University of Ghana http://ugspace.ug.edu.gh

UNIVERSITY OF GHANA

COLLEGE OF HUMANITIES

RELIGION AND SPIRITUALITY IN THE LIVES OF THE AGED IN DORMAA TRADITIONAL AREA

BY

KINGSLEY BORKOR

(10805555)

THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MPHIL IN STUDY OF RELIGION DEGREE

SEPTEMBER, 2021

University of Ghana http://ugspace.ug.edu.gh

DECLARATION

I, Kingsley Borkor declare that this thesis is the result of research undertaken under the supervision of Dr. Harry L.K Agbanu and Dr. Lawrence Boakye towards the award of MPHIL in study of Religion degree, University of Ghana, Legon.

I further declare that this work has never been submitted, in part or in whole, to any institution or examining body and other works cited have been duly acknowledged.

24/09/2021

KINGSLEY BORKOR DATE

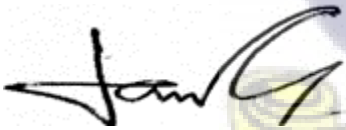
(STUDENT)

24/09/2021

DR. HARRY L.K. AGBANU

DATE

(SUPERVISOR)



24/09/2021

DR. LAWRENCE BOAKYE DATE

(SUPERVISOR)

University of Ghana http://ugspace.ug.edu.gh

DEDICATION

I dedicate this research with deep gratitude to my family, especially my mother Emma Ameyaa who I owe this achievement to, for her prayers, encouragement and financial support.

University of Ghana http://ugspace.ug.edu.gh

ACKNOWLEDGEMENTS

First of all, I want to thank God for the grace he bestowed upon me throughout my study period. His love, care and guidance are what has brought me this far. Without God Almighty this would not have been achieved. I am so grateful to God.

I am particularly grateful to my Supervisors, Dr Harry L. K. Agbanu and Dr. Lawrence Boakye for their valuable time and effort given to me.

Furthermore, I express my profound gratitude to Dr. Godson Ahortor who served as my language expert and guide, and for critiquing the work and helping to providing the missing links which have shaped up the work done, God richly bless you for all the efforts you have put in this work. Your encouragement and constructive criticisms have yielded much result. I am very grateful.

And all the lecturers of the Department for the Study of Religions, and colleagues who played a part for the realization of this work, I say thank you all.

University of Ghana http://ugspace.ug.edu.gh

ABSTRACT

All over the world the aged are considered an important category class of people. Studies into aging issues vary around the world, based on location, culture, or religion. In Ghanaian experience, the aged are very important irrespective of one's religion and spirituality. The concept of religion and spirituality in aging is gaining recognition as an approach to better understand the lives of older adults throughout the world. There is evidence that religiosity and spirituality are among such factors. Older people tend to have high rates of involvement in religious and spiritual endeavours, and it is possible that population aging will be associated with increasing prevalence of religious and spiritual activity worldwide. Therefore, an understanding of the role of religion and spirituality in the health of older adults is needed to better treat and work with such populations so that they can prepare themselves long in advance to respond to the challenges of old age. Older adults can age gracefully if they learn new ways to build community, find spiritual and cultural interests, and continue to work for as long as they can render service, even if limited.

This study used qualitative research and employed a case study method for the Dormaa people of Bono Region of Ghana. The researcher used a qualitative approach because it provides an in-depth understanding of the day-to-day situations or experiences of the participants in their geographical and sociocultural settings. Data was also collected using both primary and secondary sources of data collection.

The objectives were to explore the role of religion and spirituality in the life of the aged among the Dormaa people and how it affected the quality of life of the aged. It was also to Identify the religio-cultural practices that are relevant to the enhancement of the aged life in contemporary times. Findings revealed that popular conceptualisations of aging, solid fundamental truth among cultures in Africa, and the richness of traditional practices were all found to be contributory factors to aging well and successful. Further, reconciliation in old age, companionship, the concept of community and family life, protection of indigenous knowledge systems, and old age security were some of the few recommendations the study suggested should be encouraged in order to tackle the problems identified by the study.

University of Ghana http://ugspace.ug.edu.gh

TABLE OF CONTENT

Title Page	i
Declaration	ii
Dedication	iii
Acknowledgement	iv
Abstract	v
Table of contents	vi
Chapter 1: General Introduction	1
1.0 Background to the Study	1
1.1 Statement of the Problem	4
1.2 Aims and Objectives	5
1.3 Research Questions	6
1.4 Scope of the Study	6
1.5 Theoretical Framework	7
1.6 Methodology and Methods of Data Collection	9
1.6.1 Target population	10
1.6.2 Participants Information	10
1.7 Literature Review	12
1.8 Significance of Study	39
1.9 Organization of Work	40

University of Ghana http://ugspace.ug.edu.gh

Chapter 2: The Generic Conceptions of Aging in Contemporary World 41

2.0 Introduction 41

2.1 Global aging and issues 45

2.2 Emerging health and social trends of aging 47

2.3 Aging situation in Ghana: the changing perspectives 49

2.4 Conceptions of Aging 51

2.4.1 Theology and religious dimensions of aging 54

2.4.1.1 Christian Perspective (Philo and the Fifth Commandment) 55

2.4.1.2 Islamic Perspective on Aging (Older People in Quran and Older People in the Hadiths) 56

Chapter 3: Religion and Spirituality in the Life of the Aged among the Dormaa People

3.0 introduction 61

3.1 Profile of Dormaa 61

3.2 Socio-economic conditions of the aged 62

3.2.1. The aged in contemporary Dormaa Society 63

3.2.2 Social and economic circumstances facing the elderly in Dormaa 65

3.3 Aging from the cultural point of view 72

3.3.1 African cultures and aging 72

3.3.2 The traditional concepts of aging and the elderly care in Dormaa 75

3.3.3 Modern trends in Ghana 82

3.4 Relevant religio-cultural practices in the aging process in Dormaa traditional area 84

3.4.1 The role of traditional music/song 84

University of Ghana http://ugspace.ug.edu.gh

3.4.2 The role of traditional medicine and food 88

3.4.3 The manifestation of rituals and Faith 93

3.4.4 Aging related Morality and Communitarianism 98

3.4.5 Lifetime Companionship and Childbearing 101

Chapter 4: The Life of the Aged in Contemporary Dormaa Society 106

4.0 Introduction 106

4.1 Youth attitudes and perspectives towards the aged in contemporary times 106

4.2 Contemporary involvement of the aged in religious and spiritual activities in Dormaa 110

4.3 Support systems for the aged 115

4.3.1 Formal Support systems 116

4.3.1.1 Social Security and National Insurance Trust 116

4.3.1.2 Livelihood Empowerment Against Poverty (LEAP) 117

4.3.1.3 National Health Insurance Scheme (NHIS) 119

4.3.2. Informal support systems 121

4.3.2.1 Family and friends 121

4.3.2.2 Social network support 123

4.4 Coping with old age: the Dormaa cultural context 126

4.4.1 Relying on family members 127

University of Ghana http://ugspace.ug.edu.gh

4.4.2 Joining networks Associations 129

4.4.3 Engaging in Economic Activities 131

4.4.4 The role of indigenous practices 133

4.5 Factors enhancing sense of belongingness among the elderly 135

4.5.1 Family Attachment 135

4.5.2 Communal Activities 138

Chapter 5: Summary, Findings, Recommendations and Conclusion. 143

5.0 Introduction 143

5.1 Summary 143

5.2 Major Findings 144

5.2.1 Popular Conceptualizations of Aging 144

5.2.2 Solid Fundamental Truth 145

5.2.3 Richness of Traditional Practices is Worthwhile 146

5.2.4 Lived Experiences of the Aged 147

5.2.5 Factors Enhancing Sense of Belonging among the Aged 148

5.2.6 Support Systems for the Aged 149

5.3 Recommendations 150

5.3.1 Indigenous Bodies should do more 151

5.3.2 Reconciliation in Old Age should be Encourage. 151

5.3.3 The Concept of Community and Family Life. 152

University of Ghana http://ugspace.ug.edu.gh

5.3.4 Companionship 153

5.3.5 Old Age Security 153

5.3.6 The Youth must be Educated 153

5.3.7 Protection of Indigenous knowledge systems 154

5.3.8 Directions for Future Research 154

5.4 Conclusions 155

Bibliography

Appendices

Appendix 1 –Letter of Introduction from the Department

Appendix 2 – Interview Guide

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Background to the study

The world today is in the midst of a profound demographic transformation which includes population growth and population aging. The continuous increase in the number of older people provides a challenge for both developed and developing countries and ultimately the world as a whole.

Medical progress and improved overall living conditions in health, nutrition, education and income make people live well into old age more than in previous generations, and the prospect of longevity has led to a reflection on modifiable factors that can improve later life health. The world's population of people aged 60 years and above is increasing rapidly. Available statistics shows that in 1950, it was 200 million, by 1975, it had increase by 75 percent to 350 million, and by 2000 it had shot up or tripled to 600 million older people. That's representing a 300 percent increase between 1950 and 2000. Also, between 2000 and 2008 the world recorded a significant increase in older population by approximately 94 million, thus accounting for 1 percent of the world's total population, while current projections suggest that by 2050, 2 billion older persons will be alive, implying that their number will once again triple over a span of 50 years. At that time, it is also expected that the world's population of older people will for the first time in history outnumber the population of children less than 14 years.[1] Global total fertility rate has declined from 5.0 live births per woman in 1950–1955 to 2.7 live births per woman in 2000–2005, and is expected to further reduce to replacement level, that is 2.2 live births per woman by 2045–2050 period. Also,

[1] United Nations, World Population Prospects, The 2006 Revision Vol. I: Comprehensive Tables, Population Division, Department of Economic and Social Affairs, New York, NY, USA, (2007).

University of Ghana http://ugspace.ug.edu.gh

life expectancy has increased from 46.5 years in 1950–1955 to 66.0 years in 2000–2005, and is expected to rise to 76 years by the 2045–2050.[2] Although Ghana can still be classified as a youthful population, reductions in fertility and mortality have resulted in increase in both the proportion and absolute number of elderly population (persons aged 60 years and over) as evidenced by census results[3] and estimates from other sources. In fact, with the proportion of the elderly population currently at 7.2 percent, Ghana has one of the highest proportions of persons aged 60+ years in sub-Saharan Africa. With continued campaigns to reduce fertility and mortality, it expected that this proportion will rise in the coming decades.

Aging is a process and is experience by mankind in all times. It refers to a sequence of changes across the life span of an individual. It is a process of surrendering to life via discovery and pondering, reminiscing and acting, integrating and meaning making. For a healthy experience older adults need to cherish but not dwell on the past, anticipate but not get anxious about the future, and live fully in the present.[4] Although older people are heterogeneous, they are generally characterized by maturity, senility, hopelessness, growth in wisdom, varying disabilities, loss of physical, mental and social functioning.

With longevity and an increasingly high proportion of the aged above 70 years, couple with lack of social welfare systems, viable government policies for the aged and the weakening of the extended family support system, the concept of aging and becoming old evoke panic, anxiety, fear, incapacitation and the thoughts of prolong death among older people, and not able to live a complete life pose the questions: what can be done to mitigate the challenges concomitant with

[2] United Nations, World Population Prospects, The 2004 Revision Vol. I: Comprehensive Tables, Population Division, Department of Economic and Social Affairs, New York, NY, USA, 2005, ST/ESA/SER.A/244.
[3] Ghana Statistical Service (GSS). 2005. *Population Data Analysis Reports: Volume 1, Socio-economic and Demographic Trends Analysis*. The GSS, Accra, Ghana.
[4] Lawrence Boakye, "The autumn of life: gerotranscendence and religio-cultural impact on successful aging in Africa". (A presentation at the school of Graduate Studies, University of Ghana, Legon. 2019. Unpublished.)

University of Ghana http://ugspace.ug.edu.gh

aging for the elderly people in African society? What role can indigenous religion contribute to coping measures with aging? How can we encourage elderly people to utilize the potential within them to contribute to society and thereby to assert their usefulness and functionality? Can indigenous religions possibly revitalise and share its religio-cultural practices that are so relevant for coping mechanism in old age with the rest of the world? What this research will look at is that, apart from medicine, usage of science and technology and others, another way that can be promoted and use to create conditions for people to age gracefully or help the aged to cope is to find out the idea in religion and spirituality that impacts positively in the lives of the aged.

Modified understandings of religion or spirituality might be observed as individuals' age. Therefore, since older adulthood is a unique developmental phase in life, it is important to understand the role of religion and spirituality in the aging process of older adults in order to better treat such a population. Healthy aging is shaped by many factors, including spiritual and religious beliefs[5]. The understanding of religion, religious beliefs, faith, and religious behavior varies in different religions. In the Christian tradition, there are different approaches to religion, depending on the denominational approach of the practicing Christian. Religion can and has been used through the ages in positive and negative ways. Research in psychology has shown that religion appears to positively affect functioning in older adulthood.[6] Many kinds of clients come to a therapist for counselling. Some counsellors advertise that their counselling has a Christian outlook, others practice a purely secular type of counselling. Whatever be the practical or religious orientation of the counsellor, he or she moves with the client in the session. For those clients who

[5] Berkman, L. F., Ertel, K. A., & Glymour, M. M.: "Aging and social intervention: Life course perspectives" in R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences*. 7th ed., (San Diego, CA: Elsevier Academic. (2016), 114-221.

[6] Fiori, K. L., Hays, J. C., & Meador, K. G.: "Spiritual turning points and perceived control over the life course". *The International Journal of Aging and Human Development*, (2004). 59(4), 391 420.

University of Ghana http://ugspace.ug.edu.gh

believe in a God of their understanding, a higher power, or a transcendent being, that God of their understanding can be brought into therapy and the therapeutic relationship. Those who do not subscribe to this view require a more secular form of counselling. This is essential, as in therapy the whole self is brought into the therapeutic process including the self that comprises religious faith and personal spirituality or religiosity. The focus of this work is that religion and spirituality can have a strong role when used in therapy. The concept of religion and spiritualty in aging is gaining popularity as an approach to health and well-being, but has received little attention in the literature on aging, and are still centrally important for many people especially in this part of our world, providing structure, meaning and understanding to everyday life, as well as support through life challenges. The work will indicate the potential benefits of religion and spirituality for health, well-being and quality of life, particularly for older adults.

From above, it has become eloquent the need for investigation into the role that religion and spirituality may have in promoting successful aging or create the conditions for people to age gracefully in contemporary Ghana. As such, this research brings together the relevant literature and considers its application in relation to a qualitative exploratory study with some selected older adults within Dormaa traditional area in order to make recommendations for future research and practice.

1.1 Statement of the Problem

As mentioned previously, the role of religion and spirituality can have numerous positive outcomes for older adults including enhanced health and well-being, greater capacity to cope, social support, and opportunities to participate in society. The work argues that these are issues which could enhance the understanding of the role religion and spirituality play in policies and debates around

University of Ghana http://ugspace.ug.edu.gh

aging. However, there are a number of limitations in the existing literature that indicate a need for further and specific research in this area.

Firstly, a significant amount of the literature is based on quantitative research. Using qualitative methodology allows for deeper understandings of such abstract concepts of religion, spirituality and aging to emerge. Secondly, A lot have been written and talked about on aging, what is lacking is that despite the fact that we are religious people, we tend to forget that religion is very vast, not only Christianity and Islam but also encompasses traditional religion and its practices, unfortunately, most of the works the researcher reads around however lack this particular aspect of the contribution of indigenous practices or religio-cultural practices to the aged is so rare, this is what this research seeks to bring forth . Thirdly, although some studies have looked at religion and spirituality in relation to successful aging, the link between religion, spirituality and aging successfully, gracefully or meaningfully in our context as a more inclusive concept has not yet been developed in the literature. This is important as the possibilities for support through religion and spirituality may have compelling implications for aging gracefully in the current situation of an aging population during this time of Covid-19 pandemic in an unresourceful healthcare sector.

1.2 Aim and Objectives

The aim of this research is to qualitatively explore the role of religion and spirituality in the everyday lives of the aged in Ghana from the Ghanaian perspective to understand how it may be related to aging gracefully.

The specific objectives of the study are to:

1. Analyse the generic conceptions of aging in Contemporary World
2. Discuss the life of the aged in contemporary Dormaa society
3. Explore the role of religion and spirituality in the life of the aged among the Dormaa people

University of Ghana http://ugspace.ug.edu.gh

and how it affects the quality of life of the aged.

4. Identify the religio-cultural practices that are relevant to the enhancement of the aged life in contemporary times.

1.3 Research Questions

For the purpose of achieving the aim of this research, the following questions were raised with reference to the research objectives:

1. What is the understanding of people on the concept of aging in general?
2. How is the life of the aged in contemporary Dormaa society?
3. How does religion and spirituality impact the lives of the aged in the Dormaa society?
4. What are the religio-cultural aspect of Ghanaians that can also support the aging community to embrace and to be happy in their later life?

1.4 Scope.

The scope of the work was limited to some selected areas in Dormaa traditional area albeit some vital information can be sought from any part of the country. Dormaa traditional area is very wide a territory or locality that the researcher would not be able to travel to every town within the districts but for the purpose of this research, the researcher would like to concentrate on some selected areas or sites which includes Dormaa Ahenkro, Wamfie and Asuotiano.

The researcher has chosen Dormaa traditional area because the people are predominantly the same traditional people, not too much of mixture of different cultures, this makes the sustenance or keeping to a traditional value, practices very pronounce. Secondly, my experience and personal observation of attitudes and the way they treat the elderly people and so forth prompted me to choose that place as a study area and explore further. Additionally, because Dormaa traditional area is in hinterland thereby making the experiences and data collected been able to sustained and

University of Ghana http://ugspace.ug.edu.gh

verify, and lastly the researcher was born and bred in this traditional area and is a royal of the Akwamu stool, the Krontihene division of Dormaa Aduana stool (the second-in-command after the Aduanahene) of the traditional area, hence, his selection to work within the above defined scope.

1.5 Theoretical Framework

The framework that undergirded this study was Faith development theory,[7] associated mainly with James W. fowler and his colleagues. The theory explores and identifies structures of meaning-making which underlie the various stages of life. Fowler defined faith development theory as a series of stages by which a person construes his or her relatedness to a transcendent centre or centres of value and power. The theory according Fowler attempt to account for the operations of knowing, valuing, and commitment that underlie a person's construal of self-other relationships in the context of an explicitly or implicitly coherent image of an ultimate environment.[8]

Faith is recognized as the dynamic process of making meaning of life, identifying and reflecting on the centres of power and value that sustain our lives. Thus, faith is conceptualised as "our way of finding coherence in and giving meaning to the multiple forces and relations that make up our lives". These forces can be classified as the 'ultimate concerns' of life. According to Paul Tillich who proposed the idea of the ultimate concern, our commitments and passions direct themselves toward the objects of our ultimate concern. This ultimate concern may be invested in family and loved ones or in institutions such as the church, community or nation.[9]

Faith development theory is significant for this work, especially for elderly people because:

[7] Fowler, J.W., *Stages of faith the psychology of human development and the quest for meaning*. San Francisco: Harper & Row. (1981)
[8] Fowler, James. *Weaving the New Creatio*n. New York: Harper Collins, (1991), 102-15; Fowler, J.W., et al. *Manual for faith development research*. Atlanta, centre for faith development, (1986).
[9] Fowler, J.W., *Weaving the New Creations: stages of faith and the public church*. San Francisco, harper and row publishers, (1996), 17.

University of Ghana http://ugspace.ug.edu.gh

a) It demonstrates that the (individual) evolves against the backdrop of relationships (community) as Gyekye[10] propounded in his work.

b) The theory helps to account for the reason behind the high religiosity of elderly people as compare with other age groups (particularly in Ghana) these elderly people, many of whom may be exhibiting stage 6 faith, are the largest category of church goers and religious leaders. At this level, symbols, oral narratives, songs, adages and rituals serves as factors to reinforce their perceived transcendental and eschatological views of the principle of being.

c) Fowler's universalising faith, opens the way to a complete understanding of the process of meaning making, especially that related to later life. It is an evolving, ongoing process, not programmed.

d) And that our attachments and sustenance are maintained through relationships with significant others who help to shape our view of the world. Gyekye, Tillich, Niebuhr and Erickson also emphasized the importance of these relationships in composing one's identity and world-view[11]. It also encourages one to find meaning in life no matter how difficult one's life experience might be.

e) These concepts also help to account for the reason behind the high religiosity of elderly people as compare with other age groups, particularly in Ghana, many of whom may be exhibiting stage 6 faith, who are the largest category of church goers and religious leaders in many institutionalised churches. At this level, symbols, oral narratives, songs, adages and rituals serves as factors to reinforce their perceived transcendental and eschatological

[10] Gyekye, Kwame. *African Cultural Values: An Introduction*. Sankofa Pub. Co, (1996)
[11] Gyekye, Kwame. *Beyond Cultures: Perceiving a Common Humanity*. Ghana Academy of Arts and Sciences Accra, (2003)

University of Ghana http://ugspace.ug.edu.gh

views of the principle of being.

This framework produce the ideas that can be referenced to the aged at their latter part of life, since old age is often a critical time when old people re-evaluate their spiritual and religious beliefs and values, and actively search for spiritual meaning in life and purpose, which may also involves embracing a belief in something that you may not be able to prove to others, a leap of faith in a deity, and involves the kind of faith or confidence that comes from an internal passion and excitement, a kind of belief that is utterly individual and unique and is mostly experience by many aged people at the last part of their lives.

This serves as a bedrock on which to explore the role of religion and spirituality and to build a foundation for particular understandings of spiritual development for the aged in later life, hence their susceptibility to depend on religion and spirituality (cosmic and transcendence) in the absence of family, societal support and care, and the foundation for the aged in this work to find meaning that promote growth, and as a coping tool to the challenges of old age.

1.6 Methodology and Methods of Data Collection

The study is qualitative research and employs the case study method. The researcher is using qualitative approach because it provides an in-depth understanding for the day-to-day situations or experiences of the participants in their geographical and socio-cultural settings. Further, the methods for data collection also fit into the qualitative approaches.

The Study also uses primary and secondary sources of data collection. Primary data was collected through semi-structured interviews, from 6 members (3 males and 3 females) of a selected religious congregation, 12 non-religious or traditional elders (with equal gender balances) of the society. 6 members from social service workers, health workers and policy makers, and Focus Group Discussion. Relevant literature like books, journals, magazines, periodicals and other

University of Ghana http://ugspace.ug.edu.gh

authentic secondary materials on the subject under investigation were critically consulted to determine what has already been written about the problem at stake. Ethical considerations in the conduct of the research were followed to prevent ethical dilemmas.

1.6.1 Target population

The researcher focused on three different diverse groups of people within the community: the religious, adherence of non-traditional religions, and also policy makers. The target population was limited to 65–85-year-olds with equal and balance gender (male and female). These age groups were selected because the research is a qualitative work and the researcher is looking for a scientific proof, therefore needed people who were coherent and had the ability and time to have a proper communication in their own way, and also who were mentally sound but not senile. That was the people the researcher wanted to actually engage with.

1.6.2 Participants Information

The participants for this study were elderly males and females between the ages of sixty and one-hundred and fourteen years. The participants for the study were 26 in number, 14 males, and 12 females all resident in Dormaa Ahenkro and its environs.

The findings reveal that most of the participants of the study had no formal education. Out of the 26 participants, ten had completed various forms of formal education up to the university or professional level, three were former university lecturers and a professor, and the remaining had completed middle school education. The rest had not been to school at all. The marital status of the participants is as follows: six participants were widows, three have been divorced for over fifteen years. For this study, single means people who have not undergone customary rites for marriage. In view of that two were singles (they had never married, they co-habited with their partners until the demise of the partners) and the rest of them (8) were married. All the participants

University of Ghana http://ugspace.ug.edu.gh

except one had at least two children. However, in terms of living arrangement, only 5 had one or two biological children resident with them. Majority of the participants were African indigenous religion adherents, and the remainders were Christian and Islamic faith believers, and many of these faith-based groups receive support from the churches and their various denominations. With respect to occupation, 14 of them were engaged in some form of economic activity, and eight were retired public or civil servant pensioners. Invariably, this suggests that the majority of the participants would have fewer financial challenges, since they had at least some means of making money or depending on their retirement benefits. Their jobs ranged from Lotto writing, farming, food selling fish mongering, petty trading to babysitting. The remaining 4 fell in the age classification of oldest-old and hence had mobility and sight challenges, preventing them from engaging in any form of economic activity. This minority without any means of income suggests total dependence on their family.

1.7 Literature Review

In this section of the work, literature was reviewed on the themes of religion, spirituality and aging, and any other related issues that cropped up or came up. It also touched on the aging demographic in Ghana with inferences from the global world and Africa.

1.7.1 Aging

Understanding the issues and problems that confronts the aged requires explicitly exploring the concepts of aging and possibly the theoretical underpinnings of the phenomenon. Several scholars have different definition for aging. However, the central theme of the definitions reflects evidence of series of changes across the human life span.

Aging is multidimensional process and experience by humanity at all times. It is a life spanning process of growth and development running from birth to dead. Kumar (1992) has stated that aging

University of Ghana http://ugspace.ug.edu.gh

is a toil some treadmill grinding to a tragic halt as the years pile up.[12] Aging is generally associated with decline in the functional capacity of the organs of the body due to physiological transformation. Atwood and Bowen, (2004) also explain that aging is a continuous process from birth to death that encompasses physical, social, psychological and spiritual changes.[13]

Zastrow (1990) emphasizes that the most visible signs of aging include the appearance of wrinkling skin, greying and thinning of hair, and stooped or shortened posture from compress spinal discs.[14] The process of aging is associated with loss of elasticity of the blood vessels, tendons, the skin and connective tissues. In addition to that stiffening of the joint occurs, bones become brittle and tiny, hormonal activities slows; and reflexes becomes slower. According to Zastrow (1990), aging presents a loss of strength of the nucleus that makes coordination and endurance more difficult.[15] It is also encompassing relatively, a functional decline in such bodies organs as the lungs, kidneys, and to lesser extent the brain. As aging proceeds, hearing and vision capacity declines, food may not taste the same, the sense of touch maybe come less acute, and there may be a loss of memory of recent and past events.

Although aging is accompanied by significant changes, the relativity of those changes should not be understated, therefore, describe aging as individual process that occurs at differing rate in different people.[16] He further explains that the degree to which one body losses its functional capacity can be influenced by one's lifestyle such that people who are mentally and physically active throughout their younger years remain more alert vigorous in their late years.

INTEGRI PROCEDAMUS

[12] Kumar, G.S.J. 'Health of the Elderly'. *Journal of Social Welfare*. (1992), 3-5,
[13] Atwood, C.S, & Bowen, R.L. 'Living and Dying for Sex. A Theory for Aging Based on the Modulation of Cell Cycle Signalling by Reproductive Hormones.' *Gerontology*, (2004) 50(5), 265-290,
[14] Zastrow, C. *Introduction to Social Welfare*. (The Dorsey Press, USA. (1990)
[15] Zastrow, C. *Introduction to Social Welfare*. (The Dorsey Press, USA. (1990)
[16] Zastrow, C. *Introduction to Social Welfare*. (The Dorsey Press, USA. (1990)

University of Ghana http://ugspace.ug.edu.gh

There is growing evidence demonstrating that many of the effects of aging are neither irreversible nor inevitable.[17] However, in unison with the tenets of activity theory, it could be argued out that many of the supposed effects of aging are largely due to the inactivity that is often associated with aging. As a result, it is recommended that learning to reduced stress along with exercising and maintaining healthful diet can reverse, or at least hold in abeyance, many of the efforts thought to be cause by aging. For instance, in one study as recorded by Zastrow (1990), group of 70-year-old inactive men participated in a daily exercise program, and at the end of a year, they had regained the physical fitness level of 40-year-olds. Additionally, in one longitudinal study, it was found that a greater overall activity level (which included social activities such as visiting relatives, or friends, solitary activities such as hobbies and productive activities such as volunteer work and gardening) at the beginning of the study was related to greater happiness, better physical and cognitive functioning, and reduced mortality six years later.[18]

1.7.2 Older person, Aged or Elderly

These terms are used interchangeably to mean the same thing, but in the most cases, the choice of one over the other depends on the context in which it is being used. It has however been expressed that the term old age is often construed as ageist and as such are avoided in western literature because of the negative connotations and their close affinity with decrement and decline. Apart from cases when these connotations are relevant (as a subject of study) or far-fetched (in set phrases such as old age home), the word elderliness is preferred. In contrast to this assertion, Apt (1995) however explicitly expresses that traditional African word used to describe an old man or

[17] Zastrow, C. *Social Welfare and the Economy*. (The Dorsey Press, USA. (1998)

[18] Aartsen, M.J., Smits, C.H.M., Van Tilburg, T. Knipscheer, K.C.P.M., & Deeg, D.J.H. "Activity in Older Adult: Cause or Consequence of Cognitive Functioning? A Longitudinal Study on Everyday Activities and Cognitive Performance in Older Adults". *Journal of Gerontology: Psychological Sciences*, (2002) 57 (2) pp. 153-162.

University of Ghana http://ugspace.ug.edu.gh

an old woman are neither demeaning nor derogative and she further explains that lateral translations of old age in many African languages define it synonymously with wisdom.[19]

There is no universally standardized response to the question concerning the definition of an older person or aged, or the elderly. The difficulty associated with finding a common definition for these terms has had to do with reconciling a broad variety of variables (social roles, functional capacity, and chronology) that characterizes these terms and the subjectivity of meanings inherent in different cultures. Most developed countries like Germany and the United States of America among others have accepted the chronological age 65 years as a definition of the 'elderly' or older person and this is in many times associated with the age at which one can begin to receive pension benefits. One of the perceived advantages associated with the choice of the chronological definition of the age is based on the premise that its administrators and policy planners' opportunity for establishing a clear eligibility standard for social protection programs such as social security.[20] In many parts of the developing world however, chronological definition of an elderly has a little or no importance. This has to do with the growing feelings that in many countries in Africa where problems associated with accurate record keepings and retrieval presumably exist, people may face difficulty in determining their actual birth dates.[21] Under such situation, the implication would be that people who find it difficult to prove their ages may be denied access to certain social protection benefits such as free health services and pensions which use age as a marker for eligibility.[22] This situation is common throughout Africa. For instance, year 2005 survey for nearly

[19] Apt, N.A. 'Ageing in Ghana.' N.A. Apt, F. Bester & M.L. Insley. *Effective Responds to Ageing in Africa by the Year 2000. Africa Gerontology Society (AGES) Workshop Report*. Accra, Ghana. (1995) , 47-61.
[20] Colby, I., & Dziegielewski, S. *Introduction to Social Work; The People's Profession*. (Lyceum Books, Inc., Illinois, (2001)
[21] Help Age International. *AU Policy Framework and Plan of Action on Ageing*. Africa Regional Development Centre, Nairobi, Kenya. (2003)
[22] Help age international / international HIV / AIDS Alliance. *Community Tracking and Monitoring in Mozambique*, Baseline Report, (London. (2006)

University of Ghana http://ugspace.ug.edu.gh

4,000 older people in eight communities in Mozambique found that 42 percent had no identification cards, although they needed these to claim free health care. Recounting the experience in South Africa, Lucitania, a paralegal officer in Kwazulu Natal, expressed that; "*there are two females who are about 72 years old in my village. They don't possess IDs and they don't get pensions. They are starving, sleeping without food in their stomach*". This situation often arises because the person was not registered at birth. Even today, it is accounted that 50 million children are born each year without being registered. Another factor that undermines the chronological definition has to do with the wide range of ages of people who can be included in this designation. For instance, some people live well into their 90's and even beyond and these elderly individuals tend to have significant more health problems than the younger elderly in their 60s and 70s as a result of which makes it almost impossible to compare the two groups. To address this problem Rhodes, proposes the division of the elderly population into young-old (60-69), medium- old (70-79), and the old-old (80+). The world health organisation also considers, the age group 40-59 as middle age, 60-74 as early old age, 75-89 as late old age and 90 and above as very old age.

In rural situations where birth registrations are poor or even unknown, people estimate their ages based on their functional capacity (i.e., their ability or inability to perform certain tasks) and certain features such as the color of a person's hair, failing eye sight, and diseases such as arthritis, rheumatism, hypertension etc. One critical issue that is often raised to flaw or render ineffective the functional basis for defining old age has to do with the fact that today people also experience certain physical changes such as grey hair, or bald head or decline in functional capacity at their youthful ages. More so, depending on the health, nutrition and exercise, the outer appearance of a sixty-year- old person maybe the same as 40-year-old.

University of Ghana http://ugspace.ug.edu.gh

In addition to the functional definition of the aged, a more complex definition embraces a host of social and cultural factors. For instance, in most societies, the characterization of a person as an older person really depends on the social roles that such a person executes. Social roles according to Hooyman, Kiyak and Asuman, relate to sets of expectations and guidelines for people who occupy given positions such as grandparents, widow, the chief, linguist, retiree et cetera. Many critics of this definition dwell on the fact that the aforementioned social roles which were a preserve for people who had lived much longer are in this era of modernity and increasing globalization being assume by people in their youthful ages. For instance, it is well noted that ascendency to the traditional throne which once used to be the preserve of the old is now being occupy by the young who are now deemed as educated and effective drivers, stimulators and forerunners of development processes.

In spite of the perceived challenges associated with finding a comprehensive definition for an older person, most African countries have chosen to define an older person chronologically as a result of its implications in policy formulation, program design and implementation. The more traditional African definitions of an elder or 'elderly' person correlate with the chronological ages of 50 to 65 years, depending on the setting, the region and the country. Whereas in countries like Ghana, Tanzania and Zimbabwe, older persons are defined as people who are 60 years, age 65 marks the beginning of old age for men and 60 years for women in South Africa. The chronological definition synchronizes with the age at which people begin to enjoy state social protection programs benefits like pension, health insurance, among others. It is however to be noted that chronological or 'official' definitions of ageing can differ widely from traditional or community definitions of when a person is older.

University of Ghana http://ugspace.ug.edu.gh

In African countries like Ghana and South Africa, traditional definition of older is usually based on a host of physical, social and cultural factors. From this the study uses 65 years and above as the general definition of an Aged, Older or Elderly person.

1.7.3 Population Aging

The scale, the pace and the worldwide extent of population aging are unprecedented in human history. A population is said to be aging when the elderly segment of that population is increasing faster than the rest of the population. Although there are several ways in which this change can be measured, the most useful and common index however is the change in the percentage of the total population which is 60 years of age and over.[23]

The 20th century has been the turning point in the history of mankind bringing along with it changes in the age structure of the world population as the elderly population increased dramatically especially as of the second half of the 20th century. It has been accounted that, this worldwide increase in the elderly population occurred because of the considerable decreases observed in the birth rates in many parts of the world, increasing average life span and regression of infant and child mortality rates to controllable levels. Although population aging is in many ways a success story, as people are living longer and healthier than ever before, the growth of the older population also presents challenges to the policymakers, families, businesses and health care providers, among others, to meet the needs of aging individuals.

The numerical growth of elderly population around the world is attributed to the significant achievements of global declines in infant and maternal mortality, reductions in fertility, decreases in infectious and parasitic diseases as well as improvements in nutrition and education. Another demographic force behind population aging is increasing longevity and, in many countries, life

[23] Cowgill, O.D. "Ageing of Populations and Societies Annals of the American Academy of Political and Social Science" (1974), 415, 1-8.

University of Ghana http://ugspace.ug.edu.gh

expectancy at birth has increased and people are living longer, contributing to the aging of the population. Typically, increases in longevity initially come from reductions in infant and child mortality. When infant and child mortality rates reach low levels, further increases in life expectancy are a result of reductions in mortality rates at older ages. Defined as person age 60 years and over, estimates and medium-variant projections by the United Nations population division shows that the world's elderly population has been increasing. The statistics shows that in 1950 the global elderly population stood at approximately 200 million representing 8 percent of the world population. Between 1950 and 2006, the number increased to approximately 690 million people constituting 11 percent of the world's total population. It is however projected that the world's older population will rise up to approximately 1.2 billion and 2 billion by and 2025 and 2050 respectively making up 22% of the world total population by 2050. The world population aging is the result of two great human achievements: lower mortality and the maximization of individual's self-determination in choosing their desired number of children. This combined with declines in large family size, has resulted in lower fertility as well as increment in global life expectancy. For instance, between 1955 and 2005 the world noted a shift in global life expectancy from 46.6 years with a fertility rate of 5.0 children per woman to 65.4 years accompanied a decline in fertility rate to 2.7 births per woman. However, it is projected that global life expectancy at birth will further rise to 75.1 years between 2045 and 2050 with an expectation of a further decline in fertility rate to 2.0 births per woman.

Whilst the world continues to experience the growth of older population, the experiences of the African continent are captioned as apprehensive with regard to the rapidity of its occurrence. Available evidence suggest that aging of African population is occurring at an unprecedented rate within a few decades and the signs are that the hard-pressed socio-economic conditions on the

University of Ghana http://ugspace.ug.edu.gh

African continent will challenge the ability of governments to make adequate preparations to meet the growing socio-economic needs of the aging population. The latest manifestation of this demographic avant-garde change is that population aging will inevitably become a universal phenomenon in Africa and all other regions of the world in the coming decades. A review in the trends of African older population shows that the population of African older people rose from 12 million in 1950 to 49 million in years 2006. This figure is projected to rise to 85 million by 2025 and approximately 2 billion by 2050. Similarly, the total fertility rate fell from 6.7 children between 1950 and 1955 to 5.0 children between year 2000 and 2005 and it is further projected to decline to 2.5 children between 2045 and 2050. This is accompanied by an increment in life expectancy at birth from 38.4 years between 1950 and 1955 to 49.1 years between 2000 and 2005 and it is projected to reach 65.4 years between 2045 and 2050.

The demographic profile of Ghana, the country which provides the context for this study, reveals that people are leaving longer and will continue live longer in the years ahead and this is reflected in the rapidity with which the number of persons aged 60 years and over is increasing. The 1960, 1970, 1984, 2000 population census show that the population of Ghana is growing at an unprecedented rate. From a total population of 6.7 million persons in 1960, the number increased to 12.2 million in 1984 and then to 18.9 million inhabitants in 2000. In the year 2008 the population of Ghana was estimated at 23.3 million and it is projected to reach 27.3 million by 2015. This is in spite of the fact that the annual growth rate of the population which was 2.4% between 1960 and 1970 and 3.0% between 1970 and 1984 and has since decreased to 2.6% between 1975 and 2005 and is further projected to reduce to 1.2% between now and 2022. As the general population of Ghana increases with age, the percent of the total population 60 years and over continues to experience a steady increase over the years. The findings of the first post-independence census

University of Ghana http://ugspace.ug.edu.gh

stipulate that, the number of people aged 60 years and above constituted 4.6% of the total population (population census, 1960). This figure according to Mba, increased to 5.3% in 1970, 5.8% in 1980 and 7.2% in 2000 and is further projected to increase to 14.7% by 2050 as a result of rapid fertility decline and improvements in public health measures, personal hygiene, sanitation and nutrition and to a larger extent significant decline in mortality.[24]

Results from the GHDS, depict a decline in fertility rate for the past 2 decades. Fertility rate fell from 6.4 births per woman in 1988 to 5.2 births per woman in 1993 and it further declined to 4.4 births per woman in 1998. Year 2003 did not witness any change in the 1998 figure however in year 2004 the number of births per woman reduced to 4.0 children. In addition to the decline in the fertility rate, the expectation of life at birth has been increasing steadily in the country, rising from 42 years in the 1950s to 57 years for the 2000-2005 period, and is projected to reach 73 years during 2045-2050 period, Apt point out that some of the implications for living longer are especially critical for dependency, labour force participation, social security benefits and the provision of social welfare and health services.

1.7.4 Characteristics of the aging population in Ghana

According to Tonah, geographical distribution and sex differentiation among the aging population constitute the two significant dimensional characteristics that pertain to the increasing aging population in Ghana. Geographically, giving credence to the rurality of African populations, the case as pertaining to Ghana includes the fact that vast majority of the aging population are found in the rural areas although urban areas are experiencing an increasing number of elderly people. The Ghana 1960 and 2000 census results show that the proportion of rural elderly persons rose

[24] Mba, C.J." Population Ageing and Poverty in Ghana. Rapid Ageing and Changing Roles of Older People in African Households". *African Conference on Aging*, 18-20, August, 2004, Johannesburg, South Africa: 130-149. (2004)

University of Ghana http://ugspace.ug.edu.gh

markedly from 4.1 percent of the total population in 1960 to 7.9 percent in 2000, and that there were more elderly women than men in rural Ghana. It is however projected that the rural elderly population would increase from 7.9 percent in 2000 to 15.7 percent in 2050. According to GSS, the elderly population in the rural areas constitute 60.9 percent of the total aged population whereas those in the urban centres constitute 39.1 percent. The implication is that with the case of underdevelopment and limited social and economic opportunities in the rural areas, the elderly is placed in a disadvantaged position in terms of their access to basic needs. To Apt, the growing number of older persons in rural areas is not merely as a result of the increment in life expectancy in Ghana. she points out that the mass exodus of the active segment of the rural population to the urban centres automatically raise the population of the older population in comparison to the youthful population left in the rural areas.[25] This is what she refers to as the 'artificial aging' of the rural population.

Another characteristic pertaining to the increasing global elderly population is that of gender. It is accounted that as of 2006, there were 378 million women and 310 million men aged 60 or over or 1.2 women for each man. More specifically, the ratio increases from 1.1 women for each man at ages 60-69 to 1.7 for those in their 80's, 2.7 for those in their nineties and 3.8 women for each man among centenarians (Weinberger, 2007). Tonah (2009) equally asserts that gender disparity among the older population globally, specifically relates to the experiences of Ghana as the proportion of the older women far exceeds that of the male older population. This stems from the fact that women have a higher life expectancy than men do. While women are expected live up to 60.35 years at birth, men have a life expectancy of 58.65 years.

[25] Apt, N.A. 'Ageing in Ghana.' N.A. Apt, F. Bester & M.L. Insley. "Effective Responds to Ageing in Africa by the Year 2000". *Africa Gerontology Society (AGES) Workshop Report*. Accra, Ghana. (1995), 47-61.
Apt, N.A. *Coping with Old Age in Changing Africa: Social Change and the Elderly Ghanaian,* (Adlershop, Avebury. 1996)

University of Ghana http://ugspace.ug.edu.gh

Another characteristic pertaining to the older population has to do with marital status. At older ages, men are much more likely than women to be married. Available statistics indicate that four out of five older men but less than half of older women, are currently married globally. The larger gender difference in marital status comes about mainly because women are likely to outlive their spouses, because of higher female life expectancy, and because wives on the average are usually younger than their husbands. Older women as compared to older men are also less likely to remarry following divorce or widowhood.

Differences in education and literacy levels also create distinction among the older population across the globe. Some research findings suggest a close association between education, better health and better income. Mba, for instance stresses that formal education is critical for attaining economic security at old age as societies respond to the modernization process.[26] Even though in most developed countries levels of illiteracy are already low, it is projected that the proportion of older persons with secondary and higher levels of schooling will rise in coming years because those who will turn sixty in the future have received more schooling than today's older population. The evidence stems from the fact that global illiteracy rates among the older population which stood at 75% in 1980 decline to 56 % in 2000 and it was further estimated to drop to 43 percent by 2010. Notwithstanding the expected decline in illiteracy rate among older population, older women will remain at a significant educational disadvantage in most countries from at least the next several decades, although the size of the gender gap will diminish.

In Ghana however, Mba points out that the majority of the aged population in both urban and rural areas are without formal education.[27] According to him, the 2000 census of Ghana presents a

[26] Mba, C. J. 'Older Persons of Ghana'. In *Bold Quarterly Journal of The International Institute of Ageing*, (2004). 15 (1), 14-18.
[27] Mba, C.J. 'Older Persons of Ghana'. In *Bold Quarterly Journal of The International Institute of Ageing*, (2004) 15 (1), 14-18.

University of Ghana http://ugspace.ug.edu.gh

depressing image of educational attainment in the country as 43 percent of the population do not have any formal education (many of whom live in rural areas) and only 7 percent have post-secondary education. Similarly, the 2000 population census and housing report indicates that four out five older people in rural Ghana have no formal education and this partly explains why over 80 percent of them are engaged in agriculture.

1.7.5 Religion and Spirituality

Religion is often seen as a public or physical and outward form of expression whereas Spirituality is generally seen as something inward or metaphysical and personal. They are similar but not identical concepts. Religion is often viewed as more institutionally based, more structured, and involving more traditional activities, rituals and practices. Spirituality refers to the intangible and immaterial and thus may be considered a more general term, not associated with a particular group or organization. It can refer to feelings, thoughts, experiences, and behaviors related to the soul or to a search for the sacred.[28] Daniel B. Kaplan *et al*, says traditional religion involves accountability and responsibility, Spirituality has fewer requirements.[29] People may reject traditional religion but consider themselves spiritual. In the western world majority of older people consider themselves religious or spiritual, about 6 to 10% are atheists and do not seek meaning through religion or a spiritual life. Most research assesses religion, not spirituality, using measures such as attendance at religious services, frequency of private religious practices, use of religious coping mechanisms

[28] Berkman, L. F., Ertel, K. A., & Glymour, M. M.: "Aging and social intervention: Life course perspectives". In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* 7th ed. San Diego, CA: Elsevier Academic., (2016), 337–351.

[29] Kaplan, B. Daniel, Bruce L. Martha, Patel R. Sapana. "Primary care providers/bereavement care practices: Recommendations for Research Directions". *International Journal of Geriatric Psychiatry* (2014). 29(12), pp. 1221-1229,

University of Ghana http://ugspace.ug.edu.gh

(e.g., praying, trusting in God, turning problems over to God, receiving support from the clergy), and intrinsic religiosity (internalized religious commitment).[30]

Koenig H.G argues that religion is often related to the idea of the 'transcendent' with certain beliefs, practices and behavioural rules associated with it, it is organised and often community-based, but can also be practiced privately.[31] The modern notion and understanding of spirituality, however, includes not only people who follow a particular religion, but also those who do not. Spirituality is understood as ideas surrounding "a sense of connectedness, purpose, meaning and 'transcendence of self"',[32] and is highly personal. Coleman argues that spirituality "determines what we value as goals and objectives in life" and a common and an essential part of ordinary living.[33] Spirituality may involve religiosity, but it can also be linked to cultural values.[34] Religion and Spirituality have been seen as the lenses through which some people interpret, understand, evaluate and respond to their experiences in the world and give people a sense of meaning and purpose in life.[35] As such, Schlehofer, Omoto and Adelman emphasise the importance of people's lay definitions and understandings of what religion and spirituality mean to them and how they relate to their everyday realities[36]. Therefore, all two terms will be used broadly in this work and are not to be conflated or taken as synonymous with each other. Rather the terms are used in order to be as inclusive as possible of the wide variety of lay definitions and understandings. As

[30] National Research Council. *Preparing for an Ageing World: The Case for Cross-National Research*. (Washington, DC.: National Academy Press, (2001)
[31] Koenig, H. G., McCullough, M. E., & Larson, D. B. *Handbook of religion and health*. (New York: Oxford. (2001)
[32] Nelson-Becker, H *et al*., "Spirituality and Religion in End-of-life Care Ethics: The Challenge of Interfaith and Cross-Generational Matters". *J. Soc. Work*. (2015). 45, (pp. 104-119),
[33] Coleman, P.G. *Belief and Ageing: Spiritual Pathways in Later Life* Bristol, UK: Bristol Policy Press, 2011.
[34] Day, A. *Believing in Belonging: Belief and Social Identity in the Modern World*; (Oxford, UK: Oxford University Press, (2011)
[35] Park, C.L. "Religiousness/Spirituality and health: A meaning systems perspective". *Journal on Behavioural Medicine*. (2007) 30, 319–328.
[36] Schlehofer, M., Omoto, A., & Adelman, R. Janice: "How Do 'Religion' and 'Spirituality' Differ? Lay Definitions Among Older Adults" (August, 2008.)

University of Ghana http://ugspace.ug.edu.gh

mentioned, the focus here is on conceptual understandings within the researcher's society, but it is important to note that different understandings of religion and spirituality exist elsewhere and are not all based on African indigenous or African Judeo-Christian conceptions (e.g., Ahmad and Khan on Islamic spirituality).

1.7.6 Religion and Spirituality and its collective role on the well-being at the end of life

Throughout human history, religion and spirituality in its various forms have been one of the most powerful or potent motivating forces in human civilisation and existence, inspiring creative and destructive thoughts and behaviours, shaping ethics and laws governing individual and societal standards and norms, and influencing the formation and cohesive running of institutions and societies, and the fact that they have persisted throughout human history suggests that it serves important adaptive functions[37] because they are rooted in human nature. Neuroscience research also recognizes that deep within all people, there is a yearning for connection with the sacred and the transcendent. Fowler believed that "faith is a human universal. We are endowed at birth with nascent capacities for faith…. Faith is interactive and social, it requires community, language, ritual and nurture". [38] Tillich suggests that "it is the finitude of being which drives us the question of God" [39]. Hart has made an even stronger case for the universality of religion and spirituality:

> Human being is a religious and spiritual creature.... Man cannot exist outside of the service to his God or deity…. It may be that he serves the true God, the creator; it may be that he serves an idol, be it part of the rest of creation or an idolization of himself. But serve he must. [40]

[37] Koenig, H. G., & Siegler, I. "The use of religion and other emotion-regulating coping strategies among older adults". *The Gerontologist*. (1988). 28(3), 303-310.
[38] Fowler, J. W. *Stages of faith: The psychology of human development and the quest for meaning.* San Francisco: Harper & Row. (1981)
[39] Tillich, P. *Systematic theology.* Chicago: University of Chicago Press. (1952), 166.
[40] Hart, H. "Anthropology: some questions and remarks". In A. De Graff (Ed.), *Views of man in psychology in Christian perspective: Some readings* Toronto: Association for the Advancement of Christian Scholarship. (1977), 69-97.

University of Ghana http://ugspace.ug.edu.gh

There is evidence that the role of religion and spirituality in an individual's life increases in importance with age and is associated with a number of physical and psychological benefits, as well as a positive influence on physical and mental health. Blazer and Palmore, for example, found positive associations between religion and happiness, feelings of usefulness, and adjustment that increased with age. Similarly, several researchers have determined that religiosity, religious activity and spirituality among the elderly are positively related to general well-being, functional ability, health, and life satisfaction and negatively related to depression[41].

The causal directions of these relationships, however, are not fully understood. It is possible that physically disabled older adults are simply less likely to attend religious functions and are also more likely to be depressed. In addition, other variables associated with religious and spiritual activities might be responsible for these statistical relationships. For example, a number of social benefits derived from institutional religious and spiritual participation are readily brought to mind, such as regular interaction with others, opportunities to provide service to others, and an organizational structure that might serve as a focal point for both social integration and activity. Emotional support and a positive influence on lifestyle might also be reasons for the positive association between religion, spirituality, physical and psychological well-being, and an example are Musama Disco Christo Church and the Church of the Twelve Apostle Church of Ghana, who they keep most of the traditional patterns and modes of expressing music and any other forms of indigenous ways of lives, influence the health of their members by encouraging healthy lifestyles and behaviors and discourage the use of substances (e.g. tobacco, alcohol, illegal drugs) and behaviour such as unsafe sexual activity and violence that might be detrimental to their health, while encouraging activities related to diet, exercise, and social interaction that may promote

[41] Idler, Ellen L., Stanislav V. Kastl, and Judith C. Hays. "Patterns of Religious Practice and Beliefs in the Last Year of Life." *Journal of Gerontology: Social Sciences* 56B:S326-34. (2001)

University of Ghana http://ugspace.ug.edu.gh

optimal health. It is out of these healthy lifestyles and behaviors practiced throughout life by these cohorts that may contribute towards the avoidance or delay of disease and disability thereby enhancing their ability to age well and successfully.

Another potential reason that religion and spirituality increase in importance in old age and is associated with so many positive outcomes might be also that as individuals approach the end of the life course, they begin to seek a deeper, more existential meaning for their lives, their losses, and the challenges of the dying process, which most religious systems are able to provide. There is widespread consensus that achieving a sense of meaning and purpose in life is essential for aging gracefully and meaningfully.[42] A sense of meaning is positively associated with a variety of outcomes that include happiness, life satisfaction, general psychological well-being, and recovery from grief following bereavement.[43] Nana A. Apt has even suggested that "the common thread of successful agers is that they have a zest for life and a clear sense of meaning and purpose" that might be derived from purposeful, altruistic activities that are meaningful and transcend self-interest.[44] Perhaps more important, Apts found that successful agers had positive attitudes not only toward life but also toward death and dying.

Indeed, past evidence suggests that, paradoxically, those elders who have found meaning and purpose in life are also more ready to let go at the end of life.[45] Gyekye helped clarify this finding through his distinctions between individual, collective, and cosmic meaning in life. He argued that the search for meaning in late life necessitates a shift from a focus on the individual to an emphasis

[42] Schulz, Richard. "Successful Aging: Balancing Primary and Secondary Control." *Adult Development and Aging News* (1986). 13:2-4.
[43] Debats, Dominique L. "An Inquiry into Existential Meaning: Theoretical, Clinical, and Phenomenal Perspectives." in *Exploring Existential Meaning: Optimizing Human Development Across the Life Span*, edited by G. T. Reker and K. Chamberlain. Thousand Oaks, CA: Sage. (2000), 93-106
[44] Nana Araba, Apt. *Coping with old Age in a Changing Africa: Social change and the elderly Ghanaian*. Aldershot, England: Avebury Ashgate Publishing limited, (1996)
[45] Boakye, Lawrence. *Existentialism*: A close analysis and new perspective. Outskirts Press, Inc. Texas (2014)

University of Ghana http://ugspace.ug.edu.gh

on the collective or even cosmic meaning in life, which needs to be accompanied by a shift from activity to contemplation. [46] Similarly, Yalom suggested that meaning can be divided into two classifications; cosmic and terrestrial. Cosmic meaning "implies some design existing outside of and superior to the person and invariably refers to some magical or spiritual ordering of the universe" .[47] In contrast, terrestrial meaning is more personal and is rooted in secular views. For example, terrestrial meaning might be found in personal achievement, leaving a legacy, creative activities, financial security, and material needs.[48] Yet religiosity and spirituality, and particularly an intrinsic religious and spiritual orientation might serve as the vehicle to a deeper cosmic meaning at a time when many terrestrial meaning-making activities valued by secular culture, active engagement, productivity, and interpersonal relationships decline substantially or even cease.[49] Because religion answers some of the most fundamental questions of life concerning where we came from, where we are going, and what the meaning of life is, it provides order to the world even in the presence of physical decline, social losses, suffering, and impending death and offers an existential meaning that provides a sense of peace and a recognition of one's place in the broader cosmic context.[50] For example, according to the data gathered, a sense of meaning derived from indigenous practices and cultures like highlife music, pouring of libation, proverbs and others were positively associated with life satisfaction, self-esteem, and optimism, particularly among the rural elderly from Dormaa.

[46] Gyekye, Kwame. *African cultural values*. Accra, Ghana: Sankofa publishing company. (1996)
[47] Yalom, Irvin. D. *Existential Psychotherapy*. Basic Books Inc, New York (1980) 83:133-45.
[48] Reker, Gary T. "Theoretical Perspective, Dimensions, and Measurement of Existential Meaning." Thousand Oaks, CA: Sage. (2000) Pp. 39-
[49] McFadden, Susan H. "Surprised by Joy and Burdened by Age: The Journal and Letters of John Casteel." Pp. 137-49 in L. E. Thomas and S. A. Eisenhandler Eds. *Religion, Belief, and Spirituality in Late Life*, y. New York: Springer, (1999).
[50] Boakye, Lawrence. *Existentialism*: A close analysis and new perspective. Outskirts Press, Inc. Texas (2014)

University of Ghana http://ugspace.ug.edu.gh

The path to meaning in life via religious and spiritual activities might be most successful for people with intrinsic rather than extrinsic religious and spiritual orientations. Because extrinsic religiosity and spirituality are mostly self-oriented rather than other oriented, transcending one's life to understand the ultimate meaning of life within a greater cosmic reality might be beyond the reach of extrinsically oriented individuals. In a meta-analysis of the literature on religion and spirituality, Donahue found a positive association between intrinsic religious orientation and a sense of purpose in life. Because of its ability to provide a sense of cosmic meaning, this lead one to think that religion and spirituality might be particularly salient as one approaches the end of life.[51]

1.7. 7 Religion, Spirituality, Physical and Mental Health

By far the largest area of research to examine the influence of religion and spirituality has been in the context of health. In one of the most comprehensive reviews of its kind, Koenig, McCullough, and Larson compiled all of the studies between the years 1900 and 2005 that had examined the multiple dimensions of religion and their influence on a variety of physical and mental health variables.[52] The review identified that over 1200 studies had been conducted, with many studies using older adults. After critiquing and rating each study for methodological rigour, Koenig et al. concluded that:

> In the vast majority of the cross-sectional studies and prospective cohort studies we identified, religious and spiritual beliefs and practices rooted within established religious and indigenous traditions were found to be consistently associated with better health and predicted better health over time. [53]

[51] Donahue, Michael J. "Intrinsic and Extrinsic Religiousness: Review and Meta-Analysis." *Journal of Personality and Social Psychology*. (1985), 48:400-419.
[52] Koenig, H. G., McCullough, M., & Larson, D. B. *Handbook of religion and health*. New York: Oxford University Press, (2001).
[53] Koenig, H. G., Cohen, H. J., Blazer, D. G., Kudler, H. S., Krishnan, K. R. R., & Sibert, T. E. "Cognitive symptoms of depression and religious coping in elderly medical patients". *Psychosomatics*, (1995). 36, 369-375.

University of Ghana http://ugspace.ug.edu.gh

Indeed, amongst the health research focused specifically on older adults there is also evidence to support the positive link between the multiple dimensions of religion and physical and mental health. For example, public and private religious and spiritual practices have been found to be associated with a lower likelihood of using alcohol and of smoking, with improved immune system functioning, with better self-rated health[54], with lower likelihood of developing functional impairments, and with reduced mortality[55]. Indeed, research by Teinonen, Vahlberg, Isoaho, and Kivelä[56] using Egyptian older adults found that religious attendance was related to a 12-year increase in survival rates. Furthermore, Idler and Kasl[57] found that religious service attendance moderated the negative effects of disability on optimism and positive affect, while Kirby, Coleman, and Daley[58] found that spiritual beliefs held by indigenous cultures in western part of Africa moderated the negative effects of frailty on psychological well-being. Religious and spiritual involvement has also been identified as a strategy used for coping with health problems and in adjustment to age-related challenges.[59]

In the context of mental health, research with older adults has found religious coping to be associated with lower levels of depression and religious involvement and commitment to increase speed of recovery from depression.[60] Furthermore, importance of religious and spiritual beliefs

[54] Alexander, F., & Duff, R. W. Influence of religiosity and alcohol use on personal wellbeing. *Journal of Religious Gerontology*, 8, 11-19.
[55] Idler, E. L., & Kasl, S. V. (1997a). "Religion among disabled and non-disabled persons II: Attendance at religious services as a predictor of the course of disability". *Journal of Gerontology: Social Sciences*, 52B, S306-S316.
[56] Teinonen, T., Vahlberg, T., Isoaho, R., & Kivelä, S. L. "Religious attendance and 12year survival in older persons". *Age & Ageing*, 34, 406-409 (2005)
[57] Idler, E. L., & Kasl, S. V. "Religion among disabled and non-disabled persons I: Cross sectional patterns in health practices, social activities, and well-being". *Journal of Gerontology: Social Sciences*, 52B, S294-S305 (1997)
[58] Kirby, S. E., Coleman, P. G., & Daley, D. "Spirituality and well-being in frail and nonfrail older adults". *Journal of Gerontology: Psychological Sciences*, 59B, P123-P129. (2004)
[59] McFadden, S. H., & Levin, J. S. "Religion, emotion, and health". In C. Magai & S. H. McFadden (Eds.), *Handbook of emotion, adult development, and aging*. San Diego: Academic Press. (1996), 349-365.
[60] Koenig, H. G., Smiley, M., & Gonzales, J. *Religion, health, and aging*. Westport, Conn.: Greenwood Press. (1998)

University of Ghana http://ugspace.ug.edu.gh

and practices have been found to be associated with increased psychological wellbeing, increased self-esteem, and reduced death anxiety.[61] More recently, spiritual belief and private religious practice have been found to be associated with slower cognitive decline in Alzheimer's disease.[62] Reviews by George, Larson, Koenig, and McCullough[63] examining the mechanisms underlying the health benefits of religion and spirituality have identified that three main explanatory mechanisms have most often been proposed. The first mechanism explains that religions often promote healthy lifestyle behaviours including respect for the body, abstinence from alcohol, smoking, and illegal drugs, dietary practices and avoidance of risky sexual and violent behaviours, and it is these healthy lifestyle practices that some people think have a positive influence in preventing ill health as mentioned in the previous chapters. The second mechanism explains that religious members are often incorporated within a wider network of religious social support and that religious members often provide one another with help and support of various kinds in times of need, and may encourage one another in seeking and adhering to medical treatment and in recovery from illness. The final mechanism suggests that religious and spiritual beliefs can provide a sense of coherence and meaning for its members and provide a worldview that speaks to issues of the nature of human existence, human suffering, and purpose in life. This sense of coherence and meaning is theorised to influence health by allowing religious and spiritual believers and practitioners to find meaning in suffering which in turn can preserve psychological well-being and buffer against the harmful effects of stress on health. Interestingly, however, when these three

[61] Koenig, H. G., Kvale, J. N., & Ferrel, C. "Religion and well-being in later life". *Gerontologist*, (1988). 28, 18-28.
[62] Kaufman, Y., Anaki, D., Binns, M., & Freedman M. "Cognitive decline in Alzheimer disease: Impact of spirituality, religiosity, and QOL". *Neurology*, (2007). 68, 1509-1514.
[63] George, L., Larson, D., Koenig, H., & McCullough, M. Spirituality and health: What we know and what we need to know. *Journal of Social and Clinical Psychology*, (2000). 19, 102-116.

University of Ghana http://ugspace.ug.edu.gh

explanatory mechanisms are compared within the same statistical models, it is the psychological sense of coherence and meaning that appears most significant.[64]

More recent reviews have generally agreed with the importance of these mechanisms but highlight the need for future research to identify other less established religious/spiritual mechanisms that may influence health like the current research this researcher is undertaking.[65] This research, through its in-depth interviews and investigations of indigenous beliefs and practices, will contribute toward identifying such less established mechanisms that may have implications for future religion, spirituality and health research.

1.7.8 Religion, Spirituality and Grief in Old Age

There is now abundant empirical evidence on the vital role of religion and spirituality in the well-being of the elderly. For instance, many of the participants who were interviewed for this work reported significant positive correlations between importance of religious, spiritual beliefs and practices resulted to high levels of personal adjustment, happiness, and health. Other discussants also expressed a significant connection between their personal spiritual activities and religious involvement as a part to play in their increased longevity and better health. It is also a widely held belief that religiosity and spirituality ameliorates fears associated with death and dying. This is because it has been established that religion is a source of comfort when individuals are experiencing negative life events[66]. Particularly for those holding indigenous beliefs and practices and other religious views like Christianity and Islam, religious and spiritual beliefs offer the hope of life after death and a possible reunion with family and friends, which Wong described as

[64] George, L. K., Ellison, C. G., & Larson, D. B." Exploring the relationships between religious involvement and health". *Psychological Inquiry*, (2002). 13, 190-200.
[65] Oman, D., & Thoresen, C. E. "Do religion and spirituality influence health?" In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality*. The Guilford Press, (2005), 435-459.
[66] Idler, E. 'Religion and Aging', in Binstock, R., George, L. K., Cutler, S. J., Hendricks, J. and Schulz, J., (eds.), *Handbook of Aging and the Social Sciences*. Burlington: Academic Press, (2008), 277-300

University of Ghana http://ugspace.ug.edu.gh

approach acceptance of death.[67] Perhaps even more important, religion and spirituality provide meaning for an individual's life and death and as a means of providing solace and divine comfort to an older person with a life-threatening illness as expressed earlier.

One other area that has also produced some interesting insight in this respect is in the religion and bereavement literature. Reviews of the empirical research suggest that religion and spirituality can have a potentially beneficial influence on people experiencing significant bereavement or grief[68]. In the context of older adults, Fry using a cross-sectional study of the South African Zulu and Xhosa older adults bereaved from a spouse in the previous 24 months found that importance of religion, spiritual beliefs and practices, and accessibility to religious support were predictors of psychological well-being[69]. In a large prospective cohort study of African American older adults, Brown, Nesse, House, and Utz identified that the experience of spousal bereavement could produce an increase in church attendance and an increase in importance of religious or spiritual belief, with this latter increase being related to lower grief, this effect was seen as being particularly salient in those with an insecure attachment style.[70]

Explanations for the beneficial influence of religion and spirituality in circumstances of bereavement include that most religions help shape the worldview of the people, and also contain beliefs related to issues of death and practices that can be used in the expression of grief and mourning. According to the data gathered with the participants who had experienced spousal

[67] Wong, P. T. P. "Spirituality, meaning, and successful aging". In P. T. P. Wong & P. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical applications* Mahwah, NJ: Lawrence Erlbaum Associates, Inc., Publishers. (2009), 359-394.

[68] Becker, G., Xander, C. J., Blum, H. E., Lutterbach, J., Momm, F., Gysels, M., and Higginson, I. J. Do religious or spiritual beliefs influence bereavement? A systematic review. *Palliative Medicine*, (2007). 21(3), 207-217.

[69] Fry, P. S. "Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders". *Aging and Mental Health*, (2013). *4*(4), 375-387.

[70] Brown, S. L., Nesse, R. M., House, J. S., and Utz, R. L. "Religion and emotional compensation: Results from a prospective study of widowhood". *Personality and Social Psychology Bulletin*, (2004). 30(9), 1165-1174.

University of Ghana http://ugspace.ug.edu.gh

bereavement, found that religious cognition such as belief in a life after death, life after death reunion, and belief in a protective, omniscient and omnipresent God or deity were used in ongoing coping and adjustment. Participants were able to make sense of their bereavement by interpreting it as part of a purpose or plan known to God or [Onyankopon] and found benefit in beliefs that their spouse were in a life after death location free from suffering and had achieved their spiritual goal of reaching their desired afterlife.

> As far as I'm concerned, he's gone to a better land, and I sincerely hope that I will meet him, my mother and father, my, all my family has gone bar me now, and all his family has gone, so it's only me left of my family, and I believe that one day we shall meet again.[71]

Another participant also expressed these;

> I mean your strongest belief is hoping that there is an afterlife and you will meet your husband again, you know you will meet your loved ones again, I think that's the thing that keeps you going.[72]

Participants were also able to use religious and indigenous practices and rituals such as pouring of libation, prayers, and receiving Communion/Eucharist to facilitate continuing bonds processes with their deceased spouse. Through religious rituals participants felt they were able to continue or maintain a cognitive and emotional relationship with the deceased and feel a sense of psychological and emotional closeness, as well as rituals helping participants to regulate grief related emotions. Participants were also able to draw on diverse Biblical content, indigenous adages and proverbs and use this in multiple ways to support sense making processes and to sustain their coping.

Religion and spirituality may also allow adherents to find personal meaning in bereavement. Coleman, McKiernan, Mills, and Speck found in a longitudinal study of Senegalese older adults

[71] Auntie Emma. Wamfie, March. 2021
[72] Mrs. Rosie. Dormaa, March. 2021

University of Ghana http://ugspace.ug.edu.gh

who had experienced recent spousal bereavement that those scoring high on religious belief tended to have higher personal meaning and lower depression compared with those of moderate and low religious belief during the second year of bereavement.[73]

1.7.9 Religion, Spirituality and Cognitive Functioning

Research has now begun to investigate whether the potential beneficial influence of religion and spirituality may extend to other areas important in later life such as cognitive functioning and dementia, with the latter now recognized as a worldwide public health problem especially in Africa currently[74]. Indeed, one would predict that here is where there will be an increase in religious or spiritual gerontological research over the next decade, as in the absence of more effective dementia medication researchers attempt to investigate whether psychosocial resources and interventions can delay the onset or slow down symptom progression related to cognitive impairment and dementia. A small number of high-quality studies including a focus on religious and spiritual variables have already begun to produce some thought-provoking findings in this area.[75]

In the context of cognitive functioning, a study conducted by Hill, Burdette and Angel has found that in a sample of over three thousand American older adults of African American descent more frequent religious attendance was associated with slower cognitive decline over an eight-year period as measured by the Mini Mental State Examination (MMSE – a commonly used neuropsychological instrument used in the assessment of different aspects of cognitive functioning).[76] In the context of dementia, a study by Kaufman, Anaki, Binns, and Freedman found

[73] Coleman, P. G., McKiernan, F., Mills, M., and Speck, P... In sure and uncertain faith: belief and coping with loss of spouse in later life. *Ageing and Society*, (2007) 27(06), 869-890.
[74] Prince, M., Bryce, R., Albanese, E., Wimo, A., Ribeiro, W. and Ferri, C. PThe global prevalence of dementia: a systematic review and metaanalysis. *Alzheimer's and Dementia*, . (2013). 9(1): 63-75.
[75] Prince, M., Bryce, R., Albanese, E., Wimo, A., Ribeiro, W. and Ferri, C. P. "The global prevalence of dementia: a systematic review and metaanalysis". *Alzheimer's and Dementia*, (2013). 9(1): 63-75.
[76] Hill, T. D., Burdette, A. M., Angel, J. L., and Angel, R. J. (2006). "Religious attendance and cognitive functioning among older Mexican Americans". *The Journals of Gerontology*

University of Ghana http://ugspace.ug.edu.gh

that in a sample of some East African patients diagnosed with probable Alzheimer's disease more frequent engagement in private religious practices and higher levels of self-rated spirituality, but not religious attendance, predicted slower cognitive decline,[77] again measured using the MMSE, over a one-year period. More recently, a study by Coin et al. using a sample of Italian older adults with probable Alzheimer's disease has found that compared with those categorized as high in religiosity (measured by increased frequency of participation in religious activities), those low in religiosity showed increased cognitive decline (measured by the MMSE) and increased behavioral disturbances (measured by the Neuropsychiatric Inventory) over a one-year period.[78] This study also showed that over the same period caregivers to patients low in religiosity showed increased caregiver burden and distress compared to caregivers of patients high in religiosity. Coin et al concluded with the suggestion that in circumstances of patients with an existing religious and spiritual belief they should be supported and encouraged in their practices with any potential benefits likely to be experienced by caregivers as well as patients.[79]

There is also the earlier longitudinal research by Snowdon, the "nun study" that has provided evidence for the argument that living a life of daily prayer, ancestral veneration, libation, contemplation and other related practices may contribute to the preventative effects relative to the development of Alcimus, Alzheimer's and any other related diseases, and also improve the condition of those among the sisters that had already contracted the disease.[80] Moreover, there is

[77] Kaufman, Y., Anaki, D., Binns, M., and Freedman, M "Cognitive decline in Alzheimer disease Impact of spirituality, religiosity, and QOL". *Neurology*, (2007). 68(18), 1509-1514.
[78] Coin, A., Perissinotto, E., Najjar, M., Girardi, A., Inelmen, E. M., Enzi, G., ... and Sergi, G. (2010). "Does religiosity protect against cognitive and behavioural decline" in *Alzheimer's dementia? Current Alzheimer Research*, 7(5), 445-452.
[79] Coin, A., Perissinotto, E., Najjar, M., Girardi, A., Inelmen, E. M., Enzi, G., ... and Sergi, G. (2010). Does religiosity protect against cognitive and behavioural decline in *Alzheimer's dementia? Current Alzheimer Research, 7(5), 445-452.*
[80] Snowdon, D. *Aging with Grace*: What the nun study teaches us about leading longer, healthier, and more meaningful lives. Bantam. Randon House Publishing Group, Minnesota, (19 November, 2008)

University of Ghana http://ugspace.ug.edu.gh

currently an emerging literature beginning to indicate that meditation, which can form part of religious and spiritual practice as well as secular spirituality and activity, may have a beneficial influence on cognitive functioning in later life[81] and in neurodegenerative diseases.[82]

Despite this area of religion, spirituality and health research being arguably one of the most exciting for theory development and potentially far reaching in its applied implications there is still a lack of detailed theorizing about how religion and spirituality may influence cognitive functioning, dementia and others. However, some discourse does suggest that religion and spirituality may have a beneficial influence by encouraging regular cognitive stimulation, and thus stimulating and reinforcing underlying neural networks.

In comparison with secular activities, religious and spiritual involvement may be considered distinctive or unique in a number of ways, for example in the combination of both public and private activities, in the combination of evocative stimuli involved (e.g., use of music, vocalization, ancestral veneration, libation, incense, iconography/imagery, symbolism, narrative), and involving different thought processes. Indeed, common religious and spiritual activities can include attending church services, interacting with one's congregation, remembering and commemorating religious holidays, Saints days, indigenous and other festivals, and anniversaries, reading or listening to religious scripture or stories, engaging in prayer, singing hymns and performing and participating in religious and spiritual rituals. It is hypothesized that religious activities may be cognitively stimulating in several ways, for example by encouraging cognitive activity such as concentration, introspection, meditation, perspective taking, abstract thinking and contemplation by encouraging activity in different cognitive modalities such as perception, comprehension, production, and

[81] Gard, T., Hölzel, B. K., and Lazar, S. W. (2019). The potential effects of meditation on age-related cognitive decline: a systematic review. *Annals of the New York Academy of Sciences*, 1307(1), 89-103.
[82] Newberg, A. B., Serruya, M., Wintering, N., Moss, A. S., Reibel, D., and Monti, D. A. (2014). Meditation and neurodegenerative diseases. *Annals of the New York Academy of Sciences*, 1307(1), 112-123.

University of Ghana http://ugspace.ug.edu.gh

emotion by engaging the use of different types of memory processes,[83] and by stimulating frontal lobe activity, in particular the activity of the prefrontal cortex associated with executive cognitive functions.[84]

In general, Alzheimer's disease and vascular dementia are considered to be the two most common types of dementia affecting those over the age of 65 years and above. Koenig, King, and Carson have indicated that future research and theorizing needs to establish the mechanisms by which religion and spirituality may influence these dementias.[85] for example, whether religion and spirituality can have an influence on the underlying pathology of neurodegeneration in Alzheimer's disease involving amyloid proteins and brain inflammation, or whether the healthy lifestyles and behaviors associated with religion and spirituality can reduce the risk of the development of vascular dementia.

1.8 Significance of Study

With rapid social, political and economic changes, it becomes increasingly necessary to have basic information relating to the various constituents of the aging population, in order that planning, policy-making, decision-making, social legislation and program development can be based on sound and solid foundation.

This study will be important for knowledge about the connection between religion, spirituality and aging especially in the Ghanaian experience.

It will rekindle the conversation of the relevance of religion and spirituality as a coping mechanism in old age so that a comprehensive programme and policy will be established to promote the quality of life of the aging population in modern Ghana.

[84] Koenig, H., McCullough M., and Larson D. (2001). *Handbook of religion and health*. Oxford University Press.
[85] Koenig, H., McCullough M., and Larson D. (2001). *Handbook of religion and health*. Oxford University Press.

University of Ghana http://ugspace.ug.edu.gh

Additionally, it will bring to light the role of indigenous or African traditional religion and how much they contribute to coping measures with aging.

Lastly, this research when completed will provide opportunities for further research and also serve as a source of secondary literature for review by other researchers.

1.9 Organisation of Work

The research was organised in five (5) chapters.

Chapter one (1) covers the General introduction to the study.

Chapter two (2) was The Generic Conceptions of Aging in Contemporary World

Chapter three (3) covered Religion and Spirituality in the Life of the Aged among the Dormaa people

Chapter four (4) presented the Life of the Aged in Contemporary Dormaa Society

Chapter five (5) also covered Summary, Findings, Recommendations and Conclusions.

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

CHAPTER TWO

THE GENERIC CONCEPTIONS OF AGING IN CONTEMPORARY WORLD

2.0 INTRODUCTION

In this chapter, the research examines the general perspective of aging globally, Africa and Ghana, and also a look at the various conceptions of aging with extension on theology and religious facets on aging from both Christian and Islamic perspectives. These aforementioned religions are very common among my target population and within the research area, hence the reasons to use them particularly. The chapter begins with general introduction, concerns on aging, and aging in Africa, with a quick glance at aging situations in Ghana, perceptions and the changing perspectives on aging. Issues and trends were also reviewed. The chapter will conclude with the various dimensions and understandings of aging in the world today.

Before the close of the 20th century, issues about aging had assumed increasing global concern and interest. Notable among the areas of concern is aging in the developing world, especially Africa, and particularly in sub-Saharan Africa. The causes of concern could be given as elaborated below: Firstly, the increasing population of aging in Africa. More and more Africans are growing old but face uncertain future, reports African Development Bank (AFDB).[86] Africa's population is ageing, just like in the rest of the world, but the continent's governments are badly equipped to handle the growing number of older people. That's the main conclusion of a new report from the African Development Bank (AFDB). The percentage of people aged over 65 in Africa has grown to 8.6 percent in 2020 from 3.3 percent in 2000, and it is a long-term phenomenon. There has been a steady increase over the last 40 years, and it will accelerate in coming years. The elderly could

[86] WHO. *World Health Survey: Results from Mauritius, Tunisia, Nigeria, South Africa, Morocco, Congo and Zimbabwe*. (2002).

University of Ghana http://ugspace.ug.edu.gh

account for 6.5 percent of the continent's population by 2030, and almost 12 percent by 2050. In some countries, the proportion of older people will almost match that of industrialised countries by 2030 and 2050. In some African countries, that future has already arrived, with percentages of elderly people much higher than the continental average. The proportion of over-65s in Tunisia is 9.3 percent, and in Nigeria it is 8.9 percent. The elderly population in those two countries has nearly doubled over the last 20 years, and other countries such as Botswana, South Africa, Libya and Ghana have followed a similar pattern. The statistics in the report run contrary to accepted wisdom in much of the western world which views Africa as a place with low life expectancy. Life expectancy on the continent is still lower than in developed countries, but it is increasing. Life expectancy at birth in Africa was 52.7 years in 1990 but had risen to 58.6 years by 2015. The greatest increases in the older population have occurred in middle-income African countries, such as Mauritius, South Africa, Egypt, Nigeria, Morocco and Tunisia. Other countries such as Libya, Botswana, Zimbabwe, Ghana and Djibouti have also witnessed fast growth among the elderly population. However, unlike many developed countries, African nations are in general not best equipped to deal with the rise in numbers of older people, and this a cause for concern for all.

Secondly, the lack of social welfare support programmes and the government policies for the aged. With few exceptions, many African countries including Ghana need a comprehensive welfare system that will guarantee the well-being and quality of life for all, especially the ageing population. Such a welfare system would ensure that unemployed and retired people do not suffer poverty which has many negative consequences for their well-being and for society as a whole. In addition, most of countries in Africa have not developed a policy for its ageing population. For example, in Ghana, various attempts have been made to draft one for implementation after it has passed through cabinet and parliament successfully. Such a policy would guarantee good health

University of Ghana http://ugspace.ug.edu.gh

care and maintenance of the aged. Unfortunately, such scenarios and bottlenecks in various government structures across Africa like the Ghana example, cut across if not all many of the African countries impeding any policy plan and support programmes.

Also, low levels of income for working populations and the grossly lower pension or complete lack of pension for the retired and aged. As been highlighted earlier on, Africans are aging in a complex context with high rates of income inequality, unemployment and an increasing burden of disease that includes endemic levels of HIV as well as a growing epidemic of non-communicable disease and recently the Covid 19 virus causing havoc and terror particularly among those over age 60 and above. In this context, social protection grants play a critical role in the survival and livelihoods of individuals and households. Until a decade ago, pensions were not a key topic on the social policy agenda in most African countries. The focus of policy makers in the region was mostly on how pension fund reserves can be best leveraged to contribute to development mainly through the financing of infrastructure projects. Only in recent years has the persistently low coverage of existing formal sector schemes led African governments to place greater emphasis on social protection as the primary goal of pension systems. The coverage of pension systems in the region continues to be limited to the small segment of the population in the formal sector. For instance, in Ghana as well as in many African countries, social security facilities are available to persons who during their working life contributed to a pension fund or similar savings programme. Unfortunately, the schemes out of reach to many rural poor peasant farmers who when they have retired from farming are left with no monthly income. With exception of South Africa which has a strong commitment to addressing poverty and creating opportunities for economic security for all its citizens with constitution of the Republic backing this agenda.[87] Older persons are vulnerable

[87] Anderson B.A., Phillips, Adult Mortality (Age 15–64) Based on Death Notification Data in South Africa: 1997–2004. Statistics South Africa; Pretoria, South Africa: (2006)

University of Ghana http://ugspace.ug.edu.gh

population and social security should therefore be expanded to cover the formal and non-formal population in rural and remote areas. Recent research calls for pension programs to be strengthened to combat poverty among the elderly population within the various countries on the continent.

Further, the increasing breakdown of the extended family and support system. Family support for older people in Ghana, as in other African countries, has declined in recent decades, exposing increasing numbers especially of rural elderly to destitution and poverty. The nature and causes of this decline remain poorly understood, in particular the relative role of growing material constraints, as proposed by political economy perspectives, or weakening traditional values, as suggested by modernization perspectives.[88] In the absence of formal welfare systems, such family support has been responsible for ensuring economic security for the old. Today, however, whereas the majority of older Africans continue to rely on material help from younger kin, indications are that the adequacy of such help has declined.[89] Though hard data on African trends in old age family support are in short supply owing to a lack of longitudinal, individual-based data collection, general surveys have shown sizable proportions of older people to receive insufficient financial family support, and ethnographic studies have documented individual cases of such deficiency.[90] Material deprivation and neglect of older people have emerged as an increasingly visible "social problem" in African cities.[91]

Again, the effect of social change on social structures and traditional society. Many people outside Africa do not realize that even though to a great extent these traditional beliefs and practices still

[88] Aboderin, I. "Social change and the decline in family support for older people in Ghana: An investigation of nature and causes of shifts in support". Unpublished doctoral dissertation, University of Bristol. 2000.
[89] HelpAge International. "State of the world's older people 2002". London, UK, (2002).
[90] Foner, N. "When the contract fails: Care for the elderly in nonindustrial cultures". In V. L. Bengtson & W. A. Achenbaum (Eds.), *The changing contract across generations*. New York: Aldine de Gruyter, (1993), 101–117.
[91] Apt, N. A. *Ageing in Africa*. Geneva: World Health Organization, (1997).

University of Ghana http://ugspace.ug.edu.gh

exist in in many rural communities, older adults are no longer automatically guaranteed the protection, support and quality of life previously assured by virtue of their age and position in the family. Changes are happening which are undermining the traditional family support system and arrangements. These social changes are the result of factors that included: modernization, education, Christianity, migration, and globalization. Some gerontologist includes factors such as changes in family size and family structure.[92]

In Africa where about 70% of the population live in rural communities, there is a significant difference in lifestyle and availability and access to basic amenities between urban dwellers and rural folks. More visible is the intergenerational divide between the old and the young, leading to many older people living without their children and grandchildren whom are the default or the primary care provider for the elderly in their aging vicissitudes.

2.1 GLOBAL AGING AND ISSUES

In almost every country, the proportion of older people is increasing. The population aged 60 years or over tripled from its number in 1950 to 600 million in 2000, and by 2006, the number of older persons had surpassed 700 million, while current projections suggest that by 2050, 2 billion older persons will be alive, implying that their number will once again triple over a span of 50 years[93]. The numerical growth of elderly persons (population aged 60+ years) around the world is an eloquent testimony not only of reductions in fertility but also of reductions in infant and maternal mortality, improved nutrition, reduction in infectious and parasitic diseases, as well as improvement in health care, education, and income. Global total fertility rate has declined from

[92] John Bond, Peter Coleman and Sheila Peace, ((Eds.) *Ageing in Society: An Introduction to Social Gerontology*, 2nd Edition, London: SAGE LPublications Ltd., 1993, 8-9.
[93] United Nations, *World Population Prospects, The 2006 Revision Vol. I: Comprehensive Tables, Population Division*, New York, NY: Department of Economic and Social Affairs, (2007).

University of Ghana http://ugspace.ug.edu.gh

5.0 live births per woman in 1950–1955 to 2.7 live births per woman in 2000–2005, and is expected to further reduce to replacement level, that is 2.2 live births per woman by 2045–2050 period[94]. Also, life expectancy has increased from 46.5 years in 1950–1955 to 66.0 years in 2000–2005, and is expected to rise to 76 years by the 2045–2050.

The corresponding fertility values are 6.7 live births per woman in the early 1950s to 5.5 live births per woman by early 2000s and 2.4 live births per woman by 2045–2050 period. Similarly, expectation of life at birth rose from 36.7 years in the 1950s to 48.4 years by 2000–2005, and is projected to peak at 68.4 years during the 2045–2050 period. Lesotho's fertility and mortality profile for example is similar to that of sub-Saharan Africa. This is because fertility fell from 5.8 to 4.5 live births per woman in one half century, and is expected to fall to replacement level during 2045–2050 period, while life expectancy increased from 38.5 to 40.2 years in five decades, and is expected to reach 65.1 years by 2045–2050 period. Empirical evidence indicates that most nations will face population aging to some degree over the next decades[95] (Mba, 2001), and planning for this phenomenon can mitigate some of the concomitants of aging process in other to less burdensome the challenges associated.

The age structure of a population is the result of the three basic population processes: fertility, mortality, and migration. When these processes are constant for many years, a stable age structure emerges. Changes in fertility, mortality, or migration will produce as long-term effects. For example, the post war baby boom of the United States initially made the population age structure younger. As the members of the baby boom cohort or group age, the U.S. population also ages, even if there are no future changes in fertility, mortality, or migration, due to the momentum

[94] United Nations, *World Population Prospects, The 2004 Revision Vol. I: Comprehensive Tables, Population Division*, New York, NY: Department of Economic and Social Affairs, 2005.
[95] U.S. Bureau of the Census, *An Aging World* (International Population Reports, Series P-95, No. 78), Government Printing Office, Washington, DC, USA, (1986).

University of Ghana http://ugspace.ug.edu.gh

inherent in the existing age structure and vital rates. Age structures, therefore, reflect current patterns of fertility, mortality, and migration, as well as the effects of these processes in the past.[96]

2.2 EMERGING HEALTH AND SOCIAL TRENDS OF AGING

WHO's publication, "The global burden of disease: 2004" update provides evidence of the changing trends in disease patterns around the world (WHO, 2008).[97] Developing countries like Ghana face a double burden of high levels of both communicable and non-communicable diseases (NCDs). The majority of older people die of NCDs such as heart disease, cancer, and diabetes, rather than from infectious and parasitic diseases.[98] In addition, they often suffer from several health problems at the same time. Older people also experience higher rates of disability, reflecting an accumulation of health issues throughout their lives. The global burden of disease: 2004 update not only suggests that the prevalence of disability increases with age, but that more than 46% of people aged 60+ years have some type of impairment. What is more, the prevalence of disability among older people in low-income countries is higher than among those in high-income countries, and in turn, higher among women than men (WHO, 2008).

The risk of dementia rises sharply with age, with an estimated 25–30% of people aged 80+ years having some degree of cognitive decline. Older people with dementia in sub-Saharan Africa particularly and generally do not have access to the affordable long-term care their condition may

[96] A. J. Coale, "How a population ages or grows younger," in *Population: The Vital Revolution*, R. Freedman, Ed., New York, NY: Doubleday, 1964.
[97] World Health Organization (WHO) (2008). The global burden of disease: 2004 update. Geneva: WHO (http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf, accessed 15 Sept. (2020).
[98] World Health Organization (WHO) (2013). Mental health and older adults. Fact sheet No. 381. Geneva: WHO (http://www.who.int/mediacentre/factsheets/fs381/en/, accessed 15 Sept. 2020).

University of Ghana http://ugspace.ug.edu.gh

warrant. Often, their families do not have publicly funded support to help with care at home (WHO, 2012a).[99]

In emergency situations, older people can be especially vulnerable. When communities are displaced by natural disasters and armed conflicts, as most at times happen in most parts of northern Ghana, older people are often unable to flee or travel long distances and may be left behind. Yet, they are a valuable resource for their communities and play an important role in the humanitarian aid process when they are involved as community leaders. Importantly, many older people are at risk of maltreatment. Around 4–6% of older people in developed countries have experienced some form of maltreatment at home and in institutions. The maltreatment of older people can lead to serious physical injuries, long-term psychological consequences and most at times death, as the one happened at Kafaba near Salaga in the East Gonja municipality of the Savannah Region of Ghana recently of a 90-year-old woman been lynched after a traditional priest accused of her of witchcraft.[100]

With increasing longevity with all the concomitants of aging, and with the above highlighted situations of older people, the need for long-term care and solution is of the essence. Older adults can age successfully if they learn new ways to build community, find spiritual and cultural interests, and continue to work for as long as they can render service, and this is the aim of this research.

[99] World Health Organization (WHO) (2012a). Good health adds life to years: global brief for World Health Day 2012. Geneva

[100] https://www.myjoyonline.com/news/regional/90-year-old-woman-lynched-after-traditional-priest-accused-her-of-witchcraft

University of Ghana http://ugspace.ug.edu.gh

2.3 AGING SITUATION IN GHANA: THE CHANGING VIEWPOINTS.

The number of older people in Ghana has increased more than seven-fold from 213 477 in the 1960 census to 1 643 381 in the 2010 census. In 2010, 7.7% of Ghana's population was aged 60 or over. A higher proportion of women than men are living to be age 70 and over, resulting in a larger population of older females[101]. At the same time, the average number of children born to a woman over her lifetime has dropped from 6.4 in 1988 to 4.0 children in 2008. As mentioned above, Ghana, and for most countries, fertility and mortality affect the age structure more than migration does, but at the town, city, or regional level, migration may become more important, especially areas where the researcher is coming from, which is widely known for their notoriety in travelling abroad for greener pastures. The age structure of a country, in contrast, depends more on fertility and mortality. High fertility and high mortality ultimately produce a young population whereas low fertility and low mortality in the long run produce an older population.

In Ghana, as in all parts of the world, the demographic transition is under way, although the pace and stage of the transition varies. (The demographic transition refers to the predictable shift from high mortality and high fertility to low mortality and low fertility.[102] As countries progress through the stages of demographic transition, changes in population structure, notably size and age composition, so that by the end of the demographic transition, a typical population is both larger and older). In Ghana, mortality is still moderately high as life expectancy at birth of is still below

[101] C. J. Mba, "Chapter 7: *Population distribution, internal migration, and urbanization," in Population Data Analysis Reports: Volume 1, Socio-Economic and Demographic Trends Analysis*, Accra: Ghana Statistical Service, 2005, 111–132,

[102] A. J. Coale, "How a population ages or grows younger," in *Population: The Vital Revolution*, R. Freedman, Ed., New York: Doubleday,1964.

University of Ghana http://ugspace.ug.edu.gh

60 years and fertility (measured by total fertility rate) has declined moderately from 6.4 in 1988 to 4.4 children per woman in 2003 and then to 4.0 in 2008.[103]

For Ghana, the age structure is growing younger because mortality declines tend to occur first at the younger ages, as more babies survive into childhood. This initial "younging" of the population provides momentum for large population growth when these children themselves reach childbearing ages. Reducing fertility rates, along with continued efforts to sustain the mortality declines has been a primary concern of the government of Ghana as highlighted in the revised population policy document.[104] However, what is not recognized is that sustained efforts designed to reduce fertility and mortality have important implications for other aspects of the age structure of the Ghanaian population, particularly the elderly subgroup. Although Ghana can still be classified as a youthful population (Ghana Statistical Service, 2005), reductions in fertility and mortality have resulted in increase in both the proportion and absolute number of elderly population (persons aged 60 years and over) as evidenced by census results[105] and estimates from other sources.[106] In fact, with the proportion of the elderly population currently at 8.2 percent, Ghana has one of the highest proportions of persons aged 60+ years in sub-Saharan Africa. With continued campaigns to reduce fertility and mortality, it expected that this proportion will rise in the coming decades.

With longevity and the increasingly high proportion of the aged above 70 years, couple with the weakening extended family support system, lack of proper social welfare support programmes and

[103] Ghana Statistical Service (GSS), Noguchi Memorial Institute for Medical Research (NMIMR), Ghana Health Service (GHS), Ghana AIDS Commission (GAC) and Macro International (MI), 2009. Ghana Demographic and Health Survey
2008. Calverton, Md, USA: GSS, NMIMR, GHS, GAC and MI

[104] Republic of Ghana, National Population Policy (Revised Edition), National Population Council, Accra, Ghana, (1994).

[105] Ghana Statistical Service. *Population Data Analysis Reports: Volume 1, Socio-economic and Demographic Trends Analysis*. Accra, Ghana: The GSS, 2005.

[106] Population Reference Bureau (PRB), *World Population Data Sheet*, The PRB, 2006.

University of Ghana http://ugspace.ug.edu.gh

a viable government policy for the aged, the concept of aging and becoming old evoke panic, anxiety, fear, incapacitation, and not able to live a complete life pose many an unanswered question for the elderly.

Consequently, this work attempts to rekindle the conversation of the relevance of religion and spirituality as a coping mechanism in old age so that a comprehensive programme and policy will be established to promote the quality of life of the aging population in modern Ghana as the phenomenon continues to skyrocket.

2.4 CONCEPTIONS OF AGING

Aging is generally determined by external appearance. The physical features that give indications of a person's age include grey hair, wrinkles on the skin, slowness in movement, and age-related illnesses and disabilities. Scholars have different ways of defining aging. In his book, 'The Psychology of Ageing', Ian Stuart-Hamilton has described various ways of defining aging, based on characteristics found in elderly subjects as summarize below:[107]

a) Universal aging features
b) Probabilistic aging features
c) Primary aging
d) Secondary aging
e) Tertiary aging
f) Chronological age

To expatiate further, the chronological age he said is an objective measure of our age, of the year's humans spend in life. However, the chronological age varies in the physical and mental state of a

[107] Ian Stuart-Hamilton: *The Psychology of Ageing: An Introduction* (4TH Edition) London/UK:. Jessica Kingsley Publishers. 2001.

University of Ghana http://ugspace.ug.edu.gh

person. In some disease, younger adults look prematurely old as in progeria (or Hutchinshon-Gilford syndrome) or in Werner's syndrome where they die very young. Social age is considered to be the socially acceptable behaviour at a particular chronological age. For instance, we don't expect grandparents to play on skateboards. Beliefs in ancient times thought that long life was a reward for pious behaviour. There is no sudden moment when people become old but at around 60-65 years of age, in the majority of people there are significant changes in mental and physical functioning that mean it is a reasonable choice of age of onset or threshold age and often used by gerontologists. Another division claims a difference between young elderly people (60-75 years) and old elderly (75-more).

Others prefer to talk of third age referring to active and independent lifestyle in later life and fourth age to a final period of dependence on others. Another consideration to consider is the functional age defined by the average chronological age at which a particular level of skill is found. Some measures of aging are examined in terms of the processes affecting a person as he or she has developed. As distal aging effects for the distant events (lacking mobility because of childhood polio) and the more recent as proximal aging effects (lacking mobility because of a broken leg). Aging can be defined in terms of the probability of acquiring a particular characteristic of later life.

Universal aging features are those that all older people share to some extent (wrinkled skin) while probabilistic aging features are likely but not universal (arthritis). One can also talk of primary aging (age changes to the body), secondary aging (changes that occur with greater frequency, but are not a necessary accompaniment) and tertiary aging (rapid and marked physical deterioration immediately prior to death). There is no single point at which a person automatically becomes old and chronological age is in any case an essentially arbitrary measure.

University of Ghana http://ugspace.ug.edu.gh

Aging can also be both physical and mental as reiterated above, and can therefore be referred to as biological age or psychological age respectively. The biological age therefore, according to Ian Stuart-Hamilton, refers to the state of either physical development or degeneration whilst the psychological age refers to the state of mental and behavioural changes associated with age.

Professor W.J. McLennan has defined aging simply as 'a set of changes associated with the progress of time'. These changes, however, may not always be accurate measures of age as has been stated already. Thus, the difficulty in defining aging has led to the use of chronological age brackets. Most researchers use age 60-65 to describe the onset of old age (or threshold age). Others describe people aged between 60-69 as 'young old'; 70-79 as 'middle-aged old'; and 80-89 as 'old old'; whilst 90-99 is describe as "very old old".[108]

Most gerontologist believe that many centuries ago, people did not normally live to a ripe old age. People died either young or became old at an early age, between 45 and 60. Even at this stage of early old age, the descriptions of physical decline or deterioration and senescence were inevitable, as evidence in many generations of writers and artists incorporated such ideas about 'decline' into their work. Shakespeare's ''Seventh Age'' of man: 'last scene of all, that ends this strange eventful history, is second childishness, and mere oblivion, sans teeth, sans eyes, sans taste, sans everything''.[109] In Hamlet the Bard has a 'satirical rogue' declaim 'that old men have grey beards, that their faces are wrinkled, their eyes purging thick amber and plum-tree gum, and that they have a plentiful lack of wit, together with most weak hams'. Jonathan Swift observed that 'every man desire to live; but no man would be old'.

[108] Burnside, et al. *Experimental production with pure cultures of molds*. Am. J. Vet. Res, (1979) 18:817-824
[109] William Shakespeare, *As You Like It*, Act 2, Scene 7.

University of Ghana http://ugspace.ug.edu.gh

2.4.1 Theology and Religious Dimensions of Aging

2.4.1.1 Christian Perspective

Contrary to the scientific thinking, the bible clearly records a history in which people lived very long. In the immediate Adamic genealogy (Adam and Noah) people lived for hundreds of years on average, with Methuselah living to nine hundred and sixty-nine years.[110] Aging and old age were seen as blessing from God. The old was to be accorded every respect and dignity. This divine injunction attracted blessings or sanction, depending on adherence. One of the Ten Commandments focuses on old age. Exodus 20:12 (ESV). "Honour your father and your mother, that your days may be long in the land that the lord your God is giving you". Deuteronomy 27:16 (ESV) ''Cursed be anyone who dishonours his father or mother.

Jesus' exposition on the theme of respect for the old was a big challenge and indictment on the Pharisees and scribes who manipulated their tradition to trespass God's commands. Mathew's Gospel (chapter 15) records the encounter between Jesus, the Pharisees and scribes. Verse 3-9 (NAS). "And he answered and said to them, and why do you yourselves transgress the commandment of God for the sake of your tradition? For God said, "Honour your father and mother, and he who speaks evil of father or mother, let him be put to death". "but you say, 'whoever shall say to his father or mother, "anything of mine you might have been helped by has been given to God", he is not to honour his father or his mother'. And thus, you invalidated the word of God for the sake of your tradition".[111]

In Bible times, aging was not looked upon as a disease or a curse. On the contrary, many biblical texts speak admiringly of old age. The following texts are examples. "those who do what is right

[110] Genesis 5: 1-32
[111] Mathew 15:3-6, quoted from the Hebrew-Greek Key Word Study Bible of the New American Standard Bible, 1990 Edition, page 1285.

University of Ghana http://ugspace.ug.edu.gh

will grow like a palm tree. They will grow strong like a cedar tree in Lebanon. Their roots will be firm in the house of the lord. They will grow strong and healthy in the courtyards of our God. When they get old, they will still bear fruit. Like young trees they stay fresh and strong". (Psalm 92:12-14 NIRV)

"Grey hair is a crown of splendour; it is attained by a righteous life'' (Proverbs 16:31 ESV) "is not wisdom found among the aged? Does not long-life bring understanding?'' (Job 12:12 NIV)

"Even to your old age and grey hairs I am he, I am he who will sustain you. I have made you and I will carry you; I will sustain you and I will rescue you." (Isaiah 46:4 NIV)

"The glory of young men is their strength; grey hair is the splendour of the old''. (Proverbs 20:29 NIV)

> in the same way, you who are younger, submit yourselves to your elders. All of you, clothe yourselves with humility toward one another, because, "God opposes the proud but shows favour to the humble. [112]

2.4.1.2 Philo and the Fifth Commandment

Philo lived from 30 BCE to 40 CE in Alexandria was a contemporary of Jesus and Paul. He wrote "the special law", a treatise in which he discussed the Ten C commandments, and other Jewish regulations and practices. In his exposition on the Fifth Commandment, he described the God-like role that parents play and the honour due them. He wrote:

The duty of honouring parents…. Stands on the borderline between the human and the divine. For parents are midway between the natures of God and man, and partake of both the human obviously because they have been born and will perish, the divine because they have brought others to birth and have raised not being into being. Parents, in my opinion, are to their children what God is to the world, since just as He achieved existence for the non-existence, so they in imitation of His power, as far as they are capable, immortalize the race.[113] Growing old was thus a blessing, and honouring old age was an obligation on the generation of religious people as enjoined in the Old and New Testament quotations.

[112] (1 Peter 5:5 NIV)
[113] Special laws II. 2255 (quoted from Dr. Derrel Watkins (editor), *Religion and Aging-An Anthropoly of the Poppele Pape*rs, page 46).

University of Ghana http://ugspace.ug.edu.gh

2.4.2 Islamic Perspective on Aging

The Islamic dimensions on aging will be looked at from two standpoints: from the view of the Quran and the Hadith.

2.4.2.1 Older People in Quran

The old age in Islam is so highly valued that it is emphasized as a notion occupying a place right after having faith in "Tawhid" and its components. At one point in a praying to God, the prophet Zechariah draws upon the notion of old age. And, one's lord has decreed that one worships none but Him. And, one is dutiful to his/her parents. If one of them or both of them attain old age in his/her life, don't tell them a word of disrespect, nor shout at them but address them in terms of honour, and, lower unto them the wing of submission and humility through mercy, and say: "My Lord! Bestow on them the mercy as they did bring me up when I was young".[114] And, follow not (i.e., say not or do not or witness not) that of which one has no knowledge. Verily! The hearing, and the sight, and the heart, of each of those one will be questioned (by Allah).[115] Then, on that Day one shall be asked about delights (one indulged in, in this world).[116] On the Day of Judgment, human feet will not be allowed to take a step until they are asked about four things including how they lived their life, their knowledge and how much they actually acted upon it; their wealth, how they earned and spent it; and their body and unto what way they have aged it. And, caring is dutiful to the parents. If one of them or both of them attain old age in the life, "don't tell a word of disrespect".[117]

[114]The Qur'an, Al-Isra:23–24
[115] Al-Isra:36
[116] The Qur'an, Al-Isra:8
[117] Asgari R. *et al*. *Parents' "*rights after their death from the view point of Islam". Procedia-Social and Behavioral Sciences 31, Islamic Azad University Publishing, Toyserkan (2012) 580-583

University of Ghana http://ugspace.ug.edu.gh

Respect to older adults in Islam has a special and valued place. According to the commentary written by Tabataba'i, the reason why God has attributed his orders around the old age of the parents is because they are in their most difficult states, and that is when they need the help of their offspring the most since they are incapable of doing most of their daily concerns and obligations, and this is exactly what they wish their children to help them with. The parents, then, wish that their offspring would give them a hand at the time of their senility.[118] Prophet Moses, after murdering a cruel Coptic man, flees the city in a state of terror. So, he escaped from there, looking about in a state of fear. He said, my lord! Save me from the people who are Zalimun (polytheists and wrong-doers).[119] The Moses' story is a sample for caring older adults in the community. He eventually married one of Nabi Shu'ayb's daughters because of his supporting. This Quranic story is an epitome of what it means to help older adults looking forward to nothing in return. It is obvious that in a society which has older adults as a main part, helping them without the use of systematic organizations is impossible. In an attempt to free their brother Benjamin from the prison of the Vizier of Egypt, the children of Jacob said: "O ruler of the land! Verily, he has an old father (who will grieve for him); so, take one of us in his place. Indeed, one think that one's the Muhsinun (good-doers)".[120] They wanted to use the respect that is held toward the older adults as a reason to free their brother or change his place with another among them.[121]

2.4.2.2 Older People in the Hadiths

In Prophet Muhammad's overview, aging and caring parents is a duty as he says: whenever one is in the presence of a senile in the tribe, respect him. There are three people to whom, except for the

[118] Tabataba'i MH (2019) Almizan. Tawheed Inst. Australia. Sydney: 2019. https://www.almizan.org/index.php. Accessed 13 Sept. 2019
[119] The Qur'an, Al-Qasas:21
[120] The Qur'an, Yusuf:78
[121] Bensaid B, Grine F. *Old age and elderly care: an Islamic perspective*. Islamic Publishing, Iran (2014)

University of Ghana http://ugspace.ug.edu.gh

person whose hypocrisy is manifest, no one shows disrespect: the white-bearded of Islam, the just leader, and the teacher of virtues. To have people of old age will increase the mercy and the beneficence of God on him/her and will expand one's blessings unto him/her. And to respect the aged Muslim who has grown white hair on his head is like celebrating God. One who does not respect the older people and does not show kindness to children does not have a place among us. Also, says: Have mercy upon the children and respect the aged to be among my friends. Any youth who respects an old person for his age, God will send one in his old age to respect him. Imam Sadiq says: Respect older adults and have devotion to one's relatives. Imam Ali: The dignity of the old age is dearer to me than the merriment of the youth. He says too: Respect older adults for his/her children to respect him/her in adulthood.[122]

According to Kulaini, the following are duties of "a Muslim" respecting the older parents i.e., their roles in the family as a guidance, goodness is in the hand of them, caring them as a duty of child, gracing and expanding the blessings of God unto child's life, and save the children from severities and difficulties who have been kind to their older parents on the Day of Judgment, in the viewpoint of the prophet[123]. Imam Reza says: Respect the aged and show kindness to the children and have devotion to one's families.[124] Imam Ali says: There are nine things who are even more obscene than the obscene such as the powerlessness of the authorities, the stinginess of the wealthy, ill-temperedness of the knowledgeable, the childish acts of the middle-aged, the separation of the rulers from their people, lying from the judges, old diseases from doctors, foul-mouthed of the women, and cruelty of the rulers. He says: Be kind to the children of family and respect the older adults. Imam Sadiq says: Respect the older adults and have devotion to one's relatives. Also, he

[123] Kulaini M. Y, et al, *Muslems roles in the Family*. Tehran, (2007)
[124] Asgari R. et al. Parents' "rights after their death from the view point of Islam". Procedia-Social and Behavioral Sciences 31, Islamic Azad University Publishing, Toyserkan (2012) 580-583

University of Ghana http://ugspace.ug.edu.gh

states: He is not one of us one who does not respect our older adults and does not show mercy upon our children.[125] Imam Ali says: The dignity of the old age is dearer to me than the merriment of youth[126]. Imam Zayn al-Abidin says: I counsel one to hold their older adults like one's father, their youth like one's brother, their old women like one's mother, and their children like one's children. Older adults have a valued place in the religion and there have been several indications to respect their rights. Imam Sadiq says: There are three persons to whom, except for one whose hypocrisy is manifest, no one shows disrespect. One who has grown white hair on his head in the path of Islam, one who holds Qur'an in his hand and the just ruler.

Also, Prophet Muhammad on his deathbed said unto Imam Ali: Have mercy upon the children among one's family and respect the older persons. He also mentioned: One who is aware of the excellence of an old aged and respect him, God will save him from the terror of the Day of Judgement (See "Thanatology"). On another account, Prophet Muhammad mentions the importance of the cherishment of the older adults and says: Cherish the old, for their cherishment is like the cherishment of God. In this hadith, the words "Bedjel" and "Tabjil" are of great importance, since the exact lexical meaning of "Tabjil" involves the meaning of love and kindness, in addition to having inherent in itself meaning of reverence and respect. Therefore, the exact translation of the hadith indicates a respect for the older adults which is intertwined with affection and kindness. In his Rowdat al-Waizin, Fattal Neishabouri, regarding having respect toward older adults brings an account from Prophet Muhammad: In ceremonies, one should leave empty places for three groups: for the old because of their age, for the knowledgeable and for the powerful because of their power.[127]

[125] Kulaini M. Y, et al, *Muslems roles in the Family*. Tehran, (2007)
[126] Amedi A., Ghorarol Hekam,Dorarol Kalem. Ḥawzah. *Old Age in the Quran*. Teran Publishing. (2014)
[127] Fattal, Neishabouri, et al. *Prophet Muhammad*. Nashr-e-Ney Inc. Tehran. (2004)

University of Ghana http://ugspace.ug.edu.gh

In summary, In Islam, as well as other revealed religions, the life of a human being does not end with their death, but death is in truth only a stage of life and the initiation of another stage. When this approach is practiced, the aged would not feel that they have reached the end of their lives, no aged would have to wish for youth and become sad remembering its reminiscence and to put it in simple words to get depressed and excluded, preparing better older adults' care. Islamic thought and the Quranic words have attended to the situation of older people in all aspects of their life and hospitality. The older adults with this worldview could enjoy their senility as yet another stage of human life and continue their life peacefully and comfortably.

University of Ghana http://ugspace.ug.edu.gh

CHAPTER THREE

RELIGION AND SPIRITUALITY IN THE LIFE OF THE AGED AMONG THE DORMAA PEOPLE

3.0 INTRODUCTION

The subject of religion and the related topic of spirituality has become of increasing interest to gerontologists in the twenty-first century. This has resulted in conceptual and theoretical developments alongside empirical data collection. This chapter looks at the generality of traditions in Dormaa area and the situations in which the aged found themselves. This is examined from the perspectives of socio-economic and health conditions. Aging from the cultural point of view and the traditional practices that are relevant in the aging processes is discussed.

3.1 PROFILE OF DORMAA

Dormaa Ahenkro is a district located in the western part of Bono region of Ghana. The region has Sunyani as its capital. It lies within longitudes 30 West and latitude 70 North and 70' 30' North. It shares border with Jaman and Berekum districts on the north and on the east by the Sunyani Municipal, in the South and southeast by Asunafo and Asutifi Districts respectively, in the southwest by Western North Region and in the West and northwest by la Cote d'Ivoire. The district has Dormaa Ahenkro as the municipal capital that is 80 kilometres west of the regional capital, Sunyani. It is indicated that, the municipal covers a total land area of 1368 square kilometres, which is about 8.5% of the total land area of the Bono Region and about 0.9% of the total land area of the country. It has about 345 settlement, one traditional authority and two electoral constituencies namely Dormaa Ahenkro East and Dormaa Ahenkro West (Ghana Districts, 2012).

University of Ghana http://ugspace.ug.edu.gh

According to the 2010 population and housing census report, the population of Dormaa Ahenkro municipality is about 169,789. This consists of 78270 males and 91519 females. It is indicated that the population is youthful ranging between ages 15 to 60 years (Dormaa Ahenkro Municipal Assembly, 2010). The site from all indication is largely rural. The population of people living in the urban centres is 48 percent compared with those in the rural areas (52 %). The population of the Municipal is mainly youthful (41.7%) even though there is a rising number of elderly persons (15.5%). The total age dependency ratio for the municipal is 90.8; the age dependency ratio for males is higher (92.3) than that of females (89.3). The age-sex structure of the population in the area is typically youthful in nature (Municipal Analytical Report, 2010). The likely future effect of this statistics is suggestive that the district will be experiencing a higher population growth particularly for women.

With regards to socio-demographics, Christians form the largest group in terms of religious groupings, followed by Muslims. In terms of occupation, majority are in the agricultural sector, with some others in the civil and public service positions. The area is suitable for the study because the people are predominantly the same traditional people, not too much of mixture of different cultures, this makes the sustenance or keeping to a traditional value, practices very pronounce.

3.2 SOCIO-ECONOMIC CONDITIONS OF THE AGED

Social change has been the factor of transformation in contemporary life worldwide including Ghana and Dormaa traditional area. The latter is fostered by a myriad of drivers. Social change is induced by modernization, urbanization, and globalization[128]. This, in turn, has necessitated societal and familial changes, which could be explained by social and economic conditions or

[128] Kpessa-Whyte, M. "Aging and demographic transition in Ghana: state of the elderly and emerging issues". *Gerontologist* (2018). 58, 403–408.

University of Ghana http://ugspace.ug.edu.gh

circumstances. These challenges include suffering from malnutrition, unemployment, income insecurity, health, poverty, isolation/loneliness, loss of respect, witchcraft accusations, housing and living environments and others. All these have implications for the care of the older adults.

3.2.1. The aged in contemporary Dormaa society

Already, evidence shows that the proportion of persons aged 60 years and above is on the rise in the traditional area. The first postcolonial census showed the share of the elderly population in 1960 was 1.6% of the total population in the municipality. This has increased to 2.2% in 1970, 2.9% in 1984, and 4.2% in 2000, and declined slightly to 3.7% of the total population in 2010.[129] Although the population 60 years and older decreased from 4.2% in 2000 to 3.7% in 2010, the absolute numbers show an increase from 4,258 in 1960 to 63,978 in 2010 representing 720% rise in the elderly population size.[130] Following this trend, it is projected that Dormaa's elderly population will reach 120 thousand by 2025 and 350 thousand by 2050.[131]

Notwithstanding the fact that the population of the municipal is mainly youthful (41.7%) even though there is a rising number of elderly persons 15.5% in 2010 census, the youthful population is projected to decline to 29.4% as that of those 60 years and older increase to 25.6% of the total population by 2030. Again, the cohort of the younger population is expected to decrease further to 22.3% as the elderly population witness upward movement to 32.1% in 2050. Similarly, it is projected that the proportion of persons 80 years and older will continue to increase and peak at 1.4% in the next three decades. In addition, the median age of the country's population is also expected to change in line with the general demographic trends. From a median age of 21 in 2010,

[129] Kwankye, S. O. "Growing old in Ghana: Health and economic implications". *Postgraduate Medical Journal of Ghana*, (2013) 2, 88–97

[130] Ghana: Ghana Statistical Service. *2010 Population and Housing Census: District Analytical Report*. Dormaa, (2013b).

[131] Ghana Statistical Service. *2010 Population and Housing Census Report: The Elderly in Ghana*. Accra, Ghana: Ghana Statistical Service, (2013a).

University of Ghana http://ugspace.ug.edu.gh

Ghana is projected to enter into an intermediate population bracket with a median age of 21.5 years in 2020 and old population of 31.7 median age in 2050. The trends of aging in Ghana also shows that the "coming decades will witness remarkable shifts in Ghana's population age structure towards older ages as a result of decline in the proportion of children under 15 years".[132] Thus, the argument that "declining birth rates, increasing life expectancy, and modern medicine, will eventually alter the age structure of societies in both developed and developing nations"[133] is beginning to resonate in Dormaa and other parts of Ghana.

Additionally, Ghanaian societies traditionally and socially have been characterised by cultural systems which gave high status to older people, and Dormaa traditional area is no exemption. 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 since colonisation to focus on change and modernisation, which has resulted in the higher valuing of the younger generations and looking towards the future, at the expense of maintaining regard for older people, learning from the past and valuing traditions. Over time this has led to the undermining of the roles, status and the welfare of older people who are increasingly becoming socially isolated and psychologically depleted.

The traditional family institution, with its notions of intergenerational commitments, used to care for all family members, including older people. This familial sense of responsibility has been eroded by forces including migration of younger people particularly from rural to urban areas, urbanisation, social and political instability and currently the impact of the Covid19 pandemic.

[132] Mba, C. J. "Population ageing in Ghana: Research gaps and the Way Forward". *Journal of Aging Research*, 2010, 1–8. doi:10.4061/2010/672157 (2010)
[133] McCutcheon, M., & Pruchno, R. "Introducing the International Spotlight". *The Gerontologist*, (2012) 51, 423–424.

University of Ghana http://ugspace.ug.edu.gh

Covid19 pandemic has had a significant social impact upon older people. Contemporary, older people often do no longer expect to be recipients of family care. The incidence of death among the elderly especially men who are mostly the breadwinners of the family has multiple impacts upon older women and the family. Alongside bereavement, they lose people who might have once been a possible source of external financial support in their old age, and the ongoing income-generation responsibility is often coupled with active care responsibilities for adult children and grandchildren, which heighten the financial burden.

With the widespread development focus in national policies and plans on younger people, and competing demands for resources from marginalised and vulnerable stakeholder groups, there will be those that are heard and those whose voices are not strong enough and the most likely to lose out significantly are the older people.

3.2.2 Social and economic circumstances facing the elderly in Dormaa

Categorically, several challenges form the core issues older persons in Dormaa face on a daily basis which are the consequences of the factors mentioned previously, and some of these challenges require urgent attention. As HelpAge International Ghana observes:

> Today, they (older people) are subjected to various forms of abuse that include physical violence, rape, and denial of basic necessities (food, water, shelter and healthcare). They are also denied support by their families and communities. At the national level, older people in Ghana are denied the opportunity to participate in issues that affect them and they are not adequately considered in national legislation. Although, they are among the poorest of the poor, poverty alleviation programmes do not target them. [134]

The above statement made by HelpAge International Ghana summarizes the social and economic conditions facing the aged in contemporary Dormaa societies. The challenges are discussed below:

[134] HelpAge International. *Ageing Issues in Africa: A Summary*. Accra, Ghana: HelpAge International. (2012)

University of Ghana http://ugspace.ug.edu.gh

Firstly, according to the data collected, housing and living environments is also another major headache facing the elderly in these communities because of such factors as unemployment and poverty, older people cannot afford good and durable shelter for themselves. Older people who live in the urban areas lack the resources with which to build or rent good accommodations, which are generally costly. Those at rural parts are the worse of these crises as majority lives various dilapidated shelters. It is quite obvious, therefore, that the aged have no access to safe, durable and affordable sanctuaries. Small minority live in rent-free accommodation of their own, of their forefathers, children or other relations. Where to live, couple with the increasingly exorbitant rents pertaining particularly in urban centres are a serious economic problem for the aged about to retire worker in the public sector. Many continue to work mainly because of lack of accommodation and the problem is even more compounded by the ever-rising cost of building materials in the country.

According to information from the field, it is assumed that housing is not a serious economic constraint for the majority of the elderly in these areas, and I think the type or quality of accommodation occupied by the elderly needs further investigation which is omitted in this work. Also, income received per year according to some of the elderly range from as low as 500 cedis to the highest of 2,500 cedis received by some few individuals living in the rural part of the community. On the whole, rural elderly people appear financially better off compared to the urban elderly population in Dormaa traditional area. Unfortunately, the research instrument limits the researcher's ability to assess the expenditures of the elderly respondents to better comment on the adequacy of yearly income accrued to the elderly. Nevertheless, when the researcher views the average dependents in the household of the elderly and consider the current high cost of living in

University of Ghana http://ugspace.ug.edu.gh

Ghana, it is rather doubtful whether the average elderly particularly in the urban area is able to meet his or her economic commitment adequately.

Further, judging from the field observations the elderly people on the whole looked rather poorly. A few looked well-nourished younger than their ages and relatively well-off but majority looked rather sickly and undernourished, particularly in the urban areas. Many had physical disabilities which restrict their movement, a few were confined permanently to bed and others could not see. Most old people in contemporary Ghanaian societies not only Dormaa suffer from malnutrition. Hence, a major challenge for them is how to get adequate food to eat. It is pertinent to note however, that malnutrition is one of the factors that contribute to poor health of older people in the country.[135] Thus, malnutrition among the aged brings with it, risks of increased mortality and morbidity. In fact, it has been observed that there is a high level of malnutrition among older people even in relatively food secure areas of Ghana. It should be noted that this problem is a fall out from the disintegration of the extended family system, a factor which now denies the aged the age-long communal care.

Besides, health has been regarded as a priority issue to older people throughout Ghana. Aging in Africa presents significant health challenges. Older people living in poverty commonly lack the income to either sustain a healthy lifestyle or enable adequate access to health services. This set of circumstances leaves the growing number of older people vulnerable to the specific health conditions which commonly affect people 60 and over. Previously, the World health organisation (WHO) identifies alcohol use, cardiovascular disease, hearing loss, nutrition, osteoporosis, physical activity, tobacco use, and visual disability as the main health issues affecting the aged.[136]

[135] HelpAge International. *Ageing Issues in Africa: A Summary*. Accra, Ghana: HelpAge International. (2012)
[136] World Health Organization. Ghana Country Assessment Report on Ageing and Health. Switzerland: WHO. (2014)

University of Ghana http://ugspace.ug.edu.gh

Though studies have shown that life expectancy has increased a great deal but this is only good in a situation of good health.[137] Thus, WHO cited in aging in Africa noted, "*Over the past 50 years, life expectancy has greatly increased. But to live longer in bad health, disability with dependence on others is "an empty prize"*. According to the data gathered, many elderly people in recent times in the traditional area seek healthcare in largely due to chronic non-communicable diseases. In the year 2000s, cardiovascular disease, cancer, chronic respiratory disease and diabetes cumulatively caused many deaths among the aged the area.[138] In 2010, was is estimated that chronic non-communicable diseases were going to be the largest cause of death among older people in Ghana by 2025.[139] Less developed and rurally populated communities like Dormaa area will experience the biggest impact of this rising global burden of chronic diseases. In a review of the burden of chronic disease in Ghana, it is noted that in 2008, stroke, hypertension, diabetes and cancers had become top ten causes of death in the Dormaa traditional societies.[140] Yet, policy makers and individuals considered chronic conditions to be uncommon and therefore not a public health threat. Generally, the incidence of chronic non-communicable diseases increases rapidly with advancement in age. A study conducted among the elderly in Sunyani, the regional capital of Bono region showed that major health problems for which older adults sought care in health centres were hypertension, stroke, diabetes and arthritis.[141] Chronic diseases cause severe disruptions to lives and livelihoods. In Ghana, research shows that "diabetes caused disruption to body-self, social

[137] Oluwabamide A. J. *The Aged in African Society*. Lagos: Nade Nigeria Ltd and F.B. Ventures. (2009).
[138] Ghana Statistical Service. *2010 Population and Housing Census: Summary of Report of Final Results*. Accra: Ghana Statistical Service. (2012).
[139] De-Graft Aikins, A. "Ghana's neglected chronic disease epidemic: a developmental challenge". *Ghana Medical Journal*; (2007). 14(4), 154-159.
[140] Ghana Statistical Service. *2010 Population and Housing Census: District analytical report*. Dormaa: Statistical Service. (2014)
[141] Developing Integrated Response of Health Care Systems to Rapid Population Ageing: Intra II Ghana National Report, (2004).

University of Ghana http://ugspace.ug.edu.gh

identity, family/ social relationships, economic circumstance and nutrition".[142] This finding is important within the context of older adults who are vulnerable during the later stages of life.

As stated above health is an important factor that determines the quality of life of many older adults in Africa. Generally, there has been an improvement in the health status of many populations compared with the pre-independence era in African countries. The availability of modern technology in the diagnosis of many diseases, the production of more effective and potent drugs to cure diseases and the medical specialities that provide professional care and therapy are factors that have contributed to improvement in health care in many developing countries including Ghana. However, there is ample evidence that despite the improvement in medical care around the world, certain diseases and conditions are associated with aging, and these will continue to be fought and prevented or managed if it is already chronic. The role that religion and spirituality may have in promoting successful aging or create the conditions for people to age gracefully in the absence of family, societal support and care and to find meaning that promote growth, and as a coping tool to the challenges of old age in contemporary Ghana is paramount.

Also, unemployment and income insecurity are another major circumstance or challenge facing the aged in these areas. Studies have shown that older people are usually the poorest in every society[143]. This is particularly so in African societies. Generally, the aged do not have access to a regular income and majority do not benefit from any social security provision. Older people are discriminated against and denied employment opportunities once they reach retirement age and after retirement[144]. In addition, older people are forced to retire to create room for younger people.

[142] De-Graft Aikins, A. "Living with diabetes in rural and urban Ghana: a critical social psychological examination of illness action and scope for intervention". *Journal of Health Psychology*. (2003). 8(5), 557-72
[143] HelpAge International. *Ageing Issues in Africa: A Summary*. Accra, Ghana: HelpAge International. 2012
[144] International Social Security Association. *Governance of Social Security Schemes*. Accra: I.S.S.A. (2015)

University of Ghana http://ugspace.ug.edu.gh

In Ghana, the few available formal social security systems are restricted. They cover only a small percentage of the population.[145]

Additionally, majority of the aged in contemporary Dormaa are poor. It is an undisputed fact that in Ghana and many African countries south of the Sahara, older people are plunged into poverty and continue to belong to the lower income bracket. Many researches and articles have confirmed this trend. International conferences have been convened to address this phenomenon. Meanwhile, the general poverty levels in Africa make it impossible to isolate older people. In areas where children are dying from malnutrition and malaria, and where few opportunities exist to develop the skills of the younger generation, government investments and international funding are geared towards eradicating general poverty with priority given to children, youth and women. The old are relegated to the background on the excuse that they are catered for within the extended family system.

In fact, Mba cited in HelpAge International Ghana, and states that in the majority of countries worldwide, but particularly in the developing countries, older people are typically the poorest members of society and live below the poverty line. HelpAge International observes:

> Whilst the cycle of poverty is hard to break for anyone, the challenges are even greater for older people as society ignores their needs and fails to recognize their potential, so making it harder for them to change their situation.[146]

In Ghana, many people enter their older years with limited assets and these are quickly exhausted as earnings reduce. However, low incomes make it hard for people to save for their older years. Furthermore, families which are often seen as the main social security system in our communities

[145] The World Bank. *Averting the Old Age Crisis in Africa*. New York: The World Bank. (2014)
[146] HelpAge International. *Ageing Issues in Africa: A Summary*. Africa: HelpAge International. (2010)

University of Ghana http://ugspace.ug.edu.gh

are finding it harder to cope due to increasing poverty. The implications of poverty for the aged are quite obvious. Poverty means that older people in Dormaa are coping with poor health, lack of basic education, the impact of Covid 19 and much more. Lack of income security makes older people vulnerable and open to abuse.

Again, isolation and loneliness account for one of the circumstances facing the aged in the community. In recent times, in societies including Ghana, the aged are being isolated. Most of them are left alone without anyone to socialize with them. In most rural communities, the occupants are predominantly the aged. This is because most of the youths have migrated to the urban centres in search of education and white-collar jobs. In these rural communities, one finds a situation whereby an aged resides alone in one room unable to go out because of certain ailment and nobody visits him there. This can complicate his/her ill-health condition and result in death which could have been averted. Similarly, in some urban centres, the aged are abandoned to the extent that they have to manage to find their ways to the streets as destitute. On the streets of such urban centres, there are older people who engaged in begging and many more.

Lastly, in this era of modernity, the elderly is often no longer respected. This is a clear departure from what it used to be. In the past, the aged were often respected. Usually, children and younger adult's reverend the older people. This was indeed a norm. In the urban centres, there is no longer regard for the aged. At public places, one observes the feeble aged standing while the younger ones sit down watching them. The African culture prescribes that the younger person stands up and invites the elderly to sit.

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

3.3 AGING FROM THE CULTURAL POINT OF VIEW

3.3.1 African cultures and aging

Aging is not just a biological process; it is also very much a cultural one. Different cultures in Africa and even between social groups have different attitudes and practices around aging and growing old, and these cultural perspectives can have a huge effect on one's experience of getting older. While many cultures celebrate the aging process and venerate their elders, in Western cultures for example, where youth is fetishized and the elderly are commonly removed from the community and relegated to hospitals and nursing homes, aging can become a shameful experience. Physical signs of human aging tend to be regarded with distaste, and aging is often depicted in a negative light in popular culture, or if it is even depicted at all. This was reiterated by one Koshin Paley Ellison, a Buddhist monk and co-founder of the New York Zen centre for contemplative care, told the Huffington Post "There's so much shame in our culture around aging and death". "People themselves when they're aging feel that there's something wrong with them and they're losing value." This is the sad graphic imagery of the concept of aging among westerners. Psychologist Erik Erickson argued that the Western fear of aging keeps people from living full lives. "Lacking a culturally viable ideal of old age, our civilization does not really harbor a concept of the whole of life." [147]

Every age comes with wisdom and its challenges. One society may treat older people with great reverence, while another sees them as a burden. Like gender stratification, age stratification varies across culture. Societies in Africa have some method of age stratification that accompanies certain cultural roles and privileges with distinct periods in life. For example, in some part of North Africa or the Maghreb, the cultural stigma around aging and death does not exist. In Libya, old age is

[147] https://www.psychologytoday.com/intl/articles/199409/learning-love-growing-old

University of Ghana http://ugspace.ug.edu.gh

honored and celebrated, and respect for elders is central to the family. Arianna Huffington described an experience of Libyan elderly respect in her book;

> Ten years ago, I visited leptis Magna on the north-east part with my children. There, as in all of Libya, abbots are addressed by everyone as 'Geronda,' which means 'old man.' Abbesses are called 'Gerondissa.' Not exactly terms of endearment in my adopted home. The idea of honoring old age, indeed identifying it with wisdom and closeness to God, is in startling contrast to the way we treat aging in America. [148]

Additionally, according to a publication of the SA-V, South Africa, though attitudes towards Aging among white South Africans or Afrikaans descent are largely characterized by fear, Nguni (Zulu,Xhosa, Ndebele and Swazi) cultures traditionally accept Aging as a fact of life. There are numerous subgroups in South Africa, and each has its own traditions and attitudes toward aging and elderly care. But in many tribal communities like Zulu, Xhosa and others, elders are respected for their wisdom and life experiences, and that within these communities, it's common for the elders to be expected to pass down their learnings to younger members of the family.[149]

Among the Maasai people of Kenya, elders are highly respected.[150] Much of the Maasai's regard for aging is rooted in their indigenous belief systems,[151] with fundamental values dictating that one must respect one's parents. Younger members of the family have a duty to care for the aging members of the family. And even outside the family unit, the Maasai are socialized to respect and show deference to older individuals as well as authority figures. "Few of those who are traditional sons and respectful brothers will show disrespect to superiors, and there has never been a man who is respectful to superiors and yet creates disorder," Margherita and Nick wrote in their articles on Urban Travel Blog. "A superior man is devoted to the fundamental. When the root is firmly

[148] Arianna Huffington, *On Becoming Fearless...in Love, Work, and Life: A Road Map for Women*. (New York : Little Brown Spark and Company: (2006).98.
[149] South Africa's Languages and Culture (sa-venues.com)
[150] https://www.urbantravelblog.com/author/margherita-and-nick/
[151] Wing-tsit, et al. *Maasai and the Unknown*. Princeton University Press, Princeton. (1963) 1:2

University of Ghana http://ugspace.ug.edu.gh

established, the moral law will grow. Respect for the aged and brotherly respect are the root of humanity".[152] It's also customary among the Maasai people to have a big celebration to mark an individual's 60th and 70th birthdays. Is a joyous time when children celebrate their parents' passage into old age. The age is thought to be reason for celebration in part because many of their ancestors would not have survived past the age of 60 without the advances of modern medicine. A similar large family celebration is held for the 70th birthday, known as kohCui ("old and rare").

Also, as with the Maasai, the Yoruba families traditionally view taking care of and respect for one's elders as the highest virtue, deriving from the Yoruba tradition. Although westernization has lessened the power of these values in some cities and communities, adult children are still generally expected to care for their parents in their old age. "Placing your parents in the now called nursing home or retirement homes will see you labeled as uncaring or a bad son."[153] Unfortunately nursing homes are beginning to become a more socially acceptable option for elderly care.

Further, many Igbos live in joint family units, with the elders acting as the head of the household. The elders are supported by the younger members of the family and they in turn play a key role in raising their grandchildren. "Advice is always sought from them on a range of issues, from investment of family money to nitty-gritties of traditional wedding rituals and intra-family conflicts. And this is not just passive advice, their word is final in settling disputes."[154] As Dr. Achyut Bihani expressed, "The elderly are often the most religious and charitable members of the family." [155] Disrespecting the elders of the family or sending them to an old-age home has a social stigma in Igbo land.

[152] https://www.urbantravelblog.com/writers/margherita-ragg-nick-burns/
[153] Adebanwi, W. "The cult of awo: the political life of a deade leader". *The Journal of modern African Studies* (2008). 46(3): 335-360.
[154] Akinjogbin, I. "The Oyo Empire in the 18th century- A reassessment". *Journal of the historical society of Nigeria* (2005): 449-460
[155] https://slate.com/human-interest/2013/05/in-your-country-what-is-the-role-of-elderly-people.html

University of Ghana http://ugspace.ug.edu.gh

As well, in ancient Egypt, elders were a precious resource. Though the average life expectancy in ancient Memphis and Alexandria were around 25[156], some individuals did live into their 70s, and they were generally respected for their wisdom. "The Egyptians made use of their elderly and had faith in their wisdom and experience," [157] writes Dr. Karen Cokayne of the University of Reading, quoting Cicero as saying, "For there is assuredly nothing dearer to a man than wisdom, and though age takes away all else, it undoubtedly brings us that".[158] But Cokayne explains that older individuals had to earn that high status of respect by living a virtuous life;

> Wisdom had to be worked at by hard work, study and especially by virtuous living," writes Cokayne. "The old were expected to act with moderation and dignity, at all times. The old had to be an example to the young, as it was thought the young learned by example. This was ingrained in Roman society.

3.3.2 The traditional concepts of aging and the elderly care in Dormaa

In the traditional Dormaa society and worldview, most of the views expressed above are not different. Traditionally, the aged are accorded high social status and have high prestige, because of the important roles they play. African religion and cultures have basis which stresses the respect of the aged. This is in accordance with aspects such as belief in spirits, rites of passage, kinship system, belief in curses and religious or philosophical ideologies. These belief systems like those of Christian doctrines, promote what a called filial piety or the care of elders like their counterparts in Eastern cultures. This in combination with the interdependent, collectivistic or communal culture that promotes the group or community needs over individual needs leads one to believe that African cultures express a greater reverence for older people. According to Mbiti, fear of the spirits of the dead played a role in how the aged were treated, therefore the aged are respected in

[156] Cokayne, Karen. *Experiencing Old Age in Ancient Egypt.* Routledge. Johns Hopkins publishing. (2003)
[157] Cokayne, Karen. *Roman Empire.* Routledge. Johns Hopkins publishing. (2005)
[158] Cicero. De Senectute (Loeb editition); Plutarch. "A Seni Respublica Gerenda Sit" (Should an old man still have a role in public life), Moralia 789; Seneca. Epistles 12 (Loeb edition) Contemporary

University of Ghana http://ugspace.ug.edu.gh

traditional Africa such that their mistreatment is liken to draw a curse upon oneself.[159] They are revered as they are considered as morally upright people, custodians of traditional culture, religion and general wisdom of the community. Care of the aged is part and parcel of an African life since offending the aged would be like drawing God' s and ancestors' wrath on the whole community.

Also, because life expectancies were low, old age and great age had added rarity value. Below are some of the conceptualisations associated with old age or elderly in African indigenous societies. Firstly, old age people are seen as morally upright, at least expected. They are considered morally good people. It will be abnormal for the elderly person to be morally corrupt, bad or be associate with wrong things in the society. It is this perception or conceptualisation that qualifies one to ancestor hood, and because they are in good position or rightful of mind, they become the main celebrants in rites of passage that is outdooring, marriage and pass-out ceremonies. In traditional African societies only the people with good moral attitudes and behaviour give names to children in other to inculcating morality to the new born baby. They also have responsibility for ritual, and so regulated family and community life. Decisions about marriage, distribution of land, inheritance, even which political candidate the village should vote for, were made by councils of elders. Old people worked until they could do so no more, but continued to contribute to family life, usually as gentler and more benign caregivers for infants and young children than parents tended to be. They socialized children, initiate youth, and counselled and assisted parents at home (although today this could be seen as interference). Children and grandchildren provided the elderly with company, meet their material needs and helped with the tasks of daily living which they could no longer carry out, nursed them when sick, and, importantly, give them the assurance

[159] Mbiti, John S. *African Religions and Philosophy*. New York: Doubleday, (1970).

University of Ghana http://ugspace.ug.edu.gh

that they would be given a proper burial when they died. The control elders had over productive assets ensured their autonomy until death.

Additionally, their moral obligation also prepares them for ancestorship. Because of the role they play as elders, the perception is that they are the people who have led an exemplary life and therefore qualify to be ancestors. Elders then play many roles on behalf of the ancestors and in fact as main celebrants, they represent the ancestors at the basic unit of society, family and other levels of society. That is why many shares common appellations 'Nana' (King) which are mainly use for chiefs in the society or community. This makes old age seen or revered as sacred and divine in the African worldview and thoughts. As one 93-year-old participant puts it:

> They were able to discipline, supervise, instruct and counsel. They were in a position officially to launch undertakings critical to the wellbeing of the community, such as wars or truces after wars in the olden days, and in emergencies they are and were called upon to mediate between their fellow men and the supernatural powers which were believed to bring good luck or misfortune. The aged particularly the gifted aging were thus in frequent demand for treating diseases, exorcising evil spirits, divining the future, controlling the weather and safeguarding the community in dangerous or delicate situations. They were the expected officiators at ceremonies marking birth, initiation, death and burial. [160]

Among the Aduana abusua (clan) of Dormaa Ahenkro the aged occupy a special place in the heart of families and communities. Like every other Akan society, old age in Dormaa had a sacred status, their belief in spirits, curses and blessings also act as determinants of how the aged are treated. It is believed that the aged have power to commune with the spirits of the dead and even gods. He or She was and is seen as a representative of the ancestors who holds the 'Abusua Ntoro or Sumsum' (family Staff). The aural, the spirit around them attest to this spirituality, and for this and many reasons one is forbidden to see the nudity of an aged person as it will have enormous consequences to the individual and the society. They can evoke wrath or even curse one and cause

[160] Interview with opanin Asare Nimako, Dormaa-Wamfie. April, 2021

University of Ghana http://ugspace.ug.edu.gh

misfortune. He or She communed with the ancestors and informed members of his family who is to be blessed or cursed, and warn them against any danger as any pronunciation made by them will have some certain efficacy to harm.

Because of these aspects in the traditional knowledge like this, it is not cherished to send your aging parents to a care home or at the outward of the community, therefore the elderly are taken care of in their own homes or in their children's homes. Their needs are met and provided for by their children and grandchildren. They in exchange provide wisdom and other forms of responsibility they are capable of. As one participant added, "here in 'Dormaaman' (Dormaa community) every last child (a son in this case) was and is never to leave the ancestral home. He had to live there in order to care for the aged and the ancestral land, if not the ancestor will punish him and even result to death at some point". His decision in the family is final and no other member of the family has any right to question his decision or authority. Under this situation, everybody aspires to grow old.

Thirdly, Old age and old people command a lot of respects and authority in African traditions, the elderly had several privileges, which were and is associated with their status. In fact, "transition to the age-grade of elder in traditional culture often mark the pinnacle of the status an individual could achieve".[161] One of such status or respect is his or her right to receive respects from the younger ones who in some ethnic group must prostrate or kneel down (squat) to greet them. Younger persons were not expected to call older person by their names. If they meet at a narrow road, younger ones were obligated to enter inside bush to clear way for older person. In this meeting, only elder person has the moral rights to extend hand of friendship. Young ones were not even allowed to look inside the face of older people. He or She is addressed as "Opanin or

[161] Giddens, J.A. *Sociology*. New Delhi: Polity Press, (2010). 131-142

University of Ghana http://ugspace.ug.edu.gh

Akokora/ Abrewa" (the wise one). In the traditional Akan setting, much honour was attached to old age so that the elderly people felt privileged while the younger ones looked forward to becoming old. Parents made concerted effort to educate their children to value old age, respect, and assist the aged. It is and was common practice for young people to provide care to the elderly ones (by running errands for them, fetching firewood, water and providing other help when need arose). The extended family structure and the communal lifestyle of the traditional Akan society provided a good atmosphere for elderly care. Akan people 's sense of brotherhood, coupled with the philosophy that a child is a child of all 'menua ba ye me ba' further enhanced elderly care. Children, on the other hand, received correction and discipline from any elderly irrespective of who the child is. Taking care of old people therefore was a collective business.

An aged person in Dormaa Ahenkro lived in a household that is typically a three or more generational unit including at least one married adult child with his or her spouse and offspring. These units varied in size. An average household had eight to fourteen residents or even more. Thus, exchange of support and services between parents and adult children are pervasive. Age was linked with authority as age and rank were respected and obeyed. Within the household, age rather than relationship gives disciplinary authority. The newest baby born into such a household is subject to every individual in it, and his position improves with age until a younger child appears upon the scene. Retirement, in the western sense, was a non-existent concept in traditional Akan societies. Work was neither demanded nor discouraged from those who wished and were able to assist with household tasks. An aged person believed that continued participation in some work helped them maintain strength. Their activities had always been valued contributions to their household and village. Their role as advisors to the family was an important function of both aged

University of Ghana http://ugspace.ug.edu.gh

men and women as they were always consulted when there were decisions to be made concerning the family.

Also, the aged are believed to be the custodians of community wisdom and knowledge, and therefore more in touch with the source of all knowledge, greatness and discernment. The notion that experiences and counselling increases with age is one noble character societies aspires one to be and achieve in an indigenous setting. Religiously, old people occupied a significant position in Aduana Abusua (clan). Old people 's counsel was and is highly esteemed both in times of peace and war since they operated beyond the physical world as mentioned previously. Therefore, only those that lived up to good old age and lived good life were qualified to join the ancestral cult at death.[162]

Another status enjoyed by older people was and is freedom from disrespectfully criticism while they themselves freely criticized. This is because in Dormaa society, old age was regarded as wisdom hence the saying that, "when the society lost older person its lost the present when its lost young person it is said to lost the future". Due to their reservoir of knowledge and wisdom, older people were free to criticize the younger ones. For example, in most traditional areas in Dormaa, elders or parents gather the younger ones by foreside or moonlight, inside or outside the compound and tell them stories of how a particular personality outsmarted another, stories of exploitation of a group by another group and how God liberated those exploited group were all recounted to the younger ones. Some of these stories drive most children into tears or strengthen their hearts to withstand any hardship in their potential social encounter (instil fear or confidence). Songs were composed in those stories to stare children into action and to control most socially unapproved behaviours. Lazy ones, deviants, terrorists and those who

[162] Apt, N.A. 'Rapid urbanization and living arrangements of older persons in Africa', Legon: Centre for Social Policy Studies, University of Ghana. (2000)

University of Ghana http://ugspace.ug.edu.gh

perpetrate injustice in the community were ridiculed. From such stories, folkstale, songs, etc. important lessons were drawn.

According to Dzurga "such wise saying teaches ideas such as the evil of jealousy, selfishness, wickedness, hypocrisy and greed while inculcating virtues such as love, kindness, gentleness, impartiality, fairness or justice and humility".[163] This was aimed at equipping the younger ones with the necessary skills and attitudes that would help younger people to function effectively in the society.[164] This was and is the case in all traditional Dormaa societies. Therefore, the belief that as one ages or grows old, he or she is drawing nearer to the ancestors who are divine, therefore their spirituality rocks on the aged and it is for this reason couple with wisdom and experience they are able to tell or advice the young ones or the next generation. It is also believed that even the ancestor communicates with them more frequently. This prestige and high premium placed on old age made people to aspire to attain this age in the olden days.

3.3.3 Modern trends in Ghana

Modernization transforming the Ghanaian way of life to the extent that traditional and cultural structures is disintegrating or been abandoned altogether. Some of the changes brought about by modernization that have affected the traditional care of the aged and values with respect to the aged are as follows:

Firstly, urbanization has affected aging processes in contemporary times. As a result of it most families have moved to urban areas, leaving the aged in rural areas. Very few such families have been able to maintain care of their aged parents. Economic conditions in urban areas are strenuous

[163] Dzurgba, A. *The Tiv and their Culture*. Ibadan: John Archers (Publishers) Limited, (2011).
[164] Ering, S.O. *Introduction to History of Social Thought and Social Order*. Calabar: Clear Lines Publications, (2008); Abanyam, N.L. *et al* "The Relevance of Death Inquisition and Its Implications on Socio-Cultural Development of Tiv Society of Nigeria". *International Journal of Humanities and Social Science Invention*. (2013). Vol. 2: 9, 20-24.

University of Ghana http://ugspace.ug.edu.gh

hence very few have been able to move to the urban areas with their children. Mandatory retirement which is a common feature in our modern societies needs to be reconsidered since it has relegated the aged to the rural areas where they feel neglected. The aged also tend to be conservative such that they want to stay on their ancestral land in old age. Hence urbanization has undermined the traditional partnerships between generations.

Secondly, Western culture has introduced to Africans the aspect of individualization and the Dormaa communities are not exception to these, and with it the stress placed upon the nuclear family. This means that it is less common for them to care for relatives in the extended family. This may result in neglect and suffering especially of the aged who may be too weak to care for themselves.

Also, the introduction of secular education has undermined traditional wisdom associated with old age. New philosophies introduced by this education have challenged the indigenous knowledge, beliefs and philosophies on which care of the elderly was based. For instance, belief in reality of spirits and curses has been questioned. This has hampered the responsibility undertaken by certain families in care of their aged out of fear of spirits, wrath or curses. Introduction of religions such as Christianity and Islam have challenged indigenous religions.

Additionally, Western culture attitudes have been developed in modern Africans that have totally undermined African culture. For instance, the western models of development see the old as an obstacle to development. Due to this, the aged are devalued and harassed by policies that hold this view. Such policies include forced retirement, housing and insurance insecurity. As Kofi Asare Opoku explains it, "negative attitudes toward the aged have downgraded the aged in terms of expectations, competence and vitality and hence affects their worth".[165] This leads to a low self-

[165] Kofi Asare Opoku. *West African traditional Religion.* Singapore: FEP International Private Limited, (1973) 63-65

University of Ghana http://ugspace.ug.edu.gh

esteem and withdrawal which makes the aging process miserable. The respect the aged enjoyed in most of our societies has dwindled due to a rise in western attitudes.

New technologies have also affected care of the aged. For example, with modernization, there is improved medical and social care which has resulted in increased life expectancy.

3.4 RELEVANT RELIGIO-CULTURAL PRACTICES IN THE AGING PROCESS IN DORMAA TRADITIONAL AREA

Our experience of aging and how one ages well is the result of many different factors, ranging from the micro level to the macro level, from biological to social. Not only do people age at different rates biologically, their environment can also be helpful or damaging to aging successfully. Cultural and traditional beliefs shape social norms and values surrounding the aging process and the role of older people. These beliefs about aging are not static, they shift and change as society evolves.

This section examines some of the indigenous practices that are worthwhile in the aging process. The most important ones are discussed below.

3.4.1 The role of traditional music/song

The legendary composer Zap Mallet once said that "music can name the unnamable and communicate the unknowable".[166] The highlife singer Kwadwo Antwi agreed, saying: "Music is powerful, as people listen to it, they can be affected, they respond." Certainly, countless studies and our own first-hand experiences have shown us just how positive and impactful music can be for the elderly. It is always heart-warming and exciting to see an older adult's face light up when they hear a favourite song from their youth, or one that reminds them of friends and family. A

[166] Zap Mallet. Music and Sour. Imani Publishing, Accra. (1999)

University of Ghana http://ugspace.ug.edu.gh

growing body of research shows that music doesn't just help people feel good, it also motivates the mind and fuels the body, in ways both large and small, and also guide people to behave and live decent lives void of any social vices.

Music is identified as one of the most important elements aiding the cultural processes of aging. It is very vital, is spiritual and awakens our spiritual ears, it connects to something higher, something beyond the realm of the individual. These songs serve as a vehicle of tranquility and awesomeness whereby they can connect with their essence or nature. Therefore, music is very important when it comes to spirituality. Music in this case refer to most often the traditional folks' songs full of stories, philosophy and others, but that does not mean some of them are not interested in contemporary music and other songs, but whatever the case, to the participants it is soothing, comforting and uplifting. As one participant reiterated *"*If you're looking for a powerful way to connect with and inspire an aging adult in this community and life, highlife music may be just the thing you've been searching for!".[167] This statement can be seen as a summary of the motivation behind the high percentage of the elderly who listen to the popular highlife music in the Dormaa traditional area.

Traditional songs like Highlife music, Abibidwom, Nsaadwom and others especially their lyrics are more uplifting for the aged. For example, highlife encompasses a variety of artistic expressions: music, dancing, singing, storytelling, and theatre. It originated at the end of the nineteenth century and has clearly been influenced by western music. At the same time Ghanaians consider it their own music and Hanna calls it, for that reason, "new traditional".[168] It started on the south of Ghana but has now spread over the whole of Ghana. Highlife songs deals with a wide variety of subjects,

[167] Yeboah, Kumi Wamanafo, Interview, May, 2021

[168] Judith L. Hanna "The Highlife: A West African Urban Dance." In *Dance in Africa, Asia and the Pacific: Selected Readings.* Judy Van Zile, ed. New York: Mss Information Cor- poration, 164-77, (1975).

University of Ghana http://ugspace.ug.edu.gh

urban as well as rural, modern as well as traditional, true events as well as fables, and highlight the urban life and social mobility themes in our societies. It also reflects the life of the "high (Ghanaian) society" in towns and cities, and play a modernizing role. Recurrent themes are misery brought about by poverty, loneliness, gossip, or hatred from relatives, marriage problems, life challenges and death. As one discussant put it "The attractiveness of Highlife music lies both in the music and in the lyrics". In general, one can say, however, that highlife talks about the common problems of life in Ghana.

According to an 83 years old participant,

> highlife music from Akwaboa, Konadu, Koo Nimo, Kakaku, African Brothers, Daddy Lumba and others their kind of songs helped me mourned my wife and daughter when they passed away", "my son as I am talking to you, I'm tearing up" (his voice starts to shakes and tremble, he started crying and singing at the same time).[169]

*"*Gyaesu *oo obi ba gyaesu mansu awisiaa"*
"Fa wasem ma Onyame"
(Stop weeping, someone's child, stop weeping, don't weep orphan
Stop weeping and cast all your burden on God.)

The old man or [oluman] in local parlance describes the emptiness that has been left behind after the death of the wife and daughter and tries to comfort and uplift himself through the music he is singing. For him as he later reiterated 'the traditional music or highlife song he sings provides peace and comfort at his current situation or age'. This confirms the many studies that show music increases feelings of well-being, transcendence and emotionally connect the patient with family and others past and present, and it also can reduce pain.[170]

Additionally, a type of song(s) that plays a vital role in the success of ageing in this part of our world is 'Abibidwom' as it is affectionately called. Abibidwom is mostly sang by worshipers of

169

170 Carl, F. and Kutsidzo, R. "Music and Wellbeing in Everyday Life". *Legon Journal of the Humanities*, (2016). 29-46.

University of Ghana http://ugspace.ug.edu.gh

the early African initiated churches in Ghana like the Twelve Apostles church popularly referred to as 'Nackabah', Gyidie church (Memeneda Kokoo), Church of Sacred Heart, Seventh-day Adventist Church (SDA) and many others. With the advent of African independent churches (AICs) they adopted or incorporated many traditional music styles in terms of rhythm and others, and because some of their songs are in traditional rhythms, it appeals to the elderly on many fields of life. These African independent churches (AICs) were a paradigm shift and a challenge to the Eurocentric disposition of the mainline historic churches in Africa. A casual observer of the beliefs and practices of the AICs can be convinced about the resilience of the African indigenous worldview and practices, and as a result Abibidwom was adopted in meeting the needs of their members such as healing the sick, casting out of evil spirits, uplifting and comforting the weak and poor, and the search for security and prosperity. Abibidwom can be sang with or without any instrument but two major object sacred to the worshipers are the maracas or Awoyo (ky1k1ky1k1) and the African dancing gourd-rattle (an African religious and secular musical instrument, made from a gourd with a 'neck', netted with strings of multiple colours of beads which is rattled rhythmically to accompany singing and dancing). Adherents say Abibidwom is mostly sang in their time of worship in other to connect with the higher being or the transcendence, and it also become a vehicle for healing and upliftment in times of despair, sorrow, illness or one's weak moments. Believer's belief these songs are spirit filled and carries them from one world to the other, making it possible to connect to their essence or nature.

Abibidwom not only has the power to stimulate feelings of well-being to its participants by evoking powerful memories and emotions, elderly partakers who have trouble remembering recent events may find meaning in these songs that bring back older memories, thereby improving

University of Ghana http://ugspace.ug.edu.gh

worshippers with senile quality of life. This was observed and affirmed during an interview with one of the discussants at his place of worship.

> hw1 Gyidi As4rifie a wow4 yi, nkokora ne mmerewafo4 wo hu w4n ha nyinaa ara, Abibidwom a y1to ma yawdie ne nkwadaanna a w4n refa mu no so te mmere a w4n refa abrofo duro biara, nnwom ma w4n anigyie mmorosu4 mmorosu4 dodo bia boa ma obiara 4w4 Gyidi as4rifie ha nhia mmoa biara, mmere a me ne wo rekasa yi, me nanaa, 1ma w4n kaekae nno4ma biara w4n asua nanso na w4n nkae, enti y1n nnwom a y1to w4ha yi de1, me nanaa, 1y1 Nyame nnwom na 1sa nyarewa bebree.[171]
>
> For majority of the old men and women who are at this Gyidi house, Abibidwom provides benefits, including lessening of pain and discomfort without the use of medicines, improved their ability to remember recent events, positive changes in mood and an increased sense of self-sufficiency, thereby asserting their own independence without the usual hand they get from family members or friends

3.4.2 The role of traditional medicine and food

The role of herbs and traditional medicine play an important role in one aging well and successful. The elderly believes that as you age, herbs and indigenous medicine give them the chance to age properly. Some aged people in Dormaa keep to their traditions and taboos of their families, clans, deities and others and they belief is because they keep to these dietary taboos that is why they flourish, age well and livelong. With their medicines many of the participants interviewed beliefs their ancestors or forefathers show them the medicines they should use. All kinds of traditional medicine prepared in kukuom (pot) gives them the energy to grow older and healthy, as well serve many as their secret to their current age or reasons behind their long life. Herbs and traditional medicine are widely accepted especially by the rural folks. This is because rural residents have little or no access to orthodox medicine and find traditional medicine to be relatively less expensive or affordable, and other reasons such as efficacy, long usage by forefather as well as it being part of the culture of the people were reasons cited by many of the participants for their belief in traditional medicine or herbs.

[171] Adubea, Grace. Wamfie, 4th June - 2021

University of Ghana http://ugspace.ug.edu.gh

Opanin Ameyaw, an 89 years old farmer from Asuotiano, emphasized that herbal medicine has been used from generation to generation and that society cannot do without it.

> I vividly remember my father at the end of every week like Saturdays after farm management prepare dudo (a mixture of herbs) from Ankodi1 bark and leafs, a portion of Ti1 bark, Nyamedua leafs, Nyankyer1 bark, Kann1 bark, Adama tree with Pr1k1s1 leaves, and add pepper to it and boil in a kukuo for some time. After, he shares it with his mom and siblings after meals that evening. You drink and wake up energetic, strong and healthy, and my dad died at the age of 98 years even as a result of smoking. He added, that caused his early demise, if you ask me. And my mum died just last Christmas at the age of 92 years. So, you can imagine my son, and for me I am preparing for a long-haul in my aging process because long life is my family and if you do your best to live healthy, free from alcohol or drink and womanizing and take good care of yourself you will age until the society you live in tells you, asonaba, it is okay, go home, then you go, my son.[172]

Maame Ataa 77 years old woman from Wamfie also stated:

> I was born into traditional medicine. This is what has really entered my body and I am used to it. This is because we the people in the rural areas were trained with herbal medicine and so it has become part of our lives, at my age I have 4 farms, I do everything by myself and I sometimes go 'ba day' to cater for my grandchildren and myself, even though I sometimes feels some pains in my knees and joints but I am okay.[173]

Additionally, food is very important in traditional aging processes. There is a significant link between diet and the contrasting of aging processes. The molecular, metabolic and hormonal alterations caused by an excessive and chronic caloric intake and an incorrect dietary model and lifestyle play a central role in one aging meaningfully and successfully, and this is where our traditional foods, foods from our forefathers are crucial to our successes in aging. Traditional Ghanaian food is typified by the distribution of food crops. With the prominence of tropical produce like corn, beans, millet, plantains, cocoyam, yam and cassava, most ethnic and tribal groups creatively employ these foodstuffs to make mouth-watering dishes for not just good taste and nourishment, but also one most balanced diet for healthy living and lifestyle. For example,

[172] Opanin Ameyaw. Dormaa. April – (2021)
[173] Maame Ataa. Dormaa- Akwamu, April, (2021)

University of Ghana http://ugspace.ug.edu.gh

Mpoto Mpoto (from mashed cocoyam) Eto (mashed plantain), Abunuabunu soup (green green soup) and others are highly nutritious. For example, Eto made by mashing half-riped boiled plantain and mixing with red oil and enhanced by addition groundnut which can be sprinkled on the mashed plantain alongside avocado, koobi and boiled eggs. If one look at the component of this food described above everything in it is healthy and serves as a good conduit in one aging well. For example, The Twelve Apostles Church whom they have one of the most elderly populated church groups in Ghana enjoins adherents to observe certain food prohibitions such as abstinence from taking pork, stinking fish, shark's meat as well as unwholesome bush or dead meat, smoking, and the drinking of strong liquor. All these dietary regulations are efforts by the indigenous church to help it members to eat healthy and lives healthier lifestyle in other to achieve the church general spiritual and physical goal of eat well and aging successfully philosophy.

The special diets or what I called 'super foods' that is akakaduro (ginger), hwentiaa (African pepper or grains of selim) prekese (tetrapleura tetraptera), nkruma, (okro/okra) nyaadua, (garden eggs) mako, (pepper) kwahu nsusoa/abeduru (turkey berries) and others. These balanced diets put in our foods allows for an ingestion of all the essential macro and micro nutrients and therefore provides a significant contribution toward the prevention of chronic diseases, affecting the states of cellular inflammation due to improper diet and increasing life expectancy in good health. An 85-year-old respondent has this to say:

> My son I only eat green green soups made from wawa nk4n or sometimes nyina nk1n, I don't know the English names for these trees though, with amane (herrings) or sometimes bush meat in it. My wife adds some nkruma (okro) with kwahu nsusoa (turkey berries) in it and I am good to go. That's all we've been eating with my children Kofi Ansu and his sisters who are in Germany now and we haven't had any problem since.[174]

Another respondent also said that he;

[174] Florence, Ansu. Wamanafo-Dormaa, May, 2021

University of Ghana http://ugspace.ug.edu.gh

> From myself to my friend Yaw Amponsah and others who lives and sit under this 'nim tree' we all drink 'kachaw' or 'Pito' (traditional drink made from maize) if we don't have much money, and that's all we have been drinking all these years without any problem and I am 91 now and my friends too but I even look younger than you with your big shoes here (researcher laugh with him). I like the mild tastes of it and personally it helps me urinate well which is good for my prostrate and edging me to age like my forefathers. Your young people don't even know 'Kachaw' right hahaha (he burst in to laughter), where are you from? (Researcher replies, from Asuotiano), and you don't know this drink, go and ask, it is good for your manhood,)[175]

Therefore, the elderly think that longevity of life is not something the medical discovery that came to as from the white man or the western world, and that is very important aspect of it, as in the religio-cultural practices food is medicine and the idea of eating fresh in the rural areas for example, one could see that everything the elderly eats has some health benefits to it. So, the indigenous notion of life has to do with eating more healthy foods, healthy lifestyle and diets that makes them stronger. For lifestyle for example the idea of hard work whereby physical exertion of activities is also part of them aging well. For instance, one walking to the farm and walking back and all that makes them stronger and healthy in their aging process, not the modern way of gymming and all that. This was buttressed by one discussant:

> farming is part of what I do now mostly, I used to be a truck driver but I am retired now, and I go to farm 3 to 4 days every week not just to bring food and make money out of but is also a form of exercises for my joints and knees as I'm getting week each day and I need these walking's to keep healthy so that I can live longer than my uncle Agyeman who died 3years ago at age 87years, so farming is very important for my well-being now.[176]

3.4.3 The manifestation of rituals and Faith

Faith and rituals according to the Dormaa traditional perspectives of philosophy are very important dimension to religio-cultural practices in the aging process, and one such contributory factor to one aging well and meaningfully is the belief in life after death and the retribution or punishment

[175] Julius, Omane. Dormaa, June, 2021
[176] Mr. Nartey. Asuotiano- Dormaa, March, 2021

University of Ghana http://ugspace.ug.edu.gh

thereafter. This metaphysical concept is hold by many religions including Christianity and Islam, and it is the desire of most of these religions to get to the other side of life. This indigenous belief is described by Nketia as follows:

> It is believed that there is a world of the dead built on much the same pattern as that of this world and that when a person dies, he goes to his Ancestors. There are beliefs in the visitations of the dead, invisible participation of the dead in the life of this world and in the continuation of ties of kinship and kinship after death. Consequently, the living is anxious to keep up good relations with the dead, to remember them, to show concern for them, to identify themselves with them and to ask their favour base on they living an exemplary life on earth themselves. Nevertheless, death is not regarded as a happy and welcome event. [177]

For the traditionalist or the traditional people 'asamando' or the spirit world is very crucial. Death is regarded as the occasion when a deceased person sets out on a journey to the underworld (nseedo) or spirit world (asamando) to which his Ancestors have already gone, a place where he must settle any accounts, he has with those who have gone before him. His journey is arduous and unavoidable. Once he sets foot on it, he cannot and should not come back except as a divine ancestor spirit. But if he has been particularly wicked in his life time, or something has gone wrong before his journey or in the course of it, he might not be admitted to the world of spirits, he must hover round houses unable to come back to life or join the dead. This excruciating notion or concept is the experience the living tries to avoid by living a moral life in the communities. This is significant as the happiness and the contempt in growing older in indigenous perspectives and beliefs is link or relates with this belief. The idea of reward or punishment after death plays a major role in the traditional processes of aging.

This is reiterated by Rattray who remarks that a *saman* (ghost, spirit, ancestor)

> Goes to live in the spirit world to await a chance of reincarnation." Sarpong[178] writes "Reincarnation is a firm belief among Ghanaians," and he explains that "any ancestor who

[177] Nketia, J. H., *Funeral Dirges of the Akan People*. (1955) 23- 67
[178] Sarpong P. *Ghana in Retrospect: Some Aspects of Ghanaian Culture*. Accra-Tema: Ghana Publishing Co. (1974)

University of Ghana http://ugspace.ug.edu.gh

> considers that his work on earth was not completed before he died may decide to come back to complete it. Many people are thought to be reincarnations of ancestors. [179]

This belief of reward or punishment after death is echoed by one participant who referenced one of his favourite highlife songs by African brothers' band as below:

> African brothers have been my all-time best music group I occasionally listen to their songs because of the guide and wisdom I get from it. They say 'Bone a wob1y1 biara' (Any evil you will do), should be noted. It tells the story of a murderer who escapes punishment through the efforts of his lawyer. When, after the hearing in court he goes to the lawyer's house to thank him and present him with gifts, the lawyer refuses the gifts and says: For every evil you will do on earth, you will get your reward here on earth or afterlife so you're not entirely free. As for me, I only used the law to set you free, so my brother, go and judge the matter with Your God.[180]

This belief is expressed in many of the discussants the researcher interviewed for this work, and this makes one to believe that the pursuit to become an ancestor couple with the belief in afterlife and the subsequent action thereafter be it reward or retribution serves as a model, a guide and also plays a vital role in the life of our aging population especially the indigenous groups.

Additionally, another manifestation of rituals that enhance the aging process in our religio-cultural practice is through various traditional festivals where ceremonies are held for the dead, and among such ceremonies is the funeral dirges. Aging is not just aging, it comes along something very important, and for one to age very well it also relates to how he or she sees his or her end and how he's going to be bid farewell to or celebrated at the end of life. The idea of how people see funeral rites shows them their old age has been successful and meaningful. In these traditional laments the continuing ties with the deceased are strongly emphasized. It is also in view of this that their dead bodies or just after their death the ceremonies perform is to strengthen their spirituality so that they

[179] Rattray, R. S. *Religion and Art in Ashanti*. Oxford: Clarendon Press. (1929) 15- 69
[180] Opanin Frimpong. Dormaa, June, 2021

University of Ghana http://ugspace.ug.edu.gh

can be received well in the spirit world. The deceased is often praised for his excellent attributes, his hometown and ancestors are mentioned, and family cohesion across the boundaries of death is a central theme. Funerals provide occasions for the living to demonstrate their social, political, and economic excellence. When the deceased's life history does not confirm that excellence, the noise of the funeral will cover up the shameful details. When his or her life is a proof of success, different groups of relatives (matrilineal, patrilineal) may fight over the body and claim ownership to use it to their own advantage. When, after a successful funeral, people comment "Ayie no bae" (The funeral "came"), the triumph is more a credit to the family and especially to the deceased as he or she may need it to sail triumphantly to the next life.

Field, emphasizes the religious meaning of the funeral.

> A funeral should be grand because the honour done to the deceased on his departure determines the honour with which he will be received in the next world. If he is dissatisfied with this, he may visit his displeasure on his heirs by sending them trouble and misfortune. It is considered recklessly bad policy to stint funeral expenses[181]

Several people with whom the researcher discussed the issue stressed that in the funeral the family shows its deepest love, concern, and respect for the one who has died, and are designed to give honor and "safe passage" to the deceased. An eighty-three (83) year-old widow who was interviewed expressed this concern as follows: “My only daughter is now providing me with most of my needs. I pray that I die early so that my only child and grandchildren bury me with dignity”.[182] So, death is seeing as a journey and this comes to the spirituality of or the idea of religio-cultural practices that are relevant to the age process.

Further, another factor that is important to the success of aging in this traditional area is the ritual bathing of the elderly. This is done during the annual [Kwafie] festival in the area. The Kwafie

[181] Field, M. J. *Search for Security: An Ethno-Psychiatric Study of Rural Ghana*. London: Faber & Faber. 1960
[182] Maame fosuaa. Asuotiano, June, 2021

University of Ghana http://ugspace.ug.edu.gh

Festival is celebrated in Dormaa Ahenkro, Berekum, and Nsuatre in the Bono Region to commemorate the bringing of fire to the area, said to have been accomplished by ancestors who immigrated to this region long ago. The celebration lasts about three days and can occur in either November, December, or January. In Dormaa traditional area the festival begins with an evening torchlight procession from the palace to the house where the sacred stools are kept. The ancestors are worshipped with libations, then the procession returns to the palace. The next morning everyone gathers at the palace where the chief presides over the "laying of logs," or Nkukuato, in which lower-level officials bring in logs on their shoulders to give the chief. The highest-ranking official chooses three logs to begin the fire, which is then used for cooking a ritual meal preserved solely for the elderly in each family, which is believed to fight any spiritual unforeseen and chronic illness that might befall such aged feller. This spiritual food precedes with the spiritual bathing prepared specially for the aged during the day with a grander procession with the old women carrying the waste water used for the spiritual bath to a nearby body of water for ritual purification. Other sacred ceremonies and prayers for the aged are also performed. This is important as many of the participants interviewed attest and acknowledge the importance of this spiritual bathing in their life. One participant affirms with this statement below:

> My grandfather introduces this bathing to me and my senior brother when we attain 40 years and above. Since then, every Kwafie my sisters organised the logs to burn the water for the bathing and after they will carry the 'waste holy water' to the stream for prayers and purification. Last year during the festival I was very sick couple with some weak joints I was experiencing, but lo and behold after this bathing the sicknesses, the weak joints all disappear my brother and since then I have never experienced even a common headache or flu, I'm strong as ever. We also believe that by performing these rituals of bathing and eating it add additional longevity to ones already acquired age. I'm current 81 years so you could imagine the additional years I have in stock.[183]

3.4.4 Aging related Morality and Communitarianism

[183] Yaw Boateng. Dormaa, march - 2021

University of Ghana http://ugspace.ug.edu.gh

The idea of 'Opanin b4ne na 4da asa so' (the bad man who sleeps in the hall corridor not in the chamber) is a symbol of irresponsible in a moral point of view, therefore morality correlate with cohesion and community and those who actually practice a virtuous lifestyle are always the happiest, because they grow and flourish and that's one aspect of practicing good moral practices or life. Kwame Gyekye talks much about the fact that an immoral person among the Akans '4nnye nipa' is not that you are not human but it means that if you do not have a good moral, you are a horrible human being or not human, hence immoral is actually correlated to been inhuman. Therefore, morality is very important for the elderly and when one is morally good then it gives you happiness, which is also an aspect of spirituality because in indigenous practices spirituality and religion is also philosophical, as philosophy is their religion therefore most of the elderly justification may come from who they are and the strive to be upright in society.

Morality is heavily related to communitarianism because if there are no community morals don't make any sense, and is only when people decide to live together and by a king or [odikro] then from that point of view morality becomes worthwhile. As Kwame Gyekye puts it, '*we live in a community'*, and when an individual creates an infraction, it means that the person exists from the community and when the individual exists it creates stabilization, therefore morality is between what's right and wrong among the group of people.[184] Every community is circle and within the community the system functions, so when a person causes infractions he or she is move outside the community and that's when the person is to be reintroduce and rituals are perform or certain purifications are done. This gives people chances to do what is right because they are put on pedestal. The same way people who have been good to the society, virtuously and wise, they are been exalted and put on a pedestal and a lot of people want to do that and that's what gives people

[184] Gyekye, Kwame. *African Cultural Values; An Introduction.* Sankofa Publishing Company, Accra, Ghana. (1996) 24-78

University of Ghana http://ugspace.ug.edu.gh

the chance to do what is right. That is why sometimes some families will use a certain member of one's family who has been a rebel to insult other members of a particular family, some even will not allow their members to marry from that particular home or family because there is a rebel who has been expel from there. That is why in the olden days the idea of ostracization was symbolic, because it was also a form of imprisonment, community banish you from the village and never to tell you to come back and a lot of rituals are done towards this.

This is why people who are older wants to find themselves within the community and not aged or care homes because the community will appraise and respect them, as a result of the exemplary, upright life they have lived and that's why people are name after them and their names been mentioned during libations. From this notion people who lives here wants to make their aging process much nicer and be morally good and stay within this confinement so that they will not be push to the periphery.

To conclude, growing old and aging is very important in the community and communitarianism is a key that makes aging significant, therefore the idea of communalistic or communitarian perspective of traditional religion also encourages or promote one aging well and successfully, because not just been aging but the elderly want people to see them aging and appreciating them and making them feel good, and not when people despise their life. So, the idea of the community respecting you, seeing you, given you the chance to become who you are is a very vital point in aging among the indigenous people. Therefore, aging well unlike metropolitan areas where people don't know each other or their house, one can age and die in their house without no one noticing or nobody even caring about it, but in the village, in rural areas this is taking seriously. That is why indigenous culture and traditions will want the elderly to sit at home, acknowledge and value their presence and be part of the family, unlike the western societies where old age people are move to

University of Ghana http://ugspace.ug.edu.gh

various care homes or centres. These one will say are the clear distinctions between westernize idea of gerontology and traditional cultures in Africa.

3.4.5 Lifetime Companionship and Childbearing

Sexual well-being is a component of general satisfaction with life and well-being, and remaining sexually active is link with a positive outlook, good health, self-worth, happiness, self-efficacy or sense of control, good quality of life and sexual vitality. Sexual activity in older age, is strongly correlated with improved mental and overall wellbeing,[185] thus, sexuality remains an important and enduring component of life. Many people want and need to be close to others as they grow older, and the elderly population are not exception from this as many of these groups also see themselves as sexual beings with sexual needs. For some, this includes the desire to continue an active, satisfying sex life. Despite this, the sexual dimension of older people is often neglected especially with the rising stereotyped views of aging and social prejudices that consider older adults asexual, disinterested in sex or even if their manhood is even existing at all. Growing evidence from the data gathered during the interview processes confirm that sexual desires persist into old age, with older men and women having sex in their 80s and beyond, and enjoying it more than ever. Nearly three quarters of participants aged 65 - 74 were sexually active, and while the proportion declined by age, nearly a quarter of those aged 75 - 85 confirm being sexually active. This demonstrates that the majority of older adults are sexually active and sexually satisfied, and that sexual activity and intimacy play a role in their life satisfaction and psychological well-being. Among the Aduana people, sexual production is very important, and barren is catastrophic, men will commit suicide if they are impotent (also called erectile dysfunction) or cannot reproduce. So, the idea of sexual health for example can be very vital for the elderly. The notion that one can

[185] J. DeLamater, E. Koepsel. *Relationships and sexual expression in later life*: A biopsychosocial perspective. Sexual Relationship Therapy. (2015) page 3-9

University of Ghana http://ugspace.ug.edu.gh

produce or bring forth children showcase their desire to grow well and of a good standing when it comes to one's age. These are all part of the spirituality of the indigenous practices of the Dormaa people. Accordingly, quality of life is seen as a dynamic, life course process whereby earlier life experiences facilitate growth and coping with circumstances in later life, which in turn contribute to maintaining well-being in old age.

Sexuality is part of aging well, and an understanding of what older adults perceive to be part of their quality of life can help us to direct appropriate support and resources. By considering sexual activity and intimacy within a framework of quality of life, we address these as normal parts of the life course and thus move away from sexual activities and feelings being stigmatized and the suboptimal health that can occur as a result. Older adults are influenced by the sexual cultures of their upbringing. While sex was and is a taboo topic in indigenous cultures, current trends and rapid social change like the arrival of the oral contraceptive pill and others have and is changing all these conceptions. This experience likely influences older adults' views about sexuality and quality of life. This influence is particularly important with regard to contextualizing the sexuality and quality of life relationship in couples, highlighting cultural and policy-related differences between other societies and clans and the African cultures, and discussing their societal challenges and implications for quality of life.

Additionally, the idea of existing partner or companionship also help one to age well and meaningfully, and many researches have shown that social relationships are important for one aging well. Family, and particularly spouses and adult children, are a central source of support to older adults[186]. Marital status has not been identified as an independent predictor in studies focused

[186] Waite, L.J. & Gallagher, M. *The case for marriage*. New York: Doubleday. (2000)

University of Ghana http://ugspace.ug.edu.gh

on successful ageing or aging well[187] but, on the whole, research demonstrates that marriage has a protective effect on physical[188] and psychological well-being[189], and numerous studies conducted over the past many years support this claim and suggest that marriage is good for health. More recently, scientists have begun to understand why married men enjoy better health than their single, divorced, and widowed peers. Moreover, social networks and levels of social engagement, which themselves are associated with health, vary by marital status. Marriage is often regarded as a fundamental basis for support and integrates people into wider social networks[190]. However, it has also been suggested that couples' networks shrink to a more family-centered network over time and, in considering friendship choice across the life course, Pahl and Pevalin found that the recently married were more likely to move from nominating a non-relative as their closest friend to having a family member as their closest friend.[191] At the same time, marriage has a protective effect on health and evidence demonstrates that older never-married adults have poorer physical health and increased risk of mortality. It is likely that this is a consequence of the lack of support provided by a spouse and perhaps the absence of the associated social network.

Additionally, research shows that spouses and one's children are actually even more important to our psychological welfare. Spouses and children bring more happiness into our lives than virtually anything else. Marriage and been with a partner have a huge impact on our mental health and happiness. Good spouses relieve stress, provide comfort and joy, and prevent loneliness and isolation. And absence or lack of these social connections may pose as much of a risk as smoking,

[187] Depp, C.A. & Jeste, D.V. "Definitions and predictors of successful ageing". *American Journal of Geriatric Psychiatry*, (2006)14, 6–20.
[188] Waite, L.J. & Gallagher, M. *The case for marriage*. New York: Doubleday. (2000)
[189] Schwarzbach, M., Luppa, M., Forstmeier, S. *et al*. "Social relations and depression in late life: A systematic review". *International Journal of Geriatric Psychiatry*, (2014) 29, 1–21.
[190] Waite, L.J. & Gallagher, M. (2000). The case for marriage. New York: Doubleday
[191] Pahl, R. & Pevalin, D. J. "Between family and friends: A longitudinal study of friendship choice". *British Journal of Sociology*, (2005). 56, 433–450

University of Ghana http://ugspace.ug.edu.gh

drinking too much, or leading a sedentary lifestyle. Spouses are even tied to longevity. One Swedish study found that, along with physical activity, having a good partner and children can add significant years to your life.[192]

According to the data gathered, married men are healthier than men who are or were never married or whose marriages ended in divorce or widowhood. Men who have marital partners also live longer than men without spouses, and the longer a man stays married, the greater his survival advantage over his unmarried peers and that men or woman living with their wives and husbands have the best health of all. These were expressed by many of the participants who were engaged for this discourse.

Further, "Marriage, if you stay married, is wonderful social support," says one participant, a 79 year old retired professor of religion, human development and family studies at Catholic University College of Ghana, Sunyani. "Having a partner during middle age, which is when chronic diseases often first appear, is protective against premature death", according to a yet to be published study conducted by him and his team of researchers, they also found that people who never married were more than twice as likely to die early as people in stable marriages. "Being married is a big factor in survivorship," Prof. Obarima Oppong Kyeremeh Sikafuo (retired university Prof. and Chief of Dormaa Akwamu) concluded.

Nana's team is not the first to make the connection between marriage and longer life. A 2013 study of 15,330 cardiac events showed that married people have considerably better prognoses or medical conditions than singles. The effect has been observed beyond heart-disease patients. Other researches indicate that married people are more likely to have their cancer detected early and less

[192] Herbers, Daniël Johannes. *Family, housing and well-being in later life*. Groningen: University of Groningen publication. (2016)

University of Ghana http://ugspace.ug.edu.gh

likely to die early from it. Some of the participants interviewed in this work share similar opinions to this. Some believe it's tied to the live-in emotional and physical support.

> When you have someone around all the time, it means you have someone to remind you to take your meds and go to the doctor. And if you fall down or otherwise hurt yourself, there's a good chance there will be someone around to help you. If my elder daughter and my grandchildren are not here, I would have died many years back my son, so having family and partner around plays so much importance in our life, but unfortunately many of my age mates don't have such support like these.[193]

Married people are also more likely to adopt healthy behaviors like exercising and quitting smoking if their partner does. This was expressed by the many centenarians who were interviewed in this work, of which many of them say they 'abide by healthy behaviors their long-deceased spouse used to remind them about'. "Some of the marriage benefits seem to outlast the partner who doesn't make it to very old age," one reiterated.

Therefore, one will be able to say that the many people we have around us, the support that we give and receive, and how often we see them, impacts on our physical and psychological health. Social relationships provide a platform for the exchange of support and opportunities for social interaction, and many researches including this is demonstrating their independent influence on mortality, heart attack survival, cognitive decline, depression and anxiety.

[193] Comfort Kyeraa. Wamfie, March, 2021

University of Ghana http://ugspace.ug.edu.gh

CHAPTER FOUR

THE LIFE OF THE AGED IN CONTEMPORARY DORMAA SOCIETY

4.0 INTRODUCTION

The study set out to investigating the impact of religion and spirituality on the life of the aged in Ghana, with Dormaa traditional area as the study site. From the data gathered one can say that things are not the same as in the past, and that there have been a lot of variations in terms of attitudes from the youth and other spiritual and religious ways these groups still make themselves relevant. Therefore, this chapter tries to examine various support systems, coping mechanisms and various factors enhancing sense of belongingness among the elderly in modern times. Other health benefits that accrue to older people who profess a religious faith and engage in spiritual activities and other practices were all looked at.

4.1 YOUTH ATTITUDES AND PERSPECTIVES TOWARDS THE AGED IN CONTEMPORARY TIMES

Global aging is the success story of the 21st century as a result of declining fertility, mortality and improved public health interventions as reiterated in the previous chapters. With the increased elderly population, the attitude of societies about aging changes. Positive attitudes towards the elderly people are valued, respected and experienced but most of the literature shows negative perceptions towards elderly people among the youth, especially in the form of stereotypical behaviors and ageism which can result in social exclusion, isolation and ultimately the abuse of elderly people and disempowerment of elderly people.

University of Ghana http://ugspace.ug.edu.gh

Compared to the past, the old and issues of the aged drew particular interest and attention than nowadays, the old were treated with a lot of respect not only by their children but by many sections of society. The topic of ageing also received some form of attention of one sort or another. Children for example were expected to keep their old parents. Currently they seem to have options and some choices they make are detrimental to the development of aged persons. However, even where children are alive, there seems to be no capacity for them to take care of their old parents. Several reasons are seen to be contributing to these suffering of the older persons in many Ghanaian societies. These include among others: lack of employment for children, western cultural influences, poverty, lack of wealth, stress, worry and generally, neglect by children. Some participants have this to say:

> Old people are suffering regardless of whether they have children or not. This is because their children are unemployed, they are also suffering.[194]
> These sufferings are causing people to age quickly because of stress that is, thinking too much and worrying about how they will feed with no food available. And nowadays, for you to be respected in society, you need to have wealth. If you don't have, you are considered to be nothing.[195]

Attitudes towards aging and the aged by the youth and the community are good determinants of aged person's wellbeing. Firstly, ability to keep an old relative and to some extent a stranger is a litmus test to the general existence of filial loyalty or piety and family responsibilities. In this study, some youths acknowledged that they were keeping some older people and most of which were actually their relatives, only three persons in the discussion reported keeping an older person who was not a relative. While the desire to keep older persons is culturally imbedded in many Ghanaians, current economic and living conditions were not permitting. Living conditions for example determine whether or not it is prudent to keep an extra person even when one wants to.

[194] Agnes, Yeboah, Wamfie, June 2021
[195] Kofi Abraham, Wamfie, June 2021

University of Ghana http://ugspace.ug.edu.gh

In addition to challenges in the economy, it is also generally viewed that older persons are very difficult people to stay with. They are thought to be choosy with food especially but other requirements as well. They are also thought to be very demanding and as a result, only a handful of people would keep up with such choosy and demanding life styles. On the other hand, however, it is widely recognized that though older persons are indeed difficult and choosy sometimes, they are very helpful in certain circumstances where younger people may not have the necessary expertise, wisdom and experience. For example, some feel that merely staying with an old person is a blessing on its own, old people help in taking care of the children and in some cases, they educate young ones through storytelling and advice. The following excerpts are a few examples:

> I keep my uncle at home, and I used to live with my grandmother. They are difficult especially when it comes to eating, they like choosing food, but they also tell a lot of old stories and give advice.[196]
> Even though we would want to keep such people, their life style is very difficult, they are very choosy, especially with food. You can imagine, there are times when my wife prepares 'ndomie vegetables' with vegetables only, the old person I keep at my home says her teeth hurt when she eats vegetables, but she is the first one to start eating when meat is prepared. They are very difficult people to keep[197]

Older persons are also thought to be boring in addition to being unnecessarily difficult and choosy. They are seen to be engulfed in their own problems and much less what other members of society may have. They mostly talked about how they wished they were dead given the many problems they were going through in life. As a result, such levels of complaints make the young distance themselves from older people and hence the perceived loneliness. Further it is a wide held view that older people spent most of their time crying and remembering how good things were when they were younger, much to the displeasure of youth groups and hence few quite would be interested in keeping or looking after them.

[196] Nueki, Asuotiano, June 2021
[197] Ampa George, March 2021

University of Ghana http://ugspace.ug.edu.gh

Other reasons have also been sighted explaining why very few young people are willing to keep or look after older persons. A very unfortunate aspect about aging in the Dormaa context is a case where older persons are subjected to cruel treatment resulting from sociocultural beliefs or are accused of practicing witchcraft and anyone who associates himself or herself to these people is also sometimes isolated by society or the community, they live in. The younger members of such communities often call the older people witches and wizards. This is one of the factors that made them to withdraw from other members of the community, sometimes they are afraid. In some extreme examples, being old is sometimes almost equated to being cursed. The accusation of witchcraft makes older people's lives especially challenging and as a result very few people would be willing to take care of older persons unless they were very close relatives. Accusations of witchcraft also further exacerbates the lack of respect older people go through on a daily basis. A participant shared her opinion below:

> I can do that, though very few can do that because of lack of respect for the aged. Most young ones do not have respect for the aged, so how can they keep them? Because of that reason, I cannot keep an old person because even my neighbours will be saying that am keeping a witch in the neighbourhood.[198]

One reason sighted as fuelling this parochial attitude is that our society is predominantly youthful and acceptance of the elderly as people forming part of the core of society has been a challenge which unfortunately sometimes translates into acts of humiliation against older people.

One discussant had this to say;

> Humiliation is one other big problem these people face every day. Most people think all old people are into witchcraft, and this depresses these people a lot. Some people even go to an extent of just laughing at old people, which previously I was also a part.[199]

[198] Maame Adjoa. Asuotiano, June 2021
[199] Clement. Wamanafo. April, 2021

University of Ghana http://ugspace.ug.edu.gh

4.2 CONTEMPORARY INVOLVEMENT OF THE AGED IN RELIGIOUS AND SPIRITUAL ACTIVITIES IN DORMAA

Widely held attitudes in many countries of the world perceive old age as a time of decline and loss. In the African context, observers have identified modernisation (in particular, education, urbanisation, migration) and industrialisation as key factors impinging on the involvements of the aged in the community. In traditional society the aged are protected against stigmatisation not only by favourable cultural concepts but also by the institution of culture itself. Indigenous words used to describe the old are neither derogatory nor demeaning. On the contrary, common expressions used to describe elderly people in African languages like "elder", "he who knows", "he who has vision" clearly reveal the guidance role or involvement which society expects of the elderly. Literal translations of "old age" in many African languages define it synonymously with wisdom. Furthermore, symbolism, which is an important factor in many African languages, codifies the aging process and accords old people a place in the daily life of the community. In the traditional Dormaa society, therefore, age is meaningful only in terms of the shared knowledge and experience it offers.

Growing old in the olden days in African society was quite different from what is obtainable in contemporary African society. As stated in chapter three (3), traditionally, elderly care was the responsibility of the family and was provided within the framework of the extended family system at home. However, changes in the structure of African society resulting to the geographical dispersion of the extended family system and the tendency for family members to be educated and work outside the home affected older people. Culture contact with the Europeans through colonization marked the beginning of African perspective of taking care of their elderly ones.[200]

[200] Abanyam, N.L. "The Influence of Modernization on Aged Care in Nigeria". *Journal of Development Studies*. (2012) Vol. 1 No. 1 pp. 14-19.

University of Ghana http://ugspace.ug.edu.gh

Notwithstanding the changes, religious and spiritual activities or practices like taboos, birth rites, marriage rites, death and funeral rites, naming ceremonies, pouring of libation, puberty rites and a host of others are all highly handed down to the aged in the Dormaa traditional society. The elderly is giving the opportunity to oversee and pray to invite the ancestors and other benevolent spirits. Not all older people are involved so much contemporary in many of these activities, but some of them who are in places in the royal homes or stays in a home of lineage head or heads of a clan are found in participating a lot in terms giving advices and directions of pouring libations and others. But in many homes where other faiths exist or have taking over like Christianity or Islam, one hardly sees some of these religious or spiritual activities over there. As one participant recounted:

> Every Akwasidae as a head of this family I use schnapps or sometimes 'kachaw' (a local drink made from a fermented maize or cassava) to perform some rituals to call upon all able and respected ancestors of this family to come oversee the occasion or blessed it, and my elder brother Ansu who is a little frail at the moment even are called upon during the Akwafie festivities to come from hibernation and perform the necessary rites to pacify Nananom and our great ancestors who have lived responsible and faithfully towards this Akwamu family.[201]

Moreover, when it comes to death and funeral rites, the elderly is consulted to lead the participation and performances of all the rites that are supposed to be done and perform during these activities, and for their advices and directions as well, because in the Aduana clan young people could not determine the detailed and discrete ceremonies perform for the dead and where people are buried l. As known, the belief in immortality, in the soul's survival after death, is a concept the Akan people do not repudiate and the Dormaa people are not exempted from this worldview, therefore, funeral ceremonies in Dormaa are much elaborated one as they hold the belief that for a person to enter into glory in the next world, a befitting burial is required and therefore the aged are giving

[201] Nana Adonteng, Dormaa, 24th July, 2021

University of Ghana http://ugspace.ug.edu.gh

the power to organised, direct and perform all the necessary rites required for such person to be able to sail through the spirit world. One sub-chief in his capacity as 'Krontihene' shared this with the researcher:

> In the past, the rites on the day of death began with the offer of water to the dying by the "abusua-panyin" (family head) before the last breath. As the water is given, Abusua-panyin will says to the departing spirit, "permit all the women of the household to bear children". It is believed that the last water would provide enough strength to the dying to be able to climb the lofty slope between the land of the living and the ghosts. After the death, members of the family would lock the doors and proceed to wash the corpse thoroughly with hot water to prepare the body for public display and its journey to "Asamando". The washing of the body is done by close relatives or children, especially elderly women in the family. Alcohol is poured down the throat of the corpse to prevent early decomposition many at times and salt solution, lime and camphor balls were all used to preserve the corpse. This what many of our traditions here in Dormaa we do and perform both old and currently.[202]

Also, the elderly involvements of some of these rites mentioned above ideally forge a cultural linkage between the elderly as spiritual leader, with the living and the dead. In this connecting role, the elderly in the community officiate in the ceremonies stated above, as well as cleansing ceremonies that ensure that peace and harmony prevail within the community. The latter activity naturally extends to the resolution of social conflicts between individuals or groups of individuals in the community, and places them in a strong position. This highly recommended to keep the sanity and continuity of community unity and survival.

Additionally, as reiterated earlier, African cultures recognized the older generations as the source of knowledge and wisdom and referred to them as models for their own lives and future. The Elders are praised as "Transmitters of culture", as "Guardians of the secrets of life" or as "the Wise" to consult in the prevention of conflicts and preservation of peace in the individual, family and in society. When it comes to cultural values, they know them best. They know why a man has to pay bride price and why one has to wait with sex till marriage. They have seen it all and the current divorce rates could give one a hint. Some values might seem ridiculous at face value but

[202] Kyeame Adu, Dormaa, June, 2021

University of Ghana http://ugspace.ug.edu.gh

its only through going deeper that one starts to appreciate it all. Why should sexual relationships be restricted, and a look at the spread of sexually transmitted infections (STIs) and HIV/AIDS figures will make one appreciate the elderly's wisdom. Seemingly small things, like simply encouraging the younger generation to be disciplined and to work hard is a role these aged people play daily. They also have a role in maintenance and nurturing children and grandchildren to grow up valuing traditional morals and beliefs. The aged are a source of inspiration for many in the society. They are therefore in a position to set standards and goals for the youth, particularly if they themselves have been high achievers in their life, therefore their involvement in contemporary life is very worthwhile.

Further, in most traditional part of Dormaa, elders or parents gather the younger ones by foreside or moonlight, inside or outside the compound and tell them stories of how a particular personality outsmarted another, stories of exploitation of a group by another group and how Onyankop4n (God) liberated those exploited group were all recounted to the younger ones. Some of these stories drive most children into tears or strengthen their hearts to withstand any hardship in their potential social encounter (instil fear or confidence). Songs were composed in those stories to stare children into action and to control most socially unapproved behaviours. Lazy ones, deviants, and those who perpetrate injustice in the community were ridiculed. From such stories, folktales, songs, etc. important lessons were drawn. According to one participant "such wise saying teaches ideas such as the evil of jealousy, selfishness, wickedness, hypocrisy and greed while inculcating virtues such as love, kindness, gentleness, impartiality, fairness or justice and humility".[203] This is aimed at equipping the younger ones with the necessary skills and attitudes that would help younger people to function effectively in the society. This is the case in all levels of Dormaa traditional societies.

[203] Ansu Samuel. Wamfie, April, 2021

University of Ghana http://ugspace.ug.edu.gh

These social activities indicated above have some impact upon the elderly health as it could not be decoupled from their spiritual and religious activities.

4.3 SUPPORT SYSTEMS FOR THE AGED

Supports for the aged are of two kinds. It can be from government and non-government source. Information gathered revealed that there are some support systems for the aged in the study area. While some of these support systems are initiated within the local communities, others are initiated from the central government or its agencies. Again, while some of the support systems are formal, others are informal. This section explains the kinds of support systems that are available and how these support systems work.

4.3.1 Formal Support systems

The data gathered clearly indicated that a limited number of formal support systems existed for the aged. Interestingly, there were divided views on the awareness of the presence of these few support systems. Although the majority of the respondents were aware of the existence of these systems, few of the respondents denied any knowledge of these. However, even those who were aware of the existence of these support systems claimed that they were being denied access to these. Respondents, who indicated that they had benefited from the programs, complained about the irregular and for that matter unreliable nature of some of these social welfare schemes. Over the years, successive governments have blatantly refused to tackle the ever-increasing challenges of the aging population[204]. This is perhaps attributed to the fact that, Government continuously believes that the extended family is morally obligated to look after its elders, even in the wake of

[204] De Graft Aikins, A., & Apt, N. A. "Aging in Ghana: addressing the multifaceted needs of older Ghanaians". *Ghana Studies*, 19, 35-201. (2016)

University of Ghana http://ugspace.ug.edu.gh

weakening familial bonds.[205] The supports that were found to be available for the aged include Social Security Pensions Scheme, National Health Insurance Scheme, Livelihood Empowerment against Poverty (LEAP), Elderly Welfare Card Programme (EBAN).

4.3.1.1 Social Security and National Insurance Trust

The SSNIT Pension Scheme is Ghana's foremost pension scheme since independence. It is a social insurance scheme primarily set up to offer protection to government, private and informal workers who proceed on either voluntary or involuntary retirement. While in active service, income earners contribute 17.5 per cent of their monthly salary to the pool which is invested and later upon retirement becomes their benefits as prescribed by the Pension Act 2008 (Act 766) which is the legal framework by which the scheme operates. Out of the 26 respondents engaged in the research process, only 7 of them had worked in the formal sector and therefore could benefit from SSNIT since it is a retiring package designed for formal workers. This low number is a confirmation of the fact that large numbers of Ghanaians are in the informal sector where joining SSNIT is voluntary, a clear indication that large numbersof Ghanaian elderly will be without protection.

One of the discussants (a beneficiary of SSNIT) intimated that he supplements his pension's salary with an extra income gained from working as a Lotto writing operator (agent). Hehowever commented that the pensioner's salary is not an income that can sustain anybody particularly if no economic activity is added. The other respondent who had no other business running, however, indicated that life is quite challenging because, the monthly allowance is really not sufficient looking at the numerous expenses he makes. "I am diabetic, and so I spend almost all the money on drugs. In fact, if not for my children, I would have died from hunger andlack of drugs". Although a number of the respondents who are SSNIT beneficiaries recognize the very importance

[205] Appiah-Kyei, L. Roles of Elderly Persons in Contemporary Accra and Conditions under which they Succeed (Doctoral dissertation, University of Ghana). (2013)

University of Ghana http://ugspace.ug.edu.gh

of the SSNIT pension schemes in relation to their living standards as well as their family members, "they stated that poverty is still the older person's trap because the amount offered to majority of pensioners is way too meagre to serve them adequately". The respondents stated that, that stage in life is already saddled with a lot of economic and health challenges which put pressure on the income.

In line with the finding above, studies by Darkwa, and Apt, revealed that the package received by retirees is not sufficient for any meaningful living[206][207]. Coupled with the many challenges, the study found also that there appeared to be a lot of bureaucracies associated with accessing the schemes upon retirement, these, the respondents indicated made the scheme very frustrating. In sum, the pension is not adjusted regularly to meet the effects of inflation and therefore does not sustain the intended level of consumption of the elderly at the time of retirement. This conclusion of the current study is in line with earlier studies conducted by Darkwa, (2002) and Apt (2012). Again, the low number of respondents who worked in the formal sector goes to buttress the fact that the majority of Ghanaians are in the informal sector. This fact has been supported by large number of researches in that area.[208] Though, the study site was rural and for that reason respondents were likely to have been in the informal sector, the same source indicates that Ghana's economy is largely informal.

4.3.1.2 Livelihood Empowerment against Poverty (LEAP)

The LEAP programme is an institutionalized support system available to people certified to be extremely poor and are above 65 years, persons with severe disabilities with no productive

[206] Darkwa, O. K., & Mazibuko, F. N. M. "Population aging and its impact on elderly welfare in Africa". *The international journal of aging and human development*, 54(2), 107-123. (2002)
[207] Apt, N. A., & Gricco, M. Urbanization, caring for elderly people and the changing African family: the challenge to social policy. *International Social Security Review*, 47(3-4), 111-122. (2012)
[208] World Health Organization. Ghana country assessment report on ageing and health. Geneva: WHO (2014)

University of Ghana http://ugspace.ug.edu.gh

capacity and caregivers of orphans and vulnerable children. According to the National Social Protection Strategy (NSPS) of the Government of Ghana (NSPS, 2007), this programme is one of government's commitment to achieving targets set in the Millennium Development Goals for developing countries. The Ministry of Employment and Social Welfare has been mandated to introduce this cash transfer to beneficiaries on monthly basis. The majority of the respondents had no knowledge that there was such assistance from Government. Information on government policies is hard to come by particularly for the illiterate aged. However, those who also knew and wanted to assess the grant reported that they were denied because they were allegedly not qualified for being extremely poor. One respondent said:

> I went to the social Welfare office a year ago to register for that benefit, but the staff there told me it is for aged people who are above 65 years and again have no supportto the point that they cannot even afford two square meals a day. After that, I didn't bother to go there again.[209]

Another respondent also had this to say:

> When I went to the Social Welfare office to register, I was told my place of residence fell under a different zone so I should go and look for the LEAP Office within that zone. I am old and don't have the strength to be roaming about, so I have abandonedthe idea.[210]

A beneficiary respondent, who showed some excitement in his comment however, did indicate that "the money was actually very small and besides it is not able to support the basic needs, it isalso not regular and hence very unreliable".

4.3.1.3 National Health Insurance Scheme (NHIS)

The NHIS is a pro- poor policy introduced in Ghana in the year 2004 to help improve access to health. Under the policy, the aged (people that are above 70 years) and indigents (who are

[209] Anane Oppong, Dormaa, June, 2021
[210] Maame Awuah, Wamfie, March, 2021

University of Ghana http://ugspace.ug.edu.gh

also mostly poor aged) are exempted from paying premiums. Yet, they are enrolled on the policy and thus access health care free of charge.[211] Information gathered from the interviews indicated that this aspect of the policy (NHIS) is a major relief to the aged in the traditional area. The aged as indicated earlier, are saddled with financial challenges which would have made it almost impossible for them to access healthcare. However,they are able to access healthcare through this policy. In a statement confirming this, a participant said:

> The NHIS has really helped me a lot. Old age comes with many ailments that require frequent visit to the hospital. Had it not been that I visit the hospital free of charge, I don't think I would have been alive. My children look after me and they don't have good job.[212]

Another respondent who doubles as a LEAP beneficiary and by virtue of that is exempted from paying premiums also remarked "it is always a relief to know that I don't have to have money on me before I can visit the hospital. Whenever I feel unwell, I just go to the hospital for assessment."

This is supported by what Nguyen *et al*., found in their study in Nkoranza and Offinso in the Bono region, which concluded that the NHIS had generally improved particularly, the poor's access to healthcare drastically. Two years after the initiation of the policy, a total of 35% of the population had enrolled and the effect was better felt among the poor than among general population[213]. Blanchet et al., also support this assertion in their research which concluded that on the average, individuals enrolled on the insurance scheme were significantly more likely to obtain prescriptions, visit clinics and seek formal health care

[211] Blanchet, N. J., Fink, G., & Osei-Akoto, I. The effect of Ghana's National Health Insurance Scheme on health care utilisation. *Ghana Medical Journal*, 46(2), 76-84. (2012)
[212] Kwame Adu.. Asuotiano, March, 2021
[213] Nguyen, H. T., Rajkotia, Y., & Wang, H. The financial protection effect of Ghana National Health Insurance Scheme: evidence from a study in two rural districts. *International Journal for Equity in Health*, 10(1), 4. (2011)

University of Ghana http://ugspace.ug.edu.gh

when sick.[214] The aged have often been classified as being in the category of the poor due to their vulnerability, and therefore, will feature very much in the population that patronizes the NHIS. On the contrary, one of the respondents intimated that she was not registered under the exemption clause even though she qualified.

> I went to the NHIS office to register as an aged who is exempted from paying premiums but I was made to pay the registration fees on the basis that I do not qualify. It took a while for me to get the funds to register.[215]

As a confirmation to this respondent, another also said that the insurance does not cover most of his drugs and sadly stated that he is waiting for his death painfully.

Literature available indicates that there is a disagreement as to whether the NHIS is a pro- poor policy. Researches undertaken by these various groups of people indicate that the policy is not pro-poor[216]. This view is then supported by respondents who have been unable to enjoy the scheme because of inadequate funds. The state also has inserted provisions of care and protection of older persons in the 1992constitution under the Directive principles of state policy. However, are the older people awareof these constitutive and legislative measures?

4.3.2 Informal support systems

It has been widely asserted that the African extended family structure takes responsibility for the needs and welfare of individuals who for one reason or the other cannot do so. Information gathered from the interview indicates that the elderly receives about 90% of their support from their family members, friends and the community at large. This high percentage can be attributed to the fact that a large proportion of the aged are not on any formal support system such as

[214] Blanchet, N. J., Fink, G., & Osei-Akoto, I. The effect of Ghana's National Health Insurance Scheme on health care utilisation. *Ghana Medical Journal*, 46(2), 76-84. (2012)
[215] Mary, Dormaa, June, 2021
[216] Aikins, A. D. G., & Apt, N. A. Aging in Ghana: Setting priorities for research, intervention and policy. *Ghana Studie*s, 19(1), 35-45. (2016)

University of Ghana http://ugspace.ug.edu.gh

SSNIT.

4.3.2.1 Family and friends

Response from the interview indicated that almost all the respondents' needs and wants which ranged from social, psychological, financial etc. were provided for by their family and friends. Infact, even in instances where there was a formal support available, the aged had to be assisted by a relation to claim the benefit. This confirms that social network is the backbone of elderly welfare. A 91-year-old respondent remarked:

> My children and my grandchildren are my saviour. I simply have no idea what life would have been without them. As you can see, I cannot do anything meaningful for myself. Sometimes, I wish I will also die and join my ancestors because I have become a huge obstacle in their life. My daughter has stopped working just to take care of me. If she had not taken that decision, I doubt if I would have been alive today.[217]

They all attest to the fact that they rely on their children a lot for almost every service. This makes life quite hard for those who either never had children of their own or for some reason, their children are not with them. The African cultural value has always been grounded in the theory of reciprocity and this finding confirms the views of van der Geest.[218] To throw more light on this matter, a respondent who lost her only child to one of the childhood diseases, said:

> I live alone and do everything myself because I have no one. Occasionally, some of my distant relatives pass by to inquire about my health. And I simply respond am alright because I know they are only doing that for the sake of societal critique. How can I be alright in this my state alone? Do you think if my daughter had been alive, she would have just passed by and left me here continuously without even fetching water for me? Loneliness is really killing me, and my greatest worry is actually on when I can no longer move around.[219]

[217] Maame Rose. Wamfie, April, 2021
[218] Van der Geest, S. Will families in Ghana continue to care for older people? Logic and contradiction in policy. *Ageing in sub-Saharan Africa: Spaces and practices of care*, 21-42. (2016)
[219] Auntie Asantewaa. Amasu, July, 2021

University of Ghana http://ugspace.ug.edu.gh

Several studies undertaken by McKee et al.[220], illustrate that social relationships characterised by reciprocity within the family forms the support base as well as the overall subjective well-being of the aged. Similarly, having a wide range of friends increases a person's social capital which is always a valuable resource convertible into money. Thus, having a wide pool of social network made up of family and friends impact positively on older people's lives. These provide for the aged needs in different ways and hence largely contribute to their subjective well-being which is a crucial indicator of successful ageing.[221] The result of these studies to a large extent is consistent with the findings of this study that having familial support in old age actually helps a lot in dealing with challenges.

Literature on the family relationship with the aged have focused on how at every point the family has always risen to care for the elderly and the care given to a large extent is shaped by prevailing economic as well as political situation. In that sense, Abel (2000) and Williams (1973) assertion that there used to be a "golden age" of family elder care that is on the decline is not entirely accurate. This, again to a large extent, brings to the fore how the concept of reciprocity operates in the sustenance of aged care in most communities in Dormaa, and Ghana as a whole. Most households provide the greater care of the aged in low-income countries placing reciprocity in a key role in the absence of formalised structures. Thus, security in old age is woven into the fabric of reciprocity. Based on how well one lived his youthful days by extending a hand to his dependents, that act will be returned in old age.[222]

4.3.2.2 Social network support

[220] Mckee, K. James E. Birren and K. Warner Schaie (eds), *Handbook of the Psychology of Aging*, Academic, San Diego, California, 4th edn, 1996, 416 pp., hbk no price, ISBN 0 121 01260 3, pbk£ 12.99, ISBN 121 01261 1.-. Ageing & Society, 17(3), 353-371. (1997)

[221] Foster, L., & Walker, A. Active and successful aging: A European policy perspective. *The Gerontologist*, 55(1), 83-90. (2014)

[222] Van der Geest, S. Respect and reciprocity: Care of elderly people in rural Ghana. *Journal of Cross-Cultural Gerontology*, 17(1), 3-31. (2002)

University of Ghana http://ugspace.ug.edu.gh

The aged on many occasions have joined some associations. While in some cases they join these associations with the explicit intent of getting some support, in other instances, they have no such intent. However, the researcher realized that, whatever the intent is for joining any association, members end up receiving some form of support from it[223]. These associations range from religious to secular. Examples of the religious organizations are prayer groups, churches or associations within the churches (such as men's fellowship, women's fellowship etc.). On the other hand, some examples of the secular associations include pensioners club, political associations etc. It is evident that even membership of political parties provided a form of social network that turned out to support the aged in some ways.

The religious associations serve one of the three main functions. These functions ranged from medical through financial to social. Medically, they provide healings through their concerted prayer when a member is sick. A 72-year-old woman confirmed this in the following statement:

> I hardly go to hospital when am sick. I am a member of a prayer group. The prayers from group members have proven very efficacious in times of sickness. Anytime, I am sick they pray for me to get healed. As a result, I don't go to hospital.[224]

It is not just prayers to heal, the respondents also believed the concerted "prayers from religious associations perform miracles that usually prevent them from lacking anything". The church and its members are there to provide any form of social and financial support to the aged. This includes preparing their minds for the next world, visitation, etc. A respondent said:

> Some of my church members usually come around to give me company. With them, I have people to sit down and chat with. Even beside that, the church has some appointed dates that executives/leaders go around to visit members. I have been a beneficiary of such visits on a number of occasions.[225]

[223] Boudiny, K. "Active ageing": From empty rhetoric to effective policy tool. *Ageing and Society*, 33(6). (2013)
[224] Asantewa, Wamfie, June, 2021
[225] Anane James. Wamfie, April, 2021

University of Ghana http://ugspace.ug.edu.gh

The church also provides financial assistance to members. A beneficiary stated that:

> The church has set a day aside purposefully for raising funds for particular groups in the church. These groups are mainly the vulnerable thus emphasis is on widows, orphans and the elderly, those above 60 years.[226]

It can be inferred from the above that overall, being engaged in activities with other people greatly reduces stress and provides the aged some adventure to look up to on daily basis. A review of literature related to the finding largely supports and confirms that membership of associations both religious to non- religious helps the aged to cope better[227]. Religious belief has been linked to a variety of positive mental and physical health outcomes, and this has been reiterated in the previous chapter. Researches have examined the relationship between religious involvement and a wide variety of physical and mental health outcomes[228]. The conclusions have been that to a large extent, the relationships are generally positive in nature. Nevertheless, some evidence of negative aspects of religious involvement and impact on health have been noted as well.[229]

Religion helps people allay the fear of the unknown, which goes a long way in reducing stress and anxiety associated with daily life. Koenig et al., posit that religious or spiritual beliefs help patients to cope well with their ailment. Their study concludes that on the whole, religion offers greater social support, better psychological health and to some extent, better health for patients[230]. In a similar vein, Powel et al., collaborates available studies outlining the benefits of

[226] Osofo Pat, March, 2021
[227] Fakier, K. The community work programme and care in South Africa. "Socio-economic insecurity in emerging economies": Building new spaces. (2014) page 133
[228] Koenig, H. G., George, L. K., & Titus, P. Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of the American Geriatrics Society*, 52(4), 554-562; Kulik, C. T., Ryan, S., Harper, S., & George, G. (2014). Aging populations and management. *Academy of Management Journal*, 57(4), 929-935. (2004)
[229] Morrison, V. Ageing and physical health. *Handbook of the clinical psychology of ageing*. (2008)
[230] Koenig, H. G., George, L. K., & Titus, P. Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of the American Geriatrics Society*, 52(4), 554-562. Kulik, C. T., Ryan, S., Harper, S., & George, G. (2014).

University of Ghana http://ugspace.ug.edu.gh

religious associations. Their research concludes that religion reduces mortality rate, as it gives people a sense of hope.[231]

According to Van der Geest, S., most of the churches in Ghana have added on a new role in supporting their members, particularly the aged, with material, emotional and financial support. The very old are visited once every month and served with communion and are given a token for their upkeep.[232] These findings remain consistent with the findings of this study. Thus, so long as people find themselves in groups and do contribute to the group in their active days, the group is always there to act as a safety -net for those who would find themselves in need, making social network very important in the social relations.

4.4 COPING WITH OLD AGE: THE DORMAA CULTURAL CONTEXT

Well-being and happiness in old age depends on harmonious adjustment with the community or social environment of which the elderly is an integral part. The elderly population, just like any other strata of the population, come in terms with life by evolving strategies of personal adjustment which enable them to deal with emotionally disturbing situations or to cope with stressful situation. According to Lee et al. (1984), coping is a critical strategy that allows the older person to appraise his or her situation, assess needed skills and face critical and radically distinct life tasks. Generally, coping is an effort made towards eliminating or managing stressful situations so that physical, psychological and social functioning is ensured, and thus

[231] Powell, J. L. "Risk, welfare, education and youth". *International Letters of Social and Humanistic Sciences*, 7, 22À30. (2014)
[232] Van der Geest, S. Will families in Ghana continue to care for older people? Logic and contradiction in policy. Ageing in sub-Saharan Africa: *Spaces and practices of care*, 21-42. (2016)

University of Ghana http://ugspace.ug.edu.gh

culminating in a minimized social disturbance.[233] Changes in the physiological conditions and consequent failing health, loss of income, alterations in familial roles and status are problems often encountered by the elderly, and they all do accordingly, adopt varied coping methods. Findings from the data revealed that respondents had varied coping strategies which ranged from relying on family members to engaging in economic activities.

4.4.1 Relying on family members

Information gathered from the interviews indicate that quite a greater number of the aged depend on their relations around to do the difficult task that requires physical strength. In response to coping with the physical decline, a respondent said:

> I rely on my family to do the difficult task. My daughter does the cooking and I have my grandchildren around who do my errands as well. It used to be difficult for me to come to terms with that. But I have come to accept it and even I am grateful because that is the life of old folks like me.[234]

Another respondent who lived alone at age 62 because her only daughter worked in Accra remarked:

> I do everything for myself at the moment. The aspect of my life that I find challengingis getting water for my activities. I get the young ones around to do such errands for me in exchange for monetary favours. However, sometimes, I reflect on how my lifewill be like when am very old and cannot do some of these things for myself. The ideathat I might not receive care from people sometimes scares me a lot, but my hope isin the Lord.[235]

Available literature supports the findings that generally, old people have a natural tendency sorely on young people for strength required activities.[236] Coe (2017), reports that as far back

[233] Pakulski, J. Facing the challenges of an ageing society. In Kendig, H., McDonald, P., & Piggott, J. (Eds.). (2016). *Population Ageing and Australia's Future*. ANU Press. (2016)
[234] Auntie Esther, Dormaa, July, 2021
[235] Adjoa Rose. Wamfie, April, 2021
[236] Lopez-Hartmann, M., Wens, J., Verhoeven, V., & Remmen, R. The effect of caregiver support interventions for informal caregivers of community-dwelling frail elderly: a systematic review. *International journal of integrated care*, 12. (2012)

University of Ghana http://ugspace.ug.edu.gh

as the 1860s, older people, particularly, the men, family heads and brothers married younger women so that they would care for them during their later days. In instances where such arrangement did not work out well because the wives either failed to perform their duties or run away from them, they relied on their slaves to undertake those duties and this happened in almost every part of Ghana.[237] Some Christians who were even against the concept of keeping slaves were forced into procuring one for such purposes. In fact, this practice was not limited to Ghana alone, the same source makes mention of slaves taking care of their aged masters in the United States of America.

Current studies also continue to illustrate that this practice has continued and today, under new political, social and economic dispensation, kin members who for one reason or the other cannot provide the care themselves pay other non-kin to provide care for their relatives. Even though this practice has not been widely accepted, it might gradually find itself in society due to the ever-increasing migration and impact of urbanization especially in this traditional area noted for their various travelling and immigrations.

A study by Chaudhary, pointed out that many old people normally begin to feel that eventheir children do not look upon them with respect which they used to get earlier[238]. And this feelingis probably as a result of the older person's reliance on their children. Another study by Singh Dhillon, observes that overall social support and support from friends and family memberslead to a better adjustment in old age. Essentially, this seems to be true among respondents who embraced the help willingly from their relations.

[237] Coe, C. Negotiating eldercare in Akuapem, Ghana: Care Scripts and the role of non-Kin. (2017)
[238] Chaudhary, D. P. *Ageing and the Aged*. New Delhi: Inter-India Publications, (1992). 123.

University of Ghana http://ugspace.ug.edu.gh

4.4.2 Joining networks Associations

Responses to how the elderly coped with loneliness primarily revolved around the individuals finding themselves in active groups of both secular and non-secular. Most of the respondents interviewed, did indicate that they were involved in at least two associations, a religious and a non-religious association. Some even intimated that "it is their declining strength which was preventing them from joining more because, as a member, one must attend meetings". They all lauded the benefits of being members as offering support both in kind and cash. A 90-year-old respondent who was angry that her church had pensioned her from the church remarked that

> I was in every association both at church and in town. When I lost my beloved husband, I don't recall spending my own money on anything. Donations both in kind and cash flowed into my house and even a year after the death, I can still recall people giving me this or that as a token. Again, I had people to assist me with the funeral organization. I had on several occasions helped members in that condition sowhen mine was due, it was just a principle of reciprocity[239].

Another respondent also said

> I am a member of the pensioners Association. I double as their secretary. That gives me something useful to occupy myself with and greatly reduce the boredom in my lifeafter years of active service. Again, our meetings provide every member the opportunity to fraternize and share our problems. To give a typical example, I was worried that I couldn't sleep continuously for about 3 hours, when I discussed with my colleagues; they all told me it is part of the ageing process and that they too were experiencing it. That greatly calmed down my nerves.[240]

Positive social connections have been studied to be of prime importance for individual wellbeing. Studies continue to prove that people who have close social relations display optimism about their future. Modern studies assert that social support constitutes a great part of coping for older people and that it acts as a buffer against the complexities involved in

[239] Rose, Wamfie, July, 2021
[240] Kodua Frimpong. Dormaa, June, 2021

University of Ghana http://ugspace.ug.edu.gh

an equally complex world.[241] Participating in social activities is key to successful aging. A recent study conducted by Huxhold, Fiori and Windsor revealed that informal associations reduce boredom, offer financial as well as emotional and social support to them.[242]

However, a contrary view of this study was made by Lorreto and Vickerstaff. The study concluded that these social networks are business oriented and thus charge exorbitant dues which members find difficult to pay.[243] A typical example was raised in the religious settings where a lot of financial demands are made in exchange of blessing.

4.4.3 Engaging in Economic Activities

The interviews with respondents showed that largely, a number of the aged still worked until they were physically unable to do so. Their reasons for doing so were however diverse although, financial motivation was paramount in all. A 70-year-old respondent who operated a chop bar and acted as a supervisor remarked:

> I have run this business for a very long time and I can say this has been my livelihoodtill this day. I have trained my daughter to take over from me and she is also doing very well. In fact, she has even expanded the business with the addition of extramenu. I come here because this is more of a home to all of us. We all eat our meals here and go to our house only to sleep. In all it reduces the boredom and gives me a feeling of being functional even at my age.[244]

A lotto operator also stated thus:

> I learnt this job when I came on retirement because I realized that depending on my pensioner's salary alone was not going to be enough. At the moment, I am even able to assist my children when they are faced with financial difficulty. There are some months

[241] Huxhold, O., Miche, M., & Schüz, B. Benefits of having friends in older ages: Differential effects of informal social activities on well-being in middle-aged and older adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(3), 366-375. (2013)
[242] Huxhold, O. Benefits of having friends in older ages: Differential effects of informal social activities on well-being in middle-aged and older adults. *Journals of Gerontology Series*, 366-375. (2013)
[243] Loretto, W., & Vickerstaff, S. The domestic and gendered context for retirement. *Human relations*, 66(1), 65-86 (2013)
[244] Auntie Yaa. Wamfie, April, 2021

University of Ghana http://ugspace.ug.edu.gh

> that I can boldly say I don't even visit the bank because business had been good. I also double as the family head and act as the family's trustee for its properties. All these activities give me financial independence and also keep me very active.[245]

The literature available on elderly people suggest financial strain as one of the main challenges of the elderly. Even those who worked in the formal sector and are on the SSNIT pension's scheme are not exempted.[246] A study by Darkwa, confirmed that the pensioner's salary does not really give him or her any financial stability upon retirement.[247]

In most instances, they were not able to save much in their youthful ages and hence become financially dependent on relatives and friends. This has been cited by some researchers as the basis for the justified labelling of elderly people to be economically unproductive, dependent and passive and thus very much "irrelevant to development and at worst a threat to the prospects for increased prosperity".[248] As a result, most development policy in the post-war era excluded and marginalized people purely on the basis of their age.[249]

A contrary angle that other related literature has looked at are the economic activities of the elderly. Extensive researches also indicate that elderly people who engage in what has been termed "the revolving door retirement" actually increase their financial portfolio to meet their diminished incomes. Beyond the extra income, it helps mental stimulation and social perks.[250] This view is also consistent with the findings that go beyond the financial gains. Some other

[245] Kofi Nana. Dormaa, June, 2021
[246] Kwankye, S. O. (2013). Growing old in Ghana: health and economic implications. *Postgraduate Medical Journal of Ghana*, 2(2), 88-97.
[247] Darkwa, O. K., & Mazibuko, F. N. M. (2002). Population aging and its impact on elderly welfare in Africa. *The international journal of aging and human development*, 54(2), 107-123.
[248] Taylor, R. J., Chatters, L. M., Woodward, A. T., & Brown, E. (2013). Racial and ethnic differences in extended family, friendship, fictive kin, and congregational informal support networks. *Family Relations*, 62(4), 609-624.
[249] Rechel, B., Grundy, E., Robine, J. M., Cylus, J., Mackenbach, J. P., Knai, C., & McKee, M. Ageing in the European union. *The Lancet*, 381(9874), 1312-1322. (2013)
[250] Gorman, M. Development and the rights of older people. In *The ageing and development report* (pp. 21-39). Routledge. (2017)

University of Ghana http://ugspace.ug.edu.gh

respondents intimated that being involved in an activity boost mental stimulation and reduce inactivity in their lives. Thus, where the aged are still able to contribute their quota to society, their relevance is still felt even in modern institutions.

4.4.4 The role of indigenous practices

The role of traditional music, herbs, food and ritual manifestations can also be a contributory mechanism to one coping with the aging challenges. Music is identified as one of the most significant elements aiding the cultural processes of aging. It is very vital, is spiritual and awakens our spiritual ears, it connects to something higher, something beyond the realm of the individual. Traditional songs like Highlife music, Abibidwom, Nsaadwom and others serve as a vehicle of tranquility and awesomeness whereby they can connect with their essence or nature and be able to aid the individual in coping with the void that has been created as a result of aging. Therefore, music is very important when it comes to spirituality and coping, and it doesn't just only help people feel good, it also motivates the mind and fuels the body, it also helps people to cope and live decent lives void of any social vices.

Also, herbs and traditional medicine and food play an important role in the coping measures of aging well and successful. As reiterated in the previous chapter, the elderly believes that as you age herbs and indigenous medicine give them the chance to age properly and be able to cope with all the challenges. Some aged people in Dormaa keep to their traditions and taboos of their families, clans, deities and others and they belief is because they keep to these dietary taboos that is why they flourish, age well, livelong and be able to cope with the problems that comes with their aging. With their medicines many of the participants interviewed beliefs their ancestors or forefathers show them the medicines they should use. All kinds of traditional medicine prepared in pots gives them the energy to grow older, healthy and be able to manage their lives. Food is

University of Ghana http://ugspace.ug.edu.gh

also very important in traditional coping mechanism. For example, Mpoto Mpoto (from mashed cocoyam) Et4 (mashed plantain), Abunuabunu soup (green green soup) and others are highly nutritious. For example, Et4 made by mashing half-riped boiled plantain and mixing with red oil and enhanced by addition groundnut which can be sprinkled on the mashed plantain alongside avocado, koobi and boiled eggs. If one look at the component of these foods everything in it is healthy and serves as a good conduit for managing many of the health challenges associated with aging and aging well.

Another coping factor in the success of aging traditionally one can look at is the ritual bathing and other sacred ceremonies and prayers for the aged performed for the elderly during many of our festival celebrations. This not only helping them to cope spiritually but also help them psychologically and mentally to be able to deal with all these stresses that accompanied aging.

4.5 FACTORS ENHANCING SENSE OF BELONGINGNESS AMONG THE ELDERLY

As aging sets in, it is only natural that the aged start to live lone life. Naturally, aging keeps a person away from the company of family, friends and the community at large. The natural cycle of children growing and departing from the home to starting their own families also termed the "empty nest syndrome" occurs.[251] The process of parting company with others (whether family or friends) makes the aged prone to loneliness. Although this process is never going to improve for the aging person, the study identified some factors which when present, can improve the sense of belongingness of the aged. These factors and the relationship among them are presented in the next sub- sections.

[251] Foster, L., & Walker, A. (2014). Active and successful aging: A European policy perspective. *The Gerontologist*, 55(1), 83-90.

University of Ghana http://ugspace.ug.edu.gh

4.5.1 Family Attachment

Parents who have lived with their children from infancy till maturity often develop some attachment and bonding with them. This bond is so strong that even when the children mature and build their own lives, they often have a natural tendency to visit and fraternize with their parents on regular basis[252]. Mere communication alone sometimes cannot suffice the passion of seeing and interacting with parents. The same can be said about parents who also constantly feel the urge to see their children and interact with them. On the contrary, where children live with non-biological parents, this attachment is not well developed.

The main issue leading to the sense of belongingness is therefore the development and constant demonstration of attachment with family. From the interviews, it was realised that this attachment is not developed nor demonstrated in a vacuum. Where parents have bonded with their children while they were young, through the demonstration of love, discipline and friendship in the home, the love showed by parents to these children does not expire, neither does it wane upon maturity. It only transforms and the children at their older ages turn to rather take control. And they will also reciprocate in proportion the measure of love and attachment as their parents did. In cases like this, at their later age, even when the children travel, they will always keep in touch through constant communication on the phones and especially visitations. An old woman said:

> Although all my children are not here, because of the way they were brought up, the bond between us is so strong that they can't leave for long. They constantly come to visit me. It hardly passes two weeks that none of them visits me. (Trying to find out if those occasional visits are enough, a participant explained that):
> It's not as though they are with me here all the time. Anyway, you don't expect me to wish they are here with me even at their present age. They must also move on with their lives. But the way they treat me is enough to keep me happy because they have showed me love all this

[252] Gorman, M. Development and the rights of older people. In *The ageing and development report* (pp. 21-39). Routledge. (2017)

University of Ghana http://ugspace.ug.edu.gh

> while and the fact that they will be there for me at any pointin time gives me that sense of feeling belonged.[253]

This is very contrary to a woman who said because of divorce, her children did not grow with her. She said:

> I experienced divorce at a very early age when the children were young. They never enjoyed my company because the father will not allow them to come near me. I thought the children will come when they grow. But no, although, their father is no more to restrain them, the trend has not changed. I have no one around me and they hardly visit me although they send me money often.[254]

It appears from the conversations that people and particularly the aged often have the desire to feel belonged and receive recognition for their contributions to the development of the family and that people normally feel loved, safe and valued in the company of their relatives. Loneliness has been considered to be an extremely serious social and public health concern. Most of the studies which have been conducted on loneliness reveal that in all about twenty to forty percent of older adults feel lonely.[255]

The reasons for these feelings of loneliness range from intense to mild once. Although, these studies did indicate that feeling of loneliness had nothing to do with social isolation perse, on some occasions, there is consistency in the neglect of key people the victims had bonded with. Thus, the victims either felt "left out", "isolated from others" or "lacked companionship", and that often-had negative consequences on the person. On the other hand, where people continued to be in regular contact with their family members and interacted with them, the studies indicated, those group of people denied ever feeling lonely. Thus, the findings of this study remain consistent with available studies that the aged who have high social bonds with their

[253] Maame Rose. Dormaa Akwamu, March, 2021
[254] Auntie Aku. Wamfie, June, 2021
[255] Yiranbon, E., Lulin, Z., Antwi, H. A., Marfo, E. O., Amoako, K. O., & Offin, D. K. Exploring the expectation and perception of socio-economic needs of the elderly in Ghana: *An Empirical Analysis. International Journal of Academic Research in Business and Social Science*s, 4(7), 80. (2014)

University of Ghana http://ugspace.ug.edu.gh

family members experience a smooth ageing process and the vice versa remains true.

The theory of reciprocity to a large extent is not only limited to monetary values but to all aspect of life.[256] People who are likely to feel lonely in old age are thosewho did not share their lives with others. Hence, at the time that one is old and weak, there will be no relation with a sense of emotional obligation towards him or her.[257]

4.5.2 Communal Activities

As people age, they become weak and "sometimes boring" as a respondent pointed out. This phenomenon has often times led to the rest of the community excluding them in a lot of communal activities like festivals, funerals and other celebrations where decisions concerning the welfare of the community are taken. Even in normal day- to- day conversations, many people would not like to involve them. As to whether this is planned or unplanned, intentional or unintentional, it contributes to making the aged feel lonely. From the mutual disengagement perspective posited by Cumming and Henry, once a person is old, he or she should be disengaged from all activities and left in isolation. This process of disengagement is meant to benefit both aging individuals and the wider society. By shedding responsibilities that are becoming increasingly burdensome or difficult to fulfil, individuals are given the space and freedom they need to confront their own none-too-distant death. From the point of view of the wider society, the process permits more capable individuals who are younger to take on responsibilities that would otherwise be performed less satisfactorily. Disengagement theory, in other words, provided a functionalist account of old age as a distinct stage in the life course

[256] Van der Geest, S. Will families in Ghana continue to care for older people? Logic and contradiction in policy. Ageing in sub-Saharan Africa: *Spaces and practices of care*, 21-42. (2016)
[257] Mba, C. J. Population ageing in Ghana: research gaps and the way forward. *Journal of Aging Research*, 2010. (2010)

University of Ghana http://ugspace.ug.edu.gh

with a distinct status.[258]

It was thus revealed that the aged who have the opportunity to take part in communal activities usually have some sense of belongingness than their counterparts who do not. The opportunity to depart in such activities depend on several factors like their investment in social capital and financial status of the person, the health status of the person, love for the community, status of the person in the family etc. A combination of these factors leads to different levels of engagement. One respondent captured this situation thus:

> I am always here alone. Because of lack of strength, I am not able to even join mostof the communal activities. But these are avenues you could meet old friends. Besides as someone who loves my community and its members so much…you are aware I definitely will not feel that much happy if am not able or not allowed to get involved in such activities.[259]

This clearly shows that people who are alienated from such activities lack some sense of belongingness. To round up the argument, respondents with opportunities to engage in such activities confirm that engagement has really improved their sense of belongingness. This was further confirmed by a respondent.

> Although I am old [almost 80], I have never been left out in anything concerning the welfare of this community. I am usually informed or invited to any meeting or activityconcerning this community. Even in cases I can't attend, they have often come to consult me for my ideas.[260]

Trying to find out how engagement in these activities can lead to sense of belongingness, a respondent asked back, "Who will not be happy for such engagements?" He continued,

> Yes of course, it means you are respected by your people. And if for nothing at all,the mere fact that you take part in such activities and do so successfully is a form of activity and indicates a fulfilling life.[261]

[258] Zaidi, A., & Howse, K. (2017). The policy discourse of active ageing: Some reflections. *Journal of Population Ageing*, 10(1), 1-10. (2017)
[259] Kwaku Appiah, Dormaa, July, 2021
[260] Moses Gyamfi. Wamfie, June, 2021
[261] Uncle Adomako, Dormaa, June, 2021

University of Ghana http://ugspace.ug.edu.gh

He said he was consulted during the recent appointment and the installation of a new queen mother in the community. It is realised therefore that the involvement could have been prevented by the community or the person may redraw voluntarily because of reasons like weakening health. It is also realised that during such activities, while one's involvement brings him/her to the company of others and lead to social interaction, his/her contributions induce a feeling of fulfilment.

Studies looking into active and positive aging posit that older people play vital role in contributing to and building their community because of "their skills, knowledge and life experience".[262] In view of that some studies have looked at the mutual benefit both the community and the elderly receive from such joint venture. For the older person, the focus has been on reducing loneliness, boredom and depression that continue to characterize their lives while the society also gets to harness the skills and knowledge of the older people for the benefit of their communities, which would inevitably increase social and human capital.[263]

Research conducted by Lawrence and Milligan *et al*., in the United Kingdom confirmed that older people "were recognised, specifically as a means of developing alternative public services and also involved in a lot of volunteerisms". Thus, older people are willing to engage in altruistic activities for the benefit of others because those acts give them the fulfilment of being active citizens.

Many older people's contributions to the society have been overlooked in social policy discussions. Elderly people, particularly, women hold the stead in the absence of the young once as they go out to work. For instance, there is intergenerational reciprocity in the urban centres

[262] Luo, Y., Hawkley, L. C., Waite, L. J., & Cacioppo, J. T. (2012). Loneliness, health, and mortality in old age: a national longitudinal study. "Social science & medicine". (2012) 74(6), 907-914

[263] World Health Organization. (2014). *Ghana country assessment report on ageing and health*. Geneva: WHO (2014)

University of Ghana http://ugspace.ug.edu.gh

where female small-scale traders hand over their trading business to their daughters in Ghana.[264] By doing this, the daughters who are younger and physically stronger can carry on the business to the next generation.

Again, older people play instrumental roles during hard times. For instance, research undertaken on HIV and AIDS affected areas like Ivory Coast, found that two thirds of adults who had died of AIDS lived adjacent to or with a parent at the terminal stages of the illness, and that aparent, usually a mother, acted as a caregiver for about half of them[265]. Again, in Nigeria, studies indicate that grandparents have taken on the obligation for the raising of their orphaned grandchildren as a result of loss of their parents through AIDS[266].

These studies support the findings of the study that where the aged are involved in the activities of the community they live in it creates a sense of usefulness and fulfilment which goes a long way in reducing the boredom associated with old age as well as enforcing the concept of social network.

[264] Apt, N. A., & Gricco, M. (1994). Urbanization, caring for elderly people and the changing African family: the challenge to social policy. *International Social Security Review*, 47(3-4), 111-122. (1994)
[265] Knodel, J., Chayovan, N., Graiurapong, S., & Suraratdecha, C. Ageing in South Africa: An overview of formal and informal support. In D. Phillips (Ed.), *Ageing in the Asia Pacific region: Issues and policie*s (pp. 243–266). London, UK: Routledge. (2000)
[266] Knodel, J. & VanLandingham, M. The impact of the AIDS epidemic on older persons. *AIDS*, 16, S77–S83. (2002)

University of Ghana http://ugspace.ug.edu.gh

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.0 INTRODUCTION

Aging is a universal human phenomenon with varying cultural, economic and political implications in human societies. In Ghanaian societies, the aged played many useful roles. However, today, as a result of modernisation and forces of social change, the aged have become an issue for social discourse and academic research.

5.1 SUMMARY

This study set out to investigating the impact of religion and spirituality on the life of the aged in the Dormaa traditional area. What this research looked at was that apart from medicine, usage of science and technology and others, another way that can be promoted and use to create conditions for people to age gracefully or help the aged to cope is to find out the idea in religion and spirituality that impact positively on the lives of the aged through a careful examination of relevant religio-cultural practices that aid the aging processes in the Dormaa area. To understand the phenomenon, the study set to find out how residents in Dormaa traditional area understand the general concept of aging, looked into the role of religion and spirituality in the life of the aged and how this concept affected the quality of life of the aged in contemporary Dormaa society.

The study recognized that on the whole there had been an upward gain in life expectancy globally, with Africa recording the highest mainly as a result of general improvement in the standard of life. On the contrarily, the two to three generational households that guaranteed aged welfare has also been affected by modernization resulting in changes in the living arrangement of many households

University of Ghana http://ugspace.ug.edu.gh

of the aged. The study employed qualitative method, by using a case study design to do an in - depth study of the phenomenon. On the whole, twenty-six respondents who fell in the target population of 65–85-year-olds with equal and balance gender (male and female) were purposely selected. The researcher focused on three different diverse groups of people within the community: the religious, adherence of non-traditional religions, and also policy makers. Attention was also given to a number of indicators such as people who were coherent and have the ability and time to have a proper communication in their own way, and also who are mentally sound but not senile. That's the people the researcher actually engaged with.

Semi- structured interview guide composed of five sections was used as the main tool for collecting primary data on the phenomenon. The data collected were recorded with consent from the respondents, and later transcribed and analysed based on the emerging themes. Secondary data were gathered from extensive review of other sources comprising books, journals, articles, and information on websites that had policies on the aged.

5.2 MAJOR FINDINGS

Below are the various findings that emerged from the data analysis

5.2.1 Popular conceptualizations of Aging

The data revealed that aging is related to blessing, good life, kindness and also as an embodiment of wisdom, and all those things that comes together as well. In African worldview people are supposed to grow and aged for their children, grandchildren, and great-grandchildren to see them before they die. Aging represents good things in life, and people see growing old as your fulfilling or enjoying the blessing that has been given to you by God.

University of Ghana http://ugspace.ug.edu.gh

Additionally, a good aging person are characterized as a good people, because for example when frail elderly people are seen in our communities they are tag as bad people and the reasons why these people are there are meant to conscientize people and society to be good when they are young. Therefore, to the African aging is very important and are very minded in these futuristic or the end as the most important, and the reasons why these things are there are to teach "nkyirima" or 'future generations' that when you live a virtuous or good life you grow to live long and God blesses you with long-life and fulfilment. People respect and appreciate these things, therefore when these are happening to an individual then one sees the person has been blessed and that he or she has made a good life or a life well-lived "wa`b4 brapa".

It was also found that people understood aging from biological, social, and psychological perspectives. From the biological point of view, people associated aging with functional decline in physical abilities. This often is the reason why most elderly people rely on relations around. Thus, the care provided to the elderly is generally, in daily activities such as cooking, provision of water and in the case of the older old, in eating, bathing, etc.

From the social perspective, the aged are respected because of their perceived wealth in knowledge and experience. This gives them a social capital which places them in good social standing for settling disputes and for consultation on a wide range of issues.

5.2.2 Solid fundamental truth

It was also found that there is a solid fundamental truth among cultures in Africa. That in African cultures popular connotations or cultural point of views are very similar. There are things that are universal among the people, and when people believe in similar things across board, it relatively indicates that there is some truth in it. For example, the idea of death and ancestral world, which is common among African tribes and are universal among the people.

University of Ghana http://ugspace.ug.edu.gh

These exhibit the idea Kwame Gyekye wrote in his book "The five truth of God existence" and one of the concepts was that God is omniscient, omnipresent, omnipotent etc., which conclude that God is universalised, therefore base on this even if one does not know or have not seen or experience God at all, signs around will tell that God exist. Therefore, in African culture there are many universalised things that can prove something that truth can be base on it.

5.2.3 Richness of traditional practices is worthwhile

Data gathered also exhibited that our traditional and indigenous practices can become very important when it comes to aging and happiness among people, and that can actually make contributions to aging and one aging well and successful. That, is time for as to share with the world that people have done it from all different viewpoints from Christian, Islamic and other various religious views.

Our traditional music, medicine and food, community life, our ritual manifestations and deep faiths expressed in many of our festivals and others are important for the contemporary and must be paid attention to. The elderly believes that as you age herbs and indigenous medicine give them the chance to age properly. Some aged people in indigenous societies keep to their traditions and taboos of their families, clans, deities and others and they belief is because they keep to these dietary taboos that is why they flourish, age well and livelong. With their medicines many of the participants interviewed beliefs their ancestors or forefathers show them all kinds of traditional medicines prepared in "kukuom" or local pot and this gives them the energy to grow older and healthy, as well serve many as their secret to their current age or reasons behind their long life.

Food is very important in traditional aging processes. There is a significant link between diet and the contrasting of aging processes. The molecular, metabolic and hormonal alterations caused by an excessive and chronic caloric intake and an incorrect dietary model and lifestyle play a central

University of Ghana http://ugspace.ug.edu.gh

role in one aging meaningfully and successfully, and this is where our traditional foods, foods from our forefathers are crucial to our successes in aging. Traditional Ghanaian food is typified by the distribution of food crops. With the prominence of tropical produce like corn, beans, millet, plantains, cocoyam, yam and cassava, most ethnic and tribal groups creatively employ these foodstuffs to make mouth-watering dishes for not just good taste and nourishment, but also a most balanced diet for healthy living and lifestyle. For example, "mpotompoto" from mashed cocoyam "et4" mashed plantain, "abunuabunu" soup or green vegetable soup and others are highly nutritious. All these practices have some interesting values that can actually help one to age well and as society we need to sustain them to enhance good aging in our communities.

5.2.4 Lived experiences of the aged

Life experiences of the elderly ranged from those who were happy with the way their lives had turned around. Essentially, those who had planned for their later lives had invested well in their lives during their youthful days particularly by giving their children education. The welfare of the children then determines to a large extent the financial status of the elderly. This finding collaborated with the theory of reciprocity which underpinned the study.

Also, even though the aging process is naturally fraught with diseases, it appeared from the data that people who had engaged in damaging health behaviour or lifestyles such as alcoholism, tobacco use, illegal drugs and behaviors (e.g., unsafe sexual activity, violence) and physical draining labour had much more complaints regarding their health.

Generally, respondents who showed frustrations in their later life intimated they had challenges that prevented them from executing their roles in their youthful days and that translated into the type of care they received. No family member feels any sense of obligation towards them.

University of Ghana http://ugspace.ug.edu.gh

5.2.5 Factors enhancing sense of belonging among the aged

The findings indicate that on the whole, the aging process is saddled with loneliness because isolation and separation is sometimes natural with aging. Despite this universal assertion, the study discovered some factors which when present can improve the aged sense of belonging. The first factor was attachment to family. It was observed that where parents had lived with their children and had bonded with them, even when they left home to start their own families, they still maintained good contact with their parents through constant communication as well as regular visit. These actions gave parents the assurance of being supported when the need arose and also gave them something to look forward to in their life. On the contrary, where parents had not bonded with their children either because they had had no children or due to some circumstances beyond their control, this was likely to result in the feeling of loneliness.

This finding to a large extent is supported by available literature that posit that good family ties often have the capacity to reduce depression in old age and is deeply grounded in the idea of the ultimate concern, that our commitments and passions direct themselves toward the objects of our ultimate concern. This ultimate concern may be invested in family and loved ones or in institutions such as the indigenous bodies, community or nation.

The next factor that was discovered to enhance the aged sense of belonging related to their level of integration in the community. This was envisaged in terms of being part of a religious community and participating together in religious and spiritual practices and traditions, such as pouring of libation, going to church and praying together. However, beyond this, religion, spirituality or belief also served as a canvas for social activity like traditional festivals and others can lead to companionship, for example sharing a meal together and also participating in some traditional activities.

University of Ghana http://ugspace.ug.edu.gh

It was also realised that where the aged was involved in his or her community's activities, it gave them a sense of purpose and relevance. People who have some good to offer their communities continued to be pivotal in decision -making even if they are not mobile. As long as they can reason, their opinions are sought after on issues. People in such category displayed less loneliness and in fact felt a sense of belonging to their community. On the other hand, those who had nothing to offer the community felt isolated which increased their frustrations in their old age. Extensive studies conducted support this finding.

5.2.6 Support systems for the aged

The study brought to light that the aged received institutional as well as non-institutional support. On the whole, about 90 % of the aged needs are provided by the family, friends and community. This makes both family and community very important because to a large extent, kin commitment towards the aged is based on what role the aged played in his or her functional years. In view of this, even where children were not physically present, they commercialised their obligations by recruiting family members to play their roles for them and remitted money home regularly alongside regular communication via the mobile phone.

Again, the study revealed that on the whole a limited formal support exists for the aged. The Social Security and National Insurance Trust is available for people who had worked in the formal sector and had made contributions towards it. This insurance is largely limited to few beneficiaries because Ghana operates largely on informal economy. Under health, there is the National Health Insurance Scheme which has replaced the "Cash and Carry" system. Again, the aged who are above 65 years are exempted from paying premium to benefit from the health package. The livelihood Empowerment Programme is also available to help the extremely poor people with a cash transfer of 200 cedis a month and since the aged are classified as vulnerable, it suffices as a

University of Ghana http://ugspace.ug.edu.gh

formal support. These social interventions, the study recorded, were woefully inadequate and did not sustain the aged. Beyond that, the study found that most of the elderly were not even aware of this limited support system to even assess them.

5.3 RECOMMENDATIONS

This study was undertaken under the notion that older adults can age gracefully if they learn new ways to build community, find spiritual and cultural interests, and continue to work for as long as they can render service, even if limited. This hypothesis was assessed under a theoretical perspective faith development theory, associated mainly with James W. fowler and his colleagues, which explores and identifies structures of meaning-making which underlie the various stages of life. Based on the data collected from the field, the following key conclusions were drawn; the population of the elderly is increasing as a result of medical progress and improved overall living conditions in health, nutrition, education and income has resulted in making people live well into old age more than in previous generations. There has been a change in the structure of the family. The two to three generational households in Ghana are gradually giving way to individualism and nuclear family types mainly as a response to social and economic changes. Meanwhile, social welfare policies that should be in place to cushion the aged in the face of these structural changes are mainly dysfunctional. With all these challenges abound for the aged, what this research looked at was that, apart from medicine, usage of science and technology and others, another way that can be promoted and use to create conditions for people to age gracefully or help the aged to cope is to find out the idea in religion and spirituality especially indigenous practices and norms that impacts positively in the lives of the aged. Flowing from these conclusions above, this study recommends the following to tackle the problem identified by the study.

University of Ghana http://ugspace.ug.edu.gh

5.3.1 Indigenous bodies should do more

Various indigenous bodies should do more to improve the life of the aged members in their jurisdiction. In the indigenous knowledge systems, what is strong is their ethical bond that exist among them, communitarian perspective is not very strong, that is it is rare to find indigenes who will come together and worship the gods openly as other religions do, unless during the various occasions or festivals, but on a normal day-to-day basis the indigenous religious practices are very individualistic. The whole idea of traditional worship is very much in the shadows or shrouded in secrecy, all practitioners have relegated themselves to the background or some corner somewhere, this has created inferior context among people because is never actually expose, is always hidden. This create fear, whiles other religions everything is in the open which creates friendliness.

Various traditional leaders especially the Omanhene (paramount chief), chief priests or the odikro and other stakeholders should find ways and means to improve the lives of the aged or the elderly in their communities. And because traditional worship is very not communitarianistic as we see among other faiths like Christianity or Islam, it beholds on the leadership of traditional religions to create more awareness of traditionalists or adherent visiting and checking each other, thereby enhancing cohesiveness and unity among members.

5.3.2 Reconciliation in old age should be encouraged

The idea of reconciliation with children, grandchildren, ex-wives, strangers, friends, neighbours in the vicinity and the dead or the ancestors is very important especially where litigation is popular in the rural areas, people take offense and vengeance and they sometimes retaliate and afterwards it does not contribute to anything and there is a regret that kills people easily, therefore reconciliation will allow a recollection and an apology, thereby making peace prevail. It is said that when one forgives it makes them grow older and happy, because the more one is happy the

University of Ghana http://ugspace.ug.edu.gh

more older, they become. Therefore, when you forgive people your happiness level rises, as is been proving by the psychologists, the scientist and many researches around. These actually correlate with what other theologies like the bible is saying about forgiveness which prolong life, and I think that these are valuable for the indigenous traditions to enlighten them more.

5.3.3 The concept of community and family life.

The community is where the elderly established themselves, feel and get comforted, and be able to connect to their own roots. Unfortunately, in contemporary times it is becoming something that has been forsaken by the people and where a lot of these elderly folks have been brought to the cities and live in many of these isolated houses which does not promote a recollection and reconnection of their roots. Therefore, people should be left in their communities where they feel comfortable. They should not be uprooting them from where they are comfortable or from their roots and putting them somewhere else, but allowing them to connect to their beginnings.

Additionally, the fact that the family is the major support base for the elderly in Ghana in the absence of social welfare is not a secret. As long as Ghana continues to be a developing country, the indications are also that the family and community will also remain the elderly's safety- net in times of vulnerability. There is therefore the need to support and promote community-based care to ensure that better services are provided to the ageing population. Though it has been suggested by the Government report (2010) that inter-generational values that projected positive image of the elderly and grounded in filial piety should be preached to the current generation so that they will keep the tradition on, other practical support should be made available to the family and community to help them execute their so-called moral obligations. Hence, sustainable employment opportunities should be made available especially in the rural areas where majority of the aged are resident. Special policies should be made in terms of job creation for women since they are the

University of Ghana http://ugspace.ug.edu.gh

key care givers of the aged. This will not only reduce the rate of migration, but also, equip the youth with the requisite resources to enable them discharge their responsibility towards their ageing relations as well as their nuclear families.

5.3.4 Companionship

The elderly should be allowed to have a companionship or relationship that can also be sexual. If there is a chance that somebody who might be happy with them should be allow to have that kind of relationship which can actually help them. Sexuality is part of aging well, and an understanding of what older adults perceive to be part of their quality of life can help us direct appropriate support and resources. By considering companionship, sexual activity and intimacy within a framework of quality of life, we address these as normal parts of the life course and thus move away from sexual activities and feelings being stigmatized and suboptimal health that can occur as a result.

5.3.5 Old age security

The question of retirement or been retired or pensioned does not resonate well in indigenous practices and society, therefore old people can encourage to find ways and means to save or find a form of a security for themselves as they grow, this could be a form of education. Educating the elderly about future investment and about their welfare or old age welfare among themselves which can be a community base could provide some money in the future for them.

5.3.6 The youth must be educated

We also have to know that culture is very different and very contextualised and the way someone ages in the western world is very different from the way somebody ages in Africa, in Europe and other western countries the idea of old age home at the age of 65-70 children of elderly people will go and bundle them up and take them to an old age home, but here in Africa the old people are still living with the family and the society, therefore it is important even for people to know what they

University of Ghana http://ugspace.ug.edu.gh

can do for the aged, the young ones or the young generation should learn and begin to look at these spheres of knowledge.

Also, despite the 21st century nanotechnology and all kinds of advancements, traditional medicine, practices and knowledge is still very important, therefore finding ways and means to point out some of the values and qualities of existentialism, which is aging in Ghana and what can actually be find from these areas that society is overlooking and can contribute enormously not only for the indigenous people but for everybody, be it the educated, uneducated and even in the universities level.

5.3.7 Protection of Indigenous knowledge systems

Traditional practices are a gem and are very resourceful, therefore efforts must be made to organized, record, document, systematized, and protect such a valuable human asset so that the next generation and indigenous people could have access to it, before such an invaluable knowledge and resources disappear for good.

5.3.8 Direction for future research

It is useful to explore the same questions, objectives and expand the methodology and scope in urban areas which may possibly yield interesting significant and generalizable results. Also, a comparative analysis of different cultures in Ghana like the Akan and Ewe tribes, their similarities and others can be studied.

Additionally, it also suggested that a future study should look into how the various aspect of aging can actually become a source of foundation, inspiration and for protection in the future, as our societies only talk about prolonging one's life, but other ways indigenous knowledge can help the country re-educate it people for them to understand the preservation of life and longevity of life.

University of Ghana http://ugspace.ug.edu.gh

5.4 CONCLUSIONS

In sum, present generation, as a matter of moral obligation, owe the past generation a duty to honour, value and ensure better living conditions for our older citizens because of their sweat and toil for us. Ghana's population no doubt is gradually aging as clearly shown by the 2010 census reports. This aging population definitely has major implications for all sectors of the economy because it forms an aggregate of the population that government must respond to in terms of meeting their needs. Unfortunately, however, matters relating to the aged seem not to be of prime national importance because all governments still believe that the family serves as a safety net for the aged. Meanwhile, day- in- day out, the glue that holds the extended families together continues to be widely affected by migration, urbanization and other factors making it almost impossible for the families to continue offering the help that sustained the aged. The limited policies available for the aged unfortunately remain in theory mainly as a result of financial incapability, committed human resource and public ignorance of the right of the aged.

As more people are gaining higher life expectancy as a result of improvement in diet, medicines and general standard of life, practical and indigenous methods and measures should be put in place to ensure that the elderly can continue to grow in a cultural and age friendly environment so that the present generation can continue to harness their potentials for the nation's growth and development. To achieve this, government and other stakeholders must look at the intense richness and values of indigenous knowledge and practices that can be used to actually make contributions to aging in the contemporary times, and also strengthen all the constitutionally established institutions to coordinate and supervise population aging programmes in Ghana.

University of Ghana http://ugspace.ug.edu.gh

Bibliography

Aartsen, M.J., Smits, C.H.M., Van Tilburg, T. Knipscheer, K.C.P.M., & Deeg, D.J.H. Activity in Older Adult: Cause or Consequence of Cognitive Functioning? *A Longitudinal Study on Everyday Activities and Cognitive Performance in Older Adults*. Journal of Gerontology: Psychological Sciences, 57 (2) pp. 153-162. (2002)

Ahmad, M.; Khan, S. A model of spirituality for ageing Muslims. *Journal of. Religion and Health*, 55, (pp. 830), (2015)

Apt, N.A. 'Ageing in Ghana.' N.A. Apt, F. Bester & M.L. Insley. Effective Responds to Ageing in Africa by the Year 2000. *Africa Gerontology Society (AGES)* Workshop Report. Accra, Ghana. Pp.47-61. (1995)

Apt, N.A. Coping with Old Age in Changing Africa*: Social Change and the Elderly Ghanaian*, (Adlershop, Avebury. 1996)

Atwood, C.S, & Bowen, R.L. 'Living and Dying for Sex. *A Theory for Aging Based on the Modulation of Cell Cycle Signalling by Reproductive Hormones*.' *Gerontology*, 50(5), 265-290, (2004)

Ayete-Nyampong, Samuel: *Ageing in Contemporary Ghana*, (Accra, Paper and Ink Media, 2015)

Belsky, J. *Here Tomorrow: Making the Most of Life After Fifty. Baltimore*: John Hopkins University press. (1998)

Berkman, L. F., Ertel, K. A., & Glymour, M. M.: Aging and social intervention*:* Life course perspectives. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (7th ed., p. 337–351). (San Diego, CA: Elsevier Academic., 2011–843) 2016)

University of Ghana http://ugspace.ug.edu.gh

Colby, I., & Dziegielewski, S. *Introduction to Social Work; The People's Profession*. (Lyceum Books, Inc., Illinois, (2001)

Coleman, P.G. *Belief and Ageing: Spiritual Pathways in Later Life*; Bristol Policy Press: Bristol, UK, (2011)

Cowgill, O.D. *Ageing of Populations and Societies Annals of the American Academy of Political and Social Science.* (1974) 415, 1-8

Coyle, J. *Spirituality and health:* Towards a framework for exploring the relationship between spirituality and health. J. Adv. Nurs.,. (2002) 37, 589–597

Day, A. *Believing in Belonging: Belief and Social Identity in the Modern World*; Oxford University Press: Oxford, UK, (2011)

Edlund, Barbara J. 'Revisiting Spirituality in Aging': *Journal of Gerontological Nursing*. (July, 2014)

Fiori, K. L., Hays, J. C., & Meador, K. G.: Spiritual turning points and perceived control over the life course. *The International Journal of Aging and Human Development*. (2004) 59(4), 391 420

Frankl, V.E. *Man's search for meaning*. Boston, MA: Beacon Press. (1959)

Frankl, V.E. *Man's search for meaning*. (rev. & updated). New York: Washington Square Press. (1985)

Frankl, V.E. *Psychotherapy on its way to rehumanization*. In S. Wawrytko (Ed.), Analecta Frankliana: Proceedings of the First World congress of Logotherapy. Berkeley: Institute of Logotherapy Press. (1982)

University of Ghana http://ugspace.ug.edu.gh

Ghana statistical service (GSS). *Ghana Core Welfare Indicators Questionnaire Survey*. The GSS, Accra. (1998)

Ghana Statistical Service, (GSS), 2000 Population and Housing Census: *Summary Report of Final Results*. (2002)

Ghana Statistical Service, population data analysis reports, volume1; *socio-economic and demographic trends analysis*, (2005)

Gusmano, M. K. (2009). Growing older in world cities: Benefits and burdens. In J. Sokolovsky (Ed.), *The cultural context of aging: Worldwide perspectives*. Westport, CT: Praeger. (2009) 3rd ed., pp. 395–417.

Help age international / international HIV / AIDS Alliance. *Community Tracking and Monitoring in Mozambique, Baseline Report*, London. (2006)

Help Age International. '*Older People Treated with Disrespect by Hospital Staff*, press release. *2*, Accra, Ghana, (2008)

Help Age International. AU Policy Framework and Plan of Action on Ageing. *Africa Regional Development Centre*, Nairobi, Kenya. (2003)

Help Age International. *Report of the Africa Regional Workshop*. Accra, Ghana, (September, 2004) 27-29

Hofstee, E. *Constructing a Good Dissertation*: A practical guide to finishing a Master of Philosophy, MBA or PhD on Schedule. Johannesburg: EPE (2006) 274p iii

Hoooyman, N., Kiyak, R. & Asuman, H. *Social Gerontology*: A multidisciplinary Perspective. Alyn and Bacon Inc, Boston. (1991)

University of Ghana http://ugspace.ug.edu.gh

Kaplan, B. Daniel, Bruce L. Martha, Patel R. Sapana. 'Primary care providers/bereavement care practices: Recommendations for Research Directions. *International Journal of Geriatric Psychiatry*, (2014) 29(12), pp. 1221-1229

Kinsella, K. & Velkoff, V.A. '*An Ageing World-2001*'. US Department of Health and Human Services and US Census Bureau Report. (2001)

Kinsella, K., Philips, D.R., *Global Ageing*: The Challenge of Success. Population Bulleting, (2005) 60(1), 1-4,

Kirk, D. 'Demographic Transition Theory: *Population Studies*, (1996) 50, 361-387.

Koenig, H. G., McCullough, M. E., & Larson, D. B. *Handbook of religion and health*. New York: Oxford. (2001)

Koenig, H. G., *Medicine, Healing and Spirituality*: Where Science and Spirituality Meet. Pennsylvania: Templeton Foundation Press, (2008.)

Koenig, H.G. Religion, Spirituality and Aging. *Aging and Mental Health*. (2006) 10, 1–3

Koenig, H.G. Religion, Spirituality, and Health: *A Review and Update*. Adv. Mind Body Med, (2015) 29, 19–26.

Koepke, D. R., & Ellor, J.: Spiritual need four: Opportunities to be served and to share with others. *Journal of Religion, Spirituality & Aging*. (2005) 17(3-4), 97–119

Koepke, D. Building blocks for older adult ministry. *Journal of Religion, Spirituality & Aging*, (2005) 17(3-4), 169–195.

Kumar, G.S.J. 'Health of the Elderly'. *Journal of Social Welfare*. (1992) Pp.3-5

University of Ghana http://ugspace.ug.edu.gh

Kumekpor, T. B. K. *Research Methods and Techniques of Social Research*. SonLife Printing Press & Services, Adenta, Accra. (2002)

Makoni, S. & Stroken, K. (Eds). *Ageing in Africa. Sociolinguistic and Anthropological Approaches*. Ashgate Publishing Limited, England. (2002)

Mba, C.J. 'Older Persons of Ghana'. *In Bold Quarterly Journal of The International Institute of Ageing*. (2004) 15 (1), 14-18

Mba, C.J. Population Ageing and Poverty in Ghana. *Rapid Ageing and Changing Roles of Older People in African Households*. African Conference on Aging. Johannesburg, South Africa (August, 2004) 18-20, 130-149.

Mbamaonyeukwu, C. J. '*The Ageing of Africa's Population*'. In Bold Quarterly Journal of The International Institute of Ageing. (2001) 11 (4), 2-7

Mbamaonyeukwu, C. J. Signs of Fertility Transition in Nigeria. African population studies, vol.15. (2000) pp.23-42

National Research Council. *Preparing for an Ageing World*: The Case for Cross-National Research. National Academy Press, Washington, DC. (2001)

Nelson-Becker, H.; Ai, A.L.; Hopp, F.P.; McCormick, T.R.; Schlyeter, J.O.; Camp, J.K. Spirituality and Religion in End-of-life Care Ethics: *The Challenge of Interfaith and Cross-Generational Matters*. Journal of Sociology Work 45, (2015) pp. 104-119

Opoku, J. K. and Manu, E., Religion and Health*: An African Traditional Perspective*. Kumasi: Graduate Standard Publishing. (2017)

University of Ghana http://ugspace.ug.edu.gh

Opoku, J. K., Spirituality and Healing: *Impacts on the Akan of Ghana*. Maastricht: Shaker Publishing, Oxford. (2016.)

P. G. Editorial: Uses of reminiscence: Functions and benefits. *Aging & Mental Health*. (2011) 9(4), 291–294.

Park, C.L. Religiousness/Spirituality and health: A meaning systems perspective. *Journal on Behavioural Medicine*. (2007) 30, 319–328

Plan international. *A third of World's Children are Denied an Identity*. Available at www.planinternational.org/identity. (2006) Date accessed 17th May, 2020

Rhodes, C. An Introduction to Gerontology: *Ageing in American Society*. Springfield, IL: Thomas. (1998)

Schlehofer, M., Omoto, A., & Adelman, R. Janice: How Do 'Religion' and 'Spirituality' Differ? *Lay Definitions Among Older Adults*. (August, 2008.)

Tonah, S. The Challenge of Ageing in Urban and rural Ghana. In Tonah (Ed.). *Contemporary Social Problems in Ghana*. Research and Publication Unit. Department of Sociology, University of Ghana, Ghana. (2009) pp. 125-146.

United Nations & International Labour Organisation (ILO), *Global Employment Trends for Youth*, (2006)

United Nations Population Division. *World Population Prospects: The 2004 Revision*. New York: United States. (2005)

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

United Nations, *World Population Prospect, The 2002 Revision Vol.1*: Comprehensive Tables. Department of Economics and Social Affairs, Population Division, ST/ESA/SER.A/222. New York. (2003)

United Nations. *World Population Prospects, The 2000 Revision*: Highlights Population Division, Department of Economics and Social Affairs, ESA/P/WP. 16. New York, (2001.)

Vallin, J. *The end of the Demographic Transition: 'Relief or Concern*. Population and Development Review, Vol.28, No. 1. (March, 2002) pp.105-120

Weinberger, B.M. Population Ageing: A Global Overview. In Robinson, M., Novelli, W. Pearson, C. Laurie. (Eds). *Global Health and Global Ageing*. Jossey Bass, USA. (2007) (pp. 15-30)

Weismann, August. *Wear and Tear Theory. Ageing Concepts and Controversies*. (1914) pp.37

Zastrow, C. *Introduction to Social Welfare*. The Dorsey Press, USA. (1990)

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

APPENDIX 1

UNIVERSITY OF GHANA

SCHOOL OF ARTS
DEPARTMENT FOR THE STUDY OF RELIGIONS
COLLEGE OF HUMANITIES

March 12th, 2021

TO WHOM IT MAY CONCERN

Dear Sir,

INTRODUCTORY LETTER: KINGSLEY BORKOR (10805555)

This is to introduce the above named M.Phil year II student in this Department who is writing his thesis on **'Religion and Spirituality in the lines of the Aged in Ghana"**

He is currently gathering information to enable him proceed with his thesis on the above topic.

I shall be grateful if you could assist or permit him gather the information required for academic purposes only.

Thank you.

Yours faithfully,

.....

Prof Rose Mary Amenga-Etego
(Head of Department)

INTEGRI PROCEDAMUS

P. O. BOX LG 66, Legon, Accra, Ghana | Tel: +233 (0) 302 500 140 / 0504 050 051
Email: studyofreligions@ug.edu.gh | Website: www.ug.edu.gh

UG

University of Ghana http://ugspace.ug.edu.gh

APPENDIX 2

INTERVIEW GUIDES

UNIVERSITY OF GHANA

SCHOOL OF GRADUATE STUDIES

DEPARTMENT FOR THE STUDY OF RELIGIONS

Thesis Title: Religion and Spirituality in the Lives of the Aged in Dormaa Traditional Area

(Interview guide has been categorised under the themes of Aging, Religion and Spirituality, Cultural Practices and Health and Wellbeing)

SECTION ONE (BIOGRAPHICAL DATA)

1. **What would you like me to know about yourself?** (Which will include, your name, your age marital status, your religious affiliation, educational attainment, ethnicity, Are you a person with disability, Do you have difficulty with in hearing, vision, speech, walking, chronic pain (every day intense pain) or anything?

SECTION TWO: ISSUES ON AGING

2. As an aged person, traditionally who is an aged person, at what age do we say this person is an elderly etc. are there any expressions or terms used for the aged, how did this name came about, is there a story, wise sayings to this?

3. Traditionally, what are the beliefs or ideas about an aged person in Dormaa?

4. Do we prepare for old age, how do people prepare for their old age time –any specific preparation, how have you prepared for aging, do you have any exceptional preparation for this life situation or age?

6. Is there any expectation from an old person be it family or the society, what moral life is expected of an aged person?

7. If you have opportunity, is there something or anything in your past you didn't do and you think you could have done it differently in relation to your present situation? (Investment and security)

INTEGRI PROCEDAMUS

University of Ghana http://ugspace.ug.edu.gh

SECTION THREE: ISSUES ON RELIGION AND SPIRITUALITY

8. Do you belong to any religion or spirituality?

9. When did you join this denomination? (b). Have your spirituality and religiosity changed over time- were you spiritual or religious in your earlier life or you just became one because of your Aging process?

10. How does your religious or spirituality affect you as an old person or aged person?

11. In your own age, do you find some consolation or support from religion or your spirituality?

12. It is said that when an old person cursed or blessed you it come to passed, why is it so?

SECTION FOUR: ISSUES ON CULTURAL PRACTICES

13. Is there a way our cultural or traditional practices support the old age people?

14. Is there any other way where our traditional practices negatively affect people in their old age?

SECTION FIVE: ISSUES ON HEALTH AND WELLBEING

15. What will an aged person consider a wellbeing (Is it in terms of health, spirituality, counselling or diet etc.), and does it have any relationship with aging?

16. What do you do at your age to promote good health, to ensure that you're healthy all the time?

17. Traditionally, what are some of the doings of the aged person that negatively affect their health?

18. So what specific things are done to ensure good health at all occasions, example, food, prayer, exercise etc., are there specific foods meant for the good health of the aged, and what are they?

19. How would you compare your physical health to others of your own age?

Questions were followed by prompts when needed and additional questions was asked depending on the direction of conversation.

INTEGRI PROCEDAMUS