

UNIVERSITY OF GHANA, LEGON



**CONTRIBUTION OF REMITTANCES TO THE CARE OF THE
ELDERLY IN ABLEKUMA SOUTH.**

BY

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DECLARATION

This dissertation is in partial fulfillment for the award of a Master of Arts Degree in Social Policy Studies at the Centre for Social Policy Studies, University of Ghana, Legon. I declare that this study "*Contribution of remittances to the care of the elderly in Ablekuma South*" is my own work and has not been submitted for any degree at any other university. All sources used and quoted have been indicated and acknowledged by complete references.

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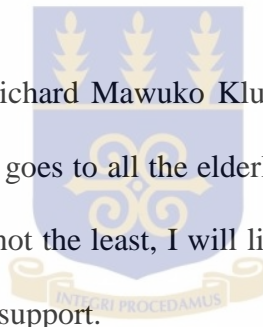


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ABSTRACT

Africa like the rest of the world is ageing. The number of elderly people on the continent is rapidly increasing. This increase in the number of older people who require care is occurring at the same time when the resources of Africa is getting depleted and the traditional social welfare system that is the extended family has begun to decline. This has resulted in the shift of care responsibility away from the extended family to the nuclear family where adult children have to care for the elderly by sending remittances in the form of cash to assist in their upkeep.

While there is a lot of academic and policy attention to the linkage between international migration for work and the economic development of a specific country through remittances that result from this pattern of migration, the influence of remittances on migrants own family members who stay home especially the elderly is seldom explored thus this research aims investigate the contribution of remittances to the care of the elderly in Ablekuma South.

The methodology used for data collection and data analysis comprised both qualitative and quantitative research methods. A total of 65 survey questionnaires were administered as well as conducting in-depth face-to-face interviews with 10 elderly persons. Descriptive statistics were used to analyze quantitative data, which was complemented by qualitative data.

The findings in this study suggest that the formal support mechanisms available are inadequate to cater for the needs of the aged. Also informal support systems in the form of the extended family has broken down which has shifted responsibility of the care of the elderly to adult children who respondents felt had the moral obligation to take care of them. Furthermore the study showed that remittances received by the aged were inadequate to take care of their needs with a majority of them spending a large proportion of the money they received on food rather than on investments or savings.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

The world is experiencing a unique and irreversible process of demographic transition that has resulted in the increase of older populations everywhere; and this has become a major policy issue not only in the developed countries but also in the developing world. As fertility rates decline, the proportion of persons, aged 60 and over is expected to double between 2007 and 2050, and their actual number will more than triple, reaching 2 billion by 2050. In most countries, the number of those over 80 is likely to quadruple to nearly 400 million (United Nations, 1991). However, Africa is also being confronted with this phenomena which according to (Apt, 2000) must be considered as a potential cause for concern since Africa is ageing at a time when its resources are being depleted, posing a serious crisis for the family.

1.1 Background

Ghana, like many other African countries is beginning to confront a phenomenon that was largely unanticipated until quite recently, namely, the ageing of the population. In Ghana according to the 2010 Population and Housing Census the elderly who are 65 years and above constituted 6.7 % out of a total population of 24,658,823, with a greater proportion of surviving females above 65 years than males. Most of these elderly persons reside in rural areas (United Nations, 2001).

Globally and at the national level, there are several instruments that seek to protect the rights of the elderly. In 1982, the United Nations General Assembly convened the first World Assembly on Ageing which led to the adoption of the Vienna International Plan of Action on Ageing, calling for specific action to be taken on such issues as health and nutrition, protecting elderly consumers, housing and environment, family, social welfare,

income security and employment, education, and the collection and analysis of research data. In 1991, the Assembly adopted the United Nations Principles for Older Persons enumerating 18 entitlements relating to independence, participation, care, self-fulfillment and dignity.

In April 2002, Ghana was among the 159 Governments that participated in the Second World Assembly on Ageing in Madrid and adopted the Madrid International Plan of Action on Ageing (MIPAA). The MIPAA acknowledged the demographic revolution taking place in countries all over the world and called for a new approach to ageing policies and programmes that would promote a society for all ages. The MIPAA addressed three main areas of concern which are older persons and development, health and well-being into old age, and enabling and supportive environment for Ageing.

At the regional level the 1981 African Charter on Human and Peoples' Rights in Article 18 (4) provides for special measures of protection in keeping with the physical or moral needs of the aged. Article 29 (1) provides that everyone has the duty "to respect his parents at all times, to maintain them in case of need". Article 26 (c) of the 2006 African Youth Charter reinforces this responsibility in stating that the youth shall "have full respect for parents and elders and assist them anytime incases of need in the context of positive African values".

The African Union Policy Framework and Plan of Action on Ageing also provides policy guidelines to countries on meeting the individual and collective needs of the elderly in society. Its goal is to guide member states to design, implement, monitor and evaluate appropriate national policies and programmes to meet the individual and collective needs of older persons. It also stresses the involvement of stakeholders in the design, development and implementation of national policies and plans of action on ageing.

At the national level, the 1992 Constitution of Ghana provides guidance for ensuring that older persons are adequately protected. Chapter six 37(6b) of the Constitution states that the “state shall provide social assistance to the aged such as will enable them to maintain a decent standard of living”. Even though the Constitution states this clearly, the elderly have not been given adequate opportunity to contribute to society after retirement due to the National Ageing Policy not being implemented yet.

Other legislations and policies that have an impact on older persons in Ghana include the National Population Policy (1994), the National Social Protection Strategy (2007), the National Disability Act, 2006 Act 715, the National Health Insurance Scheme and the Social Security Law 1991 (PNDC Law 247).

The National Population Policy (1994) calls for the enactment of laws pertaining to the rights of the Aged or where laws already exist, they should be enforced to promote the full integration of the aged in all aspects of national life. The policy stipulates that “deliberate measures shall be taken to alleviate the special problems of the aged and persons with disabilities with regard to low incomes and unemployment” (The National Population Policy, 1994).

Even though currently, government has not been able to provide enough support for the elderly, it has tried to do so in areas such as reducing poverty among the elderly through its National Social Protection Strategy (NSPS) developed in 2007. This strategy is aimed at enhancing the capacity of poor and vulnerable persons by assisting them manage socio-economic risks, such as unemployment, sickness, disability and old age. This framework goes beyond income support to the poor and also seeks to strengthen social cohesion, human development, livelihoods, and the protection of rights of those along the margins of society.

Under the NSPS, the Livelihood Empowerment Against Poverty (LEAP) program was launched in 2008 which provides cash grants to extremely poor individuals, households, and communities including the poor elderly who are 65 years and above. However, this program is being done on a pilot basis targeting only the extremely poor elderly who experience chronic hardships which excludes some older persons who are experiencing these hardships.

Another domestic legislation that provides support for the elderly is the Persons with Disability Act, 2006 Act 715. This Act provides contextual information that should help improve the condition and well-being of older persons by making provisions to improve transportation and health-care needs of older people (Persons with Disability Act, 2006).

The Government of Ghana established the National Health Insurance Scheme (NHIS) under the Act 650 in 2003. It was launched to replace the former 'cash and carry' system which required sick people to pay money in cash at the point of delivery in the hospitals. The National Health Insurance Scheme has an exemption policy for the aged that is those over 70 do not have to pay premiums but not registration fees. The benefit package of NHIS covers in-patient care; emergency and transfer services; out-patient care at primary and secondary levels and 10 top diseases which constituted 80 per cent of diseases in Ghana. The NHIS is expected to go a long way toward covering the medical bills of the elderly sick.

Even though income security/social protection for older persons is a priority issue for the government, the existence of a large and expanding informal sector was virtually not covered extensively by the 1991 Social Security and Pension Scheme. However, the introduction of the new Three-tier Pension Scheme in 2010 is meant to encourage over 80% of informal workers to contribute voluntarily towards their retirement, thus even though this is laudable

informal workers are not mandated to make these monthly payments and can decide at their own free will to make payments. Furthermore, the few who are covered under the formal pension scheme find the amounts paid to them in the form of pensions inadequate to meet their basic needs (Abebrese, 2011).

Due to the limited coverage and lack of political commitment to implement policies and programmes related to the aged, most elderly people in Ghana have to depend on strong kinship bonds in the form of relying on remittances from younger family members during their old age which are often not adequate and at times irregular therefore worsening the economic status of older persons (Mba, 2007; MIPAA, 2007). The World Bank (1994) estimates that 70% of all elderly people rely exclusively on informal transfers, showing that this is by far the dominating approach. In addition to this the scale of private transfers and remittances in African households is substantial in comparison to publicly provided transfers (Charmes, 2010).

To a large extent, the family serves many of the roles carried out by formal institutions in developed countries. Nonetheless, even though social change as a result of urbanization and modernization has resulted in the breakdown of traditional systems of support, care for the elderly is still being met by the family (Apt, 1996).

In both developed and developing countries family ties have been adaptable and resilient in the face of social and economic change and family members frequently assist one another financially in times of need. For example, in Thailand even though migration of working-age children has increased over time, there has been very little change in the cash transfers that parents receive from their offspring. About 90 per cent of the elderly receive money from

their children over the course of the year. Also in Germany, in spite of a well-developed welfare system intergenerational family bonds are characterized by close emotional relations, geographic proximity, frequent contact, and various types of mutual support (Kohli; Künemund&Vogel; 2005; United Nations, 2011).

This is a situation which according to Williams (2004), shows that even though relationships have changed people's sense of commitment has not. Furthermore since the care of the elderly is seen as a moral and ethical duty of adult children, those who are unable to fulfill these duties may be shamed or feel guilty. Hence providing care provides an opportunity to show respect and also gain respect from members of their family and the society (Kodwo, 2009).

Even though there are global, regional and national legislation and policies aimed at improving the welfare of the elderly, it is evident from the above discussions that even though the government is increasingly showing concern to the needs of the elderly, it has not been able to enact broad policies and programmes to tackle the contemporary problems of the elderly hence informal forms of social protection specifically those relating to remittances from the family especially adult children still play a critical role in maintaining the welfare of the elderly in Ghana.

1.2 Problem Statement

Remittances form the largest financial flow to developing countries, often far larger than Official Development Assistance (ODA). Total transfers to the Ghanaian economy ranged between US\$ 400 million in 2002 (Castles & Delgado, 2008). However, according to the Fifth Ghana Living Standards Survey 2008 (GLSS5) household income from remittances contribute only less than 9% with female parents being the second highest beneficiaries in urban localities. Looking at this data it is evident that the recipients of these remittances are not specified in relation to whether they are aged. Hence this research aims to look at how such remittances have contributed significantly and specifically to the care of the elderly.

Furthermore, while there is a lot of academic and policy attention to the linkage between international migration for work and the economic development of a specific country or community through remittances that result from this pattern of migration (Harris and Todaro, 1970; Zimmermann, 1992; Papademetrious and Martin, 1991), the influence of remittances on migrants own family members who stay home especially the elderly is seldom explored. It is against this background that this research will look at how remittances' have contributed to the care of the elderly in Ablekuma South.

Key Research Question

How do remittances contribute significantly to the care of the elderly?

1.3 Research Objectives

- To examine the existing social support mechanisms for the care of the elderly and its associated challenges.
- To study the conditionalities attached to remittance receipt.

- To examine the proportions that remittances contribute to the expenditure of the elderly.

1.4 Rationale for Study

The past few years have seen an increase in the absolute number of elderly Ghanaians. This has created new challenges for the care of elderly Ghanaians especially in the area of income security. It is expected that the increased numbers of older people and increased life span will lead to additional need and demand for eldercare services due to aging-related chronic health conditions, morbidity, and functional impairment (Aboderin, 2006). Even though policy makers have shown a little interest towards these challenges, government programs and services have not been adequate to address their needs. There is enough evidence to suggest that Ghanaian immigrants continue to provide financial support to their families back home (Kabki et al., 2004; Orozco, Bump, Fedewa, & Sienkiewicz, 2005). However most of these studies have focused on the causes and impacts of transfers on the entire household without focusing specifically on the elderly. With increasing urbanization and modernization it is important to investigate whether cash transfers from adult children to their elderly parents contribute significantly to the care of the elderly hence the rationale for this study.

1.5 Definition of Key Terms

Remittances: According to the International Organization on Migration (IOM), migrant remittances are defined broadly as the monetary transfers that a migrant makes to the country of origin. In other words, financial flows associated with migration. Most of the time, remittances are personal, cash transfers from a migrant worker or immigrant to a relative in the country of origin. Some scholars go further to include transfers of skills and technology as

well as ‘social remittances’. The scope of this paper is limited to monetary transfers received by the elderly from people not living in the household, and which do not require repayment.

Care: According to Sjaak van der Geest (2002), the English term ‘care’ has various shades of meaning with its two basic components as being emotional and technical. Care being technical refers to carrying out activities for people who may not be able to do them alone. Care also has an emotional meaning, it means expressing concern, dedication, and attachment. Thus in this study care will mean both the emotional as well as the technical care that the elderly receive as a result of having access to remittances.

Elderly: The official age of retirement in Ghana is 60 years old, and in my study I have therefore defined the elderly as people who have reached 60 years and above. This follows the United Nations World Assembly on Ageing in Vienna 1982, when old age was defined as those who are 60 years and more. Hence the expressions elderly, older people and aged are used synonymously.

1.6 Limitations of the Study

The study and its findings were constrained by several important factors. First, the sample size was too small to represent the entire population. Therefore, the findings of this study cannot be generalized for all elderly in Accra. Thus, these findings will only apply to the specific study area from this research. It is also possible that the in-depth interviews conducted may have produced unreliable and inaccurate information. This could have been due to respondent bias as those interviewed modified their answers, making them more acceptable to the researcher. Such biased responses may have been increased further due to the audio recording of the interviews. This research risk was minimized through the use of secondary data sources. Also, due to the sensitive nature of the issues relating to money being

discussed some respondents declined to have the interviews recorded while others also did not want their names to be used. These risks were minimized by taking notes during the interviews and using pseudo names for respondents.

In addition, the researcher acknowledges the possibility of a loss of valuable information through the translation processes involved. Specifically, this refers to the translation of questions and responses from Ga to English and from Twi to English.

Other limitations were time and resources. The respondents were only interviewed once after making appointments with them, despite these limitations, the study addresses the purpose of the research and has implications for future research and policy. These implications are discussed in Chapter 5.

1.7 Ethical Considerations

Due to the sensitive character of this study which examined the contribution of remittance to the care of the aged required careful attention to field research ethics. Before the interview began the respondents were informed about the nature and scope of the research.

A study of this nature can lift the expectation of the respondents. That is their expectation as to what happens after the research (Mikkelsen 2005). Respondents were not promised things the researcher cannot give back when the research was over. Respondents were all made aware that the study was only being carried out for educational purposes and nothing was expected back in return.

During the interview process itself, the researcher was careful not to place pressure on respondents to answer questions that they found uncomfortable. She also gave clear assurances of confidentiality. In advance of each interview, the researcher specifically requested permission to digitally record the interview.

1.8 Organization of Study

This research is divided into five chapters, beginning with the background of the study, problem statement, objectives, research question, rationale for the study and definition of key terms in Chapter one. Chapter two provides a literature review, focusing on key themes central to this research as well as the theoretical framework to guide this study. Chapter three presents the research methodology, including the data collection methods and forms of data analysis derived from both secondary information gathered from the literature and primary field research. In chapter four, the research findings are presented and discussed through the integration and application of the theoretical framework and secondary information. Chapter five concludes by summarizing the main issues and highlighting policy recommendations.

1.9 Summary

This chapter introduced the study. It provided an overview of current global trends in ageing at both local level and global level. It also highlighted national policies in place to cater for the care of the elderly and their challenges.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.0 Introduction

The population of the aged in Ghana has been increasing over the years. The decline in social welfare systems available for the aged has made caring for the elderly a challenge for many families in Ghana especially for adult children who send remittances to their parents. This chapter aims to provide a summary of academic work done in the area of remittances and elderly care as well as old age vulnerabilities that that will necessitate the transfer of remittance. It attempts to provide a comparison of the work done, and examines their conclusions.

2.1 Global Trends on Remittances

International migration of labour has become an integral part of the global economy as a result of the large amounts of remittances migrants send back to their home countries. Almost all countries are involved in the migration process in one way or another. According to the UNDP (1995) over 125million people live outside their country of origin for various reasons. Between 1965 and 1975 the migrant population was growing on an average rate of 1.2%, from 1975 to 1985 this increased to 2.2% and from 1985 to 1990 period it became 2.6% (United Nations, 1997).

The increase in migrant flow has also led to growing flows of remittances and Ghana has been a beneficiary of such remittances. Global figures show that official remittances has increased from less than US\$ 2 billion in 1970 to US\$ 70 billion in 1995. Recent available data on global remittances show that during 2008, the total remittances inflow to developing

countries was estimated at \$338 billion, up 16.7 per cent over the same period the previous year. About 10.8 per cent of this rise was from the developed countries and the rest from developing countries. Remittance flows to Africa are estimated to have reached \$40 billion in 2010, almost twice the amount received in 2005 and more than four times the \$9.1 billion received in 1990 (United Nations, 2011; ILO, 2000).

At the macro level, remittances tend to be more stable than other sources of foreign exchange; their variation is often countercyclical, helping sustain consumption and investment during times of economic volatility. Unlike other private flows which tend to be procyclical, countercyclical remittances involve transactions among members of the same household and are thus less driven by profit-seeking motives than private resource flows. In Sub-Saharan Africa, private capital flows have fluctuated considerably from year to year, however remittances have been more stable than Foreign Direct Investment (Ratha, Sanket, Caglar, Plaza, Shaw, and Shimeleset, 2011).

Remittances can improve a countries' creditworthiness, by increasing the level and stability of foreign exchange receipts. In the absence of remittances many African countries would have had much lower level of imports or would have run much larger current account deficits. Remittances also help stabilize the current account by reducing the volatility of overall capital flows. In this sense, African countries can potentially use future remittances as collateral to raise financing from international capital markets for financing development projects (Ratha, et. al, 2011).

At the micro level, studies of Burkina Faso (Lachaud 1999; Wouterse 2010); Ghana (Quartey and Blankson 2004; Adams 2006; Adams, Cuecuecha, and Page 2008a); Lesotho

(Gustafsson and Makonnen 1993); Morocco (Sorensen 2004); and Nigeria (Odozia, Awoyemia, and Omonona 2010) conclude that remittances are associated with a reduction in poverty by increasing the incomes of poor households and increasing demand, thereby increasing employment and wages of the poor. They also spend on health and education, as a result of higher household incomes. In addition, remittances provide insurance against adverse shocks by diversifying the sources of household income. For example, a recent study finds that Ethiopian households that receive international remittances are less likely than other households to sell their productive assets, such as livestock, to cope with food shortages (Ratha, et. al, 2011).

From the above discussions it is evident that remittances play an important role at both the macro level as well as the micro level by stabilizing the economy during crisis and also acting as an insurance mechanism for especially poor households. However in this study the focus will be on investigating the contribution that remittances make not on the household as a whole but rather towards the care of the elderly, as many researchers have seldom explored this area.

2.2 Informal System of Care for the Elderly in Ghana

In order to understand the importance of the elderly in the Ghanaian society it is important to examine their position within the African family as well as the traditional beliefs, values and norms underpinning issues about ageing and old age. The Ghanaian family according to (Nukunya 1992) is described in two broad types that is the nuclear and extended families. The nuclear family which is the immediate family is made up of parents and children. The extended family comprises close relatives that follow either a matrilineal or patrilineal line. The extended family can also be a socio-economic arrangement between people, where the

individual has duties, obligations and responsibilities outside the immediate family. The extended family normally includes, brothers and sisters and their children, grandparents, cousins, nieces, nephews and in-laws. Within the family there are accepted norms and patterns of behaviour between the old and young (Apt 1996).

Old age in both traditional and modern Ghanaian society is considered to be dignified and therefore deserving of honor, respect and sympathy. It is believed the respect that the youth owe the elderly compels them to look after them during their old age. The main duty a child has to his or her parents is to take care of them when they are old, just as they have taken care of them when they were young. A child cannot neglect this obligation without losing face considerably. There is an Akan proverb that explains this process: *“When someone has looked after you to grow your teeth, you should also look after the person to lose his/her teeth”* (Brown 1984, Karlberg 2008).

Likewise in other societies like India, the elderly were not viewed as ‘charity cases’ but rather the relationship between adult children and the elderly is based on a reciprocal relationship of ‘give and take’, just like the Akan saying quoted above. Obligation emerged from the expectations that the elderly have the ‘right’ to be taken care of and their adult children have the ‘duty’ to do so (Singh & Mishra, 2012).

Also, religious teachings are often used to reinforce and support the importance of family care. For example the Bible in (Exodus 20:12) states that one should honour thy father and mother so that one will live long. Confucius also believed that there was no greater crime than failing to practice filial piety. He stated that filial piety consisted of obedience to, respect for, and loyalty to one's parents (Confucius, 1899).Apt (1996) argued that traditionally the

family is very important in Ghana, this is so due to the culture of the people and as well as the weak social security institutions for the elderly.

Traditionally, the family serves as a source of informal social protection not only in Ghana but also in other developing countries where transfers in cash or in kind occurs when a family member is faced with a crisis(Gyekye 1996). According to the ILO Report to the International Labour Conference (2001), for developing regions formal social transfers represent only a minor component of overall transfers to its citizenry with informal private transfers surpasses that of formal social transfers.

The traditional family has had a strong social structure where the position and the role of the elderly were high. In traditional Africa, the older the individual became the higher his/her chances for gaining upward mobility in the social hierarchy. It was expected that the young people took care of the elderly thus the aged were held in high esteem. However, the aged person was expected to also show responsibility in having achieved knowledge and wisdom and thus plays an important role in the social upbringing of the next generation. Hence there is a system of reciprocity in the traditional way of life that includes a responsibility to live a good life and also be a good example(Apt 1996).

Therefore the care of the elderly in traditional Ghanaian society by the family has been borne willingly because of the invaluable contribution which they have made to the community. The support and care come in the form of food, clothing, medical care and costs, and in addition housing from their children or entire family (Apt 1996).

A survey conducted by (Brown, 1984) indicated that most Ghanaian elderly would like to have support in the family situation coming from their children as opposed to the family being the main provider for care of the elderly given the economic circumstances that most members of the Ghanaian families find themselves. In addition to this the advent of modernization, urbanization and industrialization has increased the tendency for children rather than the extended family to support parents. This is embodied in an Akan proverb: "*Opanyin a woanyindanmma*" (An elder who has grown old depends on his children).

In 1979, Marjorie Cantor wrote an article on informal caregivers in the U.S that outlined the order of preferred sources of care among older adults. According to her hierarchical compensation model, the order of preferred caregivers from most preferred to least was: spouses, children, other family members and friends, and paid caregivers. Nevertheless, she argued that the face of informal caregiving has shifted from spouses with more of the burden now falling on adult children (Cantor, 1997).

However, a survey conducted by (Apt, 1996) revealed that even though children placed a high value on the support of ageing parents, the extent to which they do in fact provide support especially financial support will depend on their own economic means and situation. Thus even though adult children are morally obliged to take care of the elderly, material constraints makes this difficult for them.

While many researchers have reported the financial support that children provide to their elderly parents, others have noted that not all Ghanaian immigrants send remittances and/or stay in contact with their families in Ghana. In societies like Ghana where a strong formal

welfare system is absent, this situation has had an immense impact on the elderly who have to rely on their children for support (Van der Geest, 2002a).

2.3 Remittances as a Form of Elderly Support in Ghana

International migrant remittances to Less Developed Countries (LDCs) have been increasing in importance relative to other transfers. It has eclipsed official development assistance (ODA) in importance in LDCs as whole. International remittances to Ghana increased from \$31 million in 1999 to \$1.4 billion on 2002. Between 1990-1999 and 2000-2006, the share of international remittances in GDP increased by about 216% while foreign direct investment FDI/GDP and external aid (Aid)/GDP ratios increased by only 8% and 16% respectively (World Development Indicators: 2007). The Bank of Ghana reports that in 2006, inward remittances to Ghana were by far the largest source of foreign exchange earnings for Ghana (eclipsing cocoa and gold exports). The overwhelming proportion of these remittances are sent to support either households consumption or for the construction of homes and other social services. These statistics suggest that migrant remittances form an important part of the Ghanaian economy and Ghanaian households in particular (World Bank, 2011).

Most of the remittances to Ghana are sent by Ghanaian migrants living outside the African continent, primarily from the United States and Canada. Remittances in the form of intergenerational transfers are paramount for the well-being of individuals particularly the elderly who are left behind (World Bank, 2011). Parents and adult children play a pivotal role in supportive exchanges at older ages. A majority of Chinese elderly depend on the economic support of their children. According to data from the 1994 national sample survey, 57 per cent of all people age 60 and over depend predominantly on financial support from their children (United Nations Research Institute for Social Development, 2002).

A study conducted in Thailand by (Knodel, Jiraporn, Chanpen, and Wiwatwanich,2010) also revealed that the migration of children, especially to urban areas, often benefits parents' material support while the recent spread of cell phones has radically increased their ability to maintain social contact. Similarly, Baldassar, Wilding, and Baldock, (2007) also observed with their study on the elderly in Albania that the factor of long-distance separation was probably an incentive to establish regular and structured contact via letters, telephone calls, emails, text messages, financial assistance and return visits. However, some researchers have argued that migration weakens the support structures for the care of the elderly, favouring a negative view of desertion of adult children from the elderly (Ikels&Beall as cited in Zimmer, Korinek, Knodel and Chayovan, 2008).

However, from the discussions above it is evident that even though migration separates adult children from their elderly parents they are not only able to remit them but also able to maintain contact via new improved forms of communication, for example in recent times the use of Skype.

2.4 Motivations for Sending Remittances

There are two dominant theoretical explanations on why individuals remit, that is altruism, on the one hand, and self-interest to secure inheritance and to invest in home assets in the expectation of a return, on the other. According to scholars who attribute altruism as the main motive behind remittances, the major reason for a migrant to remit to the migrant's household is to fulfill an obligation, affection, and responsibility to family members. According to Osili (2004) remittances in Nigeria are motivated by altruism because remittances tend to increase, as family assets decline. He indicated that savings in Nigeria are dominated by investment motives, since they are positively associated with family assets.

It is therefore important to note, according to Van Wey (2004), that the altruistic model indicates that an emotional attachment to the household is necessary so that remittances reflect a kind of 'commitment' to live up to a promise to take care of family members. However arguments have been made about the difficulty in testing the theory of altruism thus what appears as mutual altruism between the family and the migrant could just have been motivated by self-interest (Lucas and Stark, 1985).

Conversely, the migrant's motivation to invest in his or her home country may not necessarily be altruistic, but rather to promote the self-interest of the migrant. The migrant may remit out of the desire to enter into an undertaking that benefits the remitter. The family member who assists the migrant is entrusted with care of certain projects initiated on behalf of the remitter. The migrant may also remit money to maintain their stake in such things as family property(Lucas and Stark, 1985).

Remittances can also serve both the interest of the migrant and the household. In this scenario, remittances are seen as part of a mutually beneficial contract agreement where remittances are viewed as repayment of money invested by the family for the education or training of the migrant. The higher the amount invested, the higher the expectations of the family of being repaid through remittances (Lucas and Stark, 1985).

Other researchers have argued that migrants who remit resources to their home country do so, as an attempt to diversify their risks to overcome missing insurance markets; the migrant leaves in order to support the family during bad times. Conversely, the migrant having a family back in the country of origin serves as an insurance mechanism when bad times occur

in the foreign country. Therefore remittance could be seen as an insurance mechanism for both the immigrant and the household members who receive them (Lucas and Stark, 1985).

In most societies around the world, the moral responsibility for the support of older people has been placed with the younger generations in their families especially their adult children. This filial obligation is based on the norm of reciprocity by which children have a responsibility to support their aged parents in return for the parental care and support they received from them in childhood. It has been suggested this may serve to alleviate the child's sense of guilt (Stein et. al 1998). Hence this research through interviews with the elderly will try to investigate the factors that influence adult children to remit their older parents whether they are motivated by altruism or self-interest. This will allow the researcher to examine the extent of how significant remittances are to the care of the elderly or otherwise.

2.5 Significance of Remittances to the Care of the Elderly

Remittance receipts are associated with reductions in poverty; increased household resources devoted to investment, and improved health and education outcomes. The Ghana Living Standard Survey III (1991/1992) and IV (1998/99) reported that remittances significantly improved household welfare. The bulk of remittances, however, are reserved for private consumption and recurrent expenditures, including living expenses, school fees, hospital bills, weddings and other social activities, funerals, repayment of debt, and the costs of migrating abroad (World Bank 2011).

However on the issue of the uses of remittance there have been many theoretical opinions outlined in the literature. Russell (1992) states that, remittances are used for immediate consumption while (Taylor 1999) contends that remittances promote asset accumulation in

housing and land acquisition. Chiami et al (2003) are also of the view that remittances are spent on consumption that is status oriented. They assert that part of the remittances also go into savings or investments, nevertheless, these researchers lamented that some of the remittances are spent on assets like housing, land, jewelry, etc, which the research deem as unproductive.

A survey of recipients of migrant remittances in Accra indicated that 51.8 percent of the sample mentioned that the remittances are for consumption purposes (living expenses, funerals and other social activities) while about 44 percent of the sample indicated that the funds are for investment purposes. The relatively significant proportion of remittances invested clearly indicates that migrant remittances have significant long term impacts on household welfare (Quartey, 2006).

According to the (United Nations, 2011), older people generally spend a higher share of their income on housing, social services and energy than do those in the younger age groups. However, the value of public spending on health, long-term care and other social services tends to rise at advanced ages in the more affluent countries, especially at age 80 and above. This suggests that remittances from adult children will play a critical role in ensuring the welfare of the elderly especially in the area of health care.

Contrary to the assertion that remittances provide assistance to the household and specifically the elderly, the European Report on Development, (2010) has argued that the protection and assistance that remittances provide are overstated claiming that there are serious shortcomings in existing systems of private transfers, limiting their effectiveness as an alternative to publicly supported social protection. First, they are effective only for peculiar

shocks: shocks that do not affect everyone in an extended family or community. Large climatic or economic shocks are difficult to insure through transfers. Second, even for idiosyncratic shocks, such as health or the death of members in the extended family or community, informal systems typically offer only partial insurance. For example, health costs appear to be partly insured by mutual support networks in Tanzania, but not perfectly, with serious health episodes leading to losses in income and consumption of about 8%, despite network transfers. Third, the evidence on remittances from migrants in Africa shows that, within receiving communities, the rich tend to receive substantially more transfers than the poor (European Report on Development, 2010).

2.6 Shifts in Family Support for the Elderly

In recent times, the process of social change resulting from urbanization, migration and other global issues have affected the traditional support system for the elderly. The interdependence of the generations which formed the strength of the family support has been eroded. Therefore the elderly are left with little or no means of support and care (Keith, 1990; Apt, 1996).

Modernization theorists, such as Cowgill and Holmes (2002) argue that as societies modernize the status of older people diminishes. Cowgill and Holmes identified four aspects of modernization that undermines the status of the elderly: health technology, economic and industrial technology, urbanization and education. He states that improved technology has both positive as well as negative effects for the elderly. Advancement in medical and public health leads to improved health and longevity, however, it forces the elderly out of the labour market as employers in industrializing societies prefer younger workers with new skills; forcing older workers into early retirement leading to a loss of prestige, income and

honor. When this happens they become dependent on the young thus losing their status in society.¹

According to the modernization theory, the process of urbanization and migration leaves older family members behind undermining the traditional extended family system. The new family form, that is the nuclear family, creates both social and spatial distance between the young and old thus changing intergenerational relations. Many younger people have become mobile, and, in many countries feel less obliged to support the older generation. In the past, female members of the family were major caregivers of the elderly because of their nurturing role of raising children but nowadays more women have joined the labour force. The search for profit and salaried work has replaced the old systems of community and mutual caring. Old age ideally represent a time of relaxation but in recent times with the experience of modernization the traditional belief system of caring for the elderly has been eroded with increased migration, modern education which focuses on individualism and materialism (Brown, 1984; Apt, 1996).

Ogwumike and Aboderin (2005) bring out an interesting result on the declining family care giving. In their study, family care giving is based on value judgments from the children of the elderly. They argue that children base their support and care on the past conduct of their parents and give back to them in measure the care and support they deserve. If children consider the elderly as having been neglectful in the past, support and care also decline the more. The study sees more declines in the support and care for men than the women in general (Mba 2007; Aboderin 2004b).

¹Parham, D. L. 2002. Status of older people: Modernization. Online available from: www.encyclopedia.com (Accessed 17th October, 2012).

This phenomenon could be explained by the fact that, globally, older women face many hardships, which are linked to their economic conditions. Women as opposed to men have different work history characterized by low paid jobs over their working lives and also disadvantaged by gender related differences in the allocation of pensions and other benefits. Especially in Africa where coverage is limited to a small proportion of the population by contrast to developed countries where widows' pension levels are linked to that of their deceased husbands.²

In Sub-Saharan Africa, a high percentage of the elderly, particularly women are widowed because of the high probability of the death of a spouse by age 65. However, the added years that elderly women supposedly enjoy comes with its own disadvantages. By comparison, older men are frequently cared for by multiple wives in polygamous African societies while older women still have to continue working not only to support themselves but sometimes to support younger family members. This combination of age and widowhood makes elderly women vulnerable and puts increased importance on the need for family assistance for their general welfare. Although some of the needs of the elderly may still be met by the family, there is growing evidence to suggest a weakening of support systems.³

According to the findings into the recent declines in material family support for older people in urban Ghana; Abordein, (2005) posited that children's motives for supporting aged parents are driven by both normative obligations and personal relationship factors driven by motivational sentiments such as affection and reciprocity. Children whose parents neglected to give them vital support in their youth also do not feel any sense of obligation or duty

²Apt. N. A. 2009. Ageing Women in a Poor Economic Environment. Online Available from: www4dar.vlaanderen.be/.../2009-02-17-svrstudie1-2009-Chapter_03... (Accessed 22nd March 2013).

³ Ibid

toward their parents nor do they feel much gratitude, appreciation or love, which could otherwise compel support.

An applied conditionality linked to a parent's earlier actions is evident in certain East Asian filial obligation laws, such as the Singapore Maintenance of Parents Act (1995), which explicitly exempts children from a duty to support parents if they can prove earlier, neglect, abuse or abandonment by the parents (Choi, 2001). The evidence in rural and urban Ghana revealed by (Aboderin 2004b) shows that retaliation from children affects above all older fathers, often leaving them exposed to a dependence on charity. A typical example of this is the situation of Micheal Essien the famous Ghanaian international footballer, who supposedly decided not to take care of his father because he claimed he did not care for him as a child. He later recanted his decision.⁴

Hence one can claim that the decline in children supporting their elderly parents can be attributed to the fact that some adult children feel that once they were not taken care of when they were younger they should be under no obligation to provide support. However, this does not mean all adult children neglect their responsibility of caring for their parents.

Nonetheless, older persons in Ghana are showing signs of loneliness, poverty and neglect. It is estimated that about 60-80 per cent of the working population can be found in the informal sector or are engaged in subsistence farming, having no reliable form of social security. The situation is worse amongst older women who face many cultural and social discriminatory treatments and the care of children left behind by migrant workers. Thus it is imperative to

⁴Online Available from: <http://www.modernghana.com/news/275852/1/essien-dad-needs-10m.html> (Accessed 17th October 2012).

acknowledge that poverty among older people would be difficult to tackle unless adequate measures are put in place to address the adequacy of income security that will improve the well-being of the elderly in Ghana (National Ageing Policy, 2010).

In addition to this, Africa, particularly sub-Saharan is badly affected by HIV/AIDS. According to the 2002 UN population revision, 53 countries (up from the 45 in the 2000 revision) are affected by the pandemic and their population is projected to be 84 million fewer than would have been without HIV/AIDS. As a result of this the lives of the elderly will be affected as they face the challenge of losing their own children who may have been a vital source of support and caregiving, but also have to take on the responsibility of caring for grandchildren and other members of the extended family. At a time in their lives when they expect to receive care and support, the elderly have become mothers again. In Sub-Saharan Africa, 12.3 million children have been orphaned by AIDS and this number is expected to increase in the next ten years (Nhongo, 2004).

2.7 Legal Obligation to Provide Care for the Elderly

In view of the fact that family support for the elderly is on the decline as a result of social change, some authors have suggested that a legal obligation as a requirement must be in place to ensure support for the elderly. The reason being that the legal obligation to support a parent in need can force a child to finance (and indirectly to provide) care even if she or he does not want to. In the southern European countries and in many conservative welfare states, by contrast, close family members, in some cases including step siblings, are obliged to finance the costs of care if the person in need cannot himself or herself pay. State-funded services are available only if the relatives cannot afford to pay for the services (Haber Kern and Szydlik, 2009).

Where the obligation exists, the level of intergenerational care in a country would be relatively high. On the other hand, the legal regulation of family support could endanger voluntary help. Care might then be provided primarily only when and where demanded by the law; and overall children might involve themselves less frequently in their parents' care (Haberker&Szydlik, 2009; Gori, 2000). In my opinion this legal obligation will lead to worsening the care situation for the elderly and further alienate adult children from them, especially in Africa where many youths are unemployed and find it difficult to make ends meet due to financial constraints.

2.8 Conceptual Framework for Elderly Vulnerability and Remittances

As stated earlier, the growing phenomenon of the elderly population has led to increased vulnerabilities amongst the elderly population in areas such as employment, health, income security and material security and familial care and support. Definitions of vulnerability are numerous. Chambers (1989, 1) defined it as “the exposure to contingencies and stress, and difficulty coping with them”. Moser (1998, 3) also referred to vulnerability “as the insecurity of the well-being of individuals, households, or communities in the face of changing environment, and implicit in this, their responsiveness and resilience to risks that they face during such negative changes”.

As a result of this remittances from the family come in to play a significant role in the capacity of the elderly to respond to risks. However there are underlying factors that influence the reasons why these remittances are sent; which could be based on the motive of social exchange or altruism. Thus the researcher has developed a conceptual framework that captures aspects of vulnerability which are relevant to this study. The framework

disaggregates vulnerability into domains of income and material support, familial care support, health and employment.

Income and material support

It has been reported that incomes of households in which older people live are lower than the national average; such differences are particularly higher in rural areas (Kakwani&Subbarao, 2005). The ability to contribute and benefit from formal social security is voluntary and as a result most people enter old age without much social and income security. For those covered by the formal social security the values of their benefits are often minimal. Income status across older adults in Ghana appears to be gendered. Given that men have higher levels of education than women (Stephens, 2000), more men than women are likely to be exposed to the formal wage sector during their active working years, and men are more likely to receive statutory insurance benefits such as social security upon retirement (Darkwa, 2000).

Familial Care Support

Elder care provision in Ghanaian society is “supposed” to be a joint family affair. Often, adult children and their own children and/or grandchildren combine to provide the care needed by older adult parents (Apt, 1996). Who provides the necessary care is highly gendered with activities such as cooking, bathing, and cleaning regarded as women’s duties; and financial support, visitation, and organization of funerals as men’s domain (van der Geest, 2002a). In Ghanaian society, although not unusual, care by non-relatives is stigmatized (van der Geest, Mul, & Vermeulen, 2004). As a result, lack of adult children due to biological factors could be a source of vulnerability to many Ghanaian older adults. However, due to material and economic constraints children find it difficult to care for their elderly parents.

Health Challenges

Even the elderly is entitled to preventive and curative care they are often denied. The training of health personnel does not take into consideration the needs of older people and also very few specialist services exist that specifically deal with issues relating to geriatrics and gerontology. Many older people in Ghana are unable to afford basic treatment due to the limited coverage of many diseases under the National Health Insurance Scheme. This is serious for especially women whose health status is compromised from childhood and may suffer poor health throughout their life due to factors such as forced marriages, circumcision, and early childbirth. Numerous health conditions affect women at specific ages, which influence their health. For example, vaginal infections, infertility, cancers of the reproductive organs and fibroids have a direct effect on their morbidity and mortality.⁵

Employment

For many elderly people, employment provides the income needed to escape poverty. In developing countries, often the only employment available to older people is in the informal sector, which implies a lack of retirement benefits, relatively low pay, insecure job tenure, and limited opportunity for advancement. A study in Thailand found that about 90 per cent of workers aged 60 years or over were engaged in informal employment. Similarly in Ghana it is estimated that about 60-80 per cent of the working population are engaged in subsistence farming and other informal work having no reliable form of social security. In the absence of formal social security many older people continue to work as long as they are physically able. This is evidenced in Ghana where many businesses are operated by older persons who work into advanced age for survival (United Nations, 2011; Ghana National Ageing Policy, 2010). These factors make remittance from adult children to the aged very important.

⁵Online Available from: www4dar.vlaanderen.be/.../2009-02-17-svrstudie1-2009-Chapter_03... (Accessed 22nd March 2013).

Remittance Behavior

Many researchers have tried to explain the motives behind remittances. The reasons why remittances are sent can be explained as follows:

Social Exchange Motive

Theorists agree that social exchange involves a series of interdependent interactions that generate social bonds of obligations (Blau as cited in Cropanzano & Mitchell, 2005). This is based on the principle that we enter into relationships in which we can maximize the benefits to us and minimize our costs. Social exchange relationships are guided by values and norms, which are embedded within the culturally prescribed role expectations that arise from the broader social context within which relationships exist. These relationships allow guided by values and norms allows for exchanges to take place without the use of a contract or other explicit indication of expectations.

The fundamental norm underlying social exchanges is reciprocity and equity. Proponents of reciprocity argue that people feel obligated to help others who have helped them. Thus when individuals perceive relatively balanced levels of reciprocity in a social exchange; they are more likely to be satisfied in that exchange. Social exchange theory suggests that individuals who perceive the presence of reciprocity in their social relationships are more likely to feel satisfied with and maintain those relationships. In most societies, raising children earlier in life serves as a foundation for receiving assistance from them in old age (Apt, 1993; Hashimoto & Kendig, 1992). By receiving child rearing services from their parents, children incur an obligation to return the favor by providing eldercare services. Because of the “give and take” nature of reciprocity, some researchers view it as a *quid pro quo* phenomenon,

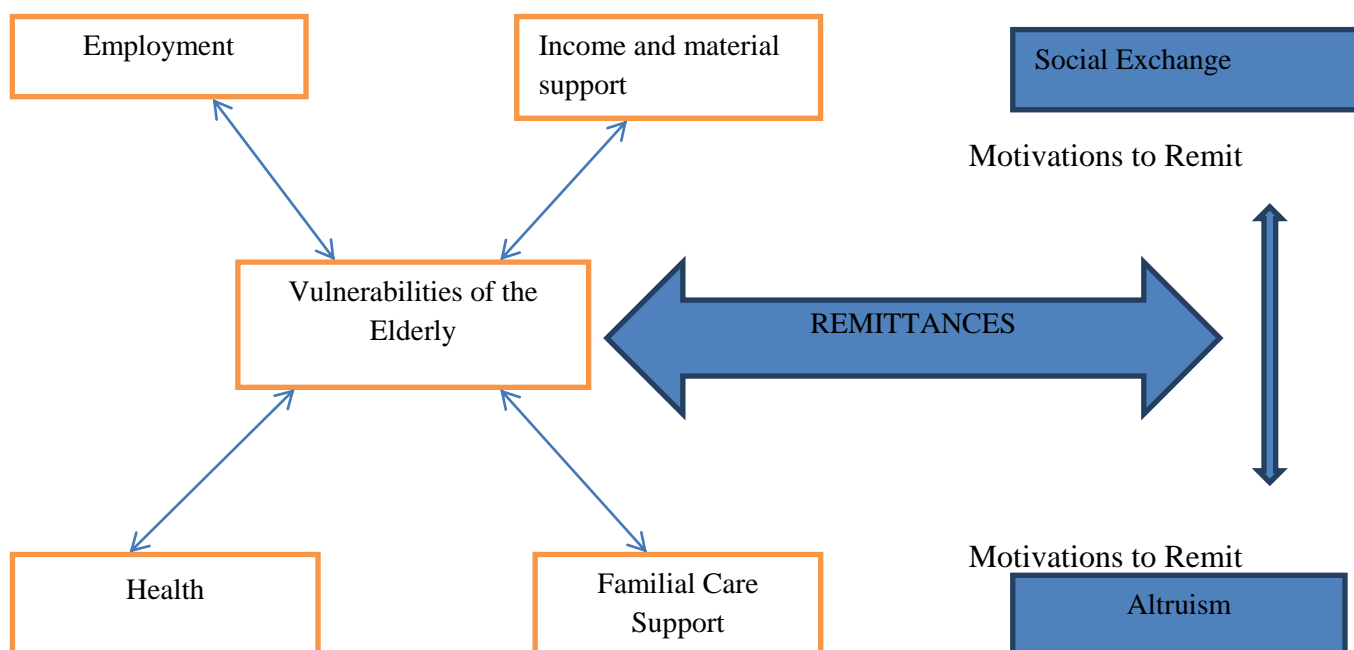
where negative behavior is returned for negative behavior and positive behavior returned for positive behavior (Cropanzano & Mitchell, 2005).

In relation to the care given to the elderly, it is assumed that a “normal” adult child “keeps track” or recognizes the hardships parents endure and the sacrifices they make to raise their children. This person “owes” his or her parents a favor for providing for his or her needs in the past or supporting him or her at present. The adult child is under a moral obligation to reciprocate the parents’ favor he or she received or is receiving when the parents are old and are in need of support. However, children who were neglected by their parents may not feel obligated to provide them with care in their old age behavior (Cropanzano & Mitchell, 2005).

Altruistic Motive

The altruism motive considers sending remittances as an obligation to the household. Remittances are sent out of affection and responsibility towards one's family. It has been argued in the poverty literature that the major reason why people migrate to other countries is due to poverty. According to the altruistic model, sending remittances yields a satisfaction to the migrant out of a concern for the welfare of his family (Addison, 2004), as remittances could serve as a tool for the mitigation of poverty.

In respect of the foregoing analysis, it is evident that vulnerabilities in old age necessitate the need for remittance receipts motivated either by altruism or social exchange. This conception is presented in Figure 1 below:

Figure 1: Conceptual Framework for Remittances of the Elderly**2.9 Summary**

The chapter described the informal system of care of the elderly in Ghana that focuses on the moral obligation of children to cater for the elderly based on accepted norms and patterns of behavior between the old and young. Furthermore, the chapter discussed the significance of remittances to the care of the elderly as well as shifts in family support for the elderly. The chapter also touched on vulnerability of the elderly and discussed some factors that lead to vulnerability in old age that will necessitate the transfer of remittance.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlines the methodological underpinnings of the research on the contributions of remittances and its significance to the care of the elderly in Ablekuma South. The chapter provides information on the study area with key characteristics, justifying the selection of the area for the study. It discusses the research design, the sample and sampling techniques. Information on the instruments for data collection and the procedures for the analysis of the research data are also discussed. A mixed research method was used for this study, integrating both qualitative and quantitative methods concurrently to help in the realization of the following research objectives:

- To examine the existing social support mechanisms for the care of the elderly and its associated challenges.
- To study the conditionalities attached to remittance receipt.
- To examine the proportions that remittances contribute to the expenditure of the elderly.

3.1 Research Design

In the conduct of research, there is the need to have a design and in the words of Bryman (2008: 31), “the design provides a framework for the collection and analysis of data”. In essence, the design would influence and determine the choice of the methods to use in sampling, the collection and analysis of data. This research employed a mixed method design for the collection of both quantitative and qualitative data from sixty-five respondents and ten interviewees respectively. The strength of this approach is that it allows the researcher to gain a richer, contextual understanding of a phenomenon being studied. It further ensures that the

inherent bias of methods from one paradigm is counter-balanced by the methods from the other thus strengthening the validity of the findings.

Nonetheless, the weakness with this approach is the difficulty in integrating research findings. Qualitative research uses open-ended questions, whereas quantitative research elicits more numerical responses hence each type of question may elicit different perceptions on the part of the respondents and this cannot be easily blended to form a well-integrated interpretation (Greene, Caracelli, and Graham, 1989; Krahn, Hohn, and Kime, 1995).

In this sense, this study endeavors to explore how significant remittances contribute to the care of the elderly by examining the existing social support mechanisms for the care of the elderly; and its associated challenges as well as studying the patterns of uses of remittances and ‘conditionalities’ attached to them. Therefore, it is essential to get their perspectives and meanings they attach to their experiences as well as provide objective facts that will allow for better interpretations.

3.2 Sample and sampling techniques

The population for the study was the elderly living in Ablekuma South sub-metro area who are sixty years and above receiving remittances from their adult children from abroad and within Ghana. The researcher adopted both purposeful sampling technique and snowball sampling technique, which was the procedure used for choosing and selecting the sampling units of the target population. This played an important role in the data collection procedure of the research process. The researcher adopted both methods for the collection of data from both ten (10) interviewees and sixty-five (65) respondents. The basic strategy of snowballing involves first identifying several people with relevant characteristics and interviewing them. The subjects were asked for the names of other people who possess the same attributes as they do and they in turn were interviewed in their homes. The use of these techniques is

relevant to the study where the interviewees or respondents are those who can purposefully form the central phenomenon of the research.

3.3 Data Collection Tools and Methods

Instruments for the study

In this study, a combination of structured questionnaires and an interview schedule was used. Whereas the questionnaires were used to collect data from sixty-five (65) elderly respondents sampled from the target population, the interview schedule was also used to collect in-depth data from (10) sampled elderly respondents.

The questionnaire

The questionnaire is the document containing questions and other types of items designed to solicit information appropriate for analysis. It is used primarily in survey research and also in experiments, field research and other modes of observation. The researcher adopted the closed-ended types of questionnaire to solicit responses from sixty-five(65) respondents. The closed-ended type of questionnaire is the type that respondents are asked to select an answer from among a set of responses provided by the researcher. To the researcher, this type provides a greater uniformity of responses and easily processed. To facilitate the data collection procedure, thirty-four (34) questions had been planned and used to solicit responses from the elderly respondents of the target population.

The closed-ended questionnaire asked respondents to provide their responses in brief by merely ticking the spaces such as marital status, educational background, past employment, the number of children they have living and their sexes among others. This enabled the respondents to provide prompt and time saving responses. This procedure was used to solicit responses from the literate as well as semi-literate respondents. It also served as the tool for

seeking responses from the illiterate respondents. With this type of respondents, the researcher used the questions as in the case of an interview schedule to solicit their responses.

The interview schedule

To address the drawbacks associated with the questionnaire, namely the absence of face-to-face interaction, the other component of the mixed method was used namely, the in-depth interview using an interview schedule. An interview schedule, in social research, is an alternate method of collecting survey data. Interviews are used to gain information about attitudes, beliefs, perceptions, knowledge, experiences and understanding of the subject or the research topic. The formal, planned and structured interview schedules were adopted to follow as sequence to allow a free flow of questions and responses. The questions, which were all open-ended types, allowed the interviewees the freedom to express themselves as much as they could. The process was also a face-to-face interaction which allowed both the interviewer and the interviewees to interact freely. This aspect of data collection tool was used to solicit in-depth information on views and perceptions as well as the life experiences of the respondents in relation to the contribution of remittances to their care.

Validity and Reliability of Instruments

To ensure the validity of the research, the instruments, namely the questionnaire and the interview schedule were presented to the researcher's supervisor and other lecturers on one hand, and colleague's students of the Centre for Social Policy Studies for scrutiny. They checked and offered criticisms to ensure that the research questions and questionnaire items were properly structured and constructed. Bell (1999) describes reliability as the event to which a test or procedure produces similar results on all occasions. To ensure reliability, the researcher conducted a one-on-one basis interview with the interviewees. The proceedings were recorded and played back to the interviewees in their presence to ascertain the accuracy

and authenticity of the data collected.

Pilot Testing

The survey questionnaire was pilot tested with ten (10) elderly respondents. After completing the questionnaire, pilot participants were interviewed regarding clarity of the questionnaire, this exercise gave the researcher a chance to ascertain whether participants understood the concepts used, to find out about the logical sequencing and flow of the questions, and the average amount of time required to complete a questionnaire. Based on the pilot participants' feedbacks, the questionnaire was slightly modified before the main data collection began.

3.4 Data Organization, Consolidation and Analysis

In order to gain insights and better understand the key themes, a review of available secondary data sources was undertaken. In-depth interviews were transcribed, summarized and coded according to different thematic areas identified through the research objectives. The coding took place immediately upon returning from the field. Themes that emerge from the data analysis were considered in relation to previous research. Information was subsequently applied to quantitative findings in the different sections of the study; either to explain or corroborate the results. Verbatim expressions recorded from the interviews were also presented for discussion.

With the quantitative approach once the questionnaires had been completed, data were then consolidated according to each question and captured in a Microsoft Excel spreadsheet before being imported to SPSS, a Statistical Package for Social Scientists and used for computation. The data were then represented using simple descriptive statistical techniques such as percentages, tables and frequency distribution. In addition to this, comparative tables, pie charts and graphs were generated and used to present and interpret findings.

3.5 Study Area

The Ablekuma South sub-metropolitan district council was established by the instrument establishing the 11 sub-metropolitan district councils that is the legislative instrument 1722. The Ablekuma sub-district is headed by a chairman who is the political head and an assistant director who is the Head of Administration or departments. Ablekuma South is located in the Accra Metropolitan Area of the Greater Accra Region of Ghana. It is one of the six sub-metros of the Accra metropolitan area which has a total land size of 200 square kilometres (Online Available from: <http://www.ghanadistricts.com>, retrieved: February 16, 2013). This area was selected purposively based on evidence that it has a high representation of older people above 65 years at about 8,090 with 3,413 made up of males and 4,677 made up of females (Ghana Population and Housing Census, 2010).

3.6 Summary

This chapter addressed the data collection process and method of data analysis. It outlined the different stages followed, from the preparation of data collecting tools to the methods used for data analysis. Also, a detailed discussion of the qualitative and quantitative methods used to collect the data was provided, including the preparation of tools. The chapter concluded by describing the data consolidation process as well as the methods of data analysis used for the study.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

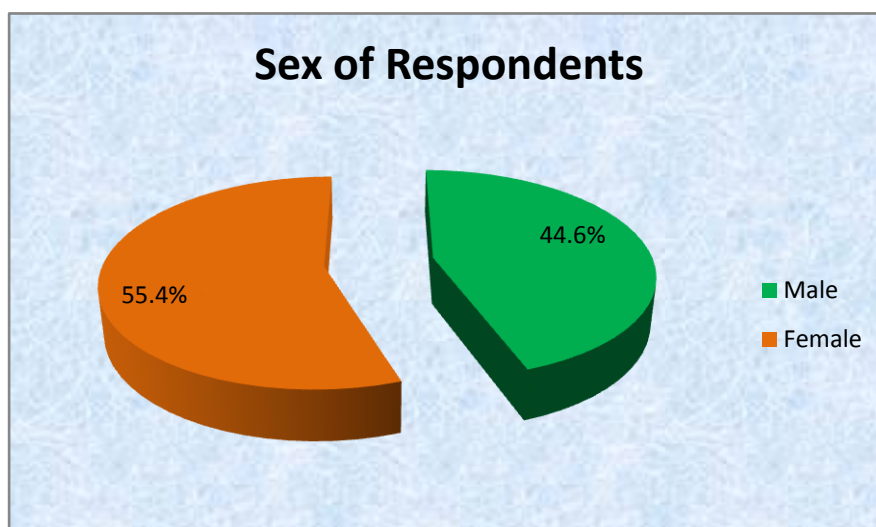
This chapter presents the empirical data and findings from the field of study as given by the elderly respondents during in-depth interviews and survey questionnaire administered in the field. These findings are presented in relation to the research question and objectives of the study which aims to investigate the contribution of remittance and its effects on the care of the elderly in Ablekuma South. The findings begin with a brief description of the socio-demographic profile of the respondents. It continues by presenting the support mechanisms available for the aged and its associated challenges. The chapter then goes on to examine the patterns of uses of remittances and conditionalities attached to them. This study has incorporated both quantitative and qualitative research and the insights reported here are syntheses from the two methods. The total number of elderly respondents who participated in the structured questionnaire survey was sixty five (65) and ten (10) for the in-depth interviews. In all, 75 elderly people made up of 43 women and 15 men constituted the core sample of study (N=75). Findings are presented and discussed subsequently.

4.1 Respondents Socio-Demographic Profile

This section details the socio-demographic profile of the respondents interviewed as these attributes influence their exposure to vulnerabilities and the need for remittance. These include personal information about elderly respondents in terms of their sex, age, occupation and educational status.

Sex of Respondents

Out of this total number of respondents for the structured questionnaire survey, thirty six (36) of them representing 55.4% were females whereas twenty nine (29) of the respondents were males (44.6%). **Figure 2** is a pie chart graphically depicting the gender distribution of the aged respondents.



Source: Fieldwork April, 2013

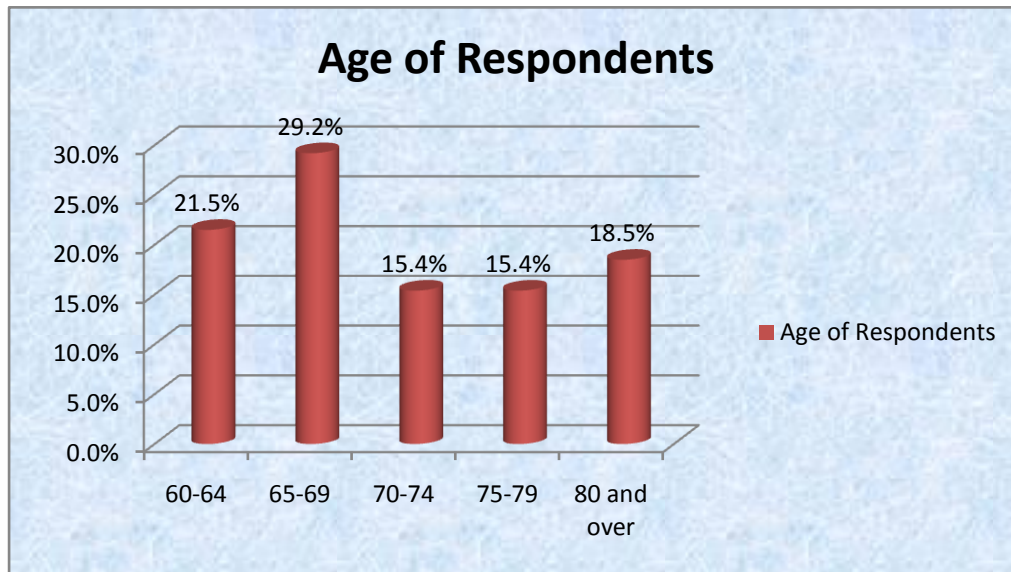
Figure 2: Distribution of Respondents Based On Sex

The trend is based on the fact that In Ghana women have longer average life expectancy (60.3 years) as compared to men (56.7 years). Women, therefore, tend to be confronted with having to deal with the challenges of the elderly, either as widows living alone or with their children or relatives. Elderly men, on the other hand, usually have the support of their wives (Ghana National Human Development Report, 2007).

Age of Respondents

As one ages, their vulnerability to risks and shocks also increases thus it was imperative to determine the age range of the elderly in the study area. Out of the sixty-five respondents,

21.5% of the respondents fell within the age range of 60-64, most of the respondents that is 29.2% were within the ages of 65-69 years while 15.4% were between 70-74 years old. Also, 15.4% respondents fell between 75-79 years while the rest of the respondents, accounting for 18.5% were 80 years and above as shown in **Figure 3**



Source: Fieldwork April, 2013

Figure 3: Age Distribution of Respondents

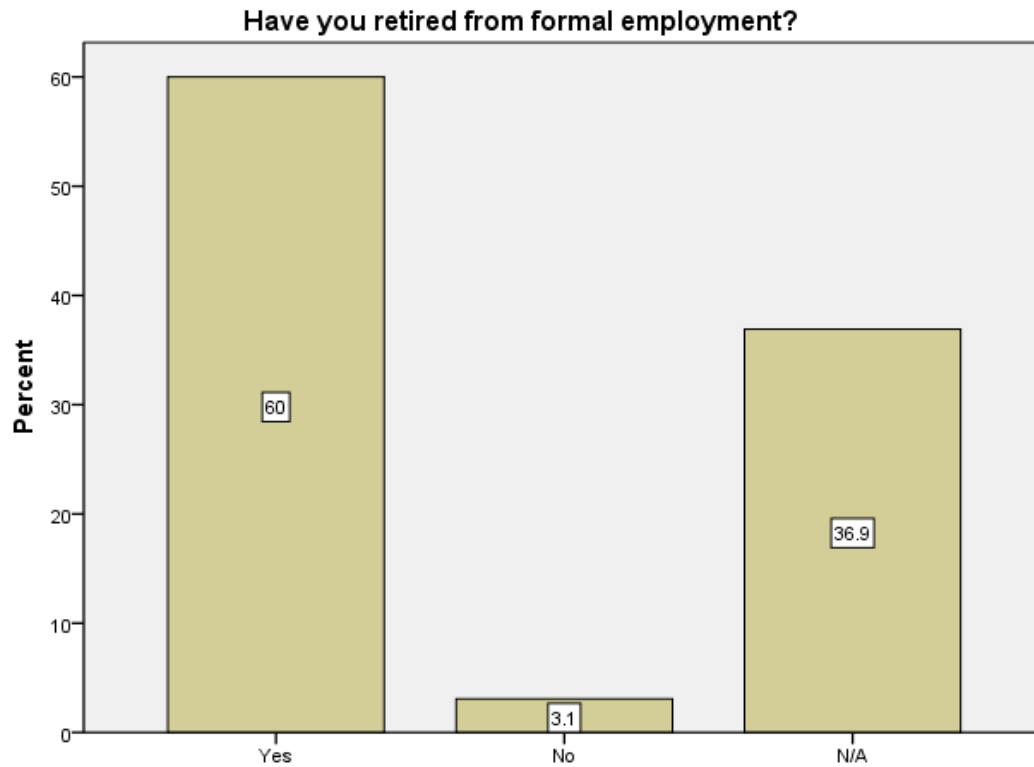
Further analysis revealed that age cohorts by sex reveals that majority of older people who were 65-69 were mostly women. This difference is expected because according to the (Ghana Population and Housing Census 2010) the elderly constitute 1.5 million out of a total population of 24,658,823, with a greater proportion of surviving females above 65 years than males. **Table 1** provides details on the age cohorts of older people by sex.

Table 1: Age Cohorts by Sex

Age Cohorts	Gender				Total Frequency	Total Percentage
	Male	Percentage	Female	Percentage		
60-64	3	4.6%	11	16.9%	14	21.5%
65-69	10	15.4%	9	13.8%	19	29.2%
70-74	6	9.2%	4	6.2%	10	15.4%
75-79	10	15.4%	0	0%	10	15.4%
80 and over	0	0%	12	18.5%	12	18.5%
Total	29	44.6%	36	55.4%	65	100.0%

Occupational Background of Respondents

Given the recognized role played by receiving pension in reducing the plight of the elderly after retirement, it was necessary to explore the occupational backgrounds of the respondents to ascertain their occupational backgrounds before retirement. When asked whether they had engaged in formal work; 60% stated they had retired from formal work whiles(3.1%) were still in active formal work. However, (36.9%) had not engaged in formal work. According to (Okraqu, 1985) the greater majority of the aged in Ghana, as in the rest of Africa, work in traditional jobs such as craftsmanship, artisans and traders, income from remittances and petty trading have been identified by researchers as the main sources of income for their survival. **Figure4** is a graphical illustration of the occupational background of older people in the study.

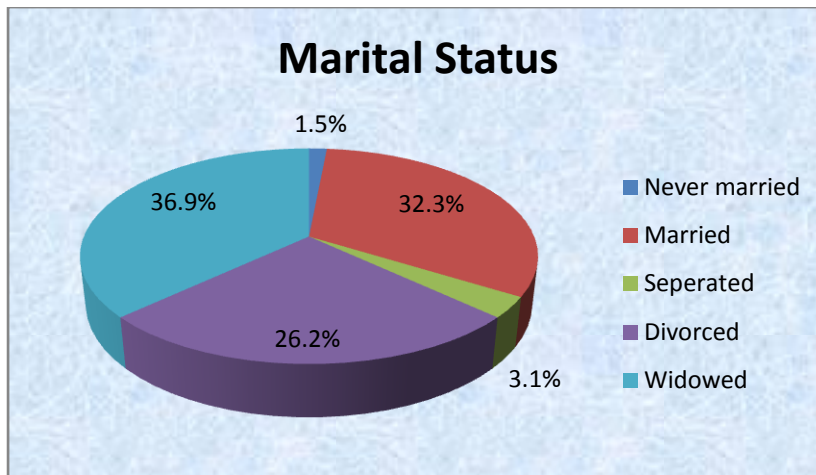


Source: Fieldwork April, 2013

Figure4: Occupational Background of Respondents

Marital Status

On the marital status of respondents the following were observed. Majority 36.9% of the respondents were widowed, 32.3% were married, (26.2%) were divorced, (3.1%) were separated and 1.5% were never married illustrated in **Figure 5**.



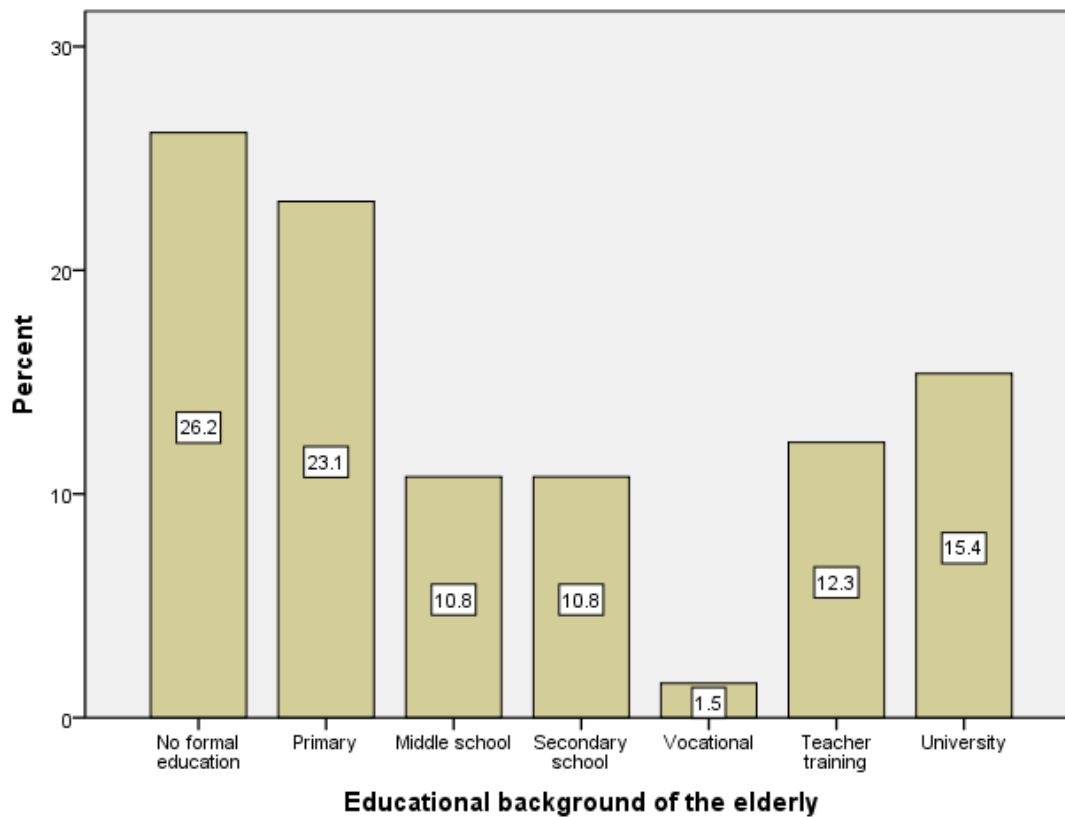
Source: Fieldwork April, 2013

Figure 5: Marital Status of Respondents

This means many of the elderly people may have no social support coming from their spouses. Empirical studies over the years have placed the burden of care of the old on spouses and children (Brown, 1984; Okraku, 1985). Thus in the absence of a spouse, the importance of adult children in caring for the elderly in the form of remittance transfers becomes crucial.

Educational Background

As formal education is needed for employment in the modern economy, it was not surprising to note that (26.2%) had no formal education while (23.1%) had only primary education, as illustrated in **Figure 6** below.



Source: Fieldwork April, 2013

A majority of the aged in Ghana is illiterate and those who are literate only have primary school education. Due to the lack of formal education, most urban residents work in the informal sector without any form of public or private pension schemes to rely upon when they retire from work or during their old age thus the need to rely on their children for financial support in their old age (Ghana Human Development Report, 2007).

4.2 Social Support Mechanisms for the Aged and Associated Challenges

4.2.1 Formal Support Systems

Effect of Health Insurance Intervention

This section focuses on the social support mechanisms available to the elderly in Ablekuma South. It aimed to examine what the elderly lean on in old age, as a form of social security and how health insurance in old age influences remittance receipts. It was to help solve the first objective which was to find out the support mechanisms available to the elderly and its associated challenges. Questions were asked that led to the subsequent results. Respondents answered to questions on what social mechanisms existed for the elderly and how important they were to their wellbeing.

The possession of National Health Insurance was stated as very important for all the respondents in the study except in two cases where they did not possess a National Health Insurance as they were being covered under the health insurance of their previous employers. One respondent stated that:

“.....having health insurance is like a car, you don't want to get an accident before you get an insurance so it's for my health and I need it just in case I fall sick, even though I don't go to the hospital often I still renew it just in case I need it”

Other respondents also made similar comments about the importance of the health insurance to them; that the health insurance is a protection for unexpected illnesses.

“.....when I had an eye operation I had to pay 100ghcedis because I was told the medicines for the operation is not covered by the health insurance but I was not worried because I could still afford because the insurance covered some of the costs”.

Mr. Boateng, a 76 year old retired teacher stated that the health insurance was very useful to him when he needed an eye operation even though he had to bear some of the cost he felt it was useful. The health insurance covered some of his expenditure. He said he does not ask of other family members for support. However without the insurance he would have worried them. This finding is consistent with the works of Doh (2012) who also noted that the National Health Insurance Scheme was the most used health financing option for older people in the YiloKrobo District.

Despite the challenges, some of the Government programmes and policies that have specifically targeted the elderly and sought to alleviate their plight include the National Health Insurance Scheme (NHIS) which has brought considerable relief to many elderly persons in Ghana. The elderly who could not afford the user-fees being charged for medical treatment and care are now being catered for under the NHIS (Ghana Human Development Report, 2007; Gobah et al. 2011). Respondents stated that the possession of health insurance reduced their dependence on family support through remittance receipts, as only a small proportion is spent on health. The savings that are made when the insurance covers medical bills are pointing to further the economic security of the elderly and also the reduction in the dependence on family members for support.

Results from the survey, as shown in Table 2 also indicate that 42 respondents (64.6%) of the respondents stated that assistance from government was significant.

Table 2: Sources of support for the aged

SOURCE	RANKINGS				
	Very insignificant	Insignificant	Significant	Very significant	Not applicable
Formal work	--	--	--	--	65 (100%)
Pension	--	8(12.3%)	14(21.5%)	11(16.9%)	32(49.2%)
Assistance from government (NHIS)	--	2(3.1%)	42(64.6%)	6(9.2%)	15(23.1%)

Even though the respondents stated the importance and significance of the National Health Insurance Scheme some of the respondents also stated the challenges associated with accessing health care. Mrs Antwi living at Laterbiokorshiewho is 66 years old says:

“The national health insurance helps but sometimes you are told certain medications are not covered and you have to pay for but its not that too expensive to purchase also sometimes those who sell the medicine they are corrupt, when you want to collect the medication you are told its finished or its not on the list then when they get it they sell to people like nifedipine”.

Another respondent 75 year old Madam Wilhelmina also lamented about the corrupt practices at some hospitals when she has to go for prescribed drugs.

“.....the medicine when you want to collect you are told it is finished then they give you prescription to go and buy elsewhere or they give you paracetamol, the Ghana made medication like Asprin, Paracetamol, Bico [B-Complex] these days even Bico you are asked to go and buy; then they always say insurance, insurance [sighs]”.

From the above responses, it is evident that the National Health Insurance Scheme (NHIS) which was operationalized in 2004 after an Act of Parliament (Act 650) was passed in 2003 has provided some relief to the elderly in some cases. The findings indicate that since a larger

share of respondents was in the informal sector, the major source of protection apart from the family was the health insurance. There was also an indication that the aged still had to pay for some medications due to corrupt practices by some health workers and also concerns were raised about some drugs not covered under the Health Insurance.

Pensions

Another source of protection identified by the respondents was formal social security for those who were employed in the formal sector. The elderly who had formal social security felt they were less dependent on financial support from their children.

“I do not depend too much on my children because they have their own families you see and luckily me my pension is not too bad, but it all depends on what type of work you did and the position you had for me I worked as a banker with Barclays so my pension is okay and I also have a crèche I am managing so I don’t have to depend so much on my children”.

Ghana has a Three-tier pension scheme that covers workers both in the formal sector and informal. However, even where they are available, are very low and are unable to meet the basic requirements of the pensioner in terms of paying for rent, food, utility and health care (Ghana Human Development Report, 2007).

“Formerly my pension was not much it was twelve Ghanacedis now it is sixty Ghanacedis; look at an old woman like me taking sixty Ghanacedis” (FEMALE RESPONDENT).

“But you see I cannot always depend on my children for money so I think the pension should be increased for instance last month my son was not able to give me any money”(FEMALE RESPONDENT).

However, a respondent stated that there is a need to train people in the formal sector about preparing for their retirement. She stated that most aged people who have worked in the formal live in poverty because they are not given post retirement training which meant that people retire from work without having prepared themselves enough for the challenges of retirement.

Summary of Formal Support Mechanisms

The discussion and analysis of the formal support mechanisms available for the elderly indicates that even though the government has made efforts in ensuring that the flight of the aged are address in terms of providing free health care to indigents who are 70 years and above as well as pensioners through the National Health Insurance Scheme (2003); there still remains challenges when it comes to the exclusion of certain chronic non-communicable diseases under the scheme which increases rapidly with advancement in age. A study conducted among the elderly in Accra showed that health problems such as hypertension, stroke, diabetes and arthritis were some of the major problems that the elderly sought medical care (Ayernor, 2012) thus, it is important for policy makers to come up with policies that will take into consideration such challenges. In relation to pensions, there is a need to increase the pension allowances of the elderly so that they can cope better with the challenges associated with the ageing process.

4.2.2 Informal Support Systems

Extended Family Support

Traditionally the family is very important in Ghana, and as a result the material protection of older people has been the responsibility of the family. This evidence is so due to the culture of the people and weak social security institutions for the elderly (Gyekye 1996). The support and care come in the form of food, clothing, medical care and costs, and in addition housing

from their children or entire family as well as financial and psychological support (Apt 1996, Aboderin 2004b). However, the finding from the interviews conducted does not support this assertion. Analysis of extended family support of the elderly revealed that there has been a decline in support from the extended family system as a result of a shift towards the nuclear family and also because many of them had passed on.

“Hmmm, for me now the relatives there is no one left, my father’s relatives; there is no one left, it’s only left with one of our mothers from my mother’s side. She will be around 90 years” (FEMALE RESPONDENT).

“Oh! Where is the extended family these days, it’s just me and my children. Since these days one’s extended family is just their children” (FEMALE RESPONDENT).

“Eh, I really struggled to take care of my children without any family member so I do not have anything to do with them; it’s just me and my children” (FEMALE RESPONDENT).

The responses indicated above, show that there has been a decline in material support from extended family system which has been attributed to modernization on one hand and resource constraints on another. According to the modernization theory, the decline of family support in old age is due to the breakdown of the extended family. Their explanation is that the elderly do not get support from the family due to breakdown in the extended family as people now want to concentrate on their smaller families. The resource constraints view argued that family resources were dwindling leading to the decline of family support for the elderly. Therefore families prioritize support towards the younger generation and give less to the elderly. This finding was illuminated by Mr. Akkofo 70 years:

“I don’t get any help from the extended family. It is only my step brother who is 72 years who helps the younger ones in the family, his sister’s children but those that do this are not many, and because he has such a mentality God blesses him but if you are old like me he won’t help you. The only time he does something like that is when there is a family gathering like funerals then he will pay for the food but he won’t give you money”.

The ability of the family to offer support and care is also debated to be limited by scarce resources. Therefore families choose to prioritize on the younger groups to build them rather than use their limited resources on the already old (Aboderin 2004a). Thus the key importance the family plays in elderly care and support is mainly done by the adult children.

Results from the survey, as shown in **Table 3** also indicate that 35 respondents (53.8%) of the respondents stated that assistance from relatives was non-existent while 37 respondents (56.9%) stated that remittances from children were very significant.

Table 3: Sources of informal support for the elderly

SOURCE	RANKINGS				
	Very insignificant	Insignificant	Significant	Very significant	Not applicable
Informal work	--	4 (6.2%)	12 (18.5%)	14(21.5%)	35(53.8%)
Remittances from children	9 (13.8%)	7(10.8%)	12(18.5%)	37(56.9%)	--
Spouse	--	5(7.7%)	7(10.8%)	--	53(81.5%)
Rent	--	5(7.7%)	4(6.2%)	--	56(86.2%)
Relatives	7(10.8%)	14(21.5%)	9(13.8%)	--	35(53.8%)
Assistance from NGOs	--	3(4.6%)	34(52.3%)	--	28(43.1%)

Although care and support for the elderly are not adequately provided for by the extended family, the elders will still have families to belong; this means the family still exists(Apt 1993). Some of the respondents stated the extended family has not been completely

weakened, but rather it was not as strong as it used to be. They indicated that they have formed a family network that come together at least on a monthly basis to discuss issues relating to the family.

“I wouldn’t say the family has been completely destroyed, for instance with my family we have formed a kind of an association where we meet once every month to find out from the members what we can do to help one another or if there are any problems that need to be resolved we do so. We also contribute monthly dues of two Ghana cedis that we use to help someone who needs assistance” (MALE RESPONDENT).

These findings confirmed that family ties and support still exist although urbanization and modernization has to a large extent had an immense impact on the family system.

Assistance from Non-Governmental Organizations

Social networks comprise not only family but also community institutions like religious and voluntary associations, mutual assistance arrangements and charity. All these may reduce older people’s vulnerability by providing support, companionship or advocacy. In recent times faith-based organizations have served as a support mechanism for many elderly people (Schroder-Butterfill&Marianti, 2006).

“.....the church has doctors who come around every two weeks to check on the aged so I don’t use my health insurance card” (MALE RESPONDENT).

“The church really helps us the aged people, every Thursdays we come there and we are given breakfast and lunch, we sing, dance and pray so we don’t feel lonely, it’s not much but they are also doing their best”(FEMALE RESPONDENT).

The elderly, particularly those without reliable dependants to support them financially, are thus amongst the poorest and excluded in urban communities. They are compelled to depend on the support of neighbours, friends and benevolent organizations such as churches (Ghana Human Development Report, 2007).

“.....after paying my bills I run out sometimes I can't ask my daughter so I have to borrow from my neighbor and repay at the end of the month when my daughter remits me”
(FEMALE RESPONDENT).

Summary of Informal Support Mechanisms

Findings from the study corroborate the assertion by (Apt, 1996) that economic development and urbanization has led to the decline in the extended family social welfare system for the aged. However, some respondents also indicated that the family system has not completely broken down and there still exist some level of solidarity amongst members. In addition to this non-governmental institutions such as churches are also playing a significant role in supporting the aged.

4.3 Perceptions Associated with Remittance Receipt

4.3.1 Moral obligation

Majority of the respondents stated that their children have the moral obligation to take care of them as they were also taken care of when they were children which they claim will lead to a child receiving blessings. On the other hand those that do not fulfill this obligation ‘will not have things going well for them’. For instance one respondent indicated:

“Like for instance my second born I took care of her for her teeth to grow and now she is also taking care of me for mine to fall” (FEMALE RESPONDENT).

“I struggled to take care of them so when I need money they quickly bring it even when I am sleeping they will wake me up” (FEMALE RESPONDENT).

“I think it is important to give to your parents if you do that it is blessings. You see they gave you life so the little that you get, give them. Not even your parents but any elderly person, the little that you have just give to them” (MALE RESPONDENT).

In most societies of this world, the moral responsibility for the support of older people unable to sustain themselves has lain with the younger generations in their families, especially their adult children. This responsibility has been captured in norms of ‘filial obligation’, enshrined in societies’ moral codes. Children’s filial obligation is based on a norm of *reciprocity* (Gouldner, 1960) by which children have a responsibility to support their aged parents in return for, or ‘repayment’ of, the parental care and support they received from them in childhood (Aboderin, 2005). Results from the survey, as shown in **Table 4** also indicate that 46 respondents (70.8%) of the respondents stated that children should rely on their children for monetary support in their old age while 29.2% were in disagreement.

Table 4: Financial reliance on children for support in old age.

	Frequency	Percent
Yes	46	70.8
No	19	29.2
Total	65	100.0

4.3.2 Children as Old Age Security

As previously explored by Leibenstein (1957), the old-age security hypothesis postulates that in a setting where parents face uncertainty about their ability to support themselves during old age, they raise children in the expectation of receiving assistance from their children in their later years. In less developed countries, "old-age security" is a highly significant value attributed to the child and underlies the motivation for both having a child and wanting

another child unlike in developed countries where advanced social welfare systems formal institutions or functions have replaced the immediate family, especially children, in providing security in old-age, thus reducing the old-age security value of children. Thus the more children an elderly person has, the greater the chance of having one or more children in a position to provide support of one kind or another (Jellal and Wolff, 2002).

The study findings showed that 55.4% of the respondents had more than 5 children, 18.5% had four children, 16.9% had three, 6.2% had two and only 3.0% had one child (See **Figure 7**). These findings conform to the national average number of children which is estimated at 5.1 (GSS, 2000).

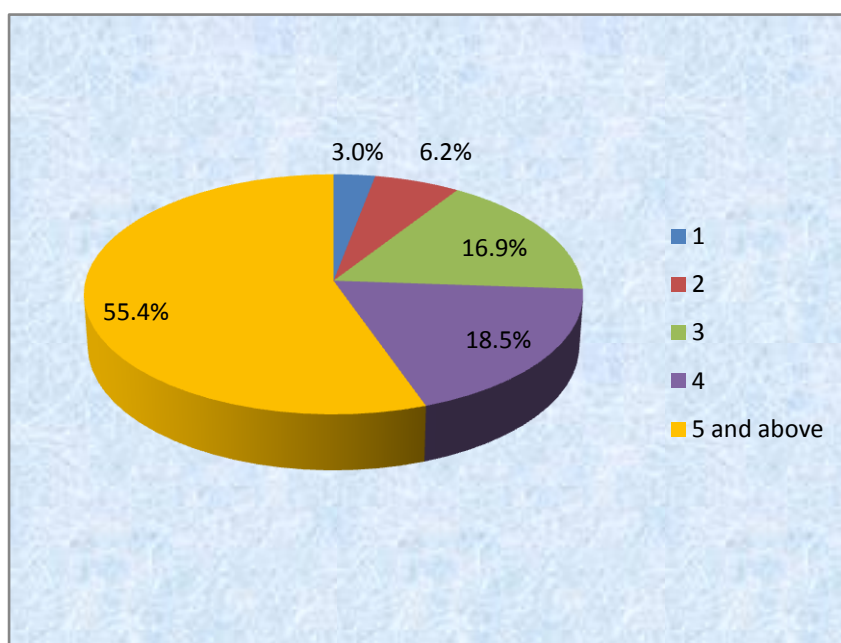


Figure 7: Number of children living

Source: Fieldwork April, 2013

Most urban residents in Ghana work in the informal sector without any form of public or private pension schemes to rely upon when they retire from work or during their old age.

Most urban residents, therefore, continue to work as long as they are able to do so. When they

can no longer work on account of illness or old age, urban residents typically depend on their children, and to a lesser extent, on relatives for financial support and care.

4.3.3 Conditionalities attached to receiving remittances

In traditional Ghanaian society adult children are supposed to support their parents in fulfillment of their filial duty to honour and support them in return for the care they received from childhood. The Akan proverb “*Wowhewobanansifua, obewhewo ma wosi a tutu*” (literally, if you care for your child until his or her teeth grow, she or he will also care for you until your teeth fall out. This is a customary obligation flanked by strong family and community sanctions. (Brown 1984, Karlberg 2008).

However, today the legitimacy of such a view is being questioned. For example, Ogwumike et al. (2005) argued that family care-giving is based on value judgments from the children of the elderly; which is contained in a principle of ‘conditionality’. In other words, children for instance base their support and care on the past conduct of their parents and give back to them in measure the care and support they deserve. If children consider the elderly was neglectful in the past, support and care also decline the more. The statement from a respondent illuminates this finding:

“I don’t think children should be obliged to take care of their elderly parents if they did not care for them because if they were wicked to them then they should not take care of them. For instance, a woman will take care of the child even when she has very little money but the man will refuse to do so, in this case you should not expect to be cared for, like for example my grandson who is twelve years and his father does not look after

him so you think when he grows and he becomes someone he will take care of the father; No. so you see that's how it is" (FEMALE RESPONDENT).

On the contrary, other respondents believed that regardless of the past actions of parents, it was the child's responsibility to take care of their parents in order to receive blessings from God.

"Oh! as for that I disagree because he/she gave birth to you and now you have become somebody you have to take care of them. For instance, like my second born who is now the chief of Ada; when he was born his father did not take care of him, it was me and his grandparents who helped me but I think if they don't care for you, you should still take care of them because it is all blessings. You see, otherwise things will not go on well with you. It is God's plan for children to take care of their parents so that when you are also old you are taken care of".

In this study, it was also found that the type of decent system that one finds themselves also influences whether a person fulfills their moral obligation to take care of their parents in their old age. Below is a sentiment from a respondent who feels that this form of system discourages children from taking care of their fathers because the nephew will inherit his property and not his son.

"In matrilineal societies like Kwahu, my hometown, it is the nephew who inherits his uncle so it becomes difficult for children to commit to remitting their parents. In my case, my father built a house in 1957 which we the children helped him to build, but when he died without a will my auntie's son was the one who inherited his property with the support of the family elders".

This statement supports Nukunya (2003) assertion that in a matrilineal system, an individual is descended through the female line, from a common ancestress which means that inheritance and succession is also passed down through the female line from a man to his sister's children.

4.3.4 The Burden of Care

The financial support given to the aged by their children is often inadequate. Jobs are difficult to find for most young, untrained persons in the city and cost of living is also very high. The young do not have adequate resources to support their elderly parents and relatives. (GHDR, 2007) Although it is true the children of the elderly are still the primary providers of support and care for their old parents. Working family members not only have to take care of themselves but also the economically dependent elderly (Aboagye, 2012).

The younger generation is also no longer able to care for their elderly relatives and parents, even if they wanted to. The strong bond existing among family members have become extremely weakened as a result of the spatial separation of family members (Apt 1991).

On the contrary, from the survey conducted 64.6% of the respondents stated that their adult children were not burdened with caring for them while 35.4% stated that they felt their children were burdened with caring for them as **Table 5** portrays.

Table 5: Perception of children being burdened with caring for the elderly

	Frequency	Percent
Yes	23	35.4
No	42	64.6
Total	65	100.0

However, Aboderin cited in Lloyd-Sherlock (2004) asserted that there is an emerging sense that it is no longer appropriate or morally right to expect to rely on material support from children in one's old age because the financial burden on them, given the economic situation would be too great. This was affirmed by a respondent:

“.....you can't rely on them because when you depend on them because sometimes they have sometimes they don't have and you can't force them to do so. So I don't think it should be by force that the children should remit because things are also difficult for them especially having to take care of their own children”(FEMALE RESPONDENT).

4.3.5 Gendered Nature of Remittances

Research has revealed that, despite their often precarious migrant status and work conditions, women participate actively in sending remittances home. Moreover, family members view them as more reliable remitters than men are because of their greater responsibility for the maintenance of households and their support of more dependents especially the young and the elderly (Wong, 2006).

“Oh!As for my daughter God will bless her. At least every month she gives me two million because of the many expenses so at the end of the month she calls me to come for my pay sometimes one hundred and fifty Ghana cedis and other small monies here and there, sometimes it's more” (FEMALE RESPONDENT).

“Oh!as for my daughter she sends me money every month and my three sons in Ghana decided that every month they will come together and give me three hundred Ghana cedis but I think it is not enough, my daughter does a lot because she knows she is not around to give me support so she sends the money. As for my other son he works with a company that imports cars and tires but he does not remit me anymore maybe I need to

find out from him maybe business is no longer good. I have also heard that he is paying fees for his child of about 3000 Ghana cedis” (FEMALE RESPONDENT).

The flow of women's remittances to parents who reciprocate through child care can also be supported by the matrilineal moral code of female solidarity and reciprocal obligations (Wong, 2006). Findings from the study indicated that 41.5% of the respondents stated that their daughters remit them, 47.7% stated that they received remittances from both their sons and daughters and 10.8% from their sons (Table 6). Thus, even though women have left the care responsibilities they provided for the aged for the labour market, this obligation has been substituted with remittances.

Table 6: Remittances based on Gender

	Frequency	Percent
Sons only	7	10.8
Daughters only	27	41.5
Both (Equally)	31	47.7
Total	65	100.0

Summary of Perceptions Associated with Remittance Receipts

In-depth interview and survey findings show that most of the respondents felt that children had the moral obligation to care for their parents as they also were cared for when they were younger. However, in relation to care being based on value judgments from the children, some respondents felt it was not necessary to neglect the elderly even if they did not care for their children, stating blessings from God as the basis for sending remittance to the aged. What was interesting to note was the fact that even though women have entered into the labour market they still continue to care for the aged in the form of sending remittance.

4.4 Patterns and Proportions of Remittance Uses

On the issue of the uses of remittances Russell (1992) states that, remittances are used for immediate consumption while (Taylor 1999) contends that remittances promote asset accumulation in housing and land acquisition. However, findings from the study revealed that a majority (70.8%) spent a larger part of remittances on food rather than on savings (58.5%) and investments (64.6%) (**Table 7**). This phenomenon can be explained by the works of Narayan et al (2000) who indicated that food insecurity is pervasive in rural and some urban areas in many African countries including Ghana; which could explain why many elderly persons spend a greater proportion of their remittances on food.

PURPOSE OF USE	RANKING				
	Very low	Low	High	Very high	Not applicable
Buy food	--	--	29.2%	70.8%	--
Pay medical bills	21.5%	30.8%	27.7%	20.0%	--
Investments	7.7%	6.2%	10.8%	10.8%	64.6%
Savings	7.7%	10.8%	16.9%	6.2%	58.5%
Pay utility bills	--	--	16.9%	7.7%	75.4%

Table 7: Ranking uses of remittance by the elderly.

Even though a majority of the elderly spent a larger proportion of their remittances on food, 53.8 % of them stated that the remittances they received was inadequate for their upkeep with 38.5% of them receiving above 200 Ghana cedis monthly. Most people enter older age poor after a life time of poverty. Certain major influences tend to increasingly deepen dependency among the old age groups. On one hand is the obligatory early retirement among the working class which increases need for support when they retire. On the other hand is the low income they receive in the form of pension payments. Remittances are often inadequate to cater for the needs of the elderly and hence lead to low levels of investments and savings among the elderly.

The possession of health insurance was very important for all the respondents in the study. The reasons are health insurance can be a precautionary measure towards an event of illness and also provide a little bit of economic freedom. This is how some elderly were coping with health insurance social security in their old age beside their families. Respondents stated that the possession of health insurance reduced their dependence on family support through remittance receipts, as only a small proportion is spent on health.

Mr. Akuffo who is 70 yearsold stated that being health insured means less bother to his children who are not working with paying health care bills. He thinks his children do not have to support him any more with health care expenses. He frequents the clinic more than before the times he had health insurance. This is because he has more access and also takes decision on his own. The education and information he receives at the health centre makes him feel better and strong with less ill-health.

Results from the survey, as shown in Table 7 indicate that 21.5% of the respondents stated that they spend very little on medical bills due to the possession of health insurance. However, 20.0% of the respondents stated that they spent a large proportion of their remittance on medical bills because certain illnesses which affect the elderly are not covered under the National Health Insurance Scheme.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This is the final chapter of the study. It provides a complete summary of the entire research and makes relevant conclusions based on the findings of the study. The chapter concludes with policy recommendations to address the concerns of older persons in Ghana, especially in the area of income security.

5.1 Summary

The study focuses on the contribution of remittances to the care of the elderly in Ablekuma South and how both formal and informal support mechanisms influence the care of the elderly. The study also explored how vulnerabilities in old age necessitate the need for remittances with reference to the factors that contribute to sending remittances. The study employed the mixed approach to research where both qualitative and quantitative data were used. A total of seventy five elderly people from 60 years and above were involved in the study. Data collection was done using three approaches. They include face-to-face in-depth interviews to collect qualitative data using an interview schedule, a survey questionnaire to gather quantitative data and desk review of secondary data.

Analysis was done by transcribing in-depth interviews, summarizing and coding data according to different thematic areas identified through the research objectives. With the quantitative data, simple descriptive statistical techniques such as percentages, tables and frequency distribution were used to present and interpret findings.

5.2 Conclusions

Over the years there have been policies and programmes that have been introduced to provide social protection for the elderly in Ghana some of these include the National Health Insurance Scheme, the Three-Tier Pension Scheme and the draft policy on Ageing. However, the lack of implementation of the National Ageing policy has made addressing the plight of the elderly difficult, and thus many still have to rely on their adult children for support.

The introduction of the National Health Insurance Scheme (2003) though laudable has its challenges. Many chronic non-communicable diseases which increase rapidly with advancement in age are yet to be included in the scheme still making it expensive for the elderly to access health care. Most of the elderly worked in the informal sector and therefore do not have access to formal social security; hence many older persons have to rely on their children when they are unable to work any longer. Those who receive social security, nonetheless, find the amounts they receive inadequate to support themselves.

Informal support mechanism remains the most dominant form of social protection for the aged with most of the respondents relying on their adult children and institutions such as churches for support. In the absence of support from the extended family system as a result of modernization and urbanization, the nuclear family in the form of adult children provide care to the elderly in the form of sending remittances.

The moral obligation attached to caring for the elderly has motivated many children to remit their parents. This has been guided by values and norms in Ghanaian society based on the concept of reciprocity where the main duty a child has to his or her parents is to take care of them when they are old, just as they have taken care of them when they were young. A child

cannot neglect this obligation without losing face considerably. Even when children have been neglected by their parents, most respondents felt it was imperative for children to take care of their parents in order to receive blessings from God.

While many researchers have reported the financial support that children provide to their elderly parents, this is often inadequate. Jobs are difficult to find for most young, untrained persons in the city and cost of living is also very high. The young do not have adequate resources to support their elderly parents and relatives (Ghana Human Development Report, 2007). This was supported by responses from some of the informants who stated that their children were not engaged in highly paid employment and hence found it difficult to remit them.

It is clear that the growth in the numbers of older people will take a toll on families especially adult children. Therefore it is thus imperative that systematic programmes of research, training and welfare programmes be developed that address the issue of population ageing. On the basis of the findings, the following policy recommendations may assist government in addressing issues relating to ageing and also stimulate research in areas that require further actions.

5.3 Policy Recommendations

- The legislative environment for the protection of the elderly in Ghana, though comprehensive, is lacking in terms of implementation. It is important that the government takes steps to provide a legislative instrument on ageing that will give more credence to the National Ageing policy for the purposes of promoting accountability in the implementation of the policy.
- Government should ensure that the aged are not only seen as beneficiaries of welfare but also able to make meaningful contribution to national development. Thus there is a need to take necessary steps to mainstream issues of older people into the national development process.
- Older persons in Ghana have access to general services in areas of health care and transportation like any other groups of society. The exemption of the aged who are 70 years and above under the National Insurance Scheme is based on providing financial relief rather than specialized health care such as a geriatric center for the aged in Ghana; thus there is a need to train and provide incentives to health personnel in the area of geriatrics and gerontology who will cater for the specific needs of the aged.
- Public education on pre-retirement planning must be intensified that will provide older persons with coping skills that will prepare them for the financial, emotional and psychological challenges usually experienced soon after retirement.

- Efforts must be made by government to promote and strengthen the role of the family and community in assisting to support the elderly by incorporating relevant traditional values and norms in legislation to improve family values and care of older persons.
- Government must introduce tax policies whereby adult children who remit their parents are given tax concessions.

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APPENDICES**APPENDIX 1****1.1 Number of Elderly respondents based on Gender & Past Employment for in-depth interviews**

No.	Name	Male	Female	Age	Past Employment	Date of interview
1	Mr. Adofo	✓		70	Tailor	17 th April
2	Madam Wilhelmina		✓	75	Retired Accountant	17 th April
3	Madam Amanua		✓	80	Trader	26 th April
4	Madam LA		✓	76	Retired Secretary	26 th April
5	Madam MS		✓	65	Teacher	3 rd May
6	Mr. Akuffo	✓		70	Retired Banker	3 rd May
7	Mr. Boateng	✓		76	Teacher	3 rd May
8	Madam Rebecca		✓	64	Hair dresser	18 th May
9	Madam Sofia		✓	71	Secretary	24 th May
10	Mrs. Antwi		✓	66	Trader	24 th May

No.	Stages	Purpose	Methods and procedures used	Data Sources
1	Preparatory work: field research and data collection	Collection of relevant secondary data	Desk Review	Use of Electronic Journals such as JSTor, EBSCO Host, Sage Publications Online. Internet searches using Google Scholar. Thesis work on the aged from the Balm and African Studies Library
		Preparation of data collection tools	Survey questionnaire prepared. In-depth interview schedule prepared.	Informed by past studies
		Pilot testing of survey questionnaire and modification	Interviewed 10 selected respondents	Elderly residents in Ablekuma- South
		Selection of sample respondents	Purposive and snowballing sampling method	Researcher
2	Primary data collection	Qualitative data collection	10 in-depth interviews conducted using an interview schedule	Elderly respondents
		Quantitative data collection	Administration of 65 survey questionnaires	Elderly respondents
3	Data Consolidation	Consolidation of qualitative data	Transcription of recordings and summary of notes	
		Consolidation of quantitative data	Use of SPSS and Microsoft Excel	
4	Data Analysis	Integration of quantitative and qualitative data	An integration of research findings	

Different stages in the research process

APPENDIX 2

1.2 In-Depth Interview Schedule

This interview schedule is designed to gather information on the perspectives of elderly on the significance of remittances to their care. The study is purely an academic exercise and all information gathered would be handled as strictly confidential. I would be grateful if all questions are answered. However, the choice to answer any question is yours.

EMPLOYMENT

What kind of profession were you engaged in before retiring?

What was the reason for your retirement?

What is your current employment status?

For how many years?

REMITTANCES FROM CHILDREN

What is your opinion about this Akan saying when someone takes care of you for your teeth to grow who have to take care of them for theirs to fall out?

How many children do you have: a) Males b) Females

Are they all living with you? If No, Where do they live?

How long have they been living there.

How often do you receive remittances from your children?

Amongst your children who remits often? a) Sons b) Daughters

Why do you feel they remit often?

Do you think that parents should rely on their children to support them financially in their old and why?

Do you sometimes feel that your children are burdened with caring for you? Explain

Why do you think children refuse to take care of their ageing parents?

USES OF REMITTANCES AND CONDITIONALITIES ATTACHED

In what ways do these remittances help in your upkeep?

How has the remittances you receive influenced your spending patterns?

Do you feel you are able to spend more on things than you would if you were not receiving remittances?

What kinds of investments have you made as a result of the remittances you receive?

In the absence of these remittances would you have any other sources of security? Rent; savings; bonds; health insurance.

How significant are these sources of security to your care and its challenges?

Comparing the remittances received would you say it plays a significant role in your up-keep in relation to other sources of support?

What kinds of things would you consider the most important when using these finances for your upkeep? Food; health, housing, savings, education

SUPPORT FROM EXTENDED FAMILY

Apart from the support you receive in the form of remittances from your children, do you receive any support from your extended family?

How important do you feel it is for you to stay with your family as you grow older?

How often are you visited by family who do not live with you but send you remittances?

How important would you consider these visits as you grow older?

How does the extended family help in caring for the elderly?

How relevant is the extended family today in caring for the elderly?

What do you like most about being old?

What advice would you give a young person about planning for old age?

PERSONAL CHARACTERISTICS

Sex: i) Male ii) Female

Age: i) 60-64 ii) 65-69 iii) 70-74 iv) 75-79
v) 80 and over

Marital Status: i) Never Married; ii) Married; iii) Separated; iv) Divorced;
v) Widowed

THANK YOU FOR YOUR TIME!!!!

d) Other (Specify).....

9. What activity are you currently engaged in?

a) Nothing b) Trading c) Working on Contract d) Other (specify).....

10. How long did you wait after retirement to engage in activity stated above?

a) Less than 6mths b) between 6mths - 1 year c) 2yrs-4yrs d) Other (specify).....

SECTION C: REMITTANCES FROM CHILDREN

11. How many children do you have now living.....

12. How many are Males.....

13. How many are Females.....

14. Are all your children working?

a) Yes b) No

15. If No, How many of them are working?

16. Do all your children live in Ghana?

a) Yes b) No

17. If No, Where do they live? (Specify).....

18. How many live in Ghana.....

19. How many live in abroad.....

20. What form of income do you receive?

a) Pension b) Personal Business c) Formal Work d) Remittances from adult children

21. Do your children support you financially?

a) Yes, regularly b) Yes, sometimes

22. Amongst your children who remits more?

a) Sons Only b) Daughters Only c) Both

23. How often do you receive such remittances?

a) Weekly b) Bi-weekly c) Monthly d) Quarterly e) Yearly

SECTION D: USES OF REMITTANCES

31. How would you rank the different sources of income support you receive? (Write the number that corresponds to your response in the space provided)

1) Very Insignificant 2) Insignificant 3) Significant 4) Very Significant 5) Not applicable

Formal Work	
Informal Work	
Pension	
Remittances from children (financial)	
Spouse	
Rent	
Relatives	
Assistance from Government e.g NHIS	
Assistance from NGO's e.g Churches	

32.

How would you rank the different kinds of uses that remittances are used for? (Write the number that corresponds to your response in the space provided)

1) Very Low 2) Low 3) High 4) Very High

Buy food	
Pay medical bills	
Investments	
Savings	

Other
(specify).....

33. **What proportion of your remittances goes to take of the following needs** (estimate the proportions in percentage).

REMITTANCES USES	PROPORTION (%)
Buy food	
Pay medical bills	
Investments	
Savings	

Other (specify).....

34. **How much do you agree with the following statements?** (Write the number that corresponds to your response in the space provided)

- 1) Completely disagree 2)Disagree 3) Agree 4) Completely Agree

My children have to forgo some responsibilities to remit me	
My children understand that they have to send me money	
My children are sometimes reluctant to send me money	
My children feel I am a burden on them	