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KUMASI - GHANA

Assessing Housing Accommodation Challenges of Health Workers in Ghana: A

Case of Komfo Anokye Teaching Hospital in Kumasi.

By

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DECLARATION

I, the under-signed do hereby declare that, this research work, under the supervision of Dr. Daniel Duah is my own and that, to the best of my knowledge, it contains no material already published by someone else nor material which has been accepted for the honor of any other degree of the University, aside from where due affirmation has been made in the content.

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DEDICATION

I dedicate this work to my parents.

ABSTRACT

The rationale for government intervention in the housing market, as can be gleaned from policy documents, revolves around the goal of providing all Ghanaians with a decent house in a suitable living environment. The importance of housing can hardly be exaggerated. In human terms, access to satisfactory or proper housing is vital to health, happiness and civilized living. Nonetheless, there are great many challenges in securing housing accommodation that meet the required standards - accessibility, proximity to services and availability of infrastructure, and security of tenure. The study assessed housing accommodation challenges of health workers in Kumasi in the Ashanti Region of Ghana. The issues the study focused on were the current state of housing accommodation, challenges faced by health workers in securing housing accommodation and solutions to curb the challenges. The study used Ninety (90) health workers at Komfo Anokye Teaching Hospitals in Kumasi. The instrument for the data collection was developed by the researcher, preceded by a pilot study. The pilot study was initially conducted in a similar teaching hospital in an urban town to ascertain its validity and the reliability. The data for the study was basically from primary source in that closed-ended questionnaire was designed and distributed to health workers in Kumasi. The data generated was analyzed using the mean score ranking. Descriptive statistics was used to test the data. The study concluded that currently housing accommodation lacks security of tenure, accessibility and proximity to services and availability of infrastructure. It was clear that health workers face great housing accommodation challenges and that the greatest challenge faced by health workers is cost of rent, specifically high demand for housing accommodation leading to exorbitant rent prices. It is therefore recommended that government increase salaries of health workers. This increase in salaries will beef up the rent and transportation cost and again help health workers secure quality housing accommodation that meet the required standards of security of tenure, accessibility and proximity to services and availability of infrastructure. Again, health policy must document strategic policy areas of building housing accommodation for health workers focusing on increasing accommodation facilities in the urban towns that are closer to health centers and hospitals.

Keywords: *Challenges, Housing Accommodation*

TABLE OF CONTENT

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

While the majority of the world's population lives in some form of dwelling, roughly one half of the world's population does not enjoy the full spectrum of entitlements necessary for housing to be considered adequate. In order for housing to be adequate it must provide more than just four walls and a roof over one's head; it must, at a minimum, include the following elements: security of tenure, affordability, adequacy, accessibility, proximity to services, availability of infrastructure and cultural adequacy (UNESC 2005, p. 6).

This notwithstanding (Tipple 1994; ISSER 2013) vehemently argued that housing remains one of the critical development challenges of the developing economies of which some analysts have described as a global crisis. The housing question is largely a case of housing demand outstripping supply and/or the price of housing being over and above the wage of the average worker. In both or either situation, individuals and households resort to officially unapproved means to secure housing. The consequence is that housing is secured but lacking security of tenure, accessibility and proximity to services and availability of infrastructure.

UNFPA, (2007) argued that numerous challenges faced by the poor can be connected to housing. This idea has been consolidated by Songsore and McGranahan (1993) who argued that the note all constituents of the environment exert some influence on human health and well-being and that the intimate environment of their home and neighbourhood exerts the greatest and most immediate influence on people's well-being. Interestingly, Bonnefoy (2007) posited that the immediate housing environment

and the neighbourhood represent an everyday-landscape, which can either support or limit the physical, mental, and social well-being of the residents.

Newman (2008) furnished the argument raised by Bonnefoy (2007) by saying that adequate housing positively correlates with socio-economic benefits to both the occupants and the larger society. According to Newman (2008), these benefits include better health, fewer behavioural problems especially among children, greater educational attainment, and increased labour force participation.

Inarguably, housing has great effect on health. This has been particularly stressed because of the consequent impact on other aspects of socio-economic well-being, specifically productivity. Bonnefoy (2007) argued that quality of housing conditions plays a critical and decisive role in the health status of the residents as many health problems are either directly or indirectly related to the building itself (construction materials used, equipment installed, or the size or design of the individual dwellings). He further argued that dwelling also represents not only as the spatial point of reference for each individual but also has a broad influence on the psychosocial and mental well-being by providing the basis for place attachment and identity as well as a last refuge from daily life.

Though the performance of the housing sector provides good indications of the performance of the other sectors of the society by linking directly or indirectly key sectors of the economy such as banking and finance, construction, health and manufacturing, GoG/NDPC (2010) argued that rapid increase in population in Ghana has resulted in a large housing deficit, especially in urban areas. GoG/NDPC (2010) posits that current estimates indicate that the country needs at least 100,000 housing units annually while supply is estimated at 35% of the total need. Studies conducted

by ISSER (2013) reported the country's overall annual deficits between 70,000 and 120,000 housing units with only 30% to 35% of the annual estimated requirement being supplied. While there may be disagreements as to the exact estimate of the annual requirement, there is a general consensus of the shortfall in the supply of housing, particularly in urban Ghana of which Kumasi is no exception.

1.2 PROBLEM STATEMENT

Housing is defined to encompass all factors and conditions that go to produce a dwelling with all the attribute of adequate and decent dwelling. It includes the physical shelter, available services and infrastructure both in-house and within the neighbourhood, and the input markets (land, materials, labour and finance) required to producing and maintaining it. In essence, the concept of housing covers the solutions geared towards improving the shelter and the environment in which it exists. When housing is reduced to shelter or living space only, dwellings tend to be built without regard to the environment and services needed to support their inhabitants (GoG/MLGRD 2012).

Rapid population growth and increasing urbanization have made shelter one of the critical challenges facing Ghana. Increasing overcrowding, declining quality, and lack of access to services characterize much of the housing stock in the country, especially in urban areas. The housing needs of urban inhabitants are often restricted to substandard structures and insanitary environments in squatter and slum settlements. The market for land in Ghana is highly unorganized. Information about who owns what piece of land is not readily available and the legal and administrative systems for transferring titles are cumbersome. These features have serious repercussions on housing supply.

These situations, coupled with bad housing policies and strategies, have made access to housing accommodation difficult for health workers in Ghana, especially in the urban centers. It is against these relevant background information that the study is conducted to assess housing accommodation challenges of health workers in Kumasi as well as suggesting solutions to these challenges.

1.3 RESEARCH QUESTIONS

For the set objectives to be achieved correctly, the study sought to answer the following questions:

1. What is the current state of housing accommodation for health workers at KATH?
2. What challenges confront housing accommodation for health workers at KATH?
3. What are the solutions to cure the challenges of housing accommodation?

1.4 RESEARCH AIM AND OBJECTIVES

The overall aim for the study was to assess housing accommodation challenges of health workers in Ghana.

Specifically, the study sought to achieve the following objectives:

1. To examine the current state of housing accommodation for health workers.
2. To identify the challenges faced by health workers in securing housing accommodation.
3. To suggest solutions to the challenges facing housing accommodation.

1.5 SUMMARY OF METHODOLOGY

The study used quantitative research methods. Case study design was used by the researcher. The study used questionnaires to gather data. The data was gathered through primary data collection. Non-probability sampling technique (purposive and convenient) were used and the sample size was obtained using Israel (1992) sample size consideration. Target population were all health workers at Komfo Anokye Teaching Hospital in Kumasi. The researcher tested for instrument validity and reliability. Data analysis was done using SPSS.

1.6 SIGNIFICANCE OF STUDY

The significance of the study is seen in three areas: research, practice and policy. With regard research, the study of assessing housing accommodation challenges of health workers enhances existing extant literature on housing policy and strategies in Ghana. Regarding practice, government and other housing agencies as well as decision makers understand housing accommodation needs of the people by designing appropriate housing policies and strategies that give accessible and affordable houses to workers, and the general public. Concerning policy, the study seeks to develop a general institutional and regulatory framework for housing that integrate all sub-sectors related to housing such as land, land use planning development control, finance, construction and institutions and agencies involved in the housing sector. The result from the analysis is likely to be suitably applied to other developing countries operating under similar macroeconomic factors considered in the study. Moreover, the study will contribute to the literature that already exist on the subject of housing accommodation challenges of health workers, and can be used as a source of reference for further study on the subject.

1.7 SCOPE OF STUDY

This study focuses on the health sector in Ghana. The study centers on the current state of housing accommodation, housing and accommodation challenges of health workers and solutions to the challenges in Kumasi in the Ashanti Region of Ghana. The study was limited to Komfo Anokye Teaching Hospital, and therefore, the findings from the study was not generalized to other health workers in Ghana and other countries in the world.

1.8 ORGANISATION OF STUDY

The entire study is organized into five (5) chapters.

Chapter one outlines the background to the study, problem statement, research questions, research objectives, brief overview of research methods, scope of study, the significance of study and the organization of the study.

Chapter two talks about the literature review of the study. Here, the concept of housing and its policies in Ghana, current state of housing accommodation in Ghana. In addition, theoretical literatures on housing accommodation.

Chapter three deals with the procedures and steps with the necessary tools used for collecting worthwhile information required to address the gap (research problem). Chapter four covers the analysis and discussion of the study's results emanating from the collected data. Chapter five which is the final chapter presents the summary of findings, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter review comprehensive literature on housing and accommodation in Ghana. It looks at the contextual review documenting historical antecedents as well as current issues in housing and accommodation in Ghana. Again, the chapter reviews literature on the challenges confronting workers especially health workers in securing housing accommodation. The chapter documents the solutions to the housing accommodation problems. Moreover, the chapter reviews theories on housing accommodation. Overall, the chapter concludes with a gap in the literature and a summary highlighting the important ingredients in the whole chapter.

2.2 CONTEXTUAL REVIEW

In line with shifts in the global thinking about development, policies on housing in many countries in the developing world have also changed in significant ways since the 1960s. Erguden (2001) argued that housing accommodation planning strategies since the 1960s have given way to market and people-based solutions, process approaches and emphasize on building capacities and institutions. Erguden (2001) further argued that housing accommodation policy developments since the 1960s … shows how an early focus on physical planning and public housing give way, first to "self-help" housing accommodation projects (which mostly served middle income households and proved to be an unsustainable option to address the needs of the poor due to the high subsidies involved), and then to the "enabling approach" which

concentrated on maximizing the contributions of all the actors in housing production within a supportive legal and regulatory framework.

In the 1950s-1960s' development paradigm of modernization and economic growth was associated with direct provision of housing accommodation by public or state agencies under the dictates of master plans and concerted efforts to eradicate informal settlements. From the 1970s, the direct state provision of housing accommodation in the 1960s gave way to state-support to self-help housing ownership schemes under the development paradigm of redistribution with growth and basic needs approach. The return of neoliberal development thinking in the 1980s-1990s saw a new approach to housing by the state which emphasize on creating the enabling environment or framework for action by people, private sector and the widespread use of market principles to determine the demand and supply sides of housing delivery.

Interestingly, in the mid-1990s, the neoliberal development approach of the use of the market has continued with an added emphasis on sustainable urban development. Under this development paradigm, there was focused attention on holistic planning to balance efficiency, equity and sustainability with strong emphasis on environmental management and poverty alleviation. This development agenda was further deepened with the adoption of the Millennium Development Goals (MDGs) at the turn of the century. Since 2000, there has been focused attention of the world on reducing poverty, improving the poor's access to basic services and reducing the incidence of slums, especially in developing countries. Indeed, many of the goals and targets of the MDGs are related to improvement in housing. However, the MDG Goal 7 (Ensure Environmental Sustainability) and its targets: Target 7C (halving by 2015, the proportion of the population without sustainable access to safe drinking water and

basic sanitation) and; Target 7D (Achieve by 2020, a significant improvement in the lives of at least 100 million slum dwellers) – are directly related to housing.

More important, the global trend, the late 1950s-1980s, especially the immediate post-independence era has been described as the period of active and direct involvement of the state in the provision of public housing (ISSER 2013; Owusu 2014). This period witnessed the establishment of the State Housing Corporation (SHC) and Tema Development Corporation (TDC) for the regions of Ghana and the port and industrial town of Tema, respectively. In addition, two state-owned financial institutions, the Bank for Housing and Construction (BHC) and the First Ghana Building Society (FGBS) were established to provide financial support for public housing. The direct involvement of the state in housing delivery continued from the 1950s through the 1970s with the construction of what was referred to as the 'low-cost houses' in district and regional administrative capitals.

Progressively, the direct provision of housing accommodation continued until the early 1980s when almost all the state-owned housing accommodation agencies collapsed due to mismanagement and general poor state of the Ghanaian economy. Although the state was active in direct housing provision during this period, the bulk of the housing accommodation (about 80%) was provided by the private informal sector (Songsore 2003). In addition, the state's intervention was focused on public sector workers leaving out the informal sector. Furthermore, the policy of placing a ceiling on rent implemented in the 1970s through the early 1980s, though, was meant to make housing accommodation affordable, it had unintended consequences as it became a disincentive for the private sector to provide rental housing accommodation units (ISSER 2013). ISSER (2013) posited that the state's intervention in the housing sector was significant, especially in urban centres as a number of residential units were

developed for public workers in an era of relatively small population and low level of urbanization.

Further, the mid-1980s to the early 1990s represents the era of structural adjustment programmes (SAPs) and economic reform programmes (ERP) in Ghana. Supported by the World Bank and the International Monetary Fund (IMF), Ghana implemented SAPs/ERP to reverse the preceding decade's record of poor economic performance and to restore economic growth and stability. At the heart of SAPs/ERP was the economic liberalization, and state withdrawal from key sectors of the economy to give way to the private sector (privatization). Consequently, government's policy on housing took a different turn with emphasis on creating an enabling environment for private sector participation in housing delivery. According to ISSER, the mid-1980s-1990s marked the emergence on the Ghanaian housing market of private real estate developers and the establishment of the Ghana Real Estate Developers Association (GREDA).

The mid-1990s to the present can be described as the post-structural adjustment and globalization era. This era is characterized by deeper incorporation of the Ghanaian economy into the global economy and the rapid urbanization and extensive expansion of Ghanaian large cities such as Accra, Kumasi, Tema, Sekondi-Takoradi and Tamale (Grant and Nijman 2002; Grant 2009). Similar to trends observed in other parts of the world, increasingly, globalization and urbanization are associated with higher land and housing prices as international interest groups and actors compete with national and local actors for land and housing accommodation (Owusu 2008).

Within the context of rapid urbanization and globalization, government's policy on housing from the 1990s to the present has remained largely unchanged from the

ERP/SAP era (ISSER 2013). Among its key policy objectives, the overarching objective of the Draft Housing Policy, 2013 is the greater promotion of private sector participation in housing delivery. The Draft Policy notes that … the Government sets out this new policy on the basis of its understanding of the 'enabling framework' whereby the state will play a less direct role in the housing sector in the future and encourage private sector developers, cooperative groups and other actors to take leadership in the delivery with the state facilitating equitable production and allocation. (GoG/MWRWH 2013).

2.3 COMPREHENSIVE HOUSING ACCOMMODATION POLICY SINCE 1990

Even though Ghana's policy response to the housing challenge has been described as piece-meal and fragmented (ISSER 2013; GoG/MWRWH 2013), the last three decades have witnessed efforts to develop a more comprehensive and holistic response. Much of the effort in developing comprehensive policy measures and strategies in housing accommodation has been coached around affordable housing accommodation and slum upgrading and regeneration. According to GoG/MWRWH (2013), after three decades of policy vacuum, government developed the National Housing Policy and Action Plan (1987-1990) document as a coherent attempt to specifically guide state and non-state actors in housing sector.

The effort to develop a comprehensive policy response in the housing accommodation sector continued throughout the 1990s culminating in two policy documents, the National Shelter Strategy, Volumes 1 & 2 (1993) and the Revised National Shelter Strategy, Part 1 & 2 (1999/2000). However, like the earlier policy document, the National Housing Policy and Action Plan (1987–1990), these national policy

documents were never implemented and remained basically as draft documents (GoG/MWRWH 2013).

Driven by the need to accelerate poverty reduction to meet the MDG goals, much of Ghana's development agenda in the last decade has been driven by a series of medium-term development policy frameworks: Ghana Poverty Reduction Strategy (GPRS I), 2002-2005; Growth and Poverty Reduction Strategy (GPRS II), 2006-2009 and; Ghana Shared Growth and Development Agenda (GSGDA I), 2010-2013. The focus of these medium-term development policy frameworks has been to create the enabling environment for private sector participation in housing accommodation delivery in line with the broad current development thinking dating back to the mid-1980s. In addition, they have emphasized on affordable housing accommodation, slum upgrading/urban regeneration through urban infrastructure development, basic services provision. However, the inability of the private sector to provide affordable housing accommodation for low-income groups has forced government to directly engage in housing accommodation delivery. Nevertheless, the impact of the state has been very limited given the magnitude of the demand for housing in both rural and urban areas. Since 2005, there have been concerted efforts with support provided by the UN-Habitat to develop a more comprehensive National Housing Policy Framework which takes into account the current development context of Ghana, international housing accommodation related frameworks as well as earlier national documents on housing. The Draft Housing Policy, 2013 has four policy goals which center on adequacy, affordability, sustainable and participatory housing accommodation development.

2.3.1 Draft National Housing Policy, 2013: Goals and Policy Objectives

Policy Goals

- To provide adequate, decent and affordable housing accommodation that is accessible and sustainable to satisfy the needs of all people living in Ghana;

- To ensure that housing accommodation is designed and built to sustainable building principles leading to the creation of green communities;

- To ensure that there is participation of all stakeholders in decision making on housing accommodation development in their localities;

- To ensure adequate and sustainable funding for diverse mix of housing accommodation in all localities.

Policy Objectives

- Promote greater private sector participation in housing accommodation delivery;

- Create an environment conducive to investment in housing accommodation for rental purposes;

- Promote housing accommodation schemes that maximize land utilization;

- Accelerate home improvement (upgrading and transformation) of existing housing accommodation stock;

- Promote orderly human settlement growth with physical and social infrastructure;

- Make housing accommodation programmes more accessible to the poor (social housing);

- Involve communities and other non-traditional interest groups in designing and implementing low-income housing accommodation;

- Upgrading existing slums and preventing the occurrence of new ones (GoG/MWRWH 2013).

The four policy goals of the Draft Housing Policy, 2013, are backed by eight policy objectives. Key among the policy objectives is promoting greater private sector participation for the delivery of affordable and orderly development of human settlements in Ghana. In fact, the policy document notes that the 'means to achieving (the policy) goals lay in the creation of a sound foundation to encourage and stimulate the private sector as well as attract investment into housing delivery' (GoG/MWRWH 2013).

2.4 INSTITUTIONAL AND REGULATORY FRAMEWORK FOR HOUSING ACCOMMODATION

The multiplicity of sectors and sub-sectors related to housing such as land, land use planning, development control, finance, construction, etc., entails that there would be various institutions and agencies involved in the housing sector. While this may be the case, the overall position for housing in Ghana falls under the ambit of the Ministry of Water Resources, Works and Housing (MWRWH). The name of the ministry suggests quite clearly that its mandate includes other responsibilities and roles other than housing. In reality, the MWRWH exists to provide policy directions in the areas of efficient management of Ghana's water resources and supply; provision of housing; promoting sustainable delivery of various urban and rural physical infrastructure facilities, as well as the provision of basic social services (UN-Habitat 2011).

According to the UN-Habitat (2011), there is no dedicated Ministry of Housing in Ghana, but rather the function of providing leadership in terms of government's policy design and housing initiatives is placed under one of the eight directorates of the MWRWH referred to as the Housing Policy Directorate. It adds that the Housing

Policy Directorate is short on technical capacity having just three technical officers, including the head of the Directorate, Director of Housing, who are expected to develop and implement the national housing policy as of 2011.

The housing policy role of MWRWH is complemented by the Ministry of Local Government and Rural Development (MLGRD) which is charged with the provision of neighbourhood infrastructure as well as neighbourhood zoning and planning through the Metropolitan, Municipal and District Assemblies (MMDAs). However, the role of MMDAs in providing neighbourhood infrastructure and basic services, and adequate planning has been questioned (Yankson 2000; Yeboah and Obeng-Odoom 2010; Owusu et al. 2012). This situation partly accounts for the increasing incidence of slums and poor underserviced neighbourhoods.

Besides the weak institutional framework for housing, Ghana's legal landscape is replete with numerous laws on land ownership and management, land use planning, development controls, housing financing and mortgage, construction, rent, etc. which have direct and indirect impact on housing. These numerous laws and regulations which are scattered throughout the country's statute books are not harmonized and are in some cases inconsistent with each other. A key example is the Local Government Act, 1993 (Act 462) which was passed after Town and Country Planning Ordinance of 1945 (CAP 84) but failed to harmonize its provisions with the requirements of CAP 84 on the issues of land use and management, and town planning.

Again, the application of the existing laws with critical relevance to housing is outmoded and outdated, and inconsistent and inadequate to the current realities. An example is the Rent Act, 1963 (Act 220) which generally regulates the relationships between tenants and landlords as well as stipulate a maximum of 6 months of rent charge. However, due to limited supply of housing, this regulation is openly flaunted

and rent advances of 2-3 years are the norm or a common practice rather than an exception.

Another key example is CAP 84 which has not been repealed and remains the most critical land use law in Ghana (Konadu-Agyemang 1998; Owusu 2008). Introduced in 1945, CAP 84 is derived directly from the British Town and Country Planning Ordinance of 1932, and it is currently the main law for the regulation of housing and other land use as well as urban management in Ghana. In particular, Konadu-Agyemang (2001) notes that some of the provisions of CAP 84 which centred around planning schemes, layouts, minimum land plot sizes, etc. are outmoded and irrelevant and inadequate in the present era of land scarcity and the need to promote compact development and reduce sprawl. Consequently, the inadequacies of CAP 84 are revealing in large Ghanaian cities and towns of rapid urban growth and increasing high demand for physical space (Owusu 2008). In essence, the application of CAP 84 under current circumstances, especially in urban areas results in a disconnection between land use planning and policies for social and economic development (Grant and Yankson 2003).

2.5 KEY PLAYERS IN GHANA'S HOUSING SECTOR

The Ghanaian housing sector is populated with a number of players or actors. This is partly due to the large informal sector of the housing sector as well as the limited regulation of the sector. Consequently, there is overlapping roles and functions which lead to the presence of a large number of players in the sector. The key players in the Ghanaian housing accommodation sector, categorized into traditional, public, private, NGO and international actors.

The list of players in the housing sector is categorized into informal and formal players. To a large extent, the actors listed under traditional players can be described as informal players, while the other categories is described as formal players. The informal players include customary land owners (chiefs, queen mothers, family and clan heads, etc.) who hold the bulk of the land for housing and other uses; individual households who acquired land from customary owners and; artisans who are engaged by households to develop acquired land/plots for residential purposes. Various studies indicate that between 80-90 percent of the housing stock is delivered through the informal sector (Songsore 2003; UN-Habitat 2011) with none or little support from formal sector players. According to UN-Habitat (2011), informal players are efficient in that their activities occur on many sites across the country at any one time. However, building takes a long period of time from the starting date to the completion date. This is because the development process of dwellings is done incrementally – as and when finance and other resources are available. Building incrementally partly account for the large number of uncompleted dwellings across the country.

On the other hand, the formal sector dominated by players in public sector is more complex and contributes about 10 percent of dwellings and an even smaller percentage of rooms with the focus mainly on the middle and high-income households (UN-Habitat 2011). As already noted, actors in the public sphere of the formal sector led by the MWRWH and its Directorate of Housing provide the policy design for the Ghanaian housing sector. The activities of other public agencies such as MMDAs, and utility agencies – Electricity Company of Ghana (ECG), Ghana Water Company Limited (GWCL), Community Water Sanitation Agency (CWSA), Department of Urban Roads (DUR), etc. – support policy implementation by providing the necessary neighbourhood and settlement infrastructure and services.

The policy design and the supporting infrastructure and services provided by players in the public sector are utilized by the private sector and households in housing delivery. Non-governmental organizations (NGOs) on the other hand, may be involved in limited direct production of housing accommodation, but a greater proportion of them are in the area of advocacy for pro-poor development agenda and the need to protect slum dwellers and provide affordable housing under the concept of the right to housing.

Table 2.1: Key Players in the Ghana's Housing Sector adopted from (GSS 2012)

Traditional	Public	Private	NGO	International
Chiefs	MWRWH	GREDA	Habitat for Humanity	Cities Alliance
Queen mothers	MLGRD	GHACEM	People's Dialogue	UN-Habitat
Family heads	MLNR	Universal Banks	COHRE	World Bank
Clan heads	NDPC	Mortgage companies	Housing the Masses	GIZ
Land priests	ECG	NBFIs	Amnesty International	
Individual households	GWCL	Building/architectural firms/consultants Steel/roofing manufacturing companies	GFUP	
Artisans/small-scale contractors (carpenters, masons, electricians, plumbers, steel bender, etc.) Land/housingagents	CWSA			

	DUR			
	Lands Commission			
	MMDAs			
	TCPD			
	EPA			
	State Housing Company Ltd			

2.6 DEMAND AND SUPPLY OF HOUSING ACCOMMODATION IN GHANA

The combined effects of a multiplicity of interrelated factors account for the current housing situation in Ghana. These factors shape the supply and demand for housing. It is the scale or the dynamics of demand and supply of housing which dictates whether there is a deficit or otherwise in housing sufficiency or adequacy. Consequently, understanding the interplay of the drivers of the demand and supply of housing is critical towards addressing any shortfall in housing. Mayo et al. (1986) summed up this view by providing four housing problems and usual common solutions. Common problems in the housing sector such as shortage of housing; poor quality housing; presence of many squatters and slums and higher housing and prices, especially in developing countries such as Ghana reflect structural constraints in the sector with implications for the demand and supply of housing.

Again, depending on the socio-economic and geographic conditions, it is worth noting that the minimum housing standard supplied and demanded will differ from one country to another or from one region to the other within the same country; or even from one neighbourhood to the other within the same city or town.

2.7 HOUSING ACCOMMODATIONS TYPES IN GHANA

The 2000 and 2010 Population and Housing Censuses indicate that there are various types of housing in Ghana, namely, semi-detached houses, flats/apartments, compound houses (rooms), huts/buildings (same and different compounds), tent, improvised homes (kiosk/container), living quarters attached to office shop, uncompleted buildings and others. It needs to be stressed that with the exception of semi-detached houses, flats/apartments, and compound houses, all other types of houses can be described as unofficial and unapproved as they are not captured in Ghana's building codes and regulations. Nevertheless, these officially unapproved dwelling units which include huts, tents, kiosk/container, etc. are used as living places, especially in informal areas of urban centers. More importantly, these unapproved and sometimes unsecured dwelling places are officially included and counted as part of the country's housing stock.

2.8 CURRENT STATE OF HOUSING ACCOMMODATION FOR HEALTH WORKERS IN GHANA

It has been argued that rapid population growth without major corresponding increases in housing stock over the years is the main factor in the current acute housing deficit or shortage in Ghana (Bank of Ghana 2007; GSS 2013; ISSER 2013). Rapid population growth is compounded by rapid urbanization (increasing shift of the

population from rural to urban areas) as well as globalization as key drivers of the supply and demand for housing in the country (ISSER 2013).

It needs, however, to be stressed that the magnitude of the housing deficit differs depending on the basis of the computation (such as the number of persons per household and the number of persons per room). Nevertheless, there is a general consensus that a wide deficit or gap exists between the supply and demand for housing in Ghana (ISSER 2013).

Interestingly, the cumulative housing stock and deficit in Ghana for the period, 1960-2000. The Table reveals that increasing population in Ghana is associated with increasing housing stock – this increased from 636,189 in 1960 to almost 3.4 million in 2010. However, computed on the basis of either 6-persons or 4-persons per household per 2-bedroom housing unit. In this regard, the country has consistently experienced deficits over the decades with the estimated required housing stock far higher than the actual. This is in spite of the impressive increases in the housing stock over the last two and half decades, especially for the period 2000-2010 when more than 1.2 million houses were added to the national stock.

The overall national cumulative housing deficit seems to have peaked at about 970,000 units in 2000 and then declined to a little over 717,000 when the deficit is computed on the basis of 6-persons per household per 2-bedroom unit. However, when the cumulated deficit is calculated on the basis of 4-persons per household per 2-bedroom unit, it increases from over 2.5 million in 2000 to 2.7 million in 2010, a relatively smaller increase than previous decades. The overall trend suggests an improvement in the housing situation in line with Ghana's improved socio-economic conditions (ISSER, 2013)

Following the overall national trend, as of 2010, the housing deficit across all the regions appeared to be declining or increasing at a slower pace compared to previous decades. The two largest populous regions, the Ashanti and Greater Accra Regions, in 2010 hold about 35.6 percent of the total national population and account for about a third of the total national housing stock.

In these two regions the cumulative housing deficit is larger than in any other region partly due to the presence of the country's largest metropolitan areas, Accra and Kumasi, in the Greater Accra and Ashanti Regions, respectively. In essence, regions with large metropolitan areas, and large cities and towns as well as high levels of urbanization tend to have large housing deficit reflecting the view that the housing crisis in Ghana is largely an urban phenomenon (ISSER 2013).

However, the metropolitan centers, in the last decade (2000-2010) has witnessed a dramatic increase in the actual housing stock. This may not be too surprising given the boom in housing construction which is mostly large city-concentrated, characterized by rapid urban sprawl, increasing presence of real estate developers and the proliferation of gated-communities. In addition, high rent and housing prices as well as congestion in city centres have driven the Ghanaian urban population of the middle and upper-classes to secure their own homes in suitable locations (including gated communities) contributing to the growth in the housing stock in large cities. Nevertheless, the housing deficits remained high in these centres and account for a disproportionate share of the overall national housing deficit.

2.9 HOUSING ACCOMMODATION CHALLENGES OF HEALTH WORKERS IN GHANA

Provision of affordable housing for the mass of the population has remained a major challenge for many countries. Several interventions have been seen as the way to remedy the ever soaring demands which far outstrip the supply creating an acute shortage. Unfortunately, the shortage of housing continues to be one of the most critical socioeconomic challenges facing the country (Ghana National Development Plan 2008). Ghana currently has a social housing problem, with a deficit of 1.7 million units and a minimum of 170,000 housing units would have to be built annually (Daily Graphic online, 2014).

2.9.1 Poor Facilities

Health workers are renting houses in the open-market. These houses are not purposely built for health workers, they are family residential converted into rented houses. These houses therefore lack necessary and sufficient requisite facilities for workers living. Some studies have reported cases of poor provision of requisite facilities for creating conducive living environment for workers. Garg et al (2014) found that the quality is poor in most settings where workers face problems of 'lack of basic amenities'. Many other scholarly studies have reported similar scenario where the requisite infrastructure facilities and services are substandard, grossly inadequate, in a state of major disrepair, virtually obsolete or else unavailable which will not render the house to fulfil the function of modern workers housing accommodation. This has been concluded that majority of the houses provided by the private developers, besides being expensive are deficient in meeting the requisite minimum standards (Yusuff, 2011 & Aluko, 2011) that make them habitable for healthy and comfortable living for modern students.

Basically, workers pay more for housing rent expecting better housing services and facility quality provision.

2.9.2 Proximity to the Health Centre

One of the intractable challenges workers faced in securing better housing accommodation is the distance away from their health centers especially in a situation where there are no readily available rentable houses in close proximity to the health center. Health workers prefer housing accommodation in close proximity to their health centers, within a walking distance to save peoples lives, transportation cost and time. Studies conducted by Garmendia et al., (2011) concluded that 95% majority health workers prefer housing accommodation closer to health centers.

2.9.3 High Cost of Renting

Housing providers are to the larger extent considered as important stakeholders in the promotion of health service delivery hence they are the key players in housing majority of Ghana government health workers (GSS, 2010). In fact, in recent years, the cost of housing accommodation development has been increasing as a result of inflation, high cost building material, high construction cost, global economic recession and high interest rates, but the economic drive motivates the private investors in workers housing accommodation development. Some of the private developers seized the opportunity of the workers pressing housing accommodation demand to charge exorbitant rent rate as Donaldson et al (2014) describe students housing as the most "exploited housing market", because workers' pay high rental rate for housing accommodation. As posited by (Sage et al., 2013; Gopal 2008) landlords capitalize on the acute shortage of housing accommodation coupled with high demand by providing

24

housing at exorbitant prices to students and other prospective house seekers to maintaining a monopolistic tendency. This is evidently clear in most urban towns.

2.9.4 Insecurity

Security is an important element in human living environment, where security is not guaranteed in any society the lives and properties of the citizens will be at risk; comfort and safety living in such area become an illusion. In any living environment security issue cannot be over emphasied for the safety and comfort living, therefore, in workers living environment security is essential in order to keep the workers and their property safe for their comfort living to achieve the desired goals of their individual and institutional goals. It is essential in any circumstance to give priority to security issues and there is dire need to guarantee safety of workers in all set up. Similarly in these private housing accommodation security should not be compromised hence, safety is one of the high priority factors when considering demand for workers housing accommodation.

2.10 SOLUTIONS TO THE CHALLENGES OF HOUSING ACCOMMODATION

2.10.1 Increase in Health Workers Salaries

Health Workers' pay needs to be raised and also workers need greater assistance with finances to be able to afford housing accommodation. The cost of housing accommodation really has a negative impact on your family, which impacts on the health worker.

2.10.2 Health Workers Considered Priority

Health workers should be considered a priority when it comes to housing accommodation. They play the most essential roles within the health service. As it stands rent takes up half of my income.

2.10.3 Government Policy on Housing Accommodation

The proposal to charge market rents for those in social housing should not apply to health workers. Rent is due to quadruple which affect health workers and their family, as they are mostly regarded as breadwinners.

2.11 THEORETICAL LITERATURE REVIEW

The study is guided by Marxian land rent theory.

Walker (1976) suggests that the Marxian categories of rent of "absolute rent", "monopoly rent" and "redistributive rent" are important in explaining the contemporary urban process, criticising the neoclassical method of explaining rent as a universal rent. He rightly stresses the importance of the production phase in explaining rent and tries to develop the Marxian categories of rent in an urban context. His unique contribution of the concept of "redistributive rent" focuses on the government's role in creating rent by public spending on infrastructure or legislative activities. This emphasis of the government's role in changing rent in an urban context is appropriate and is one of the core facts that related research should consider. Nevertheless it can hardly be assumed to be an independent category of rent. It is more appropriate to regard that it influences the levels of existing types of rent.

2.12 RESEARCH GAP

Plethora of information on housing has been espoused by scholars and institutions such as Ghana Statistical Service (2010). These information have focused solely on general housing accommodation problems in urban towns in Ghana and other developing and developed economies in the world. One area where scholars and institutions have failed to focus on is housing accommodation challenges confronting workers – most important health workers and how these challenges affect their service delivery. In this regard, the current study concentrates strongly on the challenges of housing accommodation for health workers in Ghana. Again, the study documents solutions to curb these condemned problems of housing accommodation of health workers.

2.13 CHAPTER SUMMARY

This chapter reviewed comprehensive literature on housing accommodation in Ghana. It looked at the contextual review documenting historical antecedents as well as current issues in housing accommodation in Ghana. Again, the chapter reviewed literature on the challenges confronting workers especially health workers in securing housing accommodation. The chapter documented the solutions to the housing accommodation problems. Moreover, the chapter reviewed the theoretical literature on housing accommodation challenges of health workers and also outlined the research gap.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The chapter outlined the processes and procedures to collecting and analysing data. The methods used focused on research methods, approach and strategy. Research setting, target population, sample size and sampling technique, sources of data, data collection instrument and procedure, data analysis technique and instrument validity and reliability were all documented.

3.2 RESEARCH SETTING

Ghana, one of the developing economies in the Sub-Saharan Africa, was selected for the study. Ghana is recognised for its comprehensive agenda to industrialisation where infrastructure development is conceived to form the base. One objective of infrastructure development is making housing accommodation accessible and affordable to all citizens of Ghana. Infrastructure development are mostly seen in the urban towns and Kumasi is no exception (GSS, 2010). With regard to this reliable information, Ashanti Region particularly Kumasi was used for the study with a reason that as an urban town, it habours individuals with diverse occupational and ethnic-cultural background. Influx of these different categories of individuals to Kumasi has made securing housing accommodation very difficult.

3.3 RESEARCH APPROACH

There are two main research approaches, which are the inductive and deductive. As per Trochim (2006), deductive thinking moves from the general to the particular in that contentions depend on standards, laws and are broadly acknowledged standards, while the inductive deals with the development of theories. The study assesses housing accommodation challenges of health workers in Ghana. Hence, this study adopted the deductive approach in order to establish the housing accommodation challenges of health workers.

3.4 RESEARCH METHODS

This research is based on deductive approach as it involves the use of already existing theories, thus, quantitative methods with single case study design was adopted to make inference into the housing accommodation challenges of health workers.

3.5 RESEARCH STRATEGY

This research study used a questionnaire-based survey to facilitate the achievement of the main research objective. Two main characteristics describe the purposes of a survey. Firstly, surveys aim to produce some descriptions about the distribution of phenomena in a population (Ling et al., 2008). Therefore, a survey analysis may be concerned with comparing the relationship between variables, or with demonstrating the finding, descriptively (Zikmund et al., 2009). Secondly, surveys are used to collect information from research population through use of structured questions. Additionally, a survey provides a means for collection of a large amount of data from a substantial population in a highly economical way and it also operates on a

foundation of statistical sampling to protect a particular representative dataset (Liu, 2008).

3.6 TARGET POPULATION

Populace, as per Mugenda and Mugenda (2003), is add up to number of gathering of people or things having comparative qualities and are considered under fields of request. Thus, the objective populace for the study was one hundred (100) health workers at Komfo Anokye in Kumasi in the Ashanti Region of Ghana. Ruben and Babbie (1989), characterize examine populace as the entirety of all components from which the example is really chosen. In such manner, the investigation populace for this study was ninety (90) health workers. These comprised of doctors and nurses at Komfo Anokye Teaching Hospital.

3.6.1 Sample Size Sampling Technique

The examination utilized purposive sampling strategy to sift data from the respondents in light of two reasons: first, simple choice and distinguishing proof of people or gatherings of people that are capable and all around vexed in data with a wonder of intrigue (Cresswell et al., 2011). Second, the significance of readiness and accessibility to take an interest, and the capacity to convey encounters and feelings in an expressive, intelligent way, and understandable (Bernard, 2002; Spradley, 1979). However, according to Israel (1992) of a population is less 200, the total population should consider for the sample size. Hence, in this study the sample size is equal to the population. In addition, Israel (1992) advice that in such cases census sampling technique should be adopted. Thus, this study again adopted the census sampling technique in the data collection.

3.7 SOURCES OF DATA

The research study made use of two sources of data; primary and secondary sources of data. The primary data were gathered from the respondents selected for the research work. This source of data formed comprised the first hand information and solely meant for this research work and was retrieved through questionnaires issued to respondents. This agreed with Brown (2005), who asserted that a primary source provides direct or firsthand evidence about an event or information. Additionally, secondary source of data was gathered through various documented housing infrastructural projects and the stakeholders involved in the process. Secondary data was the type of data, which already existed, and not purposefully for this research work.

3.8 INSTRUMENT FOR DATA GATHERING

Questionnaires were the fundamental instruments used to gather data for the research work. A questionnaire is a research instrument consisting of a series of questions for the purpose of gathering information from respondents (Gujarati, 2002). The use of questionnaire in this study had several advantages, which include the ability to reach all respondents and was economical to use in terms of money and time. The closed ended questions had specific pre-defined options for respondent to choose from, whiles some of them were structured likert questions. To design and setup the survey questionnaire, enquiry questions were grouped from the general to the more specific. The first section of the questionnaire was developed to collect information about the demographic characteristics of the health workers while the second section dealt with the challenges and solutions to the housing accommodation.

3.8.1 Validity and Reliability of Research Instrument

Three (3) to five (5) respondents were utilized as pre-test to guarantee increment legitimacy, understanding, troublesome inquiries and respondents' readiness to react to questions (Ghauri et al., 2005; Orodho, 2012). Pre-testing made dialect clearer and tried exactness and manageability of instrument. Pre-test respondents were chosen haphazardly from the focused on populace. Survey was given to policy makers on housing to cross check regardless of whether modified issues were delineated to guarantee content legitimacy. Their rectifications together with those from the pre-test were joined in the last poll.

3.9 ANALYSIS OF DATA

Data analysis process entails the process of packaging the collected data putting in order and structuring its major elements in a way that the results can be easily and efficiently communicated. The data analysis was conducted through the use of the software Statistical Package for Social Scientist (SPSS) version 21. The presentation and analysis were conducted through statistical mean score ranking.

3.10 CHAPTER SUMMARY

This section outlined the techniques by which information required for the study was gathered. In particular, it secured the exploration strategies, approach, system, populace, test and inspecting methods, and research instruments, information gathering strategy, instrument legitimacy and instrument unwavering quality.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the study's results and the discussions of the findings. The key sections of the chapter include: overview of the study areas, respondent profile, descriptive results, measurement assessment, discussions, and chapter conclusion.

4.2 RESPONDENTS' PROFILE

The study sought to assess housing accommodation challenges of health workers in Ghana. The study used a sample of health workers at Komfo Anokye Teaching Hospital in Kumasi in the Ashanti Region of Ghana. The study administered 90 questionnaires and 86 were retrieved. Preliminary checks for incompleteness however revealed that 80 could be considered usable for the study. As shown in Table 4.2, majority of the respondents fall in the 31 to 35 age bracket representing (47.8%, n=80), followed by age category of 26 to 30 (24.7%, n=80). For those in the age bracket of 21 to 25 represent (13.0%, n=80), 36 to 40 represent (10%, n=80) and those seen be 41 and above represent (4.5%, n=80). Again, male health workers are the majority representing (64.8%, n=80) whilst that of the females represent (35.2%, n=80). With regard to position, it was seen that most of the respondents are nurses (38.3%, n=80), followed by surgeons (20.1%, n=80), physician assistant (19.3%, n=80), clinical psychologist (10%, n=80), dentist (8%, n=80) and dietician (5%, n=80). Going forward, the findings show that most of the respondents have 3 years work experience (42.7%, n=80), followed by 2 years work experience (27.8%, n=80), 4 years work

experience (12.4%, n=80), 5 years and above work experience (11%, n=80) and 1 year work experience (6.1%, n=80).

Table 4. 1: Profile of Respondents

Variable	Category	% of n
Age	21 - 25	13.0
	26 - 30	24.7
	31 - 35	47.8
	36 – 40	10
	41+	4.5
Sex	Male	58.6
	Female	41.4
Position	Nurse	38.3
	Dietician	5
	Dentist	8
	Surgeon	20.1
	Clinical Psychologist	10
	Physician Assistant	19.3
Work Experience	1 year	6.1
	2 years	27.8
	3 years	42.7
	4 years	12.4
	5+ years	11

Source: Field study (2018)

4.3 DESCRIPTIVE RESULTS

This section presents descriptive results on the study's constructs – that is the current state of housing accommodation, challenges and solutions to cure the challenges of housing accommodation. Different questions were used to glean information from health workers. Questions that allowed respondents to genuinely convey their ideas on housing accommodation in Ghana. To scaling responses of respondents, other questions were placed on 4 Likert (psychometric) scale ranging from 1 – strongly disagree to 4 – strongly agree.

4.3.1 Current State of Housing Accommodation

Five (5) critical questions were asked. The questions were what is housing accommodation, what is housing accommodation deficit, housing accommodation accessibility and affordability and housing accommodation challenges. Different ideas from different respondents clearly converged on the definition of housing accommodation stating that housing accommodation is increasing in housing stock. Again, respondents agreed to house accommodation deficit indicating that when housing stock cannot complement the spate with which population is increasing housing accommodation deficit abound. Interestingly, respondents vehemently disagreed to the accessibility and affordability of housing accommodation and indicated that health workers face great many challenges in securing housing accommodation. Conveying their ideas, respondents in no uncertain terms, clearly and genuinely described the challenges to be pathetic and therefore affect health workers service delivery negatively. On the whole, respondents had a considerable knowledge and understanding of housing accommodation issues in Ghana.

4.3.2 Challenges of Housing Accommodation of Health Workers

Twelve (12) items were adopted from (Garg et al., 2014; Yusuff et al., 2011; Garmendia et al., 2011; Donaldson et al., 2014; Sage et al., 2013 and Gopal, 2008) to measure housing accommodation challenges of health workers. Four variables – poor facilities, proximity, cost of rent and insecurity were measured. To make the results easily interpretable and understandable, the scores obtained were recoded to reflect the challenges of housing accommodation of health workers. Respectively, the study rephrased the dimensions of the challenges as outlined below. The descriptive statistics of the items and their overall average score are shown in Tables 4.3. On the whole,

there are great many challenges health workers are facing in securing housing accommodation.

The mean and the standard deviation indicating challenges are 3.4 and 0.901 respectively. Regarding the dimensions of the challenges, the mean value of 3.5 with standard deviation of 0.922 indicate that cost of rent is one of the serious challenges confronting health workers in securing housing accommodation. Also, the challenge of proximity had a mean of 3.4 and a standard deviation of 0.908 indicating the level at which proximity affect health workers housing accommodation. Inarguably, poor facilities was spotted to have a mean and standard deviation values of 3.3 and 0.886 respectively. Insecurity as a challenge to health workers in getting housing accommodation had a mean value of 3.3 and a standard deviation of 0.889.

Of the four dimensions, high demand for housing accommodation was an aspect of cost of rent challenge having a mean value of 3.6 and standard deviation of 0.932. Expensive housing accommodation had a mean value of 3.5 and standard deviation of 0.937 followed by ninety-five percent (95%) of income spend on rent having a mean value of 3.4 and standard deviation of 0.897. The aforementioned results indicate that high demand for housing accommodation reigns in so far as cost of rent challenge is concerned. Indicators of proximity are health workers live in houses far away from work place, health workers spend about 90% of their income on transportation, health workers go to work late and health workers service delivery is affected due to distance. With regard to these indicators, health workers live in houses far away from work place had mean value of 3.5 and standard deviation of 0.867. This is followed by health workers spend about 90% of their income on transportation with mean and standard deviation values of 3.4 and 0.937 respectively. Health workers go to work late had

mean value of 3.3 and standard deviation of 0.897 and health workers service delivery is affected due to distance had mean value of 3.3 and standard deviation of 0.932. The result outlined above show that health workers live in houses far away from work place as an indicator of proximity challenge is the most serious challenge confronting health workers at Komfo Anokye Teaching Hospital in Kumasi.

Health workers live in open market houses, health workers live in poor houses and health workers live in insufficient houses were three indicators of poor facilities challenge. Regarding the three indicators, health workers live in open market houses had a mean value of 3.1 and standard deviation of 0.877. The mean and standard deviation values of health workers live in poor houses are 3.6 and 0.911 respectively and lastly, health workers live in insufficient houses had a mean value of 3.4 and standard deviation of 0.871. The results provided depict that of the three indicators health workers live in poor houses is seriously affecting health workers housing accommodation. Interestingly, two indicators were used to measure insecurity. Health workers live in houses frequently open to miscreants and health workers are at the likely risk of losing their lives and properties. The two indicators had the same mean score of 3.3 and different standard deviation of 0.881 and 0.897 respectively. The overall composite average score with its corresponding standard deviation of the four dimensions of housing accommodation challenges are poor facilities (mean= 3.3, std dev= 0.886), proximity (mean= 3.4, std dev= 0.908), cost of rent (mean= 3.5, std dev= 0.922) and insecurity (mean= 3.3, std dev=0.889) To summarise, health workers face great housing accommodation challenges and that the greatest challenge faced by health workers is cost of rent, specifically high demand for housing accommodation.

Table 4.2: Challenges of Housing Accommodation of Health Workers

Item code	Statement	Mean	Std Dev	Rank	Overall ranking
	Poor Facilities				
PF1	Health workers live in open market houses	3.1	0.877	3rd	
PF2	Health workers live in poor houses	3.6	0.911	1st	
PF3	Houses health workers live in are insufficient	3.4	0.871	2nd	
		3.3			**3rd**
	Proximity				
PX1	Health workers live in houses far away from work place	3.5	0.867	1st	
PX2	Health workers spend about 90% of their income on transportation	3.4	0.937	2nd	
PX3	Health workers go to work late	3.3	0.897	3rd	
PX4	Health workers service delivery is affected due to distance	3.3	0.932	3rd	
		3.4			**2nd**
	Cost of Rent				
CR1	There is high demand on housing accommodation	3.6	0.932	1st	
CR2	Housing accommodation is too expensive	3.5	0.937	2nd	
CR3	Health workers spend about 95% of their income on rent	3.4	0.897	3rd	
		3.5			**1st**
	Insecurity				
IS1	Health workers live in unsecured houses	3.3	0.881	1st	
IS2	Health workers are at a risk of losing their lives and properties	3.3	0.897	1st	
		3.3			**3rd**

Source: Field study (2018)

4.3.3 Solutions to the Challenges of Housing Accommodation

Seven (7) items were adopted from (Royal College of Nursing, 2016) to measure the solutions to the challenges of housing accommodation of health workers at Komfo Anokye in Kumasi. Three broad constructs – increased salaries, priority consideration and housing accommodation policy were used to further clarify the seven items. Genuinely, the study rephrased the dimensions of the solutions as seen below. The descriptive statistics of the items and their overall average score are shown in Tables

4.3. On the whole, numerous solutions abound to cure the housing accommodation challenges of health workers.

Focusing on the three constructs, increase in salaries of health workers were measured by two indicators – salaries of health workers must be increased to shore up rent and transportation expenses and health workers must be assisted by government in financing quality housing accommodation. Of these two indicators, salaries of health workers must be increased to shore up rent and transportation expenses had a mean score of 3.6 and standard deviation of 0.932 whilst health workers must be assisted by government in financing quality housing accommodation had a mean and standard deviation score of 3.5 and 0.937 respectively. The findings indicate that health workers see increase in salaries to shore up rent and transportation expenses as one of the refined solutions to the challenges of housing accommodation. Priority consideration was assessed using two indicators. Health workers should be considered first in housing accommodation programmes and health workers should be given housing accommodation bonuses. Regarding these two indicators, health workers should be considered first in housing accommodation programmes had a mean value of 3.3 and standard deviation of 0.867. Health workers should be given housing accommodation bonuses had a mean and standard deviation score of 3.5 and 0.937 respectively. Surprisingly, health workers rated housing accommodation bonuses most relevant solution to the challenges of housing accommodation.

Interestingly, housing accommodation policy which was measured by three indicators – housing accommodation policy must consider increasing accommodation in the urban centers, housing accommodation policy must consider accessibility and affordability and housing accommodation policy must consider building health workers bungalows has mean and standard deviation values of 3.4 (0.877), 3.4 (0.911)

and 3.5 (0.871) respectively. Again, health workers placed building health workers bungalows ahead of the other two.

The overall composite average score with its corresponding standard deviation of the three dimensions of solutions to housing accommodation are increase salaries (mean= 3.6, Std dev= 0.935), priority consideration (mean= 3.4, Std dev= 0.902) and housing accommodation policy (mean= 3.5, Std dev= 0.886). To summarize, health workers salaries, housing accommodation bonuses and building of health workers bungalows are the sufficient solutions to the challenges facing the housing accommodation of health workers.

Table 4.3: Solutions to the Challenges of Housing Accommodation

Item code	Statement	Mean	Std Dev	Rank	Overall ranking
	Increase in Salaries				
NS1	Salaries of health workers must be increased to shore up rent and transportation expenses	3.6	0.932	1st	
NS2	Health workers must be assisted by government in financing quality housing accommodation	3.5	0.937	2nd	
		3.6			**1st**
	Priority Consideration				
PC1	Health workers should be considered first in housing accommodation programmes	3.3	0.867	2nd	
PC2	Health should be given housing accommodation bonuses	3.5	0.937	1st	
		3.4			**3rd**
	Housing Accommodation Policy				
HAP1	Housing accommodation policy must consider increasing accommodation facilities in the urban towns	3.4	0.877	2nd	
HAP2	Housing accommodation policy must consider accessibility and affordability	3.4	0.911	2nd	
HAP3	Housing accommodation policy must consider building health workers bungalows	3.5	0.871	1st	
		3.5			**2nd**

4.4 DISCUSSIONS

It is a well-established fact that one basic needs of human existence aside clothing and food is shelter. However, for any developing countries, the provision of shelter is of paramount importance to low and moderate- income households (Ametefe, Aboagye, and Sarpong-Kumankoma, 2011). For that matter, the importance of housing to individual lives, community living and society as suggested by UN-Habitat (2011) cannot be over-estimated.

Ebie (2009) argued that housing is the most important of all rights. This is because of the importance attached to its provision and coupled with the fact that housing in all its shape and form, is more than mere shelter since it embraces all social services and utilities that go to make a community or neighbourhood a liveable environment. Having identified housing as a very important sub-sector of the economy and a critical factor in tackling poverty, social stabilization and economic growth, many governments across the world have been committed in improving housing situations for their countries which Ghana is not exception (GoG/MWRWH, 2012). However, the gap now between intentions and achievements is wide both in the rural and urban settings as opined by UN-Habitat (2010). The country is facing a housing deficit of well over one million houses (GoG/MWRWH, 2012). As a matter of fact this figure has kept compounding annually due to government inability over the years to develop schemes to meet the housing needs of the people as opined by Mahama and Antwi, (2006). In contributing to the refined information and knowledge the current study take the housing accommodation challenge to the next level by assessing the challenges health workers face in securing housing accommodation in Kumasi in the Ashanti Region of Ghana.

4.4.1 Current State of Housing Accommodation in Kumasi

The information provided by the respondents indicate that housing accommodation is not easily accessible and affordable and that health workers face great many challenges in getting housing accommodation. Respondents in no uncertain terms, clearly and genuinely described the challenges to be pathetic and therefore affect health workers service delivery negatively. On the whole, respondents had a considerable knowledge and understanding of housing accommodation issues in Ghana. These interesting findings commensurate with the argument raised by (Bank of Ghana 2007; GSS 2013; ISSER 2013) by saying that rapid population growth without major corresponding increases in housing stock over the years is the main factor in the current acute housing deficit or shortage in Ghana. Most important, the findings solidifies (ISSER, 2013) findings which posited that there is a general consensus that a wide deficit or gap exists between the supply and demand for housing in Ghana.

4.4.2 Challenges of Housing Accommodation of Health Workers

Plethora of evidence provide that challenges of housing accommodation is categorized into four – poor facilities, proximity, cost of rent and insecurity. The descriptive results indicate that health workers are concern about poor house structure. Ranking this first among the three indicators, the findings complement the findings of Garg et al., (2014) who argued that most housing accommodation where workers live have poor quality. Again, findings of Yusuf et al., (2011) posited that majority of the houses are deficient in meeting the requisite minimum standards. The current study's findings agree with the finding of Yusuf et al., (2011). With regard to proximity where four indicators were used, health workers raised concerns about the distance that exit between the house and workplace. Garmendia et al., (2011) concluded that 95% of health workers

population prefer short walking distance. This findings to a larger extent agree with the current study's findings. Cost of rent which was measured with three indicators was regarded as the most challenge facing health workers. The result indicate that high demand for housing accommodation make accommodation too expensive. This findings commensurate with the findings of Donaldson et al., (2014) who posited that workers pay rental rate for housing accommodation. Again, the findings solidify the argument put up by (Sage et al., 2013; Gopal 2008) who found that acute shortage of housing accommodation lead to high demand resulting in exorbitant rent prices.

4.4.3 Solutions to the Challenges of Housing Accommodation

Plethora of evidence provide that solutions to housing accommodation is categorized into three – increased in salaries, priority consideration and housing accommodation policy. The descriptive results indicate that health workers are concern about increase salaries. Ranking this first among the two indicators, the findings complement the findings of (Royal College of Nursing, 2016) who argued that most health workers need greater financial assistance to be able to afford housing accommodation. With regard to priority consideration where two indicators were used, health workers said that they should be given housing accommodation bonuses. Housing accommodation policy which was measured with three indicators health workers said that policy that consider building bungalows.

4.5 CHAPTER CONCLUSION

This chapter presented the study's results and findings. It also discusses the findings in relation to the study's objectives, underpinning theories, and the pertinent literature.

The subsequent chapter, presents the summary of the findings, conclusion, and recommendation of the study.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The overall aim of the study was to assess housing accommodation challenges of health workers in Kumasi in the Ashanti Region of Ghana. This chapter of the study provides summary of the study's findings in consonant with the slated research objectives. The chapter also presents thorough and interesting conclusion and recommendations based on the findings discovered by the study. The recommendations of the study covered two broad areas namely policy or practical recommendations and future research recommendations. Whilst the practical recommendations cover steps to improve policy development regarding housing accommodation in Ghana, the future research recommendations cover information for future researchers on the topic understudy.

5.2 SUMMARY OF FINDINGS

The assertion that the housing sector provides good indications of the performance of the other sectors of the society by linking directly or indirectly key sectors of the economy such as banking and finance, construction, health and manufacturing is reasonable and acceptable. Conversely, housing remains one of the critical development challenges of the developing economies of which some analysts have described as a global crisis. The housing question is largely a case of housing demand outstripping supply and/or the price of housing being over and above the wage of the average worker. In both or either situation, individuals and households resort to officially unapproved means to secure housing. The consequence is that housing is

secured but lacking security of tenure, accessibility and proximity to services and availability of infrastructure.

In this regard, the purpose of the study was to assess housing accommodation challenges of health workers in Kumasi in the Ashanti Region of Ghana.

5.2.1 Review of the Current State of Housing Accommodation

The first objective of the study was to examine the current state of housing accommodation for health workers. The study found that housing accommodation lacks security of tenure, accessibility and proximity to services and availability of infrastructure.

5.2.2 Review of the Challenges of Housing Accommodation

The second objective of the study was to identify the challenges face by health workers in securing housing accommodation. The study found that health workers face great housing accommodation challenges and that the greatest challenge faced by health workers is cost of rent, specifically high demand for housing accommodation leading to exorbitant rent prices.

5.2.3 Review of the Solutions to Curb the Challenges

The third objective of the study was to suggest measures to curb the challenges identified. The study suggested that increase in health workers salaries, housing accommodation bonuses and building of health workers bungalows are the sufficient solutions to the challenges facing the housing accommodation of health workers.

5.3 CONCLUSION

Inarguably, housing has great effect on health. This has been particularly stressed because of the consequent impact on other aspects of socio-economic well-being, specifically productivity. Quality of housing conditions plays a critical and decisive role in the health status of the residents as many health problems are either directly or indirectly related to the building itself (construction materials used, equipment installed, or the size or design of the individual dwellings).

Dwelling also represents not only as the spatial point of reference for each individual but also has a broad influence on the psychosocial and mental well-being by providing the basis for place attachment and identity as well as a last refuge from daily life. Based on this premise, it becomes necessary and sufficient to deal drastically with the challenges of housing accommodation of health workers in Ghana. Premium must be placed on increasing salaries of health workers to shore up rent and transportation expenses and also unbiased housing accommodation policy that take into consideration health workers bungalows.

5.4 RECOMMENDATIONS

It was gleaned from the findings that health workers have considerable information and knowledge on the housing accommodation situation in Ghana. Apart from this, the study found that health workers face great many challenges in securing housing accommodation.

- **Practical/Policy Recommendations**

    ✓ Government increase salaries of health workers. This increase in salaries will beef up the rent and transportation cost and again help

health workers secure quality housing accommodation that meet the required standards of security of tenure, accessibility and proximity to services and availability of infrastructure.

✓ Health policy must document strategic policy areas of building housing accommodation for health workers focusing on increasing accommodation facilities in the urban towns that are closer to health centers and hospitals.

- **Future Recommendations**

✓ Future researchers should concentrate on housing accommodation challenges of health workers in the rural economies of Ghana.

✓ Future researchers should go beyond Ghana and health workers and focus on housing accommodation challenges of other professional workers in Africa.

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APPENDIX

QUESTIONNAIRE

Preamble

My name is Amoateng Randy. I am a final year MSC Project Management student from Department of Construction Technology and Management at Kwame Nkrumah University of Science and Technology, Kumasi. As part of the requirement for the master's degree, I am conducting a research on the topic**: Assessing Housing Accommodation Challenges of Health Workers in Ghana: A Case of Komfo Anokye Teaching Hospital in Kumasi.**

The objectives of the study include:

- Examine the current state of housing accommodation for health workers;

- Identify the challenges faced by health workers in securing housing accommodation;

- Suggest measures to curb the challenges identified.

The implication of the findings is for the future implementation and development of housing accommodation policy in Ghana and other countries. Information given will be treated with utmost confidentiality.

Thank you for your participation and assistance with this study.

SECTION A: CURRENT STATE OF HOUSING ACCOMMODATION

1. What is housing accommodation?

   ----

2. What is housing accommodation deficit?

   ----

3. Based on the definitions provided, would you say housing accommodation is accessible and affordable?

   Yes (   )

   No (   )

4. In general, are health workers facing housing accommodation challenges?

   Yes (   )

   No (   )

5. If your answer in question 4 is yes, how would you describe the challenge

   ----

SECTION B: CHALLENGES OF HOUSING ACCOMMODATION

6. Please, rate the following challenges of housing accommodation on a scale of 1 to 4 [1= strongly disagree and 4= strongly agree]. Indicate by ticking (√)

1	2	3	4
Strongly Agree	**Disagree**	**Agree**	**Strongly Agree**

Item code	Statement	1	2	3	4
	Poor Facilities				
PF1	Health workers live in open market houses				
PF2	Health workers live in poor houses				
PF3	Houses health workers live in are insufficient				
	Proximity				
PX1	Health workers live in houses far away from work place				
PX2	Health workers spend about 90% of their income on transportation				
PX3	Health workers go to work late				
PX4	Health workers service delivery is affected due to distance				
	Cost of Rent				
CR1	There is high demand for housing accommodation				
CR2	Housing accommodation is too expensive				
CR3	Health workers spend about 95% of their income on rent				
	Insecurity				
IS1	Health workers live in houses frequently open to miscreants				
IS2	Health workers are at the likely risk of losing their lives and properties				

SECTION C: SOLUTIONS TO THE CHALLENGES OF HOUSING ACCOMMODATION

7. Please, rate the following solutions to the challenges of housing accommodation on a scale of 1 to 4 [1= strongly disagree and 4= strongly agree]. Indicate by ticking (√)

1	2	3	4
Strongly Agree	Disagree	Agree	Strongly Agree

Item code	Statement	1	2	3	4
	Increase in Salaries				
NS1	Salaries of health workers must be increased to shore up rent and transportation expenses				
NS2	Health workers must be assisted by government in financing quality housing accommodation				
	Priority Consideration				
PC1	Health workers should be considered first in housing accommodation programmes				
PC2	Health should be given housing accommodation bonuses				
	Housing Accommodation Policy				
HAP1	Housing accommodation policy must consider increasing accommodation facilities in the urban towns				
HAP2	Housing accommodation policy must consider accessibility and affordability				
HAP3	Housing accommodation policy must consider building health workers bungalows				

SECTION D: RESPONDENT PROFILE

8. Please identify your age category

   21 – 25 [   ]

   26 – 30 [   ]

   31 – 35 [   ]

   36 – 40 [   ]

   41+   [   ]

9. What is your sex?

   Male [   ]

   Female [   ]

10. What is your position?

    Nurse [   ]

    Dietician [   ]

    Dentist [   ]

    Surgeon [   ]

    Clinical psychologist [   ]

    Physician Assistant [   ]

11. What is your work experience?

    1 year [   ]

    2 years [   ]

    3 years [   ]

    4 years [   ]

    5+ years [   ]