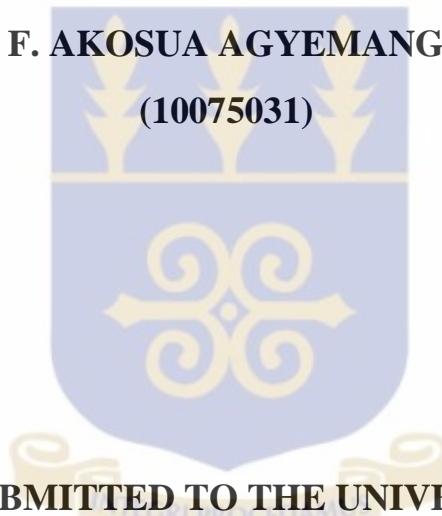


SURVIVAL STRATEGIES OF THE ELDERLY IN RURAL GHANA

BY

F. AKOSUA AGYEMANG
(10075031)



**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
THE AWARD OF PhD SOCIAL WORK DEGREE**

JUNE, 2014

DECLARATION

I declare that this thesis is my own original work produced from fieldwork. Where references have been made or cited, full acknowledgement has been given. As far as I am aware, this thesis has not been presented anywhere in whole or in part, either for a certificate or for degree in any institution of higher learning.

.....

**F. AKOSUA AGYEMANG
(STUDENT)**

.....

DATE

.....

**DR. KOFI OHENE-KONADU
(PRINCIPAL SUPERVISOR)**

.....

DATE

.....

**PROF. KODJO SENAH
(SUPERVISOR)**



.....

DATE

.....

**DR. AKUAMOAH BOATENG
(SUPERVISOR)**

.....

DATE

DEDICATION

This work is dedicated to **GOD ALMIGHTY** and my two lovely children, Nana Yaa and Junior, whom I denied motherly care and affection in the course of this work.



ACKNOWLEDGEMENT

First, I would like to thank the **ALMIGHTY GOD** who made this thesis a reality. In the same vein, I wish to express my indebtedness gratitude and sincere appreciation to my three supervisors Dr. Kofi Ohene-Konadu (Department of Sociology/Social Work), Professor Kodjo Senah, (Department of Sociology) and Dr. Akuamoah Boateng (Department of Psychology), all of the University of Ghana, Legon, for their guidance, supervision, objective criticisms, suggestions and corrections which contributed immensely to the completion of this work.

Secondly, I wish to acknowledge with gratitude the part played by the following people in the data collection process: Dr. Isaac Owusu-Mensah and Mr. Collins Nyedua Essah of the Department of Political Science, University of Ghana, Mr. Collins Akuamoah-Boateng (Sunyani), Mr. Jacob Willie Molenaar, Teacher Education Division of the Ghana Education Service, Mr. Kwame Damoah-Agyemang, Electoral Commission and Mr. Joseph Adom (Sunyani).

My appreciation also goes to the elderly respondents who so gracefully, gave off their personal life histories, and all the youth who contributed their insights into the dynamics of ageing in rural Ghana. I would also like to thank the research assistants who gave off their time and talent in this study. To the many professional colleagues who have helped in the development of the ideas presented here, I wish to offer my profound thanks.

Finally, I wish to state that in spite of the numerous assistance received, I take responsibility for any misinterpretation and misrepresentation of facts contained in this thesis.

‘To God be the glory for what He does’, Amen.

F. A. A.

ABSTRACT

Globally, there is now a growing concern for the elderly. In the developing world especially, this concern has grown significantly due to increase in life span, the structural difficulties caused by globalization, rural-urban migration and the breakdown in the capacity of the extended family to perform its traditional roles. The net result is that in Ghana as in many developing countries, in the absence of government support, the elderly are compelled to fend for themselves. How the elderly in rural Ghana negotiate the means of livelihood is the focus of this study. The aim and objectives of the study are:

- To understand the dynamics of day-to-day life of the elderly in rural communities.
- To examine the challenges faced by the elderly in their day-to-day life
- To examine the causes of these challenges as well as factors affecting elderly survival
- To find out the survival strategies of the rural elderly in the face the challenges
- To find out how society (social networks) impacts on the survival challenges
- Examine the welfare implications of the problems of the elderly care in rural Ghana

Given the orientation of the study, data was collected from 300 respondents in the three geographical zones of the country, namely central, forest and savannah. Both qualitative and quantitative data were collected using questionnaires, in-depth interviews and focus group discussions.

Findings

Key findings of the study included the following:

- One of the difficulties of the elderly was how to feed on daily basis. The chief cause being rural-urban migration of the youth, leaving the elderly in the rural areas without any meaningful support.
- Most elderly are widows and widowers

- Most of them did not work in the formal sector so they did not have pension
- It was also identified that some of the elderly in rural Ghana are still engaged in economic activities to provide their needs even though they should not be engaged in economic activities at this time in life.
- From the data, the study found that the largest source of support for the rural elderly is remittances and supports derived from their own children and this in most cases explains the large family sizes that are witnessed in the rural areas; a source of social security.
- It was found that the state or government has not provided any reliable form of support to the elderly except that persons above 70 years are entitled to free health care under the fairly recently established National Health Insurance Scheme.

Recommendations

Against the background of these findings, the following recommendations are made:

- Future studies can investigate issues like an effective pension's regime, the national workable policy on ageing and the LEAP programme that will take care of the entire elderly population in terms of contributions, benefits and entitlements. For instance, the current bi-monthly LEAP payments of GH¢24.00 per beneficiary, GH¢30.00 per two beneficiaries, GH¢36.00 per three and GH¢45.00 per four beneficiaries is inadequate.
- As the research has shown, persons who join networks and associations stand the chance of receiving some form of assistance from the associations. Even when the assistance was not financial or tangible, the companionship and advices offered helped to deal with the problems associated with loneliness. It is recommended that

such informal groupings be encouraged but given a redirection so that they can focus on much more important things instead of the traditional concentration on funerals.

- It was noted from the study that government support for the elderly in rural Ghana was woefully inadequate. The immediate representative of the central government at the local level is the District Assemblies. The current legal regime mandates each of the MMDAs to set aside 2.0% of their disbursements from the District Assemblies Common Fund purposely to help the disabled in society. It is the recommendation of this research that special allocations should also be made to cater for the needs of the elderly. Such funds can be disbursed directly to them or given in kind, like organizing free health screening and medication to the elderly, particularly in the rural areas where access to health centres are very limited. This has been provided for in the draft National Ageing Policy which is yet to receive parliamentary approval. It is, therefore, recommended that government give the policy urgent attention so that an institutional framework will be provided to care for the elderly.
- The state must take keen interest in the rate of population growth due to high birth rates. The interventions of the state through the Family Planning Programmes ought to be intensified especially in the rural areas where fertility is also very high. The research found that average families in the rural areas were between 4 and 6, with some as high as 15. Even when the parents are in the position to foot the bills of their children, the state has a burden to provide social facilities for these kids to enjoy. This puts great stress on the limited social facilities available. The active involvement of the state through education for couples to plan their families will not only help the couples, but will reduce the rate at which the burden of the state will increase. There is the need to strengthen current family planning education with the state providing active support since many of the campaigns are done by private organisations. This

will likely reduce the incidences of the elderly having to care for their young children at a time they should not be bearing such responsibilities.

- It is the desire of all well-meaning citizens to obtain decent jobs from which they will survive. The rate of unemployment in Ghana is unfortunately very high that able bodied and willing youth find it difficult to find a decent job that will provide a moderate pay to take care of the utility bills and other needs. The urgent attention of government to address this problem through educational reforms and other economic interventions is needed now to arrest the situation.
- It was realized in the study that NGOs (Help Age) are involved in providing direct care to the elderly much more than government is doing. These organizations too have the capacity to reach out to all and sundry. It will be better for the state to actively engage genuine NGOs in some of the programmes it has for the less privileged so that the chunk of resources do not stay in the urban areas or major towns. Government in this case will have to strengthen its supervision and regulation of NGOs to weed out those that have been formed to serve as revenue generation ventures for their founders.
- It is also recommended that there should be a serious debate and subsequent policy on old-age care in Ghana, since nothing of its nature exists in the significant sense. This is important because of the revelations that the support that the elderly get from families/kin is declining by the day. Aboderin & Ogwumike (2005:11) finds that “the West Africa family system no longer affords sufficient protection to many old.”

Contribution to Knowledge

The extended family as the traditional support is giving way or cracking. The next line of support for the elderly is the children of the elderly. Findings however show that this line of

support is not reliable because of the dislocations of the national economy that has caused large-scale unemployment amongst the employable youth. Where the elderly have not made social capital investment by way of taking care of others, then they are in bad shape.

Agenda for Future Research

This study has focused on the elderly in a few districts in Ghana. Clearly, the findings may be limited in their applicability. In spite of this limitation, the findings point to patterns and dynamics in ageing in contemporary Ghana that may be subjected to further and wider national study in order to enhance the empirical base of the findings and to better inform policy on the elderly.

TABLE OF CONTENTS

Title	Page
DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
ABSTRACT	iv
TABLE OF CONTENTS	ix
LIST OF TABLES	xvi
LIST OF FIGURES	xvii
MAPS	xviii
PICTURES	xviii
CHAPTER ONE	1
INTRODUCTION: HOW ELSE CAN I SURVIVE?.....	1
1.0 Setting the Scene	1
1.1 Background to the Study	2
1.2 The Problem Statement	12
1.3 Objectives of the Study	14
1.3.1 General Objective	14
1.3.2 Specific Objectives	15
1.4 Research Questions	15
1.5 Significance of the Study	15
1.6 Definition of Concept	16
1.7 Scope of Study	17

1.8 Theoretical Framework for the Study	17
1.8.1 Sustainable Livelihood Framework	17
1.8.2 Justification for the use of the Sustainable Livelihood Theory	21
1.9.1 Beposo - Sekyere South	21
1.9.2 ‘Seth Okai’ - Agona East District	25
1.9.4 Population Size and Distribution	28
1.9.5 Age Structure	29
1.9.6 Education and Literacy	29
1.9.7 Health Care Infrastructure and Personnel	30
1.9.8 Housing Conditions and Settlement.....	31
1.9.9 Source of Drinking Water	31
1.10 Organization of study.....	32
CHAPTER TWO.....	34
LITERATURE REVIEW	34
2.0 Introduction.....	34
2.1. The Elderly.....	35
2.2. Conceptualising Ageing.....	35
2.3. Changing Population Structure in Africa.....	38
2.4. The Rural Elderly.....	43
2.5. The Social Context of the Elderly in Africa	44
2.6 Family Support.....	46

2.7. Problems and Challenges of the Elderly	49
2.8 Economic Challenges.....	50
2.9 Social Challenges.....	51
2.10 Health Challenges	52
2.11. Social Support Systems.....	57
2.2.0. The National Ageing Policy.....	61
2.2.1 Background to the Policy.....	61
2.2.2 The review process	62
2.2.3 Legal framework.....	63
2.2.4 The Ageing Challenge	64
2.2.5 Policy Strategies.....	65
2.2.6 Allocation of Responsibilities.....	66
2.2.7 Financing the Policy	67
2.2.8 Post-Review Situation.....	67
2.3.0 Theoretical Perspectives: Theories and Dimensions of Ageing	68
2.3.1 Disengagement Theory	69
2.3.2 Abandonment Theory	73
2.3.3 Activity theory	74
2.3.4 Continuity Theory.....	76
2.3.5 Role Theory	78
2.3.6 Socio-Environmental Theory of Ageing.....	79

2.3.7. Conclusion	83
CHAPTER THREE.....	84
3.0 Introduction.....	84
3.1 Research Design.....	84
3.2 The Mixed Method	84
3.3 Zoning of the Country and Selection of Regions, Districts and Rural Communities.....	85
3.4 The Elderly.....	87
3.5 Sampling of Participants	88
3.5.1 Target Population.....	88
3.5.2 Study Population.....	89
3.5.3 Sampling Frame	89
3.6 Sampling Design.....	89
3.6.1 Caregivers	89
3.7 Sample Size.....	90
3.8 Methods of Data Collection	90
3.8.1 Sources of Data	90
3.8.2 Secondary Data	90
3.8.3 Primary Data	90
3.8.4 Qualitative Data	91
3.8.5. In-depth Interviews/Key Informants.....	91
3.8.6 Key Informants	92

3.8.7 Non-participant Observation.....	93
3.8.8 Focus Group Discussions.....	93
3.8.9 Quantitative Data	94
3.8.10 Face-to-Face Interview	94
3.8.11 Self-Administered Questionnaire.....	94
3.8.12 Data Handling/Management	94
3.8.13 Ethical Issues	95
3.8.14. Unit of Analysis	96
3.8.15. Conclusion	96
CHAPTER FOUR.....	97
PRESENTATION AND DISCUSSION OF FINDINGS.....	97
<i>‘PANYINYE YE YA’: (AGEING IN A PAIN)</i>	97
4.0 Introduction.....	97
4.1 The Socio-Demographic Characteristics of the Elderly	98
4.1.1 Age Distribution.....	98
4.1.2 Sex Distribution	99
4.1.3 Educational Background.....	99
4.1.4 Occupational Background.....	100
4.1.5 Marital Status	102
4.1.6 Number of Children	103
4.2 Living Conditions and Challenges of Respondents	105

4.3 Cause of Survival Challenges	110
4.4 Survival Strategies	116
4.4.1 Assets of Respondents	119
4.4.2 Economic Activities of Respondents	121
4.4.3 Earnings of Respondents.....	123
4.4.4. Government interventions.....	124
4.4.5 Role of Community Associations and Networks.....	126
4.4.6 A Good Neighbour is better than a Distant Relative	128
4.4.7 Possibility of Overcoming Livelihood Challenges	129
4.6. Conclusion	130
5.0 Introduction.....	132
5.1. Excerpts.....	132
5.2. Discussion	156
5.3. Conclusion	158
CHAPTER SIX	159
SUMMARY, CONCLUSION AND RECOMMENDATIONS	159
6.0 Introduction.....	159
6.1 Summary of Study	159
6.2 Conclusion	163
6.3 General Recommendations	165
6.4 Recommendations for Policy Making (Government).....	166

6.4.1 Improvements in Education	166
6.4.2 Health Care	167
6.4.3 New Pensions Regime	168
6.4.4 Allocations from the District Assembly Common Fund (DACF)	169
6.4.5 Intensification of Family Planning Programmes in the Rural Areas	170
6.4.6 Employment Opportunities	170
6.4.7 NGO Engagement	171
6.4.8 Old age care Policy	171
6.5. Future Research Agenda	172
6.6. Implications for Social Work Education and Practice	172
REFERENCES.....	173
APPENDICES	182

LIST OF TABLES

Table	Page
Table 1: Sustainable Livelihood Framework – Capital Assets.....	19
Table 2: Selected Regions and Districts.....	87
Table 3: Number of Elderly Selected in each Study Area.....	88
Table 4 :Level of Education Attained.....	100

LIST OF FIGURES

Figure 1: The Sustainable Livelihood Framework.....	19
Figure2. A Framework for Family Support	47
Figure 3 Interactionist Framework for the Social Environmental Theory of Ageing.....	82
Figure 4 Occupations of Respondents	101
Figure 5 Number of Children of Respondents	104
Figure 6 Socio-Economic Statuses of Respondents.....	106
Figure 7 specific assistance received from government	125
Figure 8 Help Obtained from Associations	127

MAPS

Map 1. Sekyere District	22
Map2. Nanumba District.....	28
Map 3. Map of Ghana	36

PICTURES

Picture 1.: An elderly man with a young attendant.....	2
Picture 2. An elderly woman with a bucket in need of water	111
Picture 3: An Elderly Woman Surviving on the Proceeds from the Gari made by a Non- family Caregiver.....	123

CHAPTER ONE

INTRODUCTION: HOW ELSE CAN I SURVIVE?

1.0 Setting the Scene

This thesis is about how the elderly (people over 60 years) in rural Ghana negotiate their survival strategies in the face of economic difficulties and changes in the social structure of traditional Ghanaian family arrangements. In order to situate the thesis in the right perspective, this chapter begins with an event that happened around the Tamale Central Market some years ago. A blind elderly man assisted by a young boy was begging for alms. One generous woman wanted to give him some coins but had none. The woman asked the beggar to change her paper money from some of the coins he had in his sack. As he was about to do this, suddenly, the adhesive that held his eyelids together gave way exposing the beggar as one with clear vision. Consequently, the astonished onlookers subjected him to a severe beating. When asked why he had deceived the public, his response was '*wula ka n nyen*'. Literary meaning, '*How else can I survive?*'

As the researcher watched the unfolding drama, she was confronted with a deluge of unanswered questions:

- Why should this old man go through this ordeal just to survive?
- Where are members of his family?
- Has he no children?
- Does the state have meaningful policies and programmes for those in their later years?

There were many more questions but this should suffice as part of the curtain raiser for this study.

Picture 1.0: An Elderly Man with a Young Attendant

Source: Field data

1.1 Background to the Study

In the past few decades, there has been a noticeable second demographic transition worldwide. The population aged 60 years and older is estimated to reach 22% by 2050 and in sub-Saharan Africa, this figure is expected to exceed 8%, while in Ghana, the older adult population will reach 12% by 2050 (Biritwum et al., 2013).

The increase in the number and proportion of elderly people (elderly 65 years and over) in the world is due to factors including improved medical technology, improvement in health knowledge and services such as improved nutrition, housing, sanitation, information methods and mass education (Brown, 1999). Mba (2010, & 2004a) has argued that “significant achievements” in the fight against maternal and infant mortality as well as improvements in

nutrition have all contributed to “numerical growth of the elderly.” A UNFPA report shows that in the 25 years up to 1995, the population of elderly people grew faster than the overall population growth rate. In Europe, the rate of growth for the elderly was three times more than the rate of growth of the population (United Nations, 2001). It is also expected that between 1995 and 2020, the population of the elderly worldwide will double while it is likely to triple in Africa. Similarly, the growth rate of people who are 80 years and over was 3% from 1970 to 1995 and it is expected to increase to 5% (UN, 2001a). Added to this marked increase in the number of people, is the prediction that by the year 2050 the number of people above 60 years will approximate 1.2 billion worldwide. More specifically, elderly people will be approximately 850 million in Africa, constituting 12% of the total population of the continent (Ramashala, 2001; Apt, 1995).

In most African countries, ageing issues are a crisis that is just beginning. At present, the family takes the responsibility for caring and providing for the needs of the elderly. Evidence, however, shows that the family is gradually feeling the burden of this responsibility. In the case of the elderly who were engaged in formal work, the little amount of money they receive through the pension scheme and non-payment of premium for the National Health Insurance Scheme (NHIS), give them some relief. Generally, however, most rural elderly do not enjoy these facilities. Although the elderly population in Africa is not as large as in other regions of the world (UN, 2001), it must still be considered a cause for concern since Africa is ageing at a time when its resources are being grossly depleted.

The most rapid growth in the elderly population is expected in the western and northern Africa regions whose older populations are projected to increase by a factor of five (Apt, 1999). Though the phenomenon of population ageing is a prominent issue largely in the developed economies of North America, Europe, and Asia, what is yet to be widely

appreciated is that population ageing is also occurring in the developing world particularly in Africa. Other developing regions are growing much more rapidly than those in the economically advanced countries. In the developed world, the demographic transition process leading to an ageing population has taken place over the span of about a century (Angel and Angel, 1997; 1982; Olsson and Ingvad 2001), the pace is even faster in Africa than other parts of the world.

Globally, the majority of the elderly population lives in the developing countries with Asia having the largest share (53%) and Europe has 25 percent (UN, 2001). Brown (1999) notes that by the year 2025, the total number of the elderly, (60 years and over), in the world will have risen from 214 million to 1,121 million. It is also projected that developing countries would be experiencing the most intense ageing trends during the 1975-2025 periods (Brown, 1999). As can be found in most communities in Africa, the family continues to be the primary institution equipped to provide support for the elderly in Ghana (Ardayfio-Schandorf, 1994; Apt, 1996; Mba, 2004b; Mbamaonyeukwu, 2001a, Wright, 1998). The family structures in Ghana have evidently undergone a dramatic change. Earlier, agricultural economy, patriarchal joint family system and traditional values of respect for the elderly, were some of the distinguishing features of Ghanaian culture. The elderly were the experienced counsellors who provided counselling services for both the young and old in their communities on issues cutting across the life span.

This increase in the proportion of the elderly does not seem to be in tandem with improvements in their socio-economic conditions. This shows a tendency of dismissing challenges faced by the elderly. As a result, a greater portion of the elderly population continues to live in poverty. This is especially the case in developing countries where there

are no provisions for these vulnerable groups of people (Apt, 1999; Schatz & Ogunmefun, 2007).

It may also be argued that the preoccupation with concerns directly affecting the young and the middle-aged people (e.g. HIV/AIDS, unemployment, lifestyle and diseases) has taken attention away from other equally and even more disadvantaged people such as the elderly. This may have damaging effects on developing countries if one takes into account the fact that the younger generation (35 years old) is the one that is mostly afflicted by the HIV/AIDS pandemic. As a result, they are leaving their children behind, some of whom are also infected and have to be cared for by their grandparents. This also means that, elderly people are no longer on the receiving end of care from the younger generation but have become providers both financially and emotionally. Coupled with this is the high unemployment rate among the youth that forces them to depend on the elderly.

While the elderly in particular are playing a major role in the betterment of the lives of their families, old age continues to be depicted as a social problem particularly in Africa by society and the state. As a result, there tends to be more emphasis on elderly people as receivers of care both emotionally and financially from their children and therefore a burden on the family. This point of view should be contrasted with one that shows that elderly people are central in providing the needs of their families (Ramashala, 2001; Apt, 1999; Case et al, 2005 cited in Sidloyi, 2010). Old age may be a challenging time in life due to various reasons. This might be the case especially for the elderly, who have never worked and are not receiving a state pension as a source of monthly income. In this sense, they are not able to provide for themselves and contribute to the lives of their family members. Such diversities should be visible in theories of old age including the agency of these societal members (Ramashala, 2001, in Sidloyi, 2010.)

Most developed countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but like many Westernized concepts, this does not adapt to the situation in Africa because of roles played by persons this age and above. Presently, there is no United Nations standard for numerical criterion, but the UN agreed cut off for the elderly is 60 years and above (Glascock and Feinman, 1981). Although there are commonly used definitions of old age, there is no general agreement on the age at which a person can be described as legally 'old.' The common use of a calendar age to mark the threshold of old age assumes that calendar age and biological age are equivalent, yet at the same time, it is generally accepted that these two are not necessarily synonymous (Glascock and Feinman, 1981).

Similarly, in Ghana, there is no general chronological definition for old age. Instead, there are several popular notions, such as, one is as old as one feels; or one is as old as one looks; however, there is, also the view that numerical figures should be the sole determinant of old age. The compulsory chronological age at which a person is expected to retire from the formal sector is 60 years. However, this does not apply to those in the informal sector who form a majority of the workforce. However, since the cut-off working age at which one is expected to have retired from the formal sector, which is backed by law, is 60 years, I shall use this as the age at which one can be considered as 'elderly'. Sometimes at this age, people are still active and may not yet be experiencing the medical characteristics associated with old age.

For the purpose of this study, old age is defined as a point in life where people are no longer classified as part of the active labour force. While this may be true, a number of people whose chronological age defines them as 'elderly' remain involved in both paid and unpaid labour. This is especially the case in developing countries where poverty and deprivation

continue to be concentrated on a substantial proportion of the elderly in both rural and urban areas. In Ghana, and in most African countries, elderly women have a social responsibility to care for their children's kids without pay, unlike their counterparts in Europe and America. The elderly may not only find themselves in a disadvantaged position, but they may also experience a loss of power economically, socially and politically and are therefore excluded from a number of decision making processes. This has effect on their experiences of old age (Apt, 1999; Ramashala, 2001; Schatz & Ogunmefun, 2007). Yet, 'powerless' as they are, elderly men and women continue to care and provide for their children and sometimes their children's children.

The extended family structure continues to be of value to the African family system despite the argument that the nuclear family is becoming more predominant. In Ghana, for the elderly person receiving a state pension, this sometimes means stretching such resources to benefit the entire family. The elderly, therefore, tend not to see this as a provision meant only for their own consumption but for their family as well (Schatz & Ogunmefun, 2007; Sidoloyi, 2010; Ramashala, 2001). For those without this provision, survival means remaining active in the labour market beyond the ages of 60 and 65 years and this is a common situation in the African context (Apt, 1999). The impoverishment of Africa means deteriorating living standards for the elderly who bear the responsibility of rearing the family.

The elderly in every society are national resources of great importance. They are the repository of huge collections of written/spoken texts of vitality, accumulated knowledge, skills and experience (UN, 1988). The elderly, especially those in rural areas have played and continue to play an important role in the development of their local communities. They are highly regarded and respected. This is particularly the case in rural areas where the extended family system is still fairly strong. Being an elderly person in many parts of Ghana is still

synonymous with being close to the ancestors. It is the elderly who communicate with the ancestors on behalf of the family and pray for the well-being of the entire family (Tonah 1993; Van der Geest 2002). According to Van der Geest, elderly persons among the Akans are considered to be ‘honourable’, civilized, kind, composed and wise’. Gyekye (1998: 68) as cited by Tonah (2009:130) argues:

“Old people are not only wanted but they are also respected and venerated. They are never considered an impediment to the enjoyment of life of the younger people; on the contrary, they are, like other human beings, enjoyed. Rather than shunning them, people, mostly relatives visit them frequently, converse with them and seek the counsel of those of them whose mental faculties may still be intact, for they are regarded as the embodiment of experience, wisdom and the traditions of the people.”

The elderly are appreciated for their wisdom, self-restraint and for their dedication to the family. For example, there is a proverb in the Akan parlance that says: ***“Wo bo wo bra yie a na ye to wo ba din,”*** literally meaning a life well lived is always rewarded when children are named after a good person. This is another way of saying that a life well lived is always rewarded. The elderly are often the head of the extended family and manage the affairs of their members. They would settle disputes amongst family members and manage family property including land, livestock, buildings and other resources of lineage. The elderly are also responsible for the spiritual well-being of their relations (Tonah, 2009:130-1). However, even in the rural areas where the traditional support system is relatively strong, being old and dependent on others is a condition fraught with difficulties and challenges. In recent times, usually those who are successful in life, persons who were able to accumulate wealth during their youthful days and can therefore live an independent life that are highly regarded and

respected in their communities. Elderly persons who are poor, those considered to be unsuccessful in life, the weak and the marginalized may be publicly venerated but privately derided by sections of the population for their failures in life (Tonah, 2009; Van der Geest, 1997b).

Further, the elderly are sometimes considered a burden by many in the society and may even be referred to in derogatory terms. Large sections of the urban society are apathetic to the plight of the elderly. In this regard, there are very few persons and organizations that lobby for the interest of elderly persons. Irrespective of the elderly's economic and social status, they play important roles within the family, the extended family and the community in which they live. A typical Ghanaian rural household consists of persons of several generations living together in one compound. The elderly are responsible for the socialization of the children and do give advice to other adults in the family.

Urbanization has greatly affected the level of informal education that elderly people provided to family members. This is because children now spend more time in schools than in the house, in addition to the fact that families in urban areas in Ghana, just as in other countries, formal education has shifted most of the training provided by the elderly members of their family to schools and training centres. The elderly in Ghana perform numerous social and religious duties and take part in deliberations and decision-making process on behalf of members of the family, the lineage and the community (Apt 1997; Assimeng 1999 and Tonah 2009).

Traditionally in Ghana, the elderly were taken care of by members of an informal support system in a mechanism that included the family, friends, neighbours and members of a collective society such as a village, community, ethnic group or a clan (Brown, 1999). There

is no doubt that, in the last two or three decades traditional welfare systems in Ghana have developed cracks. This is mainly the result of increasing social change such as migration, urbanization and changes in the value system of many Ghanaians. Being an active member of an extended family system today, and providing support to members in need, is no longer a cherished value among many urban residents.

The changing family structure and the breakdown of traditional social welfare systems have had and continue to have a negative impact on the elderly. The elderly can no longer perform many of the social roles that they traditionally performed in the extended family. They are increasingly isolated and have fewer opportunities to live with and impart their knowledge to the younger generation (Brown 1990, Tonah 2009). As a result, many lose a sense of self-worth as they enter into old age. The younger generation also finds it difficult to care for their elderly relatives and parents, even when they wanted to do so. Members of the extended family meet at irregular intervals, usually when there is a funeral, during the celebration of traditional festivals and on public holidays, such as Easter, the Eids and Christmas celebrations. The overall cumulative of these new developments is the breakdown of the traditional welfare system and the reciprocal arrangements that guaranteed the welfare of the elderly in Ghanaian society (Apt 1991, 1993, Tonah 2009).

The concept of survival has gained wide acceptance as a valuable means of understanding the factors that influence people's lives and well-being, particularly those of poor rural communities in the developing world. Elderly people living in low-income rural households in developing economies face greater challenges and difficulties in generating income than those in urban communities. According to Help Age International (2003:6), the increasing percentage of our total population living 65 years and beyond has made the problems of ageing more widespread, more visible and ultimately more widely known.

In earlier days, survival of the elderly was ensured by the combined efforts of the extended family, children, churches, charitable organizations, local village communities and, in some cases, the individuals own efforts. However, with time, resources dwindled and people overstretched their capacity for philanthropy. The elderly had to intensify their efforts to sustain themselves.

To this day, some elderly people continue to lead a hand-to mouth existence. Others, however, have moved on and pursue long-term livelihood rather than short-term survival strategies. While many practice subsistence agriculture and animal husbandry, some work in the commercial farming sector either as seasonal or permanent labourers. Others are engaged in formal and informal sector non-agricultural activities – in tourism (mainly game reserves) and mining. They have opted to live in rural areas because of the opportunities for livelihood diversification and the wider scope for securing support when in difficulties. Successive governments in partnership with both local and international bodies have put in place policies, programmes and other measures to ensure the wellbeing needs of the people but unfortunately elderly citizens of Ghana, despite these efforts, are still struggling to meet their wellbeing needs (Atim et al, 2001).

In the formal sector, some of the elderly going on retirement has lump sum savings with Social Security and National Insurance Trust (SSNIT) to draw on for survival. Some also from the public sector receive a monthly pension but these monies are always insufficient especially in Ghana. Others who have tried from the security services resort to becoming security guards in private homes or public institutions so they can earn a living to support themselves financially. If the elderly in organized occupations are faced with such a challenge, then what shall those in the informal sector and rural areas do? Survival during retirement becomes more serious for the elderly who were once farmers, artisans, petty

traders etc. Unfortunately there is no, or very little, organized system for providing for the elderly in Ghana.

The research therefore, intends to establish the situation in which the elderly in the rural societies of Ghana live by first examining, their coping strategies and issues of well-being. The study will look at the problems, opportunities, dilemmas and contributions of the elderly as factors that affect their survival and well-being and explore the survival strategies of the elderly in rural Ghana in conditions of threatening poverty. Research in both developed and developing countries, shows that as one ages, one's socio-economic conditions change. Reduced capacity for income generation and growing risk of serious illness increase the likelihood of the elderly to fall into poverty, regardless of the individual's original economic status, unless comprehensive and effective social policies are put in place.

1.2 The Problem Statement

While the elderly in rural societies of Ghana have been shown to make substantial contributions to families and communities such as taking care of very young children and resolving disputes, this population is often viewed as a drain on resources. The family remains the mainstay of the elderly in all aspects of their social well-being with hardly any monetary and/or material support or assistance from the state. Modern economies have also placed great strains on the extended family with adverse consequences on the survival of the elderly (Apt, 2012, 1992). Again, some

provisions for the care of elderly persons are outlined in a piecemeal fashion in other general policies, but these have not received attention in terms of implementation. The disintegration of the family support system and the inability of the public sector to address the diverse social problems of the elderly have placed them in poor and deplorable situations. The elderly in

general are at a disadvantaged as a result of their age. They cannot take part in formal employment, often leading to a decline in their living standards. An increasing number of them remain at home and can no longer care for themselves properly. According to (Gorman, 2002), reduced economic opportunities and deteriorating health frequently increase vulnerability to poverty as people age.

Barrientos & Lloyd-Sherlock (2003) argue that the strong decline in economic opportunity with age is a key factor in explaining the high incidence of poverty and vulnerability among elderly people and their households. In order to assess the desirability of implementing policies to cushion old age poverty and the adverse shocks and risks the elderly face, it is crucial to understand what elderly people do to sustain a living. It is therefore, a key concern of this study to investigate the survival strategies of the elderly people in some selected rural communities in Ghana who live in conditions of threatening poverty. In light of the above statement, we need to ask a few questions. How do these elderly manage to provide for their needs? How do they manage to put food on the table, provide their grandchildren with education, provide for their own health needs as well as those of others? In other words, what are the survival strategies that elderly men and women adopt to ensure their own well-being as well as that of their dependants? What are the opportunities available to them and what dilemmas do they face?. These are the issues that the researcher wishes to explore.

The world's population is experiencing a demographic transition of more people now living beyond 60 years. Critical questions that need to be answered include: how are the elderly taken care of, and what do we do for them before they depart? The study therefore is about the welfare of the elderly, especially the rural elderly in Ghana. In the absence of formal social security systems to cater for elderly people, no attempts have been made to understand how elderly people in rural areas, the poorest communities in the country, survive. Available

literature has rather focused more on the plight of elderly people in the urban areas and how they respond to effects brought about by retirement from formal employment (Nyagura, Hampson, Adamchak, & Wilson, 1994).

Observation indicates that the survival of the aged in Ghana, especially rural areas has not been given much attention and as a result, there is not much information on this population. The lack of data means that ageing is poorly understood and as such, not much resource are allocated to meet the needs of the older population (Biritwum et al., 2013). Little information exists in Ghana regarding the situation of older people (Biritwum et al., 2013), particularly the daily living conditions of the aged in rural areas. Additionally, despite the fact that the elderly make substantial contributions to families and communities, they are often viewed as a drain on resources and dependent on others for survival (Tonah, 2009). Reduced economic opportunities and deteriorating health frequently increase vulnerability to poverty as people age and can no longer care for themselves properly (Gorman, 2002). There is a need to consider and manage issues concerning the aged in rural Ghana as a sub population of interest (UN, 2007b). The need to consider and manage issues concerning the Ghanaian elderly as a key resource for development has become more paramount. This study has sought to explore how the elderly are attaining a living (survival strategies) in the absence of formal help from the state.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of the study is to examine the survival strategies of the elderly in rural Ghana and to contribute to the discourse on care of the elderly in Ghana.

1.3.2 Specific Objectives

The specific objectives of this study are:

- To understand the dynamics of day-to-day life of the elderly in rural communities.
- To examine the challenges faced by the elderly in their day-to-day life
- To examine the causes of these challenges as well as factors affecting elderly survival
- To find out the survival strategies of the rural elderly in the face the challenges
- To find out how society (social networks) impacts on the survival challenges
- To examine the welfare implications of the problems of the elderly care in rural Ghana

1.4 Research Questions

The following research questions guide the study:

- How important is social capital in the survival strategies of the elderly in rural Ghana?
- What is the state of old age care at the national level?
- What strategies do the rural elderly adopt in their attempt to survive?
- What can be done by governments, NGOs, and society in general to address such challenges?

1.5 Significance of the Study

Ghanaian traditional societies had their own forms of support for their members. The family and other social networks provided this support particularly to the elderly. In recent times, these supportive structures are showing signs of cracks, making it imperative for the nation to begin a well-structured and formal support system for the elderly. To do this, it is necessary first to gain insight into the situation in which the elderly in rural communities find themselves. This study will therefore contribute to the discourse on the type of

comprehensive national policy for the elderly, the nation needs. Although much literature exists on the Ghanaian elderly, there appears to be a dearth of information on how the rural elderly live day by day. This study intends to enhance the literature on the Ghanaian elderly generally and more particularly on the rural elderly.

1.6 Definition of Concept

Aging

Conceptual definition is an important aspect of any scientific inquiry; it allows for general application of concepts and for evaluation of findings of any scientific study. In this study, ageing is the key concept and has been defined by various scholars in many ways because the concept has physical, psychological, biological and cultural applicability. For instance, the Akan reference for the elderly is '*panyin*' – literally one who is passed growing. However, the logical follow-up question is: At what point can a person be said to have stopped growing? Also in traditional Ghanaian societies, growing grey hair or male alopecia are synonymous with ageing. However, there are several instances where some youth develop such physical features. It is in an attempt to avoid some of these definitional pit falls that most nations use the demographic approach in spite of its imperfections.

In this study therefore, an elderly person is one who is 70 years and beyond (assuming his or her chronological age is documented) who are unable to maintain themselves and to perform their normal responsibilities. The researcher is aware that in Ghana, the retirement age is 60 years. However, there is evidence that during this 'second demographic transition', workers retire at the mandatory age of 60 but in many cases, continue to work elsewhere until about 70 years or more. Thus, besides the chronological age of 70, this study identifies the elderly as people who have completed the traditional adult role of making a living and child rearing,

and the inability of a person's body to maintain itself and to perform its operations as it once did.

1.7 Scope of Study

The study was concerned with the elderly in rural communities in Ghana. Six rural communities were selected from three different zones of Ghana and selected elderly people were engaged. The study explores challenges of the elderly, the sources of help and the strategies they adopt to survive. It also considers the background of the elderly in rural Ghana to determine whether their challenges and sources of survival may be affected in any way by their background. The study also considered the national ageing policy of Ghana to assess its adequacy to address the problems of the elderly, particularly those in the rural areas.

1.8 Theoretical Framework for the Study

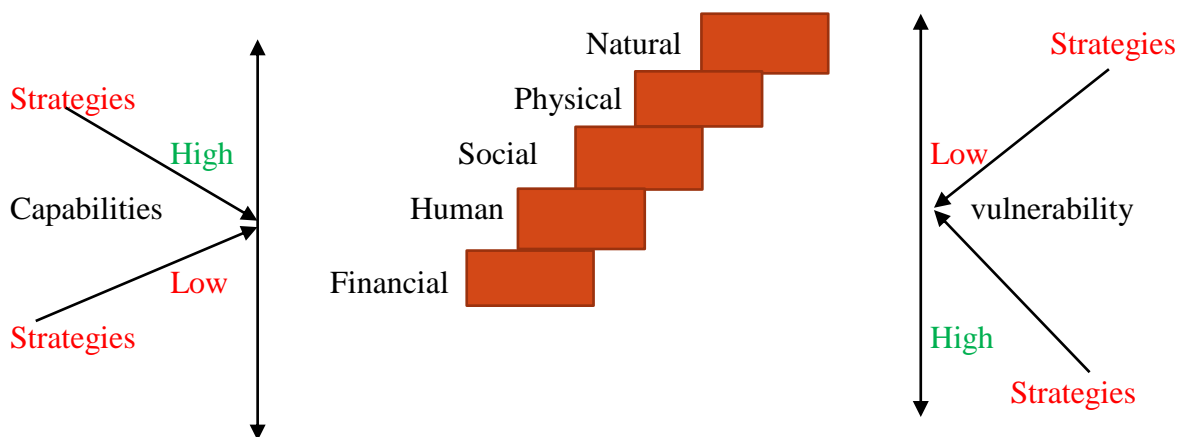
1.8.1 Sustainable Livelihood Framework

Human beings adopt a range of strategies and activities in order to make a living. These activities together comprise their livelihood. The resource poor in particular seldom have only one way of making a living. They adopt a range of strategies depending on their assets, skills, social standing, time of the year and access to social services. The Sustainable Livelihood framework was initially developed by Scoones (1998) to facilitate a better understanding of how to provide sustainable rural livelihoods. This theory facilitates a holistic understanding of the context livelihood and provides a basis for promoting secure and sustainable livelihood options. It determines a bundle of livelihood assets that an individual, family or village has and how these assets combine to produce secured livelihoods. It recognizes that shocks and vulnerabilities, such as ageing and retirement from active income

generating work, can undermine the ability of individuals, households and communities to enjoy secured livelihoods.

The effects and impacts of these shocks depend largely, however, in the first instance, on the nature and stock of capital assets available to the individual household or community. Ultimately, it is the mitigating and facilitating role that social structures and processes are willing to play which will determine how vulnerability can be minimized. The sustainable livelihood theory explores how existing assets can be transformed, with the support of existing structures and processes, to assist individuals to produce secured livelihood outcomes. The theory uses various elements of political economy to present the challenges and opportunities for promoting secure livelihoods for individual households and communities. In this framework, livelihood comprises the capabilities, assets and activities needed for a means of living, and is sustainable when it can cope with and recover from shocks and stress, maintain or enhance its capabilities and assets, and provide sustainable opportunities. The sustainable livelihood approach considers vulnerabilities as the main factors that shape how people make their living. The level of vulnerability of an individual to a particular threat, is determined by how weak or strong his livelihoods are, what occupational activities he is or has been engaged in, the range of assets he has access to for pursuing his livelihood strategy, and the strength and support of his social networks and institutions that he is a part of which have influence over him.

In the Ghanaian context, the most obvious point is access to asset. Assets (or capital) comprise the resources, which people need to use in order to make a living. These assets include a house, social grouping, land/farms, jobs, knowledge and skills. The sustainable livelihood framework identifies five groups of assets or capital shown in Figure 1:

Figure 1: The Sustainable Livelihood Framework

If one's vulnerabilities are low, it means the person's capital asserts are high. If one's vulnerabilities are high, it means the person's asserts are low (This is explained in the Table below).

Table 1: Sustainable Livelihood Framework – Capital Assets**Natural Capital**

The natural resource stocks from which resource flows, useful for livelihoods (e.g. land, animals, environmental resources)

Physical Capital

The basic infrastructure (transport, shelter, energy, communication) and the production equipment and means which enable people to pursue their livelihoods

Social Capital

The social resources (networks, membership of groups, relationships of trust, access to wider institutions of society) upon which people draw in pursuit of livelihood

Human Capital

The skills, knowledge, ability to labour and good health important to the ability to pursue different livelihood strategies

Financial Capital

The financial resources which are available to people (savings, supplies of credit or regular remittances or pension) and which provide them with different livelihood options

Adapted from Scoones (1998)

In conclusion, most rural elderly have access to very few alternative income earning opportunities and few resources to fall back on in times of need. Their inability to cope with stress or shock resulting from retirement/disengagement makes them vulnerable. People are better able to cope with this destabilization if they have a larger pool of assets to draw on and several alternative ways of earning a living. Where their key asset is knowledge or skills, they are less vulnerable and more able to cope and recover.

Grunfest (1995) argues that due to high poverty levels, people have become more vulnerable because they live in poorly resourced areas. The rural elderly have fewer resources, which make them more susceptible. They have fewer options for reducing their vulnerability. The Sustainable Livelihood theoretic framework takes a holistic view of how people make their living, recognizing the broad range of assets and activities influenced by institutions, policies and legislation as well as by social, political and economic structures and processes, which are the underlying causes of vulnerability.

The theory further argues that where there is a potential for disengagement, activity, continuity or role change, they are affected and determined by two components; internal and external. The internal component applies to the tendencies for the person to behave in a “relatively fixed way” towards other persons, events and activities in the society or environment. The external component concerns the social definitions of behaviour and action expected of old age. The elderly therefore weighs his/her resources, capacities, capabilities, and strengths against the expectations of the old age environment before deciding whether to disengage, continue, be active or change roles. Thus, the theory does not suggest a deliberate action on the part of the elderly to disengage or be actively involved. Instead, such decisions are based on the consideration of the norms of the social conditions.

1.8.2 Justification for the use of the Sustainable Livelihood Theory

This theory is therefore the most suitable for understanding the survival strategies of the elderly in rural Ghana. This is because it shows that different people, depending upon the resources and assets available to them, would use different kinds of strategies. For instance, the rural elderly who is on pension will have a different strategy (even if slightly) from the one not on pension. Similarly, those with physical assets may lease, rent or sell those assets for their survival. The elderly without such assets may have to resort to begging for alms like it is the case in most Ghanaian communities.

The theory also gives an indication as to the role the elderly in rural Ghana is likely to play. The elderly may continue to be engaged in active work in attempt to survive. The condition of the elderly also determines whether the elderly will take up any role or totally disengage from the society. Thus, this theory reflects the contributions of the various theories of ageing as discussed in the literature as well as indicating how each elderly person will survive.

1.9 Study Areas

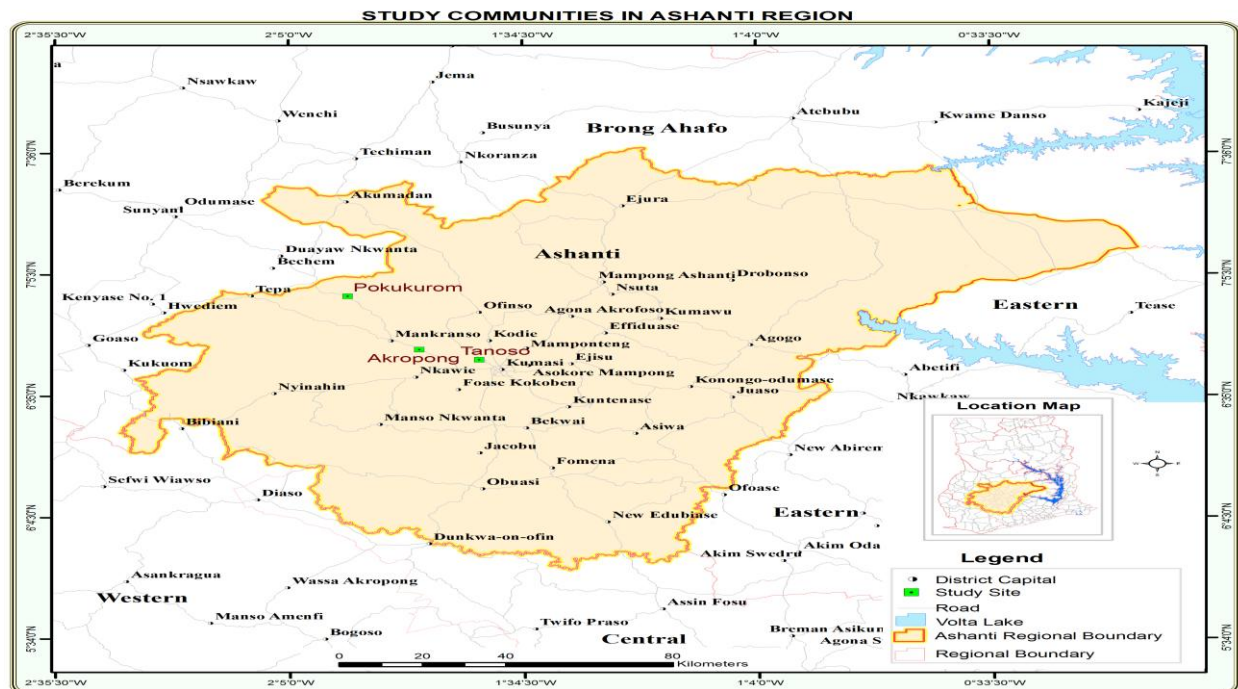
The study was conducted in three selected Districts of Ghana, namely Sekyere South, Nanumba and Agona East.

1.9.1 Beposo - Sekyere South

Sekyere South is one of the 42 districts of the Ashanti Region located in the north central part of the region. It was formerly within the Afigya Sekyere District, from which other districts were also created. It borders five different districts all in the Ashanti Region (Ejura-Sekyere Dumase to the north, Sekyere West to the east, Sekyere East and Kwabre to the south and Offinso to the west).

In terms of land size, it is approximately 780 square kilometres, representing about 3.27 of total regional land size.

Map 1 Sekyere District



The climate of the area is not any different from the whole region and other regions in the middle belt. It has a heavy rainy season spanning between March and July, and minor rainy season from September to November. The later parts of December to Mid-March are mostly very dry, hot and with high temperatures. This gives residents two major farming seasons in a year in which they can cultivate food crops like maize and other cereals and grains. Between December and March, farmers can only be performing cultural practices like pruning on their plantations or prepare new lands for cultivation during April. It must be stated that like all other parts of the region and country, the weather patterns are now unpredictable, with extended dry climates and unusually heavy rains for short period. This imposes a challenge for agriculture in that farmers would have to think of alternative way of water supply should the expected rains fail.

It has many rivers and streams. Amongst them are the Offin, Abankro, Oyon and Kunkum rivers, most of which join the Offin River. The spread of the water bodies makes access to raw and untreated water fairly easy particularly for those in the rural areas where drainage systems have not adversely affected life of the rivers. As such, it is not faced with acute and severe water shortages like other districts do. The challenge, however, has to do with getting the majority of residents treated water. The challenge is due to lack of expansion works on water supply systems and commoners inability to pay for the water.

It has larger communities like Agona, Jamasi, Wiemoase, and Tetrem. These communities can be described as urban and they are characterized by many large compound houses. These urban areas are characterized by unkempt environment, unplanned settlements particularly in the centre of town, poor drainage systems, free ranging livestock and crop farming between buildings. The small communities are those that can be described as rural and like all other rural areas, the buildings are mostly made of mud, raffia palm (bamboo) roofing, with their foundations exposed feet high by soil erosion. It is also common to find some isolated buildings far away from the nucleus of the rural communities. Environmental conditions are generally better than those in the urban areas, even though traces of stagnant and stinking water from bathhouses can be found in some parts of the rural areas. It is one of these communities (Beposo) that was chosen for the study.

Beposo got its name because of its location on a hilly place close to Asante Mampong. History has it that the current residents of Nsuta took lands from the Beposo people and that explains the proximity to the town. As the towns are enlarging it becomes very difficult to draw clear boundaries between the two towns, however, there is a river; Suponso, that borders the two towns. The 2000 Population and Housing Census pegged the population of

the district at 119,093 people representing 3.3% of regional figures. Presently, the population is projected to be 139,763 (being figures for Afigya-Sekyere District from which Sekyere South was carved). The sex distribution is 48.30% and 51.70% for males and females respectively. The gender distribution is therefore not quite different from that of national distribution.

The age distribution shows that 36.40% are between 0 and 14, 60.70% between 15 and 64 and 2.90% above 65 (65+). It should be stated that the dependency ratio of the district is projected to be 1.1.05 implying that at the least, one economically active person takes care of one adult and a child. While this might not be seen to be too problematic, the reality shows otherwise. High levels of unemployment, underemployment and salary incomes make the caring for two persons too burdensome. Economic activities in the district can best be described as largely dominated by the informal sector. This is because with the exception of formal workers in government departments and agencies, and some few commercial and rural banks, all other economic activities are in the informal sector. This comprises hairdressers, dressmakers, artisans, in addition to almost each person in one way or the other engaged in agriculture. This creates a major difficulty for planning and old age security since most of the economic transactions are carried out formal financial institutions. This also makes access to credit very difficult. Readily available credit from friends and neighbours are usually at very exorbitant interest rates (in some case 30% per month or 100% per annum).

Even though there is a number of health centres scattered in the district, it cannot boast of a Government Hospital. It is the S.D.A Hospital at Asamang that serves as a first referral hospital for all cases in the district. Manpower attrition is as high as pertains in other rural districts. There is only one medical doctor in the district, who is presently on a study leave (down from three as at 2000) and six medical assistants. In addition, HIV/AIDs prevalence is

a major threat when one considers the trend of positive cases since 1993 when the first case was identified in the district. In 2003, 3.08% of blood donor (520) tested positive. This rose to 4.24% of total donors (354) in 2004 and 14.30% of total donor (306) in 2005. As at 2006, an estimated 200 people were infected with the HIV/AIDS virus. The implications are that a lot has to be spent on health care, particularly the provision of free anti-retroviral drugs to patients, as well as reducing the working population.

Educational facilities in the district can be said to be adequate in terms of numbers but not same with quality of structures and staff. Presently, there are 109 pre-schools, 111 primary schools, 84 Junior High Schools and 7 senior high schools. While performance at the B.E.C.E. can be said to be encouraging by district level, it is abysmal when compared to other districts, particularly those in the capital cities. In 2005, out of the 2243 pupils presented, 1595 passed in six subjects. Staff strength stands at 1623 in public schools and 231 in private schools.

The district has a special needs school for the deaf at Jamasi. This is perhaps, the most significant thing the district has over most of the districts in the region, even those that can be described as urban. The communities in the district are in urgent need of improvement on their roads and transport in general, adequate health centre in addition to a Government Hospital for the district, classroom and accommodation for the teachers, employment opportunity for the economically active, malaria and birth control education.

1.9.2 'Seth Okai' - Agona East District

Seth Okai is a rural community in the Agona East District of the Central Region. It is located between Agona Swedru and Nsaba. The population of the community is ethnically dominated by the Agona indigenes even though there are other settlers from other groups like Effutu,

Kwahu, Kotokoli, etc. A relatively small community exhibits all the characteristics of a rural community in terms accessibility to social services and other infrastructure. It is farming community with cocoa, maize and cassava being the major crops grown in the community. Access to major towns in like Swedru, Asafo Nsaba and Akim Oda in the Eastern Region is not problematic since the linkage roads are all tarred and motorable. Access to Agona Nyarkrom, which is a major town in the district, however is problematic because of the bad nature of the road. Nyarkrom incidentally hosts one of the two rural banks (Nyarkrom Rural Bank).

Access to water is mainly from wells and streams in the community even though some residents have access to piped water supply that links Swedru and other major towns like Duakwa and Asafo. It has one health centre that serves the health needs of the community and serious medical conditions are referred to the district hospital at Duakwa, which is about 5 kilometers away. Traditionally, it falls within the Agona Nyarkrom Traditional Area with Akwambo as the major festival.

1.9.3 Nanumba North District

Nanumba North District Assembly was carved out of the former Nanumba District in August 2004 and covers an estimated total landmass of 1986 square kilometres with Bimbilla as the district capital. The district shares boundaries with Yendi District to the north, Nanumba South to the south and east, and East Gonja District to the West and South-West. Unlike southern Ghana where rains can to a large extent be predicted in certain months, rainfall pattern in Nanumba North and all other places in the northern belt of Ghana are very fluctuating. Rains, which used to start in April now starts middle of May and end in October.

Unlike the south where it is possible to rain feed agriculture twice a year, the chances of similar success is always little, particularly for crops that may take more than 3-4 months to mature. The Guinea Savannah vegetation with tall grass, especially elephant grass, interspersed with draught and fire resistant trees is the main vegetation type found in the district. Some tree species with economic value that can be found in the district include sheanut, dawadawa and baobab trees. These soil samples are medium size textured and moderately well drained soils suitable generally for a wide range of crops such as cereals, roots and tubers and legumes.

1.9.5 Age Structure

Generally, the district has a very young population with 63.4 per cent of the population falling below the age of 24 years (GSS, 2012). This presents tremendous amount of opportunities as well as challenges for the district as this young population when given the necessary support will be able to contribute immensely towards the development of the district. On the other hand, the age structure, typical of the age structure in most of the developing countries often places a lot of demands on the national and local government structures to provide services consumed by children and youth.

The age structure also shows semblance of the regional pattern with the 0–14 year cohort constituting 46.4 per cent of the total population, while the population elderly 65+ comprise 4.5 per cent. The economically active population (15–64 years) constitutes 49.1 per cent of the population. This situation indicates a high dependency ratio among the population, which has serious implications for the development of the district. The dependency situation in the region could even be worsened considering the high incidence of unemployment and underemployment in the district (UN, 2010).

1.9.6 Education and Literacy

Two out of the eight Millennium Development Goals (MDGs) are education-specific. The focus of the second MDG is the attainment of universal primary education. The third goal is the promotion of gender equality and the empowerment of women. The target under this goal is the elimination of gender disparity in primary and secondary education by 2005, and in all levels no later than 2015. Two of the indicators to monitor progress made towards attaining the third MDG are education-specific and thus highlight the importance of education as an important means of empowering women.

There is an overlap between the MDG indicators and the knowledge indicators of the human development index. The knowledge component of the index is made up of adult literacy and the gross primary, secondary and tertiary enrolment rates. The district is confronted with numerous challenges on both the supply and demand side of the education sector. Some of these constraints according to the medium-term plan, 2006–2009 include the following: limited geographical access to education, inadequate qualified teachers, inadequate teaching and learning materials at various levels, inefficient administration and management especially at the basic levels of the educational system.

1.9.7 Health Care Infrastructure and Personnel

The district has one (1) hospital located in Bimbilla, four (4) clinics, and one (1) CHIPS zone. The district also has five (5) private health centres with a number of private pharmacies/drug stores and licensed chemical operators that are patronized by many patients in the district. The number of beds in these health institutions that serve patients on admission was 100 in 2006, a drop from 142 beds in 2004 due to the beds becoming unusable without any replacement. In addition to the static facilities that are located in 5 out of 6 Area Councils, the district has about 30 outreach points to cater for primary health-care and other activities under the national immunization day programmes.

There is considerable amount of pressure on available health personnel and facilities. The attainment of Ghana's health-care goals will be accelerated if there is a critical mass of well-trained personnel. However, in the Nanumba North District, the health facilities are manned by three (3) doctors, one (1) medical assistant, two (2) pharmacists, thirty-one nurses and five midwives. This limited number brings about a tremendous amount of pressure on the health personnel and also affecting the quality of health-care service delivery in the district. The population-doctor ratio in 2006 was 34,774. This, however, falls below the regional ratio of

67,154 even though some districts are worse off because they do not have even a medical doctor.

1.9.8 Housing Conditions and Settlement

Average household size in the district, according to the 2000 Population and Housing Census, is 7.5. Among the dominant ethnic groups, Nanumba households are fairly larger compared to Konkomba households. Regarding settlement, the district is confronted with the problem of unplanned development especially within Bimbilla and other major settlements. While effort is needed to curb this disturbing trend mostly caused by the increasing rate of population growth within these settlements, it will be advisable if the Town and Country Planning Department in Bimbilla is equipped with permanent staff that will be able to address these challenges (UN, 2010). Currently, the department has an office but without staff to manage the office.

1.9.9 Source of Drinking Water

According to the 2003 Core Welfare Indicators Survey Questionnaire (CWIQ), about 35 per cent of the population relies on boreholes as their main source of water for drinking purposes. However, information from the Institute of Statistical, Social and Economic Research (ISSER) 2008 Household Survey indicates that this proportion has increased significantly to over 80 per cent. About 13 per cent of the population relies on pipe-borne water supply. However, pipe-borne water supply only extends to Bimbilla, the district capital and supply is not only inadequate, but also irregular. This is due to limited investments in the pipe-borne water supply system as the population of the town increases. Other drinking water supply sources include dams, streams, dug out wells and traditional wells.

The most important economic activity within the urban communities is wholesale and retail trading, which employs about 33.9 per cent of the total population. The importance of the wholesale and retail trading activities in the urban communities of the district is reflective of the general 'kiosk' economy, which is taking a strong hold of economic activities in most urban areas of the country. Aside the wholesale and retail trading activities, agriculture employs about 27.6 per cent of the economically active population in the urban areas with community social services employing about 13.4 per cent of the economically active population within the urban communities of the district. Within the rural communities, agriculture employs about 75.2 per cent of the economically active population with trading activities employing 17.5 per cent.

1.10 Organization of study

The thesis is structured into six chapters as follows:

Chapter One sets the agenda for the entire study by discussing the background to the study, including the problem statement, the objectives, the research questions, and the significance of the study. Chapter Two presents a review of relevant literature on aging and the national ageing policy of Ghana. The chapter also discusses a number of theoretical perspectives on the subject of survival of the elderly. One of the theories, sustainable livelihood is used as the theoretical framework. Chapter Three looks at the research methodology and a profile of the research communities. The chapter describes the logical approaches that were used in the data collection. It also describes where necessary the methodological difficulties and factors which enhanced or constrained the data collection process. Chapter Four discusses the findings of the study using the data collected from the field and other secondary sources. Chapter Five captures some excerpts from in-depth interviews and discussions on the elderly in the

selected communities and shows in detail how they negotiate their survival. Chapter six concentrates on the summary, recommendation and the main conclusion of the study by pulling together all the major issues that have implications for macro-level policies especially, those relating to the elderly in Ghana.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The greater concern for both developed and developing nations worldwide is the dramatic increase in elderly people. Despite the fact that there is an increase in the number of people living in old age, it is however worrying to note that most of them, especially in developing countries, have been neglected and side lined in the development process. Elderly persons, like any other person in society, do have special needs and rights that ensure their survival. The reality for most elderly people throughout the world is that their lives have been constrained and limited by poverty and social exclusion (UN 2002:14). There is the notion that most elderly persons in Africa relocate to the rural areas after retirement where life is considered cheap and affordable than in the urban centres. The concept of “elderly” is defined within the value context of different cultures where one society may react with reclusion or distaste, while another may show respect and affection (UN, 2000, as cited by Addo-Adeku, 2004). Several theories have been advanced to explain the ageing process and the social factors associated with it.

This chapter therefore reviews relevant literature on the subject. The review is done under three main sub-themes: ageing/elderly, theoretical perspectives on ageing (five major theories that look at old age from a social perspective – the disengagement, activity, role, continuity and social environmental) and the National Ageing Policy of Ghana. These theories, when discussed, will reveal how the elderly person’s situation has been conceptualized. The chapter aims to provide a strong foundation for the study.

2.1. The Elderly

The reality of the human body is that it deteriorates as we age. Different people age differently, according to their biological make up, genes, lifestyle choices and life's experiences and so you will find that some elderly persons are much fitter and daredevil than others who are forced to live with illnesses or some severe medical conditions. Elderly people are now who, the young will one day become. It is imperative therefore, for the younger generation to respect their wisdom, knowledge, grace and fortitude but this is not always the case. Sometimes we need to be reminded of why it is so important to respect our elders for what they have to impart to us that will help ease our journey through life.

2.2. Conceptualising Ageing

The definition of old age has varying connotations depending on the particular context in which it is used. In this context, United Nations experts of ageing prefer the term 'ageing' to 'elderly' since it provides a more adequate description of the continuing development and change during the later stages of the life span, rather than a fixed or static period of life (UN, 1982). In this study, these terms will be used interchangeably. In conducting this study, the researcher kept in mind this term, that is, ageing, which best describes this segment of the population beyond their middle year of life and compassing several stages of life span with a vast range of differences. Still for practical reasons, statistical definition of old age is usually used in demographic studies, analysis and social policies relating to ageing. For example for the purpose of the United Nations World Assembly on ageing held in Vienna 1982, old age was defined as those who are 60 years of age and over (UN, 1982).

Most developed countries have accepted the chronological age of 65 years as a definition for the 'elderly' or older person, but like many westernized concepts, this does not adapt to the

situation in Africa. At the moment, there is no United Nations standard for numerical criterion, but the UN agreed cut off for the elderly is 60 years (Glascock and Feinman, 1981). Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous (Glascock and Feinman, 1981). Many times the definition is linked to the retirement age, which in some instances is lower for women than men. This transition in livelihood became the basis for the definition of old age, which occurred between the ages of 45 and 55 years for women and between 55 and 75 years for men.

In Ghana, some are more inclined to describe one as old by the person's appearance, while others will simply go with the compulsory retirement age of 60 years (Apt 1992). Others also allow the person concerned to describe himself, whether he is old/elderly or not. Others have a discriminatory categorization, arguing that a woman's looks tell how old she is and men are as old as they think they are.

As the meanings attached to the concept 'age' change; so do the experiences. For example, in traditional societies old age and the elderly were conceptualized in terms of experiences and their role in the household, which sometimes extended beyond the family into the community. This was especially the case in African societies whereby the elderly were defined not only in terms of their chronological age but also of their experiences. Elderly people were respected for their wisdom and maturity. As such, they were often consulted to offer guidance and to make critical decisions within the family. In industrialized societies, this attitude is changing; elderly people are no longer valued with a social and cultural status. In modern society, age now has social, but mostly economic implications (Turner, 1989).

For the purpose of this study, being elderly has been conceptualized as a point in life where people are eligible for state pension. This life stage tends to have major impacts on all aspects of an individual's life. For individuals who were involved in the labour market, this stage marks the loss of financial independence and therefore dependence on the State through provisions like the state pension. This is however not to suggest that leaving the labour market results in a loss of financial independence. Some people may have made the necessary arrangements prior to their retirement in order to ensure continuous financial stability when they are no longer part of the labour force.

However, elderly people's lives are influenced by biological ageing as well as social factors. One social factor is poverty, which can result from their lack of involvement in the labour market compelling them to survive on minimum wages (Arber & Cinn, 1991; Calasanti et al., 1993; Krekula, 2007). While some elderly people may be forced to depend on others, such as the extended family members through remittances, as a result of their inability to earn money, for others the State pension becomes the only source of income. For others, this provision is complimented by the money they make through small projects.

Other problems and challenges associated with old age are only the result of the biological aspect of ageing. Biologically the elderly may experience challenges that are reinforced and perpetuated through culture and institutions. The exclusion of people who have reached old age from the paid labour market through age based retirement, despite their physical and mental capabilities and sometimes even their willingness to continue working, is one of the problems and challenges. Thus, age segregation reinforces, in one way or the other, views of elderly people and old age as a stage at which people become slow, incapable of doing certain tasks and are dependents. This is despite the evidence that chronological age is a poor

predicator of a person's intellectual capabilities, social behaviour and even ability to work (Calasanti et al., 2006).

The elderly play an active role in the kinship system outside the nuclear family. They care for their children and for their grandchildren; a position that does not only need to be appreciated but also challenged as it reflects continued domestic exploitation of these elderly women. One of the questions that arise from the invisibility and sometimes-negative portrayal of old age is whether elderly people are valuable in as far as they serve the patriarchal systems. The challenge however, is the lack of feminist and gender support to stand for and challenge the sometimes-disadvantaged position of the elderly. Despite the fact that unlike other discriminations, if nothing is done to reverse the current situation younger men and women shall be in the same disadvantaged position as elderly people in the future, if they live long enough to grow older (Arber & Ginn, 1991; Calasanti et al., 2006; Krekula, 2007).

Fear of ageing on the other hand, may lead to younger people distancing themselves from issues surrounding old age. This is due to the perception that old age has come to symbolize a loss of social power and authority, among other things, a position into which no one can be fully prepared to step. Whatever the possible reasons for the silence regarding elderly people's issues, it is clear that much could be drawn from feminists in terms of how to challenge the social construction of old age, as a result of their experience with regard to the position of the elderly.

2.3. Changing Population Structure in Africa

Advanced countries are known for the higher components of elderly in the population. For instance, as of 2011, 31.0% of the population in Japan were above 60 years, 27.0% for Italy, 26.0% for Germany, and 25.0% for Greece (United Nations, 2011; 2013). It is anticipated

that by 2050, about two-thirds of the population of these countries mentioned will be 60 years plus.

Africa, which is often referred to as the youngest continent is undergoing dramatic change as the continent is experiencing the fastest rate of growth of numbers of older people in the population than any other continent in projections to 2050. The following figures highlight the rapid rate of change and the need for immediate policy action. In 1950, the number of people elderly 60 or over numbered approximately 12 million in Africa. By 2007, this number had increased to about 50.5 million people. The United Nations (2007b) *Revision* indicates that people elderly 60 and over in Africa will reach 64.5 million by 2015, which is also the target date for achieving MDGs. By 2030, there will be 103 million older people, and the number of older people is projected to rise to 205 million by 2050.

The figures represent an increase in the numbers of older people across Africa in the next 40 years of 155 million. These statistics therefore indicate an exponential rate of increase. In terms of proportion of the total population, the percentage of people elderly 60 and over increased from 4.9% to 5.3% between 1950 and 2005. This proportion will increase to 5.6% by 2015, 6.8% by 2030 and rise to 10.4% by 2050. The reality is that older people will make up an increasingly significant share of the population in Africa.

There are now over ten times as many people aged 65 and older as there were at the turn of the 21st century. There are several reasons for the phenomenal growth of the older population: the improved care of expectant mothers and infants has reduced the infant mortality rate, and vaccinations have prevented many life-threatening childhood illnesses, allowing an increased proportion of those born to live to adulthood. New drugs, better sanitation, and other medical advances have increased the life expectancy in the U.S. for example. Another reason for the increasing proportion of the elderly is that the birth rate is

declining – fewer babies are being born, while more adults are reaching later adulthood (The UN, 2001). Zimbabwe for instance, has a total population of nearly 10 million elderly people.

It is estimated that between 1960 and 2020, the country's percentage increase for the elderly (60 years) will range between 40 and 48 percent of the national population (U.S. Bureau of Census, 1996). In Ghana, between 1948 and 1954, a national survey on destitution, which had its major component as the "old age syndrome", indicated that in eleven towns alone, the total number for elderly represented 11.2 percent of the total population of the time. In 1996, persons aged 60 and over constituted less than five percent of the Ghanaian population (U.S. Bureau of Census, 1996). It is projected that by 2025 the population elderly 30 and over will increase to 12.4 percent of the total population while the size of the older population will remain small, the absolute number of persons elderly 65 years and over is expected to increase from 514,985 in 1994 to over a million in 2020 (Adlakha, 1996).

In Ghana, about 72 percent of elderly Ghanaians (persons elderly 60 and over) live in the rural areas of the country, although there has been a large increase in the number of people who have migrated to the urban areas for education and employment opportunities (Nabila, 1986). Given this migration trend, it may be expected that rural populations will age more rapidly than urban populations, and about 69 percent of that majority are women (Nukunya, 1992). As in other parts of the world, the elderly Ghanaian population is predominantly female, (about 52%) (Apt, 1994).

In spite of the increasing number of the elderly population, especially in Africa, it has been shown that enough institutional measures have not yet been put in place to monitor the elderly and ensure favourable social and economic conditions for them (Brown, 1999, Darkwa, 1997). It is on record that there is an absence of public programmes and services for the elderly in most African countries, including Ghana (Darkwa, 1997).

According to (Apt,1992), ‘family and social networks have continued to provide appreciable living conditions and support systems towards the well-being of the elderly in rural areas and the deprivation of their usual sources of social and economic support’. Apt further stated that Rural-urban migration affects the care of the elderly at three levels. ‘Firstly, the departure of the young and able-bodied whose services are needed in the processing of daily needs by the elderly poses a problem. The departure of the caregivers, mostly women, through education and employment as providers within the family and household is another problem for the elderly. Thirdly, the inability of the able-bodied to earn income as providers due to increasing unemployment, affects the elderly (Apt, 1992)

Profiling the elderly in Ghana shows that about two-thirds live in rural areas (Stucki, 1992). With regard to income levels, there is no reliable estimate on the average monthly or yearly earnings of the elderly Ghanaian. The large and growing informal sector, the sporadic work force of most Ghanaians, and the lack of adequate documentation on income sources, create a problem in compiling reliable data on earnings. Generally, it can be said that most Ghanaians work in the informal sector, as peasant farmers, artisans, masons, craftsmen and traders (Apt, 1992). They are more likely to experience instability in the source and magnitude of their income.

When the income status across gender is assessed, elderly Ghanaian men tend to have more opportunities to earn income than elderly women (Apt, 1994) do. This is partly because elderly Ghanaian men, especially those in the rural areas, tend to hold membership of powerful traditional institutions, exercise control over valuable community resources such as land, serve as spiritual leaders and perform community rituals. Some receive income (in the form of cash, in-kind or token compensation) for their services. Elderly Ghanaian women are less likely to earn income through such avenues, while some engage in petty-trading to

supplement income from farming activities; they are less likely to be exposed to the formal wage sector during their active years (Darkwa, 1997).

In terms of health, Apt (1995) documents that elderly Ghanaians are more likely to suffer from high blood pressure, heart attacks and arthritis than any other condition. However, there is a regional disparity in the distribution of diseases among elderly. The incidence of high blood pressure and heart attack is higher among urban males than rural males (Apt, 1992). Whereas the distribution of heart attack is higher among urban males, heart disease appears to be evenly distributed among urban and rural females. Other health problems among elderly Ghanaians include eye troubles, pelvic pains, stroke and deafness (Banga, 1992).

Although they may appear to be experiencing poorer health, elderly Ghanaians report a greater sense of satisfaction in their lives generally. Membership in associations or organizations, living with children and other family members, involvement in community activities, strong financial and emotional support and living in their own home were some predictors of life satisfaction (Apt, 1995).

Apt's study found that those without self-accommodation were less satisfied with life than those owning their own homes, living with children or other family members and having membership in an organization. This was also a cardinal point in the research of van der Geest (1998) 'Ye bisa wo fie'. Changes in the demographic profile of the elderly and family structures are exerting pressure on the ability of families to provide adequate care for their elderly relatives. Families need support to enable them provide adequate care for their elderly family members (Nukunya, 1992).

2.4. The Rural Elderly

In the European context, the elderly in rural areas have been described as disadvantaged, both in terms of community and individual resources, when compared with older adults residing in urban areas (e.g., Coward, 1985; Glasgow, 1988; Glasgow, Holden, McLaughlin, & Rowles, 1993; Lee & Lassey, 1980; McLaughlin & Jensen, 1993). Several community-level characteristics, including small community size, population dispersion, geographic isolation, limited public sector resources, and the concentration of economic resources in a small number of business and industry sectors, have contributed to economic hardships and inadequate social and supportive resources available for elders in rural areas (Glasgow, 1993).

The life situations of older adults in rural areas have been further affected by individual level social and economic changes during the last decade. For example, the elderly residing in rural areas have become more diverse. This increased diversity has complicated the creation of viable service models. Rowles and Johansson (1993) described four types of rural elderly residents in terms of their community integration:

- (a) lifelong community residents who have maintained large kinship and informal networks
- (b) lifelong community residents whose informal support resources have been reduced as family members have moved from the area
- (c) return migrant elders who, because of their limited recent history in the area, have minimal access to informal support networks and
- (d) retirees who have moved from urban areas with little or no previous social history in the area and, as a result, have limited informal social support.

2.5. The Social Context of the Elderly in Africa

Traditionally, African societies have been characterized by cultural systems that gave high status to older people. In the past, there was recognition and appreciation of the experience and knowledge that older people offered, which contributed to a sense of integration in the community. In addition, the extended family system provided for the social and economic needs of older people. However, there has been an increasing trend to focus on change and modernization. This has resulted in placing higher value on the younger generations, with a focus towards the future. Over time, this has led to undermining of the roles, status and the welfare of older people who are increasingly becoming socially isolated and psychologically depleted.

In talking about the social context of the elderly in Africa, Apt, 1992, was of the view that, a typical traditional household consists of multiple generations – the old, the middle-elderly, and the young. She further stated that mutual help reinforces family solidarity: adults provide for the needs of the children and the elderly, the elderly socialize the children and give advice to other adults and children provide labour and companionship to parents and grandparents. To emphasize her point, Apt used the proverbial words:

‘The hand of the child cannot reach the shelf nor can the hand of the elder get through the neck of the gourd on the shelf’ (Akan proverb).

This proverb explains the fact that, old and young support each other with economic and social activities. Mba, 2004, also stated that, among many ethnic groups in Ghana, age is a considerable factor in interpersonal relationships. The elderly enjoy high status as mediators and positions in family councils, and in marriage and birth ceremonies as well as funerals. Mba further stated that the bond between parent and child in Ghana does not weaken after the child’s marriage, and it is this continuity of relationships with the extended family throughout

life, that affords some form of security in old age. This is because the extended family as it exists in Ghana can best be described as an ancestral family of maternal blood relations (Akan ethnic groups), or paternal blood relations (Ewe, Ga, and Northern, Upper East and West ethnic groups) (Mba, 2004:15-16).

Despite the fact that the elderly in Ghana are honoured and respected, those elderly persons among the Akan speaking people are especially honoured and respected by giving them preference in social gathering seating arrangements and greetings. To buttress this point, Apt, 1992, opines that ‘the oldest person in any gathering presides over the meeting except when chiefs are present’. She further stated that the ancestral house, as a tradition was considered a temple where the living paid their respects to the ancestors and that sometimes, important ancestors were buried in the house or room in which they lived in order to integrate the dead with the living (Apt, 1992)

Apt has done several works in the area of the elderly and family support. In one of her writings *Family support to the elderly in Ghana*, she was of the view that: ‘An important benefit of the extended (or ancestral) family for the elderly, in addition to financial support, is the provision of ‘replacements’ for intimate members of the family lost by death or migration’. The availability of family substitutes for absent children, grandchildren, or siblings, according to her can reduce the social isolation and loneliness, which can be some of the most serious problems for the elderly (Apt, 1999). For the purposes of training and socialization, younger members of the family usually live with the elderly and provide reliable assistance in domestic and other duties. When these are grown up and are independent, they are still obliged to provide a proportion of their earnings to the elderly (Apt, 1999).

Rural urban migration has also contributed to high unemployment and overcrowding in the towns and cities in Ghana, has contributed in the isolation of the elderly in rural areas, where they become deprived of their social and economic support. Caldwell (1976), Addo (1972), Engman (1986), and Nabila (1986) have found that the majority of migrants from rural to urban areas are between 15 and 34 years of age.

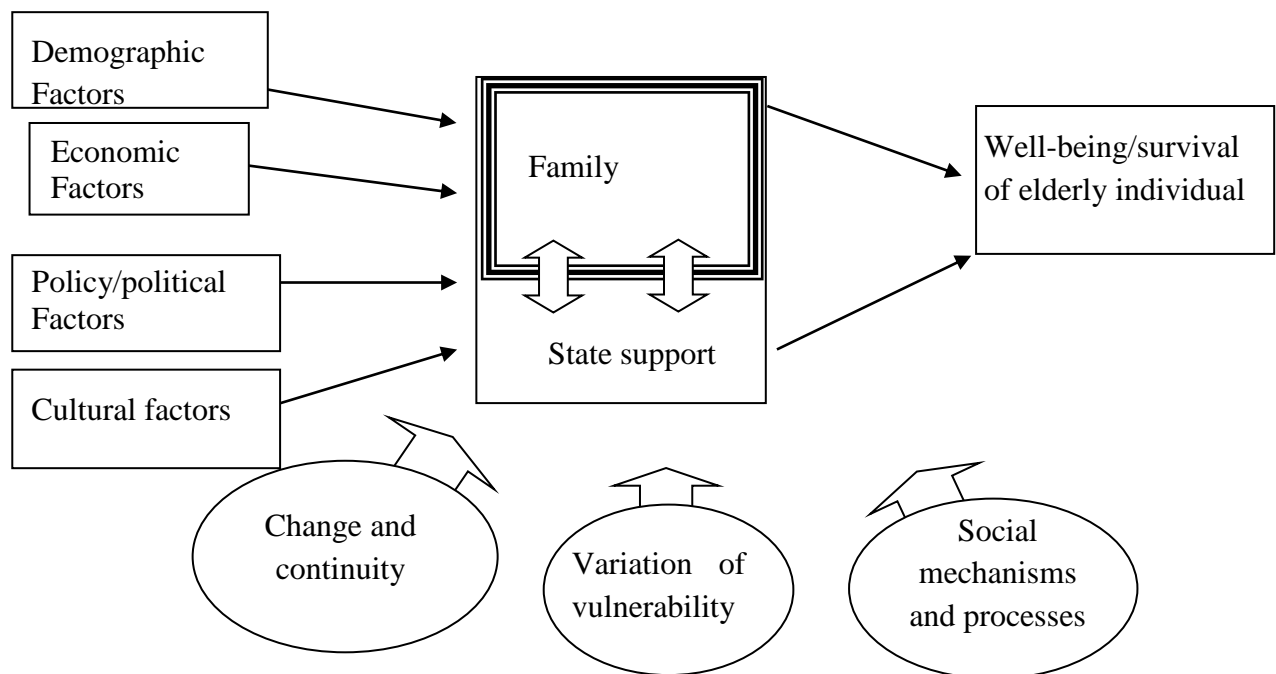
According to Apt, 'there is no doubt that the family in Africa, and for that matter Ghana, is undergoing basic structural and functional changes. The introduction of Western style education has brought about a preference for income earning jobs, while at the same time diminishing the authority, knowledge and skills of the older generation. The strain on the traditional family caused by migration is compounded by individualization and by increasing emphasis on romantic love as the basis for marriage. These two factors make individuals and couples more independent of the larger family'. This is further reinforced by increasing legal settlements of property rights and urban housing arrangements. Other factors affecting the traditional family system are the increase in the number of women in the labour force and a growing tendency towards monogamous marriages (Apt, 1992)

2.6 Family Support

According to (Suitor et al 1995), family support is often viewed in juxtaposition to state support, within a general division between informal and formal support systems. The relationship between the two is shaped by how much of each is available and/or desirable in a particular context. The core societal institution is the family, consisting of positions such as spouse, parent, child, and stepmother and of roles that prescribe how individuals who hold those positions should act. The structure of a person's family affects the structure of that person's social support systems. Older people today are part of a revolution in the

demography of family life, although many older people live near one child, some older people lack a family support network (Suitor, et al., 1995). Sometimes their children have moved away, others have no children or have never married.

Figure2. A Framework for Family Support



Source: Kendig, Hashimoto and Coppard (1992)

Hutchison (2011), in agreement with the above chart showing how the family supports the elderly, was of the view that the type of support and assistance that the elderly persons receive can be categorized as either formal/state or informal resources. Formal or state resources are those provided by formal service providers and these resources have eligibility requirements that a person has to meet in order to qualify. Some formal resources are free, but others are provided on a fee-for-service basis, meaning that anyone who is able to pay can request the service. Informal resources are those provided through families, friends,

neighbours and churches. Elderly persons receive a considerable amount of support through these informal support networks (Wacker and Roberto, 2008, in Hutchison, 2011).

The family is the most important provider of informal resources for many elderly persons. According to Hutchison (2011, pg 391), about 80% to 90% of care provided to elderly persons living in communities is provided by the family members. Family members are able to provide better emotional and social support than other providers of services. Family members know the person better and are more available for around-the clock support. Different family members tend to provide different types of assistance. Daughters tend to provide most of the caregiving and are more involved in housekeeping and household chores. Sons provide assistance with household repairs and financial matters (Wacker and Roberto, 2008, in Hutchison, 2011).

However, the family should not be considered a uniformly available resource or support because not all family networks are functional and able to provide needed support. Even when family members are involved in the elderly person's life, they may place additional demands on the elderly person instead of relieving the burden. The increased presence of women in the labour market places them in a particularly difficult position trying to balance the demands of raising children, taking care of their parents and being part of the workforce. Again, the size of the family network available to support elderly persons is decreasing because of the decreasing average number of children in a family (Hutchison, 2011). The second informal resources are friends and neighbours, who often provide a significant amount of care and assistance. Although they may be less inclined than family members would be to provide personal care, friends and neighbours often offer other forms of assistance, which may include running errands or performing household chores. Religious

bodies in communities also provide social and emotional support through group activities and community events to the elderly.

2.7. Problems and Challenges of the Elderly

Ageing could be seen as a continuous process of change and that change comes with many problems and challenges. It exposes a person to increasing risk of diseases and disability, as the body becomes weak, frail, and not able to perform its tasks as it once did (Hal and Larry, 1992; Vatuk, 1980). Old age is feared in recent times; however, this was not always the case. In the good old days, life was not so complicated and family values were given more importance. The older generations used to hold very important position in the family tree and in society. They were the epitome of wisdom. Younger family members benefitted from the profound knowledge and experiences of their elders. The youth were thus, allowed to be seen in public gatherings but were not to be heard.

The scenario is changing nowadays, with senior citizens being considered as "non-productive" and a social and economic burden (Hal, 1992). For instance, in urban areas in India, the entire responsibility falls on the male child with whom the ageing parent resides. With the advent of the nuclear family system, the elderly tend to feel neglected when all the others remain busy with their own schedules. The experiences of the old are considered inappropriate in this advanced technology driven world and no one wants to pay attention to what they have to say.

2.8 Economic Challenges

People are expected to be less active economically in their old age. They are to continue enjoying from the lifetime savings of their youthful days. This is however not the case for all persons. Most elderly persons face grave economic challenges. While some are forced to engage in active economic activity to literally feed themselves, others are forced to sell off their property for their upkeep or to support their children still in schools or under training.

Many elderly persons live in poverty. A fair number lack adequate food, essential clothes and medicines, and perhaps even a telephone. One of every six of the elderly has incomes close to or below the poverty line. Only a small minority have substantial savings or investments (Johnson and Mommaerts, 2011). Sullivan et al. (2009) emphasize the importance of financial security for the elderly as follows:

“Financial security affects one’s entire lifestyle. It determines one’s diet, ability to seek good healthcare, to visit relatives and friends, to maintain a suitable wardrobe, and to find or maintain adequate housing. One’s financial resources, or lack of them, play a great part in finding recreation (going to movies, plays, playing bridge, social gatherings such as funerals etc.) and maintaining morale, feelings of independence, and a sense of self-esteem”.

In other words, if an elderly person has the financial resources to remain socially independent, having his/her own household and access to transportation and medical services to continue contact with friends and relatives, and to maintain his/her preferred forms of recreation, he/she is going to feel a great deal better about himself/herself and others, than if she is deprived of his/her former style of life (Johnson and Mommaerts, 2011).

The economic challenges of the elderly may be linked to early retirement (60). In many occupations, the supply of labour exceeds the demand. An often-used remedy for the

oversupply of available employees is the encouragement of early retirement. Forced retirements often create a financial and psychological burden that retirees usually face without much assistance or preparation. Ghana's Social Security programme supports early retirement, which can come as early as age 55 years for men and 50 years for women. Many workers who retire early supplement their pension by taking other jobs, usually of lower status. Nearly 90% of Americans 65 years of age and older are retired even though many are intellectually and physically capable of working. The more a person's life revolves around work, the more difficult retirement is likely to be (Johnson and Mommaerts, 2011). Retirement often removes people from the mainstream of life. It diminishes their social contacts and their status and places them in a situation where they play no role. Individuals who were once valued as sales people, plumbers, accountants, or secretaries are now considered non-contributors on the fringe of society.

2.9 Social Challenges

Elderly persons who are single are generally less well off than those who are married. The longer life span of women has left nearly 60% of women over age 65 without a spouse. Zastrow (2004) comments on the value of marriage for older persons:

“They now have much more time for and are more dependent upon each other. Some marriages cannot handle this increased togetherness, but those that can become the major source of contentment to both partners... A good marriage, or a remarriage, provides the elderly person with companionship and emotional support, sex, the promise of care if he is sick, a focus for daily activities, and frequently greater financial independence. Sex roles often blur, and the husband actively helps in household chores”.

This suggests that the elderly person's life is enhanced in prolonged social relationship, especially in marriage. In the rural Ghanaian context, the elderly often lives with kins people.

Van der Geest (2001) also suggests that there is a common misconception that older people lose their sexual drive. An older male who displays sexual interest is a “dirty old man.” Yet many older people have a strong sexual interest and a satisfying sex life. The attitudes of the younger generations frequently create problems for the elderly. A widow or widower may face stiff opposition remarrying from other family members. For example, most Ghanaian children will prefer their widowed parent to remain single. Negative attitudes are often strongest when an elderly person shows interest in someone younger and who will become an heir if the older person dies.

However, it appears attitudes toward sexuality in later adulthood are changing. The elderly also experience isolation and sometimes neglected by society. In the advanced world, most persons reduce their guilt by sending their old parents to care homes created specifically to care for the elderly. However, seldom do these children realize that although their parents or grandparents may get physical care in these institutions, their emotional needs of affection and love by their own, near and dear ones remain unfulfilled. What most youngsters of today fail to realize is that they too will get old too some day and may have to meet a similar fate, because history is bound to repeat itself and a person ‘reaps what he sows’.

2.10 Health Challenges

Good health is very vital in the life of every individual. It is an element of human capital in carrying out survival strategies or activities. Most elderly people with deteriorating conditions struggle, as they cannot engage in many activities. The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, and not merely the absence of diseases or infirmity (World Health Organization, 2006). Beattie,

citing Sidell (1993) explains a person's health in terms of the person's biography or product of his /her life story, which helps one to understand the health and health needs of older people. Lalonde (1974) explained health based on environmental considerations.

The central thinking here is that health and disease arise from the relationship of people with both the natural and artificial environment, and the economic and social environment. Kimmel (1974) says that in general, it is very difficult to separate the physiological, social and psychological effect of ageing from the effects of disease, since ageing and disease highly go together. Kimmel (1974) reiterated that individuals are as they are, and become more troubled by chronic diseases such as arthritis, heart conditions or high blood pressure. Studies from most developing countries, show that when elderly people are in good health, they continue to work while those who are ill end up in poverty when support from household members is insufficient (HAI, 2003; Muruviwa, 2011). The elderly people's inability to access healthcare in Africa has been attributed to their low-income levels. In most cases, lack of access to healthcare in most developing countries has left the elderly vulnerable to sicknesses and diseases as they lack the means to pay for treatment that they need. Due to this, they have resorted to traditional medicine and faith based healing and informal health.

According to Twumasi (1975), most African countries have pluralistic medical system, with traditional and Western healers operating side by side. Since most elderly persons reside in rural areas, they tend to rely on traditional medicine to meet their health care needs. However, empirical evidence on access to health care services in a number of Ghanaian communities shows that rural dwellers have less access to health services than their urban counterparts (Apt, 1992; Banga, 1992).

The situation is due to the limited number of health providers in rural areas and the disproportionate amount of public funding to urban health care. The lack of guaranteed health care for the elderly has contributed to poor access and utilization of formal services. Thus, poor elderly Ghanaians continue to be the most vulnerable. Examining the health status of the elderly from a gender perspective, Apt (1994) reports that there are more women with arthritis (33%) than men (28.5%) in similar rural situations. A study by Banga (1992), also revealed the following health challenges for old elderly: poor eyesight, pelvic pains, diabetes, and difficulty in walking. Another study, by Adoo-Adeku (2002), identified the following health problems of the elderly: high blood pressure, poor eyesight and knee problems.

Adoo-Adeku's (2002) study revealed that the majority (78%) of the elderly did go to hospital when sick. However, since health services are expensive, lack of funds and long periods of taking medicine with no improvement made them discontinue accessing health care facilities. Perhaps what the government can do is to lay strong emphasis on free health care for the elderly.

Thus, in rural areas, as many as 68% of the elderly could hardly afford the payment of hospital bills and therefore resorted to self-medication or the use of herbal medicine (Adoo-Adeku, 2002 in Asiedu et al, 2004). The introduction of the Health Insurance Scheme in 2003 has helped in addressing this problem, even though many challenges still exist. The challenge today is to develop a health system that offers equitable access for all elderly people in the country. A critical analysis of the literature shows that a barrier to obtaining access to healthcare is poverty. Consequently, most elderly people cannot afford the most basic healthcare (World Bank, 1993). In general, resource constraints have prevented health policy makers from extending healthcare services to rural areas equivalent to those in the urban

areas. While a sizeable proportion of the elderly live in rural areas, most modern healthcare facilities are located in urban centres.

A disproportionate proportion of the health budget is spent on urban health services. This limits access to healthcare for rural elderly Ghanaians (World Bank, 1993). The refusal of some hospitals to accept national health insurance cards, and charging user fees, a practice known locally as “**cash and carry**”, has contributed to this access problem. Despite much talk about institutionalizing some healthcare for the elderly, this policy is yet to be fully implemented. The challenge today is to develop a healthcare system that is easily accessible to the elderly in Ghana.

Older people are more likely than young people to worry about their health, and for good reason. The elderly are much more likely to suffer from chronic diseases, that is, diseases for which there is no cure. These health problems limit their daily activities. Research indicates that among people elderly 75 or older, one-third report that their health is “fair” or “poor” (National Academy on ageing Society, 1999). Behaviours such as smoking and drinking may predispose elderly people to diseases, while exercise may improve their health. Thus, people who engage in unhealthy lifestyles when they were young, smoking and drinking and never exercising, may pay a price in the form of heart disease, lung cancer or emphysema when they are old (Quadagno, 2002). Other factors that contribute to poor health later in life are beyond a person’s control. Although an individual’s resources influence access to health care and the quality of care available, social factors also influence the way societies organize their resources to deal with health hazards and deliver medical care (Quadagno, 2002). Cultural and political values affect both the organization of the health care system and the levels of funding for health care services (Cockerham, Abel, & Lueschen, 1993, as cited in Quadagno, 2002).

According to Quadagno, (2002), old age is a social problem partly because of the high costs of health care. Most of the elderly have at least one chronic condition, and many have multiple conditions. The most frequent health problems are arthritis, hypertension, hearing and visual impairments, heart disease, orthopaedic impairments, sinusitis, cataracts, diabetes, and tinnitus.

The medical expenses of an elderly person average more than four times those of a young adult. This is partly because the elderly suffer much more from long-term illnesses, such as cancer, heart problems, diabetes, and glaucoma.

Of course, the physical process of ageing contributes to health problems. However, research in recent years has demonstrated that social and personal stresses also play a major role in causing diseases. The elderly face a wide range of stressful situations: loneliness, death of friends and family members, retirement, changes in living arrangements, loss of social status, reduced income, and a decline in physical energy and physical capacities. Medical conditions may also result from substandard diets, inadequate exercise, cigarette smoking, and excessive alcohol intake (Quadagno, 2002).

According to Quadagno (2002), 'the older person is often a lonely person' and so are sometimes neglected by society. He explains that most elderly people 70 years of age or older are widowed, divorced, or single. When someone has been married for many years and his or her spouse dies, a deep sense of loneliness usually occurs that seems unbearable. The years ahead often seem full of emptiness. It is not surprising, then, that depression is the most common emotional problem of the elderly. Symptoms of depression include feelings of uselessness, of being a burden, of being unneeded, of loneliness, and of hopelessness. Somatic symptoms of depression include loss of weight, fatigue, insomnia, and constipation. It is often difficult to determine whether such somatic symptoms are due to depression or to

an organic disorder. Depression can alter the personality of an elderly person. Depressed elderly people may become apathetic, withdrawn, and show a slowdown in behavioural actions. An elderly person's reluctance to respond to questions is apt to be due to depression rather than to the contrariness of old age. Those who have unresolved emotional problems in earlier life will generally continue to have them when older. Often these problems will be intensified by the added stresses of ageing (Quadagno, 2002).

Another health challenge is malnutrition. The elderly are the most uniformly undernourished segment of the population in less developed societies, particularly those in rural areas. There are a number of reasons for chronic malnutrition among the elderly, transportation difficulties in getting to shops, lack of knowledge about proper nutrition, lack of money to purchase a well-balanced diet, poor teeth or lack of dentures, which can greatly limit one's diet, lack of incentive to prepare an appetizing meal when one is living alone and inadequate cooking and storage facilities (Cockerham, Abel, & Lueschen, 1993, as cited in Quadagno, 2002).

2.11. Social Support Systems

The features and scope of statutory programmes in Africa vary in terms of the programmes provided, the basis of eligibility, funding and administration. In Ghana, social security appears to be the primary statutory programme provided for the elderly. This income security seems to be diminishing with age as a result of the absence of adequate pension schemes and social security benefits for the elderly in the informal sector (Kludze, 1988). Overall, the lack of universal coverage is a grim manifestation of inequality and marginalization. Persons who are not part of the formal sector are not included in the only surviving but weak pension scheme (Kludze, 1988). This means that people in the rural areas who form the majority of the country's population and are engaged in the informal sector have no benefits to rely on

when they retire from work. The situation suggests that in spite of the advent of the modern welfare state in Ghana, non-statutory welfare programmes provided by the family continue to be the only source of security to a sizeable percentage of the elderly population (Darkwa, 1997).

Although the pension programme continues to be the main source of security for the elderly in Ghana, there are several limitations that work to undermine the effectiveness or otherwise of the programme. These include low payment and lack of adequate coverage. The social security scheme covers only a small percentage of the Ghanaian workers attached to the formal sector (Nukunya, 1992; Nabila, 1986; Addo-Adeku, 2004). Gender inequalities in the Ghanaian context add up to make the situation problematic. Since most Ghanaian women are attached to the informal sector, the majority are less likely to qualify for any form of statutory scheme as the social security and National Insurance Trust. Given the limitation of the current National Health Insurance Scheme, it will be important to have a general scheme that meet the needs and aspirations of our senior citizens and promote their quality of life.

The implementation of social insurance programmes in the formal sector of the economy dates back to the era of colonial rule. The colonial government provided coverage to individuals in the formal sector while individuals from the non-wage sector were often excluded. Since then studies have revealed that apart from operations of private insurance companies, there has not been any marked changes in the nature, structure and operations of the SSNIT pension scheme, the survival national social security for the elderly (Darkwa 1997). The changes in the traditional family system where people support each other due to urbanization and modernization together with several other factors, the older people are no longer able to rely on the family for support especially in meeting their health needs. The situation often demands the use of social welfare programs to play the vital role of cushioning

those who are most vulnerable especially the elderly. Good health is vital for economic growth and the development of societies. Older people's capacity to earn a living and participate in national development, and community and family life, to a large extent depends on their state of health. In view of this, there is the need to strengthen the various social networks that help or assist the elderly to access health care. Though older persons are fully entitled to have access to preventive and curative care, including rehabilitation and sexual health care, they are often denied them (UN, 2002).

Governments over the years have sought to promote the health needs of the people of Ghana. Thus, successive governments in partnership with both local and international bodies have put in place policies, programs and other measures to ensure the health needs of the people but unfortunately citizens of Ghana despite these efforts are still struggling to meet their health needs especially the ageing or elderly (Atim et al, 2001). Due to these failures in the government and family systems in the care and protection of the elderly, the elderly in the country find ways to fend for themselves during their old age and retirement.

Sometimes in the formal sector, some of the elderly going on retirement may have saving with SSNIT and will have to fall on it for survival, together with this some also from the public sector receive pension pay monthly but these monies are always insignificant especially in Ghana. Again, others who were once in the security services resort to becoming security guards in private homes or public institutions so they can earn a living to care for themselves.

If the elderly in organized occupations are faced with such a challenges, then what shall those in the informal sector and rural areas do? Survival becomes more serious for the elderly who were once farmers, artisans, petty traders etc. during retirement. Unfortunately, there is no or

little organized system for providing for the elderly in Ghana. Most of these elderly who become so weak due to the nature of their work may still have to do a similar work for survival even in their old age; some may become domestic house-helpers doing all kinds of work, which their strength may not allow them. In the case of security guards, it is even more risky in that they are expected to protect property, which needs physical strength to combat armed robbers or thieves.

In some cases, the elderly who are blessed with well-to-do children or families who can afford to employ the services of other caregivers or caretakers to care for the needs of their elderly. These “nannies” either live with such families at their various homes or come to such homes in the morning and leave in the evening after they have finished with their day’s work. Another survival strategy is the provision of recreational centres for the elderly by the society. This is a common practice among the Westerners but little is known about this in Ghana.

The only known old people’s recreational centre in Ghana is at Osu and other private NGOs are working towards these strategies. Older people are sent to these homes by their families whilst they are off to work and come for them in the evenings. At this home, they meet other people and can interact with them. It must be noted that this survival strategy is not popular in Ghana because it comes with a cost as families would have to pay for these services; even if it exist it only applies to the urban elderly. This practice is very common in western countries. In the words of Olsson, Ingvad and Bondesson (2001), “home care for the elderly people has expanded in Sweden during the period 1960-1980”.

The case is different for the rural elderly; they, by virtue of ties and proximity, can afford to visit their friends when they feel lonely. For example, the rural elderly may visit their

neighbours or other family members. Also in the rural areas, people are likely to show concern towards the elderly by way of providing them food, clothing and shelter. However, this may not be the case in the urban centres where people live individual lives. Another survival strategy is where the children of the elderly take turns in caring for their parents or family members. What happens here is that, the older person is sent to be with a particular child for a while, and then at another time he/she moves to stay with another child. In most cases, they may be single old persons of such children, with either of their partners deceased, divorced or separated (Atim et al, 2001).

From the above it can be seen that the elderly do not have the same opportunity in living comfortable lives during their retirement. This makes the unfortunate ones especially those in the rural areas more vulnerable. Due to this, the state and NGOs take up the responsibility to assist people during their old age. For example, non-governmental organizations (NGOs) such as Akroma Elderly Life Foundation in Ghana could help alleviate the plight of these elderly men and women by giving some hand outs or paying some medical bills.

2.2.0. The National Ageing Policy

Following from the discussions of the myriad of challenges faced by the elderly in rural Ghana, the study discusses the draft ageing policy intended to address many of the challenges of old age care in Ghana.

2.2.1 Background to the Policy

It was identified that, the proportion of persons who can be classified as elderly is increasing. For instance, the 2000 Population and Housing Census revealed that persons who were elderly 65+ constituted 5.3% of the total population (GSS, 2000). This represents a significant increase from 4.0% in 1984. It was identified that the increase in the elderly

population has a lot of implications for national development. For instance, it was mentioned that the ageing population has health, social, housing, transportation and economic implications. This is because special facilities which are expensive to obtain, would have to be provided for the comfort of the elderly. Similarly, disease and disability increase with old age flagging an expected increase in health budget. This is in addition to the reduction in manpower for agriculture which is the mainstay of the Ghanaian economy.

The Government of Ghana therefore commissioned a body to draft a national ageing policy for the country. The draft policy was submitted to Cabinet in 2003 for approval and further policy action. The policy was however, not comprehensively implemented. In 2009, the Government commissioned a policy review to make provisions for changes in social dynamics. The review process was conducted in line with the four review guidelines of the Madrid International Plan of Action on Ageing. These are: (a) identification of stakeholders, (b) review of national policies in response to ageing, (c) review of implementation of MIPAA with older persons themselves, (d) distillation and analysis of information at national, regional and global levels (National Ageing Policy, 2010).

2.2.2 The review process

The review process was decentralised to ensure a bottom-up process that will provide adequate opportunities for the elderly to participate in the review. The review was conducted at national and sub-national levels. Workshops were held at the national level to determine the methodology and approach of the review, while smaller unit discussions were organised at sub-national levels to provide the elderly the platform for them to determine the priority issues that ought to be included in the policy. Two centralised workshops were also organised to discuss the draft policy before submission for ministerial consideration. Relevant

Government institutions, pensioners, academics and researchers, private sector, civil society and NGOs including Help Age Ghana attended the workshops.

2.2.3 Legal framework

The review considered a number of legal instruments and international conventions that has been adopted and adapted by government. Amongst them are the African Union (AU) policy Framework and Plan of Action of Ageing, Madrid International Plan of Action on Ageing, and the United Nations Proclamation on Ageing – 1992, and the Universal Declaration of Human Rights – 1948. These instruments had at their core, safeguarding the fundamental human rights of the elderly in addition to providing some level of comfort and convenience. Issues that received attention include housing, health systems, poverty eradication, income security, social security, and local development (National Ageing Policy, 2010).

The 1992 Republican Constitution provided the legal framework for all the discussions to be made since certain provisions of the Constitution had already made attempts to guarantee the wellbeing of all persons, the elderly included. For instance, Article 12 section 2 of the Constitution guarantees the enjoyment of fundamental human rights to all persons without discrimination on grounds of gender, race, religion or any other identity. This means the state has a duty to ensure that the rights described as fundamental are enjoyed by the elderly. Article 36 sections 6 also enjoins the state to provide economic opportunities for all citizens, and Article 199 section 1 pegs the compulsory retirement age of career public officials at 60 year with their pension pay exempted from taxation.

Several other domestic instruments were also analysed. These include the Domestic Violence Act, Social Protection Strategy, Persons with Disability Act, 2006 (Act 715), Social Security Law, 1991 (PNDCL 247), Livelihood Empowerment Against Poverty (LEAP) and the social

grants programme. This was done to ensure that those programmes that have mentioned the elderly in a piece meal fashion could be improved and those that do not have anything on the elderly could be revised (National Ageing Policy, 2010).

2.2.4 The Ageing Challenge

The ageing policy review identified a number of issues that cumulatively work to make the elderly poor and vulnerable. The review first identified employment challenges faced by the elderly. They are denied employment opportunities. In addition, poor health and nutritional challenges inhibits the ability of the elderly to engage actively in income generating ventures. In addition, poverty alleviation programmes tend to focus on the youth discriminating against older person. This affects their ability to contribute old age entitlements. The pensions or benefits from formal social security have over the years been inadequate with its purchasing power reducing year by year. Traditional forms of security like the family have shown signs of weakening and cracks making it difficult for the elderly to receive reliable support from such institutions. The review further identified series of fundamental human rights abuse of the elderly. For instance, the elderly are blamed for anything that evades human and family understanding. In line with this, the elderly particularly women are often accused of witchcraft and are sometimes violently assaulted or ostracized. The elderly also find it difficult to overcome the discrimination by financial institution in accessing credit or loans. Similarly, the elderly are often not given preferential treatment and care in times of wars and conflicts. For instance, women and children are considered as vulnerable, and are often protected in times of conflicts rather than the elderly.

In sum, the review aimed at achieving an overarching goal of ensuring that older persons are re-integrated back into society life at all levels as well as securing old age.

2.2.5 Policy Strategies

The policy admits that the elderly have not been given the opportunity to fully contribute to society and national development after retirement or active days.

To ensure the elderly are given this opportunity, the policy aimed at removing all the impediments and exclusions against the elderly through the adoption and implementation of these strategies. First, government intends to promote the enjoyment of full human rights and fundamental freedoms of the elderly to end all forms of discrimination against them. Democracy will be promoted in addition to strengthening the rule of law to deal with all forms of discrimination, abuse, neglect and ill treatment of the elderly. Government intends to strengthen legislation that will fully protect older persons and their interest. Secondly, government will take necessary actions to ensure the mainstreaming of issues of the elderly into the national development process. The policy intends to assure elderly persons full participation in decision-making at all levels by providing support to groups and associations of the elderly to represent the elderly in decision-making.

Ghana has a vision of eradicating the situations in which some people live in extreme poverty by 2015. To ensure that the elderly are not left out, all anti-poverty programmes and projects will be reviewed to ensure that proper provisions are made for the elderly and other vulnerable persons to receive priority attention. The elderly will be encouraged to be involved in the planning, implementation and evaluation of such programmes to ensure that their specific needs are integrated by having representatives on the review board.

Government also intends investing in health care and rehabilitation for the elderly to ensure that ill-health among elderly persons is reduced to the barest minimum. Care service delivery will be strengthened to meet the needs of elderly people by providing communities with

support to enable them adequately take care of the elderly. To ensure income security and enhanced social welfare of the elderly, government intends pursuing policies that will increase opportunities for elderly persons to access employment and discourage all forms of discrimination against the elderly in the recruitment process. This is in addition to ensuring continued employment for the elderly to ensure that the valuable contribution of the elderly are tapped at all times. State payment of grants under the LEAP programme will be improved, increase in budgetary allocation will be promoted, and opportunities explored.

Other policy strategies are intended to adequate attention to gender variation in ageing, strengthening the capacity of the elderly to formulate, implement and monitor policies on ageing, and improving funding of programmes on Elderly persons to ensure implementation sustainability.

2.2.6 Allocation of Responsibilities

The policy identifies the state and its institutions to be the principal responsibility bearers for the implementation of any national policy. In this light, several state institutions are given certain roles to play. These institutions include Ministries of Employment and Social Welfare, Ministry of Gender, Children and Social Protection, Education and Finance, National Population Council, Department of Social Welfare, Ministry of Health, Universities and other research organisation. The review hoped to ensure that the interests and concerns of the elderly have been mainstreamed into the programmes and projects of the elderly. Aside state institutions, provisions were made to recognise the immense contribution of private sector employers, NGOs and civil society organization, the family, associations of elderly persons and development partners. Each of these identified groups is expected to play to ensure that the concerns of the elderly are addressed from all sectors of national life. In view of the multiple actors expected to play key roles in the implementation of the policy, the

review proposed the establishment of a National Ageing Council (NCA), which will be a co-ordinating body to ensure adequate network of sector institutions as well as guiding the smooth implementation of the policy.

2.2.7 Financing the Policy

The policy will be financed from both domestic and international sources. The government intends establishing an “Active Ageing Fund” which will provide funding for the policy. The state will provide the initial seed capital and district assemblies will be required to support it with contributions from their allocations of the District Assemblies Common Fund (DACF). Similarly, private enterprises, philanthropist and donor partners will be encouraged to make contributions into the fund to provide a sustainable source of funding. The disbursements will be done through the district assemblies and other agencies/NGOs registered to help implement the policy to achieve the re-engagement of the elderly in national life.

2.2.8 Post-Review Situation

The review of the draft national ageing policy was concluded in 2010 and submitted to cabinet but no further action has been taken on it. It has not been submitted to parliament in the form of a draft bill to get the needed legal backing. Two critical institutions intended to be created, National Council on Ageing and the Active Ageing Fund, have not been established and there are no indications of it happening in the short term. One wonders how the policy would have received the attention it deserved when in the subsequent years, the district assemblies have to support it with their own funds. This is because the district assembly common fund (DACF) is a statutory allocation to the district assemblies, and supposed to be allocated quarterly. On the contrary, government is always in default in making DACF allocations. How then will a dependent policy survive in this scenario? The policy has a

provision for regular review. It is not stated the exact periods within which reviews have to be made.

2.3.0 Theoretical Perspectives: Theories and Dimensions of Ageing

Perhaps beside death, ageing is one human phenomenon that has attracted the imagination of scholars of all epochs. In contemporary society however, the focus on ageing has been narrowed down to its biological, physical, psychological, social and cultural implications. The sum total of this focus is to provide a grand theoretical base to explain the whys and hows of ageing. In this regard, various theories have been propounded to explain how and why the elderly involve themselves or withdraw from various aspects of social life and the consequences of such moves. Since the main remit of this study is to examine the ways the elderly in rural Ghana negotiate their lives in the physical and socio-cultural milieu in which they find themselves, it is prudent that our theoretical discourse takes cognisance of this.

However since ageing is cross-cutting, there is the need for consideration in the choice theoretical perspectives. Various theories exist to explain the ageing process of human beings. In biological, psychological and social terms, ageing has been explained as the increasing inability of a person's body to maintain itself and to perform its operations as it once did (Vatuk, 1980 in Apt, 1997). Cumming & Henry, 1961, observed that as people grow older, their behaviour changes, their activities become curtailed and the extent of their social interactions decrease. The activity theory of Havinghurst et al. (1968) stresses the inevitable changes in biology and health. In their view, the decreased social interaction that characterizes old age results from withdrawal of society from the elderly person and that the decrease in interaction proceeds against the desire of most ageing persons.

Although they lack consensus as to which if any, theory of ageing is best, certain factors are generally agreed upon to play a role in determining how long a person expects to live and at what crucial period a person can be thought of as having elderly. Factors such as activity level, social roles and social attitudes are prominent. It is generally accepted that in old age, the loss and age decline, be it physiological, psychological, economic or social are greater than at any other stage in a person's life. Such losses, however, are not always due to biological factors but might also be due to social, economic, environmental and cultural factors (Derricourt & Miller, 1992). Although psychological theories have much to say about ageing, this study is concerned mainly with ageing from a social perspective. Ageing, to the social worker refers not only to a decline in social usefulness but also to an alteration in status.

Relevant social theories of ageing and the elderly are affected by the structure of society and the process of social change. Busse (2007: 63) holds the view that the status of older people is high in static societies and tends to decline with rapid social change. The ageing process is influenced and enhanced by both cultural and societal forces. Sociologists (phenomenologist) see individual lives as socially constructed and all social theories focus on the changing roles and relationships that accompany ageing (Phillipson, 1998). These theories discuss how changing roles, relationships, and status impact on the older individual's ability to adapt to change. A few of these theories have been selected for their relevance for the study and for their overlapping nature in explaining the survival strategies of the rural elderly.

2.3.1 Disengagement Theory

Disengagement is a process in which the individual inability to fully coordinate psychomotor activity reduces the number of his or her interpersonal relationships and the quality of those

that remain. As stated by Cumming and Henry (1961), intrinsic changes in personality happens in life that allow a person to withdraw psychologically from normative expectations by reducing activity and also decreasing emotional attachment to social objects and actors in preparation for inevitable departure through death. This need is satisfied in the disengagement process because society profits by a proper phasing out of those whose deaths would cause disruptions in the smooth operation of society (Atchey, 1972).

Disengagement is not a single event, it is a process that involves a gradual separation of individuals from many positions and roles that they once held. One characteristic of this theory of disengagement is its functional approach that assumes that society must constantly seek equilibrium by meeting the basic needs for survival. It also explains human ageing as an inescapable process of individuals and social structures gradually unlocking and disconnecting from each other in anticipation of the person's death. Aside from societal disengagement, there is also individual disengagement that is usually selective, in that the individual withdraws from certain roles but not from others. With each withdrawal from a role, the individual becomes increasingly free and becomes content with symbols of the past ('the good old day's syndrome'). However, norms once internalized can never be eliminated solely because of minimal interaction; neither is disengagement non-competitive because of the desire to return to one's roles during the course of the life cycle.

According to Cumming and Henry (1961), disengagement is an inescapable process in which many of the relationships between an elderly person and other members of society are severed and those that remain are altered in quality. The theory proposes that it is natural for young and able-bodied people to take on the roles of older people as they are pushed out of the system. According to them, a major shift in interaction between elders and society begins once older people fully recognize the brevity of their remaining life span. In general, society

tends to distance itself from the elderly as they are taken to be passive and unproductive. It is for this reason that Gubrium (1972) writes that there are two sides to the disengagement process. The individual withdraws from society, just as society also disengages the elderly.

Hendericks and Hendericks, (1986) support this by adding that society retracts or disengages for social system equilibrating reasons: society disengages so as to introduce younger people into the roles and positions that were occupied by older people who are now not as “useful as they once were.” Cumming and Henry (1961) argue that growing old involves a gradual and inevitable mutual withdrawal or disengagement that results in decreasing interaction between an ageing person and others in the social system he/she belongs to. It gives the elderly people a new role in life. In other words, rather than for one to be fully engaged in a lot of activities, old age reduces the capacity to fulfil those roles and facilitates disengagement. In developed or industrial nations where elderly people are beneficiaries of state pensions and grants, disengagement theory does apply. Older people whose job skills degrade voluntarily remove themselves or are removed from the workforce.

However, in developing countries where persons on social security pensions are few, the elderly face a double misfortune as they are pushed out of employment and become vulnerable to the risk of poverty. Many, instead of resting and enjoying a new life as elderly persons, continue to engage in manual labour so as to meet the challenges facing them. This in advanced countries, is termed ‘roleless role’. Similarly, high levels of poverty, unemployment and social norms make children heavily dependent on their parents at ages when those parents should be free of such responsibilities. In essence, therefore, the disengagement is compromised in a way. Not surprisingly, Baum and Baum (1980) therefore write that the theory of disengagement applies appropriately to the “relatively healthy and economically secured.”

This notwithstanding, the theory applies universally to both developed and developing countries (the difference being a matter of time) and for all historical times. Disengagement is inevitable; it is bound to happen sometime in one's future life and it is multi-causal. According to Fry (1992), in every culture and at all times, the society and the individual, prepare for the ultimate disengagement (death) by an inevitable, gradual and mutually acceptable process. From the individual's side, withdrawal is achieved by reduction in the number of roles one plays, a lessening in the variety of roles and relationships and weakening of the intensity of engagement in those that remain. Loss of work is seen to generate a crisis of identity for the elderly as retirement cuts them off from involvement in the activities of the society, resulting in the dissolution of occupational and community ties.

Victor (1994) posits that from a societal point of view the individual is granted freedom from structural constraints and permission to withdraw. Once set in motion, the process is irreversible and the individual retreats from the social world, which in turn relieves him or her of normative control leaving the individual becoming de-socialized and de-moralized with loss of self-esteem. For the elderly, it is a difficult process but as Hochchild (1975) suggests, the process of disengagement is functional for the individuals as it leaves them to engage only as they are able and for society enforcing roles for young people. Gubrium (1972) has aptly summarized the features of the theory as one of mutuality, inevitability and universality.

In sum, ageing is well known to be a natural process, which is often a transition from a work-oriented life of partiality, which becomes uncertain during one's latter years. There are two categories of elderly people in Ghana: the young old and the older old. We may apply the activity theory of ageing as highlighted by Havinghurst (1968), to the first category where old people, apart from inevitable changes in biology and health, seem to be like middle-elderly

people with the same psychological and social needs. All things being equal, successful ageing requires sustained social interaction with others. Thus, in the Ghanaian context, the elderly farmer in the rural setting could continue to do his farming activity so far as he or she remains strong and healthy.

Nevertheless, the disengagement theory could be applied to elderly men and women in Ghana, who have spent their whole working life in the formal sector until their retirement. In effect, there is a social withdrawal from the wider world. The disengagement theory assumes that ageing involves a mutual withdrawal that results in decrease in interaction between the elderly and other members of society, especially, for those who have worked for formal organizations.

It is however, noted that the disengagement of the elderly from active social life varies from one environment to the other. There may also be differences in disengagement depending on the type of work one does. People who work in the formal sector are required by law to retire at age 60 while those who work at the informal sector, mostly traders and entrepreneurs, are not age barred as long as they have the strength to work. Normally, roles that are performed by the elderly in formalized institutional structures facilitate the flow of income, which helps to sustain family cohesion. Nevertheless, once one starts disengaging in life, stress and pressure set on the individual as he/she starts searching for new ways of self-expression and identity, as well as the maintenance of one's dignity (Titmus, 1989).

2.3.2 Abandonment Theory

This theory was initially to explain the neglect of ethnic minority groups in American societies. The theory explains the “neglect, isolation and loneliness” that older people above 65 years do experience. Baum and Baum (1980) for example contend that the industrial world of today is a place of ever-changing and new knowledge production. Therefore, the

skills and knowledge of the elderly are not very useful to industry. This makes it difficult for older people to be employed to render any service even if they want to. This then leads to a state of deprivation amongst the elderly.

The elderly do not lose out only on the industrial front but also with regards to modernity. Peck (1966) argues that older people lose three key things that are crucial and emphasized by culture: **youth, beauty and success**. There is no place, therefore, for the elderly in modern society as they are left to “float and unattached to others.” Barron (1961) has therefore described the status of elderly as an ascriptive basis for discrimination. For instance, one’s age is a basis for his/her marriage proposals to be refused. Thus, even though in one sense to the theory of disengagement, the distinction lies in the fact that whilst disengagement looks at gradual replacement of roles performed by the elderly, abandonment neglects the elderly. This situation best described as ‘roleless’ roles.

2.3.3 Activity theory

Activity theory is in contrast with the previous theory. As it points out to remain active and engage with society is crucial to satisfaction in old age. Havinghurst (1968) supports the theory by arguing that involvement and integration in social networks is positively related to later life satisfaction. Accordingly, the successfully adjusted older person is engaged in life and maintains a high level of social contacts. To maintain a positive self-image, older people must develop new interests, hobbies, roles and relationships to replace those that are diminished or lost with ageing. The theory suggests that older people should continue to be active and resist the limitations brought about by ageing as long as possible. Havinghurst (1968) further argues that society has been a limiting factor for the elderly because it applies different norms to the elderly and the middle-elderly. The elderly have been regarded as dependent and passive group of people. It is for this reason that Baum and Baum (1980)

describe optimal ageing “as staying active, resisting a shrinking social involvement and finding substitutes for roles, status and activities lost through retirement.” This gives the theory an “anti-ageing perspective.” They further argue that remaining active serves a dual purpose of providing some gratification to the person while the community also benefits from improved skills that can be offered.

However, studies from various nations indicate that the elderly are in the latter stages of life and do contribute enormously to the solidarity and cohesion of society by providing care to orphans, such as those left behind by the consequences of the HIV/AIDS pandemic. If so, society ensures that older people can make a living and sustain themselves even in the absence of a social security system. They can contribute to the improvement of livelihoods. Disengagement from societal roles leads to redundancy and dependency of the elderly. Activity theory seeks to prevent that by arguing that activity is preferable to inactivity because it facilitates well-being on multiple levels. This theory is substantiated by the Sustainable Livelihood Approach, (SLA) which argues that it is essential for one to have a better and improved livelihood engagement in different livelihood activities.

By taking on different livelihood opportunities, the elderly are able to disprove the assumptions of the disengagement theory. For elderly people in developed countries it may not be necessary to be continually active in the economy. SLA recognizes access to different capital assets as most important for one to be active in livelihood construction. Using the assets accumulated throughout the lifespan and their human skills older people can continue to make a living even in the absence of formal support from the state. This link between SLA and activity theory is vital for conceptualizing the issues of old age poverty and how it can be tackled. Critics of activity theory point out that not all of the older people will maintain a middle-age lifestyle because of functional limitations, lack of income and lack of the desire to

do so. This is particularly true in most African states where old age people have been finding it difficult to compete with other groups in profitable employment. The elderly in their endeavour to be profitably engaged face financial constraints due to their reduced capacity to work and due to stigmatization by society.

Due to loss of physical strength, older persons are increasingly unable to hold their own relations with other groups and this result in withdrawal from societal activities. Elderly people may also lack the motivation and desire to be active as they feel that they have worked long enough and now need to step back and give to upcoming younger members of society their chance. Of course health becomes an important consideration for the elderly people in determining their continued engagement in society. Some elderly people disengage from society simply by reason of poor health. Activity theory compliments the continuity theory, which advocates for a continued engagement by the elderly people in their different livelihood enhancing roles.

2.3.4 Continuity Theory

Continuity theory argues that personality, values, morals, preferences, role activity, and basic patterns of behaviour are consistent throughout a life span, regardless of life changes (Allan, 1998). Atchley, G. A., (1999) states that elderly people try to maintain continuity of lifestyle by adopting strategies connected with their past experience. Continuity theory is a modification and elaboration of the activity theory. Activities central to the life course of an individual will still be carried on and or practiced in later life. According to this theory, the patterns of behaviour, traditions and beliefs that were practiced in adolescence and adulthood are likely to continue as old elderly people try to grapple with the challenges of ageing in the

face of death. They do not sit and relax to wait for help but, rather, engage in various activities and strategies to ensure that they make a living.

Though most countries have set the ages of 60 or 65 years as retirement age, continuity theory argues that the elderly ignore such 'norms' and go beyond these ages to continue in their various activities to ensure and maintain security in later life. Bliesnzer et al (1992: 97) argue that to simply maintain the same standard of living as they grow old, elderly people must rely on pensions, savings and/or their children or other relatives. However, matters differ in developing from developed countries where pensions are in place for the elderly. The majority of developing countries do not provide pensions to the elderly so that they have to rely on themselves or on family members. However, due to increased levels of migration of able-bodied young people, the elderly are left behind to fend for themselves and dependent children. In such circumstances most elderly people continue with different life activities, both on-farm and off-farm strategies, to look after themselves.

The continuity theory therefore stresses the perpetual involvement of the elderly in making their livelihoods. Continuity and activity theory are intertwined in the sense that both of them advocate for the full engagement of elderly people in the construction of their well-being and, at times diversify activities.

Although organizations regard the age of 65 as the time for retirement continuity theory notes that elderly people will continue to work even to sustain their livelihoods. SLA recognizes that livelihoods are affected by context. In the context of economic downturn savings and occupational retirement pensions might not be enough to sustain elderly people throughout later life and hence they take remunerative work. These two theories argue that elderly people need to continue to engage in livelihood construction activities to be able to stave off poverty.

The main purpose of this study is to explore the strategies which the elderly use and against what limiting factors. Failure to engage in survival activities for many older people will result in dependence on external support.

2.3.5 Role Theory

This is another theory still developing but offers useful insights into the psychological experiences of the elderly. Unlike disengagement that talks of withdrawal from social activities; and abandonment that talks of neglect and isolation of the elderly, role theory tells of the new roles that the elderly have to play with their status. These roles are of two kinds (Cottrell, et al. 1942);

1. Relinquishing roles and duties that are typically not considered as roles for adults, and
2. “Acceptance of social relations and roles stereotypically” or negatively ascribed to old age.

Implicit therefore in the role theory is the issue of role change. This means that the individual changes roles as he/she ages. The suddenness of the change is however crucial for deriving satisfaction and successful adjustment. Phillips (2008) argues that self-conception of being “Old” is one critical factor that is related to “maladjustment.” Since youthfulness is cherished above old age, ageing people tend to have negative thoughts of the roles they have to play as old persons. The elderly are therefore conceived by Phillips (2008), as depriving themselves of greater rewards for the roles played during old age. Rosow (1967) and Ochberg et al. (1972) have raised a critical issue of the absence of a clear role for the elderly in Western Societies. Unlike in African societies where older women are naturally expected to help attend to their nursing mothers, older persons to be persons resolving disputes without having to use the courts, etc. the elderly in Western societies are left with no clear roles assigned to them. This situation, according to Kutner (1962) presents a “redefinition and reintegration”

challenges where the individual finds it difficult specifying their real status in society. “Successful ageing” therefore depends on one’s ability to effectively “enact social roles and behaviours appropriate to the stage of development – old age.”

2.3.6 Socio-Environmental Theory of Ageing

There have been several competing theories in the field of Gerontology and Social Work. These theories (some of which have been discussed already) have over the years failed to prove to be unable to address all concerns relating the welfare of the elderly. Much more critical is the inability of these theories to fully “explain social processes of ageing or to interpret findings of life satisfaction and dissatisfaction in old age” (Fry, 1992). The more recent Social Environmental theory presents overarching strengths in that it attempts to examine the relationships and links that exist between ageing individuals and their environment (Lawton, 1980). For theorists in this school, one’s ability to interact with one’s personal resources and that of the society will to a large extent determine “satisfaction in old age.”

The theory assumes that the environment of old age is of “two sides and built on the interrelationships of two dimensions.” These two dimensions are the individual context and the social context. The individual context refers to the individual’s resources, in terms of health, financial, intellectual, and other social support services, that determine whether the individual chooses to continue with his roles or disengages (Gubrium, 1972 and Krampen, 1988). The social context consists of the resources in the society in the form of social protection, residential proximity and norms of age-homogeneity (Fitch, & Slivinske, 1989).

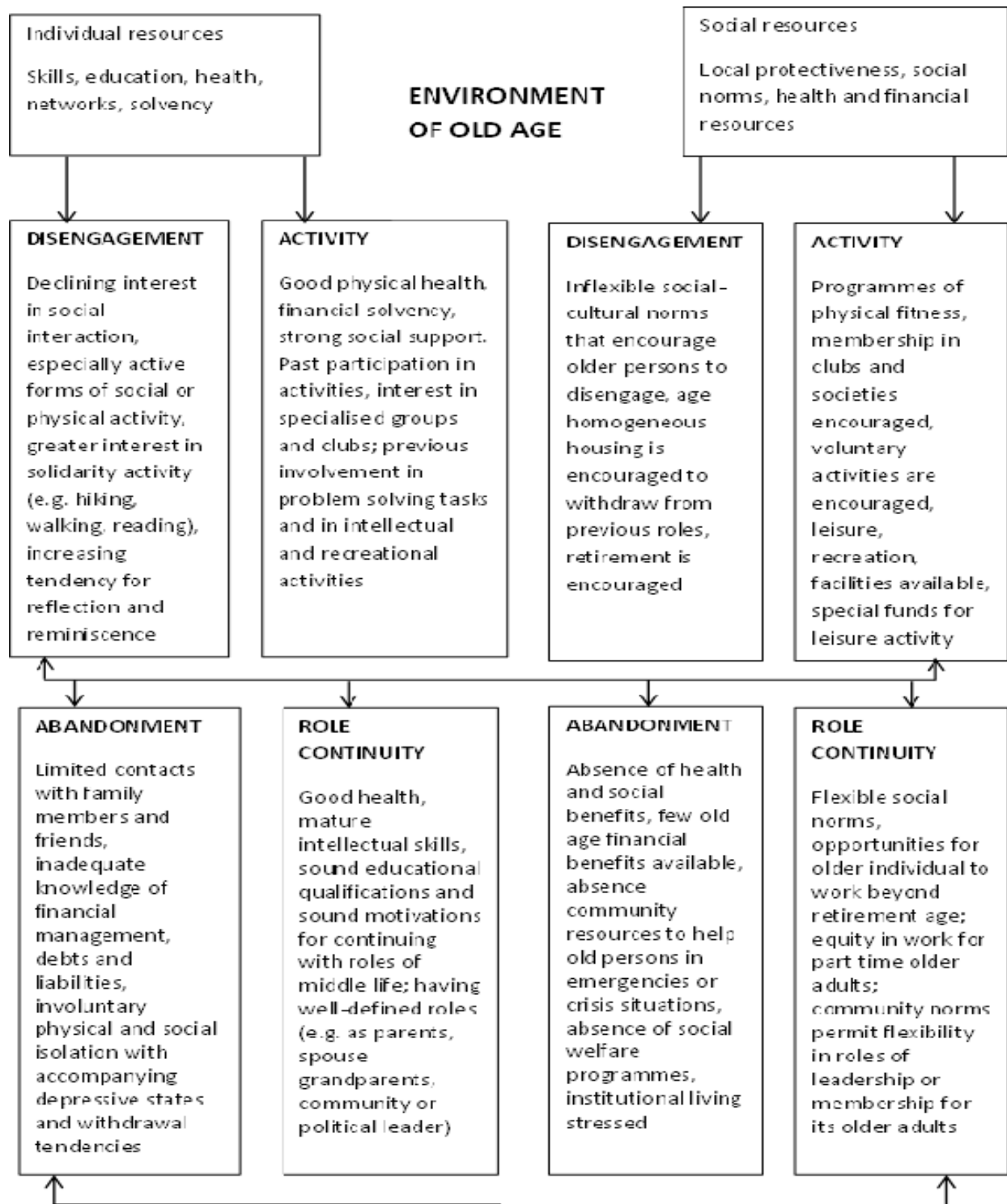
The theory asserts that the environment of the old is relatively stable compared to the responses of the elderly with a view of changing the social context. Such actions are also altered from one situation to the other. The theory further argues that there is a potential for disengagement, activity, continuity or role change by this potential is of two components; internal and external. The internal component applies to the tendencies for the person to behave in a “relatively fixed way” towards other persons, events and activities in the society or environment. The external component concerns the social definitions of behaviour and action expected of old age. The elderly therefore weighs his/her resources, capacities, capabilities, and strengths against the expectations of the old age environment before deciding whether to disengage, continue, be active or change roles. Thus, the theory does not suggest a deliberate action on the part of the elderly to disengage or be actively involved. Instead, such decisions are based on the consideration of the norms of the social conditions.

Life satisfaction, according to the theory depends on the successful interaction between the social resources available in the environment of old age and the resources that can be considered personal to the individual old adult. The differences in resource (individual and social) leads to ageing differences between persons and also affects their capabilities to disengage, be active, continue role or be abandoned. Two critical implications are highlighted by the theory (Baer, 1976); first, there exists “individual development, differences and distinctiveness in terms of capabilities, resources and motivation.” These differences make an elderly person opt to be “host, locus of reinforcement from the environment, a largely passive person.”

The second implication is the “systemic” that exists between ageing persons and their environment and the social change that occurs as a result of attempts by the elderly to change

their environment or demand more uniform treatment from the environment. So even though the individual may encounter some forms of abandonment, he/she works to change the norms of society that in one way or the other permits abandonment. The individual's declining level of resources is often linked with declining activity or engagement, and this phenomenon is at variance with societal norms. This theory therefore presents a more robust approach that is able to highlight many shortfalls of the other theories discussed previously. This is because the social environmental theory can be conceived as circular, compared to the other ones that presents linear arguments about old age discussed by the earlier.

Figure 3 Interactionist Framework for the Social Environmental Theory of Ageing



Source: Fry (1992)

2.3.7. Conclusion

The chapter focused on reviewing literature on the subject to bring to the fore the state of knowledge on the issues of survival in old age. This was to help direct the researcher in making meaningful contribution to knowledge. This sets the stage for collection and analysis of relevant data aimed at finding the survival strategies of the elderly in rural Ghana. The next chapter therefore focuses on the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter provides information on the research methods of the study. It discusses how the research was undertaken and introduces the design used to collect the data for the research and the methods by which data were handled. The chapter also discusses the research instruments used in the collection of primary data, the sample, sampling techniques used, data collection procedure and the analysis of the data collected. In this study, efforts were made to ensure that the methods adopted conformed to set standards and ethical considerations for empirical research. Proper descriptions of the procedures used in collecting the data may help readers of the study understand and appreciate the strengths and weaknesses of the study. Again, an account of the field experience may help other researchers who plan to do similar studies in other parts of the world.

3.1 Research Design

Research design as Babbie and Mouton has explained, is a plan or a blue print for the conduct of a research. It refers to the overall strategy that a researcher chooses to integrate the different components of the study in a coherent and logical way, thereby ensuring that, the study will effectively address the research problem. The data collection method, measurement and analysis of the data are some of the strategies adopted for this research.

3.2 The Mixed Method

The mixed method is a combination of both quantitative and qualitative methods. In this method, the researcher mixes or combines quantitative and qualitative research techniques,

methods, approaches, concepts or language into a single study (Burke & Onwuebuozie, 2004. p4). The specific mixed method strategies employed were the concurrent triangulation strategy and exploratory sequential design. These provided the opportunity for triangulation, interpretation and generalization.

Thus, it provided confirmation, cross-validation, convergence and corroboration of results from both methods (qualitative and quantitative) to complement each other. According to Creswell, et al., 2009, and Teddie & Yu, 2007, the mixed method technique enables the study obtain a balanced information that has breadth and depth. Realizing that no method is devoid of limitations, it is believed that the use of the mixed method helped in the sense that “biases inherent in any single method could neutralize or cancel the biases of the other methods” (Creswell, 2009). Alternatively, combining methods will provide insight into different levels or units of analysis (Tashakkori & Teddie, 1998).

Furthermore, geographical and situational contexts were principal reasons for the choice of a mixed method, which is both qualitative and quantitative research method. One thing that needs to be understood here is that the subjects of the research are elderly people who have different capacities and literacy levels. Although Ghana is one of the African countries with high literacy levels, this cannot be generalized for all the people. Most elderly people did not have access to formal education. Hence, the mixed method was appropriate.

3.3 Zoning of the Country and Selection of Regions, Districts and Rural Communities

I stratified the nation into three zones or strata, namely the Northern Zone, Middle Zone and the Southern Zone, so as to give a national character to the study. The Northern Zone comprised three regions, namely Northern, Upper East and Upper West Regions. The Middle

Zone comprised Brong-Ahafo, Ashanti and Eastern Regions. The Southern Zone comprised Central, Volta, Western and Greater Accra Regions. Within each zone or stratum, the researcher used the simple random sampling to pick one region. Obviously, the regions in each of the zones have a lot of things in common. They have similar cultural backgrounds and social characteristics. In view of this, it was deemed appropriate to select one region to represent each of the zones. The following regions were therefore selected accordingly: Northern, Ashanti and Central. The Northern region has 26 districts, Ashanti 30 districts and Central, 20 districts.

Map 3: Ghana Map Showing the Clusters



In each region, the researcher used simple random sampling to select one district and two rural communities in each district for the study. In each of these districts, the simple random sampling was used to select two villages.

Table 2: Selected Regions and Districts

<u>Region</u>	Districts	Corresponding Rural Communities
Central	Agona East	Kookosu Seth Okai
Ashanti	Sekyere West	Beposo Brenko
Northern	Nanumba	Taali Lepusi

Source: Field data

3.4 The Elderly

In each village, the houses were serialized (numbered) and simple random sampling was used to select a number of houses based upon the size of the village. In the selected houses, the number of households in each house was identified and one elderly person was selected from each household (where available). Consequently, the number of elderly persons selected in various villages was as shown in the table below:

Table 3: Number of Elderly Selected in each Study Area

District	Village Communities	Selected Number of Elderly
Agona East	Kookosu	49
	SethOkai	48
Sekyere West	Beposo	55
	Brengo	37
Nanumba	Taali	25
	Lepusi	39
<hr/>		
Total	6	253

Source: Field data

3.5 Sampling of Participants

3.5.1 Target Population

Babbie and Rubin (2007:175) define a population as that aggregation of elements from which a sample is actually selected. In line with this definition, the target population consists of all elderly persons in the rural communities of Ghana, caregivers of the elderly, traditional rulers, health officials, governmental and non-governmental organizations.

3.5.2 Study Population

The study population consists of elderly persons, (60 years and above) within households and the caregivers of the elderly persons within various households, some selected traditional rulers, health officials and governmental and non-governmental organizations within the study areas.

3.5.3 Sampling Frame

The sampling frame for this study therefore consists of the elderly (60 and above), traditional leaders/rulers, caregivers, health officials, governmental and non-governmental organizations, assembly members and opinion leaders in the study communities. Sampling frame refers to the list of units or elements in the universe (information source) from which the respondents are selected (Ofori & Dampson, 2011). As a result, a careful sample selection was required to make conclusions representative and generalizable.

3.6 Sampling Design

In each village, one Assemblyman was selected purposively. In the village where there were more than one Assemblyman, the simple random sampling was used to select one of them.

3.6.1 Caregivers

In each household, the caregiver of the elderly was purposively selected. Where the caregivers were more than one, the principal caregiver was selected. The following persons were also purposively selected.

- The village chief
- Family head of the elderly
- Head of NGO and governmental Organization

3.7 Sample Size

In total, the size of the sample was 300.

3.8 Methods of Data Collection

3.8.1 Sources of Data

Reliable and varied research depends on the sources and methods of collecting information, and the use of available data. Data for the study were therefore collected from two main sources that is, primary and secondary sources.

3.8.2 Secondary Data

The secondary data were collected from documented sources including published literature, official records and internet search for current publications and information were evaluated and used for the study. The official records included information on the study area collected from the District Assembly and the Ghana Statistical Service. The community official records provided an insight into the geographical, political, socio-economic, cultural and demographic context within which the study was being undertaken. The relevant information from the secondary sources was reviewed to ensure proper understanding of the subject under investigation. It also helped to give an insight into existing information on the subject and identify gaps between current knowledge and how these gaps could be further investigated.

3.8.3 Primary Data

The primary data were collected through both qualitative and quantitative research methods. The fieldwork for the primary data was conducted in a period of two months. At entry into the communities, community meetings of older persons were held during which the research team introduced the research agenda and got an insight into the problems faced by the elderly in the community. In the course of these meetings, the 'oldest old' (80+ years) were

identified with the guidance of the community leaders in order to facilitate the formation of the focus group discussions. These were constituted on the basis of sex and in each of the study sites; two focus group discussions (1 for male elderly and 1 for female elderly) were conducted.

3.8.4 Qualitative Data

In this method, key informant interviews, in-depth interviews, focus group discussions and non-participant observations and life histories were used to gather the qualitative data. Qualitative research enables the researcher to gain a broader understanding of the elderly people's views and feelings about old age and how they are coping to make a living and to combat old age poverty. So, the researcher immersed into the natural setting of the elderly by approaching them in their social setting in a natural way. In-depth interviews were also conducted with selected members from the most vulnerable groups among the elderly and these included widows, widowers and disabled elderly. The advantage of using such a methodological approach was that it allowed for flexibility.

3.8.5. In-depth Interviews/Key Informants

The interviews were conducted in the participants' homes. The interview settings were very comfortable to the participants, and there was a high sense of privacy. Each elderly person and a family or household caregiver was interviewed separately. Before the interviews, participants were informed of the aims and the major themes of the study. The interviews were similar in nature to a conversation, where respondents were allowed to respond freely to questions (Heyl, 2007). Since many elderly persons in the community do not have formal education, the interviews were conducted in the local dialects of the respondents. The use of local dialects encouraged participants to talk to the research team as they normally talk to other people in their cultural setting. On the average, the interview with each participant

lasted for approximately twenty-five (25) minutes. All the interviews were recorded by a research assistant while the principal researcher took written notes alongside. With this approach, both notes were compared and the gaps were filled. The essence was to capture their experiences in order to understand and interpret the meanings, whether assumed or intended, from their perspectives as close as possible (Strauss & Corbin, 1998). The audio recordings were transcribed into English after the interview sections. This gave the research team the opportunity to check for inconsistencies in participants responses. Where there were inconsistencies in respondent's answers, the research team revisited the participant to clarify the inconsistencies. It also gave the opportunity to do superficial analysis of the information and themes arising from them, which informed further data collection (Sarantakos, 2005). Interviews were transcribed literally word-by-word in a detailed manner because I wanted to avoid a situation where relevant information may be lost.

3.8.6 Key Informants

Key informants such as local/traditional leaders helped in the identification of elderly people in the study areas. The researcher started by studying a group of elderly who were interested in the problem. The researcher stopped when the data reached a 'saturated' state since new items or cases no longer revealed new interested information pertaining to the survival of the elderly. At the end of the study, the researcher had a total of 20 elderly people for in-depth interviews and 10 for life histories. From this sample, the researcher was able to gain a detailed description of the survival of the elderly in the study areas. From the data generated from interviews with the elderly people and the representatives of support organizations, the researcher was able to address the research questions informing the study.

3.8.7 Non-participant Observation

As part of the data collection methods, the interviews were supplemented with non-participant observation. With this method of data collection, the research team observed the home environment of respondents for facilities and amenities that enhance the activity of daily living conditions of the elderly such as electricity supply, barrels for storing water, toilet facilities and bathhouses. The availability or otherwise as well as accessibility suggested to the research team the nature of the living conditions of the elderly respondents and the extent of family support in the area of activities of daily living. In addition, the state of the living quarters or buildings was observed focusing on how the elderly move around their environment, the physical conditions of the houses, and their preparation of meals, eating times, visitation by friends and relatives and above all, the physical state of the elderly respondents. Through this method useful first-hand information were gathered to support the interviews. These observations were important since they enriched the data collected and contributed in generating an in-depth understanding of the living conditions of the elderly. In addition, by adding observations to interviews, it improved significantly the validity of the data since such triangulation of methods has been proven to produce good research data (Creswell, 2009).

3.8.8 Focus Group Discussions

Six focus group discussions were conducted. Two in each study location. The groups were stratified by sex. The groups were made up of 10 members with a moderator from the research team. A group of this size was manageable and helped to get in-depth discussion on the subject matter. In all, members were first identified by the opinion leaders. Then, with the list of names and contact numbers, we made contacts with the selected persons willing to commit to a minimum of 2 hours on a weekend for the focus group discussion. Ten (10)

persons were selected for each group. Although the same number of men and women were selected, more women than men showed up at the appointed time. The discussions involved the same five themes. The focus group sessions ran for two (2) hours.

3.8.9 Quantitative Data

Quantitative data were collected through face-to-face interview and self-administered questionnaire.

3.8.10 Face-to-Face Interview

Under this data collection method, the questionnaires were administered to those respondents, elderly men and women who could not read and write. The researcher read the questions in their 'mother tongue' (Twi or Dagbani) to them and their responses were recorded in the spaces provided on the questionnaire. The respondents were allowed to answer the questions to the best of their abilities. The face-to-face interview helped to achieve flexibility in the sense that the researcher could probe for more answers and repeat questions when the response indicated that the respondent misunderstood the question posed.

3.8.11 Self-Administered Questionnaire

Under this method, the questionnaires were distributed to the elderly who could read and write to enable them to complete the questionnaire themselves. The researcher went to them later on to collect the self-administered questionnaires. Out of the three hundred (300) questionnaires distributed, two hundred and forty-six (246) were returned.

3.8.12 Data Handling/Management

The initial qualitative data were managed manually. This process consisted of transcribing and editing responses from participants and organizing them into meaningful categories. The researcher employed analytic noting, coding and highlighting as the techniques for handling

the data. Using the processes suggested by Strauss & Corbin (1998), the research team open coded by uncovering, naming and developing themes from the gathered data. Strauss & Corbin (1998) contended that “events, happenings, objects, actions and interactions that are found to be conceptually similar in nature or related in meaning are grouped under more abstract concepts termed categories”. Coding was thus, used to classify the data in a way that allowed the researcher to look for patterns and to create a retrieval system for later review of specific pieces of data (Patton, 2002; Sarantakos, 2005).

The questionnaires collected were edited and coding scheme was prepared for the open-ended items. The Statistical Package for the Social Sciences (S.P.S.S.) was used to process the data. The data were analyzed and presented in descriptive statistical forms, which included frequencies and percentages. The qualitative data were analyzed using thematic framework. This involved scrutinizing the data, coding, comparing categories and searching for common themes across the data set. The themes from the qualitative analysis were juxtaposed with the results from the quantitative analysis for the purpose of triangulation.

All the closed-ended questions were quantitatively processed using the Statistical Package for Social Sciences (SPSS). The study used descriptive statistics to handle the first section of the questionnaire on the personal characteristics of the respondents. These comprised the use of percentages, means and standard deviations.

3.8.13 Ethical Issues

The participants to be were approached and a formal request to community leaders was made outlining the nature of the research, the intention, the methods to be used and the time. All participants and relatives also received oral explanation about the aim, nature and significance of the study and informed consent was obtained in written form or orally. Each

elderly person was informed individually in the presence of his or her relatives and if any participant refused, he or she was excluded from the study. If any relative also objected to the participation of any elderly person, that person was excluded. In addition, participants were assured that participation was purely voluntary and any participant could withdraw his or her consent at any time of the interview. Participants were also assured that they would not be named in any report and their confidentiality would be guaranteed. Plagiarism was avoided by acknowledging published works that were used. Member checking was done to provide an opportunity to seek clarification and confirmation on data solicited during data collection to ensure credibility and trustworthiness.

3.8.14. Unit of Analysis

Babbie and Mouton (2002) were of the view that the unit of analysis could be referred to as the and how of the study. For instance, what object, entity, process or event, the researcher is interested in researching into. The unit of analysis in this study therefore was elderly persons who engage in different strategies to ensure survival. The research was guided by the sustainable livelihood framework of Scoones (2002), which could be applied to a range of different scales – from the family, community, region, individual or household, with sustainable outcomes assessed at different levels. Scoones assertion justifies my selection of the elderly as the units of analysis.

3.8.15. Conclusion

The chapter has outlined a liturgy of the methodological design used in the study. The study follows a systematic approach in exploring the survival strategies of the elderly in the various study communities. In-depth/Key informant interviews were used to probe for more and deep experiences of the in Ghana. Having discussed how the study was carried out, the next chapter presents and discusses the major findings of the study.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

'PANYINYE YE YA': (AGEING IN A PAIN)

4.0 Introduction

When Opanyin Mensah of Beposo was asked how he felt in old age, he gazed at the researcher and replied '*Panyinye ye ya*' literally meaning '*Old age is a pain*'. His response provided a curtain raiser to this chapter.

Opanyin Mensah recounted how strong and active he was some years back; how he was able to do everything for himself with little support from those around. It saddens him that today he is unable to do even the basic things he used to do. Worse of all, he has to plead with relatives and neighbours around to help him with the performance of basic duties. He is dependent on the generosity of others to feed himself. Memories of youthful days make him grieve and say '*panyin ye ya.*'

With this introduction, the chapter then presents and analyses data collected from the field. The data are analysed to address the holistic and specific objectives of the study. It reiterates some major and salient findings of the study about the survival of the elderly in the selected communities of Ghana. The study's aim was to explore the various strategies used by the elderly to survive.

4.1 The Socio-Demographic Characteristics of the Elderly

4.1.1 Age Distribution

An insight into the socio-demographic characteristics of the elderly encountered in this study is crucial in order to gain insight into their cosmology. In harmony with the Marxian aphorism, a person's social position determines his/her level of consciousness, and this in turn influences his/her survival strategies. The data analyzed shows that 56.4% of the respondents were between the ages of 60-69. Another 23.6% or about a quarter indicated that they were between the ages of 70-79. A little below a tenth or 9.1% were between 80 and 89.

It must be stated that the researcher encountered difficulties in getting the actual ages of respondents. When the researcher asked one of the respondents about his age, he said:

'Me, na me ye young pioneer. Saa bre no na wo maame enwoo wo' literary

meaning 'I was a member of the young pioneer and you were not born at the time'.

Most of the respondents were born before 1945 when registration of birth was instituted by the colonial administration. Thus, in order to ascertain the ages of respondents, the researcher had to use important historical events such as the earthquake that occurred in Accra in 1939 or to admit the ages given by respondents.

In spite of the inaccuracies in the ages given, one is bound to accept the general observation that Ghanaians are now living longer than before. At independence, it was stated that Ghanaians lived for about 45 years only; today the average life span of the Ghanaian is said to be about 65 years. The greying of the population is also reflected in the fact that the population of the elderly has increased by more than seven-fold since 1960, rising from 213,477 in 1960 to 1,643,381 in 2010 (GSS 2012).

4.1.2 Sex Distribution

The sex breakdown follows the known trend that females outnumber males in Ghana. The 2010 Population and Housing Census Report shows that females account for 51.2% of Ghana's population as against 48.8% for males. This translates into a male to female ratio of 95 males to 100 females (GSS, 2012: 1). Of the respondents, about 41.5% were males and the remaining 58.2% were females. In addition to reflecting national gender breakdown, it also showed that females have a higher life expectancy than males. The 2012 life expectancy for Ghanaian females and males stood at 64 and 61 years respectively (UN, 2013).

4.1.3 Educational Background

Majority of the respondents, (50.2%) did not have formal education. Given the history of education in the country, it is to be expected that more females would be educationally disadvantaged than males. This background is likely to affect the income levels of respondents, especially in their old age.

As stated earlier, the elderly who were engaged in formal work and contributed pension or retirement benefits are secured to some extent. There is however, a correlation between ones educational status and the work the person does. The higher the level of formal education attained, the more likely the person is engaged in formal work. The study, therefore, sought to find out what percentage of the elderly have had formal education and to what levels. The responses are captured in the table below.

Table 4 Level of Education Attained

<u>Response</u>	<u>Frequency</u>	<u>Percentage</u>
Middle/Elementary	54	21.3
Secondary/commercial	30	11.9
Skills/trade training	36	14.2
Tertiary	6	2.4
None	127	50.2
Total	253	100.0

Source: Field Data.

The focus group discussions also revealed some interesting reasons given by some of the discussants engaged for their low educational background. One respondent indicated thus:

‘I went to secondary school for 2 years and then my father who was sponsoring me died and so I could not continue.’

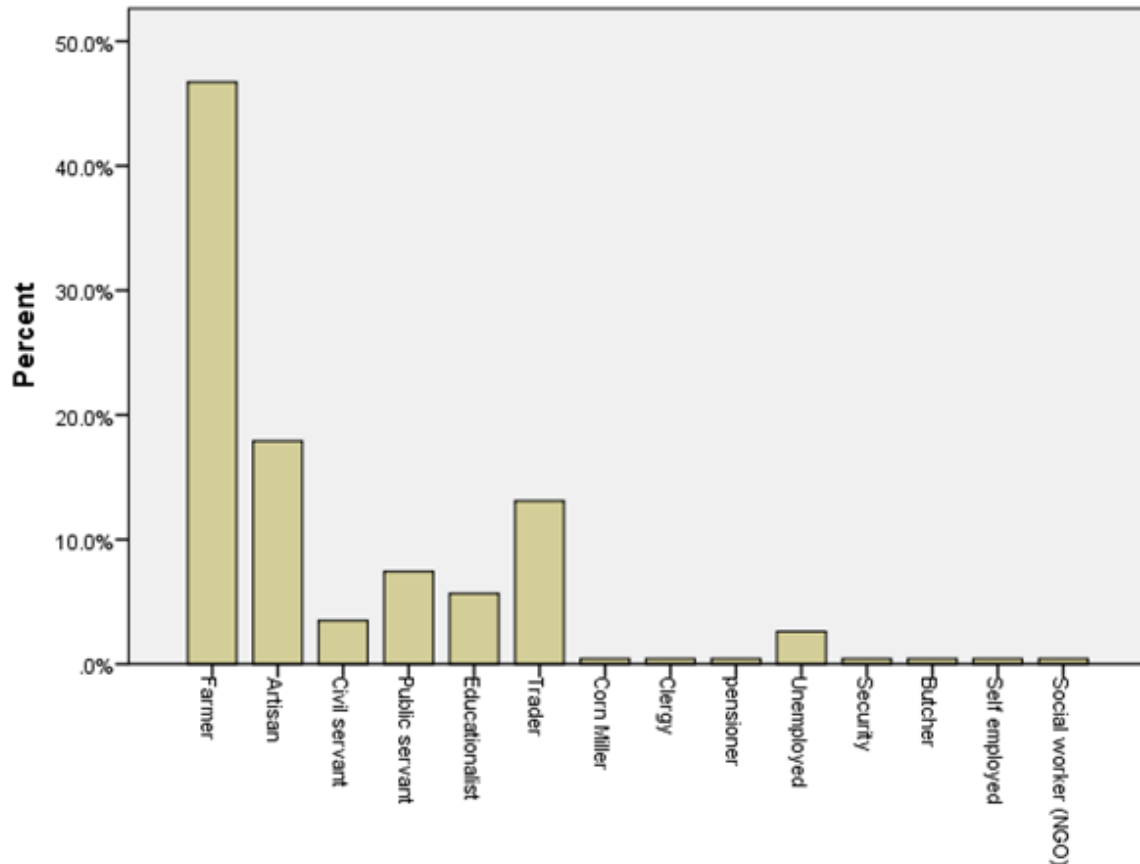
Another respondent also said *‘I was not sent to school’*. These responses are in addition to those who claimed there were no educational facilities in their areas during their childhood days. In addition to potential of getting formal job with ones level of education, a person’s exposure to education often determines to a greater extent the seriousness the person attaches to the education of his/her wards. In this day and age, it is more probable that illiterate parents will send their children to school because the value of education is now appreciated by all.

4.1.4 Occupational Background

Following from this, it became important to know the occupation of the respondents either presently or when they were active. As the GSS (2012) study also found, most of the elderly

who are economically active are within skilled agricultural and forestry workers who are mostly food crop farmers.

Figure 4 Occupations of Respondents



Source: Field data

It is observed from figure 4.1 (above) that nearly half of the respondents (46.7%) were subsistence farmers. Another 17.9% or close to a fifth were/are artisans. This is in addition to other informal works like corn miller, trading, and butcher with percentages 0.4%, 13.1% and 0.4% respectively. As the GSS (2013) study also found, the combined effect is that about 80% of respondents were not engaged in formal work. This confirms the work of Apt (1992) that most Ghanaians, especially the elderly, are in the informal sectors. They are engaged in peasant farmers, artisans, traders, etc. This situation also reflects the argument of Baum and

Baum (1968) that the elderly are seen not to possess the skills useful in modern industries, thereby rendering them unemployable. In such a circumstance, the problem under investigation becomes even more glaring taking into consideration the fact that until 2008 when the New Pension's Act 2008 (Act 766) was passed, past pension's regimes had no explicit provisions to capture the informal sector.

4.1.5 Marital Status

One of the expected sources of help for any adult is from the spouse (GSS, P.33). The research therefore enquired about the marital status of respondents. It was discovered that about two-thirds or 62.6% of the respondents were married. The remaining one-third or 37.4% were single, divorced, separated or widowed. The combined effect is that about a third of the respondents do not have partners that can offer any form of support to them, thereby limiting the options of survival strategies even if they have children. The divorced, widowed and single may have children who may be assisting but much companionship could have been attained if the person was to be married.

Another interesting element from the table was the fact that about a quarter or 24.2% of the respondents were widowed. Such persons, in addition to old age and its associated survival challenges, encounter the grief of having lost a spouse. This is likely to compound their problem of survival. A participant in a focus group discussion indicated this:

‘My husband’s death has left me with sleepless nights. I am unable to cope with life in this lonely situation after this long period of togetherness’.

This supports the view of Zastrow (2004), that the longer women live, the greater the chances of becoming widowed. Similarly, about 6.6% of the respondents were divorced. This may also be a potential source of worry particularly for the widows that may not have been

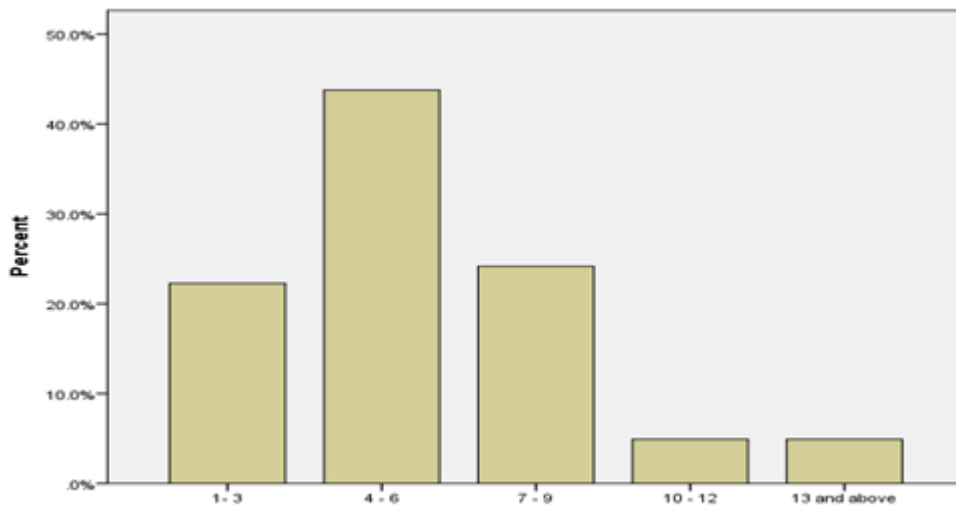
engaged in any formal work. This is so because in most rural communities, wives help their husbands to acquire properties that are in the name of the husband. This confirms the local parlance that says ‘**obaa to etuo a etwere obarima dan mu.**’ This literally translated means when a wife buys a gun, it is kept in the husband’s chamber. In the event of any divorce therefore, most women are disadvantaged. Such women, no matter their age, are forced to start life all over again unless they have some responsible children from their marriages. A respondent expressed her anger at how she toiled with her husband to plant a cocoa plantation. However, in the end, she left the marriage empty handed because her husband married a younger wife and divorced her. She had this to say:

‘I have worked with him all my active years on his cocoa farm just for him to divorce me, send me away without any meaningful compensation to keep me going’.

In adult life, the immediate form of support one will get will be from the spouse, but this will apply when the couple live together since a neighbour nearby will be much helpful than an absentee wife or husband.

4.1.6 Number of Children

In addition to spouses, the most secure and guaranteed source of support one can expect is that from his/her children. In Ghanaian societies, children are regarded as wealth. They enhance the status of parents. In the life of the elderly, they are critical. The study therefore explored what percentage of the elderly in rural Ghana, had children. The data analysed showed that about 92.0% of respondents had children and about 8.0% had no children. Similarly, all the participants in the focus group discussions had children. It is also worth noting that most of the respondents had families that can be considered large.

Figure 5 Number of Children of Respondents

Source: Field data

The figure shows that about a fifth or 22.3% had between 1 and 3 children. Similarly, close to a quarter, that is 24.2% had between 7 and 9 children. About 43.8% had between 4 and 6 children. A total of 9.8% had at least 10 children. The average number of children was about 6, which is more than the national average. (The chi-square test was 134.09, a degree of freedom of 1 and a relevance of 0.002, showing the significance of the difference in frequency). This clearly shows that family sizes in the rural communities are usually large. There are always economic and social reasons for these large sizes. In the past, most rural dwellers wanted to have large families who could be used on the farm; large families are a form of social security. In a rural context where child mortality is usually high, it is rational that one has a large family. It is also to secure the parents when they are old. As the popular Ghanaian saying goes

“when someone takes care of you to grow teeth, you also take care of him/her till he/she loses his/her teeth.”

Polygyny also has the potential marriages to nurture large families. A FGD discussant in Nanumba had as many as six wives and 8 children. This situation may also have some relations to religion. Most of the respondents from Nanumba were Muslims and the religion allows males to have up to 4 wives subject to their capacity to take care of them.

In spite of the problems of rural-urban migration, most families are still intact in the various communities. The research found that about 62.6% of respondents had their children still living with them. Only about a third (1/3) or 37.4% had their children living elsewhere. It is therefore expected that most of the respondents would receive some care from their children even if the children do not have the economic strength to foot bills. The respondents were further asked to indicate the number of children in school. This is intended to show if their children could be reliable source of assistance. The result revealed that more than two thirds or 73.1% of respondents still had children in school. The implication is that they will have to continue to honour their responsibilities at a time when they rather needed support.

The information obtained from the discussants in the FGD is not any different. It shows a mixed response: some have all their children working while others had none of their children working.

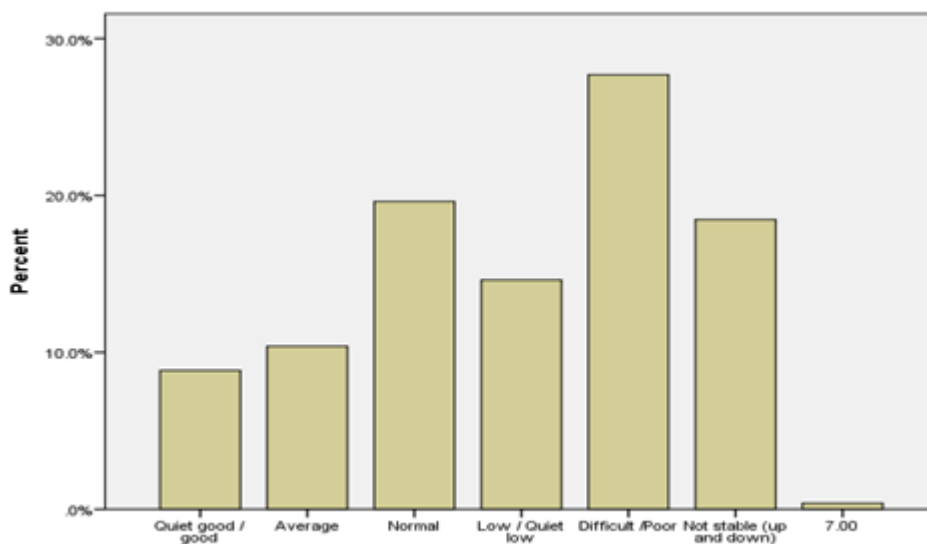
In sum the elderly who constituted the respondents for this study were males and females with the latter dominating. The respondents were largely illiterates and subsistence farmers. The majority were married and had children. How these socio-demographic features play out in the survival strategies of the elderly are discussed in subsequent sections.

4.2 Living Conditions and Challenges of Respondents

Living conditions refer to the specific circumstances of a person's life. This includes his/her accommodation, feeding, access to water and sanitation, etc.

In order to gain insight into some of the survival strategies of the elderly, the respondents were first asked about their general socio-economic conditions over the last five years from the date of the interview. Generally, given the physical and mental state of the respondents, they had the problem of recall. However, in comparative terms, most of them reported deterioration in their living conditions. Figure 4.3 below captures the views of respondents.

Figure 6 Socio-Economic Statuses of Respondents



Source: Field Data

It is observed from the figure that about a tenth each, which is 8.4% and 10.4% indicated that their conditions were good, quite good and average, respectively. About a fifth or 19.6% of valid respondents found their socio-economic conditions normal. The combined effect is that about two fifth (2/5) or 38.8% of respondents have life a bit favourable in their old age. 27.7% of respondents are in difficult/poor socio economic conditions, 18.5% of respondents indicated that their conditions were not stable while 14.6% of respondents were in low/quiet low socio-economic conditions.

Knowing the socio-economic status of the respondents, it was necessary to find out if they have some financial responsibilities in addition to their own care. The first of such was to ask respondents if they still had to provide for their families. The responses obtained show that about 59.3% of respondents were still breadwinners for their households while 35.9% of the respondents said they were not. This shows the extent of the problem under investigation since even at this period of their life, some elderly are responsible for the upkeep of their households. Such respondents obviously have to do extra to be able to meet these financial demands. This confirms the argument of Case and Deaton (1998) that in situations where the elderly earn income through reliable means like social security, the entire family benefits one way or the other from such earnings.

Similar situations were also identified in the FGD. A discussant reported thus;

...because my husband is far older than I, he does not earn much. I am more or less the breadwinner of the household. Another said, "My husband and I bring resources to take care of the family..." We all contribute to provide for the family."

Perhaps, the responsibility for providing for the family even in their advanced ages may prove positive. The Activity and Disengagement theories have argued that in old age, people reduce their level of activity and consequently disengage from society. However, it appears that the data here points to a contrary situation, the need to work (do farming mostly) should keep the elderly physically, emotionally and socially active as they relate to others in the course of their daily lives. Thus, although winning daily bread may prove physically demanding, it nonetheless can prove positive physically, at least.

In addition to having to provide for the households, there were other identified factors that imposed financial and economic challenges on the elderly. One of such factors has to do with deteriorating health standards. It is an observed fact that the elderly, even more than children,

are vulnerable to a number of sicknesses (Apt, 1995). Some of these sicknesses are the end results of lifelong lifestyle and/or old age. Good health is a vital individual asset. Similarly, a high overall level of health of the population is vital for economic growth and the development of societies

As found in this study, 37.1% of respondent were in good health with the status of 9.5% being normal (Table 4.3). These respondents did not complain of any known ill- health that seriously affects their survival.

Table 4.3: Health Status of Respondents

<u>Response</u>	<u>Frequency</u>	<u>Percentage</u>
In good health	94	37.1
Normal	24	9.5
Body weakness	29	11.5
Not in good health	77	30.4
Diabetes	18	7.1
Eye sight problems	11	4.3
Total	252	100.0

Source: Field Data

The remaining indicated that they experience body pains/weakness (11.5%). Old age has rendered these respondents unable to work for long or engage in active work. Another 31.3% reported bad health and diabetes (7.5%). Another 4.1% also reported of eyesight problems. The health challenges enumerated confirm the work of Apt (1995), Banga (1992), Mujahid (2006), Aboderin, and Ogwumike (2005) about deterioration of health with age like stroke, pelvic pains, deafness, eye troubles, etc. They similarly, note increases in heart attacks, heart diseases and stress. The responses in the FGD were not different in that each participant had a

health concern, which he/she attributed, at least in part, to age. For instance, one participant suffering from asthma observed:

'Sickness was not my problem initially; else, I could not have joined the army at all. I fell sick one night when I was watching TV. My heart stopped for some time and then restarted. Thereafter when I breathed, it was difficult and so my children took me to the hospital emergency ward. I went for an x-ray that night but the doctor found nothing wrong with me. Then I told him about what happened to me and he asked me to go to one of the nurses. When I went, she gave me two injections, one on each side of my buttocks and then put oxygen on me for one hour. After that, I was given medication and so I came home and slept. However, when day broke I could not breathe and the difficulty was worse than the previous day. Ever since then it has not stopped. I have been to different hospitals and tried several herbal medicines to no avail'(In-depth).

Another participant also narrated his ordeal;

'In 2002, I had a disease, I do suffer from a sickness called prostate cancer so every time, I go to the hospital to check'.

The respondents spend some monies treating their ailments, some of which cannot be treated permanently. This agrees with Apt (2014) that says elderly people generally face serious unmet health and livelihood needs, which strain their capacity to make their vital family and societal contributions. Fortunately, those registered under the National Health Insurance Scheme receive some form of health care without having to make out of pocket payment. However, most of the chronic conditions of old age are not covered by the health insurance scheme. However, these conditions are very expensive to treat. In addition, the sicknesses

reduce their ability to engage in active work to provide for themselves. As has been mentioned earlier, physical health constitutes the most important asset in providing relief for the elderly (Mba, 2010) and the chronic conditions seriously affect coping with old age.

4.3 Cause of Survival Challenges

Having discussed the financial situation of the elderly, it became important to know from the respondents what in their view was responsible for the problems they found themselves in. It is interesting to note from the analysis, majority of respondents (51.9%) were of the view that these challenges are only as a result of their age (old age). For them, their inactivity, because of their age, was the major cause of whatever miserable situation they found themselves in. Similarly, most discussants in the FGD also saw their age as the critical factor. Some responses are:

Currently, I am old, so when it comes to fetching water and sweeping and that kind of thing, it worries me, and which I cannot do as I used to do when I was quite energetic.

What worries me is that since I cannot do those things myself, I had to look for a child who can help me.

Picture 2: An Elderly Woman with a Bucket in need of Water



Source: Field Data, 2013

Another respondent also responded, thus: *“it is particularly because of menopause. It is after this had occurred that all these challenges set in”*.

Further, another participant in Nanumba responded:

The main cause of my inability to farm as I used to, is the reduction in my strength. When I was young, I was very energetic. I could farm the whole day but now I get tired and cannot farm as I used to. Also, I have a family to feed and much of the products from the farm is used to feed the family than sell for money.

The age factor was followed by the lack of job opportunities in the country resulting in poverty. This can be understood from two angles. First, that the respondents were not gainfully employed in their active years or cannot find anything to do at this period even

though they may want to. Secondly, that their children and potential breadwinners are finding it difficult securing a job. One participant observed: *'It is because I do not have any work to do that is why the financial problem has become tough.'* This highlights a critical national problem of increasing unemployment rates that need urgent attention.

A major challenge to coping by the elderly in rural communities has to do with deteriorating health status. The elderly would have to frequent health facilities for regular check-ups and treatment of age related sicknesses, which might seem chronic at this period of their lives. For those who unfortunately are not registered with the health insurance scheme, they would have to pay from their pocket. The table shows that 6.2% of respondents think of age and sickness as the problem. Another 4.1% were of the view that loneliness and ineffective health institutions were the problem for the challenges they are going through. Therefore, about 10% of respondents have problems with their health or the availability and quality of health facilities. This is particularly so because the research focused on the rural areas where access to social facilities is highly limited.

There were other minor problems worth noting. These include lifestyle behaviours like smoking and drinking, which not only drain the elderly financially but also worsen their health status. Theft or robbery, lack of respect for the elderly, superstitions about the old elderly, family neglect are also provided by respondents as causes of their challenges. A respondent indicated that the change of government was the cause of his challenges. It is very important to know the particular challenges that the elderly, particularly those in rural communities, go through. The respondents were therefore asked to indicate some of the challenges they go through. The extensive discussion of causes of life challenges are is presented below.

From the analysis, it is observed that about a quarter (26%) of respondents indicated that their major problem was poverty and its attendant hunger. This shows how needed money is in whatever one has to do. Without financial security, the individual becomes vulnerable to several other forms of insecurity. A FGD discussant frankly indicated that

‘the challenges are money. I used to go to the farm everyday but about a year now, I have not gone to the farm. It is only my wife who goes to the farm.’

About two fifth or 43% were also faced with loneliness, financial challenges or ill health.

As indicated by this group, loneliness is also a great worry for the elderly. Loneliness is usually due to several factors. This includes the fact that children would be working or schooling in different towns or cities, total neglect of the elderly person and neglect due to superstitious beliefs that usually associated with all misfortunes and witchcraft with the elderly (particularly, females). This shows that the elderly sometimes withdraw from society (Cummings and Henry, 1961) or society sometimes withdraw or isolates them (Gubrium, 1973). Also significant is, 8% of respondents who indicated that their problem had to do with their inability to work extensively. This situation may have denied the respondents, several opportunities that otherwise would have helped them survive.

About the same percentage, that is 7.1% also pointed out that their major problems come from their families (extended). No matter how calm and reserved one is, they are always involved in one way or the other in the resolution of family and sometimes societal disputes, they have to be physically present for all deliberations concerning funerals, marriages, etc. as well as supporting it financially. This is in addition to having to help pay the fee of those in school. Even though not too significant, 2.20% also indicated that their challenge had to do with loss of respect. This applies particularly to those who were unable to put up houses and

are therefore residing in rented houses or family houses. As van der Geest's (1998) work *Yebisa wo fie* has shown, elderly people who do not own houses, even if rich, are not accorded much respect. This is because those who have been able to build houses are deemed to have lived responsible lives compared to their fellows who still live in rented accommodation.

Other challenges worth noting are the challenges of menopause, difficulty in accessing loan, insecurity, loss of friends and lack of ready market for farm produce. Similarly, Apt (1995) has also established greater satisfaction among the elderly who own houses than those who do not own houses. The focus group discussant also made an interesting observation:

'The burden of women like my type is just too much. I take care of about 10 children of which two are my biological children. My husband had two wives and my co-wife died. The onus therefore fell on me. Now if you see students like you (referring to Research Assistant) in this community, it is the mothers who take care of them. This makes me struggle too much coupled with my old age and its challenges, such as general body weakness, waist pains, toothaches and other health conditions.'

This particular case shows how in some communities, the greater part of caring for both children and adults is carried out by the women. This agrees with Hutchison (2011), that daughters or females tend to provide most of the care giving and are more involved in housekeeping and household chores than sons or men who provide assistance in terms of repairs and financial matters. It is also interesting to note how this woman has taken on responsibilities of the deceased rival, a very rare circumstance in our local communities in present day Ghana.

The research further explores the extent to which the challenges discussed above have affected the respondents and the elderly in general. It is observed from the analysis that about 25% of respondents indicated that the challenges have reduced their productivity. This effect is likely to be related to waning strength and health to do any work in addition to not having access to credit, which can be used to start or increase productivity. About a fifth or 20% also indicated that the challenges have reduced their standard of living.

The respondents are more likely to live in conditions far below what they have been used. This applies to household consumption, health service and luxury. This effect will worsen the health status of the elderly particularly when there is no immediate hope of aid. It is not surprising that about a tenth or 12.40% respondents that the challenges have to develop poor health conditions. Close to another tenth, that is 8.40% also indicated that poverty, hunger and financial problems were the effects of the challenges. The plight of a participant is captured in his response that:

'...may be there is something that you need but you do not have the money to procure it and unless you tell someone and may be you have to say it to people and they may decide.... When you contract any sickness, in case you do not have the money, how do you go to the hospital, you need money to take care of the bills, and if you do not have the money, how can you go?'

Other less significant (in terms of frequency) but very important issues raised by respondents include loss of respect and dignity, stress and depression, difficulty in taking care of family, fears and anxiety. It is also important to identify that 2% indicated that the challenges have not had much effect on them and their life. There is the strong likelihood that these people will have benefactors or other investments and secured sources of finances, particularly those who had children, relatives and helpful neighbours.

4.4 Survival Strategies

The research investigated the survival strategies of the elderly. Knowing the various challenges the elderly go through, the study sought out their first point of call in the face of life challenges. They were therefore asked to indicate to whom they turn for help in times of difficulty. It was observed from the analysis that a little over 35% of respondents did not have any person to turn to when they encounter these challenges. This means they do not have children capable of attending to them during challenging periods and the families too cannot be relied upon. This is also very significant since state policies to mitigate the plight of the elderly and economically inactive are weak or non-existent is very small and mostly unaware to the majority of the rural folks, who are the subject of this study. Another 1.5% indicated that they depend on God when faced with these challenges. The role of religion in meeting challenges in Ghana is pervasive.

About a third or 35.1% of respondents also indicated that their children, relatives, extended family and friends provide help when necessary. As discussed earlier, these people constitute the necessary social capital in later life in Ghana. For Atim et al. (2001) children are also the most secured social security for the elderly in rural communities, particularly because most of the elderly would also be single. This perhaps explains the tendency and desire of every adult Ghanaian to have children of his/her own and of helping other extended family members. Almost all the participants in the FGD who had children mentioned them as their reliable source of help. Some of the extracts below capture the point:

“As for money matters, one of the children when he gets money gives me, if that does not come, I suffer before I eat”

“Previously I used to have financial difficulties but presently, I say it to the glory of God that I don't have any such difficulty due to the assistance from my children”

“Yes, as for me I don’t have an uncle, my father is dead, my mother is also dead and I do not have male siblings. It is only my children that I look up to”.

These responses show to a great extent the role of children in the upkeep of their parents when they are old. Barrientos (2002) has noted that transfer of money from children to parents in most cases has prevented some elderly people from falling into destitution. This situation confirms the widely held notion that caring for one’s children and other relatives is a social investment against future eventualities.

An additional 9.2% of respondents turn to the banks and other financial institutions for loans but such respondents complain of difficulties since banks are unwilling to grant loans to retirees. About 8.40% received supports from charitable NGOs and 7.7% from their spouses. It is not surprising that those who turn to their spouses are not too significant. This is because in rural Ghana by this period in life, most people would have become widows/widowers, divorced, separated, or financially weak. Only 2.6% said they turn to the government (pension).

The data show how limited state interventions are in helping the less privileged in society. This situation is confirmed by the responses from the FGD where all respondents did not give any credit to state sponsored intervention;

“No, as for the government if you do not have bank note or that you do not vote you do not get any support from the government.”

This participant points to some form of politicisation of public policies where aid programmes are carried out to serve political expediencies, thus very selective.

“I do not get any support from the government because I do not work for them”

“The only support I get from the government is the loan I take and pay it back, besides, I do not get any support.”

The respondent was able to secure a loan from MASLOC to do business.

“I do not receive anything from the government. I pay for hospital bills when I go to the hospital.

The data also show the increasing importance of the existence and work of NGOs who operate genuinely. These organizations maintain a close relationship with their selected constituencies, by providing direct benefits to them to alleviate their plight. They also operate in remote areas where even the state is unable to reach, a challenge known as the challenge of Penetration.”

The church is not an institution that many people contacted for assistance. This may possibly be due to how weakly organized and resourced churches in rural communities may be.

The data shows that out the of 36.2% of respondents had nobody to turn to, it is necessary to find out whether the respondents had any investments to rely on in times of difficulties. In response to this, only, 35.6% of respondents said they had investments; only about a third have some savings or investment. This is however, not strange, because the respondents are engaged in the informal sector and there is also a poor savings culture. The response explained above is not different from those obtained from the FGD confirming the fact that there is a very low savings culture among Ghanaians, particularly with formal financial institutions. Some responses are as follows;

I do not have any savings account to plough back some of the money from the sale of yams back to my farm,

I do not have any savings account but I save some little monies with the susu people and some in my trunk and I use them for some little business,

Eh, where do I get the money from to save?

There were a few participants who were, however, engaged in some form of savings and it proves to be very helpful;

I have a savings account in Yendi where I go to deposit part of my sales while I re-invest the rest into the business. The savings help me a lot because it regulates my spending.

With the majority of respondents not having any major savings or investment, it became interesting to know their source of support or income.

4.4.1 Assets of Respondents

The study examined asset owned by respondents, which help them to meet the challenges they encounter. Asset in this case means anything that is owned by an individual from which he/she profits. It is observed from the analysis that a little over a quarter or 27.0% responded that their immediate supports are their children and spouses. This corroborates earlier findings. The problem, however, has to do with those elderly who do not have children of their own, are divorced or are widowed. Such persons can rely on their asset and investment in any. From the figure, 22.8% of respondents relied on proceeds from their lands for farming. It is unclear how these lands were acquired but the likelihood is that most of the lands may have been inherited from families. If these lands are in turn given to other people to cultivate, the owners will then benefit from the proceeds in the 'abunu' share-cropping (shared equally between land owner and worker) or 'abusa' (two-thirds of proceeds go the farmer, especially when they are food crops). Similarly, some respondent (1.5%) also benefit from the houses they rent out to tenants. The challenge of these respondents lies in the fact

that not much is obtained from rent in rural areas since accommodation is not in high demand like in urban areas.

A little over a tenth or 13.9% also said they depend on their shops/stores. The elderly therefore depend on their investments for their survival. Other assets that also provide daily livelihood support include vehicles, livestock, chain saw machines, pito brewing and block moulding supporting about 13.5% of respondents. With about a fifth of respondents, still claiming their children to be their assets, this confirms the point of Coward (1985) that the elderly in rural communities are disadvantaged when it comes to resources compared to their counterparts in the urban areas. This also supports Darkwa's (1997) finding that non-statutory welfare support from the family continues to be the major means of support for the rural elderly. The elderly who have assets depend extensively on these assets for their survival. Scoones (2000:3) posits that assets combined with capabilities and skills result in sustainable livelihoods. Information from the study shows that asset possession is the key to successful living. This is supported by one of the life narratives that said:

“When I went on retirement, I managed to convert the money I had into assets. I managed to buy one urban bus and opened a provision shop with the rest of the money. When I realized that I was making profit from the bus and the shop, I went into farming, while my wife operates the shop (life history by a Discussant, In-depth interview).

A discussant also made an interesting revelation of how he moved from the urban area to the village in order to escape the high cost of living in the urban areas. He however, rented his property in the urban area. The yearly rent therefore provided him with some income for feeding, clothing, medication, etc.

However, the critical challenge lies with those without assets, particular divorced women who may have left their marriages empty handed. Some of such elderly have to depend on the benevolence of other neighbours.

4.4.2 Economic Activities of Respondents

The research further explored the economic activities that respondents may be engaged in to ensure their survival since not all respondents have benefactors that will provide direct and instant support in times of need. The responses to the question is discussed below

About, 20.2% of respondents were engaged in petty trading to survive. This represents a fifth of all respondents. It is also not surprising because some forms of petty trading do not involve much physical activity. It is not rare to find elderly people attending to ‘table tops’ shops in their houses where they sell basic items needed by people in the community. About a third or 29.40% of respondents were also engaged in farming. Both sexes were engaged in these economic activities, which is not too usual. During young ages, petty trading seems an exclusive reserve for females. These activities require enough energy since it is very physical. This revelation also raises a serious issue with agriculture. Many farmers in the rural areas are elderly, what will become the future of agriculture.

Another 5.0% of the respondents also survive on the artistic works such as baskets, straw mats and hats, leather sandals, etc. that they can make and sell. Other activities range from sanitation works, operating chop bars, teaching, to more physical works like security guards, water supply, etc. while others depend on their monthly salaries and pension allowance. Interestingly, 18.9% of respondents were not engaged in any form of economic activity. There are some who have taken to begging for alms on the streets and at markets, usually under the pretence of some form of ailment like blindness. The interesting aspect is that the elderly are mostly led by people who are able and very active. This highlights the urgent need

for the state to institute a national policy that addresses the concerns of the elderly in society, particularly, those in the informal sectors and in the rural areas.

Most elderly persons in rural Ghana venture into self-employments to increase their income and improve their well-being. The elderly persons interviewed agreed that their involvement in self-employment is not for pleasure or by choice but rather from necessity, from need that comes from pressing conditions. In the same manner Barrett et al. (2001) agree by saying that, multiple motives prompt households and individuals to diversify assets, incomes and activities. Social factors such as food security, health care, income for grandchildren's educations and many others have pushed the elderly persons to the limit to meet these demands. An extract from the interviews supports the above point:

“I do my own work to earn more income to supplement what my children give me. I get sick very often so without money I cannot go to the hospital for treatment, my grandchildren will not eat or go to school or clothe. I cannot sit and wait for the children to send me money before I feed. Though it is hard to get money, I have no choice but to work so that I can overcome these challenges (A Discussant)”

The research investigated further to find out the nature of the employment held by some of the respondents and their status in their employment. The data collected show that 19.8% or just about a fifth was employed, their advanced ages notwithstanding. The remaining 80% were not employed. It was observed that 49.1% of employed respondents were casual labourers while 45.3% were permanent staff. This shows that there is roughly an even distribution of employees with regards to their status as casual or permanent staff.

Another strategy observed from this study is that some of the elderly give the money they receive from their children to caregivers to trade with so that in return the caregivers can use

the proceeds to take care of them. A unique situation found in this study was a high level of trust displayed between an elderly woman and a caregiver who is not related to her. The woman receives money from her children and philanthropists and gives to this caregiver. The caregiver uses this money to trade and use the proceeds to take care of this woman, even though they are not related.

Picture 3: An Elderly Woman Surviving on the Proceeds from the gari made by a Non-Family Caregiver



Source: Filed data

4.4.3 Earnings of Respondents

The problem with being a casual labourer is that most employers do not pay any future entitlements to the workers against inactivity or even for termination of employment agreement, as they would have been compelled to do had the job been permanent. For instance, article 75 (1) of the Labour Act, 2003 (Act 651) instructs employers to treat as temporary staff as permanent if their services are engaged for more than six months continuous. Article 74 (1) of the same Act provides that the contract for casual staff needs not be written. All these affect the conditions of service of staff. This also shows that about half

of those employed can only boast of what they will get as far as they are working and not after work. This is in addition to the fact that their wages/salaries are mostly below the national minimum wage. For this reason, the research enquired about the salaries the respondents earn. It was observed from the analysis that a about 34.1% of respondents could not tell exactly how much they earn from the work they do. These respondents were the contract workers who are paid on the piece rate system.

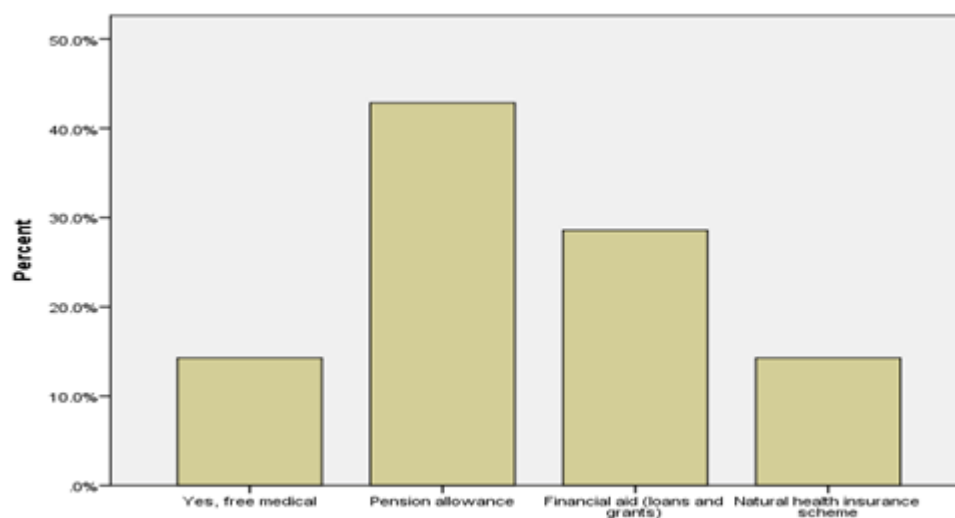
Even though a few respondents earn salaries way above normal levels like \$750 and \$500 per week. This translates to between GH¢ 2,000 and GH¢ 3,000 a month. With the national minimum wage currently pegged at GH¢ 155 7.00, these rates are above what the ordinary worker earns in a month. It is also worth noting that some respondents earn as little as GH¢ 50 per month (5.90%), GH¢ 100 per month (9.40%) and GH¢350 per month (7.10%). This confirms the earlier point made that most employers pay casual employees' salaries below the national minimum wage levels. It is not surprising therefore that an overwhelming majority of respondent (83.6%) responded in the negative when they were asked as to whether they think they are getting is sufficient to provide their needs.

4.4.4. Government interventions

It was also realized from the study that government interventions to help mitigate the plight of the elderly is woefully insufficient and inadequate. The government has instituted the Livelihood Empowerment Against Poverty (LEAP), MASLOC, and the National Health Insurance Scheme, etc. all aimed at helping citizens in general and the elderly in particular. As pointed by Darkwa (1997), government is not doing enough to help the elderly with their problems. Even when the interventions do exist, those in the rural areas barely benefit from them.

The figure below captures the response of the rural folks when asked whether they receive any assistance from the government. Out of the 253 respondents, only 11 persons, representing 4.3% had ever received any assistance from the government. An overwhelming 95.90% of respondents answered in the negative. This confirms the points made earlier about un-existing social benefits and even when they exist, they are mostly enjoyed by those privileged to be close to the distributing authorities (urban dwellers). It is imperative to note that the rural elderly do not consider the free health care as assistance from government. For them, assistance has to be direct receipt of monies, consumables, clothes, etc. For those who receive some assistance from the government, about two-fifth of such assistance were in the form of pension allowance which were in themselves not any assistance from the government (see figure 4.4 below).

Figure 7 specific assistance received from government



Source: Field Data

About 28.6% of the respondents receiving government assistance get financial aid in the form of loans and grants. These aids were obtained under the Livelihood Empowerment Against Poverty programme that gives monthly stipend (even though paid quarterly) to the very poor

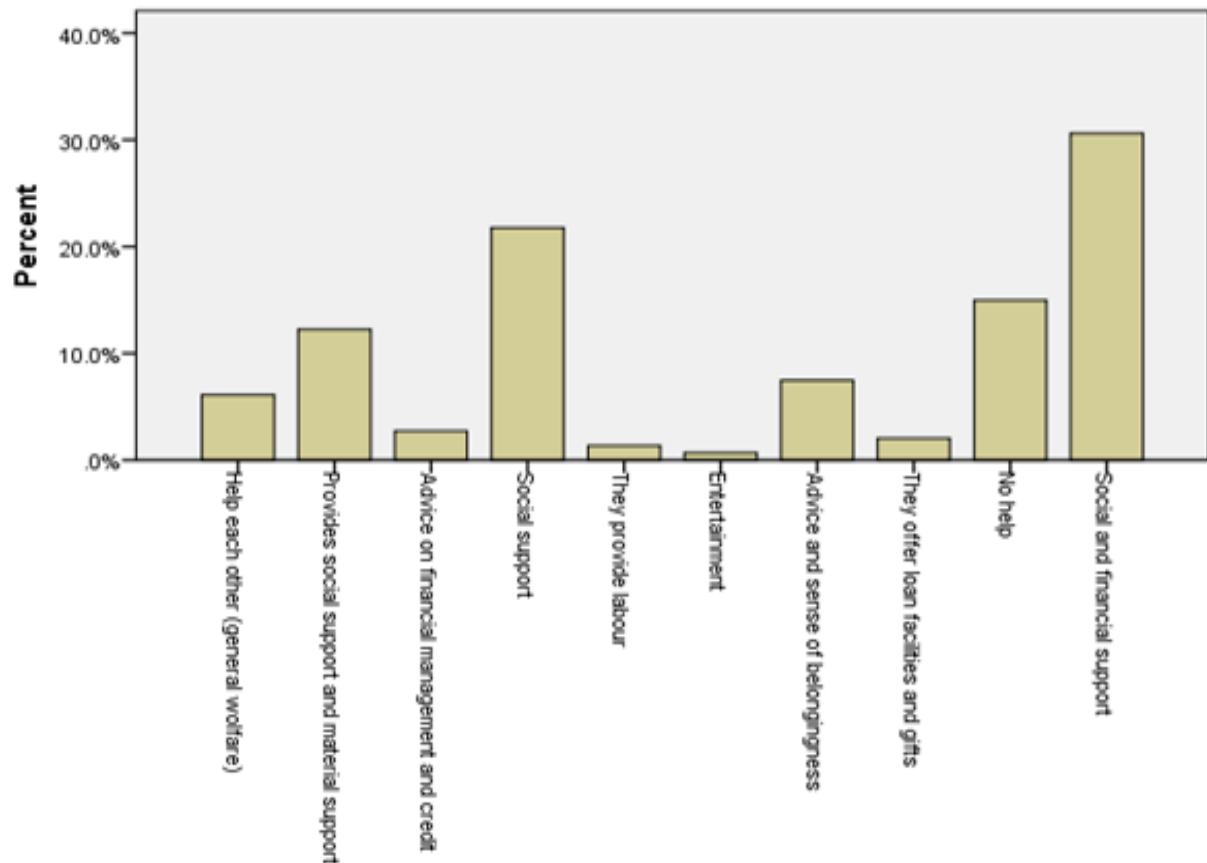
in society. The remaining assistance relates to healthcare under the free medical care for those above 70 years and have registered with the National Health Insurance Authority.

4.4.5 Role of Community Associations and Networks

Individualism is largely eschewed in the African context. Communal life defines day-to-day life. The Akans say

‘Ahokeka nti na yegya mowere’ which literally means *because of body itch one grows fingernails.*

Gyekye (1998) also notes that the Akan maxim *‘nipa na ye hia’* which literally mean *it is humans that we need.* Following from this, persons enter associations such as funeral committees, men or women fellowships, cash crop farmers associations, yam farmers associations, weavers and carvers associations etc, not only for the fun or to serve others, but to serve their needs. It is expected that when one is in critical problem, the association of which the person is a member would come to his or her aid. The quantitative data (figure 4.8 below) shows that just a little over half of respondents (51.70%) were in these forms of associations. This is possibly explained by the disengagement theory, which argues that humans naturally disengage or withdraw from society and its activities with age. This happens because they lose interest in such activities, feel incapable of rendering effective service, feel embarrassed being in the midst of the young, etc. the finding here contradicts the argument of Havighurst (1968) that the tendency to join social networks increases in old age. With a significant 48.30% not in any association, a possible source of help in times of need is effectively narrow. For those who are in associations, there is some form of assistance as seen in figure 4.8below.

Figure 8 Help Obtained from Associations**Source: Field Data**

It is seen from the figure that about 30.60% indicated that the associations offer social and financial support to members in the form of house visits when one is sick, support in time of bereavement and helping members with farm work. About 21.80% received social support from their associations, 7.50% enjoy the advice and sense of belonging offered by these associations and 2.0% get loans from their associations. However, 15.0% of respondents also indicated that they receive no help from their associations. Some of such associations mentioned by discussants include the Kucha Association (funeral support), 'Adeefe' Association (social support group), men and women fellowships in churches.

The FGD made clear the specific assistance received;

It has not been too long I lost a family member and I went for the funeral and when I returned, I came and met it and so I joined it. I hear they assist but I have not yet received any assistance from them,

Yes, we joined many groups/associations. In the church we have groups/associations, the welfare and we the SSNIT pensioners too we have the welfare group/association here in Brengo. It is not any support as much; it is when you have a case that may be when you lose a family member they are able to support. The same applies to the SSNIT one. When you fall sick and get admitted at the hospital, you get some support, I belong to two support groups. I belong to the Kucha Association (clan) and community development committee. We the Kucha Association, we come to the aid of one another with regards to funeral celebrations, communal labour, that is if you are not able to finish at appropriate time your farm work, you can call on others to come to your aid and that is how elderly people like our type survive.

This shows how helpful community associations and social groups are to members. Such groups provide help on farms, homes, as well as monetary and material things to support their members in times of need.

4.4.6 A Good Neighbour is better than a Distant Relative

The study also sought to find out whether the respondents turn to their neighbour for support in times of need. This was intended to confirm or reject the assertion made earlier that the social support networks are showing signs of crack. The respondents were first asked of the nature of relationship between the neighbours and themselves. It is observed from the analysed data that almost all the respondent (93.90%) maintain cordial relations with their neighbours.

This brings some hope that the neighbours of these elderly people can be of immense help when the elderly are cash-strapped or need some socio-economic relief. From the data just about two-fifth of the respondents (39.20%) go to their neighbours for help. The response from the FGD shows that respondents who refused going to their neighbours for help were worried of disturbing their neighbours with their problems while others saw their neighbours as facing similar, and in some cases, worse economic challenges.

Asked whether their neighbours come to them for help, the response was intriguing as about half (50.90%) of respondent answered in the affirmative. This is a manifestation of the widespread poverty and deprivation that exist in the rural areas where there is usually no neighbour around to help the other. This situation can best be described by borrowing from Collier (2007) the description of African countries as “landlocked with bad neighbours” that instead of helping the other, only ‘exports’ problems (like refugees, fraudsters, etc.) to the other country. This is given much meaning by the response of a participant;

‘as for support, I do not go to anybody, because my children take care of me. I do not worry anyone, because all of you know that their condition is worse off than mine, so I do not worry them’.

This point to a situation where the elderly, instead of getting support from their neighbours, are rather approached for help on all manner of things.

4.4.7 Possibility of Overcoming Livelihood Challenges

The research sought to find out whether there are any hopes of addressing this critical challenge of care for the elderly, from the perspective of the elderly in the rural areas themselves. It was observed from the responses obtained indicate that while majority of the respondents (57.40%) were optimistic that certain internal and external interventions can

solve the problem, a significant 42.20% were of the view that these challenges can never be overcome. This portrays a state of despair and loss of hope.

It became expedient to find out from those who responded in the affirmative what they thought could be done to overcome these challenges. It is observed from the analysed data that a plural majority of 19.10% were of the view that empowering their children financially will be of immense help in dealing with their problem. Another 16.30% also thought of direct financial support in addition to a caretaker, would help overcome these challenges. It is also interesting to know that 11.30% of respondents thought of assistance coming from Non-governmental organisations that provide direct services to communities. Similarly, 14.90% of respondents advocated for free medical check-up at regular intervals to help address their health problems.

Other suggestions obtained include reduction in school fees paid by parents so that parents in the rural areas can take care of their children through schools, a change in the lifestyles of the people so that they will cut down on profligacy and ostentatious life. This is because of the widely held opinion that those in the rural areas are more inclined towards spending lavishly on funerals, adding on wives and on naming ceremonies to the neglect of the most important things like educating their children. Remarrying, family reunion, good sanitation, increasing pension allowances, respect from the young and trusting in God to provide are other suggested opinion for dealing with the problem in addition to providing free medical care. Conspicuously missing is what the elderly can do to support themselves in old age.

4.6. Conclusion

It has been established that most of the elderly in rural communities still have children who they have to provide for. Old age was identified to be a problem in itself rendering people

incapable of performing their duties. It was realised that most elderly people in rural Ghana look up to their children for their sustenance. This is in addition to other forms of support from associations, neighbours and government. The elderly in rural Ghana also depend extensively on the assets available to them, through the proceeds from the sale of such assets. It was also identified that some of the elderly in rural Ghana are still engaged in economic activities to provide for their needs even though they should not be engaged in economic activities at this time in life. The next chapter presents the summary, recommendations and conclusions of the study.

CHAPTER FIVE

PRESENTATION AND DISCUSSIONS OF EXCERPTS FROM INDEPTH INTERVIEWS ON THE ELDERLY IN THE SELECTED COMMUNITIES

5.0 Introduction

This chapter presents transcribed in-depth interviews depicting the elderly in the study areas who are either extremely poor or better off. All the in-depth interviewees and focus groups discussants in the various communities were asked questions based on the following themes.

- a. Personal information
- b. Resources and assets
- c. Challenges/problems
- d. Survival strategies/activities
- e. Social networks/support groups
- f. Pressing needs

5.1. Excerpts

Indepth Interviewee 1: Sethokai village

A) Personal Information of Participant

I am 90 years old. I had two wives but one passed away 7 years ago. The other one is staying in her hometown and comes around once a while. I was blessed with 6 children; 3 males and 3 females. The second born unfortunately passed on two years ago at the age of 43 years. One of them is in the western region specifically in Sefwi Wiawso, Three are staying in Accra and all along I have been staying with my last born who is a lady. She also has 4 children who are all staying with us. The father of the children has refused to

take responsibility of the children; four boys in all and he has neglected them. Their mother is not in any gainful employment. She sells mobile phone recharge cards to make a living. In this village nobody buys beyond GH¢ 2.00 so it is difficult to make ends meet. I worked with Geological Survey and retired as a Government worker so I am depending on my SSNIT pension. It is difficult to depend on my children because they are not in any gainful employment. They do not have and therefore cannot give. It is very difficult for them. They hardly even pay a visit. Sometimes a whole year or two will pass without a visit to see how the old man is faring. Only one is a government employee, a teacher by profession. He normally comes around for a visit and most often assist us when we are in financial crises. In fact, it has not been easy for us with the current economic situation and my present situation.

As you can see I am visually impaired. I lost my sight quite close to about 20 years now and that has been a major blow. There are certain things I could have done myself. Currently, I cannot move to any place without assistance. I always have to depend on my daughter or the grand children to move. This has been the unfortunate experience in my life. If I had my sight, things would have been a little bit better. Occasionally I get sick and need to seek for medical attention but because of financial constraint, it has not been the best. As I speak to you now I need serious medical examination on my ears because I cannot hear properly. My daughter, there are a lot of challenges but I am only counting on the Almighty God for solutions to many of these problems. I would have been stronger than this if it had not been the failure of my sight.

B) Resources and Assets

The only resource I owe is this piece of land on which I have built. There is nothing again to count on. Initially when I retired from active service I had some savings and investments in the form of treasury bills but I have depleted all the reserves. There is nothing in the accounts again. Hmm eye asem oo!

C) Challenges/problems

As I have said earlier, there are a lot of challenges; financial, social, health many others. As we all know, money can do so many things and take you also to many places. Because of financial constraints, I can no longer live the way I used to. What I eat is now determined by how much money I have. The pension pay is so meagre to take care of me and all the dependants here. All my grandchildren are all attending school and they all depend on this small money. Because of poverty, the food I eat lacks the necessary nutrients which would have nourished and improved the body system hence health challenges.

Growing old is not only associated with the outward appearance. Generally, the whole body system is fading off. Internally, all the organs are also degenerating and therefore the system cannot work effectively and efficiently. Now I have lost my vision, I cannot also hear very well, and couple with these, are the periodic bodily pains, malaria, and anaemia. The Health Insurance Scheme is not functioning well and therefore accessing health care at the hospitals does not help much. Most often, I have to depend on the chemical shops for prescription, which is not the best. Sometimes you are referred to the specialist and it becomes difficult to see him/her because the money for transportation is

even not there, how much more, pay for the services to be rendered. My daughter, it is only God who has kept us up till this time. If the economic situation in the country improves, the living standard would also be better and health care would also improve. There is no free medication for the elderly in this country. If you are sick and you do not have money you will die. The little that the insurance scheme and the government's policy proposed for the elderly is invalid now. It is now cash and carry.

On health issues, I can say that some 10 years ago we used to get free medication at the hospital as long as you had your identity document because it was a government policy that all people elderly 60 and above receive free medical care. But that is now a thing of the past as the introduction of user fees left many poor elderly people failing to get medication at hospital as they could not afford the escalating bills.

There is also the problem of isolation. My condition is such that I cannot easily move about. For most of the time I am at home. When my grandchildren go to school and my daughter also has something to do in town,

I am left alone in the house. If I were to see, at least looking at some programmes on the television could have kept me lively. Loneliness has been part of the challenge for long. I did not grow up in this community where I am now and therefore do not have many acquaintances here. Only some few family members sometimes come to visit me. I wish I could gain back my sight to enable me to move on my own.

*Whatever the situation, I am trying cope because there is nothing I can do. Losing both sights is not so pleasant. The most companion I have currently is the radio and I hope my hearing ability will also not fade away so fast otherwise what will be my usefulness in this world. **'ma fre owuo saa nso owu se wo mma'** (literary meaning; I have called for death but death is not coming')*

D) Survival Activities/Strategies

When a question about the kind of activities this respondent engages in to ensure his survival, this was his response:

..At my age and looking at my condition what activity do you think I can engage in? Is there anything you can suggest?

I am a pensioner, and at the moment my only source of income is my pension salary. That is what we all depend on. I told you that my children hardly support me. It is only one that I can rely on and I do not want to be a burden on him because he also has a family to provide for. It is not my habit of making requests from him. Anytime he is ready to give I also readily accept. Hardly will I make a request from him. What I normally do when I am in financial crisis is that, there is a shop I go and credit food items and pay later. I have been so sincere and trustworthy to them that anything I ask for, they readily give so that I pay later. That is what is sustaining me now.

Where I am currently is my hometown. After going on transfer to so many places when I was in active service, this is where I have finally come to settle. There is no place to go again. If probably my children want me to spend some time with them and come back, I do consider that but not to move totally; that is impossible.

E) Social Networks and Support Groups

In this country I do not think such network exist for the elderly. Most often, the only place you can find solace is the church. The only group or association I have is with the church. When I came on pension I was not attending any church. I only listen to the Pastors on radio. Out of the lot, the teaching of Christ impressed me most so that is where I now worship. They have been very supportive to me and the other elderly persons. Most often when I go to church

they bring me back home in the churches' vehicle. They counsel and also give to the needy. I also like their teaching and the way they worship. This is the only church I have associated myself with.

I think I have already answered this question. My children sometimes assist me with my needs both financially and with material things. Besides the family, my church is also supportive. Anytime I attend church service I am encouraged by the inspirational words from the teachings and the preacher.

For now, I do not think any help comes from the government. If it is now that the government is going to think of a package for the elderly, then it has not materialized yet. It is my wish that the nation considered this as a matter of urgency. The only assistance in terms of health delivery has collapsed. As a nation we need to think of the elderly and provide for their needs.

I do not have any problem with my neighbours. There is a cordial relationship. The point is that I do not normally go out. I am always in my house. I don't go to them and they also don't come to me for anything. As much as possible I try to remain independent. In fact, life in this rural community is not lucrative. My daughter could have done something to support the living but the community is such that anything you sell people don't patronise. It makes the cost of living very expensive but this is my root and I will remain here till my Maker calls me to eternity.

Pressing needs of elderly people

For the majority of Ghanaians as they grow old, life becomes unbearable because the pension premium is so meagre that it becomes difficult to depend on it for survival. People who retire go through a lot of frustration to get their pensions calculated and paid to them. This must be the concern of the government to lessen the pain of pensioners. Not everybody

has worked in the government sector. Majority of the people are in the private sector and most of them are peasant farmers who do not have any source of income during old age. There is the need for the government to establish a package for the elderly in this direction. Locally, there should be old age centres/homes so that the place is equipped with materials to engage and keep them lively.

Most of us the elderly have difficulty in accessing medical care. If the government will pay the necessary attention to this, it will be a relief to us. Medical bills are on the ascendancy and we need the government to absorb this so that we can go the hospital with our problems. If this is not done, most of us will die in situations, which a little medical care could have saved.

Currently I also need the support of my family as well. It is difficult to depend on the pension pay alone for survival; hence, a little remittance occasionally will redeem me from the hardships I am going through.

In-depth Interviewee 2: Beposo village

A. Personal Information of Participants.

My name is Kwaku Asamoah. According to my parents, I was born in April 1942. The exact date could not be recorded but a recollection of events gave me the period I was born. This then sets my age at seventy-three (73) years.

I had formal education. I attended the Local Presbyterian Primary and Middle Schools here in Beposo from 1952 to 1962 where I obtained the Middle School Leaving Certificate in 1962. I attended Teacher Training College in Pusiga in the Upper East Region from where I obtained the Teacher's Certificate "A" in Basic Education. I taught in various Basic Schools in the Ashanti Brong Ahafo and Eastern Regions and rose through the ranks to the position of

a Superintendent of Education. I took a voluntary retirement in 1976 from the Education Service. Later in 1976, I secured employment with the Electoral Commission as an Electoral Officer. I served as a District Electoral Officer in the Asunafo (Gawso) District and the Berekum District, both in the Brong Ahafo Region. I supervised the conduct of both the Parliamentary and Presidential Elections in my assigned Districts in 1996 and 2000. I also supervised the conduct of the District Level Elections in 1998 and 2002 in my assigned Districts before finally retiring from the Public Service in 2002 when I attained the mandatory retiring age of sixty (60) years.

I had a chequered married life. My current spouse is my first wife. I got into polygamy by marrying two additional wives thus having three wives at one stage. I divorced the additional two and have thus been left with my first wife who lives with me. I had four (4) children with my first wife, two (2) children with the second wife and one (1) child with the third wife. I later had another child out of wedlock making a total of eight (8) children. I lost one of the children of my first wife therefore I am currently left with seven (7) children. None of my children lives with me now. They are all working but not earning enough to be able to support me. None is still in school.

I am not financially sound as you can see. I am the breadwinner but my regular source of income is from my monthly pension, which is not enough. My spouse engages in petty trading but because the capital is not much, she brings in virtually nothing. I see her trading activity as something to occupy her aside of her house chores. I was earning some income from properties that I inherited from my late uncles. These were buildings and cocoa farms. My extended family members made me to understand that those properties were given to me in trust for the larger family. I was accused of not accounting to them therefore, they have taken over these properties which were bringing in revenue from rent and sale of farm produce.

There are financial challenges but my spouse is my main support. When we are in dire straits, we call on our children some of whom can help.

B. Resources and Assets

In this area, the assets and resources include forest resource, minerals, human resource cocoa farms and other commercial farming activities. The forest and mineral resources are controlled by the State. Various households and individuals own some of these assets and resources according to their family background and their own efforts at acquiring property.

I can partially count on the human resource of my children and the family properties that were entrusted to me which have now been taken away from me. My children who have acquired some working skills assist financially as and when possible. These children include children from my late uncles and brothers. Their contributions are dependent on how I relate to them especially how the larger family members and I treated them when they lost their fathers. Before the enactment of the “Interstate Succession Law” (PNDCL. 111), we of the matrilineal inheritance custom (the Akan groups), used to deny spouses any share of the properties left behind by their late spouses. If such children were left on their own to struggle to make it in life, you cannot count on them for help. I do not count on any help from these children. I mainly look to my biological children.

With respect to the family properties, which were held by me in trust but have been taken away from me, the family has setup a Management Committee which handles the affairs of the family. I cannot easily access any funds from those assets. It is only when I am seriously sick that a family member may make a plea for funds to be made available for my medical treatment. I therefore depend on my monthly pension, remittances from my biological

children and the little investment I made in acquiring shares in the local Rural Bank. I keep a bank account through which I receive my pension remittances.

C. Challenges/ Problems

The challenges I face as an elderly person are in the form of health, finance and loss of respect in society. My health problems are in the area of diabetes and hypertension. These, according to the health experts, were as a result of poor life style, irregular eating habits and lack of regular exercises. Poor management of treatment of these chronic ailments may result in my early death. Presently, you can see I have swollen feet. I have pains all over my body.

I can hardly walk. I get tired easily when I try to exercise my body. Medical treatment is available but due to lack of finance, I cannot follow the treatment regime as expected. The National Health Insurance Scheme does not cover the treatment of these chronic ailments. I attribute my poor financial position to lack of planning. I did not invest for my future. I wrongly believed in the Akan idea that your children belong to your spouse's family and did not train my children well to be my old age insurance. I took the entrusted family properties as my self-acquired properties and therefore was not accountable to the larger family. As a result, I lost control of those assets thus limiting my access to financial resources.

*The loss of control over the family properties came with a loss of respect in my own external family and the local community where I live. Loss of respect exerts a lot of emotional and psychological stress on a person. I therefore attribute the suffering of diabetes and hypertension to the stress from societal loss of image in both family and the general public. **It is difficult attempting to straighten a bend in a tree that had taken years to bend in a very short time.** However, it is better late than never. I will try to win the confidence of my larger*

family first, and then hopefully, my community members will warm back to me. As for my children, I need to apologize to them and to encourage them to pursue their chosen careers with the hope of succeeding in the future.

D. Survival Activities/Strategies

I have joined the “Diabetes Association” in my District. We meet regularly every month to be taught how to take care of ourselves to avoid cuts and to maintain healthy eating. Diet is a very important part of the treatment regime. Since the group has a common purpose, I am able to interact with my peers and thus regain my lost image. My confidence gets a boost after every meeting. This has reduced the stress and societal neglect I used to feel. Even though my finances remain my pension and remittances from my children, my investment in shares of the local Rural Bank is giving me an added income, which is a welcome relief. I do not intend to move away from my larger family or my local community. Moving out will be a defeatist idea. I do not even have the financial resources to rent a new accommodation at a new locality. More so, what will be the guarantee that people in the new locality will not fish out why at my present age I am moving out to this new place without bringing in any new job or investment? I have to stay to fight to regain my lost image.

E. Social Networks and Support Groups

I am a Presbyterian by religion. I am a member of the Men’s Fellowship. I attend church services and fellowship meetings as and when my health allows me to move out. I am a member of the “Retired Staff Association” of the Electoral Commission. As I said earlier, I am a member of the Diabetes Association. Being a member of these associations gives me societal acceptance. I have people I can relate to. If I have a problem, these are the people I

go to for advice and friendship. Even though these associations do not physically put money in my pocket, the mere acceptance in these groups reduces the stress levels and thus reduces my pressure level, which improves my health. Whenever a relative drops in to greet me, I see it as a morale booster and family acceptance. Remittances from my children are a financial help. The government pays my pension, even though not much, and the maintenance of the National Health Insurance is a big help. With the health insurance, I attend hospital for the treatment of ailments such as malaria free of charge. I am not a member of any group engaged in any income generating activity. My neighbours visit to exchange pleasantries, seek advice and at times, seek financial support. Where possible, such requests are granted.

Agya Asamoah ended his answer to this question by saying:

‘Life in the rural area is about sharing and giving support to your neighbours. That is the African Social Welfare System.’

F. Pressing needs of Elderly People

The African Social Welfare System where each member of the family or locality is responsible and cares for the needs and welfare of the young as well as the old in that society is not working as it used to be. The modern society is limiting family to only biological family. Even with the current economic run-down in the world, people are refusing to get married and to produce children because of financial constraints. If the modern man is not caring for his children, how much more do you expect him to care for the old, wretched old parent in the village? The responsibility will have to shift to the State. The current social intervention of financial support being given to the needy and vulnerable in society by the Ministry of Gender and Social Protection, even though laudable, is not sustainable. The system may be subject to abuse and political interference. In addition to the needs of the

elderly (food, healthcare, clothing and societal acceptance), shelter for those without caretakers or external relatives become very crucial. The State has to provide the following for the elderly:-

- *Develop old people's homes in every district in the country;*
- *These homes should be under the care of professional care-givers to be paid by the state;*
- *Medical facilities must be available to these homes;*
- *Children of the elderly must be encouraged to send their parents to these homes for a fee;*
- *These homes must be under the Ministry of Gender and Social Protection;*
- *The National Health Insurance should cover the treatment of chronic diseases such as diabetes and hypertension, which tend to affect the elderly more.*

In-depth Interviewee 3: Brengo

A. Personal Information of Participants.

My name is Koo Musah. I am an 'asanti kramo' (an akan muslim). 'Ma di nfi be ye aduoston nwotwe' (about 78 years). I had no formal education. I married three wives but all of them are dead now so currently I have no wife. I had twelve (12) children with my wives but currently I have seven (7) of them leaving. I have been a cocoa farmer and a tailor for many years but do not have anything to show for it.

B. Resources and Assets

I still have my cocoa farm, which is now manned by my last son, who is also my caretaker and my manual sewing machine.

C. Challenges

My challenges had to do with my deteriorating health conditions making it difficult for me to work. Another challenge for me is that my children and other family members don't respect me because of poverty. They claim I led an irresponsible life and I did not support any family member when I had something. Money is another big challenge for me since I cannot work now. I feel so lonely to the point of ending it all in life. I feel I am a burden to my son who lives me. The others don't support me enough.

D. Survival activities /strategies

*I still patches clothes (**Oy3 ade3 yie**) when I'm in dire need of money for my drugs. The '**oy3 adea yie**' has been helping me a lot but my eyes and strength are failing these days so it makes it difficult for me to roam. I earn between GH¢30.00 to 45.00 a week from the sewing. I also serve as a watchman on the last Saturdays of every month to a wealthy family who usually travel on that day and that also gives me GH¢20.00. I buy things on credit when I don't have money and pays back as soon as I get money.*

E. Social networks and support groups

I don't get any support from any group or family. I don't belong to any group; it's just me, my son, my other runaway children and my God. I don't benefit in any way from the government.

F. Pressing needs of elderly people

I suggest that government should support helpless elderly like me to live peacefully till death.

In-depth Interviewee 4: Lepusi

A. Personal Information of Participants.

My name is Karim Asanga. I am about 82 years old. I had no formal education. I am married but have no children. My other two wives divorced me because children were not forthcoming. I farm in yam, millet and groundnuts. I was born and bred in Lepusi so as you can see I have lived here all my life.

B. Resources and assets

My resources are the land I farm on and the crops I harvest to sell. I also have this compound I built on my own. Apart from my farm which is seasonal, I have backyard farm which is mainly vegetables that I'm able to do throughout the year. This vegetable farm supports me daily so it an important asset to me. I don't joke with it.

C. Challenges

*One of Karim's challenges is that he is being mocked by people around him because he has no children. He stated thus: **'People brand me as a 'Wizard' and say that I have exchanged my children for long life'**. I starve for longer period when my wife is not around because I don't have the courage to send someone because of how they treat. Again I face other challenges like poor health, poor living conditions and difficulty in getting a place for my wife to sell.*

D. Survival activities /strategies

I move around the area and sometimes work in my garden. I depend on the proceeds made by my wife from selling fruits and vegetables and other things purchased on credit basis.

From the look of things, my greatest desire would be to relocate to the next village if my strength will permit me. I don't know what will happen to me if my wife isn't around should

something happen. I want to use this opportunity to appreciate my wife for being supportive at all times.

E. Pressing needs of elderly people

My pressing need is for me to relocate permanently with my wife to Makayili.

In-depth Interviewee 4: Lepusi/Makayili

My name is Akange. I am not very sure of my age but I am not young. I am married with children. The young ones reside with me here in Lepusi and commute to school every day Makayili while the grown up live in boarding houses while attending school. The economy of my household is not too bad, but as a store keeper, the way I expected my business to grow, it does not grow that way because, every expenditure is taken from it. There are times that I face financial challenges but by God's grace money to feed the family and pay my children's fees I am able to do. Mostly when I need help in terms of money I usually rely on banks by taking loans. This helps me to invest in my business and generate more money to take care of my family.

I am the breadwinner of the household. If I am not there, virtually nothing goes on in the house. Everyone rely on me for their feeding. I will say that we are all fit medically but occasionally some members of the family fall sick and we take them to the clinic for treatment. Lepusi as a community has several resources ranging from natural, economic, human and social capital. There are fertile lands on which we farm, there are also high demand for my goods as a storekeeper (I sell roofing sheets and cement), there are also basic schools around for my children to attend, and there are roads that link Lepusi to Makayili and other communities, dam and standing pipes where we fetch water among others. I have a house, farm, store, and family who are very supportive. In fact, my farm is the main source of food for the family. The store provides me with money for other things. The resources I have

belong to my family. This is because I take it to support who ever have any problem and need any of the resources to solve it. For instance we all feed from my farm, spend from the store and have a room each in my house. Even though I acquired all of those properties, I am just the custodian of those resources but whoever needs them, can have access.

I encounter a lot of problems in accessing some of the resources. For instance, I go to faraway places to sell some of my goods. If you don't have a motor or a bicycle, then you cannot go on those rounds. It is also quite difficult to access loans but I usually use my business and house as collateral to take loans. You see, now that I am older, I am always afraid that I will use my properties as collateral for loans and I may not be able to pay back. You know I cannot afford to lose my house which took me lots of years to build. So it is becoming difficult for me to go for loans even though the banks will give me the loans if I go in.

The most beneficial resource of mine is the store. The reason is that, the store brings me money every day and with this I can take care of my other needs such as my children's school fees and family welfare. Now that I am getting more and frailer, I have decided to channel more of my energy to the store because it is less energy demanding compared to the farm. Because of that, it is the one that is earning me more income. I have a savings account in Yendi where I go to deposit part of my sales while I re-invest the rest into the business. The savings help me a lot because it they regulate my spending pattern. As an elderly person like me, I am faced with some challenges. One of them is that, I am now weak and not able to move to sell in villages and other markets as I used to do. This has reduced by income I get from the store. Another challenge is that I am now a family man and cannot go from community to community and passing the nights there in the name of the selling. I need to see to the well-being of my children and wives and hence my movement is curtailed.

The main cause of my inability to move is the weakness I face as a result of my old age. The second is that, am now a family man who needs to see the well-being of my family and hence cannot travel and leave them as I use too when I was young. I am not able to engage in my business as I used too. Hence the challenges reduce productivity and the income I get from the selling. I used to be able to work actively on my farm and also supervise the farm hands. But now I am not able to visit the farm frequently so many of the farm hands do not do the work properly. This has led to a drastic reduction in the yield I get from the farm. This is why I have decided to put in more efforts in the store which has become my major source of income. One way to overcoming the challenges is that I need support in the business. With regards to that my children who are grown do come to assist me sell during vacations.

I own a store and also have a house which I rent out to get something small to support my family. The main source of my income is from my store, farm and the house I rent out to people. I am self-employed. I get a profit of between 300-400 Ghana cedis a week. And I spend the money by paying my children's fees, feeding my family, our health needs, payment of utility bills among other expenditures. I don't make so much from my business but it's okay, because am able to meet my basic needs with what I get. I don't feel like migrating or leaving to any other place. I am okay here. I belong to some support groups and networks. Here we come together as people of one community to see what we can do to access basic necessities such as water among others in the community. I am also part of the clan called Binalorb and hence we have what we called N-nalog Association.

We seek the welfare of one another in times of funerals, sickness and other social gatherings. I rely mostly on the N-nalorg Association to help me when in need. I do have relations who come to my aid in terms of need but not money. They come to my aid when I have a problem that got to do with my family management. They also come to my aid to assist in cleaning the

house, washing for me as well as cooking (my wives). I don't receive anything from the government. Apart from the above, I don't receive any help from any other person. I have a cordial relationship with members of my community. We do visit one another in our houses to find out how we are faring. We also call on them for communal labour anytime our farm work is getting out of hand. Life in the rural community of this sort is communal. We help one another in terms of difficulties. We see one another as one and when one is in trouble the other should come to his/her aid. That is why we normally call for communal labour when there is too much work for us on the farms. I belong to a group in my church called catholic men confraternity. We are the elders of the church who take core decisions with regards to helping those in need and the church and how men can come to appreciate God better. Health, we become very fragile and easily fall sick.

We also cannot move as we used to, because we are weak. Almost every week, you either have your leg, hand, waist and some part of your body paining you. I will recommend to the government to give the elderly some allowances to live on. This will make life comfortable for them since they no longer do anything due to their old age status. They can depend on what the government pays to them to survive. There is also a period called lean season when the elderly and most people do not have food, during those times; the government can give them maize or sorghum to live on for survival.

Excerpts from other In-depth Interviewees

An elderly participant 64 years from Brengo, had this to say:

'As for money, hmmm! The land we used to farm on, they have taken it back. Now that we farm, they who have collected plots, they have given them to us to take care of, it is on that we farm. However, when they come to take it back, we will have nowhere to farm. With

sickness like this, (diabetes and heart disease) when you are even on health insurance, the hospital will ask you to go and buy medicine. As a result, the ones that they give you are what you come and take; the ones they ask you to buy you leave. So it is a problem. One of my children is in Nkawkaw but I don't know the work he does.

The other one too is working in the gold sector but don't know which one, whether at Kenyase or Nkawkaw I cannot tell. I have not joined any group. It is in the church, even that I could not join the group. I don't have the money to join a group in the church because of the payment of dues. As for assistance, as far as I sit here I don't have any strength, I am an old woman if you give me a little money, I would feed on that. (Laughed) I don't have anyone to help do that.'

An elderly participant 65 years from Beposo added:

'Currently when I wake up, I sweep my room, if there are dishes to be washed I wash them. Besides I know that I'm not that weak and so I don't let myself loose like that and so... yes, I do, and I go and come, all that is like doing exercise. As for money it is for feeding and health and as for my children if I say they neglect me in this wise I'd be lying. I don't spend the money I obtain from the store but rather the sales from the water are what I use when something happens to me or when I have to go to my hometown to attend funerals. I use it for transport to Pokukrom on the Sunyani road. I do have my property in my home town which I rent out to generate a little income. For my worshipping God, every Sunday I do go to church and when it comes to paying my tithe I go to pay. Besides that I am serving my God. Excuse me to say I won't go soliciting help from a fellow human, not at all. I even support my two elderly siblings with the little I get from my children.'

Another participant 86 at Sethokai remarked:

'Hmmm... My view is that as somebody said if there is peace, the dog gets somewhere to sleep. But as we sit here if there is conflict or trouble then... First when the war started I saw a little when the world was not peaceful but when all of it came to an end there was peace in the world. So that is what I want. Sometimes when I listen to the radio they say this and then let's do this for peace to prevail then I tell God to rise up his hand and let peace prevail. For conflict when it comes into a country it is not good. So for me every day when I sleep my prayer is that God should not allow any conflict to exist in this country and when it happens, where shall we take our children and our grandchildren to? Unless in the hands of God and so as for that we plead that there should be peace in the world. Ehhee! during the olden days when there was war and our parents hear, they will shout, ehhyee then you take to the cocoa farm whether we walk on snakes or fall on leaves. But presently we don't even have anywhere to go or hide. Today, there is no village anywhere. Where are you going if there is war as an elder? So it is only God that we shall keep calling upon that peace will prevail.'

Another, 63 years added that:

The problems of the elderly are such that some could be sick, others could be poor. However, when the government supports us such that may be when we go to the hospital for treatment we shall not pay that would be good. There are people who fall sick and die although the sickness involved is not the kind that can kill or that someone may also be sick but the sickness is blood related or blood sickness. It is especially sickness that is the greatest burden of the elderly. So if the government can support us in that regard, then we would not have problems. It is only sickness that when it comes your way you have a problem but if you have any sickness you do not have any problem.

Yet another woman, 67 years added that:

I buy and sell yams to get money to assist my husband take care of the family. When I buy the yams and sell, I make profit save it with susu collectors and rely on it when I do not have money. I buy food and fish and other cooking materials and leave it in the house for my children to cook while I roam looking for yams to buy. With this, they are able to manage and spend less on food as compared to if they were to buy on their own. I rely on the susu collectors when I am in need. The farmers from whom I buy my yams do also help. In the sense, that, they can allow me take their yams to sell and bring the money later. Through this, I make profit and use it to overcome some of my financial challenges. Then my husband, he is not too supportive because I married him when I was quite young so he is way older than I am. So if you consider my age, you can imagine how old he will be. He is frail and cannot contribute much. Besides, he has other wives and takes part of his attention to them leaving only a little piece for my children and I.

Both my husband and I bring resources to take care of the family. The health condition affecting the elderly in this village is hernia, boils and guinea worm. They are not also treated well by their children. They do not give them food that they need to keep them well. They give the old women what they want to give and not what the old women want. If they complain, they blame them that, they like complaining and showing off. I have just been informed of my mother's condition, she feels severe stomach pains. Due to these, the elderly are always stress, think much and this affects their general well-being.

There is a primary school, fertile land, cattle, grinding mill, houses, people, and rivers, among other resources. There is also a road linking the community to other communities.

I have a house, a boarder in the Konkomba yam market, children, and financial resources.

My husband is the head of the family, so he decides how resources should be distributed. You know, my husband helped me with the initial capital that I used to start the yam business, so he has a greater say how we use the money. There are no hospitals in the community where surgical operations can be done. If one is suffering from hernia and such diseases, they have to take them to Bimbilla, Salaga or Yendi for treatment. In this case, transportation, access and finance become serious constrain for the elderly. Just recently, some white people came to this community and took about six people to operate them of hernia. If not because of their interventions those people would have still been with hernia which could end their lives prematurely.

The most beneficial resource that I have is the yam trade, boarder and the house. The yam trade and the yam boarder bring money to me while the house serves as a resting place for my family. I don't have any savings account but saves money with the susu people and some in my trunk and ploughs back some of the money from the sale of yams back to my farm. The burden of women like my type is just too much. I take care of about 10 children of which two are my biological children. My husband had two wives and my colleague died. The onus of therefore befell on me. Now, if you see a student like you in this community, it the mothers who take care of them. This makes me struggle too much coupled with my old age status and its challenges such as general body weakness, waist pains, toothaches among other health conditions. My health condition for instance is in the gene and I inherited it. This is because; my mother has lost all her teeth. My own is just there, I cannot use it to chew anything hard. I should have lost mine too as well but knowing very well the consequence of that, I often seek medications and that has kept them till now. I get stressed out by thinking all the time. I am not able to roam and buy yams as I used too when I was energetic. I also look sick with waist, body pains etc. I need to pay special attention to my health needs. I will also engage in

regular health checks and taking right medication as prescribed by the professionals. We form groups to assist one another, e.g. women support group. I belong to a group of women who save money and discuss how to overcome the challenges of women. I am the founder of the group, I discuss with my colleague women what we could do to overcome challenges that women face and we realized that, we should form a group where our issues could be identified and solutions found. The group also looks at how we can help our children when they are marrying; we donate at these ceremonies and by that help reduce the cost involved in marriage by the couple. I am a member of a women's group in the church. We see ourselves as one and therefore should assist one another when we are in need. I have a cordial relationship with my neighbours of my community. I don't receive anything from the government. I pay for hospital bills when I go to the hospital. Life in the rural community of this sort is communal. We help one another in terms of difficulties. We see one another as one and when one is in trouble the other should come to his/her aid. That is why we normally call for communal way of living.

Majority of people here are farmers with a few in business activities. But we don't have banks to access loans or even the collateral if there were banks to take the loans. The land is losing its fertility faster because, there are a lot of people farming and putting pressure on the land. Health, we become very fragile and easily fall sick. We also cannot move as we use too, because we are weak. Almost every week, you either have your leg, hand, waist and some part of your body paining you. As a result, we cannot engage in farming activities as we used too. Government should stuff the clinic and hospitals with medicines that can treat the sicknesses of the elderly. He should give some allowances to the elderly so they can depend on when they cannot longer farm to feed themselves.

5.2. Discussion

Based on the responses from the in-depth participants, the issue of survival among the rural elderly in Ghana is becoming an important policy issue. As the responses show, most of the elderly in rural communities in Ghana suffer from chronic poverty, live in poor and vulnerable conditions, have poor health, lack of employment opportunities for their children who are supposed to be their caregivers, lack of property inheritance and the present socio-economic conditions that exist today. Further, most of the interviewees lack basic education, which could have given them the opportunity to free themselves from poverty. As a result, many of them are financial incapable to meet their day-to-day needs. All the in-depth interviewees were of the view that the major problem facing the elderly is poor health. According to them, they are plagued with chronic diseases such as diabetes, hypertension, visual impairment hearing problems, malaria etc. Lack of financial resources makes management and treatment of these diseases a problem. Some of the major challenges faced by the participants include medical care, feeding, lack of respect in society and poor management of chronic conditions due to lack of money.

The survival strategies adopted by the respondents include remittances from children and other family members, pension, land property, yields from treasury bills, inheritance, supports from NGOs, susu collections, diabetes associations and Church organisations. Despite all these supports, many of the participants still complained of financial difficulties in meeting their day-to-day needs. Further, almost all the interviewees suggested that the National Health Insurance should cover the treatment of chronic diseases such as diabetes and hypertension, which tend to affect the elderly more. In order to minimise the financial constraints of the elderly, the government should ensure that the LEAP programme is expanded to cover many more people that are elderly.

The responses from the participants revealed that education helps people to be in a better frame of mind to appreciate their own contribution to problems that face the elderly in society. The old idea that ‘we are our brother’s keeper’ is giving way to developing one’s children to be future security and so there is the need to move away from our traditional belief and thinking (especially the Akans) that, our children belong to the wife’s external family therefore their education and economic empowerment is not the concern of their fathers. One of the in-depth participants has some regrets and had this to say: ..

‘I wrongly believed in the Akan idea that your children belong to your spouse’s family and did not train my children well to be my old age insurance. ‘It is difficult attempting to straighten a bend in a tree that had taken years to bend in a very short time’.

This participant advised that children serve as future security and so they must be given the needed attention in terms of care and education.

From a participant’s point of view, old age is associated with witch craft. It becomes worst if you are well to do or you have no children. It is assumed that you have exchanged your children for long life or for money. One of the participants said:

‘People brand me as a ‘Wizard’ and say that I have exchanged my children for long life’.

This was a bit strange because, in the Ghanaian society, women are mostly branded as withes when they are poor or without children. There is therefore the need for public education to disabuse the minds of the public to accept old age as a blessing and not a curse. This way, the witches camp in parts of the country will be abolished.

One of the issues that came out from the participants was isolation and loneliness. Those with family, friends, and community/church associations have a good chance of survival. Associations constitute a safe haven for the elderly in society for socialization. Isolation and loneliness is very stressful. Some suggested that, the state should develop old people's homes to be manned by trained caregivers and the families of the elderly be encouraged to sponsor their elderly family members to such institutions to combat loneliness and isolation.

5.3. Conclusion

This chapter presented some major findings from the in-depth interviews of participants. The responses from the interactions revealed that the elderly in rural Ghana have been continually active in the construction of their livelihoods and survival. Most of them have been able to do so due to access to a number of readily available assets in their extended families, communities or have accumulated in their lifetime. Some of the elderly have been able to combat the impact of poverty in old age by fully engaging in farming activities, small-scale businesses, and inheritance, relying on children and family and from non-governmental organizations. The sustainable livelihood framework is of the view that for rural people to achieve sustainable livelihood outcomes there is the need for them to take centre stage of their own survival. This is also in line with the activity and continuity theories reviewed in the literature. Those theories helped to show that the rural elderly, despite their age still have the capacity to work for their living, as it is the only option since there is no formal social security to cater for their needs. Engaging in such activities, help the elderly a lot to make a living, although various external factors such as failing health and poverty make it difficult for most of them to engage in such activities.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

The previous chapter discussed the data gathered on the research to identify the strategies the rural elderly adopts in coping with the challenges of old age. This chapter presents the summary, conclusions and recommendations of the study.

6.1 Summary of Study

This study aimed at examining the survival strategies of the elderly in rural Ghana and to contribute to the discourse on care of the elderly in Ghana. Specifically, the study sought to understand the dynamics of day-to-day life of the elderly in rural communities, examine the challenges faced by the elderly in their day-to-day life, examine the causes of these challenges as well as factors affecting elderly survival, find out the survival strategies of the rural elderly in the face the challenges, find out how society (social networks) impacts on the survival challenges and examine the welfare implications of the problems of the elderly care in rural Ghana.

Concerning the socio-demography the respondents, this study found that, a larger proportion of the elderly were females. It is often portrayed that females far outnumber their male counterparts. This has even been suggested as a possible explanation for polygyny in African societies so as to give all women the opportunity to be married. A simple search for the gender breakdown, using national Census figures reveals that, while the gap is statistically significant, it is not as wide as often portrayed pedestrianly. As a matter of fact, there are 95 males to 100 females and this shows a closing gap between the sexes, using the 2000

Population and Housing Census. Aside the simple gender distribution, the research has also indicated that females had a higher life expectancy than their male counterparts do. This evidence found expression in the number of male and female respondents that were engaged in the research. A similar confirmation has to do with the rate of divorce and separation, which was the case for about one-tenth of the respondents. This presents social problems like single parenting, lack of companionship in addition to its attendant problems. Related to this is the large sizes of families in rural Ghana where it was found that about 40.0% had between 4-6 children, with some having as high as 13 children. The obvious question is how the rural parent can adequately provide for the needs of these children.

The research found that the number of respondents with formal education was low. The results showed that about 62.9% of the respondents never had formal education. The danger has to do with the likely attitude of these respondents towards the education of their wards where the level of their commitment is always low. This also brings to play the anticipated difficulty in addressing certain social, health and environmental issues since their appreciation of these issues is very weak. Similarly, it also highlights the possible size of the informal sector compared to the formal sector. The problem with this phenomenon is that the more educated the person, the more likely he is to be engaged in the formal sector. With a larger majority in the informal sector, it presents wider social problems of how to capture these people onto formal schemes like Pension, insurance and banking so as to make life a bit convenient in older ages.

The other problem with this large informal sector size relates to how effectively the state can tax them. The constraints in taxing the informal sector has resulted in a situation where the state over-taxes the few (those in the formal sectors) who are captured by the tax net while the state has to provide social services to meet the needs of the larger population.

Based on the first objective, this study found that most of the elderly had deteriorated in their living conditions (activities of daily living). Specifically, while about one-fifth considered their conditions to be normal, majority (80.4%) were not happy with their conditions of daily living. The study found that the elderly in rural areas live in harsh economic conditions. For example, when respondents were asked to indicate whether they are in financial difficulties, all the respondents (100.0%) answered in the affirmative. In as much as financial difficulties may occur any time, the unanimous response given by the respondents is indicative of the extent to which they go through this bitter situation.

This is the case for them because some of the respondents still have responsibilities that ordinarily should not be borne by them. For instance, some of the respondents were still breadwinners of their families. Even for those who are on pension entitlements, their receipts will not be sufficient to adequately meet the needs of a household. In such circumstances, it is the only help from outside that can help salvage the situation. In addition, some of the health challenges experienced by the elderly included body weakness, diabetes and eyesight problems. Others indicated that they were unable to work for long and leading to their low income.

Further, with regards to the causes of the survival challenges faced by the elderly, more than half (51.9%) were of the view that these challenges were due to their age. Other causes included lack of job opportunities in the country and which result in poverty; menopause, difficulty in accessing loan, insecurity, loss of friends and lack of ready market for farm produce. This shows that widespread poverty is a critical challenge in rural areas. With old age and inactivity always known and expected, it can be budgeted for. The problem, as seen by this study was that most people in the rural areas are not involved in any way in formal savings and investments that will provide a strong pillar support during old age. As discussed

in the analysis, as much as 64.40% of respondents indicated that they had no investment or savings. This situation forces them to be continually engage in physical economic activities just to put food on their tables. Moreover, other people (neighbours) also do go for financial assistance from these elderly people. Other minor causes of the survival challenges included smoking and drinking, which not only drain the elderly financially, but also worsen their health status.

This study found that with regards to the survival strategies adopted by the elderly, 31.5% of the elderly got help from spouses, children, relatives, extended family and friends, charitable organisations (NGOs) provide help when necessary. In addition, some of the elderly also depend on God when faced with challenges. For those who retired and moved to the rural communities, they received supports from banks and other financial institutions for loans and for their retirement packages. The study further showed that more than one-third (36.2%) of the elderly did not received support from anyone and they rather turned to God for help.

Community associations and networks were also identified as one crucial sources of support for the elderly. As a coping strategy, some elderly join these associations with the view of obtaining some help in times of need. This was strongly linked to the strategy of seeking support from neighbours. As was seen in the previous chapter, some respondents value their neighbours highly because of the support they receive from these neighbours. However, these ‘good’ neighbours are often in the minority in rural Ghana. It is not surprising therefore, that some respondents indicated that their neighbours rather come to them for assistance or that they know their neighbours are in worse conditions than theirs.

In the face of all these challenges and difficulties, the elderly in rural Ghana still holds optimism about the future thinking that there is a possibility of overcoming the survival

challenges. Most of the respondents were of the view that empowering their children financially is the most viable way to overcoming these challenges.

6.2 Conclusion

The chapter has discussed the key findings of the research with the findings obtained mainly from the direct engagements with the sampled respondents, but with strong foundational support from the theory used and the literature reviewed. This study showed that it is typical of rural communities to have large families in terms of wives and children. Similarly, each person wants to have children he/she can call his/her own. The research also found that the state is not significantly involved in providing old age care for the elderly rural areas. It is only those who used to do formal work and contributed towards pension (Social Security) that seem to receive something from a state agency. All others have to seek alternative sources of help. One's children proved to be the most reliable source of help during old age. Similarly, close relatives also proved very helpful in times of need just as networks and associations in communities offered friendships, advice, financial and social support to their members which also help address the challenges of old age.

Moreover, the research also identified that most people in their old age are reluctant to move or relocate from their present settlements. In cases where they want to, their reasons were connected with joining other family members, having a quiet and serene environment, better accommodation and overcoming the shame in a strange land. It was however found that some respondents wanted to relocate because they had been branded witches and wizards and their only means of having peace was to leave their present communities.

The study also found that survival activities of the elderly require many capital assets, which includes natural, human, physical and financial resources. The life histories of the elderly in

the study communities revealed that the assets the elderly acquired during their active years greatly assist them in old age. This confirms to the life course perspective on ageing which throws light on the fact that events in earlier life do have a bearing on later life. The elderly people who worked to acquire some assets are able to now survive better than those who do not have any assets.

The study found that farming was one of the main survival strategies used by the elderly in rural Ghana due to the difficulties in getting formal work. Majority of the elderly rely on farming as their main survival strategy. Engagement in farming activities by the elderly has helped them to survive. Most of the elderly persons are subsistence farmers, engaged in mixed cropping on a smaller scale. Some of them indicated that they survive by leasing out some of their lands and other physical assets. All these activities have helped the elderly to survive.

Social capital also played an essential role in the survival of the rural elderly. For instance, the study found that social support services in the form of remittances from children, neighbourly support, etc, have assisted the elderly in their survival. This has helped them to get extra income to spend on food, cloths, medicine and transport. Similarly, civil society and NGOs have supported the elderly in difficult times. Some of these supports have been in the form of food, clothing and healthcare, helping the elderly in rural Ghana to escape extreme deprivation. The findings from this study supports the social capital theory in the sense the elderly use different strategies, based on supports from children, other family members, governments and NGOs in meeting their day to day needs.

Another critical issue that the study found was that the elderly persons in the study areas defied the position of the disengagement theory of ageing that says elderly persons withdraw from all their roles and activities to make way for the young and able-bodied. Rather, they

adhered to the positions of the activity and role theories, which proposed that the elderly persons should continually be involved in their different social roles for them to avert poverty in old age. Finally, for the elderly to have successful and active old age there is the need for them to be actively involved in their own survival. With access to various capital assets, the elderly in rural Ghana will be able to engage in survival strategies of their own, which would help them tackle poverty.

6.3 General Recommendations

The research was greatly inspired by a childhood experience with regards to an elderly man pretending to be blind by smearing egg albumen on the lid of the eye and going through the Tamale Central Market begging for alms with an aide. Unfortunately, for him, the egg layers on the eyes peeled off and he was caught as an imposter or a deceitful person extorting money from unsuspecting citizens. In spite of his age, the market women and passers-by subjected him to severe beatings.

A fundamental question is whether such a person will do this kind of thing if he had children who could take care of him. On this basis, the research adds a voice to the loud chorus for parents to take keen interest in the upkeep of their children even though it is increasingly becoming expensive to do so, since the children will be the major source of hope, as the research has shown.

As the study has shown, persons who join networks and associations stand the chance of receiving some form of assistance from the associations. Even when the assistance was not financial or tangible, the companionship and advices offered helped to deal with the problems associated with loneliness. It is recommended that such informal groupings be encouraged

among the elderly but given a redirection so that they can focus on much more important things instead of the traditional concentration on funerals.

6.4 Recommendations for Policy Making (Government)

6.4.1 Improvements in Education

It was realized from the field studies that 62.9% of respondents did not have formal education. It was also seen during the FGD discussion that most participants dropped out of school because their parents died at the early stages of their life. The likelihood is that most of these people will not see the urgent need for them to educate their children. It is for this reason that government has to take a critical position to ensure that every citizen, irrespective of his/her location, has access to quality and affordable education. For example, the Nkrumah administration introduced free and compulsory education in the northern part of the country, which was later expanded to include distribution of free uniforms and exercise books. This and other interventions were to lessen the financial burden that parents and guardians had to shoulder to take their children through school (Ghana Research & Advocacy Programme, 2007).

It is the recommendation of this study that government should, as a matter of urgency pay critical attention to the obstacles to attaining education in rural Ghana. The current interventions like the Capitation Grant, the School Feeding Programme, distribution of free exercised books and uniforms are positive actions, which have to be sustained and rationalised. The introduction of cost-sharing measures in the education sector is intended to provide needed resources that government cannot provide as well as cutting down on public expenditure. It is important to note, however, that there are household that can barely feed

themselves. It will be important, therefore, for government to provide some safety nets to support this category of people, in spite of its cost to the state and the economy.

It is therefore recommended that, government must ensure that every citizen, irrespective of geographical location, has access to quality and affordable education by removing the obstacles to obtaining education in rural areas since this would enhance the capacity of children to take care of their elderly in the future.

6.4.2 Health Care

Significant progress has been made in terms of providing affordable health care service to Ghanaians with the introduction of the National Health Insurance Scheme in 2003. This scheme replaced the Cash and Carry system, which was a great disincentive to attending health centres. The Health Insurance provides for persons to make some minimal contributions so that they will not have to make out-of-pocket payment whenever they visit the health centres and are treated on a category of ailments. In as much as this has helped address the health concerns of most people, the very poor in society are still not covered by any form of health insurance.

This is because they are unable to afford the lump sum registration of at least GH¢ 24.00. As such, the middle class increasingly enjoy the services rendered under the insurance scheme.

Even though the scheme provides for non-payment of subscription by the elderly (70years+), the elderly still have to register to obtain the insurance card. Currently the cost of registration is GH¢ 5.00 which is a disincentive, particularly for the very poor in rural areas.

It is therefore, the recommendation of this research that government should consider providing universal health care for the elderly without demanding registration with the Scheme. A national identification card, which clearly shows the age and date of birth of the

person, should be enough to guarantee the elderly access to healthcare. Alternatively, the scheme can also embark upon a massive registration exercise to give unique ID cards to the elderly so that they would not have to renew their cards yearly as it pertains now. Related to this is the fact that the insurance service in addition to the real healthcare must be decentralized and brought as close as possible, to the potential subscribers.

Presently, a lot seem to be centred in the capitals of the districts and major towns making it difficult for elderly individuals to access their services. Therefore, it is recommended that health care should be brought to the doorsteps of the people, particularly, those in the rural areas. The introduction of CHIPS Compounds has proven to be crucial in extending healthcare. Again, the National Health Insurance should cover the treatment of chronic diseases, such as diabetes and hypertension, which tend to affect the elderly more often.

6.4.3 New Pensions Regime

The study found that only a small percentage of the elderly are on pension benefits. In such cases, the monthly pension proved significant in their quest for survival. The New Pensions Act 2008 (Act 766) was enacted with the basic objective of streamlining pensions and old age security industry and to effectively capture the informal sector unto formal pension schemes. The new regime was launched in 2009 and the National Pensions Regulatory Authority has been established to register trustees to take voluntary contributions from contributors. The reality however is that, nothing much has changed. The focus is still on the formal sector for SSNIT and the private participants registered as Trustee. The Act may therefore succeed in streamlining the pensions industry but will be unable to effectively cover the informal sector. The research also found that monthly social security (pensions) payments to the elderly were

a significant source of help in their survival. In as much as the research is unable to make specific recommendation for reviewing the pensions regime to bring in the informal sector, the researcher is of the view that a comprehensive policy to take care of the elderly will be in the right direction instead of the uncoordinated interventions like LEAP which only provides some meagre financial supports.

6.4.4 Allocations from the District Assembly Common Fund (DACF)

It was noted from the study that government support for the elderly in rural Ghana was woefully inadequate. The immediate representative of the central government at the local level is the District Assemblies. The current legal regime mandates each of the MMDAs to set aside 2.0% of their disbursements from the District Assemblies Common Fund purposely to help the disabled in society. It is the recommendation of this research that special allocations should also be made to cater for the needs of the elderly. Such funds can be disbursed directly to them or given in kind, like organizing free health screening and medication to the elderly, particularly in the rural areas where access to health centres are very limited. This has been provided for in the draft National Ageing Policy yet to receive parliamentary approval. It is therefore recommended that government give the policy urgent attention so that an institutional framework will be provided to care for the elderly. The study acknowledges the challenge of government indebtedness to the DACF. However, a legal provision allocating a percentage of the DACF to old age care will ensure the government puts in place formal structures to assist to the elderly.

6.4.5 Intensification of Family Planning Programmes in the Rural Areas

Large population sizes come with the advantages of a large market size and readily available labour (cheap) for industries, etc. in spite of this; there are serious challenges with the population growth rate in Ghana. Pressure on social amenities, high dependency ratio, unemployment, etc. creates the need for the state to take keen interest in the rate of population growth due to high birth rates. The interventions of the state through the Family Planning Programmes ought to be intensified especially in the rural areas where fertility is also very high.

The research found that average families in the rural areas were between 4 and 6, with some as high as 16. Even when the parents are in the position to foot the bills of their children, the state has a burden to provide social facilities for these kids to enjoy. This puts great stress and strain on the limited social facilities available. The active involvement of the state through education for couples to plan their families will not only help the couples, but will reduce the rate at which the burden of the state will increase. There is the need to strengthen current family planning education with the state providing active support since many of the campaigns are being done by private organisations. This will likely reduce the incidences of the elderly having to care for their young children at a time they should not be bearing such responsibilities.

6.4.6 Employment Opportunities

It is the desire of all well-meaning citizens to obtain decent jobs from which they will survive. The rate of unemployment in Ghana is unfortunately very high that able bodied and willing youth find it difficult to find a decent job that will provide a moderate pay to take care of the utility bills and other needs. The urgent attention of government to address this

problem through educational reforms and other economic interventions is needed now to arrest the situation.

Since it is difficult for many youth to find jobs in the rural areas, they migrate to urban areas in search of jobs and leave their elderly parents behind in the rural communities. There is an urgent need for government to address this problem by creating job opportunities for the youth in the rural areas to enable them stay behind and assist in taking care of the elderly.

6.4.7 NGO Engagement

It was realized in the study that NGOs (HelpAge) are involved in providing direct care to the elderly much more than government is doing. These organizations too have the capacity to reach out to all and sundry. It will be better for the state to actively engage genuine NGOs in some of the programmes it has for the less privileged so that the chunk of resources do not stay in the urban areas or major towns. Government in this case will have to strengthen its supervision and regulation of NGOs to weed out those that have been formed to serve as revenue generation ventures for their founders. Although non-governmental organizations are providing some care for the elderly, it is recommended that the government should complement their efforts in rural areas.

6.4.8 Old age care Policy

It is also recommended that there be a serious debate and subsequent policy on old-age care in Ghana, since nothing of its nature exists in the significant sense. This is important because of the revelations that the support that the elderly get from families/kin is declining by the day. Aboderin & Ogwumike (2005:11) finds that “the West Africa family system no longer affords sufficient protection to many old.”

6.5. Future Research Agenda

The research identified other interesting aspects with regards to old age and care but any adventure in those directions would have rendered the work eclectic or unfocused. It is therefore recommended that future studies can investigate issues like an effective pension's regime that will take care of the entire population in terms of contributions and entitlements as well as how the new Pensions regime addresses the challenges of ageing. The real contribution of religion and social groupings in old age care and comfort is also an interesting possible study issue.

Again, in spite of the study's limitations, the findings highlight patterns and dynamics in aging in contemporary Ghana and thus suggest the need for a national study in order to enhance the empirical base and to better inform policy on the elderly.

6.6. Implications for Social Work Education and Practice

As this study has shown clearly that the elderly face challenges in their daily living, it provides a convincing evidence for social work education to pay more attention to aging as an area of study and specialization. In terms of practice, social workers could educate, advocate, and inform policy makers on the plight of the rural elderly. Also, social workers could serve as brokers to link the rural elderly to social services since the support they receive from their families is thinning. Social workers working in communities could educate people, especially the youth to plan for their own old age.

REFERENCES

- Aboderin, I., & Ogwumike, F. O. (2005). Exploring the Links Between Old Age and Poverty in Anglophone West Africa: Evidence from Nigeria and Ghana. *British Society of Gerontology*, 15(2), 7-15.
- Addo, N. (1972). Urban Population and Employment in Ghana. In S. Ominder, & C. N. Ejiogu (Eds.), *Population Growth and Economic Development in Africa* London: Heineman. pp. 243-252.
- Addo-Adeku, K. (2004). Older People in Ghana. In: K. Addo-Adeku, A. Asiedu, & A. Amedzro (eds.), *The Practice of Adult Education in Ghana*. Accra: Ghana Universities Press.
- Adlakha, A. (1996). *International Brief Population Trends: Ghana*.
- Angel, R. J., & Angel, J. L. (1997). *Who Will Care For Us? Aging and Long-Term Care in Multicultural America*. New York: New York University Press.
- Apt, N. (1991). Ghanaian Youth and Ageing. *Bold (Malta)*, 1, 3-11.
- Apt, N. A. (1992). Trends and Prospects in Africa. *Community Development*, 27(2), 130-139.
- Apt, N. A. (1993). Care of the Elderly in Ghana: An Emerging Issue. *Journal of Cross-Cultural Gerontology*(8), 301-312.
- Apt, N. A. (1994). *The Situation of Elderly Women in Ghana*. New York: United Nations.
- Apt, N. (1995). Ageing in Ghana. In N. A. Apt, F. C. Bester, & M. I. Insley (Eds.), *Effective Response to Ageing in Africa by the Year 2000* (pp. 47-61). Accra: African Gerontological Society Workshop Report.
- Apt, N. A. (1996). *Coping with Old Age in a Changing Africa, Social Change and the Elderly Ghanaian*. Avebury: Aldershot.
- Apt, N. A. (1997). *Ageing in Africa*. Geneva: WHO Ageing and Health Programme.
- Apt, N. A. (1999). Rapid Urbanisation and Living Arrangements of Older People in Africa. *Population Bulletin of the United Nations*(42/43), 288-310.
- Arber, S., & Cinn, J. (1991). *Gender and Later Life: A Sociological Analysis of Resources and Constraints*. London: Sage Publications.
- Ardayfio-Schandorf, E. (1994). Household Headship and Women's Earnings in Ghana. In: Ardayfio-Schandorf, E. (ed), *Family and Development in Ghana*. Accra: Ghana Universities Press.

- Assimeng, M. (1999). *Social Structure of Ghana: A Study of Persistence and Change*. Tema: Ghana Publishing Corporation.
- Asiedu, Addo-Adeku, K. & Amedzro, A.(2004). *The practice of Adult Education in Ghana*. Accra: Institute of Adult Education, University of Ghana.
- Atchley, R. C. (1972). *The Social Forces in Later Life*. Belmont: Wadsworth.
- Atchley, G. A. (1999). *Continuity and Adaptation in Ageing*. Baltimore: The John Hopkins University Press.
- Atim, C., Grey, S., Apoya, P. (2001). *A Survey of Health Financing Schemes in Ghana*. Bethesda: Reformplus.Abt Associates Inc.
- Babbie, E., & Rubin, A. (2007). *Essential Research Methods for Social Work*. Canada: Thomson/Brooks.Cole.
- Babbie, E. & Mouton, J. (2002). *The Practice of Social Research*. Oxford: O.U.P.
- Baer, D. (1976). The Organism as Host. *Human Development*, 19, 87-98.
- Banga, E. H. (1992). Social Changes and Emerging Images of the Elderly in Ghana: Health and Nursing Implications. In A. Akiwumi (Ed.), *Nursing Education for the 21st Century*. Accra: Department of Nursing, University of Ghana.
- Barret, C., Reardon, T. & Patrick, W. (2001). Non-farm income diversification and household livelihood strategies in rural Africa: concepts, dynamics and policy implications. *Food policy*, 26(4), pp 3015-316.
- Barrientos, A., & Lloyd-Sherlock, P. (2003). *Non-Contributory Pensions and Social Protection*. Geneva: ILO.
- Barrientos, A. (2002). Old Age, Poverty and Social Investment. *Journal of International Development*, 14, 1133-1141.
- Barron, M. (1961). *The Aging American*. New York: Crowell.
- Baum, M., & Baum, R. C. (1980). *Growing Old: A Societal Perspective*. Englewoods Cliffs, NJ.: Prentice-Hall.
- Biritwum, R, Mensah G, Yawson A, & Minicuci N. (2013). Study on Global Ageing and adult health (SAGE) Wave 1: the Ghana national report. Geneva: World Health Organization.
- Brown, C. K. (1990). *Aging and Old Age in Ghana*. Tampa: International Exchange Center on Gerontology.
- Brown, C. K. (1999). *Caring for the Elderly: Perspective from Ghana and Japan*. Catholic Mission Press.

- Burke, J. R., & Onwuebuozie, A. J. (2004). Mixed Methods: A Research Paradigm; Whose Time Has Come. *Educational Researcher*, 33(7), 14-26.
- Busse, M. (2007). *Does More Aid to Africa lead to Good Governance?* Hamburg: HWWI.
- Calasanti, T. M., & Anna, M. Z. (1993). A Socialist Feminist Approach to Aging: Embracing Diversity. *Journal of Aging Studies*, 7, 117-31.
- Calasanti, T., Selvin, K., & King, N. (2006). Ageism and Feminism: From "Et Cetera" to Centre. *NWSA Journal*, 1, 13-30.
- Caldwell, J. (1976). Migration and Urbanisation. *Population and Development Review*; 2:pp321 -366
- Case, A., & Deaton, A. (1998). Large Cash Transfers to the Elderly in South Africa. *The Economic Journal*, 108, 1330-1361.
- Collier, P. (2007). *The Bottom Billion: Why the Poorest Countries are Failing and What can be Done*. New York: Oxford University Press.
- Cottrell, L. S. (1942). The Adjustment of the Individual to his Age and Sex Roles. *American Sociological Review* 7:617-620.
- Coward, R. T. (1985). Delivering health and human services to the elderly in rural society. In: Coward RT, Lee GR, (eds.). *The Elderly in Rural Society: Every Fourth Elder*. New York: Springer
- Cumming, E., & Henry, W. F. (1961). A Formal Statement of Disengagement Theory. In E. Cumming, & W. F. Henry,(eds). *Growing Old: The Process of Disengagement*. New York: Basic Books.
- Creswell, J. W., Fetters, M. D., Clark, V. L. P., & Morales, A. (2009). Mixed methods intervention trials. In: Andrew S, Halcomb E (eds). *Mixed methods research for nursing and the health sciences*. London: Blackwell Publishing Ltd.
- Darkwa, O. (1997). Retirement Policies and Economic Security for Older People in Africa. *Southern African Journal of Gerontology*, 6(2), 32-36.
- Derricourt, N., & Miller, C. (1992). Empowering Older People: An Urgent Task in an Ageing World. *Community Development Journal*, 27(2), 117-121.
- Engman, E. (1986). *Population of Ghana: 1850-1960*. Accra: Ghana Universities Press.
- Fitch, V. L., & Slivinske, L. R. (1989). Situational Perceptions of Control in the Aged. In P. S. Fry (ed.), *Psychological Perspectives of Helplessness and Control in the Elderly*. Amsterdam: North Holland. pp. 155-185.

- Fry, P. S. (1992). Major social theories of aging and their implications for counselling concepts, and practice: A critical review. *The Counseling Psychologist*, 20(21), 246-329.
- Ghana Research & Advocacy Programme (2007). *Project completion report incorporating: G-rap 2007 annual progress report*. GOG.
- Ghana Statistical Service. (2000). *Population and Housing Census: Summary Report*, Accra: GOG.
- Ghana Statistical Service. (2012). *Population and Housing Census: Summary Report of Final Results*. Accra: Ghana Statistical Service.
- Ghana Statistical Service. (2013). *Population and Housing Census: Summary Report of Final Results*. Accra: Ghana Statistical Service.
- Ghana Core Welfare Indicators Questionnaire Survey (2003). GOG.
- Glascock, A., & Feinman, S. (1981). Social Asset or Social Burden: An Analysis of the Treatment for the Aged in Non-Industrial Societies. In: C. Fry (Ed.), *Dimensions: Aging, Culture and Health*. New York: Praeger.
- Glasgow, N. (1988). *The Nonmetro Elderly: Economic and Demographic Status (RDRR-70)*. Washington, DC.: U.S Department of Agriculture.
- Glasgow, N. (1993). Poverty Among Rural Elders: Trends, Context, and Directions for Policy. *Journal of Applied Gerontology*, 12, 302-319.
- Gorman, N. (2002). Development and the Rights of Older People. In: H. A. International, *The Ageing and Development Report*. London: Help Age International.
- Gubrium, J. (1972). *The Myth of the Golden Years*. Springfield, IL: Thomas.
- Gyekye, K. (1998). *African Cultural Values. An Introduction for Senior Secondary Schools*. Accra: Sankofa Publishing Co. Ltd.
- Grunfest, E. (1995). *Hydro Meteorological, Impacts and Management of Extreme Floods (Paper presented at a Workshop on Long term impacts of extreme floods at the University of Colorado in November, 1995)*. Colorado Springs.
- Hal, L. K., H., A., & Larry, C. C. (eds.). (1992). *Family Support for the Elderly*. Oxford: Oxford University Press.
- Hashimoto, A., H. L., Kendig., & L. C. Coppard (1992). Family Support for the Elderly in International Perspective. In: H. L. Kendig, H. A., & L. C. Coppard, (eds). *Family Support for the Elderly: The International Experience*. New York: Oxford University Press. Pp. 293-308.

- Havinghurst, R. J., Neugarten, B. L., & Tobin, S. S. (1968). Disengagement and Patterns of Ageing. In B. L. Neugarten (Ed.), *Middle Age and Aging*. Chicago: Chicago University Press. Pp. 161-172.
- Help Age International. (2003). *Population Ageing and Development: New Strategies for Social Protection*. London: HelpAge International.
- Hendericks, C., & Hendericks, S. (1986). A Theory and Methods of Love. *Journal of Personality and Social Psychology*, 50, 392-402.
- Heyl, J. (2007). Constraining white dwarf kicks in globular clusters. *Monthly notices of the Royal Astronomical Society: Letters*, 381(1), 70-73.
- Hochschild, A. (1975). Disengagement Theory: A Critique and Proposal. *American Sociological Review*, 40, 553-569.
- Hutchison, E. D. (2011). *Dimensions of human behaviour: The changing life course*. London: Sage publications.
- Household Survey, (2008). Institute of Statistical, Social and Economic Research, University of Ghana, Legon.
- Johnson, R. W., & Mommaerts, C. (2011). Age Differences in Job Loss. Job Search and Reemployment, Washington DC: The Urban Institute.
- Kendig, H. A., & Coppard, L. C. (1992). *Family Support for the Elderly: The International Experience* (pp.293-308). New York: Oxford University Press.
- Kimmel, D. (1974). *Adulthood and Ageing: An Interdisciplinary Development View*. Toronto: John Wiley & Sons, Inc.
- Kludze, A. (1988). Formal and Informal Social Security in Ghana. In E. e. Beckman (Ed.), *Between Kinship and the State: Social Security and the Law in Developing Countries* (pp. 187-209). Holland: Floris Publication.
- Krekula, c. (2007). The Intersection of Age and Gender. Reworking Gender Theory and Socio Gerontology. *Current Sociology*, 55(2), 155-171.
- Krampen, G. (1988). Toward an Action-Theoretical Model of Personality. *European Journal of Personality*, 2, 39-55.
- Kutner, B. (1962). The Social Nature of Aging. *The Gerontologist*, 2, 9.
- Lalonde, M. (1974). *A New Perspective on the Health of Canadians*. Ottawa, ON: Canadian Federal Government.
- Lawton, M. P. (1980). *Environment and Ageing*. Belmont, CA: Brookes-Cole.
- Lee, G., & Lassey, M. (1980). Rural-Urban Differences among the Elderly: Economic, Social and Subjective Factors. *Journal of Social Social Issues*, 62-71.

- Mba, C. J. (2004a). Older Persons of Ghana. *Bold*, 15(1), 14-18.
- Mba, C. J. (2004b). Population Ageing and Poverty in Rural Ghana. *Union for African Population Science African Conference on Ageing*. Johannesburg.
- Mba, C. (2010). Population Ageing in Ghana: Research Gaps and the Way Forward. *Journal of Aging Research*.
- Mbamaonyekwu, C. J. (2001a). The Ageing of Africa's Population. *BOLD Quarterly Journal of the International Institute on Ageing*, 11(4), 2-7.
- McLaughlin, D., & Jensen, L. (1993). Poverty Among Older Americans: The Plight of Nonmetropolitan Elders. *Journal of Gerontology*, 48, 544-54.
- Mujahid, G. (2006). Population Aging in East and South-East Asia, 1950-2050: Implications for Elderly Care. *Asia-Pacific Population Journal*, 21(2).
- Muruviwa, A. (2011). Livelihood strategies of the aged people in Mubaira community, Zimbabwe. Unpublished dissertation. University of Fort Hare.
- Nabila, J. (1986). Rural Urban Migration and Its Implications for Rural Development in Rural Ghana. In C. Brown, *Rural Development in Ghana*. Accra: Ghana Universities Press.
- National Academy of Aging. (1999). *Chronic Conditions: A Challenge for the 21st Century*. Washington, DC: National Academy on an Aging Society.
- National Ageing Policy (2010). Ageing with security and dignity: *Government of Ghana; Ministry of Employment and Social Welfare*, Accra.
- Nukunya, G. (1992). *Tradition and Change in Ghana: An Introduction to Sociology*. Accra: Ghana Universities Press.
- Nyagura, A. C., Hampson, J., Adamchak, D., Wilson, A. O., (1994). Family support for the elderly in Zimbabwe. *Southern Africa Journal of Gerontology*, 3(1), 22-36.
- Ochberg, F., Zarcone, V., & Hamburg, D. (1972). Symposium on Institutionalism. *Comprehensive Psychiatry*, 13, 91-104.
- Ofori, R., & Dampson, D. G. (2011). *Research methods & Statistics using SPSS*. Payless Publications. Amakom-Kumasi, Ghana.
- Olsson, E., & Ingvad, B. (2001). The Emotional Climate of Care-Giving in Home Care Services. *Health & Social Care in the Community*, 9(6), 454-463.
- Patton MQ (2002) Patton MQ (2002) *Quantitative Research and Qualitative Research and evaluation methods*. Third edition. Sage Publications, United States.
- Peck, A. (1966). Psychotherapy of the Aged. *Journal of the American Geriatrics Society*, 14, 748-753.

- Phillips, R. D., (2008). Informal support and older persons' psychological well-being in Hong-Kong. *Journal of Cross Cultural Gerontology*, 24, 39-55.
- Phillipson, C. (1998). Challenging dependency: *Towards a new social work with older people*. In: Langan, M and Lee, P. (Eds) *Racial social work today*. London: Unwin Hyman.
- Quadagno, J. (2002). *Ageing and the Life Course: An Introduction to Social Gerontology* (2 ed.).
- Ramashala, M. (2001). Living Arrangements, Poverty and Health of Older Persons in Africa. *Population Bulletin of the United Nations*(42/43), 360-375.
- Rosow, I. (1967). *Social Integration of the Aged*. New York: Free Press.
- Rowles, G., & Johanson, H. (1993). Elderly Poverty in Rural Appalachia. *Journal of Applied Gerontology*, 12(3), 349-367.
- Sarantakos, S. (2005). *Social Research*. 2nd edition, Palgrave Macmillan Hampshire.
- Schatz, F., & Ogunmefun, C. (2007). Caring and Contributing: The Role of Older Women in Rural South African Multi-generational Households in the HIV/AIDs Era. *World Development*, 35(8), 1390-1403.
- Scoones, I. (1998). Sustainable Rural Livelihoods: A Framework for Analysis. *IDS Working paper, No.(72)*.
- Scoones, C, (2000). *Rural livelihood and diversity in developing countries*. New York: Frank Allis.
- Sidell, M. (1993). Health Issues and the Older Woman. In M. Bernard, & K. Meade (Eds.), *Women Come of Age: Perspectives on the Lives of Older Women* London: Edward Arnold. Pp. 63-84.
- Sidloyi, S. (2010). *Survival Strategies of Elderly Women in Female-Headed Households*. Unpublished dissertation. University of Pretoria.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- Stucki, B. (1992). The Long Voyage Home: Return Migration Among Ageing Cocoa Farmers of Ghana. *Journal of cross cultural Gerontology*, 7, 363-378.
- Suitor, J.J., Karl, P., Shirley, K., & Robertson, J. (1995). Aged Parents and Ageing Children: Determinants of Relationship Quality. In R. Blieszner, & V. H. Bedford (Eds.), *Handbook of Ageing and the Family* (pp. 223-42). Westport, CT: Greenwood Press.

- Sullivan, L., Meschede, T., & Shapiro, T. (2009). *Living longer on less in Massachusetts: The new economic (in) security of seniors*. The Institute on Assets and Social Policy, Heller School, Brandeis University and Demos, New York.
- Tashakkori, A., & Teddie, C. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches*. Thousands Oaks, CA: Sage.
- Teddie, C., & Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Methods Research, 1*, 77-100.
- Titmus, C. (1989). *Lifelong education for adults: An international handbook*. London: Pergamon press.
- Tonah, S. (1993). *The Development of Agro-Pastoral Households in Northern Ghana (Biefeled Studies on the Sociology of Development, 56)*. Breitenbach: Saarbrucken.
- Tonah, S. (Ed.). (2009). *Contemporary Social Problems in Ghana*. Accra: Department of Sociology, University of Ghana.
- Turner, B. (1989). Aging, Status Politics and Sociological Theory. *The British Journal of Sociology, 40*(4), 588-606.
- Twumasi, P. (1975). *Medical Systems in Ghana*. Tema: Ghana Publishing Corporation.
- United Nations. (1982). *World Assembly on Ageing*, Vienna.
- United Nations. (1988). *GA 8 December 1988 Resolution 43/93 Implementation of the International Plan of Action of Ageing and Related Activities*. New York: Department of Economic and Social Affairs.
- United Nations. (2001a). *World Population Prospects, The 2000 Revision Highlights*. New York: Population Division, Dept of Economic and Social Affairs ESA/P/WP 165.
- United Nations (2002). *Political declaration and Madrid International Plan of Action on Ageing*. Second world assembly on ageing, Madrid, Spain. New York, 2002.
- United Nations. (2002). *Enhancing Social Protection and reducing vulnerability in a globalising world*. Washington DC: United Nations Economic and Social Council.
- United Nations. (2007b). *World Population Prospects (2006 Revision)*. New York: DESA.
- United Nations Development Programme. (2010). *Human Development Report 2010. The Real Wealth of Nations. Pathways to Human Development*. New York: UNDP.
- United Nations. (2011). *Monitoring global population trends*. New York: DESA.
- United Nations (2013). *World mortality report*. New York: DESA.
- U.S. Bureau of the Census. (1996a). *Current Population Reports, Special Studies*. Washington D.C.: US Government Printing Press.

- Van Der Geest, S. (1997b). Money and Respect: The Changing Value of Old Age in Rural Ghana. *Africa*, 67(4), 534-59.
- Van Der Geest, S. (1998). Yebisa wo Fie: Growing old and Building a House in the Akan Culture of Ghana. *Journal of Cross-Cultural Gerontology*, 13, 333-359.
- Van der Geest, S. (2001). "No strength": Sex and old age in a rural town in Ghana. *Social Science & Medicine*, 53(10), 1383-1396.
- Van der Geest, S. (2002). Introduction: Ethnocentrism and Medical Anthropology. In S. Van der Geest, & R. Reis (Eds.), *Ethnocentrism: Reflections on Medical Anthropology* (pp. 1-23). Amsterdam: Aksant.
- Vatuk, S. (1980). Withdrawal and Disengagement as a Cultural Response to Aging. In: *Aging in Culture and Society: Comparative Viewpoints and Strategies*. New York: Praeger. Pp. 126-148.
- Victor, C. (1994). *Old Age in Modern Society: A Textbook of Social Gerontology*. London: Chapman & Hall.
- Wacker, & Roberto. (2008). In Hutchison, E. D. (2011). *Dimensions of human behaviour: The changing life course*. London: Sage publications.
- World Bank. (1993). *Ageing in Developing Countries*. Washington, DC: World Bank.
- World Health Organization (2006). *Constitution of the World Health Organization*. Geneva: Switzerland.
- Wright, J. D. (1998). *Beside the Golden Door, Policy, Politics and Homelessness*. New York: Asdine De Gruyter.
- Zastrow, C. (2004). *Introduction to Social Work and Social Welfare: Empowering People*. Thomson, Brooks, & Cole. (eds.). Canada.

APPENDICES**Appendix 1 Questionnaire for face-to-face interview**

SOCIAL WORK DEPARTMENT

UNIVERSITY OF GHANA, LEGON

QUESTIONNAIRE

This Interview is designed to solicit opinion(s) on the issue of **Survival strategies of the Aged in rural Ghana**. It is a research work is being carried out by a PHD student of the above Department of the University of Ghana. Six rural communities within Ashanti, Central and Northern regions have been randomly selected for the study. You are kindly requested to provide answers to enable the researcher contribute to knowledge in the field of study. Kindly be assured that your response(s) would be treated with utmost confidentiality. Please remember participation in the study is voluntary. This means that no one is forced to take part in the study. Should you wish to withdraw from the study, please feel free to do so.

Thank you.

SECTION A: PERSONAL INFORMATION OF RESPONDENTS

1. Age:
2. Sex: Male () Female: ()
3. Marital Status: Married () Single () Divorced () Separated () Widowed ()
4. Is your spouse living with you? Yes () No ()
5. Do you have children? Yes () No ()
6. If yes, how many are your children?
7. Do they live with you? Yes () No ()
8. Are your children working? Yes () No ()
9. Did you have formal education? Yes () No ()
10. If yes, what was your level?
 - Middle/Elementary ()
 - Secondary/commercial ()
 - Polytechnic/training college ()
 - Tertiary ()
 - Other, specify.....

11. Occupation/employment:

- Farmer ()
- Artisan ()
- Civil servant ()
- Public servant ()
- Educationist ()
- Other, specify.....

12. How has your household socio-economic status been?

.....
.....
.....
.....
.....

13. Who do you usually turn to for help when you are in difficulty?

.....
.....
.....
.....

14. Are you the breadwinner in your household?

.....
.....
.....
.....

15. How would you describe your health?

.....
.....
.....
.....
.....

SECTION B: RESOURCES AND ASSETS

16. What are the resources (including natural, economic, human and social capitals) available in your community?

- i.
- ii.
- iii.
- iv.
- v.

18 How many of these resources do you owe?

- i.
- ii.
- iii.
- iv.
- v.

19. How is access to these resources distributed among your households?

- i.
- ii.
- iii.

20. Are there any problems that you encounter in trying to access these resources?

Yes. () No. ()

21. Among the resources that you own, which ones are the most beneficial to you and if so why?

.....
.....

22. What are the specific assets that you rely on for your day to day living?

.....
.....

23. Do you have any savings or investments?

Yes. () No. ()

SECTION C: CHALLENGES/PROBLEMS

24. What are some of the challenges/problems that you face as an aged person?

.....
.....
.....
.....
.....

25. What do you think can be the causes of these challenges/problems?

.....
.....
.....

26. To what extent are these challenges/problems affecting you as an aged person?

.....
.....
.....

27. In your own view do you think these challenges/problems can be overcome?

Yes. () No. ()

28. If yes, how can it be overcome?

.....
.....

29. If no, why not?

.....
.....

30. Are there any challenges/problems faced that have/have had an effect on your survival?

.....
.....
.....
.....

SECTION D: SURVIVAL ACTIVITIES/STRATEGIES

31. What kinds of activity are you engaged in that ensure your survival?

.....
.....
.....

32. What is your main source of income?

.....
.....
.....

33. Are you in any employment?

Yes. () No. ()

34. If yes, are you a casual or a permanent worker?

.....
.....

35. What is your weekly, monthly, or annual income?

.....
.....

36. How do you normally spend your income?

.....
.....
.....

37. Do you think you are getting enough from your current employment?

Yes. () No. ()

38. Besides working, are there any activities that you do that give you extra income?

Yes. () No. ()

39. Do you think of leaving your current place of residence to another?

Yes. () No. ()

40. If the above answer is yes, why would you want to leave your community?

.....
.....
.....

41. Do you think migrating to another place would solve all the problems you are facing?

Yes. () No. ()

42. If yes, how and why?

.....
.....
.....

43. If you are to move away from your community, will you be moving locally, regionally or internationally?

44. Is there any other comment you want to make about the whole issue on your survival?

SECTION E: SOCIAL NETWORKS AND SUPPORT GROUPS

45. Are you part of any formal or informal group, association, and network?

Yes () No ()

46. If the above answer is yes, which networks or groups do you typically rely on to resolve issues of daily life?

- i. Church groups
- ii. Clubs
- iii. Settlers groups
- iv. Welfare groups
- v. Women's/Men's fellowship
- vi. Traditional council
- vii. Associations
- viii. Committees
- ix. Co-operative farmers associations

47. Of what help do these networks or association help you as an aged person?

.....
.....

48. Besides your own effort that you put to make a living, is there any help you are getting?

Yes () No ()

49. If yes, who is helping you and how?

.....
.....
.....

50. Do you have any relatives or family members who support you and in what forms?

.....
.....
.....

51. Is there any assistance that you receive from the Government?

Yes () No ()

If yes, in what ways and how is the assistance helping you?

.....
.....
.....
.....

52. Besides the family, relatives and government is there any help that you receive from other people or organisations?

Yes () No. ()

53. Has the support been beneficial to you?

Yes. () No. ()

54. Are you part of any income generating activity in your community? (If yes, what initiative is this?)

.....
.....
.....

55. How would you describe your relationship with your neighbours?

.....
.....
.....

56. Do you go to them for help when you need help?

Yes () No ()

57. Do they also come to you for help?

Yes () No ()

58. What do you think need to be done both at local level and national level to ensure that aged people attain a sustainable standard of living?

.....
.....
.....
.....

59. What are the pressing needs that you have as an aged person which need to be urgently addressed?

.....
.....
.....
.....

This Interview is designed to solicit opinion(s) on the issue of **Survival strategies of the Aged in rural Ghana**. It is a research work is being carried out by a PHD student of the above Department of the University of Ghana. Six rural communities within Ashanti, Central and Northern regions have been randomly selected for the study. You are kindly requested to provide answers to enable the researcher contribute to knowledge in the field of study. Kindly be assured that your response(s) would be treated with utmost confidentiality. Please remember participation in the study is voluntary. This means that no one is forced to take part in the study. Should you wish to withdraw from the study, please feel free to do so.

Thank you.

QUESTIONNAIRE FOR SUPPORTING ORGANIZATIONS

1. Respondent : Male () Female: ()

2. Status.....

3. What is the name of your organisation/support group?

.....
.....
.....
.....

4. What are the main policy issues you have for aged people?

.....
.....
.....
.....

5. What are the main duties of your organisations?

.....
.....
.....
.....

6. What are some of the essential services that you offer to the aged people?

.....
.....

.....
.....

7. For how long have you been offering services to the aged people?

.....
.....
.....
.....

8. Of what value and benefit are your services to the aged?

.....
.....
.....
.....
.....

9. What are some of the challenges that you face in rendering services to the aged people?

.....
.....
.....
.....
.....

10. Are there any strategies in place to ensure that you overcome these challenges and offer the best services to the aged people?

.....
.....
.....
.....
.....

Appendix 2 Interview Guide

SOCIAL WORK DEPARTMENT

UNIVERSITY OF GHANA, LEGON

INTERVIEW SCHEDULE

This Interview is designed to solicit opinion(s) on the issue of **Survival strategies of the Aged in rural Ghana**. It is a research work is being carried out by a PHD student of the above Department of the University of Ghana. Six rural communities within Ashanti, Central and Northern regions have been randomly selected for the study. You are kindly requested to provide answers to enable the researcher contribute to knowledge in the field of study. Kindly be assured that your response(s) would be treated with utmost confidentiality. Please remember participation in the study is voluntary. This means that no one is forced to take part in the study. Should you wish to withdraw from the study, please feel free to do so.

Thank you.

IN-DEPTH INTERVIEW QUESTIONS

F) Personal Information of respondents

- What is your name?
- How old are you?
- Did you have formal education?
- What job did you do?
- Do you have a spouse? (probe to get details)
- Where is your spouse now?
- How many are your children?
- Do they live with you?
- Are your children still in school or working?
- Do you ever face financial crisis in your household?
- Who do you usually turn to for help when you are in difficulty?
- Who is the breadwinner in your household?
- How would you describe your health?

G) Resources and Assets

- iv. What are the resources (including natural, economic, human and social capitals) available in your community?
- v. How many of these resources do you owe?
- vi. How is access to these resources distributed among households and groups?
- vii. Are there any problems that you encounter in trying to access these resources?
- viii. Among the resources that you own, which ones are the most beneficial to you and if so why?
- ix. What are the specific assets that you rely on for your day-to-day living?
- x. Do you have any savings or investments?

H) Challenges/problems

- What are some of the challenges/problems that you face as an aged person?
- What do you think can be the causes of these challenges/problems?
- To what extent are these challenges/problems affecting you as an aged person?
- In your own view, do you think these challenges/problems can be overcome?
- Are there any challenges/problems faced that have/have had an effect on your survival?
- Can you give an account of the various challenges you have been facing as an aged person

I) Survival Activities/Strategies

- Which kind of activities are you engaged in that ensure your survival?
- What is your main source of income?
- Are you employed?
- If yes, are you a casual labourer or a permanent worker?
- What is your weekly, monthly, or annual income?
- How do you normally spend your income?
- Do you think you are getting enough from your current employment?
- Besides working are there any activities that you do that give you an income?
- Do you think of leaving your current place of residence to another?. If yes, why would you want to leave your community?
- Do you think migrating to another place would solve all the problems you are facing?
- If you are to move away from your community, will you be moving locally, regionally or internationally?
- Will you consider coming back or you will go for good?
- Is there any other comment you want to make about the whole issue on your survival?

J) Social Networks and Support Groups

- Are you part of any formal or informal group, association, and network?
- If the above answer is yes which networks or groups do you typically rely on to resolve issues of daily life?
- Of what help do these networks or association help you as an aged person?
- Besides your own effort that you put to make a living, is there any help you are getting?
- If yes, who is helping you and how?
- Do you have any relatives or family members who support you and in what forms?
- Is there any assistance that you receive from the Government? If yes, in what ways and how is the assistance helping you?
- Besides the family, relatives and government is there any help that you receive from other people or organisations?
- Has the support been beneficial to you?
- Are you part of any income generating activity in your community? (If yes, what initiative is this?)
- How would you describe your relationship with your neighbours?
- Do you go to them for help when you need help?
- Do they also come to you for help?
- Tell me more about life in the rural community
- Do you belong to any religious organization?

K) Pressing needs of aged people

- What do you think need to be done at both local and national levels to ensure that aged people attain a sustainable standard of living?
- What are the pressing needs that you have as an aged person which need to be urgently addressed?

Adapted from (Muruviwa, 2011)