
Transformations in the African Family: A Note on Migration, HIV/AIDS and Family Poverty
Alleviation Efforts in Sub-Saharan Africa (SSA)

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Paper prepared for the United Nations Expert Group Meeting on Assessing Family Policies, New York, 1-3 June 2011
New York, 1-3 June 2011

I am grateful to Stephen Obeng Gyimah, Ian E. A. Yeboah, and Cheryl Ellman for their helpful comments on an earlier draft of this paper.

Introduction

There is general agreement among social scientists that the sub-Saharan African (SSA) family remains one of the significant institutions in that region. In the absence of well developed and established formal social support systems to help the poor, needy, and elderly in particular, the SSA family has become the main provider of these services. It is against this backdrop of long-term security—especially old age security—that it is unthinkable for many Africans to stay unmarried throughout their life course. In addition, the same security concerns provide the social conditions that fuel high birth rates in the region as studies suggest. To many African parents, a large family is not only a form of old age security, but it is viewed as population replacement to offset increased mortality (infant and adult) arising from preventable conditions in the region.

Regardless of how the SSA family is defined, for there are ethnic, cultural and religious traditions that conditions family forms in the region, observers note its centrality to the social and economic realities of the region. Yet, studies also report that the SSA family is under threat and undergoing significant changes as is occurring in other parts of the world (Little, 1975; Bledsoe 1990; Bradley & Weisner, 1997; Van de Walle, 1993; Lloyd and Gage-Brandon, 1993; Oheneba-Sakyi and Takyi, 2006; Alber, 2011). Among the transformations that have been identified with respect to the SSA family include the changing structure of the family itself (an increasing tendency towards nucleation, increased female headed households), a reduced influence of extended family members on individual family behaviors and decisions (e.g., marital decisions), lower fertility, increased marital instability and high divorce rates, changing gender roles within unions, changing sexual mores, and increasingly, changing relationships between generations marked by a decline in overall kin support to family members—especially the elderly and the young (Oppong, 1981; Lloyd & Gage-Brandon, 1993; Takyi, 2001; Oheneba-Sakyi and Takyi, 2006; Takyi & Gyimah, 2007; Hattori & Doodoo, 2007). More important, these changes are not limited to one country as they cut across geographic boundaries and socio-cultural groupings alike.

To explain these changes in the SSA family, researchers point to a multiplicity of sources, including the region's link to the international community, a process that has occurred basically through trade relations, Africa's colonial experience, the influence of religion (Islam and Christianity in particular), Westernization or what some call modernization (socioeconomic and political changes and state influenced family laws) and forces of globalization. This policy brief provides a broad overview of two key but distinct demographic and health processes: migration (geographic mobility), and HIV/AIDS (health) and their effects on the contemporary African family.

In an effort to inform policy in a region noted for its high levels of poverty, it is important that these two processes are factored into the discussions of poverty and poverty alleviation in the region. This is because the two processes, migration and HIV (health) play larger roles in shaping family processes in the region. For example, researchers increasingly make a connection between migrancy (especially migrant labor, truck drivers, military movements in war-torn

regions and countries), and HIV/AIDS, and family processes in the SSA region (Brockerhoff & Biddlecom, 1999; Maman, Campbell, Sweat & Gielen, 2000; Oppong and Kalipeni, 2004; Kalipeni, Oppong & Zerai, 2007). Also, HIV/AIDS infection in a region where people with AIDS (PWAs) are stigmatized and discriminated against can have a devastating effect on families, and increase their likelihood of becoming poorer than their non-afflicted counterparts.

Geographic mobility: Nature, Types and Patterns in SSA

Researchers have reported that Africans have a long established and rich history of population mobility—especially those within the continent itself (see for e.g., Zacharia and Conde, 1981; Adepoju, 2000). Adepoju (2000) indicates that these trends reflect historical, economic, ethnic and political ties that exist between the various countries. Some of these population movements are temporary or seasonal in nature (as is the case with migrant workers from Burkina Faso and some parts of Northern Ghana) to the cocoa and mining centers of Southern Ghana and the Ivory Coast, others though tend to be of a permanent nature. In this section, I examine the two main forms of migrations that typify the SSA experience—**rural to urban** and **international migration**. Next, I examine how these two different forms of migration affect the African family.

Internal Migration and the Growth of Cities in SSA

Though the majority of sub-Saharan Africans live in rural areas, recent data supports the contention that an urban transition is underway in the region. Recent research from several sources suggests that SSA currently has one of the highest rates of urbanization around the world (see e.g., Kessides, 2006). Indeed the rate of urban growth in SSA averages about 5 percent per year, with the urban population doubling within a relatively short period of about 15 years. A typical case is Kenya where Brockerhoff (1999) reports that its urban population has tripled since the 1980s, with its capital city Nairobi growing at an annual rate of about 6%. Similarly, Zulu et al. (2002) note that rural to urban migration accounts for the high levels of urbanization and growth of substantial slum settlements in Nairobi. Writing about Ghana, Farvacque-Vitkovic et al. (2008) also note that while its urbanization rates have been lower than in neighboring countries of West Africa, they predict that by 2030, more than half (58 percent) of Ghanaians will be living in its urban areas.

Not only are African cities growing at a faster rate, some demographers assert that most of the future population growth in the region will most likely occur in its urban rather than rural areas (Magadi et al., 2003; UN-Habitat, 2003). Indeed, in a recent report on urban transition in SSA, Kessides (2006) argues that while Africa has experienced a rapid pace of urban growth in recent years, the take-off stage is yet to come and will rise in the coming years—more than twice the rates reported for the rural population.

Why are African cities growing so fast?

Though natural increase (birth rates) and the reclassification of rural areas both contribute to the growth of SSA cities (Kessides, 2006), rural-urban migration is perhaps the most likely explanation for urban growth in contemporary Africa. Urban-biased developmental policies, a distinguishing feature of many African nations have produced uneven spatial

development between the rural hinterland and the few urban areas in the region. The rural neglect, plus a growing rural population at a time of declining economic growth has led to significant poverty among many of Africa's rural dwellers. As a result, movement to Africa's urban centers is a rationale response to the absence in the rural hinterlands of Africa of educational facilities, and employment opportunities.

What is unique about the African urbanization process, some researchers note, is that, it is happening during a period of significant transitions around the world, including declining or stagnating economic growth in the region itself (Kessides, 2006). For example, it has been observed that the region's urban population grew by 4.7% annually between 1980 and 2000, while per capita gross domestic product (GDP) dropped during the same period by 0.8% (United Nations, 2004; World Bank, 2003). Indeed to some scholars, Africa's urbanization is taking place in a context of severe economic constraints that other regions did not go through during their own urbanization. Among the constraints they point to include increased global competition, very limited outlets for external migration (to reduce the pressures of population growth), and depredation of the productive workforce due in large part to HIV/AIDS.

The absence of economic support and the lack of jobs in the urban areas have contributed in no small way to the growth of urban slums in many cities in SSA. The many problems that have been associated with urban slums (e.g., poor sanitation, absence of jobs, high levels of poverty) in turn provide the social conditions for the spread of sexually transmitted diseases such as HIV/AIDS (Grief & Dodo, 2010). It is for these reasons that during the last several decades many SSA governments and local authorities have been hampered, often drained of their capacity to manage or provide the minimum levels of services (decent living conditions and basic social services) needed for their teeming urban dwellers (Brockerhoff & Brennan, 1998).

The growing population of the urban poor-due to the absence of jobs for both native and rural born urban dwellers-is by itself a recent development, which is now receiving significant attention in the literature. Historically, most discussions about poverty in SSA had focused for the most part on the rural areas where the majority of Africans live and poverty levels are quite high. But as several recent studies have observed, the population of urban poor is growing rapidly. In some countries such as Kenya, Madagascar, Niger, Senegal, and Zambia, urban poverty rates are reported to be quite close (within 20 percent) to those found among rural residents (Kessides, 2006).

International Migration

Overall, the majority of African migrants, especially those from SSA, reside in other countries in the region (Ratha et al., 2011). A case in point, most of the migrants during the colonial and early post-independence period who resided in some of the major immigrant receiving nations such as Nigeria, Ivory Coast and Ghana were from the West African region. The same can be said about the Southern African region as well.

Though most African migrants are to be found on the African continent itself, more recent data indicate that this historical pattern is changing as well. African migration has now

become extra-regional and international in nature (Adepoju, 2000), with the number of migrants living outside the region growing during the last decade or so (United Nations, 2009; Ratha et al., 2011). In addition to the growing immigrant population of diasporan Africans, their destinations have also become diverse. Typically and until recently, the choice of destination for many African immigrants was influenced by the colonial and historical ties that developed between colonial Africa and the various European powers that colonized the region. Thus it was fashionable for English speaking Africans to migrate to the UK and for Francophone Africans to migrate to France. But, this is not necessarily the case now. For example, in the English speaking United States of America, one can find significant numbers of Senegalese migrants. Likewise, there are significant numbers of Ghanaians in Germany, the Netherlands, and also Belgium (all non-English speaking countries).

Even though emigration from the continent of Africa as a whole has increased steadily over the past two to three decades, researchers know very little about the actual size of the contemporary African Diaspora. This knowledge gap reflects the difficulty in tracking immigrants as a whole. The limited data that exists (from a variety of countries) suggest that the size of this population may be substantial. Indeed African immigrants can now be found in many of the Organization for Economic Co-operation and Development (OECD) countries, Canada, the United States (America), the Middle Eastern countries and several Asian countries as well (see e.g., Ratha et al, 2011). Citing data from the UK's 2001 census, Styan (2007) finds that sub-Saharan African immigrants were Britain's fastest-growing minority group during the 1990s, with as many as 486,000 of them identifying as Black Africans. In the United States alone, it is estimated that there are about a million or more Africans who now call America home (Zezele, 2005; Konadu-Agyemang, Takyi and Arthur 2006; Dadoo and Takyi, 2002; Takyi, 2002; Dadoo, 1997). The bulk of the Africans in America have arrived in the 1980s and 1990s and their presence has been credited partly for the racial and ethnic transformation currently underway in the United States (Kent, 2007).

Forces behind Recent Emigrations

Research shows that those SSA immigrant who left the shores of Africa in search of greener pastures in Europe, North America (especially Canada and the United States), the oil rich Middle Eastern nations and recently Asia left for a variety of reasons. Overall, recent emigrations have been fuelled by postcolonial hiccups facing many African nations and policy changes in some of the receiving nations such as the United States. Among the hiccups that have been alluded to in the literature are the following: political instability and civil wars, economic mismanagement and maladministration, the lack of or limited opportunities for higher education, and overall declining economic fortunes in an era of globalization. In terms of the policy changes in the U.S. that have contributed to the growing African immigrant community are the Immigration and Reform Control Act of 1986 (IRCA) that legalized the status of undocumented immigrants, and the 1990 Immigration and Nationality Act that introduced the Diversity lottery option (Massey, 1999; Kent, 2007; Konadu-Agyeman, Takyi & Arthur, 2006).

Given the unstable political situation (political and civil unrests, and religious conflicts) in many countries in Africa, compounded by the economic malaise and growing regional poverty, it is likely that the emigration of Africans will not abate any time soon. Also, migration pressures

will increase in the coming years due to demographic changes arising from the increases in population growth that characterizes the history of many postcolonial SSA nations.

Effects of Migration on the African Family

How do recent migratory patterns and flows affect the African family, especially those family members who stayed or are left behind in Africa's rural and urban areas? The answer to this intriguing question is somewhat complicated at best as there may be two sides to the debate on migration and family processes in the region. Also, the effect could be somewhat different for **internal** as opposed to say **international** migration. At the international level for example, African countries continue to lose skilled and unskilled Africans to international migration. Throughout the region, able-bodied young men and women leave the rural areas of SSA for non-existent jobs in the urban areas. Rural productivity and social reciprocity in general suffers as a result of rural-urban migration. In addition, the concentration of people in the many slums in urban SSA helped to promote the spread of HIV/AIDS (Grief, Doodoo & Jayaraman, 2011). Finally, due in large part to insufficient statistics, it is also difficult to examine the direct effects of different forms of migration on the African family.

One suitable way we can look at the impact of migration (especially international migration) is to examine the characteristics of recent African immigrants. In general, the African immigrant is highly selective by sex, age, and education. Takyi (2009, 2002) observed that the African immigrant community in the U. S. includes significant numbers of highly educated people. It is the unique composition of the diasporan African-the brain-drain-that continues to dominate the discourse on contemporary African immigration (see e.g., Carrington & Detragiache, 1999; Docquer & Bhargava, 2006). Nowhere is the brain drain more evident than in the educational and health sectors. For example, Ghana has produced a lot of health care workers but as a result of emigration, Dovlo (2003) notes that there was a vacancy rate of 47 percent for doctors and 57 percent for nurses in Ghana's health institutions as of 2002. The same pattern has been reported for many SSA countries. The loss of health and other professionals have made it difficult for governments to improve the health status of the people, and higher education for those in the rural and urban areas. But this is one aspect of the migration-development nexus as pertains to Africa.

At the other end of the debate are the "gains" that families and countries accrue from emigration, particularly remittances (Gupta, Pattillo & Wagh, 2009; World Bank, 2011). Based on their analysis of 2010 World Bank data, Ratha et al. (2011) observed that next to foreign direct investment (FDI), remittances were the second largest source of foreign inflow to the region in 2010. Though remittances to SSA (those through official channels) are generally lower than those for the other developing regions, the World Bank reports that the amount remitted by Africans in the diaspora is quite significant and increasing every year.

Remittances are used for a variety of purposes, including improving child and maternal health. Sending money to those left behind also allow SSA family members to purchase medical and other health services to improve their well-being. The case of Ghana highlights the role that remittances play in alleviating the hardships facing family members who stayed and did not emigrate. Akurang-Parry (2002) and Yeboah (2008) notes that in the housing sector, remittances

from Ghanaians abroad have helped in the creation of jobs for the otherwise jobless masons, electricians, carpenters, and many others in the country. Remittances that are used for building community development efforts (e.g., and educational and health facilities) are also the ultimate infrastructure in most rural areas that have been abandoned by the central government. For some families and rural communities, remittances from abroad serve as their main source of income, thus helping to cushion them against their poverty and hardships they face.

Generally speaking, research on the effect of contemporary African immigrations often focuses on the loss of Africa's brain drain vis-à-vis socioeconomic developments in the region. Central to this debate is the belief that the loss of Africa's professionals' will hinder the region's socioeconomic developments. However, this emphasis obscures the fact that migration's impact on African families is quite significant as well. Basically, migration—whether rural to urban and vice versa or international in nature, is a form of relocation. As many studies show, relocation is a stressful life event since it entails social and economic costs but often comes with uncertain benefits or rewards. The stressors brought about by separation from loved ones, studies show; provide the social conditions migrants and non-migrants alike to engage in risky sexual behavior, which in turn increases their chances of HIV infection. Not surprisingly, migratory processes have been linked to the spread of Africa's HIV/AIDS, a disease that impacts African families in numerous ways (Hunt, 1996; Prothero, 1996; Decosas and Adrein, 1997).

Also, while it is true that migration—especially international migration—makes it possible for some family members to improve their socioeconomic circumstances (migration is viewed as a **survival strategy**) by virtue of the financial support they get in the form of remittances, the benefit of these remittances in terms of poverty alleviation are limited to families with children and other relatives in the Diaspora—quite a small segment of the overall population in SSA.

Migration tend to breakdown family ties in a context where the migrants are unable to re-unite with their children and other family members as often is the case with international migration. As a result, there may be significant emotional costs of migration for children left behind. Unfortunately, very few studies from SSA have examined how migration affects the emotional, educational, and other aspects of social development of children in the region.

Though research and data are not readily available, the displacement of Africans, including those to far-away countries, has the potential to reduce the population of available young men and women who stay behind. The shortage of potential marriageable men/women can possibly affect marital and fertility patterns in the sending areas. Indeed, some studies have reported that migrants' fertility patterns tend to shift toward those of natives of the destination country. These changes may occur as a result of social adaptation or self selection of migrants by their fertility preferences (Kulu 2005). Of note also is the observation that even married women may be at risk for HIV/AIDS; due in large part to their husbands' or their own extramarital affairs within a context of migrancy (see e.g., Watkins, 2003).

From an economic point of view, the migration of Africa's young men who are a major source of labor in agricultural production in a region that depends on farming for sustenance and the accumulation of wealth means that rural farmers and families have to spend more on labor. Labor shortages, aging farmers and widows may be less inclined to increase their acreage

and thus improve their family incomes; this then increases their risk of falling into poverty.

More recent, Oheneba-Sakyi and Takyi (2006) have argued that migration affects family cohesion. They contend that the traditional and historical relationships that existed between generations in many African societies (based for the most part on the value of knowledge, respect, and experience from the older generation) are undermined by migratory pressures with significant implication for kin-based support. Compounding these developments are the recent economic difficulties in many SSA nations, and the increasing trend towards the nuclear family (partly a response to increasing education and Westernization). Family support that is especially important for older women and widows, who in most cases have fewer assets or resources or no history of work outside the formal economy is no more guaranteed as in previous generations. Government-sponsored social security programs for old age are limited and cover the small number of people who worked for governmental agencies or in the formal sectors of the economy. It is in such context that one has to evaluate some of the effects of migration on rural and urban families alike.

The HIV/AIDS Pandemic

More than three decades into the global HIV epidemic, Africa and the HIV/AIDS have become almost synonymous and inseparable. Though the region accounts for about 9 percent of the world's population, it alone has over 60 percent of the reported AIDS case in the world. For example, of the 33 million adults and children living with HIV in 2009, UNAIDS has reported that 22.5 million were from SSA (UNAIDS, 2010). This pattern has remained unchanged since the onset of the disease in the early 1980s. Though more recent data indicate that the world may be turning the corner on the spread of the disease (see UNAIDS, 2010, Figure 2.2), a trend that is occurring in SSA as well, it is also true that SSA continues to be at the epicenter of this pandemic. According to the UNAIDS 2010 Global Report, of the 33 countries where HIV incidence has fallen by more than 25 percent between 2001 and 2009, 22 are in sub-Saharan Africa. It also notes that the biggest epidemics in the sub-Saharan African region—Ethiopia, Nigeria, South Africa, Zambia, and Zimbabwe—have either stabilized or are showing signs of decline.

The epidemiological patterns of HIV/AIDS in SSA are quite revealing. For example, there are significant regional differences in adult prevalence rates. In general, HIV adult prevalence rates range from 2-5 percent. However, the rates for West and Central Africa are somewhat lower than those reported for the AIDS belt regions of Eastern and Southern Africa. According to Yeboah (2007), there is a concentration of HIV/AIDS in southern Africa with a sliding gradient to eastern, central, and then western Africa. Within countries, there are also important differences between the urban and rural areas, with the available evidence indicating that HIV/AIDS rates are higher in urban than rural areas. Another interesting observation that has received only limited attention is the concentration of HIV in SSA urban slums. According to some recent studies from South Africa and some other African countries, HIV prevalence in slum populations is double (or more) that in the non-slum population of the same city (see e.g., Grief, Doodoo & Jayaraman, 2011; Rehle, Shisana, Pillay, Zuma & Puren, 2007). Compared to men, slightly more than half of all people living with HIV in SSA are women.

Overall, studies suggest that a multiplicity of factors promote and sustain the spread of

HIV/AIDS in SSA. They include for example, population mobility (e.g., those arising from political instability, military movements, truck drivers, etc.), cultural norms, risky sexual behavior and multiple sexual partnering, the use of paid sex, poverty, sexual violence, and the low status of women (see e.g., Caldwell, Caldwell & Quiggin, 1989; Yeboah, 2007). One thing that most researchers also agree on is that, SSA's AIDS epidemic is sustained primarily (unlike in some other world regions) through heterosexual contact. Estimates for new infections that are attributable to paid sex, for example, is almost a third (32 percent) of all new HIV infections in Ghana, 14 percent in Kenya and 10 percent in Uganda (UNAIDS 2010).

Impact of HIV/AIDS on African Families

Much research on Africa's HIV/AIDS epidemic tends to focus on how the disease affects socioeconomic developments, and mortality patterns. Less studied, however, is how HIV/AIDS affects African families and increases their chances of becoming poor. What is self-evident is that in both the severe (Southern and Eastern Africa) and less severe HIV regions (West Africa) of SSA, the negative impact of HIV/AIDS on families appears to be quite similar: at least at the micro and macro level. At the national level, Caldwell (2001) reports that because of HIV/AIDS, Botswana and Zimbabwe anticipate a drop of 20 years in their life expectancies between the late 1980s and the first years of the twenty-first century. The reduced work hours arising from infection from the disease has the potential to reduce real wages and family income at the micro level. Reduced income in a context of globalization and increasing commodity prices means family members risk becoming poorer as a result of the disease.

Beyond the increased morbidity and mortality that are rising throughout SSA as a result of AIDS, families are being devastated as a result of the epidemic. At the individual and household level, studies show that the epidemic is impacting SSA families as family members bear the burden of the disease—both in terms of caring for those afflicted in environments where government assistance and support may not be easily available, and also the many orphans that are left behind. In addition, because of women's familial role of caring for the sick in SSA, they are more likely to be exposed to infection from the disease. It is for these reasons that some have argued that the HIV/AIDS epidemic disease may alter the relationships and support network that exist among family members in the region (Oheneba-Sakyi & Takyi, 2006). The growing population of AIDS orphans (children) who in some cases have no one to take care of them, or are cared for by grandparents, can also stress the family-support system as grandparents not only lose the support of their own children (as old age security to AIDS), but they are also left to fend for their grandchildren with very limited resources.

Nobody knows accurately how AIDS is affecting family formation patterns in a region that to be unmarried is seen as a liability. Indeed, one of the worst things to befall many Africans—especially women—is to stay unmarried and also be childless. In fact, the socioeconomic realities in many parts of SSA make it imperative for families to have more children to offset high mortality levels, to assure parents of their future security in old age and to serve as family labor (Dodoo & Frost, 2008). Thus, it is almost suicidal to stay unmarried and be childless. Despite these expectations, the fear of getting HIV may influence some people's marital decisions in a region with low levels of AIDS testing. Though African women have become more independent and less reliant on their spouses—the results of increased education and employment

opportunities, many African women still depend on their male spouses for support—given the overt job discrimination that exist and penalize women more than men.

The links between HIV/AIDS and family violence (e.g., rape) have also been alluded to in the literature (Maman, Campbell, Sweat & Gielen, 2000; Jewkes, Levin & Penn-Kekana, 2003). For example, Fapohunda and Rutenberg (1999) found in their study that young and adolescent girls were being infected at a faster rate than other age groups. The reason for this pattern, they have argued, has to do with the erroneous belief by some men they interviewed to the effect that young girls were more likely to be virgins and thus free of AIDS. Such a belief system in turn leads to violence which then puts young women at risk for infection in the first place. In many SSA nations where people with AIDS are stigmatized, being labeled or identified as an AIDS victim—whether true or not—is almost like a life sentence and a major precursor to becoming poorer.

Conclusions and Policy Options

The growing population of migrants (internal and international), and the HIV epidemic, have drawn attention to the relevance of studying these two processes and how they affect the SSA family. Family change is occurring in both urban and rural areas in SSA, yet few policies exist that attempt to address some of the issues arising from these transformations. The social conditions associated with migration and the HIV/AIDS epidemic; however, underscore the need for family policies to account for rural and urban families who are left behind or have are affected by the disease.

Moving forward, SSA nations will need to formulate family policies that can help change the conditions that in the first place give rise to the high levels of HIV/AIDS in the region. This will include policies that can help change the behavior of African men and women. It could also involve job creation that can reduce poverty levels in the region and reduce a major co-factor in the spread of the epidemic itself.

- **SSA governments need to increase access to care and also improve the health outcomes of those afflicted with HIV/AIDS. This will help reduce the pressures on family and household incomes.**

No doubt, one group that has been affected immensely by migration and the HIV epidemic in SSA is women. As studies on HIV/AIDS finds (see e.g., Caldwell, Caldwell & Quiggin, 1999), a multiplicity of co-factors including poverty itself are responsible for putting African women at a disadvantage for HIV infection. Thus, it is good news that some African counties have begun to pay attention to issues of women's education, property rights, and violence against women as aspects of such empowerment efforts. These policies should be embraced by those countries that are yet to recognize the benefits of improved status of women in poverty alleviation efforts in the region. In the long term, SSA nations may need to develop comprehensive and multi-sectoral approaches that can build on what has been achieved so far in reducing HIV/AIDS cases in the region.

- Policies that can help empower and improve the socioeconomic situation of women in SSA could help reduce their reliance on men for economic support.

With respect to migration, especially international migration, SSA nations would need to put in place policies that can help them benefit from their migrant communities—in ways that go beyond remittances to family members. Thus, it is refreshing that Okonjo-Iweala and Ratha (2010) suggest that SSA nations should think about selling diaspora bonds to their expatriate communities. These bonds (smaller denominations for individual investors and larger ones for institutional investors), they contend, could provide easy access to capital for developmental purposes that can help reduce poverty levels in the region. They argue that there is precedent for these diaspora bonds and point to Israel and India as countries that have floated or sold these types of bonds before.

Overall, African governments have been slow in recognizing the importance of their immigrant communities and have been unable to engage them in ways that can make them part of their developmental efforts—besides remittances. Many lack a coherent policy on how to deal with their diasporan communities. Some countries such as Nigeria, Kenya and Ghana have begun to actively engage their diasporan populations such as giving them dual citizenship rights. But in some countries such as Ghana, there are so many restrictions on what these dual nationals can do and cannot do; impediments that limit what their non-resident citizens can do and cannot do.

- Governments in SSA should engage their immigrant communities and make them part of their development efforts by granting them dual citizenship rights. This would facilitate family reunification and help families cope better.

Even when one looks at remittances—which have become a major source of revenue for many SSA nations—the assumption is that these diasporan Africans will continue to remit on a regular basis—to provide for family members left behind. In a context of restrictions and economic pressures in many of the immigrant receiving nations in Europe, Canada and the US, it is likely that few Africans would have the opportunity to move to these destinations in the coming years. The declining numbers of immigrants would in turn affect the volume of remittances that many countries depend on to help with their poverty alleviation efforts. This brings to mind a population that is often ignored in the discourse on remittances—the second generation.

The second generation (children of these immigrants scattered around the globe) in some cases, are citizens of their countries of birth or residence. As such, it is reasonable to assume that they may have weak ties with their own parents' countries of birth. As the first generation immigrants (their parents) pass on, these ties with SSA would become weaker the more. The weak ties may have some long term implications for SSA when it comes to remittances. The obvious question is this: would these second generation Africans be so engaged as their parents' are currently doing—be economic (remittances) or their political involvement in their countries of birth? So far, few SSA nations have policies that are specifically targeted to the second generation of their diasporan citizens. If SSA nations want to benefit from this population in the future, it is imperative that they begin a process of “engagement” with this group of “Africans.”

How this is done is a subject that needs to be figured out or addressed in the various countries in the region.

- It is time for SSA countries to develop specific outreach programs that are targeted to the second generation. This will help engage this population and make them feel as part of Africa.

On another level, retirement and pension schemes should be designed specifically for the large number of informal workers in SSA. Such a policy could help rural families and the urban folks who are found in large numbers in the informal sector of the economies of many SSA nations. Such pension schemes could help reduce the level of poverty especially among women and the older folks in the region. Over the long haul, policies that promote the creation of job opportunities in both the rural and urban areas could help reduce the tendency for Africans to move from the rural to urban areas or emigrate. The availability of economic opportunities for Africans, especially for women, can enhance their overall economic circumstances and reduce their risk for HIV infection arising from poverty, prostitution, and also violence. Of course, this is dependent on whether SSA nations would be willing to do the right thing!

- Policies that promote job opportunities in rural and urban areas could help reduce the tendency for Africans to move from the rural to urban areas or leave the continent.
- The establishment of social benefits programs that cater to the large number of informal workers, and also the elderly could go a long way to help in poverty alleviation efforts in the SSA region.

References

- Adepoju, A. 2000. "Issues and Recent Trends in International Migration in sub-Saharan Africa." *International Social Science Journal* 52: 383–94.
- Akurang-Parry, K. O. 2002. "Passionate Voices of Those Left Behind: Conversations with Ghanaian Professionals on the Brain Drain and Its Net Gains." *African Issues* 30: 57–61.
- Alber, E. 2011. "Family Change in Africa: An Overview of the Literature." In *Family Structures and Globalization in Africa*. Edited by Gonzalez, Ana M., Laurie DeRose & Oloo. Trenton, NJ: Africa World Press.
- Bledsoe, C. 1990. "Transformations in Sub-Saharan African Marriage and Fertility." *The Annals of the American Academy of Political and Social Science* 510:115-125.
- Bradley, C., & Weisner, T. S. 1997. "Introduction: Crisis in African Family." Pp. 19-32 in *African Families and the Crisis of Social Change*. Edited by Thomas S. Weiner, Candice Bradley & Philip L. Kilbride. Westport, CT: Bergin and Garvey.
- Brockhoff, M. 1999. Urban growth in developing countries: A review of projection and predictions. *Population & Development Review* 25: 757-778.
- Brockhoff, M. & Brennan, E. 1998. The poverty of cities in developing countries. *Population and Development Review* 24: 75–114.
- Brockhoff, M. & Biddlecom, A. 1999. Migration, sexual behavior and the risk of HIV in Kenya. *International Migration Review* 33: 833-856.
- Caldwell, J. C. 2001. "Africa: Health." *International Encyclopedia of the Social & Behavioral Sciences*, Pgs. 244-250.
- Caldwell, J. C., Caldwell, P. & Quiggin, P. 1989. "The social context of AIDS in sub-Saharan Africa." *Population and Development Review* 15: 185-234.
- Carrington, W. J., & Detragiache, E. 1999. "How Extensive Is the Brain Drain?" *Finance and Development* 36: 46–49.
- Decosas, J. & Adrein, A. 1997. "Migration and HIV." *AIDS* 11: S77-S84.
- Docquer, F. & Bhargava, A. 2006. *The Medical Brain Drain: A new Panel Dataset on Physician Emigration, 1991-2004.* Washington DC: The World Bank.
- Dodoo, F. Nii-Amoo. 1997. "Assimilation Differences Among Africans in America." *Social Forces* 76: 527-546.
- Dodoo, F. Nii-Amoo & Takyi, B. K. 2002. "Race and Earnings: Magnitude of Difference among American Africans." *Ethnic and Racial Studies* 25:913-941.
- Dodoo, F. Nii-Amoo & Ashley E. Frost. 2008. "Gender in African Population Research: The Fertility/Reproductive Health Example." *Annual Review of Sociology* 34:431-452.
- Dovlo, D. 2003. "The Brain Drain and Retention of Health Professionals in Africa." Case study prepared for the Regional Training Conference "Improving Tertiary Education in Sub-Saharan Africa: Things That Work!" World Bank, Accra, Ghana, September 23–25.
- Faponhunda, B. M & N. Rutenberg. 1999. *Expanding Men's Participation in Reproductive Health in Kenya*. African Population Policy Research Centre, Nairobi.
- Farvacque-Vitkovic, C., M. Raghunath, C. Eghoff, & C. Boakye. 2008. *Development of the Cities of Ghana: Challenges, Priorities and Tools*. Washington DC: The World Bank. African Region Working Paper Series #110.
- Greif, M. J, Nii-Amoo Dodoo, F. & Jayaraman, A. 2011. "Urbanization, poverty and sexual behaviors: the tale of five African cities." *Urban Studies* 48: 947-957.

- Greif, M. J. & Nii-Amoo Doodoo, F. 2010. "Internal migration to Nairobi's slums: Linking migrant streams to sexual risk behavior." *Health & Place* 17: 86–93.
- Gupta, S., C. A. Pattillo & S. Wagh. 2009. "Effect of Remittances on Poverty and Financial Development in Sub-Saharan Africa." *World Development* 37:104–115.
- Hattori, m. k. & Doodoo, F. Nii-Amoo. 2007. "Cohabitation, marriage, and 'sexual monogamy' in Nairobi's slums." *Social Science & Medicine* 64: 1067–1078.
- Hunt, C. 1996. "Social Vs Biological: Theories on the transmission of AIDS in Africa." *Social Science & Medicine* 42: 1283-96.
- Jewkes, Rachel K., Jonathan B. Levin, Loveday A. Penn-Kekana. 2003. "Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study." *Social Science and Medicine* 56: 125–134
- Kalipeni, E., Oppong J. R. and Zerai, A. 2007. "Introduction: HIV/AIDS, Gender, Agency and Empowerment Issues in Africa." *Social Science and Medicine* 64: 1015-1018.
- Kent, M. 2007. "Immigration and America's Black Population," *Population Bulletin* 62: 1-17.
- Kessides, C. 2006. *The Urban Transition in Sub-Saharan Africa: Implications for Economic Growth and Poverty Reduction*. Washington D.C: Cities Alliance.
- Konadu-Agyemang, K., Takyi, B. K. & Arthur, J. (eds.). 2006. *The New African Diaspora in North America: Trends, Community Building & Adaptation*. Lanham, MD: Lexington Books.
- Kulu, H. 2005. "Migration and Fertility: Competing Hypothesis Re-examined." *European Journal of Population* 21: 51–87.
- Little, K. 1975. *African Women in Towns: An Aspect of Africa's Social Revolution*. Cambridge: Cambridge University Press.
- Lloyd, C.B. and A.J. Gage-Brandon. 1993. "Women's role in maintaining households: Family welfare and sexual inequality in Ghana." *Population Studies* 47:115-131.
- Magadi, M.A., Zulu, E.M., Brockerhoff, M. 2003. "The inequality of maternal health care in urban sub-Saharan Africa in the 1990s." *Population Studies* 57: 347–366.
- Maman, S., J. Campbell, M. Sweat & A. C. Gielen. 2000. "The intersections of HIV and violence: directions for future research and interventions." *Social Science & Medicine* 50:459-478.
- Massey, D. S. 1999. "Why Does Immigration Occur? A Theoretical Synthesis." Pp. 34-52 In *The Handbook of International Migration: The American Experience*, edited by Charles Hirschman, Philip Kasinitz, and Josh DeWind. New York: Russell Sage Foundation.
- Oheneba-Sakyi, Y., and Takyi, B. K. (eds). 2006. *African Families at the Turn of the 21st Century*. Westport, CT: Praeger.
- Okonjo-Iweala, N., & Ratha, D. 2011. "Homeward Bond." *The New York Times* (March 12, A23). Online at: <http://www.nytimes.com/2011/03/12/opinion/12ratha.html>.
- Oppong, C. 1981. *Middle Class African Marriage: A Family Study of Ghanaian Senior Civil Servants*. London: George Allen & Unwin.
- Oppong, J. R., & Kalipeni, E. 2004. "Perceptions and Misperceptions of AIDS in Africa. Pp. 47-57 in Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong and Jayati Ghosh (eds). *HIV and AIDS in Africa: Beyond Epidemiology*. Blackwell Publishing.
- Prothero, R. 1996. "Migration and AIDS in West Africa." *Geography* 81:374-377.
- Ratha, D., S. Mohapatra, C. Özden, S. Plaza, W. Shaw, & A. Shimeles. 2011. "Leveraging Migration for Africa: Remittances, Skills, and Investments." *Washington DC: The World Bank*.
- Rehle T, Shisana O, Pillay V, Zuma K, Puren A. 2007. "National HIV incidence measures—new insights into the South African epidemic." *South African Medical Journal* 97: 194-199.

- Styan, David. 2007. "The security of Africans beyond borders: migration, remittances and London's transnational entrepreneurs." *International Affairs* 83: 1171–1191.
- Takyi, Baffour K. 2001. Marital stability in an African Society: Exploring the factors that influence divorce processes in Ghana. *Sociological Focus* 34: 77–96.
- Takyi, Baffour K. 2002. "The Making of the Second Diaspora: Emigration from Africa to the United States and Its Policy Implications." *Western Journal of Black Studies* 26: 32–43.
- Takyi, Baffour K. 2009. "Africans Abroad: Comparative Perspectives on America's Postcolonial West Africans." Pp. 236–54, In *The New African Diaspora*, edited by Isidore Okpewho and Nkiru Nzegwu, Bloomington: Indiana University Press.
- Takyi, Baffour K. & S. Obeng Gyimah. 2007. "Matrilineal Family Ties and Marital Dissolution in Ghana." *Journal of Family Issues* 28:682-705.
- UNAIDS 2010. *Report on the global AIDS Epidemic*. Online at: http://www.unaids.org/globalreport/Global_report.htm. Accessed April 20 2011
- UN-Habitat. 2003. *The Challenge of Slums: Global Report on Human Settlements 2003*. Nairobi: Global Urban Observatory.
- United Nations. 2009. *Trends in International Migrant Stock: The 2008 Revision*. Department of Economic and Social Affairs, Population Division, New York.
- United Nations. 2004. *World Urbanization Prospects: The 2003 Revision*. Department of Economic and Social Affairs, Population Division, United Nations, New York.
- Van de Walle, E. 1993. "Recent trends in marriage ages." In *Demographic Change in Sub-Saharan Africa*. Washington, DC: National Academy Press.
- Van de Walle. 1990. "The Social impact of AIDS in sub-Saharan Africa." *Milbank Quarterly* 68:S10-32.
- Watkins, S. 2003. "Navigating AIDS in rural Malawi." Paper presented at the 2003 annual meeting of the Population Association of America, Minneapolis, MN, May 1–3.
- World Bank. 2011. *Migration and Remittances Factbook, 2011 (2nd Ed.)*. Washington, DC: The World Bank.
- World Bank. 2003. *African Development Indicators 2003*. The World Bank: Washington, DC.
- Yeboah, Ian E. A. 2008. *Black African Neo-Diaspora: Ghanaian Immigrant Experiences in the Greater Cincinnati, Ohio Area*. Lanham, MD: Lexington Books.
- Yeboah, Ian. 2007. "HIV/AIDS and the construction of Sub-Saharan Africa: Heuristic lessons from the social sciences for policy." *Social Science and Medicine* 64: 1128-1150
- Zachariah, K., and J. Conde. 1981. *Migration in West Africa: Demographic Aspects*. New York: Oxford University Press for the World Bank.
- Zezeza, P. T. 2005. "Rewriting the African Diaspora: Beyond the Black Atlantic." *African Affairs* 104: 35–68.
- Zulu, E.M., Doodoo, F.N. A., Ezeh, A.C. 2002. "Sexual risk-taking in the slums of Nairobi, Kenya, 1993–98." *Population Studies* 56, 311–323.