UNIVERSITY OF GHANA

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EXPLORING THE EXPERIENCES OF ELDERLY PERSONS CARED FOR BY FAMILY CAREGIVERS IN ADUSA VILLAGE

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DECLARATION

I, Lamptey Isaac, do hereby declare the study “Exploring the experiences of elderly persons living with family caregivers in Adusa village” has been undertaken by my own efforts under the supervision of Dr. Alice Boateng and Dr. Emma S. Hamenoo of the Department Social Work, University of Ghana, Legon.

Full acknowledgements have been given in places where references of other people’s work have been cited.

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DEDICATION

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Table of Contents

DECLARATION ................................................................. 2
ACKNOWLEDGEMENT ............................................... 3
DEDICATION ................................................................. 4
ABSTRACT ........................................................................ 7

CHAPTER ONE ..................................................................... 9
  1.1 Background of the Study ........................................... 9
  1.2 Problem Statement .................................................. 10
  1.3 Objectives of the Study ............................................ 11
  1.4 Research Questions ................................................. 12
  1.5 Theoretical Framework ............................................ 12
  1.6 Significance of the Study ........................................ 16
  1.7 Definition of Terms ................................................. 16

CHAPTER TWO .................................................................. 19
  2.1 Literature Review ................................................... 19
  2.2 Ageing .................................................................... 19
  2.3 Nature of Relationship between the Elderly and their Family Caregivers ......................................... 22
  2.4 Elderly Abuse .......................................................... 25
    2.4.1 Types of Elderly Abuse ....................................... 25
    2.4.2 Factors that may contribute to Elderly Abuse ............. 29
    2.4.3 Coping Strategies adopted by the Elderly ................. 32

CHAPTER THREE ............................................................. 35
  3.1 Research Methodology ............................................. 35
  3.2 Research Design ..................................................... 35
3.3 Study Area .................................................................
3.4 Target Population.........................................................
3.5 Sampling ........................................................................
3.6 Sample Size ....................................................................
3.8 Data Analysis .................................................................
3.9.1 Informed Consent....................................................... 40
3.9.2 Confidentiality and Anonymity ..................................... 40
3.9.3 Language ..................................................................... 40
3.9.4 Plagiarism ................................................................. 40
3.9.5 Member Checking....................................................... 41
CHAPTER FOUR ........................................................................ 42
4.1 Demographic Description of Participants ................................ 42
4.2 Presentation of Findings .................................................. 43
4.3 Nature of Relationships between the Elderly and their Family Caregivers ............................................ 43
4.3.1 Poor Relationship....................................................... 43
4.4 Types of Abuse ............................................................. 44
4.4.1 Neglect ...................................................................... 45
4.4.2 Disrespect ................................................................. 46
4.4.3 Verbal Abuse ............................................................ 47
4.5 Factors that may prompt Abuse of the Elderly in Adusa Village ................................................................. 47
4.5.1 Poverty ...................................................................... 47
4.5.2 Failing Health of the Elderly Persons ............................ 48
4.6 Coping Strategies adopted by the Participants .......................... 49
4.6.1 Reliance on God......................................................... 49
4.6.2 Social Interaction ..................................................................................................................... 50
4.6.3 Avoidance Attitude .................................................................................................................. 51
4.6.4 Taking to Occupation ............................................................................................................... 51
4.6.5 Drinking of Water .................................................................................................................... 52
4.7 Discussion of Findings ................................................................................................................ 53
  4.7.1 The Nature of Relationship between the Elderly and their Family Caregivers ................. 53
  4.7.2 Types of Abuse the Participants Experience ........................................................................ 54
  4.7.3 Factors that may prompt Abuse of the Elderly in Adusa Village ....................................... 55
  4.7.4 Coping Strategies adopted by Participants when being Abused ........................................ 56
4.8 Theoretical Relevance of the Study ........................................................................................ 59

CHAPTER FIVE ................................................................................................................................... 60
5.1 Summary, Conclusions and Recommendations ................................................................. 60
5.2 Summary ......................................................................................................................................... 60
  5.2.1 The Nature of Relationship between the Elderly and their Family Caregivers ............... 60
  5.2.2 Types of Abuse the Participants’ Experience ...................................................................... 61
  5.2.3 Factors that may prompt Abuse of the Study Participants ................................................ 61
  5.2.4 Coping Strategies adopted by the Participants ................................................................. 62
5.3 Conclusions ..................................................................................................................................... 62
5.4 Recommendations on Policies for the Elderly ........................................................................ 63
5.5 Recommendation for the Populace .......................................................................................... 64
5.6 Implication of this study for Social Work Practice ................................................................. 65
References ............................................................................................................................................. 68
Appendix ............................................................................................................................................... 78
ABSTRACT

The aged population is fast increasing and the growth rate is relatively high in developing countries. Majority of elderly persons are cared for by family caregivers, hence knowledge on elderly abuse, as they are cared for by family caregivers is significant, since abuse is a pervasive public health issue and may significantly add to the health, social and financial strains of elderly persons. Knowledge on elderly abuse will help individuals to better care for elderly persons and also appreciate them. Ghanaians will also see the need to cultivate the habit of saving, including having some form of insurance to secure the future.

This study explored abuse of elderly persons cared for by family caregivers in Adusa village. The views and opinions of twenty elderly persons between the ages of 60 and 95 years cared for by family caregivers in Adusa village were solicited. Three main types of elderly abuse namely; verbal, neglect and disrespect were identified. These types were however prompted by factors which include ill health of the elderly person and/or poverty. The elderly persons from the study adopted coping strategies when being abused namely; reliance on God, avoidance attitude, drinking water, social interaction and taking to occupation. Over all, the findings of the research recommend that since poverty is a factor that prompts elderly abuse, policies aimed at socioeconomic empowerment of people in the communities such as Microfinance and Small Loan Centre (MASLOC) will impact positively, especially on the lives of family caregivers, which will help curb or reduce elderly abuse. Social workers are to encourage individuals to save during their youthful years and also to maintain healthy family ties.
CHAPTER ONE

1.1 Background of the Study

The focus of this study is to investigate elderly abuse, among elderly persons cared for by family caregivers in Adusa village.

In 2008, there were approximately 508 million people, 65 years or older in the world and by 2040 this number will increase to 1.3 billion (National Institute of Aging (NIA), 2009; National Institute of Health (NIH), 2009). Sixty-five per cent of the population over 65 years lives in non-industrialized or newly industrializing countries, and the population growth in these countries is twice that of developed countries (NIA, 2009; NIH, 2009). Given this trend, it is expected that one billion people over 65 years of the projected world total, will live in today’s developing countries (NIA, 2009; NIH, 2009).

Elderly persons in Ghana are considered as persons aged 60 years and above (Ghana Statistical Service, 2013). However, in high income countries where life expectancy is high and the age of retirement from active public economic activity is 65 years, the elderly is defined as persons aged 65 years and above (Ghana Statistical Service, 2013). The elderly is also known as the aged, with an associated concept of ageing that can be applied to an individual person or a total national population. An individual person is ageing when he or she attains ages that are classified as old ages (Ghana Statistical Service, 2013).

As people age, they may live with their extended families or their siblings and are likely to receive support and care from them (Mba 2005). A lack of caregiving experience or inability
to provide an appropriate level of care can put elderly persons at risk of abuse from their caregivers (Anetzberger, 2000). It has been found that stressed or overburdened caregivers are more likely to abuse the elderly, especially when the relationship is poor to begin with (Anetzberger, 2000). It has also been found that older adults are at much higher risk of being abused at the end of life, because many of the risk factors for abuse such as stress are acquired as the person’s health status declines (Jayawardena & Liao, 2006).

Historically, elderly abuse has been defined as a social problem rather than a criminal problem (Wolf, 1992). This changed in the late 1980s and early 1990s when legislatures across the United States of America developed various policies such as the mandatory reporting laws, which in effect, criminalized elderly abuse (Daniels et al., 1999). Given this recent criminalization, elderly abuse can be defined as any psychological, physical or emotional harm that negatively affects the physical, financial or general wellbeing of an elderly person (Payne et al., 1999). In addition, elderly abuse can also be defined as a single or repeated act occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (World Health Organization (WHO), 2002). Abuse of the elderly is increasingly being seen as an important problem and one that is likely to grow, as many countries experience rapidly ageing population (WHO, 2002).

1.2 Problem Statement

Elderly abuse is a pervasive public health issue (Dong et al., 2014). Abuse may significantly add to the health, social and financial strains of elderly persons (Torres-González et al. 2014). Studies with different samples indicate that elderly abuse may be associated with various
negative outcomes, such as impairments, shorter survival rates, depression, post-traumatic stress disorder (PTSD) or low social support (Comijs et al., 1999; Dong, 2005; Dong et al., 2010; Kim et al., 2005; Podniesks, 1992; Wolf, 1997 and Wu et al., 2012).

Majority of cases of elderly abuse go unreported making it a hidden problem within communities (Charland, 2006). There are several reasons why abuse goes unreported: often the abuser is a family member and a caregiver who is the sole lifeline for the dependent victim’s basic needs (Charland, 2006). Many older adults tolerate abuse rather than risk losing the close personal ties of the abusive family member, who is most often a child or a spouse (Charland, 2006). Victims tend to minimize the seriousness of the abuse so as not to place the abuser at risk, to jeopardize their living arrangement (Charland, 2006). Moreover, not much is known about the types of abuse and about what constitutes elderly abuse.

It is obvious that as more people attain the age of 60 years and beyond, many of them will turn to their family or caregivers for support. However, many of the elderly may be abused but it is likely to remain hidden, since elderly abuse is not being recognised as a criminal problem in Ghana (Ghana Statistical Service, 2013). It is in line with this that the study seeks to find out the nature of abuse of elderly persons, by exploring experiences of elderly persons cared for by family caregivers in Adusa village, a rural area under Ga West Municipality.

1.3 Objectives of the Study

The general objective is to explore experiences of elderly persons, living with their family caregivers in Adusa village. The specific objectives of this study are:
1. To explore the nature of relationships between the elderly and their family caregivers.
2. To find out the types of abuse the elderly in Adusa village experience.
3. To explore factors that may prompt abuse of the elderly in Adusa village.
4. To find out the coping strategies adopted by the elderly in Adusa village.

1.4 Research Questions

1. What is the nature of relationships between the elderly and their family caregivers?
2. What types of abuse do the elderly in Adusa village experience?
3. What factors prompt abuse of the elderly in Adusa village?
4. What are the coping strategies adopted by the elderly in Adusa village?

1.5 Theoretical Framework

The micro system in Bronfenbrenner's human ecological theory was suitable for this study. Bronfenbrenner's human ecological theory was first introduced in the 1970s and represented a reaction to the restricted scope of most research being conducted by developmental psychologists (Bronfenbrenner 1994). Bronfenbrenner argued that human behaviour and development are influenced by multiple interrelated systems. He believes that a person’s development is influenced by everything in their surrounding environment. He divided the person’s environment into five different levels namely; the micro system, the mesosystem, the exosystem, the macrosystem, and the chronosystem. This is illustrated below;
Figure one: Bronfenbrenner's Ecological Theory


Micro system

A micro system is a pattern of activities, social roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular
physical, social, and symbolic features that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in the immediate environment (Bronfenbrenner, 1994). Examples of such settings are the family, school, peer group, and workplace (Bronfenbrenner, 1994).

The micro system is the system closest to the person and the system in which they have direct contact with settings such as family caregivers and day care centres. Bronfenbrenner argued that relationships in a micro system are bi-directional; hence our reactions to the people in our micro system will affect how they treat us and vice-versa.

**Mesosystem**

The mesosystem comprises the linkages and processes taking place between two or more settings containing the developing person (e.g., the relations between home and school, school and workplace, etc.) (Bronfenbrenner, 1994). At this level, a person's individual micro systems do not function independently, but are interconnected and assert influence upon one another. These interactions have an indirect impact on the individual.

**Exosystem**

The exosystem comprises the linkages and processes taking place between two or more settings, at least one of which does not contain the developing person, but in which events occur that indirectly influence processes within the immediate setting in which the developing person lives (Bronfenbrenner, 1994). At this level, individuals are not active participants but are still influenced. This includes decisions that have bearing on the person,
but in which they have no participation in the decision-making process.

**Macrosystem**

The macrosystem consists of the overarching pattern of micro, meso, and exosystem characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems (Bronfenbrenner, 1994). The macrosystem may be thought of as a societal blueprint for a particular culture or subculture (Bronfenbrenner, 1994). It includes the economy, cultural values, and political systems. The macrosystem can have either a positive or a negative effect on a person’s development.

**Chronosystems**

A chronosystem encompasses change or consistency overtime not only in the characteristics of the person but also of the environment in which that person lives (e.g., changes over the life course in family structure, socioeconomic status or employment) (Bronfenbrenner, 1994). These changes can have an effect on the subsequent development of individuals.

The explanation of Bronfenbrenner's human ecological theory reveals that a person’s development is influenced by everything in their surrounding environment. It is obvious that a family caregiver is part of an elderly person’s environment; hence, a family caregiver may influence an elderly person’s development positively or negatively.
1.6 Significance of the Study

This study enabled the researcher gather personal accounts of abuse of elderly person’s, which would become an important area for elderly abuse research, since it illuminated the ways in which elderly persons seek and experience support, to enable them cope. In addition, there is scanty literature on elderly abuse in Ghana; hence this study supplements the literature available.

Findings stressed on the need for practical support, legal advice and information on available support services in cases of abuse, and also the need for families who provide care and support to elderly persons to have needed skills to enable them recognise the signs of elderly abuse and to speak to the elderly person’s should they have concerns, as the older person may not recognise that they are being abused.

The study would educate the general public on elderly abuse, and would indicate factors that contribute to elderly abuse including services and programs that can control elderly abuse. This study would be widely embraced by social work practitioners and educators. Findings from this study would encourage social workers to encompass dangers of elderly abuse in their daily educational programs and also encourage the formulation of anti-abuse policy for the elderly.

1.7 Definition of Terms

For the purposes of avoidance of all forms of doubt, the following words, as used in this work have been defined below to facilitate comprehension and grasp of its usage in the study.
Family Caregiver

A family caregiver refers to any relative, partner, friend or neighbour who has a significant personal relationship with and provides a broad range of assistance for an elderly person. These individuals may be primary or secondary caregivers and live with or separately from the person receiving the care (Family Caregiver Alliance, 2014).

Elderly Abuse

Elderly abuse can be defined as many different acts of both commission and omission (Callaghan, 1998). It may be described as neglect, or the failure or refusal to meet the needs of an elderly person who is incapable of meeting them independently (Callaghan, 1998). Elderly abuse can also be defined as a single or repeated act occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (WHO, 2002).

Elderly Person

An elderly person refers to a person aged 60 years and above (Ghana Statistical Service, 2013).

Care Receiver

This refers to an adult with a chronic illness or disabling condition or an elderly person who needs ongoing assistance with everyday tasks to function on a daily basis. The person
needing assistance may also require primary and acute medical care or rehabilitation services (Occupational, Speech and Physical therapies) (Family Caregiver Alliance, 2014).
CHAPTER TWO

2.1 Literature Review

This chapter reviews the relevant empirical literature on elderly abuse. The chapter is divided under three main themes. The main themes are Ageing, Nature of relationship between the elderly and their family caregivers and Elderly abuse.

2.2 Ageing

Issahaku and Neysmith (2013) conducted a study on policy implications of population ageing in West Africa. The researchers used existing literature on ageing and policy in both published and grey sources, including national and international policy documents. These researchers looked at policy responses in Ghana as a case example for the West African context. Issahaku and Neysmith explained that evidence has accumulated among demography scholars that the world’s population is growing older (Help Age International (HAI), 2008; Kinsella, 2001; Peterson, 1999; United Nations, 2002; Strydom, 2008; The World Bank, 1994). The researchers argued that due to increasing life expectancy, the number of people aged 60 years and above will reach a two billion mark by 2050 (United Nations, 2002; Strydom, 2008). Peterson (1999), labels the trend as the “Gray Dawn,” estimates that in less than a quarter century from now, a quarter of the population of the developed world will be aged 65 years and above. The trend is said to be more rapid in developing regions such as Africa (HAI, 2008; Mbamaonyeukwu, 2001). Africa’s population aged 60 years and above is projected to hit 200 million by 2050 (HAI, 2008), with Northern and Western Africa sub
regions taking the bigger shares in the proportion of the older populations (Apt, 2007; United Nations (UN), 2003).

Issahaku and Neysmith (2013) believed that older persons in the West African sub region are highly concentrated in rural areas, with majority of them being women, who have little or no formal education, no formal employment records, and, also, no retirement pensions. Issahaku and Neysmith (2013) argued further that their assessment of official policy on ageing in countries of the sub region has revealed serious inadequacies within the current framework. According to them, current policies on ageing seem ad hoc and disjointed, consisting more of government white papers on what older persons need than concrete provision of resources and services to this group. According to these researchers, there is virtually no program to help people to secure affordable housing as they age. The researchers believe that housing is purely a market commodity. Lastly, within the framework of Ghana, to qualify for old age income security, one must make a direct contribution to the pension scheme; all others are left to fend for themselves in old age (Issahaku and Neysmith, 2013).

Issahaku and Neysmith (2013) stated again that West Africa is encountering population ageing later than that of many other “older” countries. While being aware that ageing in West Africa will require local solutions to local issues, there are lessons to be learned, models to consider, and possibilities debated as the region builds its policy framework and designs programs that meet local need.

Finally, Issahaku and Neysmith (2013) argued that not only should governments provide health, housing and income protection for older persons in West Africa, but also attention
needs to be paid to other issues affecting the well-being of elderly people, including age-based discrimination in employment, non-formal education, politics and social participation.

Ghana Statistical Service (2013) examined the characteristics of the elderly in Ghana based on the 2010 Population and Housing Census (PHC). Data and other information from the previous post-independence censuses (1960; 1970; 1984 and 2000) and other secondary sources were also used. The office concluded that the population trends of Ghana indicate that ageing will continue in the 21st century with the females outnumbering the males. Ghana Statistical Service (2013) believes that the ageing of Ghana’s population has been rapid over the past two decades and will continue into the future, with increasing number of Ghanaians surviving to 60 years and beyond. Ghana Statistical Service (2013) indicated that the population aged 60 years and above increased from nearly 1 million in 2000 to 1.4 million in 2010 and it is projected to rise to 6.3 million in 2050. The population aged 65 years and above will climb up to 4.3 million and that of the 80 years and above to more than 0.5 million by 2050 (Ghana Statistical Service, 2013).

Mba (2010) researched on population ageing in Ghana. Mba’s study utilized the 1960–2000 census results of Ghana, and the United Nations medium variant projection assumptions. Mba (2010) argued that the population of the elderly increased from 4.9 percent in 1960 to 7.2 percent in 2000, while the number rose from 0.3 million to 1.4 million over the same period (an increase of 367 percent). The researcher explained that the projection results indicated that by 2050, the aged population will account for 14.1 percent of the total population. He further argued that although Ghana can still be classified as a youthful population, reductions
in fertility and mortality have resulted in increase in absolute number of elderly population (persons aged 60 years and over). He concluded that with the proportion of the elderly population currently at 7.2 percent, Ghana has one of the highest proportions of persons aged 60 years and above in sub-Saharan Africa.

2.3 Nature of Relationship between the Elderly and their Family Caregivers

Lafferty et al. (2013) investigated the support experiences of older people who have been abused in Ireland. The study examined older people’s experiences of mistreatment and abuse. A qualitative research design was used and the study indicated that family members who abused elderly persons were identified as an adult son in four cases, a spouse in two cases and an adult daughter in one case. One participant experienced abuse from her male and female adult offspring, and a neighbour was identified as the abuser in one case.

Knodel and Chayovan (2012) researched on inter-generational family care for, and by older people in Thailand. Results of their study are based on analysis of the 2007 survey in Thailand. Knodel and Chayovan’s (2012) research analysis is limited to 30,467 aged 60 and older, among whom 43 per cent were men and 57 per cent women. These researchers argued that once a need for personal care with daily activities arises in Thailand, assistance depends on the availability of family members, especially those who live in the same household. They believed that the two most common members of older persons’ households are spouses and children, and approximately 60 per cent of elderly households include each as members. The researchers believe that grandchildren are also common and found in almost half of elderly
households in 2007. However, in contrast, non-relatives are found only in one per cent of households.

The researchers also believe that the percentage of elderly households differs little with respect to having co-resident sons and daughters who are still single. Knodel and Chayovan (2012) revealed that more elderly persons live with a married daughter than a married son, reflecting the traditional preference for matrilocal residence in much of Thailand. The researchers believe that gender, age and self-care ability differentials are pronounced with respect to the availability of a spouse within the household.

However, Charland (2006) found something different. His research on elderly abuse, neglect, and exploitation in United States of America, indicated that Adult Protective Services, a program within the Office of Elder Services, has the primary purpose providing and arranging for services to protect older adults, who are unable to care for themselves. Charland (2006) explained that any dependent or incapacitated adult who may be in danger of abuse, neglect or exploitation may receive assistance from Adult Protective Services, under the United States’ formal social security system.

Knodel and Chayovan (2012) further revealed that men are far more likely than women to live with a spouse, reflecting men’s higher mortality, their tendency to marry women younger than themselves, and their greater likelihood to remarry in the case of spousal loss. The percentage of elderly with a spouse in the household also declines sharply with age (Knodel and Chayovan 2012). According to these researchers, the percentage of the elderly with a co-resident child differs only modestly between men and women; it increases with age and is
lower for those who can care for themselves than those who cannot. The researchers also believed that grandchildren are somewhat more common in households of elderly women than of elderly men, but differ little with the respondents’ age and only modestly with ability to care for self. From their study, non-relatives are quite rare, but are more common in households where the elderly person is unable to care for self. The findings presented by Knodel and Chayovan (2012) clearly document the primary role of the family, especially adult children and spouses, in providing personal care to elderly members who can no longer carry out their activities of daily living on their own (Knodel and Chayovan, 2012).

According to the findings of Charland (2006), majority of cases of elderly abuse go unreported making it a hidden problem within the communities in which we live. According to the researcher, there are many reasons why abuse goes undetected. Often the abuser is a family member and caregiver who is the sole lifeline for the dependent victim’s basic needs (Charland, 2006). The researcher revealed that victims tend to minimize the seriousness of the abuse so as not to place the abuser at risk, or fearing institutionalization, or not to jeopardize their living arrangement. Charland (2006) indicated that there is a common belief that these types of issues are “family matters,” and should be handled within the family itself. However, the researcher believed that because the abuser is often times a member of the family, there is a tendency for other family members to cover up the situation. Also, there is a tendency for the victim to blame him or herself for the abuse or wants to protect the abuser from “getting in trouble.”
2.4 Elderly Abuse

This theme is divided into three main sub themes; each sub theme reviews literature in relation to it, namely; Types of elderly abuse, factors that may contribute to elderly abuse, and coping strategies used by the elderly. Below are the sub themes and literature reviewed under each.

2.4.1 Types of Elderly Abuse

A quantitative study, with descriptive-correlational characteristics conducted by Martins and colleagues (2014) identified forms of abuse and ill-treatment in elderly persons, as well as the determinants of these abuses. The overall objective of the study was to identify levels and types of abuse and maltreatment in the elderly and to analyse specifically the factors that most influence these maltreatments. The study sample composed of 135 persons of both sexes, aged over 65 and resident in their own or family household in the central region of Portugal. For the collected data, they used a questionnaire which included a section with socio demographic and health characteristics. Also, they used the Family APGAR Scale and the Question to Elicit Elderly Abuse (QEEA) to assess maltreatment. Findings revealed that the more perceived and manifested types of abuse are at the emotional levels. The study revealed that the least healthy elderly suffer more abuse at the physical level, unlike the healthier. Relative to family functioning, elderly persons with dysfunctional families are the ones who suffer more physical abuse, emotional abuse and neglect.

In contrast to the findings of Martins et al. (2014) that the more perceived and manifested types of abuse are at the emotional levels, Daniel et al. (2014) reviewed, synthesized and
discussed existing literature and available research findings related to understanding elderly abuse and neglect in culturally diverse communities, particularly the Chinese immigrant community in Canada. Daniel et al. (2014) examined the conceptual understandings of elderly abuse, based upon the socio-cultural context and challenges faced by aging Chinese immigrants. Statistical information and research findings were summarized to illustrate the socio-cultural context that defines elderly abuse and neglect experienced by aging Chinese immigrants in Canada. A total of 515 articles related to elderly abuse and neglect in Canada were identified. According to the researchers, among these identified studies, Tam and Neysmith (2006) explored elderly abuse issues in a Chinese community in a large metropolitan area, from the perspectives of Chinese home care workers, who identified two main forms of elderly abuse: disrespect and social isolation.

Daniel et al. (2014) argued that disrespecting the elderly can be both a cause and form of abuse, and involves activities such as misnaming, name-calling, or describing older adults as useless, threats, inappropriate talk of death, insufficient communication, restricting older adults’ mobility, failing to provide a comfortable living environment, necessary personal care, nutrition, and so on. The researchers also believed that social isolation among older Chinese immigrants is caused primarily by financial dependence on adult children and other family members.

In addition, Joaquim et al. (2014) investigated the chronicity in different abuse types and overall abuse by severity in seven European cities. They scrutinized factors associated with high chronicity levels in psychological and overall abuse by severity. Respondents were
exposed to many acts of psychological abuse by severity form, particularly those in Lithuania and Sweden in relationship to high chronicity levels. The researchers concluded that exposure for many acts of abuse was relatively common in several of the assessed countries, but Lithuania, Greece and Sweden fared worse as to the overall pattern of chronicity. The researchers’ data revealed that many elderly persons are highly exposed to abuse, which is likely to cause great suffering.

Lafferty et al. (2013) investigated the support experiences of older people who have been abused in Ireland. The study examined older people’s experiences of mistreatment and abuse (Lafferty et al., 2012). A qualitative research design was used, in order to generate rich narrative descriptions of older people’s experiences of abuse to gain insights into the empirical realities of the phenomenon (Bowling, 2009), and to add to the evidence from published quantitative studies in Ireland (Naughton et al., 2010; Clancy et al., 2011). Lafferty et al., (2012) indicated that participants gave detailed accounts of their experiences of abuse, which variously included: emotional abuse; theft, undue influence and financial deceit; physical assault and restraint; misappropriation and damage to personal property; denial of medical help and neglect.

Lai (2011) analysed the abuse and neglect experience of aging Chinese, based on a survey in seven major Canadian cities. Out of a sample of 2,272 Chinese adults aged 55 and older, 4.5 per cent reported at least one type of mistreatment in the previous year, with being yelled at, scolded, ridiculed, and treated impolitely.
Walsh et al. (2007, 2010) and Ploeg et al. (2013) published a series of papers illustrating findings from qualitative research on marginalized aging populations in Ontario and Alberta, Canada. Although their study does not focus on aging Chinese, they identified several themes related to the abuse experience of aging Chinese. A focus group involving aging Chinese women described different types of abuse such as neglect, disrespect, emotional deprivation, and being insulted or treated as a burden (Ploeg et al., 2013; Walsh et al., 2007).

A quantitative study by Martins et al. (2014) supports the findings of a retrospective bibliographic search on studies of prevalence of abuse and neglect in older adults in Portugal, conducted by Santos et al. (2011). The search was carried out using an online knowledge library, which is a national portal providing access to national research and higher education institutions to full texts from over 16,750 scientific international publications from several publishers and database. The researchers revealed that the rates of abuse actually reported to the management of homes were low (2 per cent) (Cooper et al., 2008). Overall, abuse was most commonly observed in community-dwelling older adults (66.7-86.7 per cent), rather than institutionalised older adults. However, in both settings, emotional abuse prevails as the most common form of abuse (Santos et al., 2011).

Puchkov (2006) in his study on elderly abuse stated that traditionally the family is viewed as a sacred institution, given the responsibility for the care and welfare of the individual. This assertion by Puchkov (2006) was supported by Knodel and Chayovan (2012) by clearly documenting the primary role of the family in providing personal care to the elderly. The study of Puchkov (2006) details findings from a research on elderly abuse and neglect
undertaken in Russia. A survey of 2881 older people aged 60 years and above known to Social Services in four districts of Saratov were undertaken to explore the extent of elderly abuse and neglect in these areas. Psychological and emotional forms of abuse were found to be the most prevalent form of abuse across all districts. Psychological abuse was the most prevalent form of maltreatment. Only a small number of abuse victims were dependent on the abuser for companionship and help with daily activities. Persons responsible for the abuse were usually known to the abused, frequently children, relatives or neighbours.

2.4.2 Factors that may contribute to Elderly Abuse

Chane and Adamek (2015) studied factors contributing to elderly abuse in Ethiopia. The purpose of their study was to increase understanding of elderly abuse in Ethiopia by considering the perspectives of abused elderly persons. Fifteen Ethiopian elderly persons living in miserable conditions were interviewed for this study and the decline of their living conditions exposed them to abusive situations.

The research revealed that elderly abuse was the outcome of a combination of factors that are often interconnected: old age, physical health problems of the elderly, and disengagement from work. Moreover, death or burnout of support providers, geographical proximity of children or other support providers, illiteracy, and the physical appearance of elderly persons were identified as factors contributing to abuse. Physical disability, frailty, childlessness, and extreme poverty accentuated the risk for abuse (Chane and Adamek, 2015). Given the apparent influence of poverty-related factors on the occurrence of elderly abuse among the
study’s participants, the researchers indicated that policy initiatives are needed to enhance the economic well-being of elderly persons in Ethiopia (Chane and Adamek, 2015).

As supported by the findings of Chane and Adamek (2015), Bhattacharya et al. (2014) researched on what happens to the “hand that rocked the cradle,” a study of elderly abuse in India. The study employed an inductive; multiple-case research design (Eisenhardt, 1989). Case studies were based on archival news reports, reports from National Crime Research Bureau and narrations of some of the victims. Poverty, culture, age, race, poverty, functional disability, and cognitive impairment were found to be the risk factors for reported elderly mistreatments in a study of a cohort of 2,812 elderly persons carried over a period of nine years. In the researcher’s detailed literature review on elderly abuse, Fulmer (2002) found that frail and elderly (over 75 years) persons who had been diagnosed with depression or dementia were more likely to be mistreated.

In addition, Santos et al. (2011) conducted a retrospective bibliographic search on studies of prevalence of abuse and neglect in older adults in Portugal. According to their findings, an actual higher incidence of abuse, given that dementia is a concomitant risk factor found in the literature (Lachs and Pillemer, 2004; Loue, 2001). Santos et al. (2011) observed that the accuracy of knowledge of dementia symptoms was a predictable variable for abuse by caregivers of older adults with dementia in one study and not in the other. The discrepancy between what the managers and directors and what the professional caregivers of institutions reported could mean less visibility and awareness of the phenomenon by the management of the residential facilities. A poorer perception of health, not making/receiving visits and
residing in urban areas were observed risk factors for abuse, whilst, women and those older adults with reduced cognitive ability also appear to be at higher risk (Santos et al., 2011).

Santos et al. (2011) concluded that the prevalence studies reviewed, revealed that the domain of abuse and neglect of older adults in Portugal is at an early stage in terms of research. The data from the studies, given the descriptive-correlational methodologies with selected samples living in the community and/or in residential facilities, by subjects available cannot be generalised to the Portuguese reality. With the wide range of prevalence obtained, suggesting the phenomenon being, at least, as widespread as in other Western countries; it is not possible in a canonic way to assess its dimension. In addition, Santos et al. (2011) indicate the need to further explore some theory behind the data, namely the roles of health perception, social interactions and living in urban areas, as risk factors for the occurrence of abuse.

Lai (2011) analysed the abuse and neglect experience of aging Chinese, based on a survey in seven major Canadian cities. The researcher explained that 40.2 per cent of older Chinese adults experienced abuse by their spouse, 18.6 per cent from sons, and 11.8 per cent from daughters. According to the researcher, old age, lack of religious beliefs and formal education, lower financial adequacy, negative attitudes to aging, and greater illnesses and access barriers were identified as risk factors for maltreatment by relatives. After controlling for socio-demographic factors, religion, education level, social support, access barriers, health conditions, Chinese cultural beliefs, and length of residence in Canada, were identified as significant predictors of elderly abuse and neglect (Lai, 2011).
2.4.3 Coping Strategies adopted by the Elderly

Kuria (2012) conducted a study on coping with old age related changes in the elderly. The study involved searching a number of pre-existing materials that gave background information about the topic and provided answers to the research questions. Kuria (2012) used systematic literature review as a method in order to be able to control the expected large volume of the literatures and got the materials well-structured in a manner that facilitated analysis of the data content. The researcher concluded that different types of coping strategies are being used by the elderly and these strategies are inter-connected and type of coping style chosen by the elderly depends on the body condition and target, though in many cases, same coping strategies work for a number of different problems. According to Kuria (2012), the elderly are found to rely more on existing resources and comfortable coping strategies such as avoidant attitude and getting busy with some simple tasks that could bring happiness when coping with stress, in order to keep on with life whenever they are going through ageing process. Molaschi (1995) indicated that allowing elderly persons to get involved in activities that are moderately physical and attending social gathering with friends, relatives and neighbours facilitate health improvement and build their interest to live.

Coping with pain and heart diseases necessitate adaptive approach (Kuria, 2012). Most times, these problems are long term and the elderly are forced to adapt to continuous ill-feelings (Kuria, 2012). Dysvik (2005) stated that continuous efforts in keeping the weakened body in shape; having hope in life; taking care of the body system and engaging in social interaction with other elderly people have been proven to be successful in relieving old people of their stress temporarily. Elderly people with sight problem, hearing loss and bone-associated
problems, such as osteoporosis, arthritis and bone weakness are reported to experience difficulty in movement. In some situation, movement is almost impossible and they spend much of their time in covering a short distance (Kuria, 2012). They try to cope by using walking-aided materials with adequate supporting roles from health care workers (Kuria, 2012). Coping with immune system related changes in the body is through moderate exercise, good standard of living, going through pharmacological therapy and adequate rest to restore back the lost energy (Herndler-Brandstetter, 2006).

Hsu and Tung (2011) researched on coping strategies and adaptation for the disabled elderly in Taiwan. Data were collected during face- to- face interviews with the physically disabled elderly in long-term care institutions and rehabilitation departments in middle Taiwan. The researchers explained that acceptance and action, venting and avoidance, and seeking support are the three types of coping strategies used by the disabled elderly. According to the researchers, coping strategies had different effects in different dimensions. Hsu and Tung (2011) indicated that acceptance and action reduce the difficulty in adapting in the health care and social environment.

According to these researchers, venting and avoidance significantly increases the difficulty in adapting in the health care, domestic environment, and psychological distress. The researchers explained that seeking support increases the difficulty of adapting in the domestic environment. In addition, Hsu and Tung (2011) indicated that disabled elderly who had evaluated a better self-management in health had less difficulty in adapting to health care and
those having a spouse, more general social support and specific social support had less difficulty in family relationship.

Manfred and Pickett (1987) investigated perceived stressful situations and coping strategies utilized by the elderly. Questionnaires were administered and participants were first asked to describe a stressful event that they had experienced within the past month. Participants identified the coping strategies that they had used to deal with the stress. Their results suggested that the most frequently used coping strategy is prayer. According to the researchers, both those who suffered loss and those who experienced conflict perceived themselves as powerless and turned to a higher source with far greater power.
CHAPTER THREE

3.1 Research Methodology

This chapter gives a detailed account of the procedures and processes employed in conducting this research. In other words, the chapter discusses the methodology the researcher followed to reach the research findings.

Yin (2003) defines research methodology as, what the activity of research is, how to proceed, how to measure progress, and what constitutes success. In addition, research methodology is a systematic way to solve a problem and the science of studying how research is to be carried out (Rajaskar, 2006).

3.2 Research Design

Qualitative method was the research methodology employed. Patton (2002) defines qualitative research as a naturalistic approach that seeks to understand phenomena in context-specific settings, such as an original world setting where the researcher does not make an effort to control the variables being observed or studied. Creswell (2014) also defines qualitative research as means of exploring and understanding the meanings individuals or groups ascribe to a social or human problem. Qualitative research techniques therefore, are essential in exploring peoples’ values, beliefs, attitudes and behaviours. It is particularly important when dealing with sensitive topics, and the approach also provides a great insight and understanding of realities, through dialogue between the researcher and the respondent (Maguire, 1987). The purpose for using a qualitative design in this study is that the study
aims to gather detailed descriptive data from elderly persons’ experiences cared for by family caregivers.

3.3 Study Area
This study was conducted at Adusa; a village located in the Ga West Municipality within the Mayera Zonal area. The village is densely populated, with an estimated population of about one thousand, five hundred (1,500) people, which comprises of about three hundred (300) male adults, six hundred (600) female adults, two hundred (200) boys, and four hundred (400) girls (World Vision ADP Ga West, 2014). It is estimated that about one-third of the adult population are elderly people (World Vision ADP Ga West, 2014). The population of Adusa village is predominantly made of about sixty-five (65%) Ga’s with the remaining percentage constituting other ethnic groups like Akan, and Ewe (World Vision ADP Ga West, 2014). Majority of the inhabitants are in the working class and are usually involved in farming, petty trading and other businesses in the non-formal sector. Nevertheless, there are some few inhabitants that are unemployed. The community is largely made up of Christians, few Moslems and a handful belonging to other religions (World Vision ADP Ga West, 2014).

3.4 Target Population
The target population for this study were elderly people cared for by with family caregivers in Adusa village. This comprised of both male and female elderly persons between the ages of 65 years and above.
3.5 Sampling

Community gate keepers such as the assembly man and opinion leaders such as the National Disaster Management Organization Director in the area, helped in identifying elderly participants to partake in the study. Participants were selected through non-probability sampling because the procedures used to select people for inclusion in a sample are much easier, quicker and cheaper when compared with probability sampling (Laerd, 2012). Convenience sampling technique was the initial non-probability sampling used. Convenience sampling allows members of the population to be selected based on their relative availability and accessibility and willingness to be part of the study. Purposive sampling, also known as judgmental, selective or subjective sampling (Laerd, 2012), was the second non-probability sampling technique used because purposive sampling focuses on particular characteristics of a population that are of interest, which best enabled the researcher to answer the research questions (Laerd, 2012).

3.6 Sample Size

Twenty participants were selected for the interview because Green and Thorogood (2009) explained that the experience of most qualitative researchers is that in interview studies, little that is 'new' comes out of transcripts after you have interviewed 20 or so people.

3.7 The Research Instruments and Data Collection Procedures

Interview was used as the main instrument for data collection. An interview is a way of gathering data from one person at a time (Curtis & Curtis, 2011). Interview was used because it affords the opportunity to do a one on one questioning with the participant. Open-ended
questions were asked and participants were probed in a way that elicited answers to all the questions with the aid of an interview guide. The interview method also enabled the researcher to probe further on issues that require further clarification without necessarily following any specific, predetermined order. The advantage here is that it allows for a certain degree of flexibility and for the pursuit of unexpected lines of enquiry during the interviews. An interview guide was constructed to collect data relevant to the aims and objectives of the study. The purpose of the interview guide was to make sure that the researcher is guided in order not to be carried away but rather to complete the interview with the relevant point in each session. The interview guide was constructed in English, but the interview was conducted in Ga and Twi language.

The fieldwork was conducted over a period of two months between November and December, 2015. Person’s identified directly confirmed their willingness to take part in the interview. Each interview lasted between forty-five minutes to an hour and was arranged at a time and location convenient for each participant. Each interview was digitally recorded using an MP3 recorder, a pen and a notebook with the consent of each participant.

3.8 Data Analysis

Creswell’s (2009) thematic analysis was used. Creswell proposed steps that should be followed in thematic analysis: the first is to arrange the data into different categories depending on the sources of information. The second is to collate and sift through the data to obtain a general sense of the information and to reflect on the overall meaning of the subject matter. Thirdly, a detailed analysis with a coding process should be initiated. Generally,
coding refers to the process of organizing materials into chunks before meanings are given to them. The coding process was expected to generate description of the people as well as the categories or themes that emerged for analysis.

In line with the above thematic steps, information provided by participants during in-depth interviews were recorded and later transcribed. Following the completion of the transcription process, data that addressed the research questions were marked. Lists of items that had a reoccurring pattern were generated from the data and were reduced to categories in which segments of the data that share a common category or code were identified. Relationships formed between codes and themes and between different levels of existing themes were considered. Dialogues connected with each theme in support of increasing dependability through a thick description of the results were presented. Member checking was included as a means to establish credibility, as the researcher took final themes and supporting dialog to participants to elicit feedback.

3.9 Ethical Considerations

This section discusses the ethical considerations that were observed by the researcher in the conduct of this study, most importantly on the field of data collection. The essence of ethical consideration in social research is to ensure integrity and excellence in the research process as well as the findings and conclusion. This is crucial because social science research involves human beings with feelings and emotions. The researcher being fully conscious of the above observed the following ethical considerations.
3.9.1 Informed Consent

This refers to the right of individuals to either participate or not to participate in the research. The researcher offered an introductory letter and read out the informed consent part to participants and then sought their consent before the interview. This ensured that individuals voluntarily participate in the research with full knowledge of relevant risks and benefits.

3.9.2 Confidentiality and Anonymity

Anonymity and confidentiality was another important ethical issue considered. Participants were assured that whatever they say would be kept in confidentiality and also their privacy would be assured, by so doing their personality or their positions would not be used or exposed. Participants’ names would not be used in any part of the study; instead pseudo names were used.

3.9.3 Language

The issue of language was given careful consideration. The research guide was in English language, however, the research was conducted in Ga and Twi, because Adusa village being the study area largely comprises of Ga and Twi speaking.

3.9.4 Plagiarism

In order to avoid wrongful appropriation, stealing and publication of another author’s work, plagiarism was avoided by the researcher by acknowledging authors used in the study.
3.9.5 Member Checking

Member checking was employed to ensure the trustworthiness of the study by reading out part of the transcribed data to participants for confirmation.
CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Demographic Description of Participants

This section describes the characteristics of the participants interviewed in the study. It briefly explains the gender of the participants, religion, level of education and their previous employment.

Seven (7) males and thirteen (13) females between the ages of 60 and 95 were interviewed. The significant difference between the number of male participants as against female participants is not surprising, since the life expectancy of females is said to be higher than males (Appiah Kyei, 2013) and the Ghana Statistical Service points out that majority of the elderly in Ghana are women. This also confirms Ghana Country Report on the Implementation of Madrid International Plan of Action on Ageing (MIPAA) (2012) that females out number males when it comes to life expectancy, therefore females are expected to live longer than males. Out of the 20 participants interviewed, ten (10) were traders, seven (7) were professionals and three (3) were farmers. The professionals included mechanics, a teacher, a traditional birth attendant, a military personnel and a driver. Five (5) out of twenty participants did not attend any school, two (2) participants were basic school leavers, middle school or form four leavers were eleven (11); two (2) dropped out of elementary school.

All participants were Christians; however, two of them are unable to go to church due to
their physical weakness.

4.2 Presentation of Findings

This section presents the data obtained from the field. The data are presented in themes based on the objectives of the research.

4.3 Nature of Relationships between the Elderly and their Family Caregivers

Care receivers shared varying relationships with their respective family caregivers. The varying relationships ranged from children, spouses and siblings, with their ages ranging from 30 to 45 years. According to the participants, majority of their caregivers are their children. Eighteen (18) care receivers out of twenty (20) participants have their children as their caregivers; the remaining were siblings.

The findings from the field indicated a poor relationship between care receivers and caregivers but this problem is however hidden.

4.3.1 Poor Relationship

Majority of the care receivers interviewed vehemently refused to discuss the nature of relationship between them and their family caregivers. Sixteen (16) out of the twenty admitted that they are not treated with the respect they required, but refused to give details of what was actually happening, because they have nowhere to go and also have close family ties with caregivers. It seemed there is a poor relationship between the elderly and their
family caregivers but the elderly prefer to keep quiet since they have limited options of where to reside and who to take care of them. Care receivers perhaps have nowhere to go and also prefer to protect their caregivers from being exposed to appropriate authorities, due to the family ties that exist between them. This can be seen in the responses below:

* I can’t talk about it, I have nowhere to go. I have to keep quiet and stay here, my caregiver is my daughter and it’s her duty to look after me so I forget always the problems between us but am not treated with the respect I demand (Grandma Anita, 80 yrs).

* Can’t complain, if I do where will I go, if, my caregiver (daughter) doesn’t have money, she wouldn’t buy anything for me but am ok. She doesn’t come home early so we don’t even chat (Grandma Susan, 69 yrs).

* I have nowhere to go, hence, I can’t complain to you, besides she is my daughter and I don’t want her to have problems with anyone. (Grandpa Seth, 79 yrs).

### 4.4 Types of Abuse

There are several types of elderly abuse. The types include financial abuse, neglect and verbal abuse. Three types of elderly abuse were identified from the study. The findings are presented below:
4.4.1 Neglect

This type of elderly abuse can take several forms such as paying little or no attention to the elderly, or failure to meet an elderly’s basic needs. Neglect was found as a type of abuse the elderly experience. Some of the participants are sometimes neglected. Majority of the participants said that their caregivers give the excuse that they are not earning any regular income and others also say they have to pay their children’s school fees; hence, they are unable to look after the elderly as expected of them. This has made some of the elderly to look after themselves financially, by taking an occupation, while a few rely on philanthropists. The data below indicates its existence:

I have one caregiver (son) but it’s almost like I look after myself, my caregiver is 37 years and he doesn’t bring any money to me, I depend on my drinking spot because he complains of not having a well paid job and have to pay his children’s school fees (Grandpa Joe, 60yrs).

It’s only God who takes care of me, I had three caregivers (two sons and a daughter) but I lost my two sons. The only caregiver (daughter) left, doesn’t stay with me and hardly give me money. It is difficult for me. There is this policeman upon hearing I lost my two sons, gives me money every month, but I stay alone and do everything alone (Grandma Sarah, 70yrs).

My caregivers (children) don’t visit me with any gift or money, instead they take food stuffs from me saying things are difficult for them in Accra and they have to pay
school fees. They always tell me to pray for them instead so that one day they would take proper care of me (Grandfather Michael, 63yrs).

4.4.2 Disrespect

The findings below indicate the existence of disrespect meted to the participants by their caregivers. Disrespect can either be a cause or a type of elderly abuse. Some of the elderly complained bitterly about it. Most of the participants are being disrespected not only by their caregivers but also people around them. Some of the participants are not paid attention to whenever they speak. Their presence is no longer recognised, as compared to the respect given to them in their youthful ages and they are treated as children. Below are statements from three of the participants:

One of my caregiver (son) disrespects me a lot, today this problem, tomorrow that problem so I don’t take his money any longer. I am quarrelling with him he treats me like a child (Grandma Charity, 80yrs).

My caregiver (sister) makes me talk too much. The people around me including my sister like quarrelling too much. They don’t respect me. This makes me talk or insult them often. I have to quarrel with my sister often, they don’t listen to me when I advise them and to them I am a child. (Grandpa Evans, 80 yrs).

My caregiver (daughter) calls me names that I don’t like, but I don’t want to talk about it (Grandfather Mark, 73yrs).
4.4.3 Verbal Abuse

Verbal abuse is the commonest form of abuse identified in the study. This type of abuse is often perpetuated by caregivers of the elderly. The findings revealed that some elderly persons in Adusa village are verbally abused. They are spoken to anyhow by their caregivers. Some are also insulted. This makes them feel sad and creates an uncomfortable environment for them to live in. Below are statements from three of the participants:

*I have four caregivers (children); they sometimes speak to me any how (Grandpa David, 62yrs).*

*One of my caregivers (son) insults me so am quarrelling with him, I don’t talk to him; I don’t take money from him now (Grandma Charity, 80yrs).*

*My daughter talks to me anyhow when she is angry at me (Grandma Esther, 70yrs).*

4.5 Factors that may prompt Abuse of the Elderly in Adusa Village

There are several factors that may prompt abuse of the elderly; these factors may be interconnected, however, the following were recorded as factors that prompt abuse of the elderly in Adusa village.

4.5.1 Poverty

Poverty in Adusa has been a challenging problem. According to the participants, some caregivers are not gainfully employed, while care receivers are also not well to do. Therefore,
both do not have enough money to meet basic needs of life. From the data gathered, it is obvious that poverty has been a serious problem in Adusa. Some of the participants were unable to go to the hospital because caregivers claim they do not have money due to unemployment. Hence, some of the elderly persons have been denied money for their upkeep. This can be seen in the statements below:

Living in Adusa was better, but now it’s difficult for the elderly. If I don’t have money, I sleep. We use to farm but now all the farmlands have been sold out. Without money you could even go to your farm for foodstuffs to prepare in the house but no more. The elders here live a poor life (Grandfather Michael, 63yrs).

My caregivers (children) don’t disturb me but its only money problems we face. Sometimes we don’t even get money to buy food to eat because no work for them to do. At first they could buy clothes for me but now they don’t because of money issues (Grandma Ophelia, 95).

My caregivers (children) complain of financial problems a lot. My caregivers say things are difficult for them and because of this they sometimes don’t have money for me (Grandma Charity, 80yrs).

4.5.2 Failing Health of the Elderly Persons

The physical condition of the elderly has also proven to be another cause of elderly abuse among the participants. An elderly person whose health is failing has to depend on a caregiver because, they need their caregivers to help them move around, bath and also pay
medical bills. It seems to be a bother and a burden to some caregivers, making them react by treating the elderly person’s in an unfriendly manner. The findings below explain it.

*At first I was unable to visit the toilet because I couldn’t see well but now I can see because my eyes have been treated. I do it on myself but my caregivers (children) don’t like it at all, they treat me like a child when it happens (Grandma Ophelia, 95).*

*My eyes are failing me so I have to depend on my caregivers (children) sometimes, but it seems as if am disturbing them (Grandma Sarah, 70yrs).*

*When am not feeling well and need to go to the hospital, my caregiver (son) often becomes angry when he is supposed to pay bills (Grandma Susan, 69 yrs).*

**4.6 Coping Strategies adopted by the Participants**

Majority of the elderly persons in the study who are being abused have adapted to a particular behaviour in order to lessen their plight. Below are their coping strategies;

**4.6.1 Reliance on God**

Many of the elderly in the study are weak or frail unlike their youthful days, they depend more on God as a way of comforting themselves, since they are unable to perform functions they used to. In whatever problem they face, they have a strong belief that a God will intervene. In participants’ own words:
For happiness, when my caregiver (daughter) or people around me make me sad, I read the bible and pray (Grandfather Michael, 63yrs).

When there is something going on that I don’t like, I pray to God to calm me down and I trust in Him (Grandma Sarah, 70yrs).

At this age I rely only on God. Whether good or bad it’s up to God to intervene for me. When there is something going on that I dislike, I look up to God. (Grandpa Fred, 95).

4.6.2 Social Interaction

Some of the participants find comfort spending time with their friends or age mates. The mobile ones visit their friends a lot in order to discuss problems and chat with them when they feel sad or neglected, which makes them become happy. Some of the elderly in Adusa find solace in their friends or cohorts; hence they prefer visiting them in their homes. Below are statements that explain this theme:

When I feel neglected, lonely or sad, I visit friends, to chat with them (Grandma Olivia, 75yrs).

When there is something going on that I don’t like, I also visit friends and this makes me happy (Grandma Sarah, 70yrs).

Usually in the afternoon, I visit my friend in his house. We talk about our problems. This makes us happy (Grandpa John, 72yrs).
4.6.3 Avoidance Attitude

Avoidance attitude has been a powerful coping strategy for some of the participants; they claim they remain calm and quiet, since they consider themselves to be powerless at this stage. The statements below indicate the existence of avoidance attitude among the participants:

*I avoid my caregiver (daughter) when I realize she is angry at me (Grandma Cynthia 69 yrs).*

*When I realize my caregiver is annoyed at me, I don’t talk to him; I become quiet and stay away. I talk to him when he is okay so that we don’t quarrel (Grandma Susan, 69 yrs).*

*I become quiet and do not complain if my caregiver is doing something that I don’t like (Grandma Olivia, 75).*

4.6.4 Taking to Occupation

Some elderly persons in the study at Adusa village have taken to a new occupation, because they need money to meet their basic needs. The caregivers of some of the elderly seldom give them money. These types of occupation usually do not require more physical strength. This can be seen in the statements below:
My caregiver (son) complains of money, hence I am now a farmer cultivating plantain, cassava, maize, and banana this is what I depend on now after my pension (Grandfather Michael, 63yrs).

Now I sell kerosene, although there is no big profit but I have to keep selling since it is enough to feed me, my caregiver doesn’t give me money regularly (Grandma Olivia, 75).

I help a neighbour to sell kenkey by preparing the corn husk for her. This makes me earn extra money to meet my basic needs, since my caregiver (daughter) has financial challenges (Grandma Grace, 70).

4.6.5 Drinking of Water

Drinking water is another coping strategy employed by the elderly in the study. Elderly persons who are denied food by caregivers or have no food to eat sometimes often drink water to survive. They drink water often in order to make up for the three square meals. The statements below support this theme:

I drink water, sometimes when am hungry, for one of my children when I tell him am hungry he doesn’t mind me because he has several children to look after. My children in Accra also hardly visit me; perhaps things are difficult for them in Accra so, if I get I will eat, if I don’t, I will drink water and sleep (Grandma Adjoa, 94yrs).
Sometimes when am hungry and there is no food for me, I drink more water. I can even drink water and sleep (Grandma Olivia, 75).

I drink water a lot sometimes when am hungry, since my caregiver (son) complains of me disturbing him (Grandpa Felix, 90yrs).

4.7 Discussion of Findings

This section discusses the findings of the study in relation to the themes under each objective.

4.7.1 The Nature of Relationship between the Elderly and their Family Caregivers

The findings revealed that the caregivers of the participants are mostly their children and few of them are the care receivers’ siblings. These findings confirm the work of Knodel and Chayovan (2012), which clearly document the primary role of the family, especially adult children in providing personal care to elderly members who can no longer carry out their activities of daily living on their own. Some of the elderly said their children are responsible for them because they raised them to whoever they are now and it’s now their turn to reciprocate the care and affection to them till they die. This also confirms the work of Cross and Stewart (2007), who concluded that when you take care of your children now they would take care of you later.

However the relationship between the care receivers and caregivers is not that pleasing among the participants of the study. This poor relationship is somewhat hidden, since the care receivers have refused to talk about it and do not want other people to know how bad they are
sometimes being treated. Majority of the participants refused to talk about the nature of their relationship with the excuse that the caregivers are their children and there is no need to report and also the caregivers are their only option. Care receivers’ refusal to talk about the nature of relationship between them and their caregivers, confirms the findings of Charland, 2006 in his research on elderly abuse, neglect, and exploitation. The researcher explained that majority of cases of elderly abuse go unreported, making it a hidden problem within the communities in which they live, because often the abuser is a family member and caregiver, who is the sole lifeline for the dependent victim’s basic needs. He indicated that there is a common belief that these types of issues are “family matters,” and should be handled within the family itself.

4.7.2 Types of Abuse the Participants Experience.

Three main types of abuse were identified. They are neglect, disrespect and verbal abuse. Most of the participants seem to have been neglected. Their caregivers give the excuse that they are not earning any regular income and others also say that they have to pay their children’s school fees. These have made some of the elderly to look after themselves by taking an occupation, while others rely on philanthropists. These findings confirm the works of Lafferty et al., (2013) and Martins et al. (2014) on the aged. Both groups of authors concluded that one of the more perceived and manifested types of abuse among the elderly is neglect. Ploeg et al., (2013) also described different types of abuse, including, neglect which elderly persons face often, in their daily lives.
Disrespect can be both a cause and form of abuse, and involves activities such as name-calling, or describing older adults as useless, threats, inappropriate talk of death, insufficient communication, restricting older adults’ mobility, failing to provide a comfortable living environment, necessary personal care, and nutrition (Tam and Neysmith, 2006). The elderly in the study are being disrespected by not paying attention to whatever they say and calling them names. Their presence is no longer recognised. This confirms Tam and Neysmith’s (2006) exploration on elderly abuse issues in a Chinese community. They concluded that disrespect is a form of elderly abuse. Walsh et al. (2007, 2010) and Ploeg et al. (2013) also researched on types of abuse of the elderly and concluded that disrespect is a form of abuse that elderly persons experience in their daily lives.

Verbal abuse is the third type of abuse experienced by the participants and it is the commonest form of abuse identified among the participants. The findings reveal that some elderly persons in Adusa village are verbally abused. They are spoken to anyhow, some are also insulted. This makes them feel sad and creates an uncomfortable environment for them to live in. This confirms the work of Walsh et al. (2007, 2010) and Ploeg et al. (2013). Both groups identified verbal abuse, being insulted as a problem elderly persons go through in their respective homes.

4.7.3 Factors that may prompt Abuse of the Elderly in Adusa Village

Two main factors were identified from the study, which prompt abuse of the elderly. They are poverty and the failing health of the elderly. Poverty has been a cause of abuse among the elderly interviewed.
Majority of care receivers complained that their caregivers are not employed and do not have any regular source of income to look after them. Besides, caregivers also have their children to look after. Elderly persons are sometimes unable to go to the hospital because caregivers claim they do not have enough money to pay medical bills. This confirms Chane and Adamek’s (2015) conclusion that elderly abuse is the outcome of a combination of factors that are often interconnected, including extreme poverty. Bhattacharya et al. (2014) also concluded that poverty is a risk factor for reported elderly abuse.

The failing health of an elderly person is also another factor that may prompt abuse. Some of the elderly persons are abused due to their ill health. They have to depend on their caregivers and this becomes a burden to some of the caregivers. Some caregivers maltreat the elderly because of the daily responsibilities bestowed on them. Elderly persons who have failing health need the assistance of caregivers more, as compared to elderly persons who are stronger. This finding supports the works of Chane and Adamek (2015), Lai (2011) and Fulmer (2002). They all concluded that physical health, health conditions and frailty were identified as significant predictors of elderly abuse and neglect.

4.7.4 Coping Strategies adopted by Participants when being Abused

When elderly persons in Adusa village are being abused they adopt several coping strategies in order to survive or make themselves happy. The strategies include reliance on God, social interaction, taking to occupation, avoidance attitude and drinking of water often.

Most of the elderly rely on God when being abused. They believe that God will intervene on their behalf. They depend on prayer and reading bible verses, since they claim they have
nowhere to go and they cannot report their children to the police or any higher authority.

The findings confirm the work of Manfred and Pickett (1987) who suggested that prayer is a coping strategy of elderly persons. According to the researchers, both those who suffered loss and those who experienced conflict perceived themselves as powerless and turned to a higher source with far greater power beyond them.

In Adusa village, some of the elderly who are mobile visit friends when they feel neglected. They chat together in order to feel happy and they feel relieved. This is also confirmed by Dysvik (2005) who indicated that engaging in social interaction with other elderly people have been proven to be successful in relieving old people temporarily.

Findings from the study also reveal that most elderly persons stay away from their caregivers when they realize they are being abused. Some of them decide to keep mute and avoid caregivers when they are exhibiting behaviours they dislike. This attitude however prevents further quarrels and confrontation. The avoidance attitude of the elderly confirms the work of Hsu and Tung (2011) on coping strategies and adaptation for the disabled elderly in Taiwan. The researchers explained that avoidance is one of the three types of coping strategies used by the disabled elderly. Kuria (2012) also indicated that the elderly are found to rely more on existing resources and comfortable coping strategies such as avoidant attitude that could bring peace and happiness.

Some of the elderly who are healthy in the study have taken to new occupations, since their caregivers sometimes deny them of regular money for their upkeep, because of this, some of the participants who are not healthy are unable to visit the hospital regularly.
Taking to new occupations enables them to raise some money for their daily upkeep; however, it’s obvious that the new occupation depends on the physical condition or health of the elderly person. Ten (10) out of the twenty participants are economically active. Their ages range from 60 to 75 years. This confirms the findings of Population and Housing Census report (2010) with the assertion that the economic activity status of the elderly is relatively high; almost 6 out of every 10 of elderly aged 60 years and above is economically active, and 52.1 percent of those aged 65 years and above are also economically active. The proportion of the economically active, declines with advancement in age. It ranges from 74.4 percent among the youngest age group of the elderly (60-64 years) to as low as 38.5 percent among those aged 80 years and above. However, Physical weakness at advanced ages (particularly at very old ages) may prevent the very old from being economically active.

Elderly persons who are denied food sometimes for one or two reasons and also those who do not have food, often rely on water. They drink water often in order to make up for the three square meals in a day. Using water as a coping strategy to hunger, however confirms the assertion by WHO, (2016) that older persons are particularly vulnerable to malnutrition and the price of foods rich in micronutrients is expensive, which further discourages their consumption; hence, this will make them rely on less expensive food since caregivers complain of finance.
4.8 Theoretical Relevance of the Study

The study focused on the micro system in Bronfenbrenner’s human ecological theory, for the study of abuse of elderly persons living with their family caregivers. The study supports the theoretical position of Bronfenbrenner’s human ecological micro system theory which posits that elderly persons are close to family caregivers in whom they have direct contact and the relationship is bi-directional, therefore the family caregivers can influence the behaviour of the elderly towards them and their environment. When family caregivers abuse the elderly, they respond in several ways, adapting to coping strategies such as avoidance attitude, taking to an occupation, reliance on God, drinking of water and social interaction. Our behaviour to the people in our micro system really affects how they respond to us and the environment.
5.1 Summary, Conclusions and Recommendations

Chapter five discusses the summary of the major findings and draws conclusions. Recommendations are also made for individuals, policymakers and future research. The implication for social work practice of this research is also stated clearly in this chapter.

5.2 Summary

This section presents a summary of the main findings in the study under the various objectives already discussed.

5.2.1 The Nature of Relationship between the Elderly and their Family Caregivers

The study found that care receivers share varying relationships with their caregivers. This ranged from children, spouses and siblings. However, majority of the caregivers are children of the care receivers. But a poor relationship exists between the care receivers and caregivers. Majority of the participants interviewed, refused to discuss the nature of relationship between them and their family caregivers because the caregiver is the sole lifeline for the dependent victim’s basic needs and there is a common belief that these types of issues are “family matters,” and should be handled within the family itself.
5.2.2 Types of Abuse the Participants’ Experience

Neglect, disrespect and verbal abuse were the three types of abuse identified among the study participants. Most of the elderly are neglected by caregivers, because caregivers are not earning any regular income and have to pay their children’s school fees. The study identified disrespect which can be both a cause and form of abuse among the participants. The elderly are being disrespected by not paying attention to whatever they say and are being called names. Verbal abuse is the commonest form of abuse identified in the study. Some elderly persons are spoken to anyhow, some are also insulted. This makes them feel sad and creates an uncomfortable environment for them to live in.

5.2.3 Factors that may prompt Abuse of the Study Participants

Two main factors were identified in the study. The factors were poverty and the failing health of the elderly. Majority of the study participants complain that their caregivers are not gainfully employed, hence, do not have any regular source of income to look after the elderly as expected of them. Elderly persons are sometimes unable to go to the hospital because caregivers claim they do not have enough money to pay medical bills. The failing health of an elderly is also another factor that may prompt abuse. Some of the elderly persons are abused due to their ill health. They have to depend on their caregivers and this becomes a burden to some of the caregivers. Elderly persons who have failing health need the assistance of caregivers more, as compared to elderly persons who are stronger.
5.2.4 Coping Strategies adopted by the Participants

When the elderly in the study are being abused they adopt several coping strategies in order to survive or make themselves happy. Most of the elderly rely on God when being abused. They pray and read bible verses often. Some of the elderly visit friends when they feel neglected. They chat together in order to feel happy and they feel relieved. Some of the elderly avoid their caregivers when they realize they are being abused. Some of them decide to keep mute and avoid caregivers when they are exhibiting behaviours they dislike. This attitude however prevents further quarrels and confrontation. Some of the participants have taken to a new occupation since their caregivers sometimes deny them of regular money for their upkeep. Taking to new occupations enables them to raise some money for their daily upkeep; however, it’s obvious that the new occupation depends on the physical condition or health of the elderly person. Elderly persons who are denied food sometimes for one or two reasons and also those who do not have food, often rely on water. They drink water often in order to make up for the three square meals in a day. According to the participants, some caregivers claim they do not have the money to always buy food rich in micronutrients for them.

5.3 Conclusions

The ageing population of Ghana is both a triumph and a challenge of our time (Appiah Kyei, 2013). Nonetheless, the elderly have the right to independence, respect, privacy, participation, care, self-fulfilment and dignity (Help Age Ghana, 2005).
Human rights are supposed to be universal, inviolable, and inalienable and everyone is entitled to it (Appiah Kyei, 2013). This study found out that children are mostly caregivers of the elderly, however, a poor relationship exists between care receivers and caregivers and this poor relationship is hidden with the common belief that these types of issues are family matters.

The study also revealed three main types of abuse in Adusa village. They are neglect, disrespect and verbal abuse. Poverty and the failing health of the elderly were two factors identified in the study that prompt abuse of the elderly. However; when the study participants are being abused, they adopt several coping strategies in order to survive. These include reliance on God and avoidance attitude.

5.4 Recommendations on Policies for the Elderly

Considering the fact that poverty is a factor that prompts elderly abuse, policies and programs aimed at socioeconomic empowerment of people in the communities such as Microfinance and Small Loans Centre (MASLOC) will impact positively, especially on the lives of family caregivers which will help curb or reduce elderly abuse.

The study on elderly abuse indicates that Ghana’s ageing population is fast increasing and the abuse of the elderly continues to exist, hence, government should facilitate the implementation of the National Ageing Policy by providing the needed support such as finance to the implementing agencies (i.e. Department of Social welfare and Department of Community Development) since this is a major document on ageing in Ghana.

63
Policies should aim at improving The National Health Insurance Scheme so that elderly persons between ages 60 to 69 years will be exempted from paying premiums as it is for the elderly above 70 years. Also the National Health Insurance Scheme should cover more old age related diseases such as dialysis for chronic kidney failure and appliances and prosthesis including optical aids, hearing aids and orthopaedic aids. Officers of the scheme should visit homes in order to register elderly persons who cannot make it to the centre.

Government should focus on creating awareness on old age issues such as diseases associated with the elderly. This can be done through capacity building and education of the populace. The youth should be prepared for old age and pension through their educational institutions and the mass media.

5.5 Recommendation for the Populace

Individuals in the family who are well to do are to make efforts in keeping healthy family ties by remitting family members who need financial assistance and also parents should maintain cordial relationships with their children and other relatives.

Family heads are to go an extra mile to maintain the extended family ties by organising socialisation programs such as family picnic particularly during festive occasions to promote solidarity among family members. Parents should be encouraged to socialise their children in the areas of respecting and supporting the elderly. This can be done by calling regular meetings at home.
Ghanaians should focus on caregiver education, including acquiring knowledge about ageing and diseases associated with old age. This can be done through reading books and journals and also seeking information from professionals such as social workers, nurses, doctors and counsellors.

Ghanaians are to cultivate the habit of saving. This boils down to having some form of insurance to secure the future.

5.6 Implication of this study for Social Work Practice

Social Worker as an Educator

Social workers should educate family members to make efforts in keeping healthy family ties and also encourage parents to maintain cordial relationships with their children and other relatives.

Social work educators must sensitize and teach people about elderly abuse and how such practices can be stopped. The education should be sustainable and be directed more at victims and perpetrators of elderly abuse.

Social Worker as a Broker

Social workers as brokers, can link elderly persons in our communities to existing support programmes such as Lively Empowerment against Poverty (LEAP) and National Health
Insurance Scheme (NHIS) since some of the elderly persons are illiterate and also unaware of existing programmes aimed at supporting the elderly.

**Social Worker as a Researcher**

Social workers must be knowledgeable about legislation, policies and social programs that affect older adults by researching. In addition they must be knowledgeable about the ageing process and problems older adults and their caregivers are likely to face and the necessary steps to take. This will enable them address old age related problems such as elderly abuse, well.

Research by social workers on elderly persons living with family caregivers will enable social workers to be able to assess the needs and resources of elderly people in their environment or elderly persons living with their family caregivers, evaluate the effectiveness of social work services on the elderly and also understand the impact of legislation and social policy on elderly person in the community.

**Future Research**

Social workers and social work students should explore the experiences of family caregivers in relation to elderly abuse in subsequent researches since this study focused on the experiences of the elderly persons living with their family caregivers. The focus on the experiences of family caregivers in relation to elderly abuse in subsequent researches will enable social workers to know challenges family caregivers also face and also how family caregivers are able to cope when dealing with elderly persons. The findings will also help in
recommending effective ways on how to train or educate elderly caregivers in Ghana or the world as a whole.
References


Joaquim, J.F. Soares, S., Eija, F., Mindaugas, V., Örjan, S., Maria, S., Melchiorre, G.,


Appendix

INTERVIEW GUIDE FOR THE ELDERLY

I am Isaac Lamptey, an MPhil student of Social work, University of Ghana Legon. I am researching on the topic ‘Exploring the abuse of elderly persons living with family caregivers in Adusa village.’ This research will enable me gather your personal accounts of abuse and will illuminate the ways in which you seek and experience support, to enable you cope. Your experiences may enhance the development of effective elderly care.

I assure you that whatever you say will be kept in confidence and also your privacy will be assured; by so doing your initials and not your name will be used.

1) Demographics

Please tell me about yourself:

➢ Your age, what work were you doing before you turned 60 years? (When was it?), educational background, marital status, number of children income status, how long have you been cared for?

About caregiver

➢ How many family caregivers do you have?
➢ Who is your caregiver?
How did he/she become your caregiver?

2) **The nature of relationship between the elderly and their family caregivers**

- Please tell me about your relationship with your caregiver (family background, history of relationship, any unforgettable event etc.)
- How do you value the care you are being provided? Describe the quality of the relationship.
- In what ways do you enjoy the experiences you have with your caregiver; do you feel happy mostly, do you regret having him/her as your caregiver? Or…
- Can you list some things that you rely on your family caregiver for? (dressing, food preparation, cleaning, etc.)

3) **Exploring Elderly abuse and types of abuse**

**Physical Abuse**

Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.

- What are some things you do that your family caregiver doesn’t like?
- What does she do to show her dislike to such things?
- Has there been an occasion when she/he assaulted, hit, slapped you or touched you physically? What exactly happened? How did you feel?
Emotional, psychological abuse
Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts

➢ What behaviours of your caregiver towards you make you feel unhappy?
➢ Have you ever had arguments with your caregiver? What exactly happened?
➢ In what ways would you want your caregiver to treat you to make you feel of worth or importance?
➢ If you have ever experienced any of these, can you please talk about them? (name calling, harsh orders, provocation of fear, threats …) from your caregiver.
➢ Have you ever been upset because your caregiver did something to you that made you feel ashamed/ threatened? What exactly happened? How did you feel?
➢ In what ways do you feel safe in your caregiver’s care?

Financial or exploitative abuse
The illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder

➢ Has your caregiver ever convinced you to give her money? How did that happen?
➢ How did you react to your caregiver?
➢ Has she ever threatened you to give her money? How did that happen?
➢ Has she ever taken any property of yours without your consent? How did that happen?
Neglect

Failing or refusing to provide food, shelter, healthcare or protection for a vulnerable elder.

➢ Have you ever felt neglected/ abandoned? In what ways?
➢ In what ways is your caregiver not responding adequately to your needs?
➢ How are your medical needs attended to by your caregiver?
➢ What are you assisted with: food, clothing,
➢ In what ways do you like your surroundings?
➢ In what ways do you dislike your surroundings?
➢ What reasons do you have to believe that sometimes mistreatment occur?
➢ When you feel that you are being mistreated, how do you make that known to your caregiver?

4) Exploring factors that may prompt abuse

➢ What are some of the things you do that your caregiver dislikes?
➢ Why do you think he/she dislikes these actions of yours?
➢ Why do you think your caregiver behaves in a way you dislike?
➢ When given the opportunity, would you prefer another caregiver? Give reasons?
➢ What behaviours of your caregiver will you call abuse (yelling at you, insulting you? beating you, not giving you food? Etc......).
5) **Coping strategies used by the elderly to enhance their welfare**

- How do you respond to the act or behaviour you dislike from your caregiver?
- What activities/programs do you engage in to keep you happy?