across the world from 35m to 57m between 1965 and 1990-an increase of 8% higher than that of male migrants. In 1998, 53% of newly admitted immigrants to the United States were women. In contemporary times, women migrate in their own right and not as followers or dependents of their husbands. The two main destinations of international migration for Ghanaians have been Europe and America. Historical and political ties with these countries are said to influence the migration flows to these countries. Besides, the recent changes in the economic fortunes of countries in the sub-region have reduced the significance of intra- regional migration streams in favor of American/ European destinations.

Motivations for Migration

Available literature suggests that the motivations for these inter/ intra country movements have basically included economic, political, demographic (overpopulation), environmental disasters or even conflicts and warfare, desire to study abroad, etc. However, just as migration patterns are complex, the motivations for these movements have also become generally more varied and complex. Migration in contemporary times is more voluntary than forced and to a relatively large extent, economically influenced.

A report on reasons migrants gave for traveling to America and Europe included traveling for commercial/mining activities, missionary activities, government officials/diplomats, travelling as spouse and child dependents as well as other dependents, students, holiday, tourism and transit etc. (Twum Baah, 2005). Though no one stated childbirth as a reason for travelling, one can assume that many of those who go for the purpose of having their children in the United States give reasons such as going on holidays or a vacation.

THEORETICAL MODELS

A number of contemporary migration theories adequately explain female international migration in Ghana. These theories include the **structural theory** (Sassen, 1988) which views migration as a form of exploitation of the peripheral nations by the “core” nations in the international system. The themes herein resonate with that of the **Neo-Classical Economic theory** which postulates that economic factors such as wage differentials, labor demand and supply etc, are responsible for migration. However, female international migration in Ghana is as a result of many socio-cultural factors and as such a model that dwells on economic indicators alone may not adequately explain the patterns of Ghanaian female migration.

Obviously, a woman who travels to America to deliver migrates not because she is being propelled by poverty, unemployment or any economic necessity per se. Thus, this model explains some forms of migration but not the one under discussion.

The **Network theory** attributes the migration process to personal, cultural and/or other social ties. In receiving countries, immigrant communities often help their fellow men and women to immigrate, find a job and help them to adjust to the new environment. These networks reduce the cost of migration for newcomers which acts to induce further migrant to leave their country. The network theory explains the Ghanaian situation because; the decision to travel to America to give birth or not to a large extent depends on the availability of friends or relations (networks) in America. These networks (contacts) in America host the migrant pregnant women, help them locate a hospital; help them with their babies after delivery

etc. Thus, networks (relations or friends abroad) make it possible for one woman to travel and impossible for another, despite the fact that these women might all dwell within one historical and socio-economic context.

The Need Drive Theory of Motivation (A. H. Maslow, 1954), also adequately puts this discussion into perspective. Motivation basically is the behavior that is instigated by needs within the individual and is directed towards goals that can satisfy these needs (Morgan, 1956). Psychologists have classified these needs into physiological needs (e.g. food, sleep, sex, shelter clothing etc) and psychological needs (e.g. affection, achievement, social esteem, personal security and safety etc).

In the need drive theory of motivation, A. H. Maslow (1954) proposed a hierarchy of needs classifying the physiological needs as low level needs and the psychological needs as high level needs. The individual will strive to achieve higher level needs only when the lower level needs have been met. Thus, individuals who have been able to meet basic needs of food, clothing and shelter, would only then have the motivation to seek higher level needs such as personal safety, social esteem, quality health etc. Thus, a parent's (woman's) status has a direct impact on her health and health seeking behavior. In other words, parents for whom basic subsistence is a challenge: a challenge to provide three meals a day, provide basic clothing for self and dependents and/or even access and afford basic health care, would most definitely have no motivation to want to have their child in America. For this category of parents, survival *in the present* is what is of relevance and not securing a supposedly better future for their children by having them in America. The reverse however seems true with the American baby syndrome. Thus, the motivation for higher level needs is largely related to affordability.

Definition of Key Term

The term requiring definition in this study is "American Baby". The term as used in this study refers to children born in America (with a U.S passport) by Ghanaian parents, resident in Ghana. The reference is typically to those children whose parents travel solely to the States to have them and bring them back home to Ghana. It does not include those whose parents live in the States (Ghanaian immigrants).

Research Method

This study is an exploratory and descriptive one that sought to provide some insight relating to the health and reproductive decisions by some Ghanaian parents (women). In order to obtain a better appreciation of the nature and implications of the recent increases in the phenomenon of American babies, information was obtained directly from parents with American babies. Thus, respondents were purposively selected using the snowball sampling method. Two main approaches, in-depth interviews, and questionnaires were used to collect data. The administration of the questionnaire was done on a stratified basis. This stratification was based on age.

A deliberate effort was made to get respondents cutting across a wider age range, so as to be able to compare the explanations that both older and younger parents have for having American babies. A sample size of sixty-seven was taken for this study. This was to consist of fifty -two questionnaires and fifteen interviews. The sample size was not too large because the study was largely qualitative. Besides, respondents were not generally dispersed within the population or easily accessible. Forty-one (78.8%) of questionnaires were retrieved whilst all fifteen interviews were done.

Interviews were tape recorded and later transcribed for analysis. A content analysis was done where relevant themes were identified and synthesized.

DISCUSSION OF FINDINGS

This is presented with reference to the study's objectives namely obtaining a profile of parents with American babies, and identifying the motivations and implications of having an American baby.

Profiles

Education

As anticipated, many of the respondents belong to the middle to upper levels of the socio-economic ladder. Most of the respondents are highly educated as are their spouses. About (78.5%) of mothers have at least first degrees with as many as (21.4%) with higher degrees. Many mothers also have professional certificates as their spouses.

Occupations

Being highly educated then, most respondents are professionals: there are doctors (33.9%), public servants (12.5%), lawyers (12.5%), lecturers (7.1%), Accountants (5.3%), teachers (8.9%) and caterers. However, a significant number were housewives (8.9%) The irony of this picture is that doctors who work in the Ghanaian health sector who should perhaps trust the system are rather in the majority of those who travel to have their babies in the States. Perhaps, it is because they know firsthand what pertains in Ghanaian hospitals and would not risk having their babies there. The spouses of these mothers are also in equally high professions as doctors (22.7%), consultants (18.1%), businessmen (34%), lawyers (15.9%) and contractors (9%),

Income Levels

It is quite a challenge to have people accurately state their incomes. People have the tendency to overstate their incomes probably as a way of looking good. Hence, it may be necessary to take these income levels given by respondents, with some pinch of salt. Respondents reported relatively high incomes for themselves as well as their spouse; incomes that can support a trip to the U.S to have a baby. Most (50%) respondents earn between six hundred and a thousand cedis (\$600-\$1000) a month. About 41% also earn more than a thousand cedis (\$1000) but less than two thousand Ghana cedis (\$2000) a month. Only 5.3% and 3.5% earned less than five hundred cedis (\$500) and more than two thousand cedis (\$2000) a month respectively. Housewives explained that their incomes were allowances from their spouses. These were in the range of \$200-\$500 a month. As many as 62.5% of spouses earned more than two thousand cedis (\$2000) a month, with about 16% earning between six hundred (\$600) and a thousand cedis (\$1000) a month. No spouse reportedly earned less than five hundred cedis (\$500) a month.

Nationality/Ethnicity

Interestingly, only two respondents were Ghanaian-American. The overwhelming majority (96.4%) are fully Ghanaian as were their spouses. Many (23.2%) of these women had never travelled outside Ghana until they went to America to deliver. Relating to respondents' ethnic backgrounds, the data indicated that Akans were in the majority (55.3%) followed by Ewes (19.6%), Gas (16%) and Hausas (8.9%). Though this data portrays Akans to be most involved in this phenomenon, it may not necessarily be the reality. In fact this outcome may possibly be as a result of the sampling method used which made respondents identify friends and relations who most likely were of the same ethnic group as them.

Respondent's Age

In relation to age, a deliberate effort was made to pick women across various age categories from 23-47 years. The data suggests that (53.5%) of respondents were between the ages of 35-39 years, (23.2%) from age 30-34 years, (14.2%) between ages 25-29 years and (8.9%) between ages 40-45 years. It is important to note that the majority (76.8%) of respondents were aged between 30-45 years; the ages when pregnancy is considered high risk for both mother and child. This, most of these mothers explained, was the reason why they needed a health care delivery system that provides qualitatively better service than what pertains in Ghana to ensure their own safety and that of their babies.

Respondent's marital status

The data indicate that the majority of respondents (78.5) were married whilst (21.4%) were single, specifically as never married (8.9%) and divorced (12.5%). The divorced respondents, divorced before

“American baby”. Being married made available the income of a spouse in addition to a woman’s’ to meet the expenses of having an American baby. For instance, one respondent said she went to America to have her baby at the insistence of her husband. She says *“left to me alone, I would have delivered in Ghana. But my husband insisted I go to America. I guess he just wanted to give me a treat.”*

Number, Age and Nationality of Respondent’s children

Respondents have between one and four children, aged between 4months and thirteen years. About (35.7%) respondents have a child, (44.61%) have two children, (14.3%) have three and (5.3%) have four children. All the respondents with one and or two children had them all in the States. Two of the parents with three children had only the last two in the U.S. They explained that their experience with having their first children in Ghana was unpleasant, hence the decision to travel to have their other children in the United States. Thus, of the total respondent’s children (72), only two are not “American babies”. There was one unborn baby-a potential “American baby” because the mother intends to have **him** (she had checked by an ultra sound scan) in America. Another respondent had all her four children in the U.S and gave a myriad of reasons to explain why. According to her, *‘once you have your first child there, you become ‘obliged’ to have all the others there. This is because you do not want any of your children growing up and feeling unloved or kind of ‘cheated’ because they were not born there. You do not want your children to spite you nor do you want to bring rivalry between siblings because of this. Secondly, after experiencing a high quality of care with the first child, one just cannot compromise on the health care of other babies’.*

Respondent’s intention to have more children and where they would have them

Respondents were asked if they intend to have more children and whether they would have them in America. Interestingly, about 53.5% categorically stated that they do not intend to have any more children even though they did not have more than two children. In fact two of these respondents actually had only a child each. About 26.7% were also certain they were going to have about one or two more children because they had only one at the time of the interview. The remaining respondents did not clearly indicate any intentions of having more children. Obviously, among this class of women, small family size is the norm. One thing was certain though, all respondents but one were sure that if the opportunity ever presented itself for them to give birth again; they will surely do so in America. This covers those who are yet to have more children and those who said they are over and done with giving birth.

In relation to the latter, this is to emphasize that they consider delivering in America one of the best decisions they ever made so that should they be faced with similar circumstances, they will still make the same decision.

Motivations

“Migration in Africa and in West Africa especially- and this includes Ghana-has always been a core feature of survival and advancement strategies” (emphasis mine) (H.E Arie van der Wiel), Ambassador of the Royal Netherlands Embassy in Ghana); *Quoted in “At Home in the World?” Manuh, Ed.2005, pg, 8.*

The motivations for having an “American baby” are numerous and complex. These motivations can be categorized into manifest (intended) and latent (unintended). It is important to note that motivations vary depending on the individual such that what is manifest or latent depends on the individual. For instance, whereas obtaining an American citizenship may be a manifest (real intent) reason for having an American baby for one individual, it may be a latent consequence for another individual, whose manifest or real intent was to obtain good medical care. This is very well captured in the explanation by one respondent: *“I had an American baby just by chance. I had just gone through a rough divorce. My friends and relations abroad invited me over as a way of helping get over the pain of divorce. I was pregnant then. Thus, my going to America, was purposely to get away from my divorce problems, but in the end, I had access to good health care and got my baby U.S citizenship. Another said “I had my baby in the States at*

my husband's insistence. His first wife died during childbirth. He thus vowed that if he remarried, his wife shall not deliver in Ghana, but in America. Besides I was 35years (high risk pregnancy) and it was my first time".

The evidence has identified the motivations of parents for having "American babies" to include mainly the desire to obtain good medical care for self and baby (62.5%), obtain an American citizenship for babies (26.7%), prestige (3.5%), travelling as an escape from a bitter divorce (1.7%) and the disgrace of being pregnant without being married (1.7%). For some, it was just an opportunity to take a vacation (1.7%) and visit relations and part of preparations needed to migrate to the United States (1.7%).

Another woman said, "As for the U.S. it is rare for a woman to die at childbirth or lose her baby. In fact, if you die or lose your child, then 'wo fie ye den' (literally meaning there is evil in your house). She describes the medical care received as "*super*". For others, it was the literature, myriad of medical tests and community home care visits after delivery that made their childbirth experience in America pleasant. Thus, for these women to whom medical care was the priority, getting U.S passports for their children "was just the icing on the cake". However, as is evident from the data, the "American Baby Syndrome" for still many others, is an 'advancement strategy"- to get U.S passport for their children to enable them enjoy all the opportunities and good life that America has to offer – without going through the hassles experienced by Ghanaians applying to enter the United States.

Implications of having an American baby

An attempt is made here to examine the financial, medical, and social dimensions or implications of having one's baby in the United States of America.

Financial Implications

Financial implications are discussed in relation to expenditure and the sources of funding. The data suggests that it is very expensive to have an "American baby" as indicated by (87.5) of respondents. At least a mother must have or must anticipate being able to raise between ten and fifteen thousand dollars to be able to have an American baby. This amount was to cover airfare, medical check-ups and delivery charges and general upkeep. Even with respondents' relatively high income, this is still a whooping sum! Considering however that respondent had to recall these expenditures, one cannot be too sure of their accuracy. One can only take them with some pinch of salt! Respondents indicated that monies spent to have an 'American Baby' came from personal savings (64.2%), husband's support (25%), loans (7.1%) and from the hosts (usually relations in the States) (3.6%). The percentage of respondents who used their savings and/or took loans to finance these trips is extremely significant (71.4%). This is perhaps appreciated in one respondent's comment that: "*Having my babies in America is an investment for them*".

Medical Implications/ Benefits

Having ones child in American also held several beneficial implications for the mothers involved namely the best of health care because of ante-natal screening for mother, adequate and qualified health personnel, quality health service (patients' rights), education of expectant mothers (vast literature) and access to and quality of post-natal care (after birth screenings for baby and vaccinations)

Social Implications

Besides good health care, the factor of ‘social menopause’ is yet another implication for some women who decide to give birth in the U.S.A. Some women who insist on giving birth in America have had to cease childbirth (after about two children) because their spouses cannot afford to support the birth of more “American babies”. Some of these women are relatively young though and can still have more babies- but for their desire to go to America to deliver. One respondent jokingly said: *“my husband is even avoiding sex with me because should I get pregnant, I’ll say I am going to America to deliver- and he does not want to spend any more money on that. When I also want to ‘dodge’ I teasingly ask him if he now has money for America”*.

Again some report was made of strained family and social relations because some respondents claimed they were badly treated by family and friends in America when they went to deliver. Others reported incidents of monies borrowed from them by their hosts that were never paid back. A seemingly positive social implication though is the opportunity the ‘American babies’ have to file for citizenship for other family members to become potential beneficiaries of the American dream.

CONCLUSIONS

On the basis of the findings from this study, the following conclusions can be drawn:

- That though the motivations for having an American baby are numerous and complex the most overriding reason for having an American baby is medical—maternal and child health. In this regard, there must be an urgent and sustained effort by government to train and retain medical personnel, improve hospital infrastructural development (maternal surgical units), provide adequate and sustained supply of logistics in health facilities, improve service delivery in health facilities and expand and ensure efficiency in the National Health Insurance Scheme (NHIS)
- That the “American Baby’ syndrome was a deliberate move by parents to secure American citizenship for their children which they perceive as an investment to secure opportunities for these children to school, work and live in American without hassle in the future. The implications of this for the fight against brain drain are quite obvious as Ghanaians can now easily leave the country to go develop other nations. However, relating this to discussions in current times of brain gain, this could in fact be beneficial to Ghana as these ‘American babies’ could obtain education, expertise, training and finances which could be contributed to Ghana’s socio-economic development.
- The effort by Ghanaian parents to secure American citizenship for their children as an assurance of a perhaps bright future is an indication of the lack of trust/hope in the educational system and economy of the nation. This raises two basic issues namely, the need to efficiently manage our nation’s economy to obtain and sustain accelerated growth; and the need to improve our educational systems to be at par in all spheres with competing institutions abroad. Thus, we should strive towards reaching the point (middle income) where Ghanaians do not think that they can only make it in life by going to a foreign land.
- In sum, this paper does not see the American baby syndrome as a problem. To some extent, one can say we should expect to see more people engage in this practice considering that we now live in a globalized world. However, having an American baby should not be as a result of our failure and lack of commitment to adopt and implement health sector reforms that correct the deplorable conditions in our health care delivery which affect particularly women and children.

REFERENCES

- Ansa K Asamoah, 2001. On Social Change in Sub-Saharan Africa- A guide to the study of the process of social transformation.
- Aronson, Wilson & Akert, 2007. Social Psychology 6th Edition.
- Ghana Core Welfare Indicators Questionnaires (CWIQII) Survey Report, 2003.
- Ghana Demographic and Health Survey (G.D.H.S) 2003
- John A. Jackson, 1986. Migration
- Maslow, A. H, "A theory of Human Motivation", in Psychological Review, Vol.50, pp 370-90.
- Takyiwaa Manu (Ed.). At Home in the World- International Migration and Development in Contemporary Ghana and West Africa.