

UNIVERSITY OF GHANA

DEPARTMENT OF SOCIAL WORK

**SOURCES OF SUPPORT AND CHALLENGES FOR THE
ELDERLY IN TESHIE TOWNSHIP**

BY

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DECLARATION

This is to certify that this thesis is the result of research undertaken by Gifty Arkorful towards the award of the Master of Philosophy degree in the Department of Social Work, University of Ghana.

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ABSTRACT

Elderly persons aged sixty years and above frequently find themselves in a situation that makes some of them less active within the society. Traditionally, because African societies emphasised communal living and reciprocity among family members, the provision of elderly care has been an ageless phenomenon. However, disintegration of the family support system and the inability of the public and the private sectors to adequately address the diverse social problems of the elderly, have placed them in poor and deplorable conditions. In view of this, the researcher sought to find out the sources of support and challenges for the elderly. The study adopted a qualitative approach and selected participants from Teshie Township, within the Ledzokuku/Krowor Municipal District of the Greater Accra Region. Face to face in-depth interviews aided by topic guide was the main data collection instrument. The study's findings reveal that though the participants receive support from various sources such as the family, religious and non- religious organisations and the government, the family remains the primary and major source of support for the elderly, even though the support is not as effective as it used to be. In light of this, the study recommends the extended family system should be strengthened to enable them provide for the support and care needs of the elderly. Also, there is the need to educate young people on ways to save and invest towards old age.

DEDICATION

This work is firstly dedicated to GOD ALMIGHTY, and affectionately to my lovely husband, Mr. David Odoi- Ako Forson, and to the Boafo - Arthur family that supported me through thick and thin during the course of this work.



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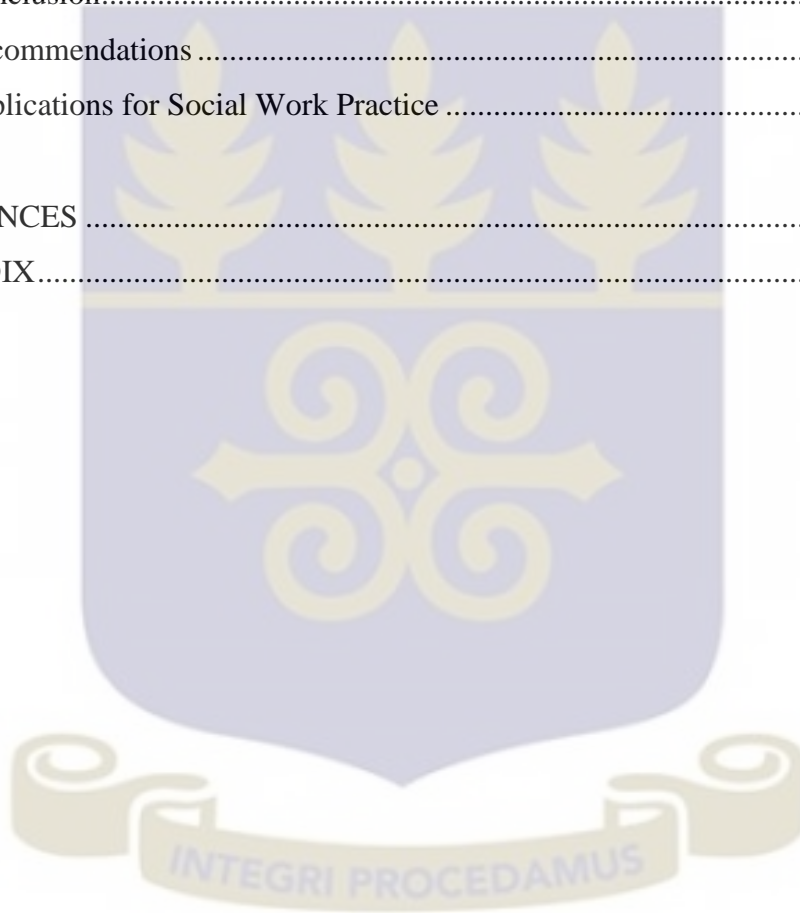
My deepest gratitude also goes to my darling husband for always being my source of strength, for his understanding and for providing financial and emotional support. The pride he has shown about my accomplishment means more than I can say. To God be the Glory.

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CHAPTER ONE

INTRODUCTION

1.0 Background to the Study

Ageing is a natural life process that cannot be avoided or escaped by any person. Ageing refers to a sequence of changes across the life span of an individual. More so, for us humans, who are born and go through various life stages, ageing is part of the final process that leads to death. With one in nine persons in the world aged 60 years or over, which is projected to increase to one in five by 2050, population ageing is a phenomenon that we can no longer ignore (United Nation Report, 2007). The increase in number of the elderly population around the world poses a big challenge to some developed countries and especially to developing countries such as Ghana, with little preparation to meet the growing needs of the increasing elderly population (United Nation Report, 2007). Meanwhile, this increase is taking place in a situation where society is least prepared, for the challenges that older people are presenting and will present, as the demand to meet their needs grows. According to Mba (2004), the demographic profile of Ghana reveals that persons aged 60 years and over constitute about 7 percent of the total population, which is among the highest in Africa. Ghana's population ageing had been precipitated by a rapid fertility decline and improvements in public health measures, personal hygiene, sanitation and nutrition, water supply and control of infectious diseases during the past century, which have greatly reduced the risk of premature death (Mba, 2004).

Elderly in Africa, for example, often face hardships because of urban life and wage labour. In spite of the increasing elderly population, very little is known about long term

care of the elderly in non-western countries (Kinsella & Phillips, 2005). In spite of the ageing population, the African continent, for example, is not well prepared for a major increase in its ageing population. For example, contributory pension schemes cover few people, due to the informality of most livelihood activities and employment, most societies in Africa are predominantly rural and work in the informal sector (Nabalamba & Chikoko, 2011). As a result, a portion of the aged population continues to live in poverty. This is especially the case in developing countries, where there is little formal provision for vulnerable groups of people (Schat & Ogunmefun, 2007).

In most African countries, ageing issues are a crisis that is just beginning. The assumption in many African countries is that the family takes care of their elderly relatives (Shaibu & Wallhagen, 2002). The family structures in Ghana, for instance, have evidently undergone a dramatic change. Earlier, agricultural economy, patriarchal joint family system, and traditional values of respect for the elderly, were some of the distinguishing features of Ghanaian culture. The elderly were the experienced counsellors who provided these services for both the young and old in their communities on issues cutting across the life span. Yet urbanisation and financial challenges have placed great strains on the African extended families, with adverse consequences on the care of elderly (Apt, 1999).

Evidence however shows that the family is gradually feeling the burden of this responsibility. The larger numbers of the elderly and the longer life expectancy have magnified the scope of social concern arising from the inevitable functional declines that ageing creates. Although the elderly population in Africa is not as large as in other

regions of the world (Oduro, 2010), it must still be considered a cause for concern, since Africa is ageing at a time when its resources are being visibly depleted. In light of the above, this study explores the sources of support and challenges for the elderly in Teshie Township, an urban area in Greater Accra Region.

1.1 Statement of the Problem

The elderly play a major role in the betterment of the lives of their children and families. Nevertheless, old age is a stage of development that continues to be portrayed as a social problem particularly in Africa societies, due to the numerous issues associated with ageing. According to Mba (2010), it is estimated that 60% of the world's population aged 60 years and above lives in developing countries. The number of older people in Ghana has increased more than seven-fold from 213 477 in the 1960 census to 1 643 381 in the 2010 census. In 2010, 6.7% of Ghana's population was aged 60 or over (United Nation Report, 2007). Traditionally, because African societies emphasised communal living and reciprocity among family members, the provision of care for the elderly was an ageless phenomenon. However, migration and urbanisation have gradually transformed the extended family into a nuclear family system (Apt, 2002), thus weakening the loyalty and obligation of the family members towards their kin groups (Nukunya, 2003). The proportion and size of the elderly have increased in number more than what it used to be, due to the increase in health facilities and the increased life span. The disintegration of the family support system and the inability of the public and the private sectors to adequately address the diverse social problems of the elderly have placed them in a poor and deplorable situation in Ghana (Nukunya, 2003).

Over the years, successive governments have sought to promote the wellbeing of the elderly, by partnering with both local and international bodies to put in place policies, programmes and other measures to ensure the welfare needs of the elderly but unfortunately the elderly are still struggling to survive. Although the Government of Ghana has put in place some policies like the National Health Insurance Scheme (NHIS) and Livelihood Empowerment Against Poverty (LEAP) these schemes do not cover the expensive medicines that the elderly population mostly need. Moreover, the LEAP programme's cash transfer has not been able to significantly improve the conditions of the beneficiaries as they still face considerable burdens and have a limited voice (UNICEF LEAP Briefing Paper, 2013). In the formal sector, people on retirement often have savings with the Social Security and National Insurance Trust (SSNIT) and will have to fall on it for survival, but in Ghana these monthly pension payments are not enough. The average pensioner takes 240 cedis depending on the position of the individual on retirement. If the elderly in organized occupations are faced with such a challenge, then those in the informal sector may have serious problems, since they engage in farming, artisanship, petty trading and other occupations.

Survival may be difficult for them when they are no longer involved in active work. Currently, elderly people in Ghana are almost roaming the streets begging, due to the neglect of both government and the family (Apt, 2002). It is therefore crucial that the sources of support and challenges for the elderly are examined, in order that programmes and services would be fashioned to target the needs of the elderly.

1.2 Objectives of the Study

The research consists of general and specific objectives.

1.2.1 General Objective

The main objective of the study is to explore the sources of support and challenges for the elderly in Teshie Township, an urban area in the Greater Accra Region.

1.2.2 Specific Objectives

- To identify the sources of support available to the elderly in Teshie Township.
- To find out the challenges the elderly face without support.
- To identify the coping strategies of the elderly in the Teshie Township

1.3 Research questions

The following research questions guided the study in line with the objectives:

- What are the sources of support available to the elderly at Teshie Township?
- What are the challenges the elderly face without support?
- How do the elderly cope without support?

1.4 Significance of the Study

The ageing population is increasing across the globe. Yet, not much is known about the ageing process. It is time that our attention centres on areas pertinent to the well-being of the elderly population, such as work and retirement, social networks, housing, health disparities, long-term care, physical functioning, care giving, and end-of-life care.

Bringing our knowledge of this understudied group in line with their needs, calls for a study that highlights the importance of ageing research. This study brings to light some sources and challenges of support for the elderly in Teshie Township. It therefore contributes to the existing scholarly materials on the elderly population in Ghana. The study may serve as a point of reference for further studies and stimulate a national discourse on the support for, and challenges confronting the elderly, especially in urban communities of Ghana. Moreover, the findings of the study might reveal the lapses that exist in the laws and policies relating to the elderly. This will guide the direction in which programs and policies ought to proceed.

This study also provides information on the challenges confronting the elderly, including finances, loneliness, and lack of access to the government programs, such as the LEAP. With such information provided, it will create the awareness that some governmental policies are not well publicized even in the urban areas, such as Teshie. This will foster community outreach to educate people on governmental programmes and policies available.

1.5 Definition of terms

Support: Any emotional, material, companionship and informational assistance received from relatives, non-relatives and the community as a whole (Putnam, 1993; 2000).

Social capital: The sum of resources that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition (Putnam, 1993; 2000).

Informal support system: Assistance received from family, associations, churches and Non-Governmental Organisations.

Formal support system: This is any help from the government or governmental institutions through policies and programmes.

1.6 Organisation of the Study

This study is organized into five main chapters as follows. The first chapter is the introduction, which describes the background of the research, the statement of the research problem, objectives of the study, and research questions. It also includes the significance of the study and definition of terms/concepts. Chapter Two concentrates on the review of relevant literature on the types of social support participants possess, challenges they face without support, and coping strategies of the elderly, in accordance with the objectives of the study. Chapter Three presents the methodology used in carrying out the research. This includes the research design, study population, sample and sampling technique, instruments for data collection, data collection procedure and data analysis plan. Chapter Four focuses on data presentation and analyses. Finally, Chapter Five provides the summary of findings, conclusion, recommendations, and suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews relevant literature under themes which have been formulated in line with the objectives of the study. These themes are: support available for the elderly, support, challenges of providing support for the elderly, and coping strategies of the elderly.

2.1 Support Needs of the Elderly

The continued increase in the number of the elderly population presages that there is the need for support for the elderly in the developed and developing countries. When considering elderly support, it is important to recognize that it involves different aspects, including material assistance, personal care and social interaction (Knodel, 2012). Ageing reduces both the body's capacities to coordinate its system and the level of functioning of those systems and also reduces the supply of physical energy that the body can mobilize (Mengesha, 2002). Thus, elderly people should be cared for so they can cope with these problems. Old age is a difficult time for many people, a time of declining health, reduced income, the loss of a meaningful role, and the death of loved ones.

These problems create great unhappiness for elderly people and can damage relationship between children and spouses, and in extreme cases, this damage can lead to mental illness or the feeling of stress (Shoaib, Khan & Khan, 2011). Due to a change in their life style after retirement and lack of physical work, the elderly are likely to develop mental

and physical ailments (Shoaib, Khan & Khan, 2011). Since the elderly face a variety of age related challenges to their functional ability and health, there is a need to enhance the healthcare services for the elderly people, so they may improve their health quality of life status. Aboderin & Ogwumike (2005) attest to the fact that ageing presents significant health challenges to all elderly. Therefore, management of the elderly greatly involves the satisfaction of their needs and demands, such as housing.

Housing is a basic need, and the nature and suitability of older people's housing are key determinants of their wellbeing. Indeed, as people grow older, their functionality and needs may change, and some may require a more supportive environment and care. Considering the levels of functioning in the ageing process, the elderly need a suitable type of housing at different stages in life. This includes how conducive the habitat environment is, the housing infrastructure, and the proximity of shops and services etc., are important elements to meet occupants' changing functional needs (Ferreira, 2013). Again, this is re-enforced by the Additional Protocol to the European Social Charter of the Council of Europe. Quoted by ILC Czech Republic *'Parties should enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of provision of housing suited to their needs and their stage of health, or of adequate support for adapting their housing; the health care and the services necessitated by the state'* (Kaseke, 2013, p.12) Although few countries have a specific, comprehensive policy on housing for older people, all countries need to make provisions for housing for the elderly, especially those in need of frail care, which in Ghana is not an exception.

Rapid advancements in technology and media have required new skills that older members of the workforce are less likely to have. These changes have placed the younger employees in higher level positions, which have pushed some of the elderly out of the job market (Mba, 2010). In the case of the elderly who were engaged in formal work, they get some form of monetary relief from their pension and other governmental policies both in the developed and developing countries. In Ghana, the elderly who worked in the formal sector received some form of financial support from their social insurance (pension) and some governmental assistance from the National Health Insurance Scheme (NHIS), and the LEAP, which is a cash transfer policy. The NHIS and the LEAP are also for those in the informal sector. Moreover, some beneficiaries who receive the cash transfer have not been able to significantly improve their conditions as they still face considerable challenges. This is because, the transfer amount is small and does not provide any significant financial independence. Further, the transfer is not received consistently by the beneficiaries. The amount is between the minimum of fifteen cedis and maximum of 45 cedis a month depending on the number of people in a household (UNICEF LEAP Briefing Paper, 2013). However, these supports are limited largely to formal sector workers and to the urban elderly. The urban elderly also depend on the family and the government for some sort of support, as compared to the rural elderly that depend largely on the family support system.

The extended family system continues to weaken as a result of urbanisation, industrialisation and globalisation, which make it hard for the system to maintain its responsibility as a social support system. To enable the continued support from the

extended family, there is an assumption that members have the capacity to extend support to the elderly. Kaseke (2013) observes that this assumption is often misplaced, particularly with the high poverty levels in many African countries. This point is re-echoed by Oduro (2010), who posits that lack of resources hinder the family from functioning optimally as a social security institution. This author states further that the harsh economic realities have forced individuals to be inward looking and pre-occupied in meeting their own needs. Hence, caring for the elderly population is seen as an additional burden. Meanwhile, the elderly do not have the strength and the stamina to work outside the home. In Ghana, the migration of the younger generation from rural areas to cities leaves elderly parents without their family support networks. The decline in family care further increases the demand for paid and institutional provision for the elderly. Unfortunately, in Africa, institutional care is not something they will embrace easily as compare to the developed countries because of the cultural practice that the family is responsible to care for its elderly which Ghana is not an exception (Apt 2002).

2.2 Formal and Informal Support for the Elderly

Old age maybe associated with health problems and an irreversible decrease in functional capacity. Nations have diverse ways of responding to the challenge of population ageing, because of the differences in demographic composition, economic development, social and political institutions, and core cultural values (Liang, 2003). Support is in two forms: informal and formal support. The support received from these two main forms can be social, financial such as LEAP (formal), emotional (companionship) and material support such as clothes food (informal).

Globally, elderly people face an array of vulnerabilities. Among these are lack of income, health insecurity, and the need for physical care. For decades, families have willingly looked after their dependent relatives, young and old (Okumagba, 2011). Family members have traditionally been the prime source of support for elderly people, and in many societies, this is still very true. Traditionally, African societies were characterised by cultural systems, which gave a highest status to elderly people (Apt, 2002). The extended family structure continues to be of value to the African family system, despite the argument that the nuclear family is becoming more predominant. The transfer of resources in cash and in kind from children to ageing parents, family members, neighbours, and friends to the elderly has been a backbone of traditional social protection systems. The transfer of resources has prevented large numbers of elderly people from sliding into destitution (Barrientos, 2002). However, demographic and socio-economic transformations have threatened the extended family structure in recent times.

2.2.1 Informal Support Systems

The need for support and the amount of support received by old people have been a major concern for social gerontologists. In the past, the family has always played an important role in determining the status and security of the elderly (Okumagba, 2011). Furthermore, even in Western Europe, despite sweeping changes in family structure and noticeable reductions of co-residence, much of the needed support and care for the elderly is still provided by families (Grundy, 2010). In most developed countries, the problem of old people is addressed through institutional care. This support system is functional to a lesser extent in the urban areas of developing countries. However, the support mechanism

of the elderly in most developing countries is embedded in the kinship institution (Mengesha, 2002). In Ethiopia, especially in rural areas, the family structure is characterized by an extended network of relations. This has been and still is an important source of support in terms of provision of food, shelter, and financing health expenditure of elderly members (Mengesha, 2002).

Several studies have observed that younger generations across Africa are expected to support elderly generations because most children in Africa are used by their parents as social insurance in old age. Oduro (2010) confirms that in the context in which there is no publicly-provided pension, one's child is or becomes one's insurance in old age. Kaseke & Olivier (2010) observe that traditional support systems are kinship-based, and they also see the extended family as an important social security institution, which provides support to its members in times of difficulties. Van der Geest (2002) emphasises that traditional social support systems are informed by the principle of reciprocity, which assumes the existence of a system of exchange between members of the extended family system. In this regard, support is given on the assumption that it will be reciprocated directly and indirectly in the future. Most Ghanaians are willing to take care of their elderly parents. However, they are not able to do so due to financial inadequacy (Oduro, 2012).

Another type of support is by religious organisations. Religion may facilitate the social integration of individuals through their participation in activities. The religious community is conducive for facilitating the meeting of likeminded people with common experiences in life to form relationships. According to Phillips, Chamberlain & Goreczny

(2014), religion is an important part of the lives of many people, especially among the elderly. Religion also serves as a type of coping mechanism for the elderly. In addition, religious involvement appears to play a moderating role with regards to quality of life among the elderly (Kodzi, Gyimah, Ezech & Emina, 2010). It has been extensively argued that the social interaction and support associated with religious participation affect the health and well-being of the members positively and that this is more important than the adherence to any religious doctrines by the members (Kodzi et al, 2010). Social support derived from religious communities enhances individuals' ability to cope with stressful life events. Furthermore, the social aspects of life in a religious community, unlike other secular forms of social life, may facilitate adherence to preventive behaviour, especially among older people (Kodzi et al, 2010).

Hutchison (2011) stated that one of the informal resources is provided by religious and community groups, and that these resources include social and emotional support through group activities and community events. Most of the churches in Ghana have a policy that provides support for the elderly in the various communities (Hutchison, 2011). These support schemes can be financial, emotional and material. The elderly in the churches, especially in the orthodox churches, are visited once in a month when they can no longer attend church service. The elderly are given communion and sometimes financial support when they are visited. Currently, churches are providing services to families who look after their elderly persons, and these include food items and clothes every Easter and Christmas. As a result, the religious institutions have now added a new role to their other roles when it comes to both mental and financial support (Kodzi, et al, 2010).

Furthermore, informal support systems go beyond the extended family. Societies have groups, associations and clubs that people join in their various communities for various sources of support. As stated earlier, care of the elderly in Ghana is traditionally the responsibility of the members of the informal support system, which embodies a mechanism that includes the family, friends, neighbours and members of a collective society such as the village, the community, the ethnic group or the clan (Mba, 2010). These associations attend meetings and contribute financially towards a fund. This fund is used to support each other physically, emotionally and financially in times of bereavement, outdooring and celebration of birthdays (Kaseke & Olivier 2008). Even though a person may belong to these groups, the person only benefits from them based on active participation and financial contribution to the group.

2.2.2 Formal Support Systems

In the olden days, very few people lived into old age; and those who were able to reach old age were cared for by their immediate families, as stated earlier (Mba, 2004). The situation began to change when life expectancy increased, largely as a result of technology, improved nutrition and knowledge, better housing, and access to modern medical care across the globe. Most African countries including Ghana, have a sort of formal support system for the elderly. But little is known about the efficiency of the formal social support. One of these support systems is Social Security for the elderly. Social Security provides more than 40 percent of the income of older people. Individuals who contribute to the system by paying payroll taxes during their working years automatically receive benefits when they reach the age of eligibility (Darkwa, 1997).

Help Age Report (2010) shows that a relatively small pension level can have significant impacts on the elderly. In Bangladesh, for instance, increased empowerment and better family relationships were experienced through receiving social pensions. In Vietnam, a social pension scheme providing low benefits to a large number of beneficiaries was seen to reduce poverty (Help Age Report, 2010). Some countries started this pension scheme as early as 1928.

Though what the scheme provides, vary in terms of eligibility, funding and administration, the scheme serves the same purpose in most African countries. South Africa, for example, started giving non-contributory pension to the elderly, 60 years and above, to prevent poverty in old age in 1928. Namibia did the same in 1949 for the elderly and also for persons living with AIDS, and persons with disability, to prevent poverty among these groups. Swaziland also provides an old age grant to the elderly 60 years and above as a form of supporting the elderly population (Asante & Aikins, 2010). In the case of Ghana, the country has experienced a series of pension reforms dating back to 1950. The pension scheme started with Cap 30, the Social Security and National Insurance Trust (SSNIT) Scheme and an Act to provide a pension reform of a contributory three-tier pension scheme has been introduced in the country (Kwapong, 2013). According to Oduro (2010), the employed person in Africa has insufficient social security benefits or pension salary, and as a result, the only insurance available to them is the family or assets they accrued while in active employment. The situation attempts to suggest that in spite of the advent of the modern welfare states in Ghana, welfare services

provided by the family continue to be the major source of security to a significant percentage of the elderly population (Agyemang, 2006).

The healthcare system is one of the formal support systems. Traditionally, the healthcare systems in most African countries were primarily in the area of traditional healers. As a result of colonization, a western biomedical system was introduced in Ghana as an addition to the traditional healthcare system (SEND-Ghana Report). In Ghana, health insurance is one option to obtaining additional resource for an affordable healthcare. The NHIS is financed through, 80% of tax revenue and donor funds, and the remaining 20% is from internally generated funds through the cash and carry system. The NHIS, by design, provides for three different categories of contributions, which is called the premium and is renewable every year for people depending on their income status. This ranges from the core poor who are exempted, to the very rich who are supposed to pay GH¢48.00 as a premium. However, a bulk of funding for the scheme comes from the National Health Insurance Levy and formal sector contributions (SEND-Ghana Report, 2010). The National Health Insurance Scheme (NHIS) was established in 2003 as a mechanism of health care to address the problem of financial barriers to health care access within the context of the Ghana Poverty Reduction Strategy. The NHIS was implemented as a response to the declining rate of health service utilization as a result of the 'Cash and Carry' policy. The design of the NHIS exempts: children under 18 years, the elderly from 60 years and above, and the extreme poor, (those who cannot afford three square meals a day) from contributing and provides for the poor to pay less than the rich, apparently to enhance access of the poor (SEND-Ghana report, 2010). Even though the elderly also benefit from the NHIS, it is not for the elderly alone, but a general health

policy that was implemented to ensure that every resident of Ghana belongs to a health insurance scheme that adequately covers him or her against the need to pay out of pocket at the point of service.

Another formal support system is the Livelihood Empowerment Against Poverty (LEAP). LEAP is a cash transfer programme launched in 2008. Cash transfer is the flagship programme of Ghana's National Social Policy Strategy. It aims to 'empower' the poor by enhancing their capacity to access government interventions and to enable them to 'LEAP out of poverty' (UNICEF LEAP Briefing Paper, 2013). The LEAP programme is being implemented by the Department of Social Welfare under the Ministry of Employment and Social Welfare. In addition to the provision of cash, LEAP seeks to link beneficiaries with complementary services. For example, it has established a Memorandum of Understanding with the Health, Education and Agriculture Ministries to provide free access to the NHIS, free school uniforms and access to agriculture support and linkages to micro-credit through the Ministry of Women and Children's Affairs, now Ministry of Gender and Social Protection. The selection of beneficiaries follows a community based targeting approach by the Community LEAP Implementation Committee (CLIC). CLIC undertakes an initial identification and comes out with a list of potential beneficiary households. The LEAP programme first targets extremely poor households. From this population of extremely poor households, the programme then prioritises households with members that are elderly (over 65 years old), persons with disability or those caring for Orphans and Vulnerable Children. The monthly cash transfer ranges from a minimum of 15 Ghana Cedis per beneficiary per month to a maximum of 45 Ghana Cedis (UNICEF LEAP briefing paper, 2010).

Finally, daycare centres are one of the formal support systems. Daycare centres in Ghana are solely for the elderly population who are provided with food and socialization services only. The day care centres are managed by individual philanthropists or Non-governmental organisations (NGO) rather than the government, as in the developed countries. There are a few of these centres in Ghana, and because of inadequate resources even these few are concentrated only in the urban areas. These NGOs provide recreational service to the elderly. The elderly are allowed to socialize with their cohorts, provided with food, and return to their various houses by the end of the day. But most of the elderly find it difficult to patronize these facilities because of lack of transportation to the centres. An example of a day care centre in Osu is owned by (an NGO called) Help Age Ghana. Another daycare centre is Mercy home at Tema.

Support from other Organisations

In addition, civil society organisations also play an important role in supporting vulnerable people in the society, especially children and the elderly. There is an increasing scope for civil societies and organisations to work in partnership with the public and private sectors to help meet the needs of the elderly. For example, in Ghana, the government supports various NGOs working for older people (Mba, 2004). They include Help Age Ghana, Christian Action on Ageing in Africa and Akroma Aged Life Foundation. Among a range of initiatives, these NGOs take on advocacy roles for older people and raise national awareness of ageing issues. Such organisations are few and tend to concentrate their activities in the urban areas, due to lack of resources. There are many examples of civil society organisations working in this way throughout Africa. However,

because of their organisational capacity, lack of resources and limited geographical spread, many older people fall through the net of this support system. This lack of coverage underlines the need for cross-sectorial collaboration to scale up interventions so that older people have a more equitable access to support in each country (Help Age, 2010).

2.3 Challenges/Barriers to providing Support for the Elderly

Long life used to be a privilege for a comparatively few people until recently when it has become the prospect for many people throughout the world. Desirable as it is, an ageing population comes with its own new challenges and demands that have particularly important implication for all facets of human life. The ageing process exposes individuals to increasing health risks and diseases, such as arthritis, cardiovascular disease, dementia, Alzheimer, diabetes, eye problems, ulcers, to mention but a few, that result in the vulnerability of the ageing population (Mba, 2010; Hutchison, 2011). The elderly living in poverty usually lack the income to either sustain a healthy life-style or to enable adequate access to health services, which leaves the growing number of elderly people vulnerable to the specific health conditions that commonly affect them.

As stated earlier, the family has been the primary caregiver for caring and providing for the needs of the elderly. Evidence, however, shows that the family is gradually feeling the burden of this responsibility, because of heavy parental demands posed by large family sizes (Apt, 2000). Oduro (2010) also posits that the family, as a source of assistance, depends on its size and composition. That is, the availability of family members, capacity of family members to help, and willingness to provide assistance to

the elderly. When these factors are not properly in place to offer the needed help, it weakens the family support system (Oduro, 2010). According to Apt (2002), most Ghanaians are willing to take responsibility of the care of their aged parents. However, the young people complain of their financial inability to care as much as they would wish for their elderly relatives. Modernisation puts pressure on the young wage earners to concentrate on their nuclear families, with very little left for the care of their elderly parents, who may live elsewhere or may be inaccessible for personal care (Apt, 2002).

As stated earlier, in the case of the elderly who were once engaged in formal work, they receive some form of monetary relief from their pension, NHIS, and the Livelihood Empowerment Against Poverty (LEAP). However, some beneficiaries who receive the cash transfer from LEAP have not been able to significantly improve their conditions as they still face considerable challenges. This is because the transfer amount is small and does not provide any significant financial independence, the transfer is not consistently received by the beneficiaries, and a relatively small number of families in each community are targeted (UNICEF LEAP Briefing Paper, 2010). Furthermore, the implementation of the NHIS has led to significant increases in attendance of patients seeking health care without an equivalent improvement in health infrastructure, equipment as well as human resource. Consequences in the workload for staff and the pressure on existing facilities, have led to reduced attention to patients. SEND- Ghana report (2010), observes that not all subscribers of the NHIS are able to access health services after completing the recommended waiting period, due to delays in the issuance of ID cards and other forms of identification to members. For example, about 27% of registered members cannot access healthcare under the scheme in the Northern Region.

Almost 34% of subscribers in the Upper West Region have not received their ID cards, making them unable to access health services. In the Greater Accra Region for instance, 13% of the total membership of the scheme cannot access healthcare under the scheme, because of delays in the issuance of ID cards. Indeed, access to professional health care assistance for NHIS members, especially the elderly and human resource for health has been declining since 2006. Many of the service providers for the NHIS have withdrawn their services due to non-payment by the government (Oduro, 2010).

2.4 Coping Strategies of the Elderly

Coping is defined as progressive change in cognitive and behavioral ability to control certain external or internal needs considered to have exceeded the resources of the person in question. Coping is also seen to be related to human personality trait and a time changing process in accordance with the situation we find ourselves in (Birkeland & Natvig 2009). Elderly people face series of challenges such as illnesses and irreversible loses, during the phase of the ageing process. This process works against the will and interest of the elderly people. Acute illness for instance, comes with lots of problems and there may be a need to keep one's emotions, self-image, ability and relationship.

Coping is categorized based on individual perspectives and their application depends on the state of health and nature of the elderly people. Coping style could be problem focused, or emotion focused, active, adaptive, avoidant, problem solving, corrective or preventive (Kuria, 2012). According to Birkeland & Natvig (2009), coping is both a personality trait and a process changing over time, according to the situation that occurs. The coping process emphasizes two major functions of coping; problem and emotion-

focused coping. Problem-focused coping means to change the environment or oneself. This is also aimed at problem solving or doing something to alter the source of the stress. Thus, when the elderly can change the situation caused by aging process and direct efforts specifically to the main problem. Emotion-focused coping means to change the meaning or change the way the stressful relationship with the environment is attended. It is also aimed at reducing or managing the emotional distress that is associated with (or caused by) the situation. When the elderly cannot change the situation, they rather change their perception about the problem and try to give it another meaning that is future promising (Kuria, 2012). The two functions are normally combined and they support each other in most stressful encounters. Birkeland & Natvig (2009), further stated that if nothing useful can be done to change the situation, emotion-focused coping choice. If the situation is assessed as controllable by actions, problem-focused coping prevails. There may be no universally good or bad coping processes, though some might often be better or worse than others. The term coping is also used whether the process is adaptive or non-adaptive, or successful, or unsuccessful. All types of reactions are a type of coping, and individuals meet the encounter with their personality characteristics, appraisals of threats and harm and benefits (Birkeland & Natvig, 2009).

As earlier stated in this paper, in the olden days, survival was ensured by the combined efforts of the extended family, children, churches, charitable organisations, local villagers and, in some cases, the elderly's own efforts (Mba, 2010). However, with time, resources have declined and locals have overstressed their capacity for philanthropy. Elderly persons have therefore had to strengthen their efforts to sustain themselves. To this day, some of the elderly people continue to lead a hand-to mouth existence. Others, however,

have moved on and have pursued long term livelihoods rather than short-term survival strategies. Governments over the years have sought to promote the wellbeing of the aged people of Ghana. Successive governments in partnership with both local and international bodies have put in place policies, programmes and other measures to ensure the wellbeing needs of the people, but unfortunately aged citizens of Ghana, despite these efforts, are still struggling to meet their needs (Atim, Apoya, Anie, Aikins, 2001).

Sometimes in the formal sector, the elderly due on retirement, may have to fall on their savings with Social Security and National Insurance Trust (SSNIT) for support. In addition, some from the public sector receive monthly pension, but these monies are always insignificant to the average pensioner in Ghana. Again, others who were once in the security services resort to becoming security guards in private homes or public institutions, so they can earn a living to care for themselves. Coping becomes more serious for the elderly who were once farmers, artisans and petty traders, during retirement. Though the family welfare system has been weakened, the elderly still depend on it for support and it still provides some support for the elderly.

2.5 Reflection on the Literature

The literature has revealed that the Ghanaian society has its own forms of social support for its members from infancy to the latter stages of life. The family and other social networks provided this support particularly to the elderly. In recent times, these social supports are showing signs of cracks, making it overbearing to think of a well-structured and formal support for the elderly. Most researchers agree that there is a break-down in the family support system due to urbanisation, migration, globalisation and education.

The countervailing forces of urbanization, modernization, and economic adjustment collectively undermine the traditional or informal social protection for the elderly, thus aggravating their vulnerability to poverty and deprivation (Rahim, 2004; Aboderin & Ogwumike, 2005). Meanwhile, some authors argued that it is rather the reduced family size and low wages that have resulted in the weakening of the family support. According to Peil (2000), the shrinking family size and the decline in profit from agricultural production have undermined the traditional practice of family support for elderly members. Furthermore, Hutchison (2011) emphasizes that the size of the family network available to support elderly persons is decreasing as a consequence of a decreasing number of children in the family.

Again, studies carried out by researchers on the elderly are mostly concentrated in the rural areas where the elderly are mostly left behind in the rural areas. Van Der Geest (2002) for instance studied the care of the elderly in rural Ghana and Mba (2004) on population ageing and poverty in rural Ghana. Society is changing, and now the elderly are not only in the rural communities, but in the urban centres, trying to survive as any other person. Additionally, only a little is known about the situation of the elderly in the urban centres. This study intends to bring to light the plight of the elderly in the urban centres. More so, most of existing studies have used the quantitative and mixed methods. Those who even used mixed methods concentrated less on the qualitative, which I think really do not capture the in depth concerns of the elderly.

Finally, it has become obvious that governments over the years have sought to promote the needs of the elderly in Ghana. Successive governments in partnership with both local and international bodies have put in place policies, programmes and other measures to ensure the needs of the elderly. Unfortunately, the elderly in Ghana despite these efforts are still struggling to meet their needs, due to the poor implementation of these policies and programmes.

2.6 Theoretical Framework

The theory that frames this research is the social capital theory. The concept of social capital was first used by Lyda Hanifa (1916), a West Virginia school reformer. Winter (2000) employed the expression to expound the role of community participation in shaping local educational outcomes. This concept was later used by James Coleman in the 1980s, Putnam (1990) and Bourdieu (1992) through their various concepts. However, it was the work of Putnam (1993; 2000) that launched social capital as a popular focus for research and policy discussion. There are varieties of definitions that attempt to capture the concept of social capital, although currently there is no universally agreed definition. Although researchers define social capital in numerous ways, most of them agree that social capital refers to the resources embedded in social relations that may produce an outcome to the focal member of the network. Thus, the concept of social capital in its micro-analytical meaning integrates together the social network as the structural base for the resources embedded and flowing in it and their availability to the focal member of the network in order to meet his needs (Spalter, 2010)

These definitions include: Putnam (1995) who defines social capital as features of social organisation such as norms, networks and trust that facilitate co-operation and coordination for mutual benefit. James Coleman (1990) describes social capital as consisting of aspects of social structure, obligations and expectations, information channels, and a set of norms and effective sanctions that constrain and/or encourage certain kinds of behaviour. According to Bourdieu (1986) social capital is the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition. Social scientists consider these social relationships and ties as a form of capital (referred to as social capital) that facilitates collective action in communities. Social capital can be considered an asset that contributes to the development of other forms of community capital, financial, physical, political, cultural, and environmental. Social capital also may directly affect individual well-being through its effects on health and happiness, education, and children's welfare (Putnam, 2000).

Winter (2000) also posits that social capital is 'social relations of mutual benefits characterized by norms of trust and reciprocity' (Australian Bureau of Statistics (2002). Social capital is widely recognized as a multi-dimensional concept. This is illustrated in the above definitions, with scopes such as relationships, trust, reciprocity, and action for a common purpose. These definitions have their own way of explaining the concept of social capital, but for the purpose of this research, the researcher decided to use the definition by the Organisation for Economic Co-operation and Development (Australian Bureau of Statistics 2002, p.15), 'which defines social capital as 'networks, together with

shared norms, values and understandings which facilitate cooperation within or among groups.’

The Organisation for Economic Co-operation and Development (OECD)’s definition has been selected to guide the work, because the definition captures important elements of social capital revealed in my literature, such as networks, relationships and shared norms. In addition, the inclusion of the words ‘within or among groups’ echoes the notion that social capital operates at a variety of levels, and it includes the potential for bonding, bridging and linking (Woolcock, 1998). Woolcock further describes bonding social capital as the relationships between people who are alike and typically refers to the relations among members of families and ethnic groups such as family members, close friends, neighbours and members of primary groups. Bridging social capital refers to those relationships among people who are not like themselves. These may be people who are from a different socio-economic status, from a different generation or a different ethnicity. Woolcock (1998) defines linking social capital as the relationships people have with those in power. Linking social capital enables individuals and community groups to pull resources, ideas and information from formal institutions beyond the immediate community limit. Community of place refers to social relationships in a particular locality, whereas community of interest refers to social relationships based on a common set of interests. Communities of interest are promoted through professional associations and national organizations associated with specific issues (e.g., environmental protection, abortion rights). Although social capital can refer to both types of communities, this chapter focuses on the nature of social capital in communities of place (Putnam, 2000). The researcher used this theory to explore types of social support the elderly in Teshie

Township have as their source of support and if they do not have any, how the elderly in the Teshie Township do survive. This theory guided the researcher to understand the sources of support available to participants in the study, and various challenges they encounter in accessing support. Additionally, the theory provided the researcher the framework to organize the types of support available for the participants.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter captures the various methods, instruments and techniques adopted in the collection and processing of data for the study. It entails a description of the research design, the area within which the study was conducted, the target and the study population. Also, the sampling design and the sample size are described in this chapter. The chapter also encompasses the data collection methods that were employed to obtain the relevant information for this study. In addition, this chapter describes how the data collected from the field were handled. The final sections of this chapter include a presentation of the ethical issues that were considered in the conduct of the study and the challenges that confronted the researcher in the course of the study.

3.1 Study Area

Teshie began as a fishing settlement along the coast of the Gulf of Guinea, about fourteen (14) kilometres to the east of central Accra. It was founded by the Ga ethnic group who has been living along the coast since 1500s. The name 'Teshie' originated from a Ga phrase which means 'under the rock,' referring to a period when the inhabitants had to seek shelter under the rocks along the beach for protection against their enemies. As practised among many other tribes in Ghana, the system of succession and inheritance of the Ga people is patrilineal, where children born in a marriage belong to the family of their father. As a result of the country's democratization, development programmes and

urbanization, Teshie is currently well devised with settlers from other races and tribes, with different categories of buildings, centres and economic activities. The settlement occupies a very vast land area and is located in the Kpeshie sub-district of the Accra Metropolitan Area. In simple terms, Teshie forms part of Ledzokuku/Krowor Municipal district. The estimated population of Ledzokuku/Krowor Municipal district is 227,932 (GSS, 2012). Teshie has a lot of religious organisations, societal organisations that assist the elderly in time of need. The main occupations of the people are fishing, carpentry, masonry, and petty trading. Teshie has some of its elderly population begging on the streets and some also picking empty plastic wrappings from sachet water to sell, in order to survive. In view of this, the study area is selected to explore the sources and challenges of support for the elderly in Teshie Township.

3.2 Research Design

The study adopted a qualitative design as its approach of enquiry in exploring the sources and challenges of support for the elderly. According to Merriam (2009), qualitative research helps in understanding the meaning people construct to make sense of their world. The researcher utilized phenomenological approach. The purpose of the phenomenological approach is to illuminate the specific, to identify phenomena through how they are perceived by the actors in a situation. In the human sphere, this normally translates into gathering ‘deep’ information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participant(s) (Moustakas, 1994). Phenomenology is concerned with the study of experience from the perspective of the individual,

‘bracketing’ taken-for-granted assumptions and usual ways of perceiving. The choice of a qualitative research design is primarily because the researcher sought to find in-depth and rich experiences from the elderly on their sources and challenges of support of the elderly in Teshie Township.

According, to the Peninsula Research and Development Support Unit (PDSU, 2009) qualitative research design helps to give valuable insights which might be missed by any other research method. The use of this design was also aimed at giving especially the elderly participants a voice by presenting their lived experiences in their own words. Moreso, Mack et. al (2005), stated that the strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue which might be missed by any other research method. It also provides more realistic responses than purely statistical surveys. Furthermore, Polit & Beck (2010), argued to the effect that most qualitative studies do not aim at generalizing information, but rather, they aim at providing “a rich, contextualized understanding of some aspect of human experience through the intensive study of particular cases” (p1451). Thus, this study adopted a qualitative research design because a generalization was not an objective of the study, but rather to understand the socio-cultural context within which the elderly live.

3.3 Target Population

Target population refers to the entire group of individuals or objects which researchers are interested in for generalising the conclusions. The target population usually has varying characteristics and it is also known as the theoretical population (Mack et. al,

2005). The target population comprised of men and women within the Teshie Township who are sixty years and above.

3.4 Study Population

The study population was made up of all the elderly inhabitants of Aboma, Adoyemi, Maami, Lascala and its environs, who are 60 years and above in Teshie Township.

3.5 Sampling Technique

The purposive sampling technique was used to select the individuals for the study. In purposive sampling, the sample units are chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study (Ritchie, Lewis & Elam 2008). The use of the purposive sampling technique was helpful as it allowed the researcher to use her knowledge and judgement of the study population to choose particular subjects with the needed characteristics as participants for the study.

Additionally, purposive sampling allowed the researcher select participants who could help the researcher understand the problem under study (Creswell 2009). The participants were selected after the researcher had paid a number of visits to their various locations where they gathered for recreational activities and interacted with them in groups to explain the study to them. Those who agreed to be part of the study directed the researcher to their various homes for the face to face in- depth interviews. Furthermore, the purposive was used by the researcher to select the elderly men and women who resides at Teshie Township. Selection Criterion for the participants were the elderly men

and women staying within Aboma, Adoyeme, Maami and Lascala in the Teshie Township and understand Twi, Ga or English languages

3.6 Sample Size

The sample size for the study was twenty (20) participants of ten (10) men and ten (10) women, who are sixty years and above who reside in Teshie Township. Five participants each were selected from Aboma, Adoyeme, Maami and Lascala in Teshie Township.

3.7 Methods of Data Collection

Primary data was collected basically through qualitative in-depth face to face interviews with the elderly participants in the Teshie Township. In-depth interviews helped in the collection of information grounded in the lived experiences of the research participants (Creswell, 2009). The researcher conducted an in-depth interview with participants, using unstructured interview guide within the period of two weeks. All interviews were informal and conversational in nature which made it possible for the researcher to probe further when a participant's response to a question necessitated follow-up questioning. The interview guide specified themes in accordance with the objectives and research questions. The interviews aided by an interview guide lasted for 45 minutes to an hour with each participant. Again, Ga, Twi or English were used for the interviews, because the participants were able to speak at least one of the above languages. The interviews were also recorded with the permission of the participants.

3.8 Data Handling and Analysis

Qualitative data collected from the field was tape recorded, kept safely on an external drive and was stored for confidentiality purposes. The information was then transcribed after all the interviews before the analysis was done. Utilizing Microsoft Word, the researcher read through the information, edited and categorized it according to themes, in accordance with the objectives and research questions of the study. A thematic data analysis was used to analyse the field data. As a result, themes were generated in terms of major concepts based on the objectives of the study.

Six phases of thematic data analysis were employed to analyse and present the data (Braun & Clark, 2006). In the first phase, the researcher familiarized herself with the data through transcribing the data, reading and re-reading the data and noting down initial ideas. The second phase required the researcher to generate initial codes. The researcher did this by coding interesting features of the data in a systematic fashion across the entire data set, and collating data relevant to each code. In the third phase, the researcher searched for themes by collating codes into potential themes, and gathered all data relevant to each potential theme. Then, themes were reviewed in the fourth phase by checking if the themes were in relation with the coded data. The generated themes were then defined and assigned names in the fifth phase. Finally, the report was produced by the researcher in the sixth phase.

3.9 Ethical Issues

Informed consent was obtained orally from the participants, when the participants agreed to be part of the study, after the researcher has explained the study to them. The

researcher also assured them that participation was voluntary and that any participant could withdraw his or her consent at any time. This means that participants were well-informed about what the participation entailed, and were reassured that declining would not affect any services they received. The researcher held interviews at participants' homes where the participants deemed it was comfortable and also because of the age of the elderly. In reporting the findings, the researcher used pseudonyms in place of the actual names of research participants. Participants were assured that the information obtained from the study was solely for academic purposes and would be held confidentially. Plagiarism was avoided by acknowledging all references. The researcher made an arrangement with the university counsellor so participants can be referred to the counsellor if any issues arose.

3.10 Limitations of the Study

While this research adds greatly to the literature, there were a number of associated limitations which need to be taken into account. The study cannot be used for generalization, because it concentrated solely on the lived experiences of the elderly that were purposively selected at Teshie Township. Additionally, since some of the interviews were conducted in the local language, transcription was not verbatim. However, the researcher used the closest equivalent words that portray the ideas of the participants.

CHAPTER FOUR

DISCUSSION OF FINDINGS

4.0 Introduction

The study set out to find the sources and challenges of support for the elderly in Teshie Township. Data for the study were collected using qualitative research methods. In-depth interviews were conducted with each participant and all participants were purposively selected. This chapter consists of the analysis of data and the discussions of findings. The chapter focuses on data collected from the field, which have been analysed and presented under themes. The data address the research objectives and questions.

4.1 Socio-Demographic Information of participants.

The demographic data of the participants is a necessary component of the analysis for the determination of whether the individuals in a particular study are a representative sample of the target population (Lee, 2010). It shows the characteristics and nature of the study population and also predicts the quality of data obtained for the analysis (Lee, 2010). For this purpose, the age, occupational status, marriage status, number of children and educational background were assessed. The participants for this study were the elderly between the ages of sixty and eighty-one years, comprising of women between the ages of sixty and seventy-eight, while the men were between the ages of sixty and eighty-one years. The participants for the study were twenty in number, ten males and ten females, and all reside in Teshie Township.

The findings reveal that most of the participants of the study had no formal education. Out of the twenty participants, only seven participants had some formal education: six

had completed middle school and one tertiary education. The civil and marital status of the participants is as follows: seven participants were widows; four widowers; three were divorced for over fifteen to twenty years; five participants were married and one had never married. Almost all the participants have at least two children, except three (a male and two females) who have no child.

4.2 Support Systems (Extended Family Support)

The informal support system received by the elderly came from varied sources. These sources included children, siblings, neighbours, various societal groups- religious and non-religious that were available to the participants. Most participants received some form of support from the extended family, such as uncles, aunts, siblings, nieces, and nephews. The support was mostly in the form of accommodation and assistance with daily living activities including washing, cooking and sweeping. Although some participants also received monetary assistance from the extended family, the participants noted that it was very minimal. The following are responses from some participants:

Yes my sibling's children help me a lot. We are very close and because of that, we help each other anytime we are in need. They normally give me money. I do not ask anything apart from money because they also have their parents and need to take care of them too (Mmaa, 62).

My sister helps me a lot since I help her in trading. So she also gives me some money to pay my rent and also takes care of myself.

She is the only one I turn to in times of difficulty, especially when it is about money (Maa Ampa, 70).

Participants perceived mutual reciprocity and empathy towards the givers.

From these responses the family is still the primary source of support for the elderly. Some participants, however, did not benefit from the support given by the family. They complained that family members do not help them, but they were not worried because the family members also have their own challenges. Even though they may be staying in the same compound, the participants noted that they do not want to be a burden to the family members. In participants own words:

No relative helps me, though I stay with them. But they also have their own problems to solve and I do not want to worry any one with my problems (Aya, 60).

The family is not helping the elderly because they also do not have the means. People cannot give what they do not have. If I have something and you asked me I will gladly give it to you without thinking about it, but since I do not also have I cannot help you if you are a family member, since I cannot even take care of myself (Ayorkor, 78).

I do not get any help from my children, family or friends, so I currently depend on my church (Presbyterian Church) for my wellbeing (Adjei, 60)

The participants' focus was on financial support, which they referred to as help. More so, three out of the twenty elderly participants interviewed indicated that they do not benefit from family support because the family members do not have the means even though they wanted to help. They further suggested that some (children) also have their own challenges that they are taken care of that makes it difficult to support others in need.

4.2.1 Support from Children of the Participants

The findings indicated that majority of the participants are supported by their children. They also agreed that, the support is not adequate but it better than not getting anything at all. The supports are in the form of visit, food stuffs, shelter, and remittances. This is how they put it.

My children give me food, shelter, money - everything I need, because now they know I do not do any work so they take care of me (Atwei, 68).

My children send money to me through the bank monthly and as I speak to you now, I will be going to the bank after talking to you for the money (Nii, 70).

My children visit me every two months with some food stuffs. They do not bring me money because they also have children to care for. Besides I do not have to burden them with my problems. Since am a bit stronger I do all my domestic chores myself. Sometimes too a little that they have they bring it. Hahahaha (Naa, 60).

The responses showed that the supports from the children are mostly in the form of visitation, washing and cooking. Also, the participants stated that sometimes their children send them money for their upkeep, since all the children of the participants were staying on their own. The majority (N = 12) of the participants agreed to the fact that their children visit them from time to time and sometimes gives them money, but these monies, according to the participants, are not enough. However, some participants indicated that they do not receive any help at all from their children. The views expressed by the participants reveal that in some families' children do not provide material. These participants believe that their children do not have enough to support them or they have decided not to help them:

No I do not receive any help from my children. They have decided not to help me, so I do not also worry them. For the visiting, they do visit me every weekend, it is only the daughter who does not come often, because of distance, but she calls from time to time. Even when they do, they do not come with anything (Atswei, 66).

Another participant said:

My children come to visit me from time to time, but do not give me any money, because their work is not really established to give me money. They do not have enough..... because all of them are not earning anything better that can take care of themselves and me. Sometimes if I even call them to discuss some things with them,

they do not come. They think I am calling them because I want money (Ako, 77).

I do not receive any help from my children because I did not support them. My daughter, if you get money eeh - hmmm help all the people you can, because at a point in life you will need them. Like a tree you can never remain green forever, you will surely turn yellow and wither. So while you are green maintain yourself by applying weedicides to prevent any pest from destroying you before your time (John, 80).

From the responses above, some children are not able to support their elderly parents because they do not have the means to do so. Meanwhile those with more children have more support than those with fewer children.

4.2.2 Support from spouse

The five participants who were married stated that they were supported primarily by their spouses. Services provided by their spouses included companionship, caregiving, cooking, washing, and so on. Mostly these services were provided by the women since their children do not stay with them. Some of the women even have to stop going to church so they can care for their spouses.

I have stopped going to church for three years now, because my husband is very ill and I have to take care of him. He cannot do anything for himself so I have to be around always (Maggie, 65).

My husband is inside the room. He is not feeling well. He is suffering from stroke so I take care of him. Since I retired from teaching, I have devoted my time caring for him (Yaaya, 60).

The men also supported the women financially.

I give my wife money but it is not every time. She also washes all my things and does the cooking for me (Ako Bibio, 62).

Another participant stated:

My wife helps me with all the house chores and sometimes money too. I sometimes also help with money in my own small way. (Agya Adu, 70)

The above reactions indicate that some of the elderly participants suffer from ill health issues making them more vulnerable and dependent on the immediate relations. The findings indicate that the participants have most of their support from the bonding social capital, which is the support one receives from relationships such as family members, spouses, close friends and neighbours. This helps the participants to cope with financial and emotional needs.

4.3 Supports from Association/Social Groups

Some of the participants have societal groups that they belong to. These include religious and non-religious groups.

4.3.1 Religious Groups

Some churches have welfare policies for the members of the church. Although it is not specifically for the elderly, they benefit from these policies because of their membership in the church. Other churches do not have any formalised welfare policies for the elderly, but these churches support their members based on their participation in church activities and financial contributions to the church. Some support also came from the members of the church who paid visits to the elderly when they were sick or provided emotional support when they were bereaved. Some shared their views on the support they got from the church:

Ajele said: my church has a welfare policy where all the members make a monthly contribution towards a welfare fund. The fund is used as a financial support for members when they are in need, but you will not benefit unless you contribute to the welfare fund. The church members also visit you when you are sick or bereaved. If you also belong to any department in the church, they can also help you financially (Ajele, 65).

Atswei also stated: I belong to the Women's Fellowship and deliverance team at Aboma Presby. The groups do visit you when

you are sick, contribute some money for you in times of bereavement, and will also come and support you when you need them. The church also has a welfare fund for the elderly, but unless you are a contributor you cannot benefit from the fund (Atswei, 65).

Nartey added: *the church buys some items and gives money for the elderly who are 60 years and above when they visit them in their houses. They also give them communion and pray anytime they visit the elderly who are sick (Nartey, 78).*

It can be inferred from the participants that most of the elderly join social groups in order to socialize, ward off boredom and sometimes to receive support. The elderly who go to church belong to church groups, but they do not really involve themselves with the other types of groups in the community especially not the women. Responses also indicate that some of the elderly men participants do not really go to church, so they are more committed into the groups in the society than the religious groups. There were some participants who do not belong to any group in their community and also do not attend any church at all.

When I was a child I used to attend the Presbyterian Church, but later my father forced me to join the Jehovah Witness and I have stopped. Asked me why? The reason why I stopped was that as an elderly person in my family, when I die I will be bathed at the

mortuary and sent to the Kingdom Hall, then to the cemetery. So, I said no, that was not the way my forefathers taught me (Boye, 80).

4.3.2 Non-Religious Groups

These are groups not connected to any religion that the participants associate themselves with in their various communities. These include tribal groups, clubs, and school associations. However, individual participants in the various groups determine the support one receives from these non-religious groups. Some of the participants explained how these groups help them:

I am a member of Akron United. We meet every Tuesday at 7am-10am. We see to the activities of Teshie Township, minimizing crime in Teshie and advise people on traditional matters. The association is made up of both the old and young from five clans of Teshie. The association does not give the members any financial support (Nii, 70).

Doreen stated: the group is called Tarfo Hefoe, it is a club that sees to the affairs of the Tarfo in the Teshie area. The association only helps active members and those who pay their monthly dues. Some members are not supported if they need help, because they do not pay their dues. This club is not for only the elderly but the younger ones as well (Doreen, 68).

Atswei also added: *am a member of soldiers' wives association, because my husband was a soldier. The group supports its members during outdoorings, bereavement and others, and contributes money to buy some items for the member or give the money to the person. They also have a widows' society that takes care of the widows among us* (Atswei, 65).

The various groups that the participants joined assist them emotionally and financially, but these supports are for active members and those who pay their dues. Some participants do not receive any financial and emotional supports, but they still attend meetings to just keep themselves busy and active and sometimes to interact with people. However, there are participants who do not belong to any social group, though they are aware of the existing groups in the community. Participant put it this way:

They have some groups here in Teshie, sometimes they call me but I do not go, because it is something I do not really involve myself in, may be it is because am not used to such associations. After all, I go to church, so I belong to the Women's Fellowship (Mmaa, 62)

The participants who belong to associations have more emotional support and are able to cope emotionally, because they have access to more linking social capital than those who do not join any association.

4.4 Support from Non-Governmental Organisations

The elderly in Teshie Township do not receive any support from non-governmental organisations. All the twenty participants for the study indicated that they do not receive any support from NGOs. There is only one non-governmental organisation in Teshie, called Compassion International. Unfortunately, this organisation works only with children. Currently, they have some programme for children in the Aboma Presbyterian Church of Ghana. Almost all the participants attested to the fact that they do not receive any support from non-governmental organisations.

I do not know of any group or association or anybody helping the elderly. Only the churches around this place support the old people in this community (Ayele, 64).

This buttresses the point that NGOs in Ghana mostly do not work with the elderly population. It is not surprising that there is no Non- Governmental Organisation supporting the elderly in Teshie Township

4.5 Support from the Government

Out of the twenty participants, fifteen were receiving some sort of support from the government through the National Health Insurance Scheme (NHIS) and the Social Security and National Insurance Trust (SSNIT) pension. However, those participants on SSNIT pension were very few. Only four people were receiving monthly pensions. These participants received pension benefits because they were either contributors or

beneficiaries. As stated earlier, the Social Security and National Insurance Trust (SSNIT) is a statutory public Trust charged under the National Pensions Act 2008 Act 766 with the administration of Ghana's Basic National Social Security Pension Scheme and to cater for the first tier of the contributory three-tier scheme. The first tier is where members in the formal sector contribute during their working life and receive a monthly pension in the event of old age. Invalidation in case of death; the member's dependants receive a Survivor's Lump sum Benefit. The lump sum is a percentage of a member's contribution paid to dependents when the member dies before retirement, or when the member, while a pensioner, dies before attaining the age of seventy-two.

Since my husband died I have been receiving money monthly, which is very helpful to me (Sally, 65).

When I retired about twenty years ago, I took my lump sum and used it to open a block factory, which is still in business and bringing me money now (Afortey, 82).

I retired three years ago, so I receive my pension every month. I know is small but what can I do? (Lizzy, 63).

Some participants expressed a feeling of helplessness

There were only four participants benefitting from SSNIT, because almost all the participants had been in the informal sector. Among the four who were receiving pension benefits, one was a beneficiary of her late husband. The study also indicated that the participants who received pension benefits turn to rely less on the family for support than those who are not on the pension scheme.

When it comes to National Health Insurance Scheme (NHIS), the majority of the participants attested to the fact that the NHIS is helpful to them when they go to the hospital, because they can consult the doctor without paying any money.

With the health insurance I do not pay for consultation and drugs given to me, but the expensive drugs I have to buy myself. However the NHIS is better than not getting anything at all as it used to be (Nana, 70).

I have health insurance that I use when I go to the hospital. Because of that I do not pay consultation fee anytime I go to the hospital. It is beneficial to me, if I only go to any hospital that accepts the NHIS card (Ako Bibio, 62).

At first I used to pay like 8 or 10 cedis when going for my card, but now I pay only 4 cedis and also do not pay any consultation fee as I used to have to pay some time ago. Again, if the medicine is not expensive, they will give it to you but if it is not part of the health insurance, they will not (Kai, 70).

Some participants also stated that the NHIS is not useful to them, because they always have to queue for a very long time before they are attended to by the Doctors, and also they are not given the drugs they most needed. Some participants complained bitterly about not getting even the cheapest drugs they need when they visit the hospital.

To me the health insurance is useless because even eye drops selling for 2.50 cedis I have to buy myself. So is this helpful? Answer that for yourself (Nii Adjei, 80).

When I even have the NHIS card they do not give me the drug I need because am not paying for it, the Doctor will write a lot of drugs for me to go and buy. Then the nurse will tell me the hospital does not have the drugs. I know sometimes it is not true, but because I am using the health insurance card hmmmmmmmm what can I do? (Fofu, 70).

I have the national health insurance, but I have to renew it. The registration is very stressful. I have to be in the queue for a long time and I also need to renew it every year and since it is not free, I do not have that kind of money now that am not working (Naa,

When an elderly person has health insurance, he/ she receives treatment and some drugs without any cost. Although the attitude of the elderly towards health service utilization has not drastically changed, health care has become more accessible with health insurance. According to the participants, the NHIS has been very helpful to them when they go to the hospital. Out of the twenty participants only four said it has not been beneficial to them, but the majority confirmed that it is very helpful. The health insurance is particularly important to the elderly in society, because at this later stage many are

diagnosed with several diseases that need health care. For some, it also reduces the health expenses burden on family members who support them.

However, most of the participants I interviewed had no idea about Livelihood Empowerment Against Poverty (LEAP). Two out of the twenty participants have some knowledge about people receiving money from the Government, but did not know whether they are qualified to benefit from that money. But these two participants had an idea that the money distributed by the Government is only for the people in the northern part of Ghana.

Teshie is a suburb within Accra, the capital city of Ghana, but the fact that participants do not have any knowledge about the LEAP policy for the elderly should be a concern. This attests to the fact that not all the elderly population, even in the cities are benefitting from welfare policies and programmes instituted by government, due to lack of education and sensitization of the elderly population. Meanwhile, those who have access to the NHIS and SSNIT had more of the bridging social capital which helps the participants to cope better with financial challenges.

4.6 Health Challenges faced by the Elderly

The elderly in Teshie Township in the study face various challenges from health, finances and emotional issues. Most of the participants complained of various health problems. Some of these health issues are waist pains, eye problems, knee pains, diabetes, and hypertension and also some complained of forgetfulness.

In their own words:

Because of my knees I cannot move properly to go and sell my goods, unless I rely on the children in the house if they are available, if not, then the customers have to come to the house and buy the things for themselves. Since there are lots of people also selling the same things, they will only come if they want to (Anna, 69).

The only problem I have is hypertension and also I forget things very easily. At first I did everything for myself, but now I can't even peel cassava. I have accepted the fact that I have become a child and have to accept help from people, so I say that to encourage myself (Akworkor, 78)

Another stated: I cannot walk properly, not because I am tired or suffering from BP, but if I force myself to walk, the next day I cannot wake up from bed. I have to take a taxi (dropping) anywhere I go. I was a business woman who often travelled to go and buy clothes, shoes and other items and give it on wholesale for people to sell, but now I cannot do it anymore because of the pain I feel anytime I walk (Ayorkor, 78)

Judging from the data gathered from the field, it is evident that majority of the participants had health issues. They associated their illness or sickness with old age, which is not surprising, given the diseases such as arthritis, cardiovascular disease, dementia, Alzheimers, diabetes, eye problems and ulcers that may come with ageing. Most of the participants believe that as one grows old, the body begins to break down gradually and then sicknesses set in. This is emphasised by Hutchison (2011) who states

that old age encompasses a wide range of age- related diseases as a result of systems of the body being affected during the ageing process.

4.6.1 Financial Challenge

The participants interviewed revealed some financial challenges the elderly face in Teshie Township. Some of these financial challenges are inadequate financial support from family members, children and access to financial aid, especially from the government, such as LEAP and lack of income. Some participants even do not have the money to renew and register for the health insurance:

I used all the money I had during my working days to cater for my children, and so I do not have any savings whatsoever even to support myself, hmmm, meanwhile, all my children are away from me now (Augustina, 60).

I am on pension, but the money is sometimes delayed, so I have to walk and walk to the office so many times before getting the small money they will give. Oooooo hmmm we are suffering oh, my child (Naana, 62).

Sometimes I find it very difficult to raise money, even when I want to go to the hospital. The other time, my wife had to spend the only money for the family's survival on her diabetes drugs and so she

had to walk a long distance to the house because she did not have money for transportation (Kofi, 82).

Based on the responses, some participants experience financial difficulties in their old age as a result of lack of investment, and sometimes lack of support from family members. Only one participant had invested in a block factory. Though some were trading, the income they generated was not enough to take care of their needs. In addition, the meagre income from the trading and the money received from their children by the elderly, mostly go into their health issues.

4.6.2 Emotional Challenges

Thirteen out of the twenty participants complained of abandonment and neglect by friends, children, extended family members and even neighbours. Some also talked about the feeling of loneliness, since their spouses, friends and loved ones are dead. Participants also indicated that their children are not staying with them to comfort them and that makes them sad.

Boye stated: *I have only one friend, God, because people do not come to see me often, even not my own brother who lives in the same building with me. You see, I love people but people do not love me (Boye, 81).*

Eva said: *Ever since my husband died and my son also got married, I never had the chance to visit him in the city. I feel very lonely. I only see him once a year during Christmas (Eva, 76).*

Grace added: *I do not have any friend because in this world there is no friend that will follow you to the grave oooh, you will go alone* (Grace, 72).

Three other participants emphasised on the issue of loneliness:

Hmmm as old as I am, even when I am not awake, people staying with me here do not see me around, nobody comes to knock on my door as a way of checking on me, It did not use to be like that but.....hmmmmm (Lydia, 70).

I'm always alone and nobody talks to me, and even when I try talking to them, they behave as if I do not even exist, especially the young ones who will even laugh at me on top (Opoku, 75).

It's not all about money oooh, my child, but when my daughter talks to me I feel loved and as if I belong, but she has stopped because she is always busy (Lampsey, 66).

The majority (12) of the participants were experiencing loneliness as a result of loss of a spouse, friend, sibling, and a child, or as a result of divorce. Additionally, this is the period in their life when their children have left home to start a new life. The elderly who were not part of any social group, experienced extreme loneliness as compared to those with social networks. According to Hutchison (2011) the death of a spouse has been found to be the most stressful event in the life of an old person, because in most cases, it is the loss of someone with whom the individual had shared a major part of his or her life

with. Those who saw the world through the eyes of a spouse and loved ones have to learn to see everything from a new perspective. Some of these challenges that affect the elderly emotionally are traumatizing, especially the loss of a loved one makes them feel that all hope and support is gone. Adjetey summed it up in the statement below:

For me, growing old simply means, approaching one's grave.

4.7 Coping Strategies

Lazarus and Folkman (1984) have defined coping as constantly changing and behavioral effects to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. The way individual copes changes over time and depends on the context in which the encounter occurs and how the coping process is integrated. From the study, it was noted that the participants had varied ways of coping. Most of these coping strategies are from various sources such as families, social groups, and self-support. The family is one of the main support systems for coping among the elderly in Teshie Township who were studied. Family therefore becomes their first point of contact for support at critical moments. Most of the participants were living in family houses. Some participants mentioned that their relatives were very helpful and supportive in terms of household chores, provision of accommodation, sometimes keeping them company, and in times of financial difficulties they also help in their own little way. The study so far has revealed that good relationships with spouses, children, and other kin group members are taken as vital mechanism to cope with problems. While observing during the interview, I witnessed that in some households some relatives were rendering services to their elderly relatives, as indicated by participants below:

I help my sister in her trading so she also gives me some money to pay for my medicine and also to take care of myself (Deede, 65).

I owe my life to the members of my family whom I always depend on in times of difficulty (Fofa, 70).

Other coping strategies the participants use include: relying on their children and also caring for their grandchildren. Some women in the study stated that, they go and stay with their daughters for three to six months when they give birth, so they can take care of the new born babies. According to some, this is used as an excuse so they can visit the children, since some children do not allow their parents to visit them.

I just returned from Kumasi visiting my daughter who has given birth (Ajokwor, 60).

We make sure to take care of all our children no matter the situation, and now that I am old, they provide me with everything I need, though my wife is no more. I will advise you never to abandon any child you bring to this world because you will need them when you are old (Odai, 70).

I go to church often to see my friends and advise the youth, because now I do not have much to do but to take care of my little husband (grandson) who gives me much happiness (Dede, 65).

Additionally, there is an adage that says a problem shared is a problem half solved. This adage has taught the participants the importance of being in a group. Most of the elderly join social groups such as church groups (men and women fellowship), societal groups (fun clubs, community groups and keep fit clubs), in order to socialize and ward off boredom and not solely because of the support such as food, money or clothes they will receive from these groups. Some of the participants clearly stated that the organisations they join are not mainly for the old people, but comprise both the young and the elderly. This is a motivation for some of the elderly to attend these meetings regularly, because they get the opportunity to meet, interact and share ideas with their cohort and advise the youth as well. When it comes to church activities, the elderly attend meetings in the church to keep themselves busy, and also to take their minds off their problems.

In their own words:

Since my husband died, they (church) have not supported me in any way but I am still with them because I have nothing doing during their meeting times and I also get the opportunity to interact and share ideas with the youth too (Naa, 60).

I go to church and attend every meeting in the church every day, because now I do not have anything doing in the house (Ataa, 61).

I am the Women's Fellowship leader in my church, we meet twice every week. I also visit my members together with my pastor and this keeps me active and busy and I enjoy every bit of it (Rita, 62).

Furthermore, self- support is one of the coping strategies adopted by the elderly in the study. It can be inferred from the study that participants interviewed were old (between the ages of sixty and eighty-two years) but the majority of them still fend for themselves by indulging in petty trades, in order to earn a living. Some claim the supports they get from government and families are not sufficient to even afford them three square meals a day. Thus, some engage in activities such as picking empty pure water sachets and gathering them for sale, selling firewood, cassava dough, vegetables, groceries and sachet water, among others. These fetch them some income to pay their expenses, as well as keep them active.

I sell provisions in a small kiosk just in front of my house so I can feed myself. It's also a way to cope with boredom (Ajele, 78).

I go round picking pure water sachets and gather them for sale. Though the amount of money I earn is not enough I get something to buy food to eat, so it is better than not having any at all (Ameley, 60).

I have a polytank for selling water. I sometimes sell the water for GhC20p, 30p or 50p depending on the size of the bucket. Again I get some income from the gari and the groundnuts I also sell. They keep me active (Ama, 67).

Even though the participants were old, the majority of them were involved in one activity or the other that brought them financial support to cater for themselves. The picking of

empty pure water sachets does not benefit them alone, but also the whole community by keeping the community clean of rubber plastic waste, since it takes a very long time to decompose. This shows that they are healthy and active enough to do some light work.

Finally, some participants attend every social gathering that they hear of, whether they are invited or not. These gatherings give them food, gifts and sometimes money from relatives and friends that come for these events. This is also used as a coping strategy for the participants in Teshie Township. These gatherings include funerals, outdooring and marriage ceremonies. These social gatherings bring the elderly together to share their ideas, experience and also to advise the younger generation, especially at marriage ceremonies. Some also attend these gatherings so that when they die people will go to their funerals.

Participants put it this way:

I do not have any immediate family and friends around me now, so I like going for funerals. That is the only channel I use to meet people I do not even know, to chat with (Quashie, 70).

I go to engagements a lot so I can advise the younger people who are marrying and those who desire to marry. If am not invited I still go because nobody will sack me for coming (Cynthia, 60).

I like going for social gatherings, especially funerals, because I do meet friends to chat with. Again people will also come for my

*funeral when I die. Everyone in this community knows I attend
funerals paaaaaaaa (Yaaya, 65).*

These activities and gatherings show how the participants have naturally adapted to making friends, and to interact with loved ones and others, just to cope with the issue of isolation as a result of ageing.



CHAPTER FIVE

DISCUSSION, SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The researcher conducted a qualitative study to examine the sources of support and challenges for the elderly in Teshie Township. Welfare of the elderly has been a global issue, due to the rapid increase in the elderly population (Mba, 2010). The findings revealed that the elderly in Teshie are supported by the family, religious groups, societal groups and the government. However, the family is the main source of support for the elderly in Teshie Township. Various authors have suggested that the family in Ghana is based on reciprocity among members. Parents are expected to take care of their children with the expectation that these children will one day grow up to take care and support them (Oduro, 2010). The family is essential in the Ghanaian culture because of weak social security institutions for the elderly (Nukunya, 2003). The composition of a family can vary and it can spread even beyond the traditional nuclear and extended families. In addition to procreation role the family plays in the society, it also gives financial assistance to family members and supports the elderly (Apt, 1996). According to Okumagba (2011) family care and support for the family is believed to be culturally determined and socially reinforced. Nonetheless, it is surprising to note that the support from the extended family is more than the support from participants' children. This might be as a result of the living arrangement where most of them leave in family houses due to patrilineal inheritance the GA's practise. Since they inherit from their fathers' side, the children leave the house to fend for themselves and to start their own families, leaving the

extended family to care for their parents. Some participants stated that their relatives (extended family) are very helpful in terms of household chores, financial assistance, provision of accommodation and sometimes keeping them company when they are lonely. This assertion goes contrary to Apt (2002) and Nukunya (2003) who suggested that migration and urbanization have gradually transformed the extended family into a nuclear family system, thus weakening the loyalty and obligation of the family members towards their kin groups. This is because with the Teshie people (GA), the extended family members do not mostly migrate, as compared to the other ethnic groups. The GA's also live mostly in their family houses. The study brought to light the fact that some of the elderly are being properly taken care of by their families and friends. Others have been neglected totally and they are being supported by religious institutions. The support provided includes food, clothing, money and health services.

Moreover, the participants receive financial and emotional assistance from the religious and non-religious groups they were members to. Kodzi and colleagues (2010) affirm that social support derived from religious communities improves individuals' ability to cope with stressful life events. The author further state that because of disease and illness that come as a result of ageing, the presence of illness and stressors turn elderly people to God. As a result, churches are providing services that the family once used to be responsible for, for its elderly members. Furthermore, they point out that the religious institutions have now added a new role to their roles when it comes to both emotional and financial support for the elderly. Additionally, the non-religious groups the participants join benefit them based on their active participation and financial contribution to the group. As a result, some participants do not belong to any group, because they do not

have the financial capability to contribute to the group when the need arises. More so, religious institutions play a vital role in the lives of the elderly participants interviewed. From the study, most of the churches have welfare schemes and policies that support the elderly in the various communities.

Even though the primary desire of most participants in Teshie Township were that of maintaining independence and control over their activities, they are limited in carrying out these desires due to the challenges they encounter as a result of ageing (Chalise, Kai, & Saito, 2010). From the study, some of the participants experience emotional instability due to several factors, including neglect by the community, the lack of support from friends, government and loss of a spouse and loved ones. However, the elderly population seems to have been ignored, due to lack of resources, appropriate programmes and a proper policy framework ensuring better quality of life for the elderly by the government. This has resulted in the number of challenges because there is no feasible policy addressing the welfare of the elderly. Participants in the study expressed sadness about the fact that they are unable to do the things they once were able to do. This finding is in support of Aboderin and Ogwumike (2005) who posit that ageing presents significant health challenges to all elderly, and it is a natural process that elderly individuals go through in life.

Furthermore, physically, almost all the elderly interviewed complained of a decline in their physical health as compared to their youthful days. They still have the strength to walk and some even are involved in petty trading. They however agreed to the fact that they are not as strong as they used to be. This is consistent with a study by Chalise, Kai,

& Saito, 2010) which confirms that old age is associated with an irreversible decrease in functional ability. Even though the participants faced functional challenges, some of them were still active and involved in petty trading. This means that the average Ghanaian does not work to retire, because they practise active ageing.

In addition, the participants gave diverse sources from which they get financial support. These include remittances from their family members, societal groups and friends. Some participants engage in petty trading and collect sachet water rubber to sell and depending on their monthly pension. Those who do not receive support from these sources were often those who had not provided any support to their family or other people during their youth. This shows that reciprocity is still relevant when it comes to support. This is supported by Van Der Geest (2002) who states that traditional social support systems are informed by the principle of reciprocity, which is characterised by a system of exchange between its members. A few of them have invested their pension (lump sum) into businesses, such as a block factory, grocery shops and others go round picking waste sachet water plastic to sell. However, some were really finding it hard to even feed themselves in their old age, especially those who are neglected by their children and family due to unemployment, financial issues among others, which had made it difficult to provide care and support for the elderly. This is consistent with a study by Shofoyeke & Amosun (2014) who posited that children neglect their elderly parents due to poverty as a result of unemployment. Some of the participants were even shy to ask the children or any family member to support them, because they refused to help their children and family members, when they were in the position to do so. Though they have regretted

their actions, it is too late to undo what has happened already, and therefore used this interview as an opportunity to advice against this action.

Nonetheless, the family still plays an important role in the life of the elderly when it comes to support. Though the family system is weak, due to circumstances such as migration, urbanisation education and technology among others, the family still supports the elderly in its own small way. It is clear from the study that even though the family system is not as effective as it used to be, the family still cares about its members. There are times, family members want to help, according to the participants, but they are not able to, not because they are wicked or insensitive, but they do not have enough to do that. This is consistent with a study by Grundy (2010) who maintains that the family is the most important provider of informal resources for the elderly. She further affirms that it is estimated that 80 – 90 percent of the support received by the elderly is provided by family members. Again, Okumagba (2005) emphasis's that the traditional family support system has remained the most dependable option for the care and support for the elderly.

Once more, when it comes to governmental programmes and policies for the elderly in the Teshie Township, the participants are not aware of any. Majority of the participants indicated that there is no welfare programme put in place for the elderly in Teshie. Almost all the participants suggested that there should be some policy that gives the elderly financial assistance every month. Yet it is interesting to know that all participants did not have any idea about the LEAP policy, but they still think this type of policy will help them. Only few of the participants benefit from the SSNIT because most of them work in the informal sector. Some participants said the money they would receive every

month would be added to their capital for trading, so they would have something to take care of themselves. Some also recommended that since they do not have any policy for the elderly in Teshie, the government should come out with a policy for them. It is very worrying that the participants were ignorant of the LEAP, even though Teshie Township is part of Accra, the capital of Ghana. This shows that education and sensitization is inadequate when it comes to governmental policies. This finding supported by Shofoyeke & Amosun (2014) government and policy leaders have not paid attention to the elderly, because they believe that provision for the care of the elderly had always been the responsibility of the family.

Finally, the participants engage in various activities that help them to cope with ageing. These activities including attending social gatherings such as group meetings, funerals, marriage ceremonies. Also outdoor, attending church regularly and taken care of grandchildren. Participants attend various social gatherings to chat with their cohort, keep them active and to help them cope with boredom. Some participants also attend church regularly just to keep them busy. Similar study by Phillips, Chamberlain & Goreczny (2014) discovered that religion is a vital part of the lives of many people, especially the elderly because it serve as a type of coping mechanism for them. There are some participants who also care for their grandchildren as a way of coping with loneliness during ageing. This is similar to findings by Shofoyeke & Amosun (2014) who indicated that significant number of elderly in Nigeria care for grandchildren as well as serving as nannies.

5.1 Summary of Findings

This offers a summary of the major findings and draws conclusions accordingly. Finally, some recommendations have been made as to how the elderly in Teshie Township and the elderly in Ghana in general can be supported. The study was initiated from the realization that support for the elderly has currently become a huge challenge in Teshie Township and in Ghana as a whole. For this reason, the study sought to find out the sources of support for the elderly, challenges of accessing the support, and various coping strategies the elderly adopt for their survival. The target population was the elderly 60 years and above, both men and women. The study adopted a qualitative approach and the use of face-to-face in-depth interviews as the method of enquiry to collect information from the participants. All participants of the study were purposively sampled. A sample of 20 participants was recruited for the study. Relevant literature was explored in themes that were developed in line with the objectives of the study.

The study revealed that the family is still the primary source of support for the elderly. Even though the majority of the research conducted on the elderly shows that the extended family has been weakened, due to migration, urbanisation and modernisation, the family is still the main source of support for the elderly in the Teshie Township. The support is not as consistent and sufficient as it used to, but the family still provides for their own in their own small way. These supports include accommodation, house chore services, clothing and money. This confirmed that the participants have the bonding social capital as their major support system. As defined earlier, bonding social capital refers to connections to people with shared demographic characteristics such as family,

relatives, and kinship. It is support resulting from the relationship within a homogeneous group (Woolcock, 1998). The high level of bonding relations among the participants in Teshie Township is because of the same GA ethnic group they belong to and the communal life they live.

Secondly, the participants receive financial assistance and emotional support from some of the religious and the societal groups they belong to, which fall under the bridging social capital. According to Woolcock (1998), bridging social capital refers to relations to people who are not like us in some demographic sense. Also, according to Field (2003), bridging social capital tends to bring together people across diverse social divisions. As compared to the bonding social capital, bridging social capital is not automatic for the participants, but is earned based on the contributions of the participants within the various groups they associate themselves with. These two types of social capital (bonding, bridging) are the informal support systems that the participants rely on for support. Almost all participants received some sort of support from the informal support system for instance through accommodation, food, visitation and domestic chores.

Furthermore, linking social capital is very minimal among the participants in Teshie Township. Linking social capital is referred to as the formal relationships people explore for their wellbeing. These relationships are with organisations or institutions (Woolcock, 1998). These are the formal support systems for the participants such as the National Health Insurance Scheme (NHIS), Livelihood Empowerment Against Poverty (LEAP) and the Social Security and National Insurance Trust (SSNIT). Among the policies mentioned above, it is only the NHIS that most of the participants are benefitting from.

Only three participants benefited from SSNIT, because all the rest of the seventeen were in the informal sector. However, not a single participant is benefitting from the LEAP. It is worth noting that the elderly in Teshie in the study do access some support from all the three social capitals. However, the support from the bonding and bridging is far more assessed than the linking social capital.

Additionally, almost all the participants interviewed admitted they encounter financial problems because they do not have any form of investment. The only investment some of them have has been to invest in their children's education. But unfortunately, most of these children were not able to complete senior high school and thereby are not engaged in any meaningful job that can support themselves and the parents. It is important to note that the elderly are aware of this challenge, so they hardly turn to their children for support in times of difficulty. Most of the participants think that they are seen to be a burden when they ask the children for support, because the children do not have enough to care for themselves.

5.2 Conclusion

In conclusion, the study reveals that the participants are still supported by their families even though the extended family support is significantly more than the support from their children. The participants are also supported emotionally and financially by religious and non- religious organisations they belong to and by the government through the NHIS. However, the participants face various challenges in their quest for survival. These challenges are emotional, financial and physical. The study further establishes that coping

strategies adopted varies among the participants in their everyday living in the mist of the various challenges. This is based on several factors such as religion, community, social network, gender, age, economic status, and knowledge about ageing. Some dedicate their time to religious activities, attending social gatherings and meetings, taking care of their grandchildren, and are also involved in petty trading.

Furthermore, the study observed that there is a high rate of poverty among the participants, because the majority of them did not plan for their old age in terms of savings or investment, therefore most of them do not enjoy their old age. Also, because most of them are in the informal sector, few of the participants benefit from any pension scheme, since they have not been contributors. Unfortunately too, the participants are not part of the communities that benefit from LEAP cash transfer policy. Linking social capital is minimal, because they are unable to access government social support such as the LEAP.

5.3 Recommendations

Financial security affects one's entire lifestyle. It determines one's diet, ability to seek good healthcare, to visit relatives and friends, to maintain a suitable wardrobe and to maintain adequate housing. Individual financial resources, or lack of them, play a great part in maintaining morale, feelings of independence, and a sense of self-esteem. In other words, if an elderly person has the financial resources to remain socially independent, he/she is going to feel great and confident about him /herself. During the research, I realized that participants face various challenges in their old age, but the major one is the

financial challenge, which is contributed by both individuals and the government. It is also mostly compounded by the high cost of health care. Some of the participants complained of not having money to buy the expensive drugs that the National Health Insurance Scheme (NHIS) do not cover.

(1). The government should make financial assistance more available and regular to elderly people in our society. An example is the LEAP (Livelihood Empowerment Against Poverty). Additionally, it would be helpful, if the NHIS could cover ageing medications, such as those for diabetes, hypertension, vision problems and other diseases associated with ageing. Moreover, it is not uncommon to see the elderly engaged in hazardous occupations in Ghana, such as begging on the streets as a result of financial constraints. This survival activity of the elderly has negative effects on their health and on the society. It is therefore recommended that

(2). Both governmental and civil society organisations design employment schemes that are appropriate for the elderly who are 60 years and above and yet have the desire to work. For instance, reducing the working hours for those due for retirement to continue to work until they no longer have the strength to work, could help in the transition to old age.

(3). Additionally, the elderly in our society must be educated to cultivate a good and healthy lifestyle. Behaviours such as smoking and drinking may predispose the elderly person to diseases, while a healthy lifestyle, as mentioned earlier, together with exercise may improve their health. They should also be educated to cultivate a habit of saving

toward their old age. Most of the participants do not have any investment or savings to depend on for survival, when they grow weak and can no longer work.

(4). Nevertheless, there should also be institutional reforms. This is to ensure that the policies and provisions made can effectively meet the needs of the elderly and also help to avoid duplication of programmes and waste of resources.

(5). Research should be conducted to know the varied needs of the elderly in the various communities before policies are formulated.

(6). Again, there is the need for a broader coverage of government social programmes and also policies for the care of the elderly should also be implemented and enforced and not just formulated.

(7). Finally, the different types of family support systems such as children, siblings and spouses should come together to strengthen the extended family system. This would involve considering appropriate ways to revive traditional social welfare systems once encouraged by the extended family system, alongside introducing and strengthening contemporary social security policies to complement the traditional ones. This can be done by the family heads creating the avenue in which the young, adults, and the elderly can meet to communicate and deliberate on issues concerning the support for the elderly among them.

(8). Additionally, since the participants do not benefit from the LEAP policy, the social worker should advocate and lobby through the Ministry of Gender and Social Protection for the Teshie Township to be added to the beneficiary communities and again, educate the elderly on the LEAP policy, so they can register and benefit from the programme

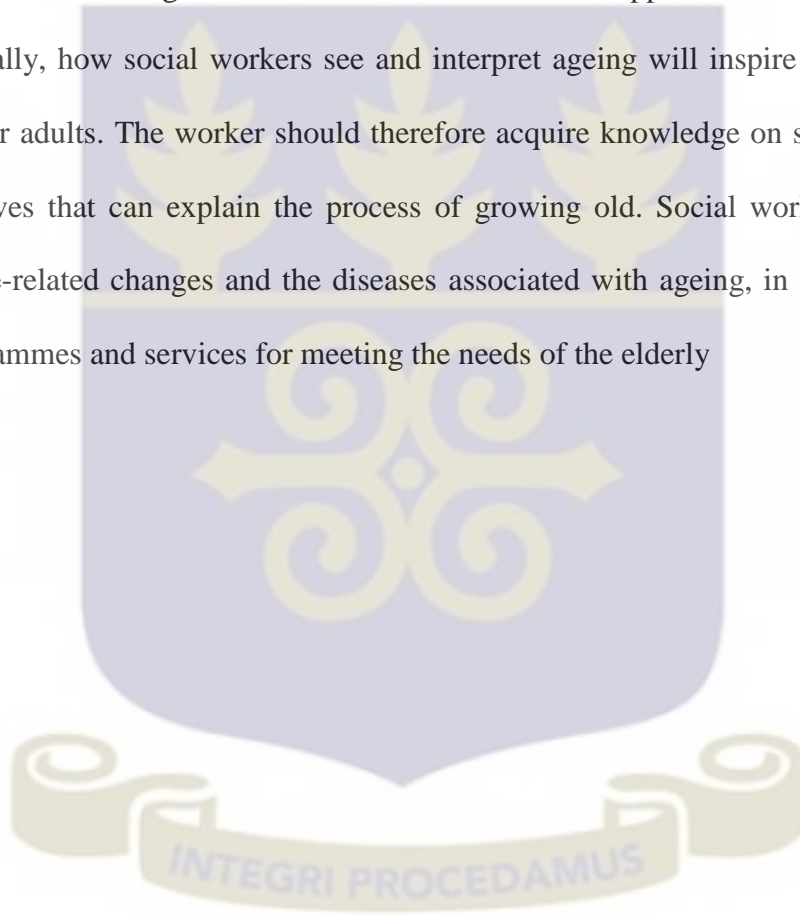
5.4 Implications for Social Work Practice

There is a primary need for investment in research activity driven by social workers. The elderly face discrimination and vulnerability as they age. The professional values of the social work profession and its commitment to social justice place social workers in an ideal position to provide advocacy, lobbying, and educational campaigns, and to uphold elderly people's rights to the goods and services they are entitled to.

The social worker should develop an understanding of different types of family in later life, because elderly people continue to be part of their families. It may be beneficial to work with the entire family system. Since the elderly receive support from both the formal and the informal support systems, it is prudent for the social worker to be cautious of the availability of formal and informal support systems for the participant when assessing their need for service.

The social worker should assume that the very late life adults continue to have needs for intimacy, and the worker should stretch his/her conceptualization of intimacy to value any relationship the person might have wish for or grieve for, including a spouse or partner, friends, children, and community. Hence, it is very important for the social worker to assess the loneliness and isolation that may result from cumulative loss and be informed about the available informal and formal resources to help minimize isolation from older adults. It is clear from this study that some of the participants did not join any social groups. The social worker can link such people to an NGO such as Help Age Ghana, for socialisation and support.

Social workers need to understand the biological, psychological, social, spiritual, and economic changes in the elderly, and the coping mechanisms used to adapt to these changes: They need to know how the trend toward increased longevity will affect family life and social work practice. They also need to know that some individuals continue to work, even after they are eligible to retire, either of financial necessity or by choice. Such individuals could be given both informal and formal supports to enhance their work. Additionally, how social workers see and interpret ageing will inspire our interventions with older adults. The worker should therefore acquire knowledge on several theoretical perspectives that can explain the process of growing old. Social workers also need to study age-related changes and the diseases associated with ageing, in order to advocate for programmes and services for meeting the needs of the elderly



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APPENDIX

UNIVERSITY OF GHANA

DEPARTMENT OF SOCIAL WORK

INTERVIEW SCHEDULE

This interview guide is intended to solicit information (s) on the issue of Sources of support and challenges for the Elderly in Teshie Township. It is a research being carried out by a Master of Philosophy (MPhil) student in the Social Work Department of University of Ghana. I believe your opinions will help in a long way to achieve the aims and objectives of this study. It is important to know that, this is strictly an academic exercise and also participation is voluntary. This means that no one is forced to participate in the study. Apart from your opinions being used for academic purposes, be assured that your responses will be treated with utmost confidentiality.

SECTION A

Socio- Demographic Background of Participants

- How old are you?
- Did you have formal education? If yes what level
- Do you have a spouse? (probe to get details)
- Where is your spouse now?
- How many children do you have?
- Are they living with you?

SECTION B

A) SOCIAL SUPPORT

What types of social support exist currently for the elderly in Teshie Township?

BONDING

- Besides your own effort to survive do you get help from others?
- If yes, who is helping you and how?
- Do you receive any help from your children?
- If yes, in what forms?
- If no, why?
- Do you have any relatives or family members who support you and in what forms?
- Do you have need for support?
- Who do you usually turn to for help when you are in difficulty and why?

BRIDGING

- Do you belong to any formal or informal group,(s) or association,(s)?
- If yes, tell be more about the group?
- Has there been any circumstances the group, (s) or the association, (s) did not help you as an elderly person?
- If no why?

LINKING

- Is there any assistance that you receive from the Government? If yes, in what ways and how is the assistance helping you?
- If no why?
- Has the support been beneficial to you?

B) CHALLENGES THE ELDERLY

What are the challenges the elderly face without support face?

- What are some of the problems you face as an elderly person?
- Can you tell me more about the challenges you face?
- What do you think can be the causes of the problems?
- To what extent are these challenges/problems affecting you as an elderly person?
- In your own view do you think these challenges/problems can be resolved?
- Are there any challenges/problems faced that have/ had an effect on your survival?

C) COPING STRATEGIES

How do the elderly cope without support?

- How do you cope without support?

D) PROGRAMES/ POLICIES

What programs or policies can be put in place to support the elderly?

- Make some suggestions for programs/policies that can adequately support you and other elderly.

