

**THE LIVING ARRANGEMENTS OF OLDER PERSONS IN
RURAL AND URBAN SETTINGS OF AKUAPIM NORTH
DISTRICT**

By

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DECLARATION

I, Emmanuel Ayisi the undersigned candidate, declare that except for references to other people's works which have been duly acknowledged, the content of this dissertation is my original work conducted at the Centre for Social Policy Studies, University of Ghana, Legon, under the supervision of Professor Brigid M. Sackey, and has not been previously submitted to any other University for an award of a degree either in part or in its entirety.

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Date

DEDICATION

This dissertation is dedicated to my late parents, Mr. Michael Ayisi and Mrs. Comfort Afaribea.



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Lastly I want to thank all my friends and siblings for their support, be blessed!



LIST OF ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
FAO	Food and Agriculture Organization
HAI	Help Age International
HIV	Human Immuno Virus
NHIS	National Health Insurance Scheme
OECD	Organization for Economic Co-operative Development
SLA	Sustainable Livelihoods Approach
UN	United Nations



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ABSTRACT

In today's changing economic, political, demographic, and environmental context, the living arrangements of the rapidly growing older population warrant disproportionate policy attention. Lack of support by the state coupled with economic hardship and decreasing kin or family availability implies that older persons are more and more expected to find their own means of support develop their own strategies and depend on their own resources. This study uses a descriptive approach in its quest to understand the living arrangements of older persons, and its association with the general health status of older persons in the Akuapim North District of Eastern Region. In this survey, questionnaire has been used to collect the data. Frequency tables and charts have been used to present the data. The results of this study indicated that living with spouse was the most common type of living arrangement for older persons living in the rural areas of Akuapim North District. On the contrary, skipped-generation household was the common type of living arrangement for older persons in urban areas of Akuapim North District. Co-residence with grandchildren and or without other extended kin, and living specifically with spouse, although cannot certainly guarantee better health status, was associated with better life satisfaction compared to living alone or solitary living. Part of this life satisfaction is due to the effect of the social support function which is largely related to co-residence with spouse or other family members, such as children and grandchildren. The findings of this study revealed that living arrangements play a significant role in the life satisfaction and fulfillment of older persons in Akuapim North District. One can therefore, precisely assume that social support is a vital determinant of life satisfaction and fulfillment.

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

The world's population is ageing and this presents a major policy issue in the developing world (United Nations, 1991). China is the most rapidly ageing country and its population structure will be nearer to that of the developed regions by 2025 (United Nations, 1999). In Ghana and Africa as a whole, ageing is a phenomenon that has just begun; currently, it is a family crisis (Apt, 1995). According to the United Nations (1999), the proportion of African's older population aged 60 and over stands at 3.1 percent.

The 1960 and 2000 Population and Housing Census results of Ghana show that the proportion of older persons in Ghana increased from 5.2 percent in 1960 to 7.2 percent in 2000, which represents 38 percent increase, while the number galloped from 457,067 in 1960 to 1,367,343 in 2000, signifying about 200 percent increase over the period. Conversely, in Sub-Saharan Africa, the living arrangements and the general welfare of older persons is yet to become a policy issue owing to the belief that families still remain as the strongholds of support (Kimuna, 2005). Leo Simmons, for example, in his study of the role of the older persons in 71 pre-industrial countries, observed that "throughout human history the family has been the safest haven for the older person. Its ties have been the most intimate and long-lasting, and on them the aged have relied for greatest support and security" (Simmons, 1945, p.176).

Although traditionally, the family has been the single most important refuge and source of support for older persons in Sub-Saharan Africa and Ghana in particular, the current demographic and social changes occurring in Ghana and elsewhere in Africa have disrupted

some of the inbuilt safety nets and the cushion that were in place for older persons (HAI, 2003). The role played by the family in Africa as far as older persons are concerned has substantively been substantiated by Apt (1999), who asserts that “historically, African communities had well-articulated caring structures that preserved the quality of life for elder people” (p. 5). She further explained that “migration and urbanization have both separately and jointly been identified as contributing to the destabilization of the value that in the past sustained older persons in a closely knit age- integrated African society” (p. 2).

Literature divulges considerable changes in the living arrangements of older persons after the Second World War. Barrientus (2007), for example, in investigating the impact of social change on living arrangements in some developing countries observed a more complex and diverse situation in the living arrangements of older persons. Kobrin (1976), also opines that the proportions living alone have increased and the proportions living in complex households with kin other than members of nuclear family have plummeted. In Japan, where co-residence of older persons and their children has been the norm, declines have been drastic (Ogawa and Retherford, 1997). Even though India is one of the countries with the highest levels of older person’s co-residence in the world, Martin (1990) identified that, way back in the ninth century, the Hindu philosopher Shankaracharya expressed his view and sentiment on the predicament of older persons. According to him: your family is closed and well attached to you as long as you can earn, but with frail body and with little or no income, no one in the house will care for you (Martin, 1990). Interestingly, similar stories of forsaking the aged can be found in such places as Japan, Ghana and Sub-Saharan Africa as a whole (Cattel, 1997). As Apt substantiates it “they have paid their dues when they were young, but because of social change, their time for pay-off was begrudged” (Apt, 1998, 13-14). Literature reveals that in most developed countries older

persons are increasingly living alone and on their own. In Africa and most developing countries there are signs that similar phenomenon and changes are gradually occurring as well, and the swift growth in the proportion of older persons, mostly the proportion living alone has raised a number of concerns among policy makers (Allen and Perkins, 1995). The emphasis of this study is therefore tilted toward the prevalence of separate or solitary living of older persons as compared with parent-child co-residence, although the study also investigates the residence with other relatives and non-relatives. Living arrangements of older persons in this study is conceptualized to mean where older persons live and who they live with. The living arrangements of older persons is classified into categories, including living alone, living with spouse only, living with children/children-in-law, living with grandchild (without children), living with other relatives and living with non-relatives.

Literature indicates that the living arrangements of older persons are usually an important determining factor of their quality of life. They are particularly significant for the poor older persons in the developing world, where formal welfare systems are less extensive (Lloyd-Shelock, 1999). According to Sagner (2000), countries with formal pension systems have succeeded in reducing old age poverty. For example, in South Africa the old age grant is the main source of income for older persons who would otherwise be living in abject poverty and it is estimated to have reduced the poverty gap for older persons by 94 percent (Sagner, 2000). Without such security systems older persons become more vulnerable to various shocks, risks and above all to poverty. The lack or inadequate support by the state coupled with economic crisis and decreasing family availability and support has meant that older persons are increasingly expected to find their own means of support.

There is some scrappy evidence that living alone may be connected with various health-related problems. Davis et al. (1990) for example, found a great prevalence of dietary inadequacy among older persons living alone in the United States of America. There are also some studies that have found higher rates of poor health status among people living alone. Murphy (1997), for example, indicated that, in the United Kingdom, rates of chronic illness were higher among those living alone than among those in other types of household. This current study also sets out to investigate whether the living arrangements of older persons in Akuapim North District influence their general health condition.

In today's changing demographic, economic, political and environmental context the living arrangements and the general well-being of the rapidly growing older population deserve particular attention. However, the factors responsible for old age poverty in developing countries, and the appropriate framework for old age support, are to date under-researched (Lloyd-Shelock, 2000). The current research seeks to address this lack.

1.1 Statement of the Problem.

Old age in Sub-Saharan Africa, and especially in Ghana, is considered desirable, “a blessing from God” and a “reward from God for righteousness” (HelpAge Ghana- Attitudes Survey, 2002). Older Persons in Ghana therefore, enjoy a great deal of respect and dignity within the traditional settings of the Country. This is the case, given cultural and religious values of Ghana. However, in response to devastating problems such as HIV/AIDS, bareness or infertility that befall young people older persons are often accused of using witchcraft to cause such plague. They are then subjected to various forms of abuse that include physical destruction of property and ostracisation, and sometimes total banishment or being left to live alone and fend for

themselves (HelpAge Ghana, 2002). There are many illustrative examples of how older persons, especially women, upon the death of their husbands, are disinherited of their property, including land and houses. This is an infringement of their fundamental human rights to property and to be cared for.

According to UN (2002), the reality for many older persons throughout the world is that their lives have been constrained and limited by poverty and social exclusion. Older persons are seen as passive and unable to utilize those resources essential for survival and better living and are most often than not bypassed and excluded from taking part in decisions that affect their very lives. Similarly, given the low levels of wages and salaries in Ghana and informal characteristics of the economy, most people age into poverty. This may be interpreted as a violation of the economic rights of older persons in Ghana.

Recently, there have been reports of older persons in Ghana, living in family houses/room rejected by the younger generation. The houses/rooms are then rented out for profit. Increasing neglect, physical abuse and poverty are the major challenges facing older persons in Ghana (National ageing policy, 2011).

In the vast majority of countries in Sub-Saharan-Africa, social security systems are non-existence or are poorly developed, and coverage extends to a privileged sector of the workforce only (Sagner, 2002). In Ghana for example, The National Pensions Regulatory Authority Act (Act 766, 2008), provides for the establishment of social security schemes for employees but there is no provision for the self-employed and for the unemployed elderly peasant women and men living in the urban, let alone rural areas. This has left older persons exposed and vulnerable to risks, shock and abject poverty. This notwithstanding the familiar support on which older

persons relied has been plummeted; this is because of the disruption of the inbuilt safety nets of the traditional family system. Kalache (1991), for example, holds the view that the traditional forms of care available to older persons until recently are under threat. This is not because families no longer care, but it is as a result of social changes that include urbanization, the trend towards nuclear families and the participation of women in the workforce (Sen, 1994)

According to HAI (2002) older persons' deprivation in an ageing world cuts at the heart of global commitments to eradicate absolute poverty and therefore undermine efforts to achieve sustained economic and social development. The high rate of poverty and vulnerability in old age makes a strong case for social or public policy responses to support older persons and ensure adequate protection against contingencies or emergencies. It is against this background that the researcher seeks to investigate the living arrangements of older persons in the Akuapim North District.

1.2 Research Questions

Against the backdrop of the above considerations certain pertinent questions emerge:

- What are the survival strategies of older persons in the face of changing social and economic environment?
- What is the tendency for extended kin, including adult children, to live with the elderly persons in these modern times?
- What is the health condition of older persons in their living arrangements?

1.3 Research Objectives

1.3.1 General Objective

The aim of this present study is to investigate the living arrangements of older persons in rural and urban communities in the Akuapim North District, as well as their socio-economic and health condition for possible policy interventions.

1.3.2 Specific Objectives

In the light of the above questions the specific aims of this study are to:

1. Examine the existing livelihood strategies of the rural and urban elderly.
2. Investigate who supports older persons to achieve better livelihoods and cope with live challenges.
3. Examine whether the living arrangements influence the general health conditions of older persons.

1.4 Significance of the Study

This research aims to provide a document on the current life situation of older persons' living arrangements around the Akuapim North District, which it is hoped will serve as a base line for further studies in related field.

Discussion of the living arrangements of older persons is a central issue in the fight against poverty. This study therefore, also sets out to contribute to the debate on the living arrangements of older persons and to provide evidence on how best the older persons approach poverty in old age. This study also serves as the basis for understanding how older persons are doing in

sustaining their livelihoods in the absence of formal security systems or mechanisms; and also to inform policy makers on whether to review existing policies and/or to formulate new ones.

1.5 Delimitation

The study is intended to cover only two localities in the Akuapim North district, one rural and one urban. Given the nature of the research questions, coupled with time and monetary constraints, the investigator selects purposively the two localities in order to reflect not only the different infrastructure, culture and social contexts in rural and urban areas in Ghana, but also to reflect varying socio-economic conditions in rural and urban Ghana. In this respect, Akropong and Nanabanin localities in the Akuapim North District were chosen purposively for the study.

1.6 Organization of the study

The study has been organized into five main chapters. Chapter one deals with the general introduction, the statement of the problem, research questions, objectives, significance of the study, the limitations, organization of the study and definition of some terms.

The second chapter is concerned with the review of related literature and the conceptual framework.

Chapter three also deals with the research methodology. In this chapter the research design, the population and unit of analysis, the sampling technique, sample size the research instruments and the data analysis procedures have been outlined.

The fourth chapter has to do with analysis of data and discussion of results.

The fifth chapter is also concerned with the summary, the conclusion, and the recommendation.

1.7 Definition of terms

Rural area: According to the 2000 population and housing census rural area is a settlement with less than 5000 people and lack modern facilities or amenities such as electricity, industries and schools.

Urban area: According to the 2000 population and housing census urban area is a settlement with more than 5000 people, and have modern facilities such as electricity, schools and some industries.

Nuclear family: A family constituted by parents and children.

Livelihood: According to Chambers (1995), livelihood refers to the means of gaining a living or a combination of the resources used and the activities undertaken in order to live.

Older persons: For this study, 60 years of age and older will be used as the definition of an older person.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This phase of the study deals with what other researchers have proposed, done, and written on the topic under investigation. The purpose is to provide empirical evidence of the view of other researchers on the living arrangements of older persons. It also intends to bring to the fore how some researchers have discussed the variables influencing the living arrangements of older persons. This chapter also takes care of the conceptual framework.

Many researchers have identified several variables which influence the living arrangements of older persons in many parts of the world, including rural areas. These factors include socio-economic and demographic characteristics such as marital status, number of living or surviving children or kin availability, economic status and level of disability.

2.1 Concept of Older Persons

There is no consensus as to what constitutes old age but largely the concept is defined as a stage in life beginning in the early sixties, in which retirement from work and many other social responsibilities is, expected (Uhlenberg, 1992).

HAI (2004) elucidates that the definition of older persons by African countries differs from that in developed countries that have accepted the chronological age of 65 years and over as definition of older persons. In developed countries this definition is linked with the age at which one begins to receive pension benefits.

Like the developed countries, in many less developed countries, the definition of older persons correspond to the retirement age which is often set by governments. This logic appears fairly illogical because in Sub-Saharan Africa and Ghana in particular most, older persons live in rural areas and do not find themselves in the formal sector, and so expect no formal retirement benefits. This definition will also be inapplicable in countries where life expectancy is relatively lower. Moreover this definition is also inappropriate because in Africa actual birthdates of many individuals are somewhat often unknown since an official record of their birth date is missing. This aggravates the difficulty of developing a definition for older persons.

Nevertheless, traditional means have been used in Africa to explain the concept of older person. According to HAI (2004), the colour of a person's hair, failing eyesight and diseases such as arthritis are features used to define an older person. In contrast to the chronological milestone which marks life stages in the developed world, old age in many developing countries seems to begin when active contribution is no more possible (Gorman, 2000).

Study results published in 1980 provide a basis for a definition of older persons in developing countries (Glascok, 1980). The definition was classified into three: chronological age (50 years and over); change in social role (change in work patterns, adult status of children and menopause); and change in capabilities (unsound status, senility and change in physical characteristics).

Though a number of definitions have been used to explain the concept of older persons, in many instances the age at which one qualifies for statutory and occupational retirement pensions has become the definition. The ages of 60 and 65 years are often used, despite its arbitrary nature,

and debates about this have been prevalent from the end of the 1800's through the mid-1900's (Roebuck, 1979).

For this study, 60 years of age and over will be used as the definition of an older person.

2.2 Living arrangements of older persons

The term 'living arrangements' is used in this study to refer to the household structure of the elderly. When living with at least one child or other kin, the term 'co- residence' is used. When the elderly are unmarried and living with no other kin, the term 'living alone' or 'separate living' is used. However the study also examines other types of living arrangements such as living with non-consanguineous relations with or without kin.

Studies of living arrangements of older persons can make an important contribution to understanding the determinants of the survival and functioning of older populations and have been the starting point for many studies of ageing in developing countries (Martin and Kinsella 1994). However previous studies of living arrangements of older persons in developing countries largely focused on few countries, and tend to be limited to the socio-cultural background of these countries. Ahn et al., (1997), for example assert that researchers have given particular attention to East and Southeast Asia, where reductions in family size make the availability of supporting family members a matter of concern and where the availability of necessary data has been greatest. Most studies in Sub-Saharan Africa focused on anthropological and ethnographic fields, and tend to be limited to one ethnic group living in a particular geographical area (Thomas, 1995, and Apt, 1992). Studies indicate that in Ghana the role and the well-being of older persons have long been ignored by social scientists. Van de Geest (1995), for example reports that anthropologists often concentrated on older persons as informants of their culture, but did not

focus on old age as a topic for research. Some studies have also been conducted in Latin America but few focus on Africa (De Vos, 1990). These studies reveal that older persons seldom live alone and usually reside with a spouse and/or adult child. The likelihood of older men to live with a spouse is higher than older women to live with a spouse, this is greatly because the rate at which women remarry at old age is lower than that of men. The studies also indicate that co-residence of older persons with one of their adult children is most common in the least developed societies because levels of parent–child co-residence are inversely related to socio-economic development (Asis et al., 1995). Similar studies conducted on the living arrangements of older persons in some developed countries contravene the above assertion. Census information for the United States of America in 1990 for example, shows that about 75 per cent of whites older than 65 years lived alone. Approximately two thirds, or 65 per cent, of unmarried white women and men live alone (Kramarow, 1995). In Western and Northern Europe, as in the United States, the prevalence of the older persons, living in a single-person household is between 15 and 40 per cent (Kinsella, 1990). In Japan, a society with traditionally high levels of older persons co-residence, the proportion living alone has increased steadily since 1960, at a projected rate of about 1 per cent per year, and it is likely to increase even more (Hirosima, 1997). In the same way, in China and the Republic of Korea, two Asian countries with traditionally high levels of co-residence, the trend towards higher levels of living alone is unequivocal (Hermalin, Ofstedal and Lee, 1992).

Recent study conducted by the United Nations (2005), on the living arrangements of older persons around the world, divulge that for the world as a whole, the proportion of older persons living alone stands at 14%, 8% for men and 19% for women. This shows that the average proportion of older women living alone (19 per cent) is more than double the proportion of older

men living alone (8%), worldwide. The study reveals that gender differences are particularly high in Western Europe; where the proportion of older women who live alone (43 per cent) is almost triple the corresponding proportion of older men (15 per cent). The study specifies that South-Eastern and South-Central Asia are the regions with the lowest percentage (4-6 per cent). The only region to show a higher percentage of men than of women living alone is the Caribbean (10 per cent of men, 9 per cent of women). Africa has levels of solitary living in the range of 7-10 per cent, but in Europe and North America, the average is much higher, about 25 per cent (UN, 2005).

With the recent speedy growth of older population and the urgent need for the provision of social welfare services, it has become expedient to acquire an in-depth insight into the socio-economic and demographic characteristics of older persons in Ghana. According to Mba (2013), about 12 per cent of older persons live alone, while women are more likely to live alone than men (14% versus 9%). Studies indicate that in Ghana, marital status and living arrangements of older persons differ greatly by localities (urban/rural) and by gender. Many older men remain married and in family settings as heads of households, whereas many women spend their later years as widows (Apt, 1994). In Ghana, living alone among women is largely as a result of widowhood as they marry men who are much older than themselves, thus, the husbands die earlier than wives (Mba, 2009), but is not due to economic demand for privacy as is the case in the developed countries (United Nations, 1991). Compared to men, the rate of widowhood is twice as high for urban women and even higher for rural women. In most countries of the world women live longer than men (United Nations, 2011). The proportion of older women in rural areas who are heads of household is 51 per cent; in urban areas, the proportion is 29 per cent (Apt, 1994). Because the majority of these women did not work in the formal sector to enjoy some pension

benefits, their source of livelihood should be a concern for both government and the research community. The only means of livelihood for these women is peasant farming and support from the dwindling number of adult relatives (Mba, 2013). Although widowhood is common, research on the topic has been sparse (Mutongi, 1999). Anthropologists have described the kinds of symbolic, spiritual, and social transitions through which widows are typically required to go before they can remarry if young, resume sexual life, and rebuild social ties (Potash, 1986). To get rid of the bad state and offset the potential evil forces, widows generally must observe a range of taboos and rules affecting their dress, social and sexual intercourse and behavior (Oppong, 2006). This is not as long or as marked by widowers. In some cultural settings in Ghana the death of a husband does not mark the end of the marriage relationship, and thus the widow may be considered still married to her husband's descent group, and if young may be assigned to a younger relative of the dead husband to marry (Oppong, 2006). However, in describing ageing among the Kwahus, Van de Geest (1997), declares that many women stop being married when their task of reproduction has been ended. Growing old is perceived as a journey homeward, so it is thought fitting for women to return home when they age (Oppong, 2006).

Drops in fertility rates, now describe most developing countries. Research on kin availability suggests that tomorrow's older persons will have fewer children upon whom to rely and live with, though this may be offset by increased joint survival of spouses (Kinsella, 1996). In the Republic of Korea, for example, Lee and Palloni (1992) revealed that, although declining fertility results in an increase in the proportion of Korean women with no surviving son, increased male longevity means that the proportion of elderly widows also will decline (i.e., their husbands will live longer).

Empirical studies place the burden of care of the older person on spouse and relatives (Brown, 1984). Though there is a link between the number of kin and co-residence and care of older persons, the decision as to who supports the older person goes beyond sheer numbers. Decisions about co-residence and care are made within a family set-up and the socio-demographic characteristics of the parties involved are important in the decision-making process (Wolf, Freedman and Soldo, 1997).

Studies have shown that the increase in stepchildren in the future may offset the decline in fertility in terms of children who are available to care for older people (Wachter, 1998). It has been revealed that the non-custodial parent in a divorce, who in many countries has typically been the father, may not have the support of his children as he ages (Cooney and Uhlenberg, 1990). Not enough attention has been given to the prevalence and characteristics of never-married and/or childless older persons and the types of social support they rely on (Wu and Pollard, 1998). However, there are fragmented studies in Ghana on familial care given to childless older persons. In her study of the care of the seriously sick and dying, Sackey (2009) for example, asserts that in the traditional Ghanaian society, the martrikin deem it obligation to take care of their seriously ill and dying but childless members. The situation of a childless older person is socially, psychologically, and spiritually dire but could be at least partially improved by child fostering (Oppong, 2006). Llyod and Desai (1992), report that many African children spend substantial portions of their childhood away from their parents, and in many African societies, grandparents are the most common recipients of foster children (Zimmer et al., 2003). Oppong (2006), reports that, the final form of care and filial piety for older persons including childless older persons was and still remains, a decent funeral.

In some countries in Africa, the HIV/AIDS pandemic has reduced adult populations, leaving countless older persons with few if any living children. Older persons or grandparents have been thrust back into child-rearing roles. In studying the effects of AIDS on the older persons in Thailand, Knodel et al. (2001), find that two-thirds of adults with AIDS co-residing with or lived next to their parents and that a parent or older generation relative cared for 70 per cent of adults who eventually died from AIDS. Similar studies conducted in Uganda and Zimbabwe show related results and that this care can cause financial burdens (World Health Organization, 2002). A study conducted on AIDS orphans in Kinshasa found that the guardian for 35 per cent of the orphans was a grandparent (Ryder and others, 1994). The catastrophic nature of the HIV/AIDS was severely felt in Africa than any region of the world, and because AIDS deaths are more prevalent among those aged 15-50 years, several countries, projected labor force losses due to the diseases are estimated to be over 30% (Oppong, 2006). The care for the parentless infants and children left behind by the deceased workers pose enormous threat to the traditional familiar coping mechanism (Oppong, 2006). The supposition that it is the “African extended family” that takes care of these infants is of limited validity (Oppong, 2006). Wilson et al. (2001) for example, argue that it is older persons, especially grandparents who are doing the majority of the caring for the sick and orphaned, and not groups of kin. The breakdown of the traditional kin supports means that older persons, especially grandmothers often face responsibilities for the care of both the terminally sick and the orphaned children alone (“AIDS” 2001). This assertion is in line with the reportage of a recent study by Atobrah (2004), on the care of orphans in Manya Krobo. It is a common believe that the AIDS epidemic has the tendency of altering the living arrangements and in turn, the support mechanisms of older persons (Vanlandingham, 2000). However, studies are indistinct on the correlation between the AIDS pandemic and the living

arrangements of older persons (Murray, 1996). According to Mori and Palloni (2001), the only existing study that explores the effects of the AIDS epidemic on the living arrangements of older persons used figures from the Demographic and Health Survey in South Africa and found few if any effects over time of rising HIV/AIDS rates on living arrangements.

Often, there is an assumption that co-residence is based mainly on the needs of the older person, but research has shown that co-residence is typically mutually beneficial to both generations (Casterline and others, 1991). Older persons and their children both benefit from co-residing. Older persons on one hand receive the social, financial, and health support they require from the younger generation. On the other hand reciprocal exchanges take place when older persons help with caretaking of grandchildren or look after the home when other adults are away or dead. The literature show that in most societies, including Sub-Saharan Africa, the flow of support is not only in one direction. In South Africa for example, where there are well structured and developed pension and social security packages, many older persons live with and support their adult children and grandchildren. The support ranges from financial help, socialization, childcare, shelter to the wisdom of experience. Such activities free younger adult women for employment as unpaid family help in agricultural production as well as for paid employment (Apt, 1992). However, some studies hold contradictory views. Lillard and Willis (1997), for example, are of the opinion that older persons in less developed countries appear less likely than in the advanced industrialized countries to provide financial help; data from the Malaysian Family Life Survey for example indicates that the main direction of monetary transfers between non-co-resident parents and children is from the latter to the former (Lillard and Willis, 1997).

In Ghana relatively little is known about the association between living arrangements and factors such as survival strategies, levels of income, health status, kin availability and education. This

study therefore sets out to explore the living arrangements and how they influence the general health status of older persons in rural and urban settings of Akuapim North District. The survival or livelihood strategies adopted by older persons in the face of changing social and economic environment are also investigated.

2.3 Defining livelihood

So many definitions on livelihood have been given in the literature, such as the means of gaining a living (Chambers, 1995). According to Carney (1998) the concept of livelihood has gained wide acceptance as a valuable means of understanding the factors that influence people's lives and well-being, particularly those of the poor in the developing world.

According to Chambers and Conway (1992), a livelihood comprises the capabilities, assets including both material and social resources and activities as means of living. This definition with minor modifications has been used by several researchers adopting a rural livelihoods approach (Carswell, 1997). Ellis (2000) for example asserts that there is a risk that attaches to Chambers and Conway's definition of livelihoods. Ellis (2000) argues that the definition fails to convey change over time and adaptation to evolving circumstances..

Older persons who were once formally employed receive pension benefits which help them to make a living when frail and old. However, not all older persons are able to receive occupational pension benefits as some were not so employed in the formal sector. This has compelled poor older persons to engage in different livelihood strategies as they make use of the different assets at their disposal. Scoones (2009) for example, opines that in their attempts to make a living people use a variety of resources, such as social networks, labour, land, capital, knowledge, employment, technology and markets to produce food, harvest natural resources and to generate

income. Scoones (2009) refers to these assets as poverty reducing strategies or factors simply, because they have been used by individuals, household and communities as means to eradicate rural poverty.

2.4 Livelihood Strategies

According to Meikle (1999), it is the context that makes an urban livelihood distinctive, and both rural and urban contexts are dynamic and multi-faceted, but the urban context is more complex. The difference between urban and rural areas is that in urban areas cash transactions are more common hence, people in these areas are more dependent on cash income and often lack access to communal resources such as land, water, and food, which are freely available in rural areas. Harris (1997) portrays urban areas as engines of economic growth and as locations of complex networks of activities essential to basic human functions of living which operate by drawing on the skills and labour of their populations. Literature reveals that although urban areas are the ‘crucifix of civilization’ and engine of growth and development, often there are the issue of unemployment and underemployment. The most vulnerable, poor, and least skilled engage in a variety of illegal or semi-legal activities, such as begging.

As indicated earlier, urban economy is more contingent on cash and, goods such as housing, water, and food have to be bought whereas in rural areas, such resources may not require purchasing at all. In rural areas local water resources such as wells, streams, rivers and boreholes can be accessed freely without payment. The urban poor need greater cash incomes than do most rural households in order to survive (Wratten, 1995).

Looking at the plight of older persons in Sub-Saharan Africa, it may be concluded that the livelihood pursued by the older persons living in urban areas is much more expensive and

challenging than that in the rural areas. Rural dwellers engage in diverse activities to ensure that they make a living and as according to the World Bank (2002) the analysis of how rural individuals or households fare in making a living dismisses the false impression about rural populations. Heidhues et al (2003) for example, hold the view that resource poor farmers in developing countries have been choosing from a wide variety of coping or survival strategies involving both agricultural and non-agricultural activities. Scoones (2002) elucidates the assertion above by identifying three broad clusters of livelihood strategies within the SLA. According to Scoones (2002) these are agricultural, livelihood diversification and migration. Scoones (2002) argues that firstly, either one relies more on agriculture (including livestock rearing, aquaculture, forestry etc.) for a living. Secondly, one diversifies to off-farm income earning activities such as pottery, broom making and basket weaving and, lastly, one may move away and seek a livelihood, elsewhere, through migration (Scoones, 2002). Or, usually one may pursue a combination of strategies together or in sequence.

For most rural people agriculture seems to be the most common strategy and according to the World Bank (2002), agriculture is a source of livelihood for an estimated 86 percent of rural people. OECD (2006) also reported that agricultural sector productivity has contributed greatly to economic growth and the reduction of poverty. Sales of livestock such as goats, sheep, chicken, etc. and crop sales such as maize, beans, and vegetables enhance income and livelihoods of rural dwellers. The literature reveals that land based strategies act as a rural safety net or social protection mechanism not only for older persons but the rural household members as a whole. Marcus et al. (1996) for example, hold the view that many rural households in communal areas regard themselves as agriculturalists and those without land aspire for land within these areas while those with land are eager for more; this shows the importance of land

based strategies to livelihoods. Ellis (2000) talks of farm income generated from own farming, either on owner occupied land, or land acquired through tenancy or cash.

Literature reveal that the main agriculture practice in the rural areas is subsistence agriculture which is inexpensive for poor people. It is difficult to give a precise definition of subsistence agriculture but it is, as Heidhues (2003) presents it, a farming method that is typically characterized by low external input levels and low productivity (per unit of land and labour). The literature refers to subsistence agriculture as synonymous with such concepts as traditional, small scale, peasant, low income, poor resource, low input or low technology. Other scholars have described it as farming in which smallholder farmers just engage in it to raise enough food for their family's consumption. This notwithstanding, some literature have revealed that subsistence agriculture plays an important role in reducing the vulnerability and poverty of rural food insecure households. Non-farm activities such as crafts, for example pottery, basket weaving, broom making, roof thatching, etc. do not regularly provide income but are only on demand occasionally. Scott (1995) has called these livelihood strategies rural home based industries which rural dwellers undertake on the basis of certain skills and capabilities.

According to Ellis (2000), literature on rural labour markets in developing countries reveals that agricultural labour markets are poorly developed or non-existent. Rural people therefore migrate to urban areas for distant work opportunities. The literature views migration as a livelihood strategy, and poverty as the major root causes of migration. Skeldon (1997) for example, argues that migration emanates from the desire to improve one's livelihood and that it is the poorest and most destitute who migrate. In the end, migration ruins stable peasant or rural societies and undermines their economies uproots their populations and urban centres gain much from proletarian, cheap, immigrant labour (De Haas, 2006).

2.5 Social Networks/Social Capital

Mitchell (1969) defines a social network “as a specific set linkages among a defined set of persons with the additional property that the characteristics of these linkages as a whole be used to interpret the social behavior of the person” (p.2). Frequently cited definitions of social support are fairly related to the functional characteristics of social networks. Kahn and Antonucci (1980) for example define social support as inter-personal transactions that consist of at least one of three characteristics: affect (love, respect), affirmation (acknowledgement of appropriateness of actions or statements), and aid (money, tangible items, information). House (1981), also adds to this definition, by proposing four types of supportive behavior: emotional support (affect, esteem, concern), appraisal support (feedback, affirmation), informational support (suggestion, advice, information), and instrumental support (aid in labor, money, time). Kasearu and Kulsar (2010), also define social networks as relevant sources of support, help, advice, information, and form the basis of one’s social capital. Ellis (2000) on the other hand uses the term social capital to refer to community and wider social claims on which individuals and households can draw by virtue of their belonging to social groups of varying degrees of inclusiveness in society at large.

Theorists like Scott (1976) places the emphasis on localized reciprocity, as envisaged for example, in ideas of social insurance. Not only are investments made in money or human capital but the time and resources that are devoted to extending and nurturing social networks imply that they are seen as an investment in future livelihood security by rural households (Bery, 1989).

Putnam et al (1993) consider it as comprising of horizontal social groups such as associations, clubs, and voluntary agencies that bring individuals together to pursue one or more objectives in which they have a common interest e.g. farmers’ associations. The main idea in this definition is

that it facilitates coordination and cooperation for the mutual benefit of the members of the association.

Bebbington (1999) holds the view that of all the assets described as enhancements for livelihood construction, social capital is the most difficult to describe in other than broad qualitative terms. It has been acknowledged that, natural, physical, human and financial capital only to some extent determine the process of economic growth because they overlook the way in which economic actors interact and organize themselves to generate growth and development (Grooatert, 1998). What is missing is social capital, I should think. Putnam et al (1993) hold the view that a higher density of voluntary associations in Northern Italy explains the region's economic success by comparison with Southern Italy where such associations are less frequent.

Although the family is seen as the most safest heaven on which older persons rely greatly for support, the literature reveal that modernization and urbanization have jointly or separately disrupted the inbuilt safety nets of traditional African family system. The family ties that used to keep people together and unify them are broken and, this has rendered older persons more vulnerable and exposed to poverty. The plight of older persons is aggravated as they assume the role of caregivers for young children left behind by their dead or migrating parents.

It is therefore the purpose of this present study to investigate who support older persons to achieve better livelihoods and cope with live challenges.

2.6 Living Arrangements and Health of Older Persons

Health for the older person may be conceptualized as the ability to live and function effectively in society and to exercise maximum self-reliance and autonomy; it is not necessarily the total absence of disease (Harper, 1988). According to Rowe (1991), the health of older persons has

been approached from two different perspectives. The gerontological and geriatrics model, defines health in terms of the mechanisms and treatment of age-related diseases and the presence or absence of disease. The functional model, on the other hand, defines health in terms of older persons' level of functioning; it is best expressed by a World Health Organization advisory group report: Health in the elderly is best measured in terms of functioning. Degree of fitness rather than extent of pathology, may be used as a measure of the amount of services the elderly will need from the community (World Health Organization, 1989). Older Africans, like older Black Americans, perceive their health according to their ability to perform activities of daily living and not according to laboratory or x-ray findings (Harper, 1988).

Mba et al. (2006) assert that because Africa's populations are characteristically youthful and the ageing phenomenon is occurring slowly, policy makers and the research community tend to pay very little attention to ageing in Africa while disproportionate consideration is given to other aspects of the age spectrum (e.g. infant and childhood). Yet, the elderly are, arguably, more vulnerable because of lack of universal social security systems and disintegration of families stemming from increasing economic hardship and weakening of family organization in Ghana and many parts of the African continent (Mba, 2004).

Literature reveals that disability and ill health have not deteriorated over time in some developed countries. This assertion may not hold at all in developing countries, where available evidence shows that older persons could be far worse off than their colleagues in the developed countries. In some studies of the probability of living alone or co-residing with children or kin there is the emphasis on the role of the health status of the older person. The deduction could be that, since the needs of older persons who are disabled or ill are greater, co-residence should be more likely (keeping everything else constant). Empirical record is not at all clear on this assertion ; although

the effects are usually in the expected direction (Haaga, Peterson and DaVanzo, 1993). A number of studies conducted in Europe and the United States of America for example, show higher levels of ill health for non-currently married individuals compared to their currently married colleagues, with some differences by type of non-marriage (i.e., never married, widowed, divorced or separated) (Glaser and Grundy, 1997). The results of these studies show that widowed individuals have poorer health than do the currently married. A report from the United Kingdom (Arber and Cooper, 1999) was unable to demonstrate any significant impact of marital status and co-residence on morbidity.

United Nations projections and census results suggest that the pace of ageing in Ghana is one of the highest in Sub-Saharan Africa (United Nations 2011a; Ghana Statistical Service, 2002a). As the country experiences a transformation from young to old age structure, it will be faced with numerous health care problems and related policy issues (Government of Ghana, 2010; Apt, 1996). As the number of older persons in Ghana continue to rise, there is an urgent need to ascertain their health status. Thus, determining the functional status and the prevalence of limitation of physical function is essential for forecasting the long-term needs of Ghana's older population (Mba, 2013). According to Ayenor (2012), in 2002, cardiovascular disease, cancer, chronic respiratory disease and diabetes, cumulatively caused 29 million deaths worldwide. Yach et al., (2004), estimate that chronic non-communicable diseases are going to be the largest cause of death in the world by 2025, and less developed countries of Africa, Asia and Latin America will experience the biggest impact of this rising global burden of chronic diseases (Ayenor, 2012). In investigating the consequence of chronic disease in Ghana, de-Graft Aikins noted that in 2003, stroke, hypertension, diabetes and cancers had become top ten causes of death in Ghana. Hitherto, policy makers and individuals considered chronic conditions to be uncommon and

therefore not a public health threat (Ayenor, 2012). Generally, the incidence of chronic non-communicable diseases increases rapidly with advancement in age (Ayenor, 2012). Studies show that, the major health problems confronting older persons of which they seek care in health centres were hypertension, stroke, diabetes and arthritis. One of the objectives of this present study therefore is to investigate the health problems that are associated with ageing and the odds of living with such health problems.

In contrast to developed countries, relatively little is known about morbidity for the older persons in the developing countries, and even less about how they are impacted by living arrangements therein (Rahman, Menken and Foster, 1992). A priori, one could assume that, given the lack of economic opportunities and the greater dependence of women on male relatives for economic support in most developing countries (in patriarchal kin relationships), the absence of a spouse would have a greater negative impact on the health and survival of older women than men in the developing world (Cain, 1984, 1986). While all of the studies have clearly shown that non-married older males have significantly higher mortality than do their married peers (Rahman, 1999), the picture with respect to older women is less clear-cut. In some of the research, older non-married women do not have higher mortality than their currently married peers (Rahman, 1999), while in other studies, the level of mortality disadvantage is strongly related to the degree of decline in economic status suffered as a result of widowhood or divorce, with some women suffering a lot and others hardly at all (Rahman, 1997).

In addition to spouses, recent evidence suggests that other family members, such as sons and brothers, play an important but complex role in affecting the survival of older individuals in the developing world, and it is the existence of family members rather than their closeness to the older individual that determines the impact (Rahman, 1999). Some studies have found that those

living with others are more likely to use medical services, as family members facilitate access and encourage medical consultation (Magaziner and others, 1988); however, results from other studies conflict with this finding. Those living alone do, however, have a much higher rate of entry into long-term institutional care than do those living with others (Dolinsky and Rosenwaike, 1988).

Literature on associations between social ties and health also put forward a number of ways whereby, living with others might have beneficial effects on the health of the older person. These include the provision of services such as meals, nursing care when ill and support and companionship (Verbrugge, 1979). Marriage or co-residence with other relatives may also bring material advantages, especially for women (Hahn, 1993). Finally, marriage or co-residence may bring control of unhealthy behaviours; unmarried men, for example, have higher rates of alcohol consumption than do married men (Umberson, 1992).

Davis and others (1990), found a greater prevalence of nutritional inadequacy among older persons living alone in the United States of America. There are also some studies that have found higher rates of poor health among people living alone. Murphy (1997), for example, reported that, in the United Kingdom, rates of long-standing illness were higher among those living alone than among those in other types of household. Sarwari and others (1998), in a study of older white women in Baltimore, Maryland, found that among women with severe impairment at the baseline, those who lived alone experienced greater deterioration in functional status than did those living with others.

Many studies have revealed relationships between living arrangements and mental health.

Harrison and others (1999) for example, in a survey of adults aged 18 and over in the north-west

of England, found that those living alone had a 50 per cent higher risk of anxiety and depression than did those living with at least one other adult. Many are the studies of older persons that show those living alone, at least in the older old age groups, to be healthier than their counterparts living with adults other than a spouse, or in some cases, even than married adults (Fengler and others, 1983).

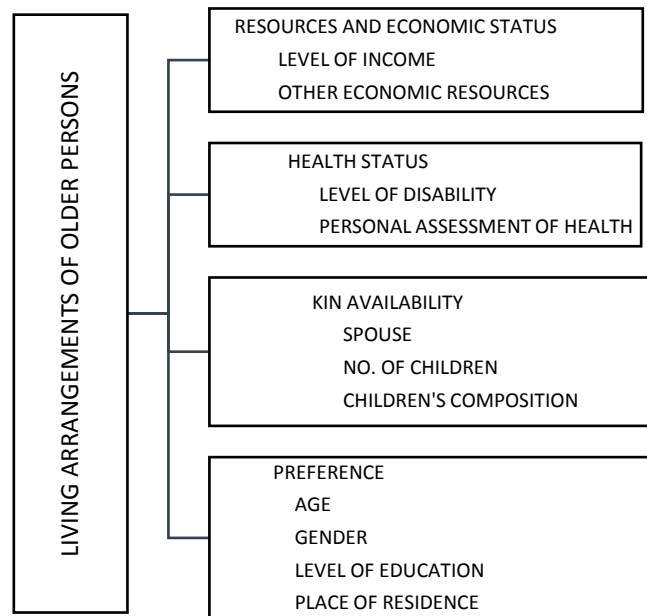
There is considerable evidence to show that increases in disability among older persons lead to changes in their living arrangements, in particular to move into institutions or the households of relatives (Wolf and Soldo, 1988). Wolf, Burch and Matthews (1990) revealed that limitations in the ability to undertake very specific tasks (such as meal preparation and fetching of firewood) were associated with a reduced chance of living alone. Although there exists some information about a few countries in the African continent (Apt, 1985), any discussion of living arrangements in developing countries in general and Africa in particular must take into consideration a multiplicity of factors. This study therefore uses collected data to examine the impact of living arrangements (particularly the presence of various family members) on the general health and limitations in activities of daily living for older persons aged 60 and over in Akuapim North District.

**CONCEPTUAL FRAMEWORK FOR THE STUDY OF LIVING
ARRANGEMENTS OF OLDER PERSONS IN AKUAPIM NORTH DISTRICT**

Adopted from Sitawa R. Kimuna (2000)

This conceptual framework proposes that family members choose their living arrangements according to their resources and needs. For example, adequate economic resources and good health have been mentioned as conditions that promote solitary arrangements. On the other hand, falloffs in health and economic need encourage co-residence with other family members (Adamchak et al., 1991; Asis et al., 1995).

Also, the model recognizes the effects of other factors (spouse, number of children and children's composition), which are introduced through kin availability. These factors recognize the prospects that define living arrangements and support of different family members. Non-material factors are introduced through preferences, which trigger family members' choice of co-residence. The strength of the model is its ability to account for the influence of needs, resources, demographic and non-material factors in defining the living arrangements of older persons for different members of the family.



Resources of older persons

The framework proposes that the needs and resources of older persons determine the feasibility of the existing living arrangements (Burr, 1992). Feasibility relates the economic and health variables to the living arrangements of older persons. In other words being healthy and having adequate resources would make a solitary living a possibility. The economic status of older persons is highly correlated to their level of income and other economic resources such as land, building and cars, which are mostly acquired during the hey-days of the older persons.

The framework also stresses the effects of economic status on living arrangements and social support of older people. However, there are distinct effects for two different types of economic resources: First, income levels and ownership of real assets and personal income, while the second, human capital, refers to the personal resources generated through time and experience, which also requires a certain level of education.

In Sub-Saharan Africa, where agriculture dominates, there is no retirement provision for the labor force other than illness and disability (Hampson, 1985). The framework suggests that the link between the individual and work is important because of the relationship between the individual's income and his or her work status. The importance of work to the older person lies in the fact that income is closely related to previous or current work status. In Ghana and elsewhere in Sub-Saharan Africa, mostly older persons are illiterate, poor and live in rural areas. Heslop (1999) noted that older persons in rural locations engage in informal work or activity that does not guarantee steady income. Moreover, in most Sub-Saharan African countries, centrally developed systems for income security in old age are extremely limited (Kimuna, 2005). In practice, eligibility is restricted to a small minority of workers previously employed in the formal sector in urban areas, such as government staff and employees of large-scale public or private enterprises. The World Bank estimates that over 70% of the world's older persons rely on informal systems of security (World Bank, 1994) and this percent is certainly higher among older people in developing countries in Sub-Saharan Africa.

The framework shows that assets and personal income, which is associated with high levels of education, enable older persons to have privacy and reduce the likelihood for co-residence (Micheal et al., 1980). The model also specifies that older persons prefer to maintain a separate household but keep close contact with their family members, a phenomenon that researchers refer to as "intimacy at a distance" (Soldo et al., 1990). On the other hand, lack of resources or poverty increases the probability of co-residence. According to the model, another important factor that determines co-residence is the extent to which older persons provide economically valued resources to co-residing members in the household. For example older persons may provide services such as childcare and other types of support to the family (Martin, 1989).

Health Status of Older Persons

Again, the framework demonstrates that, in addition to sufficient economic resources, good health is the other major requirement for self-reliance and independent living (Soldo and Freedman, 1994). Self-reliance of older persons is strongly related to their current economic situations, activity, health, living arrangements and availability of social support. With declines in health status and increased disability, older persons experience difficulties with many activities of daily living ranging from the preparation of meals to bathing, dressing, housework, planting, weeding, harvesting, collecting water and collecting firewood. These needs increase the chance of co-residence and social support. The model also indicates that the tendency for co-residence due to disability also depends on the marital status of the older person and the health of the spouse. The presence of an able spouse lessens the probability of co-residence with kin since the spouse can care for the disabled partner.

According to the framework single older persons including widows, separated and never married are more likely to depend on other family members in cases of poor health. The unmarried women face a double challenge in responding to the gender implications of aging. On the one hand, they are disadvantaged in the life expectancy “advantage” for women (Ewing, 1999) often-outliving husbands who might otherwise provide economic support.

Older women are one of the poorest population groups, yet they are often the primary caregivers for another impoverished group, children. In Ghana and elsewhere in Sub-Saharan Africa, the poorest older women have taken on the responsibility of caring for the most vulnerable in their communities; that is, children and grandchildren with HIV/AIDS in the absence of any state or formal support (Kimuna, 2005). The need component also recognizes the importance of cultural

preferences. Even when older persons have adequate resources, they may still want to live with kin simply because it is culturally appropriate.

Kin Availability

Furthermore, the framework identifies kin availability as the major source of support available to older persons (Soldo et al., 1990; Heslop, 1999; Gorman, 1999). The underlying assumption is that, there is positive relationship between the size of kin network and the probability of co-residence and receiving social support. Waite (1995) for example, found relationship between kin and social network availability and psychological wellbeing of older persons. The model further indicates that size and structure of kin network can significantly strengthen explanations of older persons' living arrangements. The argument is that, the number of children and their characteristics such as gender, marital and economic status may affect their ability to support older persons. The model highlights the composition of children by marital status. Although in some research a measure of availability of children is the number of unmarried surviving children, in the United States of America for example, availability of unmarried children matters more than sheer availability (Wolf and Soldo, 1988). However, research on poverty among older persons has provided an understanding of its consequences beyond the lack of physical necessities, income and material assets (Chambers, 1995). Illiteracy, unemployment, and physical weakness due to malnutrition and illness are often concomitant of poverty and lack of support for older persons.

Preferences

Lastly, the framework shows that preferences underlie family members' choice of living arrangements and support when needs, resources and other potential opportunities do not define this factors. Thus, the preference factor is introduced to capture those elements of older persons' attributes that are not captured by the measures of needs, resources, kin availability and other opportunities. The preference factor assumes that there are differences between cultural and ethnic groups regarding older persons' living arrangements. Studies of cross-cultural comparisons have used ethnic characteristics as proxies (Casterline et al., 1990). In African societies, Chilungu (1989) noted that preference factors of older people can be identified with their adoption of traditional and non-traditional attitudes. Traditionalists have a high level of co-residence and social support mainly provided by their families. This is because of older persons' respected status within the family and not necessarily because of needs. Conversely, with non-traditionalists, preferences will result in low levels of co-residence, and support is provided only on the basis of rationalization of resources versus needs.

The framework also indicates that although age, gender, educational attainment, and region or place of residence are part of the older people's life course attributes and are implicitly included under other factors affecting living arrangements, these factors are used as proxies for preference because of their distinct effect on older people's choices. Age is frequently associated with high levels of declining health and economic need. In developing countries, old age and poverty are intimately linked (Kalache and Sen, 1999). Health in old age is greatly determined by the patterns of living, exposure and opportunities for health protection over the life course. Age also reflects to some extent a cohort effect on older persons' preferences. That is, older persons tend to be more traditional than young people. Consequently, high levels of co-residence are

expected. The same argument holds for educational attainment. Although educational attainment can provide older people with means and resources that can influence their economic and health status, it has the distinct effects of exposing them to new and non-traditional attitudes (Da Vanzo and Chan, 1994; Chilungu, 1989; Burr, 1992).

CHAPTER THREE

Research Methodology

3.0 Introduction

This chapter deals with the procedure employed by the researcher to achieve the objectives of the study. The purpose is to state how this research has been carried out and to provide evidence that the study has passed through the appropriate scientific method of investigation. This consist of topics and sub-topics such as the introduction, the research design, sources of data, the target population, the sampling arrangement, sampling frame, sampling procedure, sample size, method of data collection, data management and quality assurance, ethical consideration, limitation of study and study area. Data analysis procedure will also be presented here.

3.1 Research design

This phase of the study is concerned with the researcher's total plan for the investigation. It reflects the purpose or the goals of the study, the frame and the units of analysis, the research motive and the method for the design.

The study is a descriptive one in which observations made about the living arrangements of older persons in the study area are described. It is also a pure field research. Survey, a non-experimental design was used to find out information relating to the objectives of the study. To Babbie (1989, 5th ed), this is probably the best method available to social scientists who are interested in collecting original data for describing a population too large to be observed directly, as in this study. In addition, survey is the excellent method for measuring experiences and orientations of the study population. Survey was therefore used to find out the living

arrangements and its bearing on the health status of older persons in Akuapim North District.

The livelihood or survival strategies of these older persons in the face of changing social and economic environment were also thoroughly examined.

Because of time constraint, only a cross-section of the population was studied. A sample was to be selected and studied so that statistic would be used to estimate the population parameters. In this survey, two sources of data were used. These were primary and secondary sources of data. The primary sources of data constituted the unit of analysis and these were older persons who are faced by a situation of complex living arrangements and poverty that can be minimized or eradicated by their engagement in different livelihood strategies or activities.

3.2 Secondary Sources of Data

These are results of similar studies published by other researchers. The researcher searched and used this information obtained from primary sources by other researchers that are related to the living arrangements of older persons of Akuapim North District. This information was obtained from published books, journals, magazines and demographic and health survey (GDHS) data. This information was used to explain the nature of the problem; review related literature and provided the basis for analysis and comparison, with the primary data collected through the sample survey.

3.3 Primary Sources of Data

Primary data refers to information obtained directly from the field in the original form. It is the raw information obtained from the units of analysis that is free from editing and alteration. This section of the study design is concern with where the researcher will obtain the original data for

processing. It outlines the target population, the sampling technique and sample size and the method of data collection that was used.

In this survey, the researcher used primary data for the analysis. This original data was collected from respondents through a sample survey of older persons in Akuapim North District. This enabled the researcher to get first-hand objective information from the field and study outcomes with higher levels of confidence. This was so because that is the only source of data that is free from external influence, judgment and biases. These primary data included: socio-demographic data, data on social networks and support groups, data on livelihood strategies and data on health status.

3.4 Study Area

The Akuapim North District was established in 1988 by Legislative Instrument (LI) 1430. Until then, it was part of the erstwhile Akuapim District Council which was established in 1975.

Akropong is the District Capital. Other major towns are Larteh, Mampong, Adukrom, Abiriw, Awukugua, Manfi, and Dawu.

The district is located in the south-eastern part of the eastern region and is about 58km from Accra, the capital city of Ghana. The Akuapim North District shares boundaries to the northeast with Yilo Krobo, north with New Juaben Municipal, southeast with Dangme west, southwest with Akuapim South Municipal, and in the west with the Suhum-Krabo-Coaltar district. The district covers a land area of about 450sqkm representing 2.3% of the total area of the Eastern Region. The boundary stretches from Obosomase in the south, through to Abonse in the east to Okrakwadwo and Asamang in the North to Okorase and Mangoase in the West. The Akuapim North District has about 230 settlements. The district is mountainous, with hills ranging between

381 metres and 488 metres in height, although the highest peak reaches 500 metres above sea level. Geologically, the district is dominated by rocks of Precambrian age, and the Togo series.

There are two major ethnic groups in the district. These are the Twi and Guan speaking people. There are however a number of settlers, like Ewes and Krobos. On the whole, about 30.4% of the population is residing in the urban centres of the District which are composed of only four communities out of the over hundred human settlements in the District. From this analysis the rural-urban split is about 69.6% rural dwellers to 30.4% urban residents as against national average of 64% rural dwellers to 36% urban residents.

The study is intended to cover two localities in the Akuapim North District, one rural and one urban. Given the nature of the research questions, coupled with time and monetary constraints, the investigator selects purposively the two localities in order to reflect not only the different infrastructure, culture and social contexts in rural and urban areas in Ghana, but also to reflect varying socio-economic conditions in rural and urban Ghana. In this respect, Akropong and Nanabanin localities in Akuapim North District were chosen purposively for the study.

3.5 Target Population

Babbie and Mouton (2001) define a population as that aggregation of elements from which the sample is actually selected. The population of the study is comprised of the older persons in Akuapim North District aged 60 years or more who are confronted with complex living arrangements and engage in different livelihood strategies to ensure survival.

In this study 60 years or more is used because it is the nationally accepted age for one to be called an older person in Ghana.

3.6 Sampling Arrangement Procedure and Size

The sampling arrangement consists of sampling frame, sampling procedure and sampling size.

The sampling frame is the older persons in the Akuapim North District.

The study utilized purposive sampling to select the respondents. De Vos (2000) presents purposive sampling as a valuable kind of sampling used in exploratory research. Its use and application is based on the judgment of the researcher and allows for selection with a specific purpose in mind. Non-probability sampling gives the best chance to get rich qualitative data (Babbie and Mouton, 2001). Interviews with selected older persons were employed to capture the views of the respondents. Therefore the researcher sought to engage with older persons aged 60 and above (both men and women).

Respondents were selected according to the following criteria:

- Willing participation;
- Informed consent;
- Older persons from the age of 60 for both men and women
- Self-expression in any language preferred (especially their dialect or language, the Akuapim Twi and Guan).

Key informants such as local traditional leaders and assemblymen helped in the identification of older persons in Akuapim North District.

The researcher started by studying one older person who was interested in the problem, and then continued studying a gradually growing number of older persons until it became apparent that he

has exhausted the problem. The researcher stopped when the data reached a "saturated" state since new items or cases no longer revealed new interesting information pertaining to the living arrangements of older persons. At the end of the study the researcher had a total of 36 (20 and 16 respondents from Nanabanin and Akropong respectively) older persons for the survey. The main focus of the study was to draw extensive experience from respondents rather than have conclusions that would be generalized.

3.7 Data Collection

This phase of the study design is concerned with how to obtain the needed information from the sample selected and the collection instruments to be used. In this social survey, the researcher will use questionnaire as the main instrument of data collection. The questions covered the following: social-demographic background of respondents, social network and support group, livelihood strategies and health status.

The questionnaires were administered through personal or face-to-face interview to elicit response from participants. The questions were spread out and made simple so as to avoid misinterpretation and boredom and enhance the response rate as respondents spent less time in answering many questions. Questions answered by participants included both closed-ended and open ended types. Mutual exclusive and exhaustive response categories of different types for closed-ended questions have been considered. The open-ended questions were pre-coded to facilitate data processing. The open-ended questions were included so that participants will be able to also express their views about their living arrangements, survival or livelihood strategies and their general health status. Thus spaces were provided for them to express their views and opinions.

In an attempt to reasonably estimate the age of those who, where not certain with their birthdates, one of these three methods was used: historical events list, reference to the oldest child whose birthdate was known, and a person in the household or vicinity who was an age mate to the respondent and whose birthdate was known.

To ensure reliability, the questionnaires and interview guides were pilot tested.

3.8 Data Analysis

Proceedings in the field were all documented with consent from the respondents. The raw data was transcribed into texts for later analysis to trace emerging themes. Through data analysis the researcher was able to give meaning to the data gathered in the study.

3.9 Ethical Consideration

The researcher explained the use of the study to the respondents before the interview. The respondents were assured of protection of their privacy. The researcher informed the older persons of the nature and academic use of the study. It was explained that there was no intrusion into their privacy; and that the benefit of the study could enhance policy formulation and implementation.

3.10 Limitation of the study

A major limitation was access to information to justify the demographic profile of Nanabanin, in the Akuapim North District. All the efforts made through the Akuapim North District Assembly proof abortive. Subsequently, the researcher applied to the Ghana Statistical Service (GSS), but time constraint could not permit a long wait.

The lack of information has contributed to the absence of a vigorous demographic profile of Nanabanin. The hope is that in future, access to information would facilitate important studies such as this and enhance the formulation and implementation of social development policy in Ghana.

3.11 Data Management and Quality Assurance

This part of the study design is concerned with preparing the data collected for processing and analysis. This is to ensure that, the data collected is devoid of avoidable errors. This comprises editing, coding, data cleaning and data entry.

The data collected was edited. The researcher proofread and corrected abnormalities found in flow of information provided by the participants.

The questionnaires were coded so as to enable data collected to be processed using the Statistical Package for Social Sciences (SPSS). Numerical values were assigned to the various categories of the variables used in the analysis of the data collected. Because most of the items have been pre-coded, the open-ended questions were post-coded. Edge coding was also employed. Here, the researcher marked the outside margin of each page of the research instrument with the value to correspond with the code assigned to the variable. This was to eliminate the need for transferring the data to code sheets.

The data collected was also cleaned. This involved: checking whether codes have been miswritten; checking whether codes have been misread by the researcher and the assistants during the transfer of codes to the margins of the questionnaires and checking whether data appeared in columns that should have been blank.

The data, after all the above was entered into the computer software known as Statistical Package for Social Sciences (SPSS). Here all the variables have been entered into the respective cells in the data view screen and entered the codes assigned to each variable in each item or question and questionnaire in the variable view.

After data entry, the researcher analyzed it at different levels. The first level is univariate analysis. This is to analyze the frequencies associated with the various individual variables. The second level was bivariate where two variables will be cross-tabulated to find the association between them. Frequency tables and charts were used to summarize the data. Quality assurance aspect took place during and after data collection.

3.12 Conclusion

This chapter provided an overview of the methodological design used in the study. The study follows the exploratory approach in exploring the living arrangements and livelihoods strategies of the older persons in Akuapim North District. Social surveys were used to probe for information as to current general condition of the elderly in Akuapim North District.

CHAPTER FOUR

DATA ANALYSIS OF LIVING ARRANGEMENTS OF OLDER PERSONS IN THE AKUAPIM NORTH DISTRICT

4.0 Introduction

This chapter of the study deals with a careful examination and analysis of the raw data collected through questionnaires. It is organized along the objectives and the research questions. The analysis was premised on the themes of socio-demographic characteristics, survival strategies, social networks, socio-economic conditions and the living arrangements vis-a-vi health status of the respondents. I shall begin the findings with the socio-demographic characteristics of the respondents.

4.1.0 Socio-demographic Characteristics

To know which socio-demographic characteristics influence the living arrangements of older persons in the study area, respondents were asked to state their age, gender, marital status, and the number of children surviving.

4.1.1 Age of Respondents

The eligible respondents were older persons aged 60 years and over in the study area (Akropong and Nanabanin). These ages have been grouped into 9 classes which are: 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-94, 95-99, and 100+. In this study, for Akropong, the majority (4, representing 25%) of the respondents were in the age group 60-64. Three (3), representing 18.8% of the respondents were in the age groups 65-69, 75-79 and 80-84. The least number of respondents (1, representing 6.3%) were in the age groups 70-74, 85-89 and 100+. In the case of

Nanabanin the greatest number of respondents (9, representing 45%) fall within the age group 70-74. Three (3), representing 15% are in the age groups 60-64, 75-79 and 85-89. The least number of respondents are in the age groups 80-84 and 100+. Table 2a and table 2b below summarize the frequencies and percentages of the respondents in each class, for Akropong (urban) and Nanabanin (rural) respectively. Table 4.1 and table 4.2 below show the distribution of respondents according to age.

Table 4.1 Distribution of respondents in Akropong by age

	Frequency	Valid Percent
Valid 60-64	4	25.0
65-69	3	18.8
70-74	1	6.3
75-79	3	18.8
80-84	3	18.8
85-84	1	6.3
100+	1	6.3
Total	16	100.0

Table 4.2 Distribution of respondents in Nanabanin by age

	Frequency	Valid Percent
Valid 60-64	3	15.0
70-74	9	45.0
75-79	3	15.0
80-84	1	5.0
85-89	3	15.0
100+	1	5.0
Total	20	100.0

4.1.2 Gender distribution

In studying of social phenomenon of this nature gender distribution is an important factor to be considered. This is because to some extent, responses by respondents could be tilted towards their gender and therefore provides a good basis for quality information on the sample population and policy formation especially at local level. Gender differences also enhance the discussion on the living arrangements of older persons. Some literature for example, reveals that the living arrangements of older women are typically different from those of older men.

The tables below show the gender distribution of the sample size interviewed for the study within the Akuapim North District thus, Akropong and Nanabanin. The gender distribution for Akropong constitutes three (3) males, representing approximately 19%, and thirteen (13) females, representing slightly above 81% of the population sample. The sample population of

Nanabanin constitutes nine (9) males, which represents 45%, and eleven (11) females, representing 55%.

This finding is largely due to the fact that mostly within local communities, females are the most often found at home.

Table 4.3 Gender distribution of respondents in Akropong

	Frequency	Valid Percent
Valid Male	3	18.8
Female	13	81.3
Total	16	100.0

Table 4.4 Gender distribution of respondents in Nanabanin

	Frequency	Valid Percent
Valid Male	9	45.0
Female	11	55.0
Total	20	100.0

4.1.3 Marital Status

A search through literature reveals that marital status is one of the variables that influence the living arrangements of older persons. For example, older women live alone because they are less likely to be remarried after divorce or death of a spouse.

The marital status in this study is divided simply into married or unmarried. Married older persons are those who currently live with a spouse. This includes older persons who are living in a consensual union or co-habiting and those who are legally married. Unmarried older persons are those who never married, were divorced, separated, or widowed at the time of the survey. Respondents in this study were asked to state their marital status and out of the 16 respondents interviewed in Akropong, fourteen (14) representing 87% were unmarried or single while two (2), representing 12.5% were married. The study also reveals that out of the thirteen (13) female respondents, only one (1), representing approximately 8% were married at time of the survey while, twelve (12) representing slightly above 92% were unmarried, which was largely due to the demise of their husbands. Out of the three (3) male respondents, one (1), representing slightly above 33% were married at the time of the survey, while two (2) representing approximately 67% were unmarried.

In contrast to the findings in Akropong, out of the twenty (20) respondents studied in Nanabanin, eleven (11), representing 55% were married and, nine (9) signifying 45% were unmarried. Out of the eleven female respondents, six (6) representing approximately 55% were unmarried while, five (5) representing slightly above 45% were married. On the other hand, two (2) signifying slightly above 22% of the male respondents were unmarried while, seven (7), constituting approximately 78% were married at the time of the survey.

This finding is supported by previous studies of the living arrangements of older persons. Studies on the living arrangements of older persons in developing countries which largely focused on East and Southeast Asia reveal that the likelihood of older males to live with a spouse is higher than older females to live with a spouse.

It can be concluded that more rural older persons receive spousal support than the urban older persons. Table 4.5 and table 4.6 below show the marital status of respondents.

Table 4.5 Marital status of respondents in Akropong

	Frequency	Valid Percent
Valid Married	2	12.5
Not Married	14	87.5
Total	16	100.0

Table 4.6 Marital status of respondents in Nanabanin

	Frequency	Valid Percent
Valid Married	11	55.0
Unmarried	9	45.0
Total	20	100.0

4.1.4 Number of Children Surviving

Information on respondents' number of children surviving was collected. This was to find out the influence of this variable on the living arrangements of older persons among the study population. The respondents were asked to state the number of their children who were alive at the time of the survey. Literature reveals that the number of children may influence the living arrangements of older persons. The notion is that there is positive correlation between large numbers of children surviving and the possibility of co-residence and support. In this sample

survey, 6.3% Of the respondents in Akropong have two (2) surviving children; 12.5%, 3 surviving children; 12.5%, five (5) surviving children; 18.8% four(4) surviving children; 25%, six(6) surviving children; and 25%, have seven(7) surviving children. The table below shows the distribution of respondents in Akropong by number of children surviving.

Table 4.7 Number of children surviving (Akropong)

Number of children	Frequency	Valid Percent
Valid 2	1	6.3
3	2	12.5
4	3	18.8
5	2	12.5
6	4	25.0
7	4	25.0
Total	16	100.0

In the case of Nanabanin, 5% of the respondents have no surviving child; 5%, have one (1) surviving child; 5%, three (3) surviving children; 5%, four (4) surviving children; 5%, six (6) surviving children; 5%, 8 surviving children; 10%, five (5) surviving children; 15%, two (2) surviving children; 20%, ten (10) surviving children; and 25%, have nine (9) surviving children. This information is summarized in the table below.

Table 4.8 Number of children surviving (Nanabanin)

Number of children	Frequency	Valid Percent
Valid 0	1	5.0
1	1	5.0
2	3	15.0
3	1	5.0
4	1	5.0
5	2	10.0
6	1	5.0
8	1	5.0
9	5	25.0
10	4	20.0
Total	20	100.0

4.2.0 Social Security

Social security plays an important role in determining the living arrangements of older persons. Social security schemes ensure income security during old age and place recipients above the poverty line. Without such security systems older persons are likely to become vulnerable to various shocks, risks and above all to poverty. Social security therefore enhances the socio-economic well-being of older persons. Improved socio-economic well-being can eventually influence the living arrangements of older persons. Edmonds et al. (2001) for example, have shown that social security schemes and pension eligibility in South Africa make co-residence

more attractive for adult child. Carvalho Filho (2000) on the other hand finds an increase in propensity to live alone associated with pension income for single, rural older women in Brazil. Thus social security may influence living arrangements of older persons in a number of ways.

In finding out if respondents benefit from social security, they were asked whether they have any social security scheme. Out of the sixteen (16) respondents interviewed in Akropong, the findings indicate that, as many as thirteen (13) representing a little above 81% indicated that they have no social security scheme while, only three representing close to 19% indicated that they have social security scheme.

With regards to Nanabanin, out of the twenty(20) respondents, seventeen (17), representing 85% indicated that they have no social security scheme while, only three (3) representing 15% indicated that they have social security scheme. This finding is supported by OECD (1998) and World Bank (1994) reports, which indicate that while policy options for responding to population ageing through the reform of social security and pension, have received increasing attention in the developed world, much less attention has been given to these issues elsewhere in most developing countries. The tables below show the distribution of social security status of respondents.

Table 4.9 Distribution of social security for older persons in Akropong

		Frequency	Valid Percent
Valid	Yes	3	18.8
	No	13	81.3
	Total	16	100.0

Table 4.10 Distribution of social security for older persons in Nanabanin

		Frequency	Valid Percent
Valid	Yes	3	15.0
	No	17	85.0
	Total	20	100.0

4.3.0 The Different Types of Living Arrangements

At this phase of the chapter the researcher sought to analyze the different types of living arrangements of older persons in the research area. It also looks at the relationship between the older persons and those with whom they co-reside.

4.3.1 'Co-residence' and 'Living Alone'

The study of living arrangements is very important because co-residence is seen as a type of intergenerational transfer. Often, there is an assumption that co-residence is based on the needs of the older person, but research has shown that co-residence is typically mutually beneficial to both generations (Casterline and others, 1991). Both older persons and children benefit from

living together. Older persons receive the social, financial, and health support they need from the younger ones. Older persons also assist with caretaking of younger children.

To find out whether older persons in the study area live alone or co-reside with others, respondents in the survey were asked to state whether they live with somebody or live alone. Out of the sixteen (16) participants from Akropong, twelve (12), signifying 75% were living with others in their household, while four (4), signifying 25% were living alone. Out of the twelve (12) respondents who indicated that they live with somebody in their households, seven (7) representing slightly above 58% live with their grandchildren, two (2) representing approximately 17% live with spouse, and three (3) signifying 25% live with their unmarried daughters. In the case of Nanabanin, out of the twenty (20) respondents, seventeen (17) representing 85% were living with others, while three (3) representing 15% were living alone. Out of the seventeen (17) respondents who co-reside with others, eleven (11) representing approximately 65% indicated that they co-reside with spouse, three (3) representing approximately 18% live with their unmarried daughters, two (2) signifying approximately 12% live with their sons, and one (1) representing about 6% live with grandchildren and great grandchildren. Another noteworthy finding is that most of the co-residing children have little or no formal education and work in the informal sector. Another worth mentioning finding was that, significant proportion (71.4 per cent) of the older persons living alone, were women. In categorizing the ages of the respondents into 'young old' (60-84 years) and 'oldest old' (over 85), it was revealed that all the respondents living alone fall within the 'young old' age category. This finding is in line with Kinsella (1990) assertion that, the prevalence of the elderly co-residence with children or kin decreases from about age 50 to about 80 and then increases again. Contrariwise, Ruggles (1994), opines that, over time, the increase in living alone has been

proportionately higher among the oldest old (over 85) than among the young old (60-84). Table 4.11 and table 4.12 below show the distributions of those living alone and those living with somebody.

Table 4.11 Living arrangements of respondents in Akropong

	Frequency	Valid Percent
Valid Yes	12	75.0
No	4	25.0
Total	16	100.0

Table 4.12 Living arrangements of respondents in Nanabanin

	Frequency	Valid Percent
Valid Yes	17	85.0
No	3	15.0
Total	20	100.0

4.4.0 Head of Household

The large majority of males are heads of their households. This is an expected finding, given established social customs throughout the developing countries. In Akuapim North District, Males are more likely to be household heads than are the females.

One striking finding is that older persons in Akropong are more likely to be unrelated to the household head than are older persons in Nanabanin, where nonrelatives living in the same household are particularly rare.

In an attempt to investigating the household head of respondents they were asked the question as to who is the head of their households. The question aims at finding out the number of male headed households and female headed households of respondents. The question also seeks to finding out the number of older persons who are household heads. Out of the sixteen respondents interviewed in Akropong, all sixteen, representing 100% were living in male headed families. The finding from Nanabanin indicates that out of the twenty participants in the survey, nineteen (19), representing 95% were living in male headed household while, just one (1), representing 5% were living in female headed household. It is worth noting that out of the sixteen respondents from Akropong only four (4) representing 25% were household heads. Out of the twenty (20) respondents from Nanabanin, only four (4) representing 20% were household heads. It can be said therefore that a very small percentage of the older persons interviewed at the time of the survey were household heads. The tables below indicate the distribution of male and female headed families.

Table 4.13 Distribution of household head of respondents in Akropong

	Frequency	Valid Percent
Valid Male	16	100.0

Table 4.14 Distribution of household head of respondents in Nanabanin

		Frequency	Valid Percent
Valid	Male	19	95.0
	Female	1	5.0
	Total	20	100.0

4.5.0 Comparative Analysis of Housing Conditions of Respondents

This face of the chapter provides information on the housing characteristics of the respondents.

This information consists of the type of dwelling and the materials used in the construction of the roof, wall and the floor. This helps to assess the general socio-economic conditions of the respondents in relation to their differing geographical milieu.

In the rural Akuapim North District (Nanabanin) it was observed that all the respondents live in mud rooms, mostly in compound houses, whereas their counterparts in the urban area (Akropong) live in cement blocks rooms, mostly in compound houses. Greater proportion of the respondents in Nanabanin live, in debilitated mud houses which need urgent rehabilitation. An old woman in expressing her ordeal lamented that “during the raining season the thatched roof leaks, and makes the room not worth living”. The findings also indicate that, all the respondents interviewed in Akropong live in dwelling with cement floors, but about half of the respondents in Nanabanin have floors made of mud. However, owning a house or room is more common in Nanabanin than in Akropong, whereas renting rooms is more common in Akropong than in Nanabanin. Significant proportion of the respondents in both Akropong and Nanabanin live in

dwellings roofed with corrugated metal sheets. However thatched roofing is second to corrugated metal sheets in Nanabanin, while in Akropong it is asbestos.

About half (50 per cent) of the respondents in Akropong have access to pipe-borne water, for general use. Whereas, none of the respondents in Nanabanin has access to this source. The main sources of drinking water for the rural respondents (Nanabanin) are boreholes and wells. It was also observed that, the main sources of lighting for the respondents in both Akropong and Nanabanin are electricity and kerosene respectively. The result also shows that, in Nanabanin greater number of the respondents use firewood as the main cooking fuel, whereas in Akropong the majority of the respondents who prepare their own food use charcoal. However, a large proportion of the respondents in Akropong use gas for cooking than the rural dwellers (Nanabanin). Pit latrine is the most common form of toilet, and it is used by all the respondents in Nanabanin, while about quarter of the respondents in Akropong have no toilet facility and use public toilet.

The living arrangements of older persons are significantly influenced by the type of house they live in. Older persons living in compound houses are more likely than those living in self-contained ones to receive familial support from other co-residing kin and from nonrelatives as well. Although older persons living in self-contained houses are more likely than those living in compound houses to enjoy some level of privacy and independence, there is the danger of solitary living and, lack of social, economic, physical and psychological support. It is worth noting that this type of support is closely linked to the composition and economic viability of the co-residing members. In this study the type of house is simply categorized into compound and self-contained houses.

This study indicates that five (5), representing slightly above 31% of the total sample studied in Akropong were living in self-contained houses while, eleven (11), representing approximately 69% were living in compound houses. The finding from Nanabanin depicts that all the twenty (20) respondents, signifying 100%, during the time of the survey were living in compound houses. This is an empirical illustration of the fact that most rural older persons live in compound houses.

Table 4.15 Distribution of respondents in Akropong by type of house

	Frequency	Valid Percent
Valid Compound	11	68.8
Self-contained	5	31.3
Total	16	100.0

Table 4.16 Distribution of respondents in Nanabanin by type of house

	Frequency	Valid Percent
Valid Compound	20	100.0

4.6.0 Sleep Alone

The table 4.17 below shows that out of the sixteen (16) respondents interviewed in Akropong, nine (9) representing slightly above 56% at the time of the survey sleep alone while, seven (7), representing approximately 44% do not. It is intriguing to note that out of the seven older

persons who do not sleep alone, five (5) representing slightly above 71.4% were sleeping with either one (1) or more grandchildren, while two (2), representing 28.6% sleep with a spouse. In Nanabanin out of the twenty (20) respondents, nine (9) constituting 45% sleep alone, while eleven (11) representing 55% sleep with someone. Out of the eleven (11) respondents who do not sleep alone, five (5) representing 45.5% sleep with one or more grandchildren, while six (6) signifying 54.5% sleep with a spouse. The findings indicate that while majority of the urban older persons sleep alone, the majority of their counterparts living in the rural areas sleep with either a spouse or at least one grandchild.

Table 4.17 Sleeping arrangements of respondents in Akropong

	Frequency	Valid Percent
Valid Yes	10	62.5
No	6	37.5
Total	16	100.0

Table 4.18 Sleeping arrangements of respondents in Nanabanin

	Frequency	Valid Percent
Valid Yes	9	45.0
No	11	55.0
Total	20	100.0

4.7.0 Family Care and Support

The examination and the discussion of the well-being and condition of older persons in the research area lead to diverse discoveries. Some of the respondents were happily enjoying life. They were living comfortably in their own houses with children and grandchildren. Implicitly they have 24 hour company, and they were well taken care of. Others were despondent, poor, starving, and were living alone. In trying to unveil the common themes in these differing experiences of the respondents, I was compelled to focus on one consequential aspect of older persons' lives: 'care' or 'support'. This face of the analysis therefore attempts to bring to the fore the kind of support or care the older persons in the research area receive.

The concept of 'care' has various connotations, and according to Van de Geest (2002) it can be referred to as carrying out physical activities for others who may not be able to do them alone. Tronto (1993) sees care as one of the significant activities of human life, and thinks that for a society or a person to be named morally worthy society or person, it must among other things, adequately provide for its members (Tronto, 1993). He cautions that "the activity of caring is defined culturally, and will vary among different cultures" (Tronto, 1993), and according to Van de Geest (2002) the only way to investigate what care is in a particular cultural setting is by listening to those who are directly involved in it. I shall begin the discussion on the various activities of care being carried out for the older persons in Akuapim North District (Akropong and Nanabanin).

Getting food to eat forms an integral part of the survival of the respondents. When I asked the respondents about the type of care they receive, food was apparently the most recurrent answer. Some of the respondents, obviously those who live alone fend for themselves and prepare their

own food, or by their food from the roadside or chop bar. However, for some of them, getting food to eat is less tedious task. They get their food at regular times and from the same source. Opanyin Kofi Koranteng, who at time of the survey was 82 years old, for example gets his breakfast and lunch from a granddaughter who was staying with him in the same compound. His supper comes from her daughter-in-law who lives in a different house. Opanyin Kofi Koranteng revealed that his son had instructed his wife to send food to him every evening. He also laid emphasis on the fact that it is a cultural norm for daughters-in-law to send supper to their father-in-law every day.

Another essential aspect of care has to do with bathing. Someone has to collect and carry the water to the bathroom for the older person, and if the need be warm the water for the older person. Carrying someone's water to the bathroom is a characteristic gesture of respect (Van de Geest, 2002). Some of the older persons are not able to walk to the bathroom, and in this case, they either take their bath in their room or may be bathed by someone. An old woman who has been incapacitated by stroke told me that, her daughter bath her about four times a week in their room. Opanyin Ofori Boahene, 81 years, expresses his opinion about cleanliness at old age: "it is the duty of the relatives to see to the washing of the older person's clothes, and also buy him or her new ones".

Without the help of others some of the respondents might find it extremely difficult to visit the toilet. One older person lamented that, had it not being the help of his granddaughter and a tenant, it would have been very difficult and even impossible for him to have visited the toilet. Some of the older persons ease themselves in their room and ask someone in the house to get rid of it, for them.

Migration and monetization of the economy have changed the trend of care tremendously (Van de Geest, 2002). However, adult children who have migrated and are living elsewhere, contribute immensely, their quarto to the care of their aged parents by sending money and items such as food, clothes and many other things. A phenomenon defined by Van de Geest (2002) as ‘caring from a distance’. Mr. Ofori Boahene, a retired headmaster of one of the renowned senior high schools in Akropong indicated: “my children send me money to buy food and other things I am in need of”.

Older persons in developing countries such as Ghana most often need economic, social and physical support, but are poorly equipped to provide for themselves, because of this they tend to rely greatly on members of their family and household for well-being and survival. Leo Simmons (1945), for example, in his study of the role of the older person in 71 pre-industrial societies, observed that “throughout human history the family has been the safest haven for the aged. Its ties have been the most intimate and long-lasting, and on them the aged have relied for greatest security” (Simmons, 1945, p.176).

In finding out whether the respondents in the research area receive familial support, they were asked if they receive familial support from any relatives or family members. Out of the sixteen respondents interviewed in Akropong, ten (10) representing 62.5% indicated that they receive familial support, while six (6) representing 37.5% do not receive familial support. Out of the ten (10) respondents who receive familial support, eight (8) representing 80% receive the support from their children, while two (2) representing 20% receive the support from siblings. The analysis indicates that thirteen (13) representing 65%, out of the twenty respondents from Nanabanin receive familial support, while seven (7) representing 35% receive no familial support. The majority (76.9%) of the respondents, who receive familial support, receive their

support from their emigrant children, while three (3) representing 23.1% receive theirs from extended relatives. The familial support provided for the older persons ranges from social, economic to physical support. This findings show that although the ties that binds the family together is being disrupted, the larger number of older persons in the research area still rely greatly on the family for support. Additionally there is an assumption that co-residence is based on the needs of the older person, but research has shown that co-residence is mutually beneficial to both generations (Casterline and others, 1991). Older persons and children both benefit from living together. Older persons receive social, financial, and health support from the younger generation. Older persons on the other hand assist with caretaking of younger children who are mainly their grandchildren. Most of the older persons interviewed, especially those with social security schemes indicated their support for their grandchildren and great grandchildren whose parents have migrated or dead. The tables below show the distribution of respondents by family support.

Table 4.19 Distribution of respondents in Akropong by family support

	Frequency	Valid Percent
Valid Yes	10	62.5
No	6	37.5
Total	16	100.0

Table 4.20 Distribution of respondents in Nanabanin by family support

	Frequency	Valid Percent
Valid Yes	13	65.0
No	7	35.0
Total	20	100.0

Table 4.21 Who does cooking for you? (Nanabanin)

	Frequency	Valid Percent
Valid Respondent	9	45.0
Children	3	15.0
Grandchildren	1	5.0
Husband	1	5.0
Others	6	30.0
Total	20	100.0

Table 4.22 Who does cooking for you? (Akropong)

	Frequency	Valid Percent
Valid Respondent	9	56.3
Children	3	18.8
Siblings	1	6.3
Wife	1	6.3
Others	2	12.5
Total	16	100.0

4.8.0 Social Networks and Support Groups

Kasearu and Kulsar (2010), define social networks as relevant sources of support, help, advice, information, and form the basis of one's social capital.

Although older persons engage in different survival strategies to stave off poverty, it is eminent that there are number of support groups that assist them to achieve a better living. In developing

countries such as Ghana, formal and informal associations such as the local farmers association and pensioners association, and government have been seen as helping older persons in their quest of livelihood activities. Therefore, this study sought to investigate the support if any, given to older persons in Akuapim North District by formal or informal association and the government to attain livelihoods. Scoones (2000) asserts that the analysis of the range of formal and informal organizational and institutional factors that influence sustainable livelihood outcomes is central to the SLA framework. On this phase of the study the researcher focuses on formal and informal associations and the government as social networks whose main objective is to help older persons in Akuapim North District to attain livelihood and sustenance.

In trying to examine whether older persons in the research area receive support from associations, the respondents were asked to state if they belong to any formal or informal group or association and the type of support they receive from such associations. The analysis indicates that out of the sixteen (16) respondents interviewed from Akropong, fourteen (14) representing 87.5% were members of associations, while two (2) signifying 12.5% were not members of any association. With regards to Nanabanin, nineteen (19) representing 95% were members of a local association, while one (1) representing just 5% was not a member of any association. Although the majority of the respondents belong to associations, they receive little or no support from these associations. One respondent contended that the association he belongs to only gives befitting burial to a member when he or she passes on. Mr. Ofori Boahene, a retired graduate teacher also contended that “the only thing we get from the pensioners association is expects’ advice either than that, a delay in the payment of the meager monthly pension pay”.

Another source of support is the government. The analysis revealed that older persons interviewed in Akuapim North District considered government as an entity to provide support by

means of pension and provision of free health care. The government enacted the laws (Pension Act 766 and NHIS Act 650) to give social insurance and protection to older persons in Ghana. However, there were varied responses as to whether government provides that support efficiently. The analysis showed support and no support based on the responses. Thirteen (13) representing more than eighty one percent (81.3%) of the respondents interviewed in Akropong indicated that they receive government's support, while three (3) representing 18.7% receive no support from government. Seventy percent (70%) of the respondents interviewed in Nanabanin indicated that they receive support from the government, while thirty percent (30%) indicated that they receive no support from the government. The respondents indicated that the support they receive from government ranges from access to healthcare to social security or pension scheme mostly for the privileged few who worked in the public or formal sector. The tables below indicate the distribution of respondents by government's support.

Table 4.23 Support from government (Akropong)

	Frequency	Valid Percent
Valid Yes	13	81.3
No	3	18.8
Total	16	100.0

Table 4.24 Support from government (Nanabanin)

		Frequency	Valid Percent
Valid	Yes	14	70.0
	No	6	30.0
	Total	20	100.0

4.9.0 Livelihood Strategies (Survival Strategies)

Older persons engage in different survival strategies to strip off poverty. Looking at the plight of older persons in Sub-Saharan Africa and in Ghana, one can justly conclude that the livelihood strategies adopted by older persons living in urban areas are much more costly and difficult and more financial sapping than that in the rural areas.

Chambers and Conway (1998), in their livelihood analysis, reveal that rural people have a ready access to resources, such as natural and physical assets, which gives them the platform to construct livelihoods. Heidhues et al (2003) hold the view that resource poor farmers in developing countries have been choosing from a wide variety of survival strategies involving both agricultural and non-agricultural activities.

For most rural people agriculture seems to be the most common strategy and according to the FAO (2002) agriculture provides employment for 1.3 billion people worldwide, 97% of these in developing countries it is the major source of livelihood for rural households.

According to the World Bank (2002), agriculture is a source of livelihood for an estimated 86 percent of rural people. OECD (2006) has reported that agricultural sector productivity has contributed greatly to economic growth and the reduction of poverty.

The findings of this study on the livelihood strategies of older persons in Akuapim North District support the above assertion. In finding out the livelihood strategies of older persons in the research area the respondents were asked to state the kind of activities they engage into that ensure their survival. The responses were categorized into farming, trading, teaching, others and none. Out of the sixteen (16) respondents interviewed in Akropong, one (1) signifying 6.3% was tied up into peasant farming for survival, another 6.3% were into petty trading, four (4) representing twenty five percent engage into minor jobs such as laundry services and baby siting and shop-keeping for others. Most of them attested that the income they earn is insufficient but do not have any other alternative source of livelihood. The analysis reveals that greater number (ten, representing 62.5%) of the respondents interviewed in Akropong were not engaged in any survival strategies as at the time of the survey. Eighteen (18) representing 90% of the respondents interviewed in Nanabanin were tied up into peasant farming, one (1) representing 5% of the respondents interviewed in Nanabanin was a teacher who has being contracted by Ghana education service (GES) to teach at a public nursery school. One representing 5% was not engaged in any livelihood strategies. The analysis shows that whereas most of the older persons interviewed in Akropong (urban) were not engaged in any livelihood strategies, their counterparts in Nanabanin (the rural area) rely heavily on peasant farming for livelihood. The tables below show the distribution of respondents by survival strategies.

Table 4.25 Distribution of respondents in Akropong by survival strategies

	Frequency	Valid Percent
Valid Farming	1	6.3
Trading	1	6.3
Others	4	25.0
None	10	62.5
Total	16	100.0

Table 4.26 Distribution of respondents in Nanabanin by surviving strategies

	Frequency	Valid Percent
Valid Farming	18	90.0
Teaching	1	5.0
None	1	5.0
Total	20	100.0

4.10.0 Living Arrangements and Health Status of Older Persons

According to Harper (1988), health for the older person may be conceptualized as the ability to live and function effectively in society and to exercise maximum self-reliance and autonomy; it is not necessarily the total absence of disease.

Some studies of the possibility of solitary living or co-residing with kin do not leave hold of the role of health status of older persons. Literature on relations between co-residence and health

proposes various mechanisms whereby living with others might have positive effects on health. These include the provision of services such as meals, nursing care when ill and companionship (Verbrugge, 1979; Hahn, 1993). Co-residence with other relatives may also bring material advantages (Hahn, 1993). However, empirical record is not clear on this assertion; although the effects are usually in the expected direction (Haaga, Peterson and DaVanzo, 1993). In contrast to the developed world, relatively little is known about mortality and morbidity for the elderly in the developing world, and even less about how they are impacted by living arrangements therein (Martin, 1990).

This study therefore sought to examining the impact of living arrangements particularly the presence of various family members on the general health and limitations in activities of daily living for older persons aged 60 and over in Akuapim North District. In an attempt to investigate the associations between the living arrangements and health of older persons, the respondents were asked to state whether they have any chronic disease. The responses were classified into yes and no, and were coded 1 and 2 respectively. The analysis reveals that seventy five percent (75%) of the participants interviewed in Akropong were having chronic diseases as at the time of the survey, while twenty five percent (25%) indicated that they have no chronic diseases. It is gratifying to note that eight (8), representing 66.7% of the twelve (12) respondents who were co-residing with spouse or kin at the time of the survey were having various chronic diseases, while 33.3% had no chronic diseases. On the other hand all the other four (4) respondents, representing 100% who, where living alone had all forms of chronic diseases.

In the case of Nanabanin, out of the total respondents interviewed, eighty percent (80%) indicated that they have various forms of chronic diseases, while twenty percent (20%) indicated that they have no chronic diseases. The analysis depicts that out of the seventeen (17)

respondents interviewed in Nanabanin who contended that they live or co-reside with others, fifteen (15), representing 88.2% were having all forms of chronic diseases, while only two (2), representing 11.8% indicated no chronic diseases. It is also worth mentioning that out of the three (3) who, were living alone at the time of the survey, two (2) representing 66.7% complained of chronic diseases, while one (1), signifying 33.3% had no chronic diseases. This findings show that both independent or solitary living and co-residence have a strong linkage with poor health status.

This result is somewhat puzzling as it is at odds with previous studies by Murphy (1997), who reported that, in the United Kingdom, rates of long-standing illness were higher among those living alone than among those in other types of household.

Table 4.27 Distribution by chronic disease (Akropong)

		Frequency	Valid Percent
Valid	Yes	12	75.0
	No	4	25.0
	Total	16	100.0

Table 4.28 Distribution by chronic disease (Nanabanin)

	Frequency	Valid Percent
Valid Yes	16	80.0
No	4	20.0
Total	20	100.0

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The researcher sought to investigate the living arrangements of older persons in rural and urban settings of Akuapim North District. The research topic has been guided by some pertinent questions which translated into specific objectives as follows: it examined the existing livelihood or survival strategies of the rural and urban older persons; investigated who supports older persons to achieve better livelihoods and cope with live challenges; and examined whether the living arrangements influence the general health conditions of older persons. In this chapter, the researcher presents and summarizes the findings relative to the specific objectives, and which answer the research questions of the study.

5.1 Livelihood strategies

This phase of the study outlines the main livelihood strategies which older persons in Akuapim North District rely on to make a living. The findings of the study show how natural resources have contributed to the livelihoods of most of the older persons in the Akuapim North District, especially rural older persons. The study indicates that, while about 90% of the interviewed older persons in rural Akuapim North District (Nanabanin) depend on agriculture which requires natural resources and much physical strength as their main livelihood strategy, the majority (62.5%) of their counterparts in the urban (Akropong) engage in no survival or livelihood strategies at all, the few who engage in livelihood strategies were into activities which require much less physical strength such as petty trading which nevertheless requires financial capital. The majority of older persons in Akuapim North District indicated that if it was not because of

peasant farming their situation would have been worse as they would have died of hunger and starvation. This is an indication that on-farm activities or agriculture is still the dominant activity in rural areas as showed by the importance placed on it by the older persons in rural Akuapim North District.

The findings of the study also indicate that it is mostly the poor rural older person who relies on natural resources as they cannot generate other resources needed for livelihood. One older person lamented her ordeal; “apart from land I don't have anything else that I have to sustain myself so I rely solely on rainfall for farming”. The study reveals that both older women and older men in the rural Akuapim North District have equal access to some natural resources such as land for their livelihoods.

Although the SLA proposes that migration forms part of the livelihood strategies open to rural older persons, it was observed that almost every one of the interviewed older persons in Akuapim North District did not support the idea of migrating at old age.

5.2 Social Networks and Support Groups

One of the key questions that, the study sought to address concerns the support services available to the older persons in Akuapim North District. Literature reveals that in most of the advanced countries such as USA and Sweden the state plays an important role in ensuring livelihoods for older persons. However, in the least developed countries the role of families, NGOs, formal and informal association, and governments has been seen as one of assisting older persons to attain livelihood and sustenance. Therefore, this study also sought to investigate the support given to the older person in Akuapim North District to attain livelihoods.

NGOs and, formal and informal associations in which people participate have been seen as providing assistance to older persons in times of need. However, almost all the interviewed older persons in Akuapim North District indicated that they do not receive any support from either NGOs or their own local associations. Although the majority of the older persons interviewed in Akuapim North District indicated that they are benefiting from the National Health Insurance Scheme (NHIS), they contended that the government has failed to provide social protection, and that has aggravated their suffering. As mentioned earlier, countries that have universal non-contributory old age pensions such as South Africa and Lesotho have been able to reduce poverty levels by greater margin. As already indicated, the older persons in Akuapim North District are not formally supported by the government which causes them to come face to face with poverty. However, the study does reveal different forms of supports by children and other family members. Ten (10), representing 62.5% of the total respondents interviewed in Akropong contended that they receive familial support, and thirteen (13), signifying 65% of the older persons interviewed in Nanabanin contended that, they receive familial support. These support ranges from physical to financial, social and psychological.

The finding also refutes the common notion that co-residence is solely based on the needs of older persons. Most of the older persons interviewed in the research area stated that they provide financial and other assistance to their grandchildren irrespective of remittance availability.

Apart from engaging into on-farm activities, older persons in Akuapim North District rely on remittances from their children and other family members or relatives. Most of the older persons interviewed mentioned that they receive both cash and non-cash remittances from their children and other relatives. These findings are an illustration that although social and economic

circumstances have disrupted the inbuilt safety nets of the family that were in place for older persons, the majority of the interviewed older persons still rely on the family for greater support.

5.3 Living arrangements and the Health of Older Persons

Although, central to the support system and well-being of the older persons in Ghana is their living arrangements, the research community has done little in their quest to provide adequate information on this in Ghana (Mba, 2004). Therefore this study sought to address this lack. The term 'living arrangements' is used in this study to refer to the household structure of the older person. When living with at least one child or other kin or family members, the term 'co-residence' is used. When the older person is unmarried and living with no other kin, the term 'living alone' or 'solitary living' is used. In finding out the complexity and the diverse nature of the living arrangements of older persons in Akuapim North District, the results show that, the greater number (75%) of older persons interviewed in Akropong were co-residing with others, while 25% were living alone. Out of the total number of respondents who were co-residing, seven (7) representing 58% were living in skipped-generation households, that is to say, with grandchildren in the absence of children or adult children. In Nanabanin 85% of the respondents as at the time of the survey were co-residing with others, while 15% were living alone. Out of the seventeen (17, representing 85%) respondents who were co-residing, 65% were co-residing with spouse. Urban-rural differences are quite small for the percentage living alone, the percentage heading the household, and the percentage living with an adult child. However, the percentage living with a spouse is significantly higher in rural than in urban areas (65% versus 17%). Conversely, the percentage of older persons co-residing with grandchildren is relatively higher in urban areas than in rural areas (58% versus 6%).

One of the aims of this study was to examine whether the living arrangements influence the general health conditions of older persons in Akuapim North District. This study therefore uses collected data to examine the linkages between the living arrangements particularly the presence of various family members or spouse on the general health and limitations in activities of daily living for the older persons. It was revealed in the analysis that 66.7% of respondents who were co-residing in Akropong had chronic diseases whereas 100% of those living alone had all forms of chronic diseases. On the contrary, in Nanabanin, the percentage (88.2%) of those who co-reside and are with chronic diseases is rather higher than the percentage (66.7%) of those who live alone and are with chronic diseases.

As the above discussion shows, there appears to be complex dynamics in the relationship between the living arrangements and health status of the older persons interviewed in Akuapim North District.

5.4 Conclusion

This chapter has outlined the major and key findings of the study. The problem of the study has been that, the realization of the absence of social security schemes coupled with the gradual disruption of the inbuilt safety net of the Ghanaian traditional family system and changing socio-economic environment, triggered the need to explore or investigate the existing livelihood strategies of the urban and rural older persons; investigate who support the older persons to achieve better livelihoods and cope with life challenges; and to examine whether their living arrangements influence their general health conditions. The study confirmed that in the absence of old age grants the older persons in rural areas of Akuapim North District have been persistently active in the construction of their own livelihoods. The older persons in Akuapim North District have been able to combat poverty in old age by engaging in on-farm activities and

relying on the support from their families. The greater number of the urban older persons interviewed do not engage in any livelihood activities. Another notable outcome of the study is that, whereas the majority of the urban older persons interviewed live in skipped-generation household, their counterparts in the rural areas co-reside with spouse. The findings from Akropong show that the rate of chronic diseases were higher among older persons living alone than those who were co-residing. The situation in Nanabanin shows otherwise.

5.5 Recommendations

Although it can be said that the study has successfully attained its objectives, a lot can still be done to understand the living arrangements of older persons in Ghana. Literature has indicated that not much attention has been paid to studying the issues confronting the older persons in Ghana as far as their 'living arrangements' goes. Due to traditional and cultural beliefs, policy makers are convinced that children and families take care of their older persons. The study has revealed that older persons need more social supports to enable them eke out a living. The majority of the older persons interviewed in Akuapim North District indicated that if the government could support them with a basic support allowance, it will go a long way to help them attain their basic needs and which would eventually influence their living arrangements. This is true when we look at what countries like South Africa and Botswana have done to combat old age poverty. Research in these countries has revealed that with a minimum living allowance every month older persons have been able to reduce poverty levels and have also supported other co-residents including their grandchildren.

Consequently, research into the living arrangements of older persons in Akuapim North District has brought attention to the plight of older persons and thus recommends that:

1. If such policies as universal non-contributory pension schemes are put in place in Ghana older persons will fully attain their livelihoods and improve their well-being. Some of the older persons who are frail and live alone, and are no longer able to work in the farm will greatly be assisted.
2. Due to modernization and urbanization, and their associated disintegration of the traditional Ghanaian family system, and the loss of support schemes for older persons, the problems confronting older persons will unquestionably become increasingly large. Therefore, the government of Ghana should undertake explicit campaigns to reassert family responsibilities towards older persons.
3. The government of Ghana should also provide agricultural assistance to the poor rural older persons in the form of agriculture credits, grants and free farm inputs.
4. Also, because the majority of Ghana's older persons rely on agriculture as a major source of livelihood, which requires much physical strength, with frailty in old age, on-farm activities could be detrimental to the health of the older persons. It is thus suggested that the government should introduce alternative less tedious and less physically demanding income generating activities such as handicraft that will provide means of livelihood for older persons, some of whom live alone.
5. Again, the minimum age for the qualification under the NHIS for the older persons should be reviewed to cover older persons aged 60 years and over since that is the official retirement age in the country.
6. Finally, it is gratifying to note that successive governments have shown some concern for older persons in Ghana. For instance the National Population Policy stipulates that

"deliberate measures shall be taken to alleviate the special problems of the aged and persons with disabilities with regard to low incomes and unemployment" (See Republic of Ghana, 1994:39). However, efforts should be made to achieve this objective at the shortest time possible to alleviate the sufferings of older persons in Ghana.

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APPENDIX A

QUESTIONNAIRE

My name is Ayisi Emmanuel, a student from the Centre for Social Policy Studies, University of Ghana, Legon. The aim of this study is to investigate the living arrangements of older persons in rural and urban settings of Akuapim North District. The study also sets out to present policy recommendations on how older persons can be assisted both at micro and macro levels. This study is purely for academic purpose and the confidentiality of the information collected and the anonymity of the respondents would be maintained and respected.

PERSONAL INFORMATION

1. What is your name?
2. How old are you?
3. What is your marital status?
4. Gender. 1. Male 2. Female
5. Number of children surviving.
6. Formally working? 1. Yes 2. No
7. Do you have any social security scheme? 1. Yes 2. No
8. If no why?
9. Do you live with somebody in this household? 1. Yes 2. No
10. If yes what is your relationship with this person?
11. Who owns this house?
12. Who is the head of the household?
13. What is your relationship to the household head?
14. Type of housing you live in.

15. How many rooms are there in the house?
16. Is there electricity in the house? 1. Yes 2. No
17. Is there water in the house? 1. Yes 2. No
18. Do you have room on your own? 1. Yes 2. No
19. What type of bed do you sleep on? 1. Hard mattress 2. Soft mattress 3. other
20. Do you sleep alone? 1. Yes 2. No
21. If no who do you sleep with?
22. Do you have a television? 1. Yes 2. No
23. Do you have a radio? 1. Yes 2. No
24. Who cooks for you?
25. Who does cleaning for you?
26. Who fetches water for you?
27. Do you have any relatives or family members who support you? 1. Yes 2. No
28. If yes what is your relationship with this family member?
29. Are you comfortable with this place?

SOCIAL NETWORKS AND SUPPORT GROUP

1. Are you a member of any formal or informal group, association, and network? 1. Yes 2. No
2. Of what help do these networks or association help you as older person?
3. Is there any assistance that you receive from the government? 1. Yes 2. No
4. If yes in what ways and how is the assistance helping you?
5. Besides the family, relatives and the government is there any help that you receive from other people or organisations? 1. Yes 2. No
6. Has the support been beneficial to you? 1. Yes 2. No

LIVELIHOOD STRATEGIES

1. Which kind of activities do you engage into that ensure your survival?
2. What is your main source of income?
3. Are you currently employed? 1. Yes 2. No
4. If yes, what type of work?
5. Are you a casual labourer or a permanent worker?
6. What is your weekly, monthly, or annual income?
7. Do you think you are getting enough from your current employment? 1. Yes 2. No
8. Besides working are there any activities that you do that give you an income?
9. Do you think of leaving your current place of residence to another? 1. Yes 2. No
10. If the above answer is yes, why would you want to leave your community?
11. Do you think migrating to another place would solve all the problems you are facing? 1. Yes 2. No

HERLTH STATUS

1. What is your current health status? 1. Excellent 2. Good 3. Poor
2. Do you have any chronic disease for the past 12 months? 1. Yes 2. No
3. Name of disease?
4. Do you regularly go to hospital? 1. Yes 2. No
5. How far is the hospital?
6. Do you go by car? 1. Yes 2. No
7. Do you go alone? 1. Yes 2. No
8. Do you take your medication seriously? 1. Yes 2. No

APPENDIX B**TABLES****Who does cleaning for you? (Akropong)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Respondent	5	31.3	31.3	31.3
Children	4	25.0	25.0	56.3
Grandchildre n	2	12.5	12.5	68.8
Siblings	1	6.3	6.3	75.0
Wife	1	6.3	6.3	81.3
Others	3	18.8	18.8	100.0
Total	16	100.0	100.0	

Who does cleaning for you? (Nanabanin)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Respondent	8	40.0	40.0	40.0
Children	3	15.0	15.0	55.0
Grandchildre n	2	10.0	10.0	65.0
Siblings	1	5.0	5.0	70.0
Wife	6	30.0	30.0	100.0
Total	20	100.0	100.0	

Who Cooks for you? (Akropong)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Respondent	9	56.3	56.3	56.3
Children	3	18.8	18.8	75.0
Siblings	1	6.3	6.3	81.3
Wife	1	6.3	6.3	87.5
Others	2	12.5	12.5	100.0
Total	16	100.0	100.0	

Who cooks for you? (Nanabanin)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Respondent	9	45.0	45.0	45.0
Children	3	15.0	15.0	60.0
Grandchildre n	1	5.0	5.0	65.0
Husband	1	5.0	5.0	70.0
Others	6	30.0	30.0	100.0
Total	20	100.0	100.0	

Are you comfortable with this place? (Akropong)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	12	75.0	75.0	75.0
No	4	25.0	25.0	100.0
Total	16	100.0	100.0	

Are you comfortable with this place? (Nanabanin)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	10	50.0	50.0	50.0
No	10	50.0	50.0	100.0
Total	20	100.0	100.0	

Current health status (Nanabanin)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Excellent	2	10.0	10.0	10.0
Good	5	25.0	25.0	35.0
Poor	13	65.0	65.0	100.0
Total	20	100.0	100.0	

Current health status (Akropong)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Excellent	2	12.5	12.5	12.5
Good	9	56.3	56.3	68.8
Poor	5	31.3	31.3	100.0
Total	16	100.0	100.0	

Current employment status (Nanabanin)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	1	5.0	5.0	5.0
No	19	95.0	95.0	100.0
Total	20	100.0	100.0	

Current employment status (Akropong)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	2	12.5	12.5	12.5
No	14	87.5	87.5	100.0
Total	16	100.0	100.0	

Household head (Nanabanin)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	19	95.0	95.0	95.0
Female	1	5.0	5.0	100.0
Total	20	100.0	100.0	

Household head (Akropong)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	16	100.0	100.0	100.0