Exploring health implications associated with irregular migration from Ghana to Libya and beyond

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Abstract

Although there have been several negative media reports on the plight of irregular migrants from Ghana, research on issues related to their health has been rather scanty. The study assesses health implications associated with irregular migration from Ghana using both the Techiman and Nkoranza Municipalities as a case study. Through a snowball sampling technique, 237 return migrants from Libya were interviewed using questionnaire (200) and in-depth interviews (37). Not only were the migrants predisposed to dehydration, malnutrition/undernourishment and physical exhaustion due to long periods of walking with inadequate water and food, but also fatalities were common among them. Reportedly, 17 migrants fell sick and died in the desert when their vehicle lost its direction compelling them to walk more than one week, while some 15 others from the study areas drowned in their attempt to cross the Mediterranean Sea into Europe. The migrants mostly live and work under poor conditions, thus some had pneumonia while others died in their ghettos (uncompleted buildings) due to excessive cold conditions in winter. Irregular migration is pursued at the cost of the health and life of the migrants. One option for addressing irregular migration from Ghana is to provide skills training and seed capital or job opportunities for young school leavers who could not further their education after the Junior High School or Senior High School.

Keywords: *Health, irregular migration, young people, Libya, Ghana*

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Introduction

This paper focuses on health implications associated with irregular migration from Ghana to Libya and beyond. Irregular migration has been defined in many different ways because it assumes several forms, as the boundary between regular and irregular migration is not clear. For example, most irregular migrants enter destination countries legally with the requisite travel documents, but subsequently overstay their visas, or engage in prohibited work such as drug peddling, through which their status becomes irregular. There is also the case of overland migrants who may cross many countries, some of which may allow their entry while others may not, so that a migrant moves in and out of formal regularity and irregularity. Typically, irregular migration has been defined as a type of migration that occurs outside of the rules and procedures guiding the orderly international movement of people. For the purpose of this study, however, irregular migration is defined simply as the process of crossing borders without the requisite travel documents or violation of the conditions for entering another country (Jordan & Duvell, 2002). This definition includes all journeys made by Ghanaians to North Africa or European countries which involved the crossing of borders illegally.

There have been several negative media reports on the plights of young people from Ghana who have been crossing the Sahara desert as irregular migrants to Libya as well as reports on fatality among irregular migrants attempting to cross the Mediterranean sea to Spain. However, research on issues related to their health has been quite scanty. It is therefore necessary to undertake research to provide evidence of the magnitude of the problem so as to inform policies on irregular migration from the country. The main objective of the study is to assess possible health implications associated with the nature of movement and experiences at both transit and final destination.

Contextual issues

Emigration from Ghana started in the early period of independence in 1957 on a very small-scale involving mostly students and professionals who travelled to the United Kingdom (as a result of colonial ties) and to other English-speaking countries such as Canada (Anarfi, Awusabo-Asare & Nsowah-Nuamah, 1999; Owusu, 2000; Anarfi, Kwankye, Ababio, & Tiemoko, 2003; Awumbila, Manuh, Quartey, Tagoe & Bosiakoh, 2008). However, a fairly large-scale emigration of Ghanaians began in the late 1970s and early 1980s, first within the ECOWAS (Economic Community of West African States) countries, notably Nigeria and Ivory Coast, and subsequently (1990s) to developed countries in Europe, North America and Australia (Twum-Baah, 2004).This situation has been widely attributed to

political instability in the late 1970s and the deteriorating socio-economic conditions in the country in the early 1980s (Anarfi, Kwankye, Ababio, & Tiemoko. 2003; Awumbila, Manuh, Quartey, Tagoe & Bosiakoh, 2008).

The mid 1990s onward witnessed the migration of some Ghanaians to some North African countries, particularly Libya (Adepoju, 2010). While most of the migrants from Ghana to Europe, North America and Australia were legal or documented migrants, some of those who migrated to Libya were irregular migrants (Adepoju, 2010). The migration of Ghanaians and other West African nationals to Libya in particular, was orchestrated by a number of factors. First, the Pan-African policy of the Libyan President, which welcomed sub-Saharan Africans (SSA) to work in Libya in the spirit of Pan-African solidarity is an important factor (Boubakri, 2004; Pliez 2002, 2004). This policy motivated some young men and women from sub-Saharan Africa, mostly without valid travel documents, to migrate to that country, particularly in the late 1990s. Second, this movement was further stimulated by the persistent demand for migrant labour in southern Europe, where salaries and living conditions were much better than in Libya. Third, there was a tightening of the U.S. A. and European visa policies and the intensification of migration controls at airports and other official ports of entry after the September 11, 2001 attack on the U.S.A. This prompted an increasing number of West African migrants without valid travelling documents to cross the Mediterranean illegally from North Africa after crossing the Sahara overland. In Ghana, there are several media reports on irregular migration of young people from the country to Libya and beyond, but there are no official data on the number, pattern and characteristics of the people involved. This might be due to its clandestine nature.

Theoretical framework

Health has been defined by the World Health Organization (WHO) as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health implications associated with irregular migration could be physical, mental or social. Physical fatigue and stress arising from walking over long distances could predispose migrants to illnesses associated with such conditions. Also, experiences in transit and/or final destination could have some psycho-social effects on some migrants while others may fall foul of the laws depending on the type of social network they associate themselves with in the transit or destination country.
In sub-Saharan Africa, studies on human mobility and diseases were first initiated by Prothero (1965) and others in the 1960s. His studies, among others, covered migrants and malaria, disease and mobility and forced movements of population and health hazards. On migration and malaria, Prothero (1965) found that people could be infected with malaria through a number of ways: first, through movement from one ecological zone which is

free of malaria to another which is infected with malaria; second, through contact between people with little or no immunity to infected persons; and third, through physical and psychological stresses, which include fatigue and under nutrition/malnutrition which reduce resistance to infection.

Also, Wessen's (1974) postulation on population movement and epidemiology is relevant to the focus of this paper. As cited in Anarfi (1993), Wessen (1974) observed that in population movements of whatever kind, epidemiological concern is with problems of (a) the possible transmission of disease by those who move (they are active transmitters in their effect upon the health status of the community into which they move) and (b) the exposure of those who move to various health hazards in the course of movement and at the destination (these movers are passive acquirers). Although irregular migrants could be both active transmitters and passive acquirers, the latter are more central to the main objective of this paper.

Another perspective on health risks associated with migration is proposed by MacPherson and Gushulak (2004) in a paper titled: Irregular migration and health. The authors classified health risks associated with migration into three, namely pre-departure conditions, conditions during transit and post-arrival conditions at destination (Prothero, 1961; MacPherson & Gushulak, 2004). The circumstances encountered during the journey or at the destination result in migrant populations, particularly irregular migrants who have to manoeuvre their way through unapproved routes, being more vulnerable to health problems than stationary population groups. Exposure to contagious infectious diseases may occur during this phase of irregular migration. Long incubation infections such as tuberculosis and HIV AIDS acquired before or during transit may remain quiescent well into the post-arrival phase. Such infections not only affect the health of the migrant but also are of concern to public health authorities. Short-incubation infections such as malaria or viral haemorrhagic fevers can occur during the transition phase or shortly after arrival, with potentially lethal consequences for the migrant.

In the post-arrival stage, irregular migrants may be exposed to weather and environmental conditions which could predispose them to some illness. But their status as irregular migrants may preclude them from accessing social services such as healthcare services. In addition, the lack of access to social services may also preclude the irregular migrant from accessing the protection afforded by the police and judicial processes. Thus, increasingly stringent migration policies and anti-immigrant sentiments may aggravate the vulnerability of migrants to ill-health. The nature of movement, whether by foot or transport or both, the exposure to different climatic and environmental conditions and the conditions under which they live and work could predispose some irregular migrants to some illnesses, whether in

transit or at the final destination.

Besides these theoretical perspectives, some studies have shown that there is a close association between migration and health. For instance, Tanle (2007) observed that female migrants involved in the kaya yei (female head potters) business were predisposed to HIV/AIDS infection; Anarfi (1993) in a study titled sexuality, migration and AIDS in Ghana, noted that migration increases vulnerability to HIV/AIDS, particularly among international migrants; and the 2008 Ghana Demographic and Health Survey report shows that there is higher-risk sexual behaviour among mobile populations than among non-mobile populations (Ghana Statistical Service, 2009).

Data and methods

This paper draws on previous data obtained from return migrants in both the Techiman and Nkoranza Municipalities using a survey questionnaire and an in-depth interview guide.

The specific information extracted from the questionnaire consisted of background characteristics of respondents and modes of transport used, while that obtained from the in-depth interviews (IDI) covered a description of the journey from home to the final destination, as well as experiences in transit and at final destination. The aim of the in-depth interviews was to supplement the quantitative data with the voices of the respondents. Other issues covered in both instruments such as motive for migration, decision-making process, funding of trips, remittances home, achievement of aims of migrating and main reason for return have been discussed in a previous paper (forthcoming).

Since the total number of returnees was not known, a sample size could not be determined. However, through the snowball sampling technique, a total of 200 return migrants were interviewed using questionnaires while 37 others were interviewed through in-depth interviews (Table 1). In each community, through the assistance of the Assemblyman or woman (a male or female who represents his/her community in the District Assembly), a returnee was identified and through him/her (returnee) another returnee was identified and this process continued until it was no longer possible to find others. Besides a few females, all those who were identified as returnees were males, making the sample biased in favour of males. But this was what was found in all the study areas, which is consistent with the characteristics of irregular migrants as noted by other researchers (De Genova, 2002; Bracking, 2005; Campbell, 2010). The field assistants, who were trained, administered both the questionnaire and in-depth interviews at convenient locations chosen by the respondents, and using the main local languages spoken in the communities (Bono or Twi).

The quantitative data were first cleaned up and edited in order to ensure consistency and also improve upon quality. The Statistical Product for Service Solution (SPSS) version 12 was used to analyze the quantitative data and the results were presented using descriptive statistics. The qualitative data were transcribed, edited and portions were teased out to support the findings from the quantitative data.

Table 1: Total number of respondents by locality and type of instrument used

Locality	Questionnaire		In-depth interview	
	Number	%	Number	%
Tuobodom	47	23.5	7	18.9
Nkoranza	60	30.0	10	27.0
Techiman	47	23.5	11	29.7
Ofuman	46	23.0	9	24.3
Total	**200**	**100.0**	**37**	**100.0**

Source: Fieldwork

Study areas

The study was conducted in the Techiman and Nkoranza Municipalities in the Brong Ahafo Region (Figure 1 and 2).

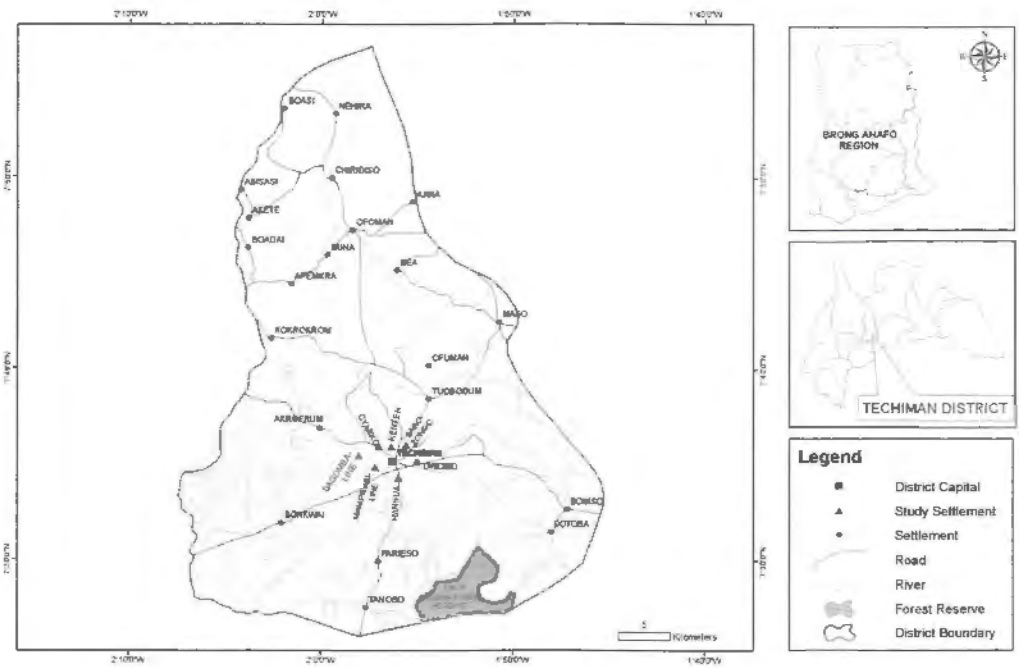


Figure 1: Map of Techiman Municipality showing the study sites

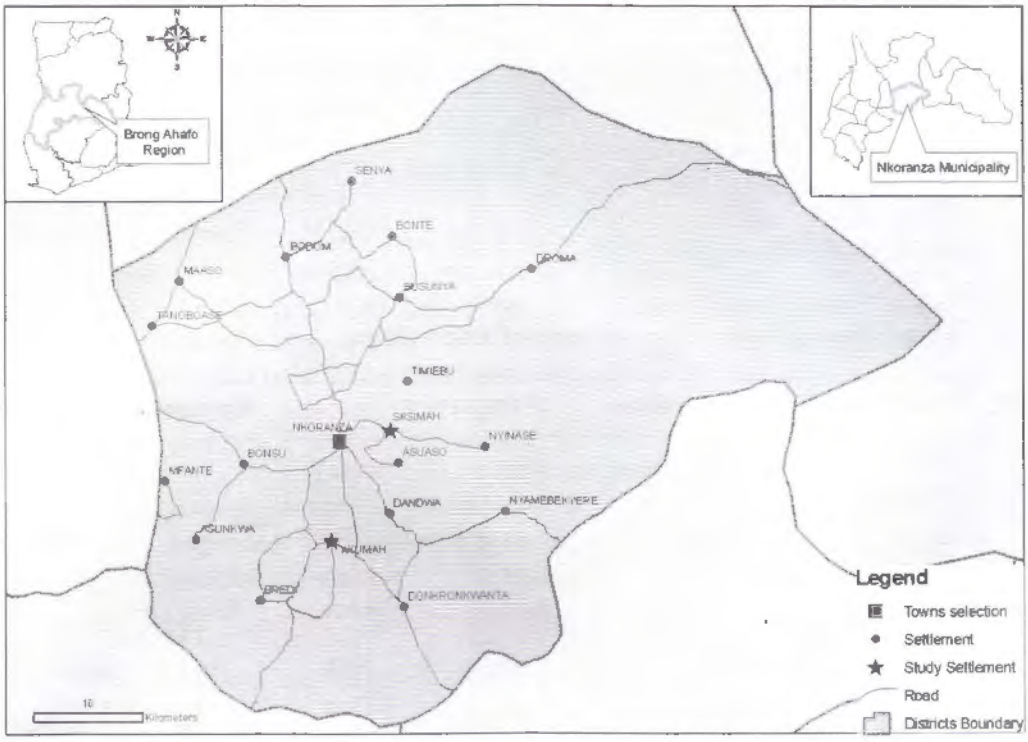
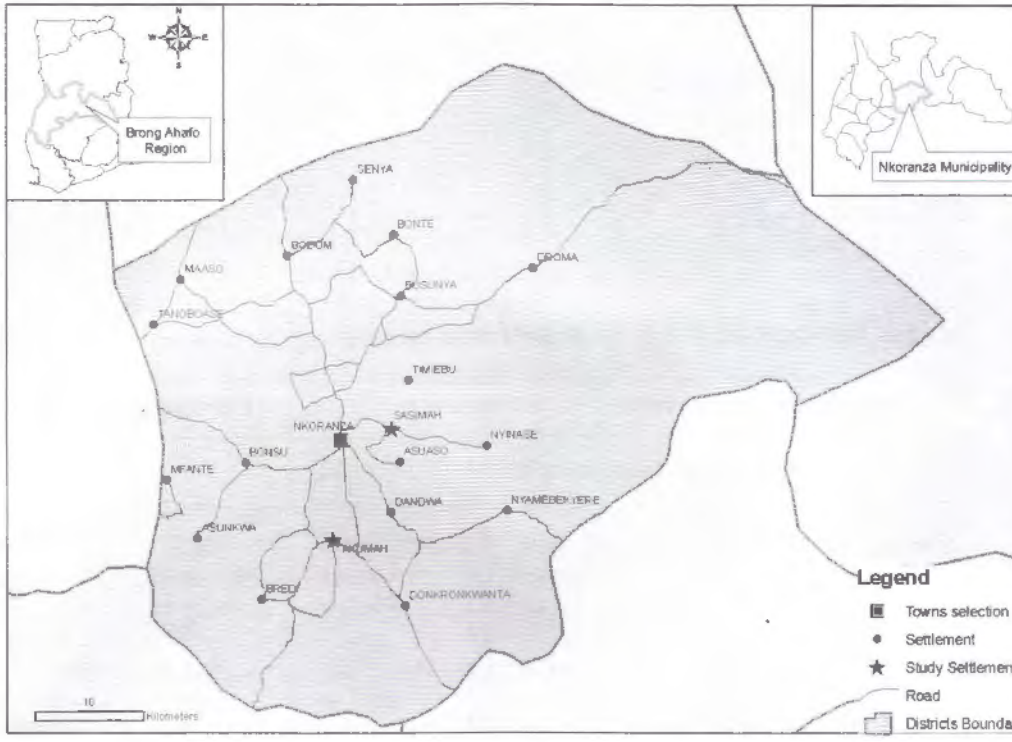


Figure 2: Map of Nkoranza District showing the study sites

According to the 2000 Population and Housing Census, the population of the Techiman Municipality was 174,600, with an intercensal growth rate of 3.0 per cent, while the population of the Nkoranza Municipality was 128, 960 (Ghana Statistical Services, 2002).

Both Municipalities are impoverished, with limited basic social amenities which include potable water, schools up to the Senior High School, health facilities, sanitation facilities and roads. Job opportunities are limited outside of agriculture (which some of the youth shun). These economic factors are thought to compel young people from the two Municipalities to seek opportunities elsewhere.

Based on anecdotal information from residents in Techiman and Nkoranza, irregular migration is a phenomenon among young school leavers (i.e., school drop-outs). In addition, information from the Ghana Immigration Service indicated that the Brong Ahafo Region is the main source of irregular migration from Ghana. Despite a general agreement that irregular migration is commonplace in this region, there is little literature on the issue, particularly related to health risks (Awumbila, 2007).



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Results

Background characteristics of respondents

The background characteristics of the respondents showed that they were mostly young males, unemployed and single (Table 2). About nine out of ten have had Middle or Junior High School (JHS) education or Senior High School (SHS) education, while 11.0 per cent had only Primary School education or no formal education.

Table 2: Background characteristics of respondents

Background characteristics	Frequency	Percentage
Sex		
Male	195	97.5
Female	5	2.5
Age		
Less than 20	29	14.5
20-24	88	44.0
25-29	59	29.5
30+	24	12.0
Marital status		
Single	146	73.0
Married	45	22.5
Ever married	9	4.5
Highest level of education		
None	3	1.5
Primary	19	9.5
Middle/JHS	124	62.0
Secondary	54	27.0
Main occupation		
Unemployed	119	59.5
Farming	51	25.5
Student	1	0.5
Artisan	29	14.5
Total	**200**	**100.0**

Nature of movements and experiences in transit and final destinations

This section examines the nature of movements and experiences of the migrants at both transit and final destinations. The results from the survey show that males mostly use unapproved routes by boat (100 per cent) or by vehicle (97 per cent) while females often use approved routes by vehicle (Table 3). With regard to age, those aged between 20 and 29 years reported that they mainly used approved routes by boat (100 per cent) or by vehicle (74 per cent) while those aged less than 20 years used mostly unapproved routes by boat (22 per cent) or by foot (18 per cent). The use of unapproved routes, whether by a vehicle or boat or foot, exposes these migrants to all kinds of health-related risks.

Table 3: Mode of transport used

Sex	Approved route by vehicle	Unapproved route by vehicle	Unapproved route by foot	Approved route by boat	Unapproved route by boat
Male	96.0	97.4	96.3	100.0	100.0
Female	4.0	2.6	3.7	0.0	0.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Age					
<20	12.1	14.9	17.6	0.0	21.7
20-29	74.2	73.3	71.3	100.0	73.9
30+	13.7	11.8	11.0	0.0	4.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Fieldwork

Also, the use of unapproved routes, vehicles and boats was mentioned in the qualitative data as indicated by the following respondents. A respondent who used an unapproved route through the Sahara Desert to Libya reported the ordeal that he went through as follows: *I had a very dangerous experience in the desert between Libya and Niger. Since we were using [an] unapproved route, our driver lost his way. We slept in the desert for about one week. A vehicle we were using carried about 250 passengers. Many of the migrants fell sick and since there was no drug available, 17 out of the total 250 lost their lives in the desert. What is more pathetic here is that, in the desert when someone dies he/she is not buried but left to be rotten just like that* (Male aged 22 years, completed JHS).

The use of unapproved routes is not only limited to journeys across the Sahara Desert; others used unapproved boats through unapproved routes across the Mediterranean Sea. These precarious journeys across the Mediterranean Sea have been the cause of death of most migrants from sub-Saharan Africa (Campbell, 2010). One of such tragedies is what has been reported by this 27 year old male migrant who might have been traumatized by the death of 15 colleagues from the same town in Ghana, to the extent that he returned to Ghana perhaps earlier than planned:

My colleagues and I decided to cross the Mediterranean Sea to Italy. A boat which is officially supposed to carry about 25 people was overloaded with about 100 people. We started the journey with two of these boats. Each boat was carrying about 100 passengers. About midway [through] the journey, there was a severe storm in front of us and the first boat in the lead capsized. I was in the second boat and our captain managed to return, otherwise we would have suffered the same tragedy. Fifteen of the boys in the first boat who come from my hometown, got drowned in the sea. I sent a message home to inform their relatives about their death. I was very shocked and after a month I returned to Ghana (Male aged 27 years, completed SHS).

Fatigue as a result of days of walking, hunger and thirst and attacks by armed robbers were some of the experiences in transit. For example, a male respondent aged about 33 years attested to the varied experiences these migrants go through in transit: *.....Occasionally, I and my colleagues stopped to rest or eat. My difficulties included hunger, thirst and an attack by armed robbers. I remember living on less than 3mls of water a day. ..... I set off for Tripoli. From that village to Tripoli I went by foot. It took me close to one week before I got to my destination. I slept on the roadside whenever I was tired* (Male aged about 33 years, completed JHS).

Unlike the previous respondent, this respondent travelled by both vehicle and foot to Tripoli: ..... *I walked for six days on the desert. I used connection vehicle from Gatron to Sabba. Since it was a connection vehicle, it could not enter Sabba. I and my colleagues were dropped at a point where we walked for two days before entering Sabba. The journey from Sabba to Tripoli took us two days* (Male aged 28 years, completed JHS). Walking for six days in a desert, possibly without enough water and food, they are likely to suffer from fatigue and dehydration. Moreover, the use of 'a connection vehicle' puts the lives of these young irregular migrants in jeopardy as they could be robbed and/or killed by criminals.

The experiences at destination cover extreme weather conditions, poor accommodation, disappointment or disillusionment, harassment, exploitation and lack of access to food. On weather conditions, Libya experiences desert climatic conditions characterized by both extreme cold

and warm temperatures in winter and summer respectively. Extreme cold temperatures have health implications which include cough and pneumonia. Irregular migrants, particularly the new arrivals, do not often have access to decent accommodation (most of them live in uncompleted buildings) and therefore most of them reported that they were exposed to extreme cold conditions which in some cases led to illness or death as indicated by these two respondents: *People work under severe weather conditions without any proper safety measures to protect them. I got a job after one week on arrival. Accommodation was very bad. I slept in an uncompleted building in which I worked. Cold, cough and pneumonia were the common illnesses that some of us experienced* (Male aged 25 years, completed JHS).

…… When I got to Sabha, climatic conditions were unfavourable. It was in the winter. At the ghetto where I sought refuge, a Ghanaian died almost everyday because of the cold temperatures. I was really scared. Unfortunately for me, I had almost spent all my money. It was a matter of life and death (Male aged 26 years, completed SHS).

Also, some females engage in prostitution in Libya, which is at the risk of their health. For instance, a female migrant reported that she was disappointed about the type of job migrant women were engaged in in Libya. She never thought of engaging in commercial sex as a means of earning income in Libya, but unfortunately for her this was the type of occupation that migrant women were mostly engaged in. Being in a foreign country where one has to fend for oneself, she had no option but to also engage in commercial sex work. As indicated by her own narration, she finally contracted some protracted disease which compelled her to return to Ghana: At Libya, I observed that the only job that migrant women mostly engage in was prostitution which is contrary to the information I had about job opportunities for female migrants in Libya. Initially, I hesitated to do it, but later I decided to give in since there was virtually no job for women apart from engaging in commercial sex. After a year in Libya, I got a very protracted illness. I therefore decided to come back to Ghana (Female aged 23 years, completed JHS).

The next excerpt is about the experiences of a migrant who lived and worked in a risky social environment and was involved in hard drugs, drinking and other social vices which have health implications. Additionally, from his narration, many migrants suffered all kinds of ordeals in Libya which include death and imprisonment as a result of occasional security swoops: *When I arrived in Libya, I worked at a "connection house" (a place where social vices such as the sale of illicit drugs, gambling and commercial sex activities are common). This influenced me to engage in many bad habits like smoking all kinds of drugs, drinking, gambling and so on. One day there was a security swoop at the place. I was able to escape but those of my colleagues*

who were arrested were tried under the sharia law. Three of these colleagues were sentenced to 50 year imprisonment terms. I know many of the migrants who have lost their lives as a result of occasional security swoop by Libya authorities and other bad treatment meted to inmates in the Libya prisons (Male aged 20 years, completed Primary School).

Although migrants live and work under conditions that constitute a threat to their health, those who eventually fall sick cannot access formal healthcare services for fear that they could be arrested and deported. The excerpt that follows indicates how a migrant sought medical care for his sick friend from a 'nurse'(possibly a quack nurse) instead of at the hospital: *Due to the nature of jobs in Libya, I live in an uncompleted building in which I work. Obviously the rooms posed health problems but I was lucky I did not fall sick. However, one of my friends had pneumonia which nearly led to his death. He did not have the 'partaker' (valid passport and resident permit) and therefore he was afraid to go to the hospital because we heard that migrants who visited the hospital previously without 'partakers' were arrested, detained and given some medication but were later deported to their countries of origin. So, I did not send my friend to the hospital but I rather contacted one Ghanaian who had been there for some years, and informed him about my friends' sickness. That Ghanaian brought a 'nurse' in the night who gave an injection and some medicine to my friend. He (nurse) attended to him for about four days before he recovered from his illness* (Male aged 23, completed JHS).

Furthermore, one health-threatening situation that irregular migrants face in Libya is harassment and imprisonment for not possessing the requisite travel documents and resident permits. Owing to this, they are more vulnerable to occasional exploitation by the indigenes who use their services and/or cause their arrest for not having the requisite documents that permit them to live and work in Libya. A case in point is the plight of a 25 year old migrant who was not only exploited by his employer but also had to serve a two year prison term because he had no valid documents. Undoubtedly, situations such as indicated in this excerpt create psycho-social problems and have associated health implications for some migrants: *During my second month in Libya, I worked for a certain man and after I have finished the job, due to a scuffle over payment between me and the man, I ended up in jail for a period of two years. I plastered his house and after I have finished the work to my utter dismay, this man asked me to produce a "partaker" (valid passport and resident permit) before any payment could be made. I decided to report him to the police but when I got to the police station, the authorities asked me to produce the same documents before my case could be heard. I found myself wanting since I was not having such documents. I began to walk away but I was called back by the police. I was asked to enter the police cells. The next morning I was taken to court to face charges of illegal entry and working without permit. I was sentenced to a prison term of two years with hard*

labour in the first day of appearing before the court without getting any legal representation in the court. Many African migrants in Libya are in jail for the same reason. ....There is continuous human right abuses of inmates in Libyan prisons with impunity (Male aged 25 years, completed Primary School).

One other difficulty some irregular migrants face at the initial stage at destination is food and accommodation, particularly for those who do not have any close relation nor know any person at destination. Such migrants often become very desperate and are likely to rely on anything as a survival strategy. For instance, this male migrant had to live on left-over bread on the streets in order to survive and also spent a night in a sheep pen. The health implications for eating such food and sleeping in such an unhygienic place are quite obvious: *I depended on left-over breads that had been thrown on the streets. This went on for about three days. Later, I met a Ghanaian herdsman who had arrived about a week earlier. He took me home and I spent the night in a sheep's pen together with the sheep. The next day the landlord gave me a place to sleep* (Male aged 26 years, completed SHS).

Discussion and conclusion

Irregular migration from Ghana to Libya and beyond is a common phenomenon among young school leavers in both the Techiman and Nkoranza districts in the Brong Ahafo Region. This paper explores health implications associated with the nature of movements and their experiences at destination. The respondents, who were mostly males, were young, single, unemployed and were either JHS or SHS graduates who for one reason or the other could not continue their education. The background characteristics of the migrants are consistent with what is generally documented in the literature on sub-Saharan Africa: that most migrants are young, single and unemployed (Adepoju, 2004; Mberu, 2005; Kwankye, Anarfi, Tagoe & Castaldo 2007; Tanle & Awusabo-Asare, 2007).

The modes of transport used were mostly by foot, vehicle or boat through unapproved routes. It has been widely documented in the literature that people who engage in irregular migration do not often have the requisite travel documents and as a result they tend to use unapproved routes to their destinations ((Jordan & Duvell, 2002; International Organization for Migration, 2008). Walking over long distances for a number of days was found to be one of the most common means for moving from one town to the other as reported by some respondents. Although walking has been identified as one of the means of physical exercise that promotes good health, continuous walking for a number of days could lead to extreme physical exhaustion, particularly in the desert where temperatures are often extremely high or low depending on the season. Moreover, it has been noted

that much physical exhaustion reduces the body's immune system and makes it more susceptible to infections while exposure to excessive heat could lead to heat stroke or blackout (Personal communication with a medical doctor). Additionally, long periods of walking without adequate drinking water and food could lead to serious dehydration, anemia, malnutrition and even death. For example, on the average an adult person needs 3000 mls of water in a day, but a respondent reported that he lived on less that 3mls of water a day, which is woefully inadequate and can easily lead to dehydration and other health problems. From respondents' own narrations, some of their colleagues who were not strong enough to walk for such long distances collapsed and were left behind in the desert. The health implications associated with inadequate water and food among irregular migrants from West Africa have already been noted in the literature (Briscoe, 2004; Campbell, 2010).

Living and working under severe weather conditions is one of the health hazards that irregular migrants in Libya have to endure. Evidence from the study shows that some migrants had pneumonia due to the extreme cold conditions. However, being irregular migrants without valid documents, those who fell sick relied on quack health personnel instead of the formal healthcare system for fear that they could be arrested and possibly deported back to Ghana. There is some evidence from empirical findings that irregular migrants may be exposed to weather and environmental conditions which could predispose them to some illness, but their status as irregular migrants may preclude them from accessing social services such as healthcare services (MacPherson & Gushulak, 2004; Campbell, 2010). Also, this ties in with Wassen's (1974) concept of active acquirers since some of them fell sick and died as a result of excessive cold conditions at the destination.

On accommodation at destination, the results show that irregular migrants mostly live in uncompleted buildings (known as ghettos) where they are exposed to the vagaries of the extreme weather conditions (that is, extremely high and low temperatures) at the destination, a situation which has led to the death of some of them, as reported in the interviews. It has been noted that at the initial stages at a destination, migrants are likely to live with friends or close relations, or they may live in squatter settlements or uncompleted buildings because they cannot afford the cost of renting accommodation on their own (Goldscheider, 1992 cited in Tanle, 2010).

The type of job that a migrant engages in at a destination depends to some extent on his/her human capital which comprises knowledge, skills and good health. But in some cases migrants may be involved in certain jobs based on the circumstances in which they find themselves at the destination, which might work against their interest. Most of the male migrants were engaged in masonry work, particularly wall screeding because they are mostly JHS

graduates who do not have the basic requirement for employment in the formal sector. Moreover, as irregular migrants, they do not have work permits which would allow them to seek employment in the formal sector, as indicated by this respondent: *Working condition in Libya is very poor. Migrants work under dangerous working conditions which are life threatening, particularly the wall screeding work.* (Male aged about 21 years, completed JHS).

However, female migrants were mostly engaged in prostitution, as indicated by one of them. The fact that female migrants from sub-Saharan Africa are engaged in prostitution in Libya has been noted by other authors (Del Amo, Gonzalez, Lòsana, Clavo & Munoz, 2005; Campbell, 2010). While some of them might have planned to engage in prostitution at destination, others resorted to prostitution at the destination as a strategy to survive because they had no other option. This was the plight of a 23 year old female migrant who reported that she engaged in prostitution because that was the only option available to her. The health implications associated with prostitution are quite obvious, particularly HIV/AIDS which is predominant in sub-Saharan Africa.

Accidents involving vehicles en route to Libya or boats which capsize while crossing the Mediterranean Sea constitute a common predicament of irregular migrants who are desperate to get to Libya or beyond. Within the last decades, there have been several media reports of irregular migrants getting drowned in the Mediterranean Sea in their attempt to cross to Europe. This has also been noted in this study (see information given by a male aged 27 years who had completed JHS). The use of unapproved routes by 'connection vehicles' or 'connection boats' in the desert or on the sea are the risks that some irregular migrants have to take in order to get to their intended destinations. This implies that for one to embark on irregular migration, one has to be physically and psychologically prepared to take any risk irrespective of the outcome. This perhaps explains why more males than females embark on such risky migrations since males are generally thought to be more adventurous than females.

The other ordeal that some irregular migrants experience at destination is that they endure regular harassment/arrests and imprisonment because they do not have the requisite documents to warrant their stay in Libya. This could lead to sickness or death depending on the conditions and treatment given to prisoners. It could also create some psycho-social problems for some irregular migrants due to a possible communication gap between them and their relations in Ghana.

In conclusion, irregular migration of young school leavers from the Techiman and Nkoranza Municipalities to Libya and beyond appears to be a

livelihood strategy for young people, especially males who are unemployed. However, the migration process and the experiences in both transit and at the final destinations predispose them to greater risks, illnesses and death in some cases.

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