

UNIVERSITY OF GHANA

**ROLES OF ELDERLY PERSONS IN CONTEMPORARY ACCRA AND
CONDITIONS UNDER WHICH THEY SUCCEED**

BY



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**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A
MASTERS OF ARTS SOCIAL POLICY STUDIES DEGREE**

JULY 2013

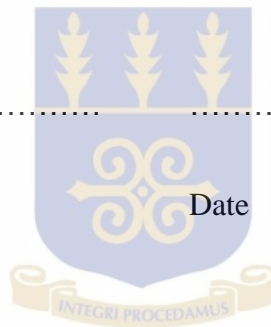
DECLARATION

I, Lydia Appiah- Kyei, do hereby declare that “Roles of Elderly Persons in Contemporary Accra and Conditions under Which They Succeed” has been done by my own efforts under the supervision of Professor Brigid Sackey of the Centre for Social Policy Studies.

In places where references of other people’s work have been cited, full acknowledgements have been given. No part of this project work has either been presented whole or in part to any other institution for any award.

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ACKNOWLEDGEMENT

I wish to express my sincere appreciation to God for His love and manifold blessings that has brought me this far.

My heartfelt gratitude goes to my supervisor, Professor Brigid Sackey of the Centre for Social Policy Studies, University of Ghana for providing guidance and direction in the production of this research work, despite her very tight schedules.

Also to the staff of HelpAge Ghana, the elderly who provided valuable information that culminated in the conclusions arrived at in this work, I am very grateful. Especially to SSNIT Pensioners Association, Ofankor and HelpAge Elderly Associations in Osu and Achimota, thanks very much for making time for my numerous questions.

A special note of appreciation goes to my lovely Parents and Siblings, Maame Kyerewaa Brobbey, Pascal Wab Lumor, the Pobee Family and all my friends for their love, care, prayer support and encouragement afforded me in completing this project.



GOD RICHLY BLESS YOU ALL.

DEDICATION

I dedicate this work to my lovely husband and life comforter, Mr. Daniel Kwame Agyenim Boateng Pobee, and to my parents, the Late Mr. Richard Oppong Mensah Kyekyeku and Madam Mary Kyei. I have seen this far in my education because I stood on the shoulders of giants like you. Your reward is in God



TABLE OF CONTENTS

DECLARATION	i
ACKNOWLEDGEMENT	ii
DEDICATION	iii
TABLE OF CONTENTS.....	iv
LIST OF TABLES	vi
LIST OF FIGURES	vii
LIST OF ABBREVIATIONS.....	viii
ABSTRACT.....	x

CHAPTER ONE	1
INTRODUCTION	1
1.1 Background	1
1.2 Statement of the Problem.....	3
1.3 Key Research Questions:	5
1.4 Objectives of the Study	5
1.5 Significance of the Study	5
1.6 Theoretical Framework.....	6
1.7 Organization of Study	10
1.8 Definition of Key Concepts	10
CHAPTER TWO	11
LITERATURE REVIEW	11
2.1 Introduction.....	11
2.2 Policies on the Elderly	11
2.3 Ageing.....	13
2.4 Ageing and Gender	14
2.5 Beliefs and Roles of the Elderly in Traditional System.....	15
2.6 The Changing Situation of Older People	17
2.7 Perceptions about the elderly	21
2.8 Roles of the Elderly	24
2.9 Elderly in Contemporary Accra	27
2.10 Conditions under Which the Elderly Succeed	28

CHAPTER THREE	30
RESEARCH METHODOLOGY	30
3.1 Research Design.....	30
3.2 Study area.....	31
3.3 Target population	31
3.4 Sampling Arrangements:	31
3.5 Data Collection	32
3.6 Data Collection Instrument	33
3.7 Data Collection Procedure	33
3.8 Data Analysis	34
3.9 Objective specific methods	34
3.10 Quality Assurance / Data Management	35
3.11 Limitations to the Study.....	36
3.12 Ethical Considerations	36
3.13 Scope of the Study	37
CHAPTER 4	38
PRESENTATION AND DISCUSSION OF FINDINGS	38
4.0 Introduction.....	38
4.1 Demographic Description of data	39
4.2 Existing policy framework on the roles of the elderly.....	42
4.3 Contemporary roles of the elderly.	48
4.4. Conditions under which the elderly successfully play their roles.....	58
CHAPTER FIVE	67
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	67
5.1 Introduction.....	67
5.2 Summary of Objectives and Major Findings	67
5.3 Conclusion	73
5.4 Recommendation	74
5.4.1 Recommendations on Policies of the Elderly:.....	74
5.4.2 Recommendations for Success in the Contemporary Roles of the Elderly	75
REFERENCES	77
APPENDIX.....	80

LIST OF TABLES

Table 1: Proportion of Ghana's elderly to total population by region, 1960-2000...	26
Table 2: Life expectancy Ghana.....	39

LIST OF FIGURES

Figure 1: Characteristics of the ageing process	7
Figure 4.1: Level of Education	40
Figure 4.2: Gender and Level of Education.....	41
Figure 4.3: Previous Employment	42
Figure 4.4: Purpose of Policy.....	47
Figure 4.5: Knowledge for policy on the elderly.....	48
Figure 4.6: Current Services Rendered by the Elderly	49
Figure 4.7: Gender and Current Employment.....	49
Figure 4.8: Contribution of the Elderly to Society	50
Figure 4.9: Contributions of the Elderly to Society.....	50
Figure 4.10: Age and Roles in the Family.	52
Figure 4.11: Level of Education and Roles in the Family.	52
Figure 4.12: Roles in the Community.....	53
Figure 4.13: Specific Roles in the Community.....	53
Figure 4.14: Age and Roles in the Community.	54
Figure 4.15: Roles in the Church	55
Figure 4.16: Specific Roles in Church.....	55
Figure 4.17: Age and Roles in Church.....	56
Figure 4.18: Changes in the Roles of the Elderly.	56
Figure 4.19: Specific Changes in the Roles of the Elderly	57
Figure 4.20: Success in Performing Roles.....	58
Figure 4.21: Contribution of Pension Benefits to Success.	59
Figure 4.22: Contribution of Association to Success.....	60
Figure 4.23: Contribution of Family to Success	61
Figure 4.24: Specific Contribution of Family Members to Success.	61
Figure 4.25: Endogenous Effects on Success	62
Figure 4.26: Positive factors	63
Figure 4.27: Gender and Positive factors.....	64
Figure 4.28: Negative factors.....	64
Figure 4.29: Gender and Negative factors	65

LIST OF ABBREVIATIONS

AIDS:	Acquired Immunodeficiency Syndrome
AU:	African Union
FGD s:	Focus Group Discussions
GLSS:	Ghana Living Standards Survey
GSGDA:	Ghana Shared Growth and Development Agenda
HIV:	Human immunodeficiency virus
ICT:	Information Communications Technology
LEAP:	Livelihood Empowerment Adjustment Poverty
LESDEP:	Local Enterprises and Skills Development Programme.
MIPAA:	Madrid International Plan of Action on Ageing
NHIS:	National Health Insurance Scheme.
NSPS:	National Social Protection Strategy
NGOs:	Non-Governmental Organizations
OVCs:	Orphan and Vulnerable Children
PNDC:	Provisional National Defence Council
SNNIT:	Social Security and National Insurance Trust

SPSS: Statistical Package for the Social Sciences

WHO: World Health Organisation

UN: United Nations

ABSTRACT

Population ageing is on the increase and it has become a very important issue for immediate attention. Modernisation has affected the roles that elderly people play making them lose their significance. Knowledge on the contemporary roles of the elderly is necessary since it will help individuals to better appreciate our senior citizens.

This study was aimed at soliciting the views and opinions of about a hundred elderly with respect to their contemporary roles and how they succeed in performing those functions. It also reviewed policies on ageing that prescribe roles for older persons. It was found that the policies only make provision for continued success and the elderly still play some roles in the family, community and their religious affiliations. Also the main conditions under which old persons succeed are good health and adequate finances. Overall, the findings of the dissertation suggest that the elderly still play numerous roles in this contemporary time. Their functions should be acknowledged and an enabling environment be created for them to achieve success in these roles.

CHAPTER ONE

INTRODUCTION

1.1 Background

Ageing is a continuous process from birth to death, encompassing physical, social, psychological, and spiritual changes. These changes can be influenced by genetic, environmental, and lifestyle factors (Lovell, 2006). Despite the deepening poverty and the effects of HIV/AIDS the majority of Africans are expected to grow older and, in all probability, live longer than previous generations (*The Social Policy Framework for Africa*, 2008).

The issue of ageing became a major concern in Ghana in the late 1980s when the proportion of the aged to the total population started increasing. The 2008 *Ghana Living Standards Survey* indicated that the proportion of the elderly (65 years and above) formed 6.3 per cent of the population. However, there seem to be more negative perceptions about the roles of older people and ageing that tend to exclude them from performing certain functions in the society in contemporary times. The roles of the elderly in traditional society were undoubtedly conspicuous. The elderly owned the means of production such as land, labour, capital and the skills. They were symbols of knowledge and profound experience. Thus, they were more experienced and therefore imparted knowledge to the youth by training and ushering them into various occupations, as well as giving younger generations advice in all aspects of life. The elderly were the link between the ancestors and their communities as they led the performance of various traditional ceremonies such as naming, and transitional rites, including puberty,

marriage and death rites, and played prominent roles in festivals and installation of chiefs. With the performance of such roles, the elderly were held in high esteem.

As society has gone through a series of transformations, so have the position and functions of the elderly changed over the years. Prestigious roles of the elderly no longer exist due to modernization, comprising formal education, rural-urban migration, technology, nuclear family systems and urban social ties, and the acquisition of new socio-economic and religious values. These have drastically reduced the role and prestige of the elderly. This has created a number of negative perceptions particularly on the contributions of older persons. The media hype the youth as very energetic, productive and independent. On the other hand the elderly are portrayed as people who have completed their service to society. They are seen as a category of people who are dependent and unproductive. Not disputing the fact that some elderly are dependent, a number of them are still contributing in diverse ways to the society. It is within this context that this dissertation is situated.

According to HelpAge Ghana (2005), older persons continue to make vital contributions to the development of the family, community and country. They play maternal and paternal roles through child care and socialization. Domestic roles of the elderly include family management and maintenance, feeding, sheltering and clothing. They are the custodians of culture and they play kin roles for the promotion of kinship solidarity as already stated above.

The role of the aged has taken on a new turn as policy documents at the international, regional and national levels make provision for active or productive ageing. *The United Nations Principles for Older Persons* (1991), *The Social Policy Framework for Africa* (2008) and the *Africa Union Policy Framework and Plan of Action on Ageing* (2003) are centered on health and wellbeing of ageing. The *National Ageing Policy* (2010), *Ghana Country Report on the*

Implementation of the Madrid International Plan Of Action on Ageing (MIPAA, 2007), *Pensions Act 2008* and the *Labour Law 2003* have also made provision for continued engagement of elderly persons that would lead to their sustained success and increase their functional capacities, even as they advance in age.

The *World Health Organisation (WHO, 1999)* on Ageing and Health indicates that the functional capacity of the elderly can be affected by chronic diseases as a result of unhealthy lifestyle. The document also contends that social factors such as low education, poverty, harmful living and working conditions reduce their functional capacity in latter life. Thus, the conditions under which the elderly play their roles are of great importance to our nation.

This dissertation reviews existing policy frameworks on the elderly that make provisions for their continuous active performance in society, focusing on how they succeed under these guidelines.

1.2 Statement of the Problem

Demographic trends talk about rapid population ageing which seems to be both a triumph and challenge of our times. The projection that the number of the ageing population will reach 2billion by 2050 is a matter of concern. The figure seems to be very high in developing countries with Africa having between 204 and 210 billion older people by 2050. Apart from children, old people are the most vulnerable to Africa's ills of poverty and inadequate social services (AU, 2003).

The elderly face a variety of stereotypes. This, however, varies from nation to nation. According to Lovell (2006), in Japan and China the elderly enjoy more respect because old age is recognized as a source of prestige and honor. In Japanese philosophy one is not a master of any art until one has reached at least middle-age. The Confucius tradition in these two

countries stresses progress at each stage of the life course. In Sub-Saharan Africa, older people have traditionally been viewed in a positive light as repositories of information and wisdom (Ageing in Sub-Saharan Africa, 2006). In Ghana, the elderly were held in high esteem and revered as stated earlier on. However, there are also negative opinions about the elderly. For example, the general perception of elderly women in India is that their main occupation is to make the lives of their daughters-in-law miserable (Older Women in India, 1999). Elderly women in Ghana are perceived as witches and a burden to their daughters-in-law especially in childless marriages.

Changes associated with development and modernization has weakened traditional social values and networks that stressed the important role of older people in Ghana (Ageing in Sub-Saharan Africa, 2006).

Currently, the elderly in Ghana are seen as an increasing burden on society because they are unproductive, increasingly frail and vulnerable due to their inability to perform activities of daily living and their poor mobility. Unfortunately, stereotyping of older persons makes it difficult to see their usefulness. The elderly should not be perceived as rusting relics of times gone by, as contemporary society are inclined to do. They should feel valued and respected for their knowledge and contributions they have rendered to society even if their roles have changed overtime.

The *National Ageing Policy (2010)* of Ghana has for its theme “Ageing with Dignity” which suggests that ageing should be characterized by the elderly having full knowledge of their roles and playing them to attain full social dignity. Policies and documents on ageing at all levels provide incentives and strategies for active ageing. The question then is, have these provisions been implemented and are our elderly aware of them? Do they play as many roles in

contemporary society or modernization has turned them into dependent, sick, frail, unfortunate, burdensome and inefficient beings? If they play any roles, then under what conditions do they succeed?

1.3 Key Research Questions:

- i. What roles are prescribed for the elderly in policies and documents?
- ii. Under what conditions do the elderly succeed in playing these roles?

1.4 Objectives of the Study

This study sought:

- i. To review existing policy framework on the roles of the elderly.
- ii. To identify the contemporary roles of the elderly.
- iii. To highlight the conditions under which the elderly successfully play their roles.

1.5 Significance of the Study

The elderly in Ghana have been a repository of knowledge. Their expertise has been the bedrock on which Ghana is built. We cannot assume that these resourceful people that have laid the foundations of life for the present generation will be described as unproductive, frail and sick by virtue of certain physical or biological changes that come with age.

It is hoped that after a thorough study on the roles of the elderly in contemporary Accra, this dissertation will analyze policy documents on the elderly and make recommendations to policy makers concerned with ageing issues. It will also help promote the recognition of the roles of the elderly in the country and identify the conditions necessary for them to be successful.

The Ghanaian elderly have moved from a typical traditional setting to a modernized one that has affected their roles. This report therefore comes at a timely moment to assess the prospects of their new roles, impact on society and the factors that influence them. This has become

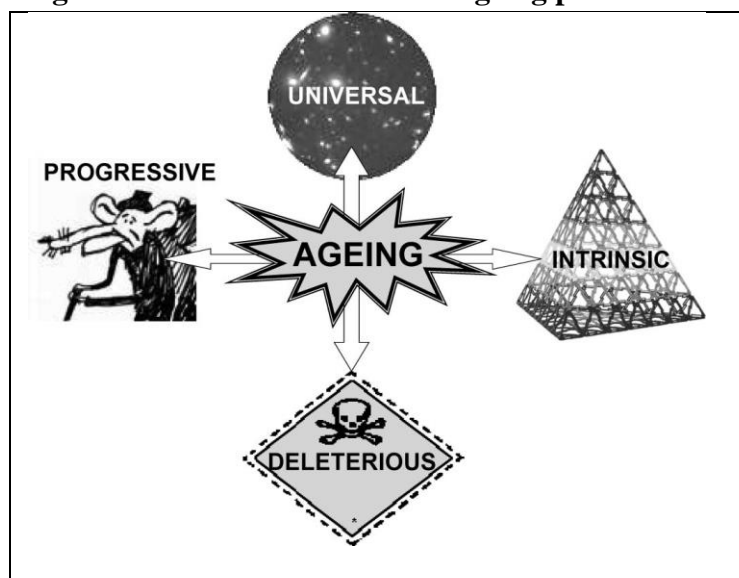
necessary since the elderly are highly excluded and therefore will need to be re-integrated into society. Policies such as the *National Health Insurance Scheme*, *Pensions Act*, *PNDC Law 111* and the Senior Citizens Day (1st July) have been put in place to provide care and support for them. The *Human Development Report, 2006* is on an all-inclusive society. It acknowledges that the elderly are highly excluded because most of them cannot afford to partake in social programs and they live under harsh conditions having been abandoned in the rural areas. The document proposes a look at our social structures, systems and practices. The social structure of a society may limit the opportunities and abilities of specific individuals and groups and vice versa. Systems and practices such as kinship, family, chieftaincy, marriage, inheritance, fosterage, widowhood, and taboos may work towards social exclusion or to the attainment of inclusion. It is important to focus on relevant interventions that contribute to refining or eliminating the practices, structures and systems which induce exclusion to promoting those which serve as drivers towards the attainment of an inclusive society. These are to be harnessed to help include the elderly in society.

1.6 Theoretical Framework

The theoretical framework of this research is based on the relationship between ageing and productivity. It looks at the various theories of ageing and how it envisage productivity in oldage. Bernard Strehler (1977), an American gerontologist, defines ageing using four postulates. According to him, ageing is a universal phenomenon associated with the process of ageing which must occur in different degrees in all individuals of a species. Secondly, ageing must be intrinsic, meaning the causes of ageing must be endogenous; they must not depend on extrinsic factors. Also, ageing is progressive because changes that lead to ageing must occur progressively throughout the life span. They must also occur in young individuals, albeit in a small proportion. Ageing is deleterious because the phenomenon associated with ageing will

only be considered part of the ageing process if it is ‘bad’ for the individual (Viña, Borrás, & Miquel, 2007). This is to say that ageing is a natural process which occurs over a long time. Linked to this is the continuity theory by Robert Atchley (1999) he views life as a continuous process in which each stage in life helps us to prepare for the next stage.

Figure 1: Characteristics of the ageing process



Source: Adapted from Bernard Strehler's (1977) Time Cells and Aging (2nd ed.),

The figure above is a graphical description of Strehler's characteristics of ageing being deleterious, intrinsic, universal and progressive. This is to form the basis of every theory on ageing. The progressive nature of ageing is likely to reduce efficiency with time.

One of the most prominent theories to explain ageing is the ‘free radical theory of ageing’ which was initially proposed by Denham Harman in the 1950s. The free radical theory of ageing as stated by Harman proposes that free radicals derived from oxygen are responsible for damage associated with ageing. The antioxidant systems are unable to counterbalance all the free radicals continuously generated during the life of the cell. This results in oxidative damage in the cell and subsequently the tissues. In later years, the free radical theory was expanded to include not only ageing *per se*, but also age-related diseases. Free radical damage within cells has been linked to a range of disorders including cancer, arthritis, atherosclerosis and diabetes.

Such damage of the cells and disorders are likely to affect output as the old folks will be generally weak.

Another theory is the “wear and tear” theories which are based on the idea that ageing is a ‘secondary effect’ of physiological work of cells. They are based on data obtained in the early part of the 20th century. These data were later confirmed by Miquel and colleagues in the 1970s. The wear and tear theory of ageing believes that the effects of aging are caused by damage done to cells and body systems over time. Essentially, these systems "wear out" due to use. Once they wear out, they can no longer function properly. The theories above see ageing as a natural phenomenon which cannot be avoided. As a result, one will necessarily become old and less prolific as it is inevitable.

The 'use it or lose it' theory stresses the negative effects of leading a sedentary life. It stresses the need for one to be active even into old age. Also it is based on the concept that successful ageing is due to maintaining the attitudes and activities of middle age which are very fruitful.

Social scientists, Elaine Cumming and William Henry, outlined the ‘disengagement theory of ageing’ in their 1961 book, "Growing Old". This theory proposes that ageing entails a gradual withdrawal from personal relationships or society in general. This results in the marginalisation of older people which makes them unproductive and glued to their relations. Disengagement, however, does occur due to disability, poverty, retirement or widowhood, ill health and geographical immobility. These theories propose that an elderly person will be active and fruitful if he or she continues to play roles and does not withdraw from the general public.

A further supposition on ageing is the ‘exchange theory’ which contends that an interaction is only sustained as long as it is profitable to the participants. This theory argues that as older people have less to give in an economic sense, they become powerless, passive and compliant.

This theory fails to acknowledge that older people have currencies other than money to barter within their exchange with other people. These include knowledge and experience which if they are allowed to offer will make them more useful in the society.

The theories above tell the relationship between ageing and productivity. They explain ageing in varied ways as they either deny the existence of ageing, empower people to embrace ageing, or differentiate between the elderly in terms of their capabilities. All three factors have a way of impacting on their productivity. The theories that deny the existence of ageing portray it as just a concept without taking note of the reality on the ground like the universality and intrinsic nature of ageing. On the other hand, the ones that empower ageing like the continuity theory see ageing as a natural part of our lives. Also the theories differentiate between the elderly by its concepts, as the Free Radical goes for elderly who are suffering from ailments, the disengagement theory goes for retirement and the exchange theory goes for the new generation not benefiting from the old folks as before. For instance the “use it or lose it” theory does not deny the concept of ageing. It empowers as well as addresses individual differences. The use it or lose it theory, though positive, tends to deny ageing to a certain extent. This is because it gives the impression that the elderly still have lots of energy to be expended or they lose it which might not be so. This is what this work seeks to find out.

Coping with getting older is a management process in which individuals need to manage changes in a positive and empowering way. This will tell their level of productivity and make their roles visible in society. Definitely, there will come a time when one will not be as productive as before but it does not mean the elderly do not have anything to contribute to society. With these theories as a basis, this study seeks to find out whether the elderly of our time are productive enough to play roles in the society. Also to ascertain whether their successes depend on anything at all as the theories depict.

1.7 Organization of Study

The study is organized into five chapters. Chapter one discusses the Background, Statement of the Problem, Objectives of the Study, Research Questions, Significance of the Study and Theoretical Framework. Chapter two reviews all literature relevant to the study. Chapter three is about the methodology used in the study. This includes the sources used for the study, the Study Population, Sampling Frame, Sampling Procedure, Method of Data Collection and Data Management. Chapter four deals with analysis of the data and examines whether the results correspond to the research problem or otherwise. Chapter five examines the findings and makes the necessary recommendations.

1.8 Definition of Key Concepts

Elderly: Persons aged 60 years and above.

Role: The duties expected of the elderly as they perform their social functions.

Conditions: Factors that affect the roles of the elderly positively or negatively.

Success: The ability for the elderly to accomplish their roles to their satisfaction.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Old age in Africa, and especially Ghana is considered desirable; “a blessing from God” and a “reward for righteousness” (HelpAge Ghana- Attitudes Survey 2002, cited in Your Human Rights as an Elderly Person: 2). According to the *National Ageing Policy* (2010) and the *Madrid International Plan of Action on Ageing* (MIPAA 2002), an aged or elderly person is someone aged 60 and above. In some cases, it is from 65 years and over. This definition encompasses both the traditional and the legal definition of who an elderly person is. An anonymous writer says old age will always be that period when a man is too old to take advice but young enough to give it.

2.2 Policies on the Elderly

Continental efforts to address the challenges of an ageing population in Africa started during the 1999 Session of the OAU Labour and Social Affairs Commission that was held in Windhoek, Namibia. Collaboration between HelpAge International, Africa Development Centre and the Organisation of African Unity, the *AU Policy Framework and Plan of Action on Ageing* in Africa was drafted and finalized during the 38th Ordinary Session of the Assembly of Heads of State and Government in Durban, South Africa in July 2002. The Policy Framework binds all AU member countries to develop policies on ageing and is already being used as a guide in the formulation of national policies. The goal of the Policy Framework and Plan of Action is to serve as a guide to AU Member States to design, implement, monitor and evaluate appropriate integrated national policies and programmes to meet the needs of older people.

The MIPAA which Ghana adopted addressed three main areas which are 1) older persons and development; 2) health and well-being into old age and 3) enabling a supportive environment for ageing. The Plan called for continuous and successful adjustment to an ageing world. This success is measured in terms of development and improvement in quality of life for older persons as well as sustainability of various systems that underpin the quality of well-being throughout the life course.

The *Ghana Shared Growth and Development Agenda(GSGDA), 2010-2013* indicates that the strategies for addressing the concerns of the aged include developing a national policy on ageing, which will ensure the active participation of older persons in society and development; protect rights of the aged; strengthen the family and community to provide adequate support to older persons; reduce poverty among older persons; improve health, nutrition and well-being of older persons; improve income security and enhanced social welfare for older persons; ensure adequate attention to gender variations in ageing; strengthen research, information gathering and processing, and co-ordination and management of data on older persons; strengthen capacity to formulate, implement, monitor and evaluate policies on ageing; and improve funding of programmes on older persons to ensure sustainability of policy implementation. Although the *Ageing Policy* was developed in 2010, it has not been implemented because it lacks a legal instrument.

The *National Pensions Act, 2008*, another policy that concerns the aged, establishes a basic *National Social Security Scheme* to take care of the elderly during retirement. One of its functions is to “ensure the provision of social protection for the working population for various contingencies including old age, invalidity and death”. In Article 63(1) an employer is mandated to remit thirteen and half per centum out of the total contributions of eighteen and a half per centum on behalf of the worker to the first-tier mandatory social security scheme

within fourteen days after the end of each month to the Scheme. In Article 76(1) (b) a person who has attained the age of sixty years or fifty-five years in the case of an underground mine worker or a worker specified in subsection or has opted for voluntary retirement with reduced pension shall qualify for pension. Such contributions are exempt from taxes according to 89(1). Article 109(1) makes provision for a self-employed person to join and pay contributions to a personal pension scheme if the person is more than the statutory retirement age or is exempt under this Act or is not more than fifteen years of age. In addition to this, there are provisions for voluntary enrolment unto the scheme.

2.3 Ageing

Ageing is not a disease. Primary ageing results from an inborn genetic clock in combination with life-style. However secondary ageing is said to be caused by trauma and disease (Lingren, 2006).

The functional efficiency of body organs gradually declines after age 30. There is a slight decrease in speed, strength, endurance, reaction time, and agility. The immune system becomes less resistant to disease. Changes in the skin, hair, and body shape begin to occur. In addition, most old people are shorter, weigh less, and walk more stiffly. Vision and hearing are almost always impaired. Thinking processes become slower and less sharp once a person reaches late adulthood because less information reaches the brain as vision and hearing become less sensitive.

According to Erik Erikson's "Eight Stages of Life" theory, the human personality is developed in a series of eight stages that take place from the time of birth until the individual's complete life. To Erikson, old age is a period of "Integrity versus Despair", during which a person focuses on reflecting back on their life. On the one hand, the unsuccessful during this phase

feel that their life has been wasted and will experience many regrets. This individual will be left with feelings of bitterness and despair. Those who feel proud of their accomplishments will feel a sense of integrity. Successfully completing this phase means looking back with few regrets and a general feeling of satisfaction.

2.4 Ageing and Gender

The population of the aged in Ghana has been increasing over the years. Elderly persons aged 60 years and above constitute 6.3 per cent of the Ghanaian population (GLSS, 2008). The *2000 Population and Housing Census Report* showed that the proportion of the elderly (65 years and over) formed 5.3 per cent of the population, an increase from 4.0 per cent in 1984. *Ghana Living Standards Survey 5, 2008* indicates that persons above 60 years constitute 4.1 percent of the population in Accra, 5.5 percent in other urban areas and 7.2 percent in the rural areas. The ageing of Ghana's population has been precipitated by rapid fertility decline and improvements in public health services, personal hygiene, sanitation and nutrition.

The Ghana Statistical Service points out that majority of the older people in Ghana are women. The 2010 population census results show that out of an estimated 1,643,381 older people 918,378 (55.9%) of them are women. Ageing affect women and men differently both psychologically and socially. Women suffer extreme poverty and remain at the top of the list of the excluded and the most vulnerable groups. They also face barriers in the acquisition of assets and lack access to opportunities for economic prosperity.

Ghanaian women constitute about 52 percent of the agricultural labour force and produce about 70 percent of the total crop output. Despite their importance in agricultural activities, only about 26 percent of women are farm owners or managers, and they face institutional discrimination in their attempts to gain access to land and credit, particularly as they age

(Manuh, 1989). The rural poor tend to be reliant on incomes, employment derived from natural capital (land), and opportunities for diversification within which gender and age are key mediating factors. Access to common property resources is especially important for the poverty-stricken rural elderly men and women who often have specific needs and a less prominent voice in decision-making.

About 80 percent of elderly married women and 20 percent of elderly married men must adjust to being widowed at some point in late adulthood usually before age 75. Men are more likely to experience health problems as widowers, but are more likely to remarry. Women are more likely to have financial difficulties and to be comforted by friends who are also widows. A small minority of the elderly are frail, too feeble or ill to care for themselves. The frail are likely to be poor, over 80, female, and widowed (Lingren 2006).

In most parts of the world, women live, on average, longer than men; even so, the disparities vary between 9 years or more in countries such as Sweden and the United States to no difference or higher life expectancy for men in countries such as Zimbabwe and Uganda (de Blij, Harm, 2009).

2.5 Beliefs and Roles of the Elderly in Traditional System

Old people in Ghana are considered a blessing and sacred. This is because the old are considered to be closer to the ancestors. They are seen to have faced the vicissitudes of life and are thus well experienced. Sarpong (1983, cited in Brown 1999:8) says long life is indeed regarded as a proof of righteousness and consequently places the elderly as the link between the ancestors and their communities. As family heads, the elderly are consulted on issues for advice as they are considered to be the voice of the ancestors.

The elderly were seen as people who had taken care of their offspring. The young are thus expected to reciprocate. Young people who did not take care of their parents were considered ungrateful and their offence unpardonable. As the Akan adage goes “*S3 obi hw3 wo ma wo se fifi a, ewos3 wo hw3 no ma ne se tutu*” meaning “If someone looks after you for your teeth to grow, you should also look after him for his teeth to fall off”.

Old age in Ghana demands obedience. Disobedience to the elderly is a gateway to doom and failure in life. Young people are not supposed to take for granted what the elderly says because their words are said to be prophetic. The elderly are treated with fear and awe as a curse from them is dangerous and normally dreaded. They are not to be treated with revulsion, contempt or avoidance which amounts to punishment by the ancestors. Therefore, the authority of the elderly in the traditional system was enforced by moral obedience from the young.

Old age is an attribute of wisdom. The years lived are supposed to be accompanied with wisdom. When the elderly in the families are consulted they are expected to give wise counsel. Typically when there is an impasse in a family dispute or problem, the members adjourn the meeting and say they are going to “*ask the old woman*”. Thus, the elderly are the last resort in resolving difficult issues. Such roles are the sole preserve of the old.

Again old age is a repository of knowledge, the mores, folkways and traditions of a society. The elderly have knowledge in herbs and medicinal plants. They know certain valuable items that are hidden in family homes for special occasions. Often the care lavished on the elderly serves as an inducement to get them to reveal such secrets particularly at the point of death (Sarpong, 1983). Most of them bequeath their hard earned property to those who had been respectful and helpful to them.

Certainly, these beliefs about the elderly placed them in a high position in society. Their roles enumerated above were very obvious and useful in the society. However, society has changed considerably due to a number of factors which has affected their position. Thus there seems to be a lot of perceptions about the roles of the elderly which contradict the realities.

Nevertheless, the elderly play a number of negative roles in our society. Though many of them have been accused of witchcraft falsely some of them have confessed to be so. Knowing their closeness to our ancestors, some have taken advantage of it to place numerous problems on some young people. Received notion has it that only your family members can bewitch or that those who bewitch take permission from family members. No wonder people blame old family members for their plight. In addition to this, elderly especially the women champion the cause of harmful cultural practices such as female genital mutilation, widowhood rites, dipo, trokosi and even the concept of witch camps.

2.6 The Changing Situation of Older People

The situation of the elderly has changed largely due to a number of factors such as formal education, modernization and urbanization. This has affected their roles and what people think about them.

Based on the demographic changes taking place, the population aged 60years and above are anticipated in the next 25 years to grow faster than all younger ages. This increase will be particularly noticeable. Now people live longer and thus, the population is older now than it used to be. There are also more women than men that grow old (Ageing in Sub-Saharan Africa, 2006). As a result there will be a greater need for social and economic support for the aged, and specifically for the women. Further, there is limited awareness about the impact of this situation in Ghana today.

According to the Encyclopedia of Ageing (2002), modernization has led to broad social and economic changes that put in doubt the continued viability of traditional systems of older people. Formal education and modernization are generally associated with weakening traditional social ties and obligations and greater independence and autonomy. This tends to undermine traditional extended family systems. In a modern society, young people have their own income and therefore, command over their economy and thus do not have to consult the aged for decisions. Moreover, young people are educated in a modern society and thus are more knowledgeable. Traditionally, the aged had knowledge and skills that the young person had not yet acquired. The elderly owned the land, and this made them important as they had control over the decisions of the young. In addition, there are also religious ties and traditional customs that bind the young and the old together.

According to Karlberg (2007) urbanization has affected the traditional family system in Ghana. Upbringing of the children was not just the duty of the biological parents; instead it involved all adults around. Hence, the children always had an adult around to instill discipline in them. The main role, though, for the elderly in the traditional system is to function as advisors concerning family matters. Furthermore, within the extended family there is also social pressure to act in a good manner and work hard for the reputation of the family. However, due to individualism and migration the role of the extended family has diminished in favor of the nuclear family. Elderly people are more obliged to rely on the extended family system, while young people in Ghana today learn to emphasize the nuclear family. This can lead to conflicts within the family and exclusion of older people.

Traditional religious practices have also become less important and consequently family ties have become loosened. In Ghana today, the aged have been replaced in hierarchy for the benefit of the educated such as teachers, pastors, bosses and government officials. This is because about 31% of adults in Ghana have never been to school (GLSS 5, 2008) majority of who find themselves in the rural areas. There is therefore a gap in education between the young and the aged making them lose their position as advisors, as existed in the traditional stratification.

According to the United States of America, *National Academy of Sciences* (2006) another impact of social change is economic development which is associated with rural urban migration, leaving older family members geographically isolated. Migrants are exposed to global trends and they tend to form new nuclear households. Although they may remit money and goods to the extended families, they might not hold the elderly in awe as before. Further, they may not share in the beliefs associated with the elderly in totality. Thus the young can see the elderly as weak, unproductive and even accuse them of witchcraft.

The HIV/AIDS epidemic has severely affected many communities across Sub-Saharan Africa, with multiple impacts on older people. The vast majority of the estimated 25.8 million people living with HIV are still in their prime wage-earning years expected to be not only wage earners but as principal sources of financial and material support for older people and children in their families. HIV/AIDS renders these people bed-ridden or sick leaving the elderly to take care of them and their children in some cases.

The modernization theory embraces the notion that large-scale social processes, like technological advances and changes in modes of production create new roles and statuses for people, including the elderly. Though this has been the most prominent theoretical framework

used to explain the ongoing changes in the situations of the elderly, some African gerontologists have criticized the theory, arguing that it is overly deterministic and simplistic (Ferreira, 1999). Some researchers have suggested rising economic hardship (Aboderin, 2004; Nyambedha et al., 2003). Sub-Saharan Africa faces a greater set of development challenges than any other major region of the world. On average, income per capita is now lower than it was at the end of the 1960s. An estimated 516 million people in the region are forced to survive on less than \$2 a day, and 303 million on less than \$1 a day (World Bank, 2006a, 2006b). Unlike countries such as China and India, where substantial progress has been made over the past 5 years in combating poverty, the number of extremely poor people in sub-Saharan Africa has almost doubled since 1981 (World Bank, 2005).

In 1976, the British historian Peter Laslett challenged the Universalist portrayal of “the aged” embodied in modernization theory. He identified four aspects of the “golden age” myth: (1) is the before and after processes connecting the social outcomes of ageing to modernization (i.e. that after modernization, older people’s social status inevitably declined); (2) traditional societies regarded and bestowed on older people universal respect; (3) specified and valued economic roles existed for older people in traditional societies; and (4) the assumption that older persons were cared for by their relatives living in multi-generational households. He contended that modernization theorists mistakenly incorporated these myths into a formal theory of ageing making it look like it existed everywhere.

The universalism of the modernization theory can be contested. A survey by C.K. Brown (1992, 1997), compared care for the elderly in Ghana and Japan. Some Ghanaian elderly saw disrespect by the youth as well as feeling of neglect, abandonment and frustration as a problem

of ageing but the Japanese did not cite any of these. On the other hand the Japanese cited worries and anxieties about death and inability to perform physical tasks.

2.7 Perceptions about the elderly

Literature on the elderly in Africa portrays the elderly as people with maladies to the neglect of their diverse nature. They are thus presented as crisis stricken homogeneous category with multiple challenges. Article 18 (4) of the *African Charter on Human and Peoples Rights, 1981* states “the aged and the disabled shall also have the right to special measures of protection in keeping with their physical and moral needs”. This article jams the elderly and the disabled together making all elderly people look disabled. For example, policies on care are made and both the elderly, disabled children and other people living with disability are put together. Fortunately, there are a number of the elderly who are fit and well to do and contribute to the development of society. The Ghanaian society need to revere and comprehend the elderly not as dependent, sick, frail, unfortunate, burdensome and inefficient beings but as a national resource that is to be actively engaged for their expertise and opinions. The notion that the elderly are old fashioned make us tilt music, fashion and entertainment to the needs of only the youth (Dsane, 2012).

Happiness in older life may be perceived to be determined by health and physical appearance as smiles in pictures of older people are less likely to be included in pictures that also contained ‘physical aids’ or ‘baldness’ (Barrett & Cantwell 2007). Palmore (1999) asserted that stereotypes of older people as sickly, weak and incompetent lead many people to believe that older people must therefore be unhappy. Also a decline in mental ability is perceived as inevitable in older people and is another commonly reported stereotype associated with ageing

(Palmore 1999). This stereotype believes that age reduces competence, intelligence, ability, and results in memory loss (Kite et al. 2005).

A commonly held stereotype is that older people are isolated from their communities and have diminished interaction with the outside world. (Denmark 2002). A large body of research indicates that people generally associate ageing with sickness, ill-health or death (Arnold-Cathalifaud et al. 2008; 9).

The perceptions about the elderly have some dissonance with reality. On one end of the spectrum, it is thought that as people get older they should quietly go off, sit in a rocking chair, and disappear. On the other end, people think of old age as retirement or the golden years, the best years of life filled with relaxation and exploration of hobbies and passions. For most people old age is somewhere in between these two ideas (Johnson, 2011). We face numerous questions raised by the growth and increasing longevity of the older population. Some of the most urgent are: will tomorrow's generation of older people be healthy? Will they be independent? Will societies provide productive and purposeful roles for them?

It is not surprising that increases in population, economic hardships, and lack of basic facilities have created a situation where ageing is seen as a menace and burden to society. Unfortunately, governments of Ghana have been slow in promoting or improving the lifestyle and well-being of old people, hence the castigation of the elderly resulting in frequent abuse, neglect, abject poverty, starvation, social isolation and premature death from curable diseases.

Many elderly women are accused of witchcraft. This is a real belief system which is rooted in the mentality of many people. People attribute their failures and retrogression generally to their mothers. This perception makes people feel that the elderly are evil. There are witch camps in some parts of the country where the elderly women who are branded witches are kept. Some

have been there for so long, they cannot trace their roots. A typical example is the Gambaga witch camp in the Northern Region in Ghana.

Most women are accused of killings their husbands. They are taken through dehumanizing activities in the name of facilitating the movement of their husbands into the spirit world and reintegrating them into society. According to Sackey (2001), widows in many African societies are made to undergo various rituals associated with their dead husbands. Some widows are dipped into the sea at midnight, or made to keep wake by the husbands' corpses. Some are made to drink the bath water of their dead husband's corpse. In some Ghanaian societies chains are locked around the waist of widows, whether young or old and it is only a stranger who must break it by having sex with them to free them from the state of widowhood and usher them back into society, after a specified period of mourning. The idea of the many sexually transmitted diseases is not considered. Amongst the *Asafo* group in the Central Region a widow has to throw an egg at the *Asafo* drum to prove her innocence of the death of her husband.¹ Many of such widows are also denied a share in the property they have toiled to acquire with their husbands. On the other hand widowers do not undergo such practices bringing out the issue of discrimination on the basis of gender. This also brings out the vulnerable nature of women. The *PNDC Law III* of Ghana has provisions to help women get some share of the spouse's property.

Such negative practices and their effects gave rise to Article 26(2) of the 1992 constitution which says "all customary practices which dehumanizes or are injurious to the physical and mental wellbeing of a person are prohibited". Article 39(2) re-echoes the above injunction "in particular that traditional practices which are injurious to the health and wellbeing of the

¹ Extracted from Sackey, B.M. Lectures notes on Special Issue on Vulnerability course, First Semester 2012-13, CSPA, University of Ghana, Legon

person are abolished”. Laws such as *PNDC law 111, Criminal Code Act 29, Criminal Code Amendment Act, (1998)* have been passed to criminalize certain customary practices that are injurious particularly to elderly women including witchcraft accusations and harmful widowhood rites among others.

Roles of the elderly are misconstrued as antiquated and not related to modern experiences. They are considered rusting relics of our time. Older people are among the poorest and most marginalized group in many countries. Yet the vital role of older people is seriously underestimated by governments and others around the world.

2.8 Roles of the Elderly

The MIPAA writes that the roles of the elderly are acknowledged throughout the country particularly in the area of governance. The expertise of older persons is engaged in pursuit of good governance, democracy and socio-economic development. Prominent citizens who have distinguished themselves in various capacities are appointed to membership of the Council of State, District Assemblies, Boards and Committees at both national and local levels after their retirement from active service.

The role of traditional leaders, particularly chiefs, many of whom fall in the category of older persons, in the promotion of peace in their communities and in the nation as a whole is recognized. In many instances, the Government has appointed traditional leaders to arbitrate or mediate in disputes at both local and national levels. This has averted serious civil unrest and clashes between rival factions.

The Government recognizes the important role of older persons to national development and is therefore committed to the dissemination of information to them on various issues of national development. Radio and television programmes in local dialects have been developed and

targeted at adults and older persons to disseminate to them not only at the national level but through to the local and community levels.

Measures have been initiated to encourage the full utilization of the potentials and expertise of older persons in the public sector, particularly in the health and education sectors. Under these measures, health and educational professionals, especially tertiary school teachers, doctors and nurses are engaged to continue their services for a considerable period of time after retirement, on contract basis. The rich expertise and experience of these professionals are utilized in the training and capacity building of younger workers in these sectors. Despite these efforts there seem to be much left undone in the recognition of the roles of the elderly.

The following is Karlberg's (2006) summary of his research findings on elderly people and their roles in Ghana:

About Family life

According to Karlberg (2006), family bonds in the extended family have loosened giving way to the nuclear family. The nuclear family has become more important taking all the attention from the rural folks. The aged still have the role as advisors in settling family disputes and giving advice in relationships issues and childrearing. Rural elderly have more authority than urban elderly, making their role as elderly in the family very questionable. This is a result of education and the striving for jobs in high positions among young people. Elderly people without children are lonely because their social contacts are limited as compared to those with children. Elderly that have their own children are very seldom lonely. On the other hand, rural elderly people are often separated from their children due to migration leading to loneliness. Children are the main financial supporters for elderly persons in Ghana, and the urban elderly are often an economic burden for their family.

About Society

The status of the elderly is diminishing because of the strive for education and wage jobs by the young people. Elderly people feel the decaying morality among the young is increasing the disrespect for the former in society. As already mentioned above, the elderly serve as caregivers, and advisors. Traditionally, it is the oldest person in a family who is the advisor. However they still advise by settling family disputes and relationships. Nevertheless, the role for elderly in the family as advisors and their authority has diminished considerably.

Brown's (1999) findings on some views about old age from a sample of 1,582 elderly in Ghana are found in the table below:

View	Percentage
Respected by society	3.4
It is a blessing	8.3
It is a pleasant experience	12.2
It is a period of hardship and misery	43.2
Lack of respect by society	4.0
It is a burden on others	3.9
A period of social ostracism	5.0
A period of financial problems	11.4
Inadequate care	4.6
Ill health, pain and weakness	4.0
Total	100.0

A majority (43.2%) of them saw ageing as a period of hardship and misery. This is followed by 12.2% who see ageing as a pleasant experience. Then comes a period of financial problems (11.4%). 8.3% saw it as a blessing , 5% viewed it as a period of social ostracism, 4.6%

inadequate care, 4% said lack of respect and another 4% mentioned ill-health. Finally, a burden and respected by society was said by 3.9 and 3.4 respectively.

2.9 Elderly in Contemporary Accra

The 2012 population census results show that out of an estimated 1,643,381 older people 752,893 (45.88%) of them live in the urban areas and 890,488 (54.12%) in the rural areas.

Table 1: Proportion of Ghana's elderly to total population by region, 1960–2000.

Region	Percentage											
	60–69 years				70–79 years				80+ years			
	60	70	84	2000	60	70	84	2000	60	70	84	2000
All regions	2.2	2.2	2.4	3.8	1.1	1.2	1.2	1.9	0.8	1.0	1.0	2.2
Western	2.1*	2.3	2.5	3.8	1.3*	1.3	1.4	1.9	0.9*	0.9	1.1	2.6
Central	—	1.9	2.3	3.9	—	1.2	1.2	1.7	—	1.2	1.2	2.1
Greater Accra	2.2	2.3	2.2	3.0	1.0	1.1	1.2	1.6	0.6	0.6	0.7	1.8
Volta	1.8	1.9	1.9	3.4	1.3	1.3	1.3	1.9	0.9	1.1	1.3	2.7
Eastern	1.9	2.0	2.3	3.9	1.0	1.2	1.2	2.0	0.8	1.3	1.3	2.4
Ashanti	2.3	2.3	2.4	4.1	1.1	1.2	1.2	1.8	0.9	1.2	1.1	2.7
BrongAhafo	2.3	2.2	2.4	3.9	0.9	1.3	1.3	2.1	0.8	1.2	1.2	2.4
Northern	2.2 ⁺	2.1	2.1	3.6	1.1 ⁺	1.2	1.1	1.8	0.9 ⁺	0.9	1.0	2.0
Upper East	—	—	1.9	3.7	—	—	1.2	1.8	—	—	0.9	2.0
Upper West	—	—	2.3	3.7	—	—	1.2	1.9	—	—	0.9	1.9

Sources: 1960–2000 Ghana population censuses. (Mba, 2007)

The table above shows the percentage of older persons by region from 1960 -2000. Greater Accra has 1.8 % while others have more than 2%.

This goes to buttress the fact that lots of elderly live in the rural areas as compared to the urban centers. Accra which is the most urbanized region in Ghana has the least proportion of elderly persons. Mba (2007) further argued that people who live in towns and cities return to their villages as they grow old to find sustenance in agricultural production. Additionally, many migrants return to rural communities when they grow old since they may have retired from employment and can no longer cope with the high cost of living in towns and cities. *Ghana*

Living Standards Survey 5 (2008) indicates that persons above 60 years constitute 4.1 percent of the population in Accra.

Accra being an urban area is definitely not a place where the elderly will be revered as before. A number of people wonder whether the elderly are productive or of any help. This is because the elderly have been replaced with urban elites in a lot of ways.

2.10 Conditions under Which the Elderly Succeed

The roles of the elderly are inevitably conspicuous however certain conditions contribute to or affect these successes. These range from their health, voluntary services and social inclusion to progressive environment.

Brown (1999) states that apart from physical and health problems, provisions in the labour market, social insurance and pension schemes, changing roles, cultural lag, changes in technology and differences in value systems in the society affect the efficient performance of the elderly.

The *African Union Plan of Action on Ageing, 2002* suggests that to ensure a quality life of the elderly they should have guaranteed access to efficient health care service and specialized living environment as well as the right to retirement pension, active participation in leisure, sporting and cultural programmes, and lastly, the right to custody and company of their children and grandchildren.

The *Social Policy Framework for Africa, 2008* highlights challenges about ageing and mentions that older people are generally recognized to be amongst the poorest and are under-served by public provision of health, education, water, sanitation and lack of social security for everyday socio-economic needs.

The *MIPAA* also acknowledges that education and access to knowledge are important factors that will enhance the acquisition of skills, decision-making capacity, and play an essential role in improving quality of life of the aged. The high level of adult illiteracy in Ghana limits the opportunities for older persons to earn a livelihood and acquire useful and new skills for their effective participation in decision making at all levels.

World Health Organization (1999) indicates that lifestyle choices for active ageing should start early in life. This should include participating in family and community life, eating a balanced healthy diet, maintaining adequate physical activity and avoiding smoking and alcohol. In addition to this, WHO recommends the creation of supportive social and environmental conditions, equitable provision of efficient basic services and participation by all.

Many older people experience extreme abuse, violence, asset stripping and discrimination by virtue of their age. Some are also branded witches. Such social exclusion acts affect the roles of the elderly in numerous ways. For example, their capacity to earn a living and participate in family and community life is governed to a large extent by their health status. Their ability to contribute to society is promoted by the recognition of their efforts and contribution. The availability of a progressive environment in which the elderly are able to mentor the young as existed in the traditional systems is also a condition.

In a world where the formal sector counts, there is also the difficulty in recognizing the roles of the elderly since they play more roles in the informal sector. Thus the skills and experience of older people are often overlooked and their contributions are not encouraged.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The study sought to examine the roles of the elderly in contemporary Accra and the conditions under which they succeed. This chapter outlines the methods used in gathering data for the study, the rationale for the choice and the techniques used to analyze the information. It covers the Research Design, Study Area, Sample Population, Sampling Arrangements, the Data Sources, Management and Analysis, and the Research Instrument.

3.1 Research Design

The study is a survey research which used both analysis and descriptive designs. The design is appropriate because it allowed the collection of data and analysis of findings by the use of frequency counts, tables, percentages and rank order.

Descriptive research designs allowed the research to provide a greater degree of accuracy, that is, facts about the phenomenon. It relates to using numbers to describe the phenomenon. Correlation or Relational designs sought to explore the presence of a relationship between two or more variables. Comparative designs allow one to bring out similarities and disparities between variables. All three designs were employed to facilitate the research process.

A multiple method approach was adopted for data collection on the roles of the elderly and how they succeed. Qualitative and Quantitative data was collected and analyzed.

3.2 Study area

The area for the study was Ofankor. It is situated in the western part of the Greater Accra region in the Ga West Municipality. The area is diverse in terms of its residents. Ofankor has a rural settlement known as “OfankorKrom” meaning Ofankor Village with a very rural pattern of residence. This happens to be the hometown for some indigenes. It also has a residential settlement which has people of various professions clustered at a particular place, for example a place called “Soldier Line” was originally inhabited by soldiers and a university lecturers lane. Thus, residents are of different educational backgrounds and social status. Ofankor has one major pensioners’ association. The dynamic nature of elderly, that is, both professional and others means the roles they play are likely to differ. This helped to tease out the contemporary roles of the elderly of different social status. Thus elderly of different social classes were interviewed.

3.3 Target population

The population of interest for the study includes elderly in contemporary Accra. The elderly are the target for this work which seeks to highlight their roles and that which affect them. This will enable us create the necessary environment for their recognition.

3.4 Sampling Arrangements:

i. Sampling Frame

As the study sought to find out the roles of the elderly and how they thrive, their place of residence, social and economic statuses were considered important in determining their roles and their successes. In addition the study did ascertain the knowledge of respondents in policies on the elderly. Also a review was done on the prescribed roles for the elderly in these documents.

iii. Sampling procedure

In quantitative research, probability sampling is done to ensure an accurate representation of the actual population being studied. Probability sampling allows researchers to select a sample according to mathematical guidelines such that each unit's chance for selection is known (Wimmer and Dominick, 2003).

Two main sampling techniques were used. In Purposive sampling units from a pre specified group are purposively seeks out and sampled. Random sampling allows every unit to have an equal chance of selection. In this study, the pensioners association in Ofankor was purposively sampled because it happens to be the only elderly association in the vicinity. In addition to that random sampling was used to select members for interviews. Random sampling was also used to select Achimota and Osu elderly associations for Focus Group Discussions.

The study considered fifty (50) elderly as an appropriate sample size for the study to get the necessary or required information needed.

3.5 Data Collection

Data for the study was from two main sources; primary and other literature sources of data.

a. Primary Data Collection

With regard to the primary sources, it was facilitated through the administration of questionnaires designed purposely for this research, and structured interviews. The questionnaires and the interviews were closed-ended and open-ended questions. The closed questions facilitated easy processing of the answers and enhanced the comparability of the answers. Most importantly, closed questions are easy for respondents to complete. Precisely because respondents are not expected to write extensively and instead have to place ticks or

circle answers, closed questions are quicker to complete (Bryman, 2001). This is very appropriate because many respondents in Ghana do not seem to have time for researchers and thus not prepared to spend more time in answering questions. Only a few items were deliberately left open-ended to encourage originality of responses. The study used questionnaires for data collection to ensure a more standardized data collection and analysis process (Marshall, 2005).

b. Secondary Data Collection

Secondary data was gathered from in-depth review of other sources comprising hand books, journals or brochures and information on websites on policies on the elderly, their roles and conditions for success.

3.6 Data Collection Instrument

A 25 points questionnaire was developed to collect relevant data from the elderly. The questionnaire had an introductory part which explained the purpose of the study to respondents and assure them of confidentiality. The questionnaire was then divided into three sections with questions comprising a series of open and close-ended questions. Focus Group Discussions were conducted with elderly associations in other parts of Accra to help verify or solidify findings.

3.7 Data Collection Procedure

Questionnaires were self-administered. Respondents were elderly of different status in Ofankor. Focus Group Discussions were conducted in elderly associations.

3.8 Data Analysis

After the questionnaires were retrieved, the data provided was translated into numerical values, coded into the Statistical Package for the Social Sciences (SPSS) and analyzed. Frequency tables and charts were generated to facilitate descriptive analysis of variables and made the presentation of findings simple and easier to understand. Descriptive statistics such as measures of central tendency and measures of variability were employed. Measures of central tendencies such as mean, median and mode, with measures of variability specifically range were used. Analysis took confirmatory and explanatory approaches where necessary. Data was analyzed using frequency counts, tables, percentages and rank order. Analysis were graphically presented and explained for further clarifications. Frequency tables and charts were generated to facilitate descriptive analysis of variables and made the presentation of findings simple and easier to understand.

3.9 Objective specific methods

i. To review existing policy framework on the roles of the elderly.

Secondary data was employed for this objective. An international document, two regional documents and two national documents on ageing were reviewed for the roles prescribed for the elderly and provisions for continued success. Also questionnaires administered sought to find out elderly knowledge on these policies, its benefits and how it affects their roles. Correlation and comparative analysis were made. Findings were presented in written form, however graphs were employed where necessary. Focused group discussions were done to collect qualitative data to add up to data collected.

ii. To identify the contemporary roles of the elderly.

A section of the questionnaire administered was dedicated to help identify the roles of the elderly. This was centered on the dynamics of their roles and the kind of elderly who play them. Data was coded into SPSS. Further to this descriptive statistics were run. Also descriptive, correlation and comparative analysis were made. This aided in confirming or explaining the data collected. Findings were discussed and backed with graphical presentations.

iii. To highlight the conditions under which the elderly successfully play their roles.

Part of the questionnaire administered was dedicated to collect information on the conditions under which the elderly succeed. This centered on the factors that promote or impede the roles of the elderly. Data was coded into SPSS and explanatory statistics were run. Proportional and descriptive association analyses were made. This helped in substantiating or making explicate the data collected. Findings were discussed, presented and backed with graphical presentations.

3.10 Quality Assurance / Data Management

The data collected from the field was edited for errors and inconsistencies to ensure its quality. Since data was collected from two sources, efforts were made to distinguish between the two data. Data that was gathered from the interviews, the researcher transcribed such data into a meaningful form before the necessary statistical tools were applied. In addition, interviews were recorded with audio recording devices such as laptop and mobile phones alongside note taking to avoid any potential loss of vital data. Also respondents were helped to understand and appreciate the study so that they would provide adequate and quality data to make the work more credible. The Statistical Package for Social Sciences was used to process the data. Through the use of this tool, frequency tables, pie charts and bar charts were generated. These

were used to describe the data and discuss the findings. Moreover, contacts of the key informants were taken so that follow-up interviews were conducted by phone when clarification for analysis became necessary. Finally, findings and conclusions were based on the responses of the right category of respondents to ensure credibility.

3.11 Limitations to the Study

Regardless of its high ambitions, this research was constrained by resource limitations, both financial and non-financial. Limitations of time, funding and scope of the study required the research study to focus on a limited number of objectives and only elderly in selected parts of Accra. Additionally, the lack of non-governmental organizations (NGOs) in the area of the elderly made only HelpAge Ghana the contact for elderly associations. This limited the variety of information needed for research. Another constraint was the unwillingness of some elderly to participate in the research. Despite these research limitations and threats to the study, I did my best to collect enough and accurate data for this study to ensure a credible work with high confidence level.

3.12 Ethical Considerations

Ethical issues were considered in the research methods to be employed. Confidentiality was protected with respect to how data was used and published. Also full informed consent was obtained from participants. To ensure quality of data and ethics, this study received acceptance of respondents to do formal data collection. This ensured that the study does not violate research rules to attract punitive implications. The purpose for the study was clearly spelt out to the respondents to get their consent to participate in the research. Further to that, data collected and used in this study was anonymously coded and cannot therefore be traced back to individual elderly. These ethical issues are of utmost concern to the researcher.

3.13 Scope of the Study

The study included elderly in Ofankor, focus group discussions were conducted in Achimota and Osu. It covered elderly of different socio- economic status. Also, both elderly in associations as well as those who are non-members were interviewed. It solicited for the knowledge and views of the elderly on international, regional and national policies on ageing.

CHAPTER 4

PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents findings of the study using a series of frequency tables and cross tabulations.

Received notions has it that since the extended family system broke down, people who retire pack to their hometowns and wait to pass on. The rising need for social protection for the elderly has led to the state putting in place policies which keep the elderly active after they retire at sixty. This research was conducted purposely to find out the roles of the elderly in contemporary Accra, focusing on Ofankor, and conditions under which they succeed in those roles. Of particular interest were prescribed roles for the elderly in policy documents, their knowledge of the policies, contemporary roles of the elderly and what affects these roles. All fifty questionnaires which were distributed in Ofankor were successfully recovered. This indicates a response rate of 100%. Additionally, Focus Group Discussions (FGDs) were also conducted in Osu, Achimota and Ofankor elderly associations. The FGDs were done with seventeen, thirty six and twenty eight elderly respectively. In all, one hundred and thirty one elderly were consulted in the collection of data. Primary data was collected through the questionnaire design which was administered to a sample of 50 elderly. The raw data was coded with the help of the statistical software called SPSS (Statistical Package for Social Sciences) and analyzed. Descriptive and inferential statistics were used in making conclusions.

4.1 Demographic Description of data

Majority of the respondents were between the ages of 60 and 69. This formed 36 out of fifty making 72%. There was a slight disparity between males and females, 27 of them were females and 23 males making 54 and 46 percent respectively. This is not surprising since the life expectancy of females is higher than males. The *Ghana Country Report on the Implementation of MIPAA (2012)* presents Life Expectancy in Ghana as shown below.

Table 2: Life expectancy in Ghana

Age	Male	Female
0	60.76	61.81
60	17.03	19.49
80	6.47	6.86
80+	6.06	6.43

Source: Ghana Demographic Health Survey, 2008

The above figure shows that females are ahead when it comes to life expectancy. Generally, females are expected to live longer than males.

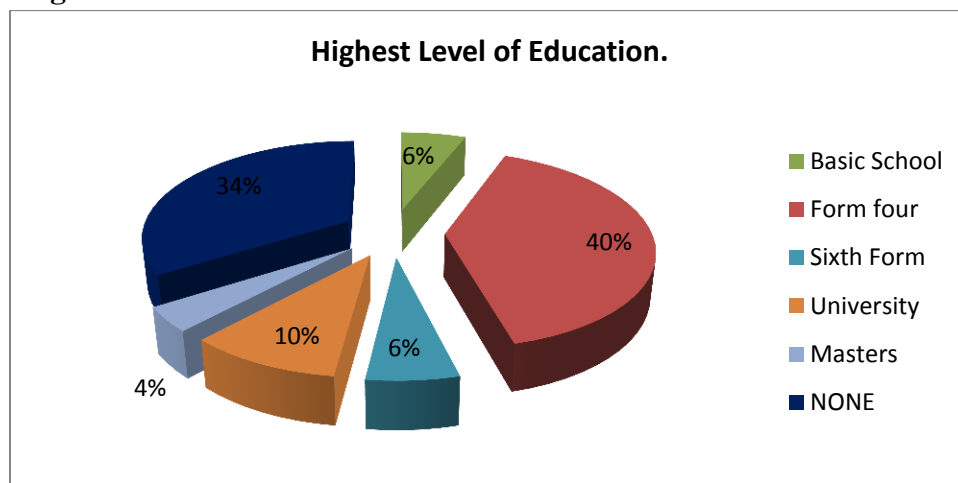
Also the *2010 Population and Housing Census of Ghana* indicates that there are 12,024,845 males and 12,633,978 females in Ghana, showing 48.8% and 51.2% respectively. The Ghana Statistical Service points out that majority of the older people in Ghana are women. The 2012 population census results show that out of an estimated 1,643,381 older people 918, 378 (55.9%) of them are women.

Christianity dominated in terms of religion taking forty three percent of the respondents; three of the respondents were Muslims and one Traditionalist. This does not differ from religious affiliations in Ghana where Christians are 71.2% (Pentecostal or Charismatic 28.3%, Protestant

18.4%, Catholic 13.1% and others 11.4%). Muslims make up 17.6%, traditional 5.2%, others 0.8% and 5.2% of the population do not have any religious affiliation (Population and Housing Census, 2010). Ethnicity of respondents depicted a tie between Ga and Akan, each had 17 people, and next came 10 from the three northern regions specifically four Dagaaba, three Gurune, two Frafra and one Gonja; six Ewes were also interviewed. Together there were 33 migrants. This shows the dominance of other ethnicities in Accra. It also buttresses the notion that many people have migrated to Accra since it is the capital and metropolitan city. Twenty six (52%) of the respondents were married. Thirteen (26%) of them were widowed and eleven (22%) of them divorced.

In all thirty three of the respondent were educated. Twenty of them were Form Four leavers, five completed university, three of them Basic School and another three Sixth Form, two had their Master's degree and seventeen had never been to school. This is shown in the chart below:

Figure 4.1: Level of Education

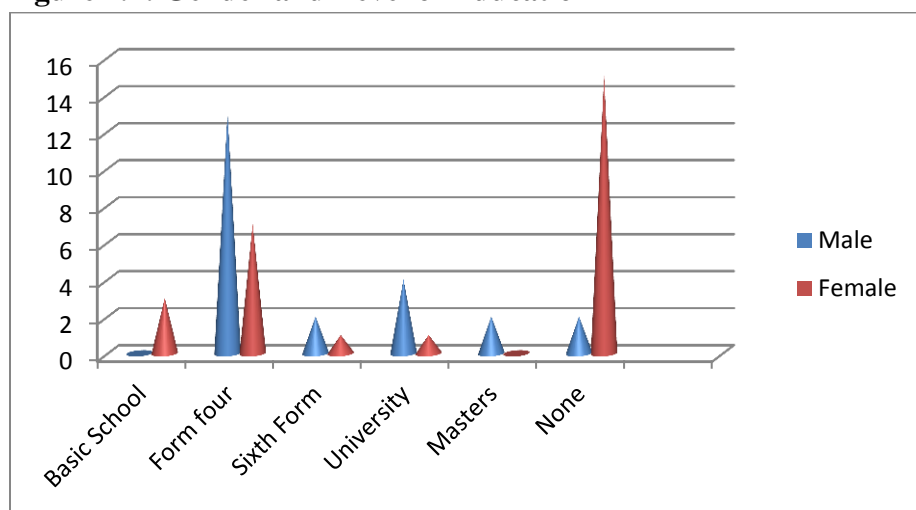


Only fifteen out of the thirty three literates (including semi- literates) are entitled to pension benefits. Six of the respondents were in elderly associations. They joined the association to

help one another particularly to remind them when their benefits are ready. They also assist during funerals of their members.

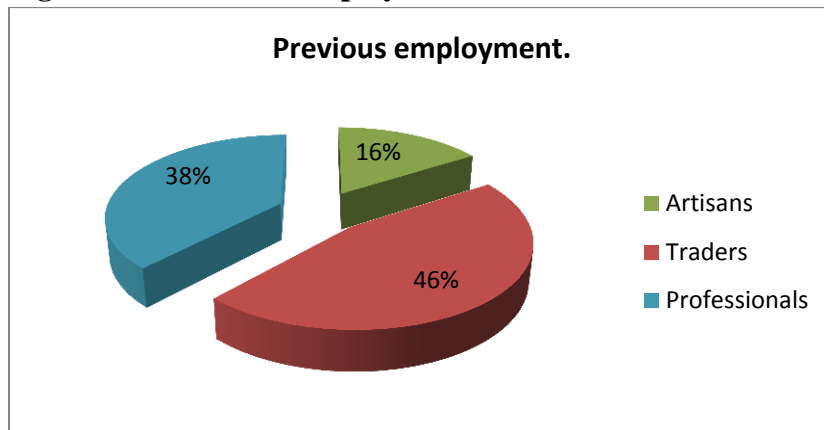
Oral tradition has it that women were not sent to school in the past because they were seen as home makers. This has led to a drive for female education in recent times. The following figure demonstrates the relationship between gender and education.

Figure 4.2: Gender and Level of Education



The chart above shows that majority of the men are educated. Both basic school leavers are women. Middle School or Form Four leavers consist of 13 men and 7 women; 2 men and a woman ended at Sixth Form. Four men and a woman are university graduates and 2 men hold master's degree. Looking at the distribution only 2 out of the 23 men were uneducated however, 15 out of the 27 women are illiterates. Thus 56% of the women and 9% of the men are not educated. This goes to confirm the gender disparity in education in Ghana.

With such educational backgrounds the senior citizens played varied roles in our country during their active years. Their previous services are illustrated below.

Figure 4.3: Previous Employment

This chart demonstrates that 46% of the respondents are traders. 38% are professionals and 16% artisans. The professionals included teachers, bankers, nurses, caterers, drivers, military personnel, pharmacists and writers.

4.2 Existing policy framework on the roles of the elderly.

4.2.1 Policy framework on the elderly

A policy framework is a set of principles and long-term goals that form the basis of making rules and guidelines, to give overall direction to planning and development of an organization. Consequently, policy framework on the elderly is a set of principles and goals that form the basis of making rules for their wellbeing. There exist four international policies on the elderly namely the *United Nations Plan of Action on Ageing* (1982), *United Nations Principles for Older Persons* (1991), *United Nations Proclamation of Ageing* (1992) and the *Madrid International Plan of Action on Ageing* (2002). At the regional level in Africa we have the *African Union Policy Framework and Plan of Action on Ageing in Africa* (2002) and a caption on ageing in the *Social Policy Framework for Africa* (2008). Ghana has ratified all of these documents and has put together a national ageing policy (2010). Also Ghana has made provision for the elderly in all its developmental policies such as the *Growth and Poverty*

Reduction Strategy (GPRS) 1 (2003-2005) and GPRS 11 (2006-2009), the Ghana Shared Growth and Development Agenda (GSGDA), 2010-2013 and the National Social Protection Strategy (2007). Other policies have been put in place to provide social protection for the elderly. This dissertation review will be on five policies, entailing one international policy, two regional policies and two national policies.

The *United Nations Principles on Ageing (1991)* calls for the participation of older persons as follows:

- Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
- Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

The *African Union Policy Framework and Plan of Action on Ageing in Africa (2002)* recommends that Member States undertake steps to eliminate the discrimination against older people in accessing employment and training opportunities and retaining their jobs. Thus there should be a legislation that prevents discrimination on the basis of old age during recruitment, promotion and retrenchment processes. Retirement policies should be made flexible and appropriate strategies and opportunities made available to enable older people to continue contributing to the workforce as long as they are willing and able.

The *Social Policy Framework for Africa (2008)* recommends the full implementation of the key tenets of the 2002 *African Union's Policy Framework and Plan of Action on Ageing*. It

also encourages the promotion of policies to encourage productive ageing and recognize the contributions of older persons as people with skills and expertise and also as caregivers.

In the Ghana report on the *Madrid International Plan of Action on Ageing (2002)* under the caption “Work and the Ageing Labour Force”, it is documented that Ghana has established institutions that deal with issues of work and the labour force like the Ghana Labour and Fair Wages Commission. In addition to this, funds and programmes have been instituted to ensure that favourable working environment and conditions are created not only for the aged but all citizens. These include the Poverty Alleviation Fund, Social Security and National Insurance Trust (Pension Scheme), and a National Social Protection Strategy (2007). Also the Ghana National Service Scheme operates a ‘National Volunteer Programme’ under which active but retired civil servants render services to their communities and are paid some allowances.

The *National Ageing Policy (2010)* has as part of its overarching goals a bit on Active Participation in Society which states “Older persons are entitled and have a duty to participate in the affairs of society. They have the duty to plan for their retirement, to share knowledge and skills with others and to remain active in society”. Further to this, the policy makes provisions and outlines strategies for all the elderly to be dignified. This is to ensure active participation of elderly in society and development by taking the following actions:

- Mainstreaming issues of older persons especially women into the development process, providing support for elderly associations to partake in decisions making and recognizing contributions of the elderly.
- Providing good living conditions, infrastructure, financial assistance and training for ageing farmers. Also encourage district assemblies to create social networks for the elderly to share ideas.

- Government will create an enabling environment for volunteerism to improve the participation of the elderly. Self-employment initiatives will be encouraged and supported.
- Government will ensure that older persons have access to adult education and training, public campaigns will be sensitive to the needs of the elderly and done in local languages.
- Government will provide immediate assistance to the elderly in case of conflict. Here their knowledge with respect to coping mechanisms, alternative health systems, conflict prevention and resolution will be utilized.

The policy prescribes roles for elderly associations and groups in the implementation of the ageing policy. Being the main target group, the elderly are to help in the implementation, monitoring, evaluation and review process. Also, they are to ensure that family members and communities remain fully employed in the process.

Older persons are to ensure that funds allocated for implementation are used for the specific purpose. Implementation programs are to meet the needs and priorities of older persons and enhance their efficiency, effectiveness, transparency and accountability. Consequently, older persons will be required to attend planning meetings and engage in national consultation processes on social protection issues. They are to engage in verification of findings, formulation of proposals and the provision of feedback.

The above policies make provision for continued success and active ageing. However they do not prescribe roles for the elderly. They rather make room for them to participate in society and development. Though the *National Ageing policy of Ghana*(2010) prescribes some roles for the elderly, it is only in the implementation of the policy. Unfortunately the policy has not been implemented three years after it has been approved. It lacks a Legal Instrument for operation.

The *1992 Constitution of Ghana* upholds the fundamental human rights of the elderly as a way of making positive impact on their roles. Article 37(2) states that “the state shall enact appropriate laws to ensure the protection and promotion of all basic human rights and freedoms including the rights of the elderly and other vulnerable groups in the development process”. Article 37 (6) states that the state shall provide social assistance to the elderly to enable them maintain a decent standard of living.

A major role prescribed for the elderly in governance is the Council of State. This is backed by Chapter Nine of the 1992 Constitution of Ghana . Constitutionally, the Council of State has 25 members. Of this, eleven (11) are nominated by the President of the Republic, ten (10) are elected from each of the ten (10) regions and four (4) represent institutions. The role of the Council states: “There shall be a Council of State to counsel the President in the performance of his functions’. It also advises Ministers of State, Parliament and other public institutions established by the Constitution. The President is required to consult the Council of State in the appointment of high-ranking public servants.

This role seems to have been politicized so that appointments to serve on the Council are done on the basis of one’s political affiliation.

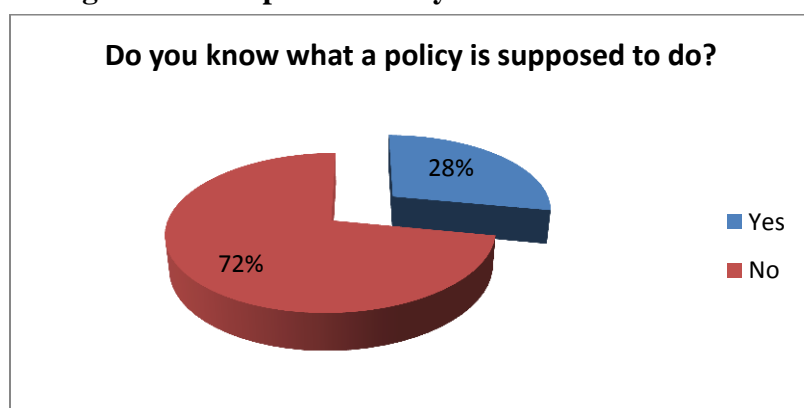
The two major political parties in Ghana have made room for Council of Elders in the constitutions. For example, Article 15 of the New Patriotic Party (NPP) and Article 25 on the National Democratic Congress (NDC) constitutions are titled ‘Council of Elders’. These elders are people who have given their best and have contributed significantly to the formation, welfare and progress of the party. Council members of both parties are to solve disputes and offer ideas and advice for the improvement of the Party’s activities.

This advisory role of the Council of Elders is consistent with the roles of the elderly in society. For example, the Akan have an adage which says that “*Opanyinntena fie enmaaseduanfo*”, meaning a grown up would not stay in the house for things to go bad.

4.2.2 Knowledge for policy on the elderly.

To find out whether the elderly have some knowledge about the existence of policy frameworks to promote their interest, the study went ahead to put further questions as shown in the figures below:

Figure 4.4: Purpose of Policy

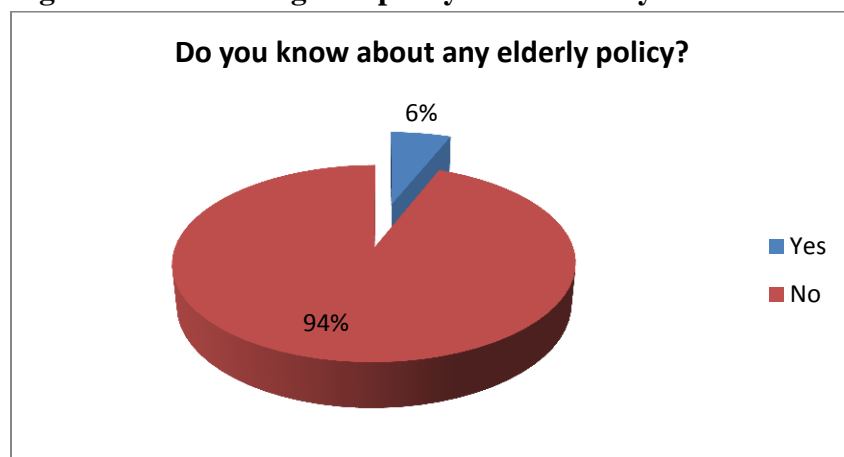


Fourteen out of fifty of the elderly gave a positive answer making up 28%. Thirty six of them who form 72% of them did not know the purpose of a policy. At the FGDs, just a few of them knew what a policy is supposed to do. Amongst the answers given were:

- How one acts and reacts,
- It is a document that guides an institution and
- It helps to promote development.

This shows that the elderly are generally not familiar with policies in this country. This can be attributed to the level of education particularly the language use. Further a question was asked on their knowledge on elderly policy.

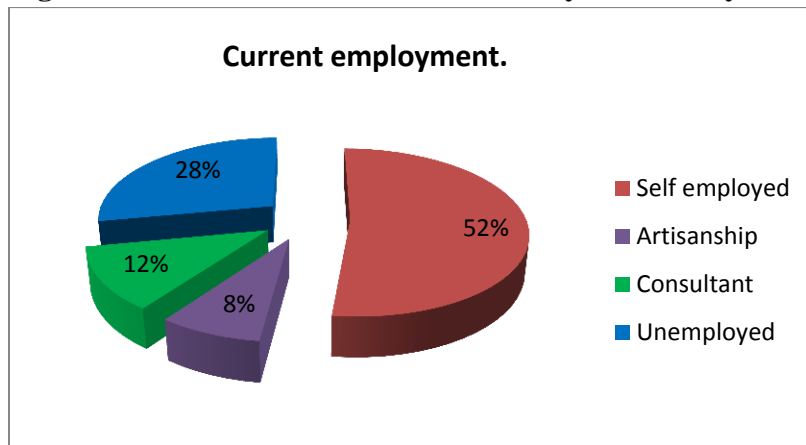
Figure 4.5: Knowledge for policy on the elderly.



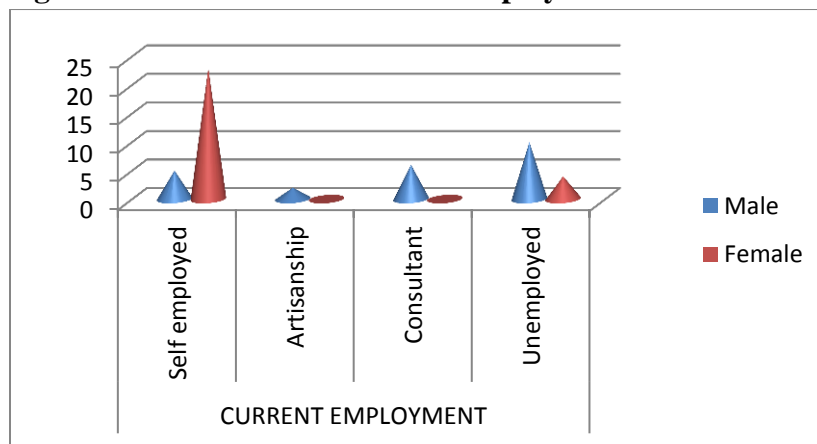
Forty seven of the elderly did not know about any elderly policy in Ghana. The three who knew said they were familiar with the Pension payments, Pensioner life policy and National Health Insurance Scheme (NHIS). One of them exclaimed: “Does any elderly policy exist at all?” The Focus Group Discussions were quite encouraging. All three groups cited Social Security National Insurance Trust (SSNIT) pension scheme, the CAP 30 pension scheme, Livelihood Empowerment Adjustment Poverty Program (LEAP) and NHIS. In Achimota, one of the female respondents mentioned the Ageing Policy but she did not know what it entails. HelpAge Ghana assisted in the drafting of the Ageing policy so it was expected that its association members will be conversant with the policy. Unfortunately, that is not the case. The lack of implementation of the document is likely to be the reason for this.

4.3 Contemporary roles of the elderly.

This section is to outline the contemporary roles of the elderly. To begin with, we look at their economic activities in the graph below:

Figure 4.6: Current Services Rendered by the Elderly

Having retired from active service 52% of the elderly said they are Self- Employed. Most of them particularly the women are selling petty goods at home. The men are mainly managing their own businesses. Twelve percent (12%) of them are consultants (The two men holding Master's Degree at Road Safety Commission and Ghana Education Service respectively), 8% Artisans and 28% of them have completely retired. This shows that a considerably number of them are contributing to the society. Further clarification is shown below on Gender and Current Employment:

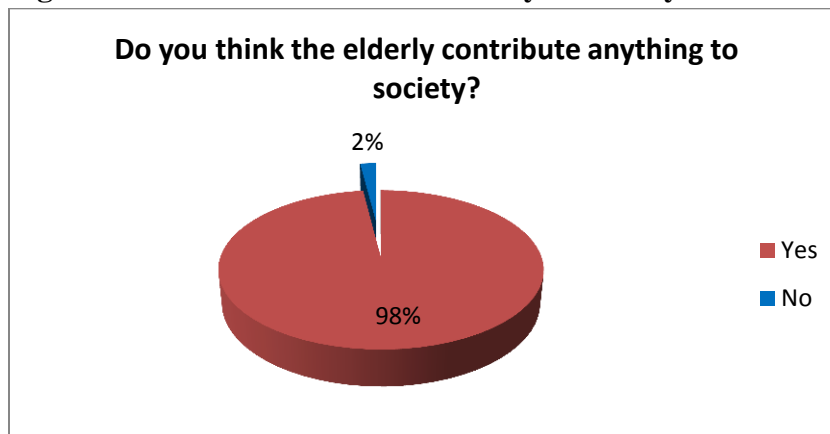
Figure 4.7: Gender and Current Employment

The graph above shows the employment pattern of male and female respondents. All the women (23) who are employed do something on their own. The rest (4) do not do anything at

all. All 6 consultants are men, 5 self-employed, 2 artisans and 10 unemployed. This shows the immense contribution of women to our society.

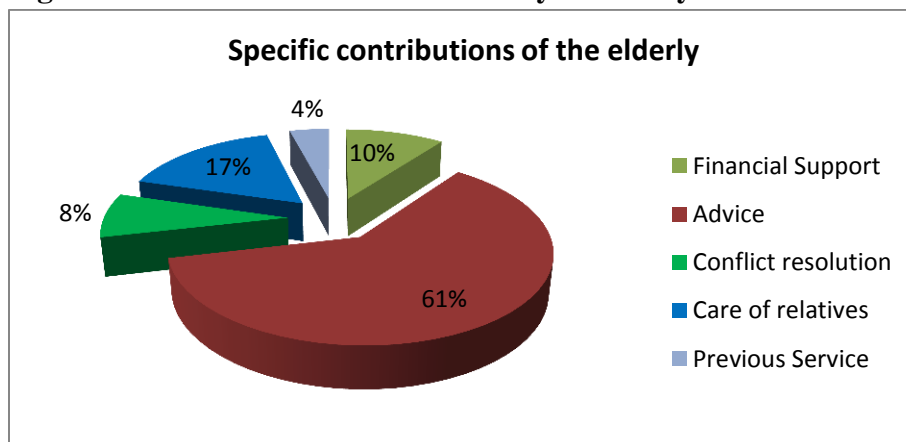
According to Brown (1999) the elderly were seen as a repository of knowledge and they owned the means of production; they were revered and respected. Though modernization has caused the elderly to lose their authority considerably, some have nevertheless been able to contribute to society, even in their old age as seen below:

Figure 4.8: Contribution of the Elderly to Society



Ninety eight (98%) of them said they contribute to society. This affirms Dsane's (*Daily Graphic*, October 30, 2012, page 7) view that "the reality is that some elderly are fit, well to do and contribute immensely towards the development of society". Figure 4.10 shows a graphic presentation of their contributions:

Figure 4.9: Contributions of the Elderly to Society



The senior citizens cited their contribution to society in descending order; advice in the form of counseling and mentoring, care of relatives, financial support, conflict resolution and previous service. The function of care goes to reinforce HelpAge Ghana's claim that the elderly play maternal and paternal roles many of which are due to the HIV pandemic. On mentoring and conflict resolution, one old man exclaimed at the FGD: "When you grow old you become a 'self-employed lawyer'" implying that you resolve conflicts every now and then.

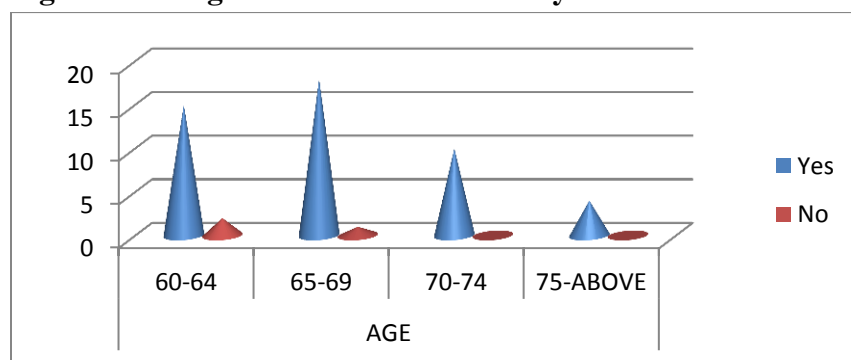
4.3.1 Family Roles

HelpAge Ghana (2005) has shown that the elderly play varied roles in the family to promote kinship solidarity. This section is to help establish whether they still perform those duties. Forty- seven out of the fifty elderly respondents said they play varied roles in the family. All twenty seven female respondents gave a positive answer to this question. However, only three out of the twenty three males do not play any roles. This is in line with the view that women are home-makers. The things the old do in their families range from leadership roles such as *Abusuapayin* (Family heads) to household chores; financial provision, offering advice, conflict resolution and taking care of relatives particularly grand-children.

As *Abusuapayin* the elderly serve as a link between their families and the chiefs of their communities. Some serve as elders to the chiefs. Many old persons who are chiefs assumed the roles before they turned sixty.

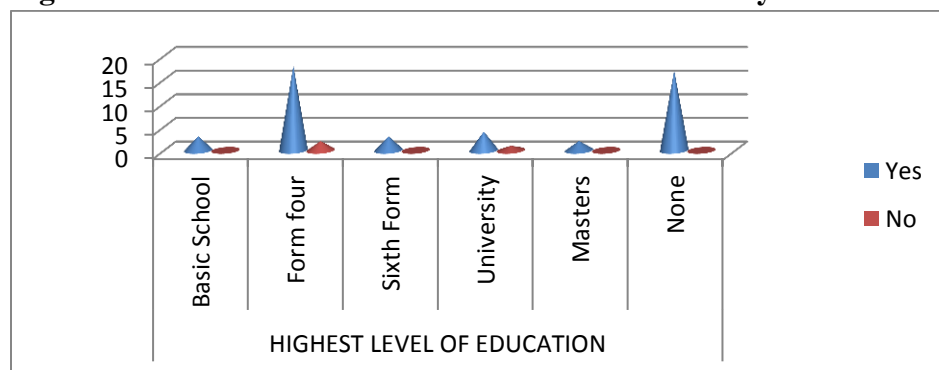
The household chores varied between males and females. Whilst the elderly women cited sweeping, cooking and washing, the men mentioned gardening, ironing and fetching water.

Figure 4.10 below give us insight into the age of elderly who play roles in their families.

Figure 4.10: Age and Roles in the Family.

From the graph, it is obvious that elderly between the ages of 65 and 69 play the most roles in the family. This is followed by 60 – 64. This can be attributed to the fact that provision may be made for those between 60 and 64 to work on contract basis immediately after retirement in some institutions. Interestingly, all respondents who fall above this age group (60-64) play some family roles. Two out of the four elderly above 75 years are *Abusuapayin*. It is also obvious that the strength of those aged 70 and above might not permit them to play rigorous family roles. One male pensioner was of the view that their benefits be increased because they still have children to take care of. This was unanimously supported by the men indicating that whilst the reproductive period of women end with retirement that of men do not.

A cross tabulation to find out the relationship between level of education and roles in the family is found below:

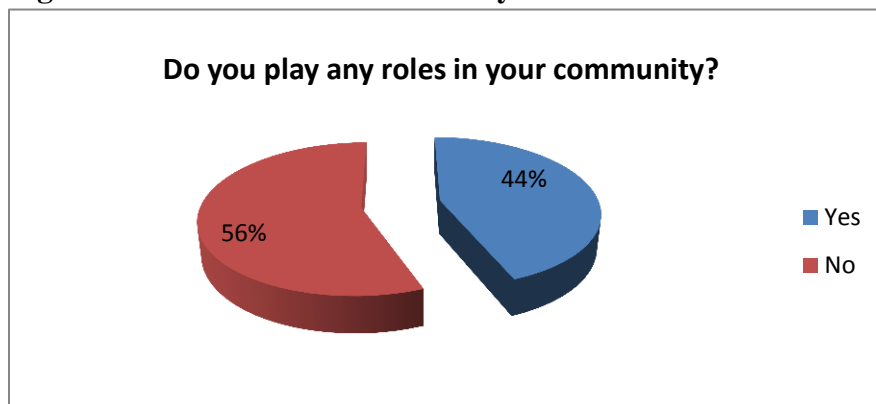
Figure 4.11: Level of Education and Roles in the Family.

From the chart above elderly of different educational backgrounds play roles in their families. All 17 illiterates and three basic school leavers indicated that they play some roles.

4.3.2 Community Roles

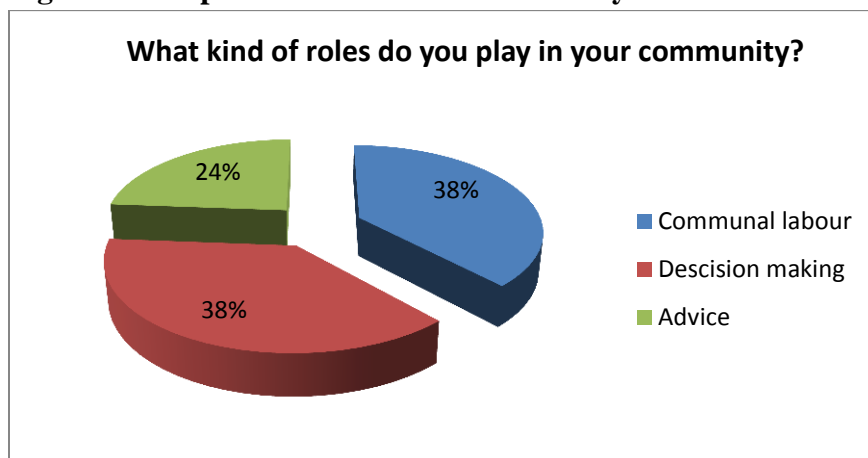
According to HelpAge Ghana (2005) older people continue to play community roles during ceremonies as well as counseling and conflict resolution. However from the chart below 56% of the elderly interviewed said they do not play roles in their communities. Thirteen females and nine males said they play some roles.

Figure 4.12: Roles in the Community.



Precisely, the elderly mentions the roles in the graph here:

Figure 4.13: Specific Roles in the Community.

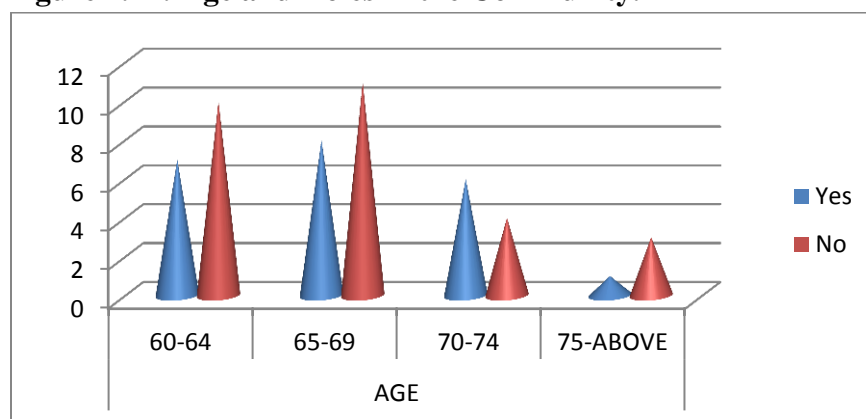


The roles played in the community by the elderly were participation in communal labour, decision making and provision of advice. The minimal role as advisers in the community buttresses Karlberg (2006) assertion that the role for elderly in the family as advisor and their authority have diminished considerably.

A sixty-one year old retired air commander illustrated his success as his consulting for the Ghana Road Safety Commission which has given him the opportunity to look for jobs for some youth in his community.

A relationship between age and roles in the community is as follows:

Figure 4.14: Age and Roles in the Community.



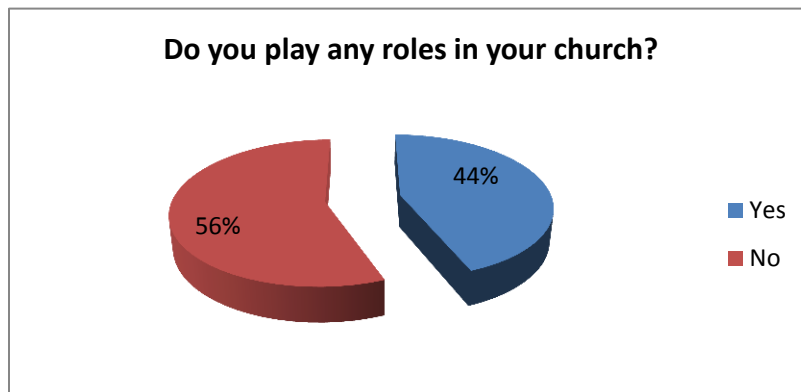
A cross tabulation of age and community roles above shows that elderly of different ages play some roles in their communities though this is done by just a few of them. The least of the work is being done by those who are 70 and above.

4.3.3 Religious Roles

The elderly are the custodians of culture (Brown, 1999) particularly in the rural areas where traditional religion dominates. Accra being an urban society seems to have been taken over by Christianity and partially Islam. The religious leaders have taken up socialization of their

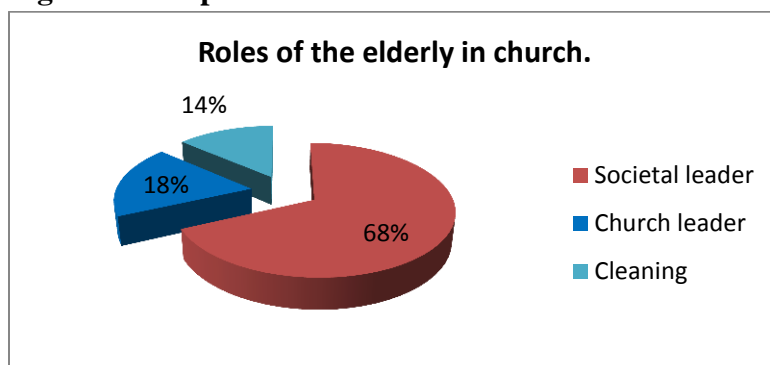
members ignoring culture to a large extent. The study wanted to find out whether old people perform any functions in their respective churches, and 44% of them responded positively.

Figure 4.15: Roles in the Church.



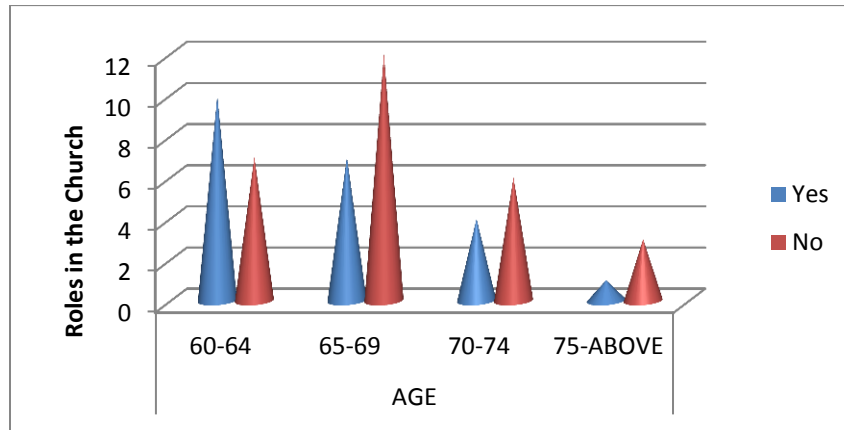
Some detailed roles in the church are in the next graph.

Figure 4.16: Specific Roles in Church.



The respondents indicated that they functioned in the church as societal leaders; additional inquiry revealed that most of them are advisors to the societies in the church. However some were church leaders and others took part in cleaning the church. In addition to these, the FGDs revealed that some elderly are lectors, lay preachers and choristers.

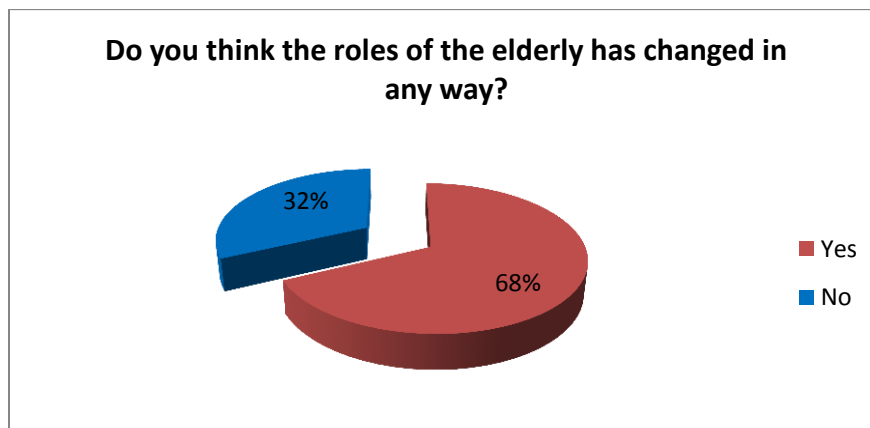
The distribution according to the ages of elderly who play roles in the church is shown below:

Figure 4.17: Age and Roles in Church.

The roles of the elderly in church seem to diminish with age. The youngest group plays more roles and the number decreases with age. The elderly might still be custodians of church traditions but they may be replaced with more energetic old people as they age. Ten males and twelve females said they play some roles in the church.

4.3.5 Changing Roles of the Elderly

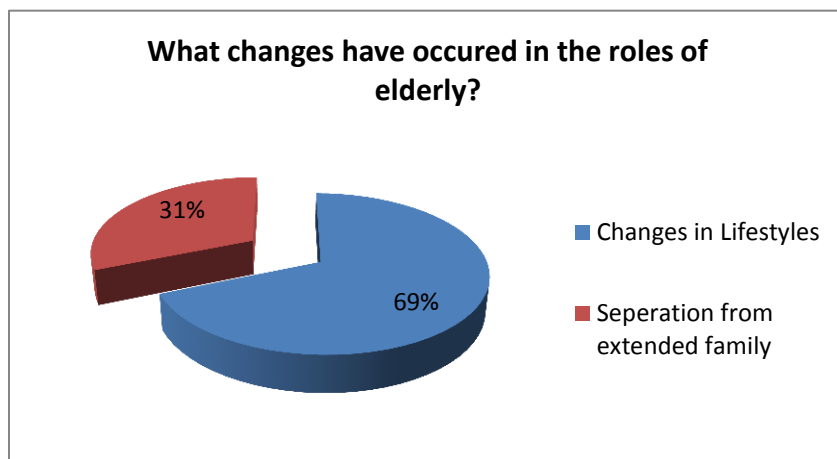
Received notion has it that the role of the elderly has changed considerably with time. Some questions were asked to find out the views of the elderly on that:

Figure 4.18: Changes in the Roles of the Elderly.

The chart above shows that 68% of the elderly said the roles of the elderly have changed.

This according to them is made manifest in current lifestyles and separation of people from the extended families. To explain changes in lifestyles they cited the expensive nature of life, the “self-contained system”, that is, the nuclear family system and disrespect of the youth. An old woman who is into trading said initially with just a little money she could buy a lot of things to sell but now things are expensive and she cannot make enough profits. This is depicted below in Figure 4.19 below:

Figure 4.19: Specific Changes in the Roles of the Elderly

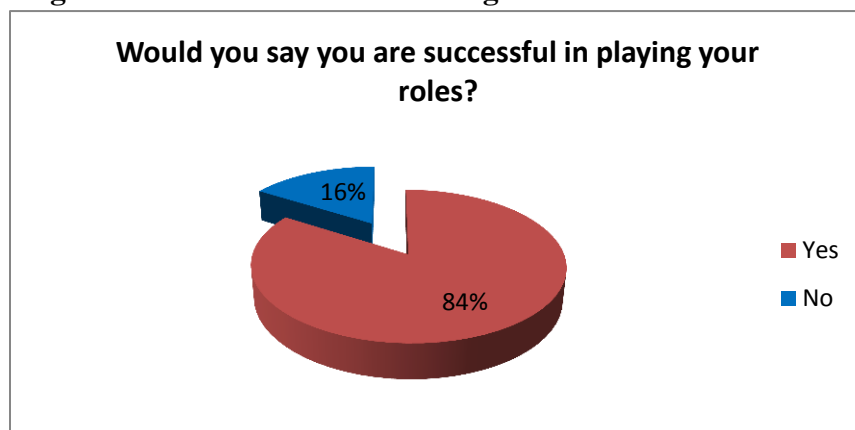


According to the senior citizens, current lifestyles have cost the roles of the elderly since they are no longer revered and consulted for advice. They are no longer custodians of culture since the respect for culture has eroded. Separation from the extended family has also made a lot of the elderly have to fend for themselves, unlike before when they owned means of production. Now they perform functions that the young used to do for them like household chores. Eighty two (82%) of them said the changes were as a result of modernization and eighteen (18%) of them attributed it to lack of advice.

4.4. Conditions under which the elderly successfully play their roles.

The elderly are presented as crises stricken homogenous category with multiple challenges. There is the need to acknowledge their diverse nature so that we can meet all of them at the point of their need (Dsane, *Daily Graphic*, October 30, 2012, page 7). Although from what we have seen so far in this chapter the elderly are playing numerous roles, the study would want to probe further into the conditions under which they succeed in such roles, and the satisfaction they derive from their functions.

Figure 4.20: Success in Performing Roles

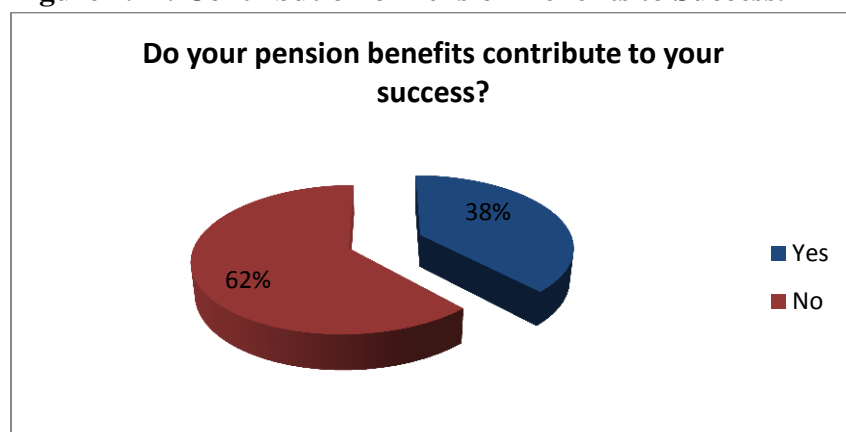


The chart above illustrates that forty-two making 84% of the elderly said they have been successful in performing their roles. They further said their roles give them a sense of fulfillment. On the other hand 16% of them saw themselves as not successful. In their description of success they mentioned their ability to restore peace in their families as well as conflict resolution in their communities particularly between married couples. Those who saw themselves as not successful said their children are not taking care of them, things are expensive and their businesses are not booming. A sixty-eight year old woman (retired teacher) described her success as her ability to set up a Day Care Center after retirement. This she runs in her house and employs a few people to assist her. Likewise a sixty-four year old retired

nurse also said she has set up a crèche in her house. They both mentioned their children as instrumental in financing this endeavor.

In looking at conditions under which the elderly succeed in their roles the study sought to find out the effects of Pension Benefits, Associations and Family members on these successes as follows:

Figure 4.21: Contribution of Pension Benefits to Success.

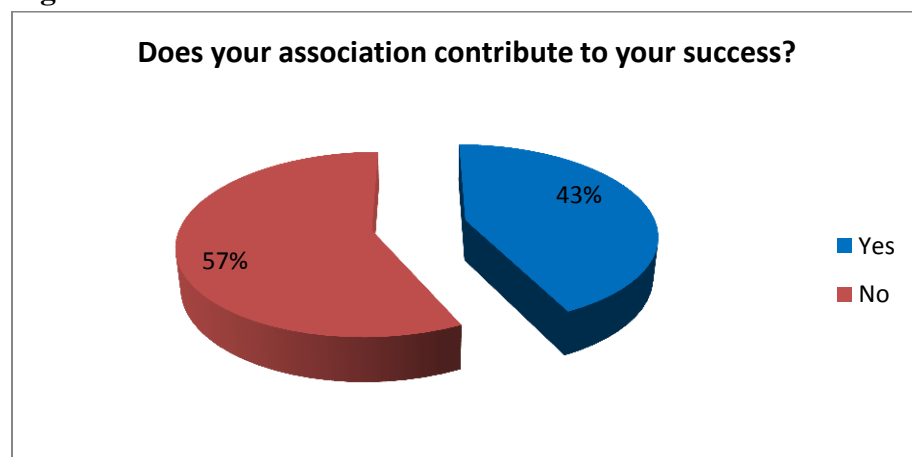


Out of the fifteen respondents who were entitled to pension benefits 38% of them attested to the fact that their benefits contribute to their success. 62% of them are of the view that the benefits are not enough. Those who agree said it is used to supplement their income which is an important element for their success. The FGDs revealed that the benefits are too small. They described it as scanty and not helpful. Members of the Ofankor Pensioners Association asked that government should supplement SSNIT as is done for those under CAP 30. They pleaded for government to scale up low benefits with time. Retiring age should be increased and the scheme should invest and make contributors see the benefits. This will give them enough income so that they can be in good standing and succeed in playing roles particularly in the church and family. A 65year old woman described her success as her ability to take care of her sick husband and grandchildren by trading at home. In addition to this she said “Now that I am

not so strong, I have to send money to the family when something happens as my contribution. I also have to pay my funeral donations’.

In the next figure is how being in an association contributes to success:

Figure 4.22: Contribution of Association to Success.

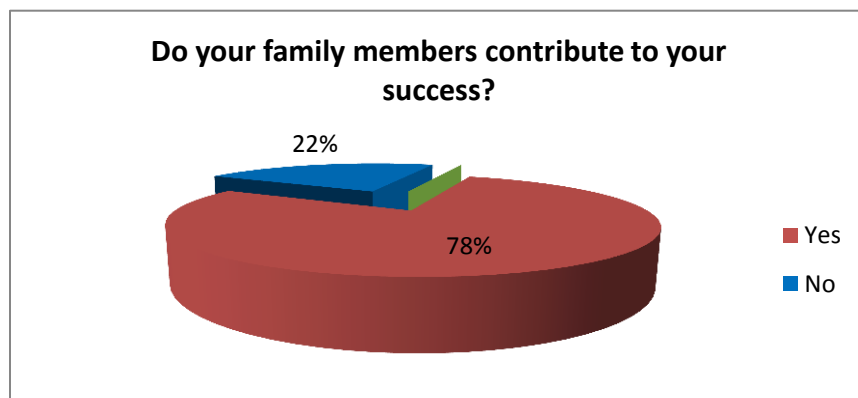


The diagram above shows that seven out of the 50 respondents were in elderly associations. Forty-three (43%) of them said their associations contribute to their success because it alerts them when their benefits are due. FGDs also revealed this and added that they organize keep fit programs and share their knowledge with each other. According to the elderly this helps them succeed since it keeps them active and it is a place where they share ideas on how best to succeed in their roles. A 74year retired agriculturalist who is a leader for one of the associations said he was successful because he was consulting for a farming company after 60 years until the land was reclaimed by its owners.

The notion of intergenerational solidarity refers to exchanges between parents and their grown-up children (Kalmijn, 2005).The Ghanaian society has thrived on balanced reciprocity where parents take care of their children and expect that they will be taken care of in future. One adage used in this regard is “*Nsabenkum dware nifa, na nifa nso adware benkum*”, meaning the

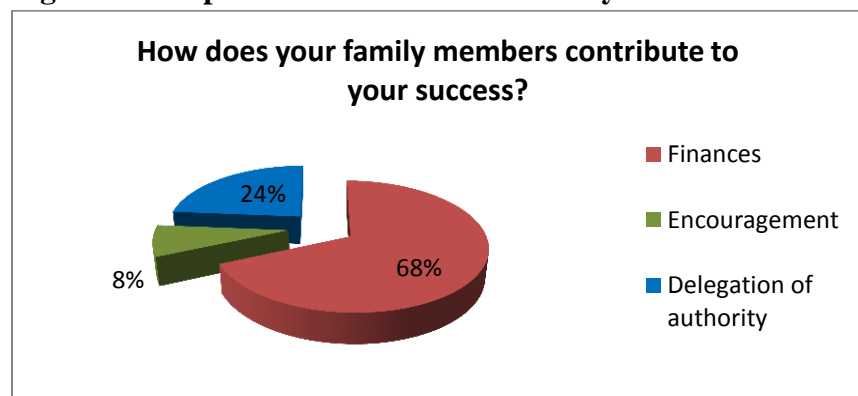
left hand bathes the right and the right does likewise. Family members are accordingly expected to take care of their old to succeed in their roles.

Figure 4.23: Contribution of Family to Success



From the diagram above we realize that 78% of the elderly gave a positive response to the contribution of family members to their success. The remaining 22% did not agree with them. This implies that the family still plays an important role in the lives of the elderly. One widow exclaimed “I am not successful because I have five children but they do not take care of me. I have to gather sachets of pure water to sell before I can get something to eat”. That notwithstanding one of them said “With modernity, one’s family is his children”. This shows the role children play in the helping the elderly to succeed, particularly in the area of care and finances.

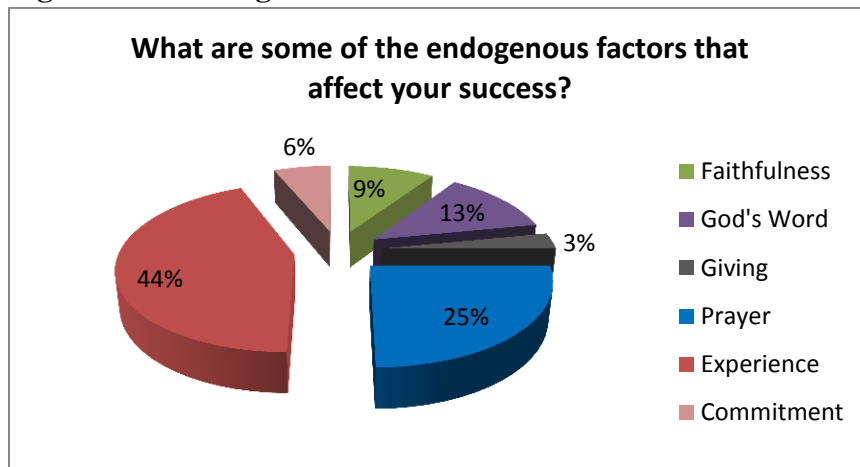
Figure 4.24: Specific Contribution of Family Members to Success.



The chart above indicates that 68% of the elderly were of the view that their family members contribute financially to their success. 24% were able to delegate their authority to family members. This means they assisted them in their duties leading to its success. The remaining 8% saw their family members as a source of encouragement which has a great impact of their success. A 70year old female *Abusuapayin* who is a Dagaaba said she is successful in her roles because she sends money to family members and delegates others to take care of the family in her absence as she is living in Accra. She stays here to still brew and sell her *pito* to raise some income. A seventy- three year old man said he was being taken care of by his children and was mainly doing household chores which he saw as successful.

Since the factors that hinder or improve the success of the elderly can be internal or external the study went ahead to find out some endogenous or exogenous factors that affect their functions.

Figure 4.25: Endogenous Effects on Success



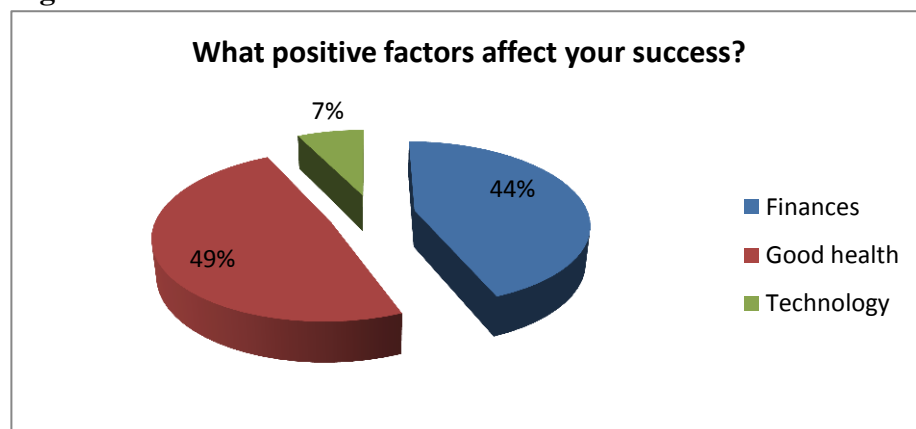
It can be inferred from the above chart that 44% of the elderly see their past experiences as an inherent factor that contribute to their success. Twenty-five percent (25%) of them said prayer, and God's word was mentioned by 13%. Also faithfulness, commitment and sharing were

referred to by nine, six and three percent of them respectively. This was answered by thirty two out of the fifty respondents. Subsequently, the FGDs brought up honesty, grace and self- control. This affirms their belief in the supernatural as in the past where elements of spirituality and good behaviour were upheld. Such elements like faithfulness, commitment and sharing seem to be eroding with time.

Fourteen out of the fifty responded to exogenous factors. Seven of them revealed that their skills acquired over the years played a part in the success. Four of them cited place of residence and three others referred to social capital, particularly friends and colleagues, as having contributed to their success. For instance retired teachers easily set up schools on retirement.

Realizing that elderly play varied roles in society, we would have to acknowledge that they might progress or retrogress in its accomplishment due to certain factors. This study saw the need to find out what boost the roles as well as that which impedes its success.

Figure 4.26: Positive factors

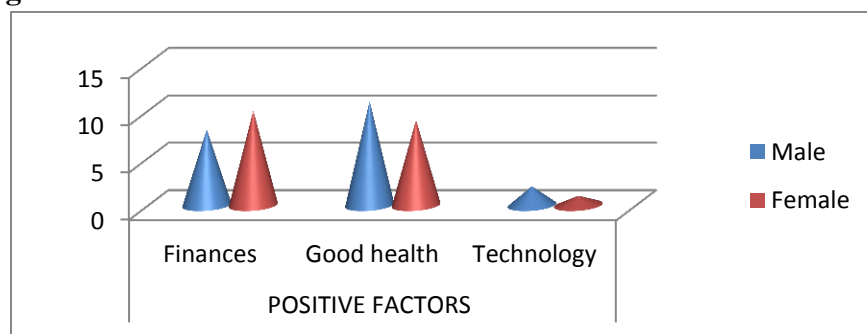


Out of the forty one respondents, twenty of them saw good health to have a positive effect on their success. Eighteen of them felt adequate finance is a booster. Three of them, knowing the importance of Information Communications Technology (ICT), saw it as helpful. On the other

hand, the FGDs brought up lifestyle entailing how one takes care of him/herself and relationships with others. They also made mention of gifts, good children and relatives as adding on to the success. A retired banker elaborated on his success as setting up a detergent manufacturing company and his importation of chemicals for sale. In doing this he employs a number of people. Another seventy year old woman mentioned that she was taking care of a family 'pure water' manufacturing business that her children had set up for her.

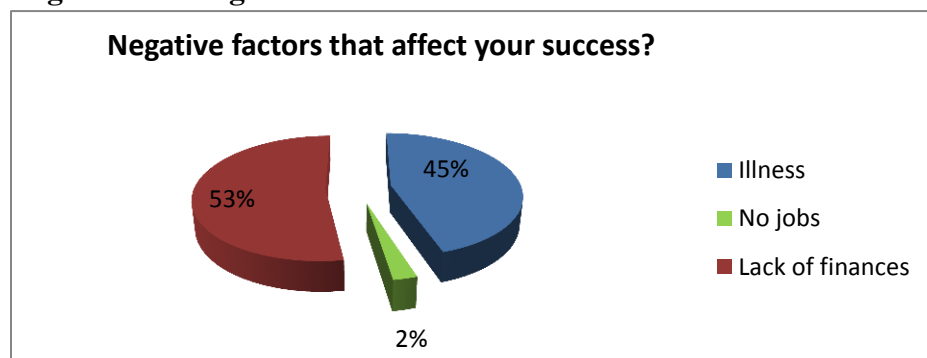
A link between gender and the positive factors is shown below:

Figure 4.27: Gender and Positive factors



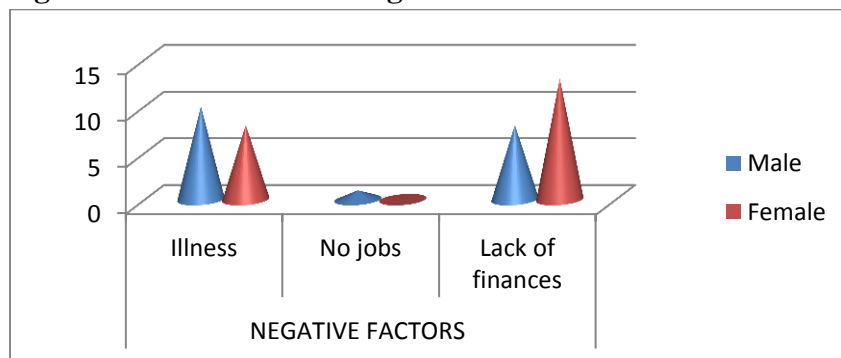
The success of both males and females are affected positively. Eight males and ten females mentioned finances as having positive effects on their roles. Also eleven of the men and nine women are of the view that good health is helpful. Two men and a woman attributed it to technology. This shows that finances, good health and technology play a part in the success of the elderly. This is depicted in the diagram above. Below are the negative factors:

Figure 4.28: Negative factors



It can be inferred from the table above that out of the forty respondents to this question, twenty-one of them indicated that inadequate finances did not aid their success. It is followed by eighteen of them who attributed negative effects on their success to Illness. An old man of about 70years who is a mason said he was not getting jobs anymore. Adding on from the FGDs, respondents named worry, high prices of products, poverty and lack of respect as impeding their success. A retired female lecturer in the University of Ghana described her success as her ability to still impart knowledge to the young and interact with colleagues. A sixty-nine year old man elaborated on his success as his to venture into construction of buildings. However, he had to take a break for six months when he was admitted to hospital and had surgery three years ago. He also happens to be the Vice Chairman for the Landlords Association in Ofankor; this he saw as a measure of success.

Figure 4.29: Gender and Negative factors



The graph above shows a relationship between the negative effects on the success of male and female elderly. Majority of the males (10) indicated illness; 8 of them said inadequate finances and one said 'no job.' The females on the other hand, mentioned finances (13), followed by illness (8). For instance a businesswoman of 65years said she is successful because, although she was not too well she still goes to the shop in town almost every day. Her business partners still deal with her, and with proceeds from the business she is able to take care of her nephews.

Good Health and adequate finances seem to be the main assets needed for the elderly to succeed in their roles. This goes to support WHO's action points towards active ageing which includes good fetal and childhood environment, avoidance of smoking and alcohol, a balance diet, regular exercise, social integration and income security.

The females dominate in the choice of finances as a major effect because many of them are taking care of their sick husbands and grandchildren. Majority of the men spoke about good health because they seem to be more prone to sicknesses. However, all fifty respondents acknowledge they are not as strong as before. This confirms the wear and tear theory of ageing. The theory is of the view that ageing is a 'secondary effect' of physiological work of cells over a long period of time.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the summary of the major findings and makes conclusions. Recommendations are also made for individuals, policymakers and future researchers.

5.2 Summary of Objectives and Major Findings

This study has revealed that policies on the elderly do not prescribe roles for them. The documents make provision for the elderly to participate in society and development. Provisions are made for health and wellbeing as well as social protection. The elderly are allowed to form associations to keep them active. In addition room is created for pension benefits for both the formal and informal sector (3- Tier). Volunteer programs are instituted for the elderly to continue in their numerous services. They are given contracts particularly in the educational sector and allowed to be consultants.

The data shows that although these policies exist, the majority of the elderly do not have any idea about them. This comes out clearly as even the educated elderly do not know about policies. It was found out that the elderly in associations had some knowledge on documents on ageing but they did not know the content details. There existed virtually no knowledge about the national ageing policy, meaning that regional and international ones are not familiar at all. This notwithstanding, the elderly could tell the purpose of a policy to a large extent.

The 1992 constitution of Ghana makes room for Council of State as an advisory board to the president. This seems to have trickled down to political parties where council of elders play similar roles. There are also advisory boards at institutional and religious levels.

In the case of the contemporary roles of the elderly, the elderly are still playing roles though not like in the past. The data revealed that the elderly play roles in the family, community and church. Additionally, about two-thirds of them are engaged in economic activities. A number of them are doing something on their own. The old women dominated in this function as compared to males. Prominent amongst their services were the roles played in the family. The old people still play many roles in the family such as leadership, care of relatives, household chores, conflicts resolution, maintaining peace and directing the youth.

Community roles of the elderly seem to have diminished considerably. Just a handful of them play roles in the community which is not mainly directing and disciplining of the young ones as before. Currently, they partake in communal labour and decision making.

The data indicates that the elderly play a number of religious roles. They render numerous services and act as leaders and advisors. They read, sing, preach and settle disputes. Old people of both sexes and different educational backgrounds undertake duties in the church. Nevertheless, the roles seemed to diminish with age.

The elderly agreed that their roles have changed overtime due to modernization mainly adoption of new lifestyles and a break in the extended family system. Conversely, they did not accept that they were not of any use to this country. They enumerated their contributions in diverse ways including previous services to the nation.

The data also revealed pension benefits as woefully inadequate. It hardly aided in their roles. Elderly associations had a significant impact on their duties. At their meetings they shared knowledge on life and health and helped one another financially. The family seemed to have the most significant impact on the roles of the elderly. It served as a financial pillar, a source of encouragement and labour (form of assistance). Such efforts are being put in by their children without whom this is not likely to be possibly. Sadly, the extended family system which was based on the principles of solidarity and reciprocity is disappearing.

It was also found that roles of the elderly are affected by both exogenous and endogenous factors. Quite a number of them responded to the endogenous factors. To this they cited their past experiences and their relationship with God. That which impeded the roles were mainly ill health, inadequate finances and lack of jobs. Positive factors on the roles of the elderly were finances, children, good health and technology. Health and finances came up as both helpful and a hindrance. The women were more skewed to finances since they are responsible for the care of the family. The men mentioned ill health since they were involved in more rigorous activities in the past.

The data further show that these roles played by the elderly give them a sense of fulfillment. They added that they were successful because they had achieved a lot for their families and the society.

Obviously, the government has not turned a deaf ear to the plight of old people. Having acknowledged the need for productive ageing the state has put in place certain social protection programs for the elderly:

The *National Social Protection Strategy* is an overarching social policy framework to create an all-inclusive government. It seeks to harness all social protection efforts of various sectors for optimum protection of vulnerable groups including older people.

Livelihood Empowerment Against Poverty (LEAP) provide an unconditional cash transfer of GH¢ 25per month to extremely poor older people above 65 years in selected districts. The transfer is expected to meet subsistence (survival) needs such as food. Meanwhile efforts are made through the complementary service scheme to link the beneficiary older person to other social services such as healthcare.

The *National Health Insurance Scheme* treats older people of 70 years and above as indigents. They pay a registration fee of about GH¢5.00 and are exempted from payment of the required premium in order to have access to health care.

The capitation grant and school feeding programs are intended to lessen the financial burdens of older persons taking care of orphan and vulnerable children (OVCs). Also the *Local Government Act* 462 (1993) exempts old people who are 70 and above from payments of basic rates.

Though these programs are in place there seem to be too many challenges with them which affect their impact on old people.

Below are the two most important conditions for success in the roles enumerated above.

HelpAge Ghana (2009) after mapping the health of older people in three regions in Ghana came out with the finding that the main diseases of older people are hypertension (33%), diabetes (20%) and hernia (10%). Also the two main barriers to healthcare among the elderly are money (37%) and poor conditions of health facilities (36%). Money and good health seem

to be inevitable, and they are also intertwined. Money can help one access good health and good health can enable one work leading to adequate finances.

The *Ghana Country Report on the Implementation of MIPAA*, 2012 states that there is only one geriatric specialist in Ghana who provides services to the psychiatric hospitals in Ghana. He is practicing as a psychiatric medical officer. There is no geriatric care centre in Ghana, the elderly who turn up in hospitals are told they are not sick but are weak due to “old age”. They are not given efficient care leading most of them to their graves.

Also, most elderly particularly those who live in the rural areas lack basic social amenities for their upkeep. All these tell on their health which is a major factor in the continuity of the roles.

Additionally, the document reports that income security in old age is mainly dependent on social security and family income including remittances. Social security has been described as scanty and not helpful by respondents. Family incomes are no longer coming due to migration, the least said about remittances the better particularly with the childless. GLSS 5 states that remittances form less than 10% of household income.

Chapter three of the *National Ageing Policy* (2010) has as a caption “Ageing and national policy challenge”. Two sub titles seen are “Ageing and Poverty” and “Old age and Health challenges”. Here, poverty is described as a state of deprivation that differentiates itself in various forms with regard to its extent, nature, persistence and multi-dimensionality. Its causes include low income base and productivity and poor health among others. Poverty is said to have further been perpetuated by lack of good governance and public policy failures. Good health is said to be vital for economic growth and the development of societies. Older people’s capacity to earn a living and participate in national development, community and family life to a large extent depends on their state of health.

To remedy this situation the policy contains strategies as follows:

Improving health, nutrition and wellbeing into old age:

- Old people are entitled to have full access to health care and services including preventive curative and rehabilitative care.
- Delivery of healthcare will be strengthened by providing adequate support to local communities to improve on their health delivery.
- Access to food and adequate nutrition will be a major priority of government social development policy.
- Adequate training and incentives will be institutionalised to attract medical and health students to geriatrics and gerontology.
- Practical efforts will be directed at strengthening public private partnerships in the provision of healthcare services.

Improving income security and enhanced social welfare for older persons:

- Government will initiate programs to improve opportunities for older persons to access employment and discourage discrimination during recruitment, promotion and retrenchment.
- Innovative approaches to social security financing will be adopted and opportunities will be explored to increase budgetary allocation for social welfare programs.
- Government will vigorously pursue the implementation of the three tier pension scheme to capture the informal sector.
- Pre-retirement programming for older persons will focus on providing coping skills that will prepare them for challenges of retirement.

This implies that implementation of the *National Ageing Policy* can single-handedly improve the participation of elderly persons in development in diverse ways.

5.3 Conclusion

The ageing population of Ghana is both a triumph and a challenge of our time. Nonetheless, the old folks have the right to independence, participation, care, self-fulfillment and dignity as summarized by HelpAge Ghana (2005). Human rights are supposed to be universal, inviolable, and inalienable making each of them entitled to it.

This study found out that though existing policies do not prescribe roles for the elderly, the elderly play varied roles in the society which cannot be underestimated. Despite their efforts, they seem not to have knowledge of policies that have been put in place to encourage them. Efforts of the elderly in the society, church and their families are commendable though they are not seen to be as helpful as they used to be. Further to that, the success of the roles of the elderly depends mainly on their experiences acquired over the years, good health and availability of finances. A concern to them is that pension benefits do not contributed to the success of their roles in any way.

By way of comments it was deduced that the elderly are asking the government for the following:

- The government should come to their aid in terms of social assistance.
- They would want to have a gerontology clinic to attend to their health needs.
- The NHIS exempt from premium should begin with retirement not 70 years.
- They would like to be provided with some form of training like Local Enterprises and Skills Development Programme (LESDEP).

- Provision should be made for public health nurses to visit them in their communities as was done before.
- They would want short and simple church service specifically for the elderly.

To crown it all, the senior citizens would like their efforts to be recognized and appreciated “We elderly have made lots of sacrifices but receive no recognition for them”.

Given that these senior citizens continue to play roles in our society, there is the need to educate and build their capacities on the policies available to compliment their efforts. The elderly will be elated to know that a number of documents exist at the international, regional and local levels to seek their wellbeing. This will boost their morale and make them call for effective implementation on the policies.

5.4 Recommendation

5.4.1 Recommendations on Policies of the Elderly:

Suggestions to improve the knowledge of the elderly in Ageing policies are as follows:

Ghanaians are to cultivate the habit of reading to help them know more about the policies available for their wellbeing into oldage.

Government should put in place the necessary instruments and resources for the implementation of the *National Ageing Policy* since this is a major document on ageing in Ghana.

Government must focus on creating awareness on ageing issues. 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. Public debates should also be organized on the dynamics involved in growing old.

5.4.2 Recommendations for Success in the Contemporary Roles of the Elderly

The findings from the survey conducted also provided some suggestions for policy makers in Ghana:

Government has an important role in investing in the ageing populace. The state should provide a geriatric clinic and train medical practitioners in this regard. This will prevent poverty due to ill health in later life. Lifelong learning programs to increase the possibility of the elderly finding employment should be undertaken.

Older people are to be acknowledged as a valuable resource. Their efforts, particularly their contributions to development should be recognized. Moreover an enabling environment should be created for continued triumph in their roles. This will be a major source of encouragement to them.

The government should strengthen the extended family system to promote solidarity. This will go a long way to improve care for the old persons by family members.

The state must make use of national household survey data to understand situation of older people. This will inform further research and interventions.

The government should promote the benefits of healthy lifestyle including legislation on unhealthy stuff like alcohol and tobacco. This will serve as a source of check and reduce unhealthy behaviors.

Efforts are to be made by the government to provide universal social assistance for all older people 60 years and above including healthcare and tax exemptions.

Mainstreaming of gender in all aspects of ageing interventions is very important. This will make room for holistic interventions so that needs of women will not be overlooked although they form a majority.

Recommendations for the Populace:

The findings of the study produced several suggestions for Ghanaians which will lead to their success in future:

Individuals should keep a healthy lifestyle. They should eat a healthy balanced diet, maintain adequate physical activity and a clean environment. Also people should avoid harmful substances like alcohol and cigar. This will ensure that they are strong into old age and it will also protect unborn children.

Family heads are to go an extra mile to maintain the extended family ties. Parents should be encouraged to socialise their children in the areas of rendering respect and support for older persons. This can be done by calling regular meetings at home and for the migrants at their places of residence. Socialisation programs should be organised particularly during festive occasions to promote solidarity.

Individuals are to make efforts in keeping healthy family ties by remitting family members regularly and maintaining cordial relationships with children and other relatives.

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

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APPENDIX

QUESTIONNAIRE

ROLES OF THE ELDERLY IN CONTEMPORARY ACCRA AND CONDITIONS

UNDER WHICH THEY SUCCEED

I am an MA student at the University of Ghana conducting a study into the roles of the elderly in contemporary Accra, and conditions under which they succeed. I would greatly appreciate a few minutes of your time to answer the following questions. Your answers will be treated in strictest confidence. Thank you for your time and answers.

SECTION A

DEMOGRAPHIC CHARACTERISTICS

1. Age 60-64[] 65-69[] 70-74[] Above75[]
2. GenderMale[] Female[]
3. Ethnicity
4. Religion Moslem [] Christian [] Othersspecify.....
5. Marital Status.....
6. Highest level of education.....
7. Year of retirement

SECTION B

8. Are you entitled to pension benefits? Yes[] No[]
9. Are you in any association of the elderly? Yes[] No[]
If yes what is the name of your association?
10. Do you know about any policy for the elderly? Yes[] No[]
Which of them are you familiar with?
How did you get to know about them?

11. Do you think the provisions in them are beneficial? Yes[] No[]

If yes what makes them beneficial.....

SECTION C

CONTEMPORARY ROLES OF THE ELDERLY

12. Were you previously formally employed? Yes[] No[]

If yes what was your profession?

If no what were you doing for a living?

13. Are you working currently? Yes [] No []

If yes

Where are you formally employed?

What do you do if you are self employed?

14. Do you do any work in your family or the house?

Yes [] No []

If yes what exactly do you do.....

15. Do you do any work in your church or mosque?

Yes [] No []

If yes what exactly do you do.....

16. Do you do any work in your community?

Yes [] No []

If yes what exactly do you do.....

17. Do you think the roles of the elderly have changed in any way?

Yes [] No []

If yes what changes have occurred.....

18. What do you think has accounted for such changes

.....

19. Do you think you and other elderly contribute anything to society

Yes [] No []

If yes can you mention any.....

SECTION D

CONDITIONS UNDER WHICH THE ELDERLY SUCCEED

20. What are some of the things that help you succeed in your roles?

.....

.....

21. Do your pension benefits contribute to your roles? Yes [] No []

How?

22. Would you say that your association contributed to the success of your roles?

How?

23. How do your family members contribute to the success of your roles?

.....

24. Are there any exogenous factors? Yes [] No []

.....

25. Are there any endogenous factors? Yes [] No []

.....

26. What are some of the things that affect your roles?

Positive

Negative

.....

.....

ELDERLY

COMMENTS.....

.....

.

.....

INTERVIEWERS COMMENTS

.....

.....

.....