



**COLLEGE OF HUMANITIES
CENTRE FOR SOCIAL POLICY STUDIES**

**PARTICIPATION OF OLDER PERSONS IN THE DECISION-MAKING
PROCESSES AND THEIR SUBJECTIVE WELL-BEING – A STUDY IN THE
GREATER ACCRA REGION OF GHANA**

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**This thesis/dissertation is submitted to the University of Ghana, Legon in partial
fulfilment of the requirement for the award of PHD in SOCIAL POLICY STUDIES
Degree.**



SEPTEMBER, 2022.

DECLARATION

I hereby declare that this is my own work conducted under the guidance of the undersigned supervisors of the University of Ghana. All the references made to the work of others have been duly acknowledged.

Candidate

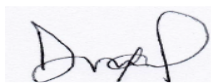


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DEDICATION

I dedicate this work to my wife, Mrs. Yvonne Adjetey-Sorsey, and my two lovely daughters, Keziah and Keren.



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My sincerest appreciation goes to the Almighty God for granting me health and knowledge to finish this programme. My next appreciation goes to my first lead supervisor, Prof. Ellen Bortei-Doku Aryeetey, for setting and shaping the agenda for the study. I am equally grateful to Dr. George Domfe, for standing in as the lead supervisor to bring the work to its present form after the retirement of the first lead supervisor. My next appreciation goes to Dr. Priscilla Twumasi-Baffour for her care and tutorials. Dr. Kwaku Oppong Asante also deserves praises for later coming on board to contribute his quota towards the completion of the study.

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ABSTRACT

Studies have identified the positive relationship between participation in decision-making and general well-being of individuals. The purpose of this study, which was undertaken in the Greater Accra Region, is to examine the contribution of participation of older persons in the decision-making process to their subjective well-being. The study adopted a sequential exploratory mixed-method design. The qualitative approach was firstly carried out to identify and understand the main issues of interest. Purposive sampling technique was used to engage the following: older persons, opinion leaders, traditional leaders and officials of relevant state agencies from the district to the national level, in series of focus group discussions and in-depth interviews. Subsequently, a multi-stage random sampling technique, including simple random sampling, systematic sampling and cluster sampling were employed to select 389 respondents in eight communities for the quantitative phase of the study. Multiple linear regression technique was employed to identify the relationship between variables of participation in decision-making and subjective well-being. The findings of both the qualitative and quantitative phases of the study revealed that the family and community provided better opportunities for older persons to participate in the decision-making process. The specific opportunities for the purpose included occupation of traditional leadership positions and performance of traditional and religious rites for the community, backed by the dominant belief and value systems of the community. Family and community conflicts, poverty and gender discrimination against women were major limitations for the participation of older persons in the decision-making process. The findings confirmed a positive relationship between some variables of participation in the decision-making process and subjective well-being of older persons. There was a statistically significant positive relationship between average monthly income, one of the proxies for participation in decision-making and subjective well-being of

older persons. This suggests that having adequate income enhanced participation in decision-making – which eventually improved subjective well-being of the older person. It was therefore recommended that efforts at increasing coverage of both social insurance and social assistance schemes in the country should be intensified to ensure regular and sustainable income to older persons. Based on the identified observation that participation in decision-making by older persons generally enhances their subjective well-being, it is also recommended that relevant existing legislative and policy instruments should be amended to create increased opportunities for older persons to fully and effectively participate in the decision-making process from the community to the national level. It also came out of the study that women were sometimes discriminated against in the decision-making process mainly due to unfavourable socio-cultural environment. It is therefore suggested that policy attention should be directed at addressing the unfavourable environment faced by women in the decision-making process to ensure that no one is left behind in the process.

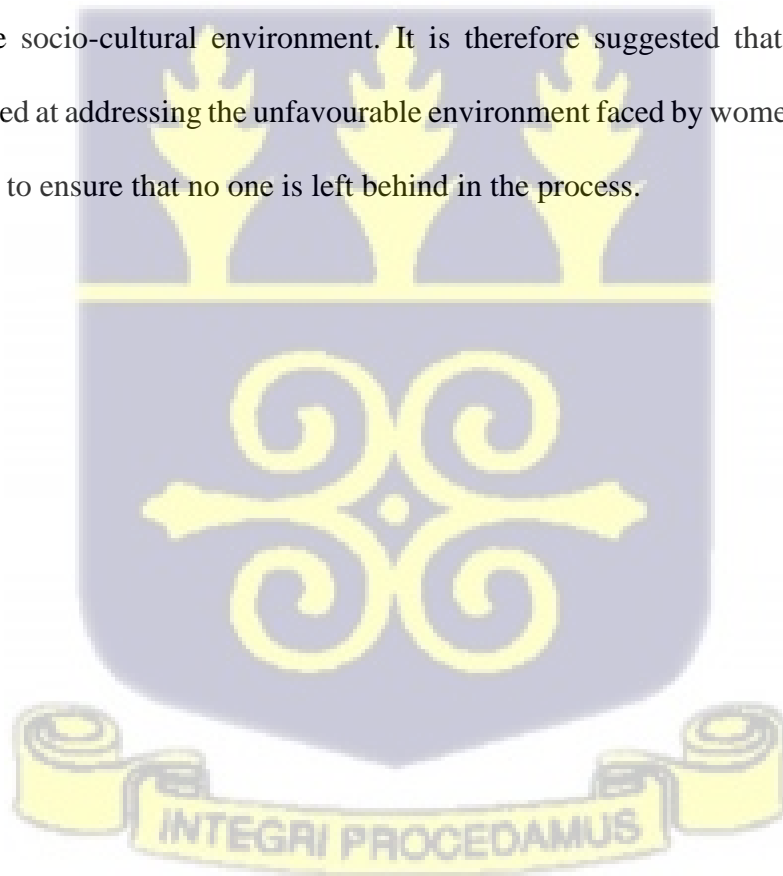


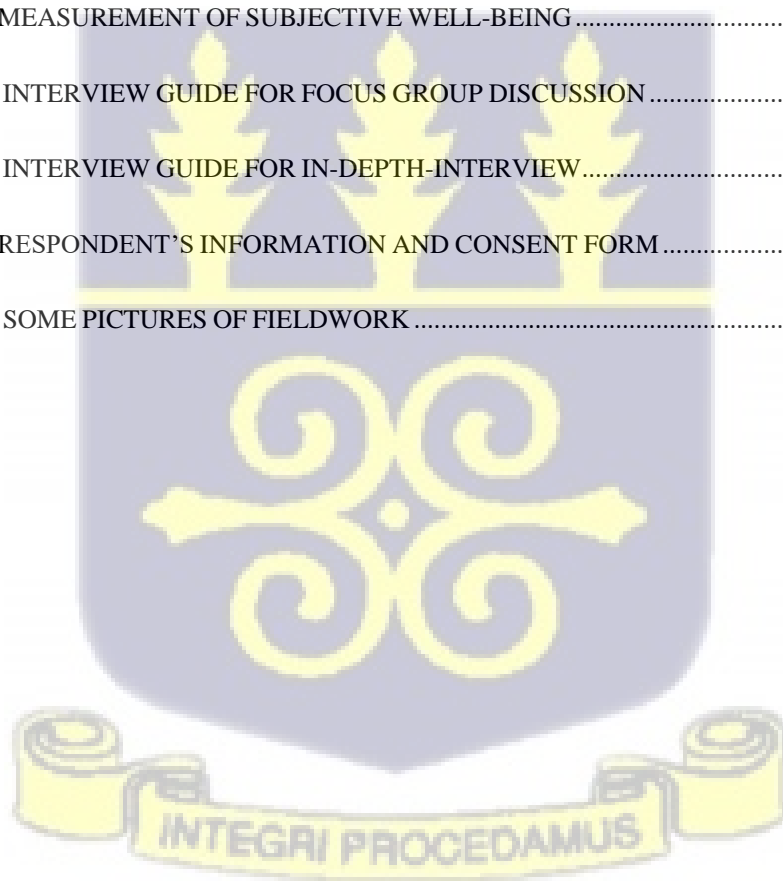
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LIST OF ABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
CHAT	Cultural-Historical Activity Theory
CHPS	Community-based Health Planning and Services
CPI	Consumer Price Index
CPP	Convention People's Party
CSO	Civil Society Organisation
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GLSS	Ghana Living Standard Surveys
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
LEAP	Livelihood Empowerment Against Poverty
MIPAA	Madrid International Plan of Action on Ageing
NDPC	National Development Planning Commission
PANAS	Positive and Negative Affect Schedule
PPME	Policy Planning, Monitoring and Evaluation
PTA	Parents-Teachers Association
PWD	People with Disability
SWB	Subjective Well-being
SWLS	Satisfaction With Life Scale
UN	United Nations
USA	United States of America
WHO	World Health Organization



CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The positive impact of participation in decision-making on the subjective well-being of individuals has long been acknowledged. Indeed, studies in Ghana (Duodu, 2018; Gans-Lartey, 2018) and elsewhere (Sen, 2000; Sen, 2001; Baker, Cahalin, Gerst, & Burr, 2005; Gonzalez, et al., 2015; Shobhit, et al., 2021) have explained how personal involvement in decision-making as an activity could impact positively on the subjective well-being of the participants. The effectiveness of the participation in the decision-making process is however influenced by some factors which include the attitudes of public officials involved, qualification criteria for participation and group dynamics. The more favourable these factors are the more likely the participation shall be effective (Ianniello, Iacuzzi, Fedele, & Brusati, 2019; Kallstrom, Mauro, Sancino, & Grossi, 2021). As noted by some researchers, the well-being of an individual transcends beyond economic accounts of utility, primary goods and material possession (Sen, 2000; Fattore, Fegter, & Hunner-Kreisel, 2019). As a result, many studies have tried to use subjective approach in measuring well-being of people. This approach uses social and environmental factors which also contribute to the individual's well-being and the result is based on the individual's own assessment of these in determining the quality of his or her life. This study used subjective approach in assessing how involvement of older persons in decision-making contributes to their general well-being.

The study adopted the United Nations (2005) definition of an older person as anyone who attains the chronological age of sixty years and above. The relevance of this age group in research is attributed, among others to population ageing which refers to a rapid increase in

the number of people aged sixty years and above, which is recognized globally as one of the major socio-economic and humanitarian challenges facing the world in the twenty-first century (World Health Organisation, 2001; Leonid, Grinin, & Korotayev, 2021). It was projected by the United Nations in its 2019 population report that there shall be 1 in 6 people who will be over the age of 65 years in the world by 2050 compared to 1 in 11 people in 2019, and that all societies in the world are in a midst of a longevity revolution (United Nations, 2019). The world Health Organisation (WHO) has also projected that the proportion of the world's population over 60 years will nearly double from 12 per cent to 22 per cent between 2015 and 2050 (World Health Organisation, 2021).

This population trend has been identified to have a positive relation with the dependency ratio of a country which is defined as the proportion of older persons to the young age group from 20 years to either 59 or 64 years depending on the chronological definition of an older person by a country, be it from 60 or 65 years and above. Specifically in Ghana, the age dependency ratio is defined as the proportion of children from age zero to 14 years and older persons from age 65 years and above, to the age group from 15 to 64 years (Gatsi & Appiah, 2020). An increasing dependency ratio shall put financial pressure on public old age support systems including social protection programmes that require to be sustained over a long period of time to reduce poverty, inequality and promote social inclusion at old age (United Nations, 2019). The WHO was emphatic that all countries face major challenges to ensure that health and social systems are ready to make the most of this demographic shift (World Health Organisation, 2021). The effect of this trend on the social, political and economic spheres of life in a developing country such as Ghana needs to be clarified to ensure that the maximum possible benefits are derived from it. The report confirms that population ageing does not necessarily

lead to macroeconomic decline if appropriate policy interventions are adopted in response to the phenomena (United Nations, 2019).

Ageing has been associated biologically with gradual decrease in physical and mental capacity and a growing risk of disease. These conditions which are attributed to the impact of a wide variety of molecular and cellular damage over time have also been acknowledged as not a common experience to all persons as they age (World Health Organisation, 2021). They result in some health conditions which include hearing loss, dementia and back and neck pains which have the potential to adversely affect the capacity of an individual to effectively participate in the decision-making process. Added to the above is the observation by some psychologists that older adults are more likely to experience a decline in cognitive functions largely associated with ageing. This impacts negatively on their deliberative-processing abilities such as long-term memory and attention reasoning which are central to decision-making and which generally decline with age (Universitat Basel, 2015). The above conditions notwithstanding, older adults are considered capable of participating in a decision-making process relative to the contingencies of their immediate environment (Lockenhoff, 2018). It has additionally been established by literature that there are other factors which influence the participation of older persons in the decision-making process beyond the biological and psychological factors indicated above. Socio-demographic factors such as gender, level of education and awareness, marital status, region, in combination with health factors are key drivers in the process (Dinanti, Miranda, & Caroline, 2019; Duodu, 2018; Gans-Lartey, 2018).

Literature indicate that older persons make enormous contributions to the development of a society (Hoyer, 2008; Cook, 2011; Nzabona & Ntozi, 2015; Kpessa-Whyte & Tsekpo, 2020; Ghana Statistical Service, 2013). Ghana, in acknowledgement of some of these contributions adopted a National Ageing Policy and a 5-year Implementation Action Plan (revised in June

2018) in October 2010. It was aimed to create conducive national environment to promote positive ageing and the prospects of the Ghanaian elderly (Ministry of Employment and Social Welfare, 2010a; Ministry of Employment and Social Welfare, 2010b). Ghana's policy was greatly influenced by the Madrid International Plan of Action on Ageing (MIPAA) which was adopted by member states of the United Nations at the Second World Assembly on Ageing in Madrid, Spain in 2002. One of the objectives of the Ghana's policy which relates to the topic of this research is to "ensure active participation of older persons in society and development" (Ministry of Employment and Social Welfare, 2010a, p. 29). This notwithstanding, not much attention has been given to the creation of the needed opportunities for effective participation of older persons in the decision-making process in the country, especially those that impact on the quality of their lives. They seem to have been regarded largely as a spent force due mainly to the fact that they fall within the formal retirement age of 60 years and above.

This study placed emphasis on how their being part or otherwise of the decision-making process influences their subjective well-being (SWB), which refers to their own assessment of their quality of life based on their own chosen criteria. It adopted an exploratory sequential mixed methods design and used primary data for analysis. The qualitative method which was employed at the first phase of the study aimed to seek information on the subject area and to guide the development of appropriate tools for use in the second phase, which employed a quantitative approach. The second phase aimed to generate descriptive data mainly in the form of frequency summaries on the participation of older persons in the decision-making process and also on their SWB. The primary data was collected from older persons in eight communities in two districts of the Greater Accra Region of Ghana.

1.2 Statement of Problem

Welfare measurements in Ghana have largely employed the objective rather than a combination of both the objective and subjective approaches. Indeed, Ghana Statistical Service has since 1987 been conducting series of nation-wide surveys [Ghana Living Standard Surveys (GLSS)] to determine the proportion of the population that is poor (Domfe & Bortei-Doku Aryeetey, 2016). GLSS is a typical example of an objective study that depends on predetermined indicators of welfare without considering the lived experiences from the accounts of the individuals whose welfare is being measured. These objective studies consider indicators such as assets ownership, income levels, access to social amenities and services, and they largely exclude the social and environmental factors which also contribute to the individual's well-being (Domfe & Bortei-Doku Aryeetey, 2017). The overreliance on the set of objective measures of well-being may not be comprehensive enough to inform policy on the right direction.

The objective measurement of Gross Domestic Product (GDP) to determine the per capita income of a country has not been a complete reflection of the quality of life of the citizens. There is also a problem with the use of Consumer Price Index (CPI) in estimating inflationary rates and the average cost of living – for a reason that CPI tends to rely on selected basket of commodities consumed by the citizens of the country. The CPI and GDP, among others, are only single dimensions of well-being which have been identified for creating a failure to identify levers for policy interventions (Ruggeri, Garcia-Garzon, Maguire, Matz, & Huppert, 2020). Even though some economists and policy-makers are traditionally in agreement that GDP, for example is a good indicator of well-being in a society due to its strong link with standard of living, it has been criticised by others as a weak indicator of well-being and therefore a misleading tool for public policy.

Domfe, Alhassan and Tsiboe-Darko (pending) suggested that because well-being is a multi-dimensional concept, it is better measured through both subjective and objective lenses. Subjective well-being is a welfare measure that depends on the individuals own assessment of the quality of their lives. For the purpose of comprehensive background to guide public policy, people's material living conditions (objective measurement) and quality of lives (subjective measurement) should be combined (Reinhart & Reinhart, 2010; Fleurbaey, 2009; Voukelatou, Gabrielli, & Miliou, 2021). Unfortunately, in the situation of Ghana, attention has mainly been focused on the objective measure of well-being to the near neglect of the subjective measures of well-being in the public policy discourse.

Notwithstanding the relatively higher national GDP and lower CPI figures sometimes determined as indications of increasing quality of life of the citizens, Peter et al., (2019) reported that older persons and more particularly females have subjective issues such as loneliness and depression which adversely impact on their well-being or quality of life. Based on this, it appears that the largely objective indicators of welfare currently being used by the state in the public policy discourse may not be adequate assessment of the general well-being of the Ghanaians. The adoption of the largely objective approach to the measurement of their well-being has rendered weak, many policy and programme interventions aimed at improving the quality of life of older persons, and this has contributed to a situation where they are considered more as a burden than potential contributors to the growth and development of the family and nation (Martey, 2022).

Older persons have traditionally been viewed as passive recipients of social services, which are assumed to constitute the mainstay of their well-being. However, even in their old age, some of them are able to contribute meaningfully to the general well-being of the members of their households (Domfe & Bortei-Doku Aryeetey, 2016). Old age tends to move along with

experience and wisdom and therefore involvement of older persons in the decision-making process could enrich decisions to enhance better outcomes. Interestingly, the involvement of older persons in decision-making also tends to enhance their subjective well-being (Sen, 2000).

There is limited research information on the relationship between the participation of older persons in decision-making and their SWB in Ghana. Many of the studies on participation of older persons in decision-making have focused on subjects such as their participation in politics, education, health, labour market and decentralization, with the main objective of determining their rights of accessibility and involvement (Duodu, 2018; Gans-Lartey, 2018). These studies largely do not adequately tease out the impact of exercise of these supposed rights on the quality of life of older persons. Typically, the units of analysis of other researches on participation have largely focused on children, youth, economically active young women and sometimes People with Disability (PWD). Likewise, many of the studies on SWB in Ghana relate more to marriage, religion, tobacco use, gender or combinations of these. Whereas literature abound on participation of older persons in researches as respondents especially in health surveys, adult education, among others very little can be found specifically on their participation in decision-making and its effects on their SWB. This has largely made them an excluded interest group in this field of research, created negative attitudes and assumptions on issues of ageing and also made the availability of relevant information on some specific topics as well as age-disaggregated data for public policy and programme interventions relatively scarce (Rudnicka, et al., 2020; Ohemeng, 2010).

Little specific policy space is available in Ghana for participation of older persons in decision-making except those related largely to representation of interest groups such as pensioners on relevant boards and councils and a non-age limit on participation in political office. The few public policy spaces available have underlying structural challenges and impediments that

favour the elite as against the vulnerable and the poor, including the issue of policy priorities (Kpessa-Whyte, 2011; Mohammed A. K., 2013). The 1992 Constitution of Ghana is silent on the issue, even under the Directive Principles of State Policy in Chapter Six. The National Ageing Policy which was approved by Cabinet in October 2010 stated the improvement of participation opportunities for older persons as one of its objectives but the policy has not been fully implemented since its approval. The 5-year Implementation Action Plan for its full implementation expired in 2015 and it was not until June 2018 before it was reviewed for another five years (2019 to 2023). Ironically, older persons dominate in customary decision-making systems and processes, but are subject to mandatory exit from decision-making in most of the formal systems in Ghana when they reach the chronological age of 60 years in most cases. And those on official retirement are treated largely as a spent force without any capacity to participate in policy issues which impact on their quality of life. Consequently, continuing an active life including engagement in the decision-making process, particularly at national and regional levels of the state is yet to feature as part of a measurement of well-being of the older persons. This raises questions about the adequacy of the interventions which has so far largely focused more on provision of material support mainly in the form of hand-outs for older persons. It is important to investigate the significance of participation in the decision-making process to the SWB of older persons, as this study sets out to do.

1.3 Research Objectives

The main objective of the study is to examine the relationship between participation in decision-making by older persons and their SWB. Specifically, the study seeks:

- i. To explore the customary pull factors (opportunities) and customary push factors (limitations) for participation of older persons in the decision-making process.

- ii. To explore the socio-cultural factors that affect the active participation of older persons in decision-making from the community to the national level.
- iii. To investigate the link between subjective well-being of older persons and their participation in the decision-making process.

The quantitative phase of the study will be guided by the following hypotheses.

Null Hypothesis: That participation of older persons in the decision-making process does not relate to their subjective well-being.

Alternative Hypothesis: That the participation of older persons in the decision-making process relates to their subjective well-being.

1.4 Research Questions

The research questions to be answered by the study under each of the two-phased exploratory mixed-method approach are as follow:

1.4.1 Phase 1: Qualitative Study

- i. What are the customary pull factors (opportunities) for participation of older persons in the decision-making process?
- ii. What are the customary push factors (limitations) for participation of older persons in the decision-making process?
- iii. What are the socio-cultural factors that affect the active participation of older persons in the decision-making process?

1.4.2 Phase 2: Quantitative Study

- i. What specific factors have facilitated the participation of older persons in the decision-making process?
- ii. What specific factors have constrained the participation of older persons in the decision-making process?
- iii. What are the contexts of participation of older persons in the decision-making process?
- iv. What are the levels of participation by older persons in the decision-making process?
- v. What is the relationship between Subjective Well-Being and participation in the decision-making process by older persons?

1.5 Significance of the Study

The findings of the study have both national and international significance to efforts aimed at improving the quality of life for older persons. The National Ageing Policy has the goal “to achieve the overall social, economic and cultural re-integration of older persons into mainstream society, to enable them as far as practicable to participate fully in the national development process” (Ministry of Employment and Social Welfare, 2010, p. 11). Objective two of the policy is to “ensure active participation of older persons in society and development” (Ministry of Employment and Social Welfare, 2010b, p. 29). The Implementation Action Plan approved by Cabinet in 2010 and revised in June 2018 has as its first Key Result Area to enhance effective planning and mainstreaming of ageing issues into national development. Two of the six action points under the plan give significance to the findings of this study. These are;

- a) To promote participation of older persons in planning, decision-making and programme implementation at national, regional and district levels.
- b) To promote diversified and specialized research to gather data and ensure adequate benchmarking of older persons issues to international standards.

This study generates information to feed into the development of strategies to achieve the above goal, objective and action plans, and by so doing improve the well-being of older persons.

The 74th Plenary Meeting of the United Nations General Assembly on 16 December 1991 adopted, by Resolution A/RES/46/91 five Principles to guide the implementation of the 1982 Vienna International Plan of Action on Ageing and by extension the 2002 Madrid International Plan of Action on Ageing. The second of the principles is on participation of older persons in the society, and states that “older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations”. Additionally, out of the 19 political declarations of the United Nations Second World Assembly on Ageing in Madrid, Spain in 2002, six are on the significance of participation of older persons in the economic, social, cultural and political life of their societies as a way of improving their well-being. These are Articles three, five, six, ten, twelve and fourteen (United Nations, 2002). The Madrid International Plan of Action on Ageing (MIPAA) which was agreed upon at the above Assembly in 2002 indicates as the first Issue under its first Priority Direction the need for active participation of older persons in society and development. Item 22 which is objective two of the plan is formulated to explore the participation of older persons in the decision-making process at all levels of society. The part three of the plan which is on its implementation identifies both national and international research as necessary to provide relevant information for the effective implementation of the plan (United Nations, 2002). This makes the findings

of this study significant to MIPAA by generating relevant information to facilitate its implementation both at the national and international levels and by so doing also support the realisation of these international obligations by Ghana and improve the quality of life for the Ghanaian older person.

The literature review on the topic for this study indicates a relative scarcity of information on the relationship between the SWB of older persons and their participation in the decision-making process. The study raises issues which shall serve as a motivation and direction for further studies on the topic, especially in the Ghanaian context.

1.6 Scope and Limitation of the Study

The study has important theoretical implications in the sense that it extended the field of research about the relationship between an activity which was identified in this study as the participation of older persons in decision-making and their SWB in eight communities in two districts in the Greater Accra Region of Ghana. As indicated in an earlier section of this study, ageing and old age as significant variables in studies of SWB have been explored in both cross-sectional and longitudinal studies with varied findings (Gonzalez-Carrasco, Casas, Malo, Vinas, & Dinisman, 2017; Wettstein, Schilling, & Wahl, 2016; Weber, et al., 2020). However, there is little information in the Ghanaian research environment on the relationship between SWB of older persons and their participation in the decision-making process. This study therefore enriched the theoretical considerations underpinning the activity theory, which is the theoretical foundation of the study and its relationship with the SWB of the individual.

The geographical coverage of the study was limited to one region and two districts of the country. It was undertaken in eight communities in two districts (Ga West and Shai Osudoku districts) of the Greater Accra Region, out of the total of 260 political districts in the 16 regions

of Ghana (as at December, 2020). A district is a political administrative area with a population of between 75,000 and 95,000. The region, districts and communities were chosen partly because the researcher has a full grasp of the dominant local languages spoken by the inhabitants – Ga, Ga-Dangme, Krobo and Asante Twi. This allowed the researcher to get personally involved in the collection of the primary data in the selected communities. Measures were however, put in place for the translation of any other languages which the researcher had challenges in understanding. The two districts had adequate number of older inhabitants for the purpose of sampling for the study.

The study involved 389 older persons, out of a total population of 13, 236 in the two districts (Ghana Statistical Service, 2012). This represented 2.94 per cent of the population of older persons in the districts. This number of respondents was however determined by the use of Yamane’s formula for proportion at 95 per cent confidence level and 5 per cent margin of error (Yamane, 1967). The geographical coverage and the sample size of the study were therefore limited compared to the population of older persons and the geographical size of the country. It is noted that the study was a cross-sectional one and therefore can only test associations among variables and not make causal inferences.

1.7 Outline of the Thesis

The outline of the chapters in the thesis are presented as follows.

Chapter 1- Introduction

This chapter introduces the background of the study and elaborates on the four main problems that it intends to address with its findings. The research objectives and the corresponding questions for each of the two-phased sequential exploratory mixed-methods are stated. Also discussed in this chapter is the significant of the study as well as its scope and limitations.

Chapter 2 - Literature review

An overview of the literature on the research topic are presented in this chapter. It brings into perspective the findings of other studies on how SWB relates to participation in the decision-making process. It explores the influence of age and ageing, and also the determinants of participation on the SWB of the individual. It introduces both the theoretical and conceptual frameworks within which the study is situated and defines key terminologies used in the study.

Chapter 3 - Methodology

This chapter discusses the research approach adopted for the study, specifically focusing on the design, study areas, sampling techniques, instruments and tools used in the collection and analysis of the data for each of the two phases of the study. It finally addresses issues of ethics which are relevant to the study.

Chapter 4 – Results and Discussion of Objective 1

This chapter first presents the descriptive information on the respondents for both the qualitative and quantitative phases of the study. It then presents the results of the analysed data as it relates to the first objective of the research - the customary pull factors (opportunities) and push factors (limitations) for participation of older persons in the decision-making process. The results of the qualitative study is presented first, followed by the results of the quantitative study. The results of both approaches are then interpreted and discussed within the context of the literature, theory and conceptual framework.

Chapter 5 – Results and Discussion of Objective 2

This chapter focuses on the objective two of the study which is on the personal, inter-personal and community-based factors that affect the ways in which older persons participate in decision-making. It first presents the qualitative and then the quantitative results of the study.

It interprets and discusses these within the context of the relevant literature, theory and conceptual framework.

Chapter 6 – Results and Discussions of Objective 3

This chapter discusses the link between the participation of older persons in the decision-making process and their SWB. It begins by presenting the descriptive analysis of both the cognitive and affective SWB of the respondents. The established link which is the outcome of the regression analysis are discussed in this chapter.

Chapter 7 - Summary, Conclusions and Recommendations

This chapter summarises the findings in chapters four, five and six and draws conclusions on these. It then makes recommendations based on the empirical evidences gathered and as relevant to the objectives of the study.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provides an overview of literature of the key concepts of the study – which are participation and SWB. It further explores the literature on the relations between the two concepts and their respective influencing factors. The operational definitions of these concepts are given to eliminate any potential misunderstanding of what exactly the study intends to achieve by the use of these terms. This is to avoid creating the relative difficulty associated with replicating a research with terminologies which meanings are unclear (Jacobson, Hels, & Mclaughlin, 2004). The theoretical and conceptual frameworks for the study are also established in this chapter.

The chapter is organised into five sub-headings. The first three are introduction, subjective well-being and age, and participation of older persons in decision-making and its relationship with their SWB. The fourth sub-heading is the theoretical framework which indicates a positive relationship between engaging in an activity and increase in feeling of self-worth, pleasure and quality of life. The last sub-heading is the conceptual framework which is adapted from Hasan and Kazlauskas (2014) to explain the relationship between SWB as the dependent variable and the independent variables of participation.

2.2 Subjective Well-Being and Age

Subjective Well-Being (SWB) has been defined in varied forms from varied perspectives and disciplines. In other words, both theoretical and empirical studies on SWB are scattered across disciplinary boundaries. It has for example been defined as “a global assessment of a person’s

quality of life according to his own chosen criteria” (Shin & Johnson, 1978, p. 478). In other words, SWB is based on the individual’s own appraisal of his or her life situation or quality of life (Diener, 1984; Omodei & Wearing, 1990; Kwarciński & Ulman, 2020; Lucas, 2016). It is broadly presented psychologically as a combination of feeling good and functioning well. It has components of positive emotions, opportunity for the development of one’s potential, having a sense of purpose and having a positive relation with other members of society (Burns, 2016). SWB, considered from health and psychologically-oriented approaches indicate that even though it is literary synonymous to positive state of mental health, the concept is also related to the outcomes of that state of mind. It has therefore, for example been further related to productive work, ability to make positive contribution to the community, effective learning and increased creativity (World Health Organization, 2001; Diener, Oishi, & Tay, 2018). Theories of SWB have classified it into four theoretical groups. These are fulfilment and engagement, personal orientation, evaluative and emotional theories (Das, et al., 2020). But in all the definition and classification domains, the common characteristic is that SWB is about how people experience and evaluate their lives. The value of this characteristic lies in the potential contribution of the information gathered on the phenomena to the monitoring of the economic, social and health conditions of people and the potential of influencing policy decisions in various forms (Krueger, Kahneman, Schkade, & Norber Schwarz, 2008; Layard, 2006; Diener, Lucas, & Oishi, 2018).

In contrast to the determination of SWB through self-evaluation of one’s own life is also the determination of one’s well-being through the objective approach which is based on pre-determined quality of life indicators such as material resources (e.g. income, food and housing) and social attributes (e.g. education and health). An example of the latter is the measurement of living conditions and well-being of individuals and households by the Ghana Living

Standards Surveys (GLSS) which had been conducted by the Ghana Statistical Service since 1987. The GLSS 7 (2019) which was the latest of these surveys used measures of household consumption to compare living standards across geographical areas in Ghana (objective measurement of well-being approach). Also the percentage of households' owning different physical assets by standard of living quintiles among others, were also generated by the report. Synonymous to the concept of SWB is what has been referred to as quality of life. This is mainly because both terminologies are based on the perception of the individual about his or her life condition. The World Health Organization (WHO) defines quality of life as an "individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (World Health Organisation, 1997, p. 3). The above definition indicates that the perceived quality of life or SWB of an individual may vary from one geographical point to the other and also can be influenced by the culture and value systems of the society, and as shall be revealed later, by the period in which it is measured. It makes the concept of SWB a dynamic one.

Most scholars working on the concept agree that SWB involves self-evaluation of one's own life in terms of both Affective (how he or she feels – positive or negative) and Cognitive (what he or she thinks about his or her life as a whole or aspects of it) at a particular point in time (Diener, 1984; Diener, Suh, Lucas, & Smith, 1999; Kahneman, Diener, & Schwarz, 1999; Welsch, Binder, & Ann-KathrinBlankenberg, 2021; Kopssov, 2019). In fact Das et al (2020, p.2) supported this assertion by defining SWB as "a person feeling and thinking his or her life is desirable regardless of how others see it". The Feeling in this definition refers to the affective/emotional dimension of SWB while the Thinking refers to the cognitive/evaluative dimension of SWB. The general rule is that an individual's evaluation of life in a predominantly positive term leads to higher SWB (Das, et al., 2020). In addition to the above two distinctions

of SWB, some researchers argue that there is also a clear “Eudaimonic” or “flourishing” aspect of SWB, reflecting people’s sense of purpose and engagement (Martela & Sheldon, 2019; Sheldon, 2018). In other words, the subject of SWB goes beyond the Affective and Cognitive to also focus on functioning and the realisation of a person’s potential. This latter classification differs significantly from the two forms of SWB afore-mentioned in the sense that it concerns itself with capabilities and the final outcomes and thus have a more instrumental focus – reflects people’s sense of purpose and engagement (Huppert, et al., 2009; Clark & Senik, 2011; Martela & Sheldon, 2019). This study however focused on the Affective and Cognitive SWB which are relatively more widely measured across the globe in studies on SWB.

Various studies have identified various influencing factors of SWB and established different relationships with other subjects of research. Demographic and socio-economic factors such as age, gender, marital status and level of education have been identified as important explanatory factors of SWB. In some other studies, SWB and Happiness were used interchangeably as observed by Diener (1984) and Mastekaasa (1994) who established that married people were happier than singles. It has also been revealed in empirical studies that poor health and lack of social contact were strongly negatively associated with SWB (Cheng & Yan, 2021; Dolan, Tessa, & Mathew, 2008). Das et al (2020) was relatively general in listing the determinants of SWB by putting them into seven broad categories namely basic demographics, socioeconomic status, health and functioning, personality, social support, religion and culture, and geography and infrastructure.

Ageing and old age as significant variables in studies of SWB have been explored in both cross-sectional and longitudinal studies, some finding a negative relationship between ageing and SWB while others presented a U-shape relationship, with the youngest and oldest reporting the highest levels of well-being. (Diener, Suh, Lucas, & Smith, 1999; Krueger, Kahneman,

Schkade, Schwarz, & Stone, 2009; Wilson, 1967). This U-shape relationship however disappeared when factors such as income, marriage, or employment were controlled for in fixed effects models (Frijters & Beaton, 2012). Yet other studies have found a negative relationship between age and SWB but a positive relationship between age-squared and SWB when measured under similar circumstances (Blanchflower & Oswald, 2004a; Jivrai, Nazroo, Vanhoutte, & Chandola, 2014). These indicate that differing ages relate to SWB differently over time. The finding on the relationship between age-squared and SWB for example, indicates that the older the individual the stronger the effect of age on SWB. In other words a higher age cohort has a more positive relationship with SWB than a lower age cohort.

In Ghana, the majority of the studies that have explored SWB have been quantitative in nature. For example, a study conducted by Calys-Tagoe, et al., (2014) indicated that the SWB of older Ghanaians was influenced by demographic factors including age, gender, educational level, income and ethnic background. Another one on *Cultural Orientation and Subjective Well-Being* concluded that both individualism and higher levels of collectivism were associated with greater SWB in the Ghanaian context (Owusu-Ansah, 2004) . The third one by Addai, Opoku-Agyeman, & Amanfu (2015) on *Marriage and Subjective Well-being in Ghana* concluded that marriage has a negative relationship with SWB among Ghanaians. The last study by Addai, Opoku-Agyeman, & Amanfu (2014) on *Exploring Predictors of Subjective Well-Being in Ghana: A Micro-Level Study* explored the predictors of two measures of SWB - happiness and satisfaction in life at micro-level in Ghana. The researchers concluded that both happiness and life satisfaction among Ghanaians were shaped by a multitude of factors including economic, cultural, social capital and health variables. Clearly, the issue of participation in decision-making by older persons and its relationship to their SWB is not much explored in local literature. This study seeks to provide insights on the subject.

2.3 Participation in Decision-Making and Subjective Well-Being

This study defined participation as “a process in which individuals take part in decision making in the institutions, programs, and environments that affect them” (Heller, et al., 1984, p. 339). Participation is conceptualised by the study as voluntary by an older person, without evidence of coercion.

Older persons play varied leadership roles from the local or community to the national level in the development process. They participate largely non-remunerated in the development of the family and also in the civic and civil society spaces of development (Amakye, 2017). Many of them have been in the fore-front of fostering national and community cohesion and the transfer of knowledge, skills and expertise to younger generations for development (Amakye, 2017). Many chiefs and opinion leaders in communities across the county fit into the definition of an older person by this study. Some older persons have also served in various capacities at the national level including as ministers of state, presidential advisors such as members of the Council of State and as legislators, even though they did not occupy the positions by the fact that they were old but that they had the expertise for the purpose. Given the opportunity, older persons have therefore demonstrated their ability to effectively participate in the development of the society both through traditional and cultural channels and also on merit-based levels as professionals with required expertise (Heslop, Agyarko, Adjetey-Sorsey, & Mapetla, 2000).

Decision-making as conceptualised by this study is the process of making a choice of what to do and not to do, to produce a satisfactory outcome (Baron, 1998; Yates, Veinott, & Patalano, 2003; Lent & Brown, 2020; Kaufmann, Meschnig, & Reimann, 2014). The gender dimension of decision-making has been raised by some reports. A United Nations’ report which was in response to General Assembly Resolution 64/132 of 18 December 2009 and titled “Follow up

to the Second World Assembly on Ageing” revealed that many older men are regarded as head of households, particularly those who live with their children (United Nations, 2011). It indicated that an average of about 90 per cent of men aged sixty years or over in developing countries fall within this category. According to the report women were much less likely than men to be identified as the head of household, though there were marked differences between countries in this respect. The report however indicated that the link between the role of headship and the day-to-day control over resources and decision-making was unclear. But Dosu (2014) was emphatic that older persons who are heads of families take decisions on the usage of family lands for economic (farming) and other activities by family members and also on issues of family religious activities. This implies that more older men than women are likely to take part in the decision-making process when it comes to the utilisation and allocation of family resources (Doan, et al., 2020). One prominent feature of discussions on the participation of older persons in the decision-making process is the facilitating role of culture (Torres, 2018). Many studies have confirmed a positive relationship between participation in an activity and SWB of the individual involved (Baker, Cahalin, Gerst, & Burr, 2005; Sen, 2000; Sen, 2001; Duodu, 2018; Gans-Lartey, 2018). The World Health Organisation (WHO) also gave evidence of this as captured in its definition of *active ageing*. It states that “Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2002, p. 12). Sen (2000 & 2001) further acknowledged that participation by an individual in decision-making does not only impacts positively on one’s own life but also that of others. He further noted that participation in the decision-making process is a development issue and fundamental to human well-being. This assertion was confirmed by Duodu (2018) and Gans-Lartey (2018) who identified participation as key to national development and important for democratic decision-making on issues that directly or

indirectly affect people's socio-economic well-being. Others also identified contribution to healthy democracy as a benefit of participation in decision-making. (Almond & Verba, 1963; Putnam, 2000; Andrew & Summers, 2020). Yet, other positive impacts of participation include finding meaning in life; expression of social identity; contribution to the well-being of others and improving one's chances on the labour market (Clary, et al., 1998). These postulate that the positive benefits of participation are varied and it is not only older persons who stand to reap its benefits but the society at large and that participation has a relationship with the quality of life or well-being of the individual.

Other literature have pinned their findings on the relationship between participation and SWB to specific types and levels of participation, including civic engagement through the activities of voluntary associations for individuals to advocate their interests in politics and experience which have been found to enhance positive SWB (Brady, Verba, & Schlozman, 1995; Adler & Seligman, 2016). The above notwithstanding, this study takes cognizance of the fact that there are also research findings which indicate that not all activities yield positive effects on the well-being of an individual particularly when personal and societal conditions are not conducive for the purpose (Roy & Russell, 2005; Rowe & Kahn, Successful Aging, 1997; Reis, Sheldon, Gable, Roscoe, & Ryan, 2018).

Research findings are varied on facilitators of participation in an activity. A group of such findings differentiate between physical and social activity (Cheah & Poh, 2014; Dinanti, Miranda, & Caroline, 2019). The former refers to body movement that is produced by muscle action and which requires energy expenditure, while the later refers to activities that could promote interpersonal interactions, develop social identity and regulate emotions. Factors identified as being significantly associated with participation in physical activity, which is the one of interest to this study were age, income, gender, education, marital status, region, house

locality, job characteristics and medical conditions. In other words socio-demographic and health factors were the key drivers in participation in physical activity (Cheah & Poh, 2014; Dinanti, Miranda, & Caroline, 2019). Other studies are however specific on factors that facilitate the participation of older persons in the decision-making process and the likely impact on their SWB. One of these using regression analysis and undertaken in New Zealand identified good level of knowledge about a subject matter, particularly services and support for older persons as a determinant in deciding to live in either a community or in a residential home for older persons (Diane, Arksey, Parsons, Senior, & Thomas, 2009). In other words, the higher the knowledge one possesses about a subject matter, the better-placed that person is to either take a decision alone or effectively participate in deciding on an issue. Duodu (2018) and Gans-Lartey, (2018) related this assertion to the attainment of a relatively higher level of education in the Ghanaian context while Milligan, Morettin and Oreopoulos (2004) referred to it as increased human capital. They noted additionally that increased awareness has positive effect on civic participation among older persons. Attitude has also been identified as having an influence on one's motivation to participate in a decision-making process. The more positive the attitude, the more motivated the person is to get involved in addressing issues (Sanbonmatsu & Fazio, 1990; Vroom, 2019).

Bekkers (2005) focused on participation in voluntary associations and explains the influencing factors in sociological, psychological and political terms. Human and social capital were identified as the influencing factors in the sociological sphere. From a psychological perspective personality in the form of empathy and extraversion were said to be key traits for voluntary work. Political scientists pointed to political values and attitudes as the influencing factors in volunteering. The higher the number of indicators identified with a person, the greater the likelihood of being involved in volunteering. Some other independent variables identified in

other studies as influencing participation in decision-making were gender (Male), marital status, health status, income and education (completed years). Nketiah-Amponsah (2009) additionally gave participation a gender flavour when it established that income, age, religion and access to health information via Television and Newspapers were significant predictors for a woman's participation in decision-making on health insurance. In other words these factors influenced the participation of women in decision-making on health insurance. Wambua (2013) in his Master of Arts thesis on women participation in the decision-making process in the Kitui County in Nairobi, using mixed method reported that educational level and academic qualifications have significance influence on women participation in the decision-making process as well as in community project leadership. He also identified the legal framework and cultural beliefs, values and practices as influencing the participation of women in the decision-making process in Kenya.

Another important part of the act of participation is the actions that are entailed in the participation. A study by Samanta & Nayak (2015) in rural West Bengal in India which addressed this issue defined participation to include attending meetings, raising issues, making complaints, and making contributions. It further noted that better awareness, increase in land holdings, organisational membership, and political affiliation tended to improve participation. Also households showing livelihood dependency and entitlement, and belonging to a socially and economically weaker sections of the society were more likely to participate.

2.4 Theoretical Framework

This study employs the activity theory as its theoretical foundation. It is also referred to as the Cultural-Historical Activity Theory (CHAT) and credited to the Russian psychologist

Vygotsky and his students, particularly Leontiev in the 1920s. It has been conceptualised as providing evidence of a positive relationship between engaging in an activity and increase in feelings of self-worth, pleasure and life satisfaction (Havighurst, 1961; Katz & Calasanti, 2015; Hasan & Kazlauskas, 2014; Rowe & Kahn, Successful Aging, 1997; Morgan, Willmott, Ben-Shlomo, Haase, & Campbell, 2019; Kim, Park, Kim, & Fontes-Comber, 2020). Some studies on ageing in the 1970s and beyond have confirmed that people who continue to participate in activities and interact socially as they age have a higher quality of life and tend to be healthier and live longer (Lemon, Bengtson, & Peterson, 1972; van Uffelen, Khan, & Burton, 2017; National Academies of Sciences, 2020). The relationship between participation in an activity and the associated high quality of life at old age has been described by some of the proponents of the theory as “successful aging” which involves the “full engagement in life, including productive activities and interpersonal relations” (Rowe, 1997, p. 367). It has however been observed in some studies that this can only be achieved in an absence of disease or dilapidation and the presence of physical and cognitive functions (Katz & Calasanti, 2015; Rowe & Kahn, 1997; Menec, 2003; Gopinath, Kifey, Flood, & Mitchell, 2018).

It has however been established that not all activities are beneficial to the individual involved and also different activities might yield different physical, social and psychological outcomes, and that the activity under consideration should be one within the capability and of interest to the doer to avoid negative consequences (Roy & Russell, 2005; Rowe & Kahn, 1997; Lemon, Bengtson, & Peterson, 1972; Ritchey & Dietz, 2001). This position has resulted in the identification of social network and adequate personal resources as major facilitators in participation in an activity for the expected higher SWB to be realised (Litwin, 2000; Dai, Zhang, & Li, 2013).

Activity, as conceived by Havighurst (1961) and the other proponents of the activity theory and as highlighted above is regarded as a response to the disengagement theory which proposes that older persons should do what comes "natural" with age, which is gradually withdraw and settle into inactivity until death (Hochschild, 1975; Achenbaum & Bengtson, 1994; Teater & Chonody, 2020; Kleiber, 2017). The disengagement school of thought opines that a weakness of the activity theory is its overlook of inequalities in health and economics that hinders the ability for older persons to engage in activities. Also, some older adults do not desire to engage in new challenges (Bearon, 1996). This critique of the activity theory is however weakened by some proponents of the theory including Katz and Calasanti (2015) and Rowe and Kahn (1997) who identified the absence of disease and the presence of physical and cognitive functions as key to the application of the theory. The data collection and analysis for this study took cognisance of the above assertion by excluding participants who were suffering from conditions considered as hindrances to their active participation in the decision-making process.

Application of the activity theory in a research requires that the activity under consideration should be goal-oriented. Holzman (2006) considered it as consisting of goal-directed actions that are conscious. In other words the assertion by Havighurst (1961) about the positive relationship between engagement in an activity and feelings of well-being should be the goal or the motivation for participation, and not assumed as general and an automatic outcome. Tied to this conceptualisation for research is activity being defined by the 'dialectic relationship between subject and object', in other words, **who is doing what for what purpose** (Vygotsky, 1978). This approach provides the opportunity for the researcher to tease out and to better understand human activity – in this study it is participation of older persons in the decision-making process and its relationship with their SWB. This makes activity the unit of analysis in a research employing the activity theory (Engestrom, 1987; Foot, 2014).

In activity theory, the relationship between subject (human doer) and object (the thing being done) forms the core of the activity. The outcomes are the results of the activity engaged in.

For this study the *subject* of the activity is the older person, the *object* is participation in the decision-making process and the *outcome* is the expected positive effect on the SWB of the older person (the doer). The strength of this relationship shall be determined by a regression analysis of the quantitative data collected.

Many researchers who have applied the activity theory in empirical studies, including in the areas of education and health have identified the dialectic subject-object relationship in their works – that is the object of an activity is both objective and subjective (Vygotsky, 1978; Engestrom, 1987; Sanda, 2018; Zou, Parker, & Hounsell, 2021; Laizah & Iyamu, 2022).

Activity, according to the theory is facilitated by tools which can be primary, for this study physical participation in the decision-making process; secondary, for this study through languages; and tertiary, for this study the communities in which the participation activity took place within a specified context.

Activity theory offers a holistic and contextual method of discovery and supports a mixed method research. The adaption of selected tenets of this theory resulted in a richer understanding of the reality of participation and its effects on the SWB of older persons. It generated findings which addressed the issues identified in the problem statement of this study. These include the traditional view held that older persons are passive recipients of social services without the required capacity to participate in the process, limitations of the measurement of well-being in Ghana by largely employing an objective rather than both objective and subjective approaches thereby excluding the social and cultural factors which also contribute to an individual's well-being. It made available research information on the relationship between the participation of older persons in decision-making and their SWB in

Ghana thereby creating the opportunity to improve the effectiveness of policy and programme interventions which focus on promoting their well-being.

2.5 Conceptual Framework

Mugenda and Mugenda (2003) defines a conceptual framework as a graphical or diagrammatic representation of the relationship between variables in a study. It makes it easy for the researcher to see clearly the relationship between the variables.

Main Assumption

The study is based on the assumption that there is a relationship between the SWB of older persons and their participation in the decision-making process at the family or community, district, regional and national levels.

Definition of Older Person

An older person in this study is anyone who is chronologically sixty years and above (United Nations, 2005).

Participation in Decision-Making

Participation is defined as “a process in which individuals take part in decision making in the institutions, programs, and environments that affect them” (Heller, et al., 1984, p. 339). The study defines decision-making as the process of making a choice of what to do and not to do, to produce a satisfactory outcome (Baron, 1998; Yates, Veinott, & Patalano, 2003; Lent & Brown, 2020; Kaufmann, Meschnig, & Reimann, 2014).

Subjective Well-Being (SWB)

SWB is “a global assessment of a person’s quality of life according to his own chosen criteria” (Shin & Johnson, 1978, p. 478). The study focused on the Affective and Cognitive forms of SWB at a particular point in time (Diener, 1984; Diener, Suh, Lucas, & Smith, 1999; Kahneman, Diener, & Schwarz, 1999).

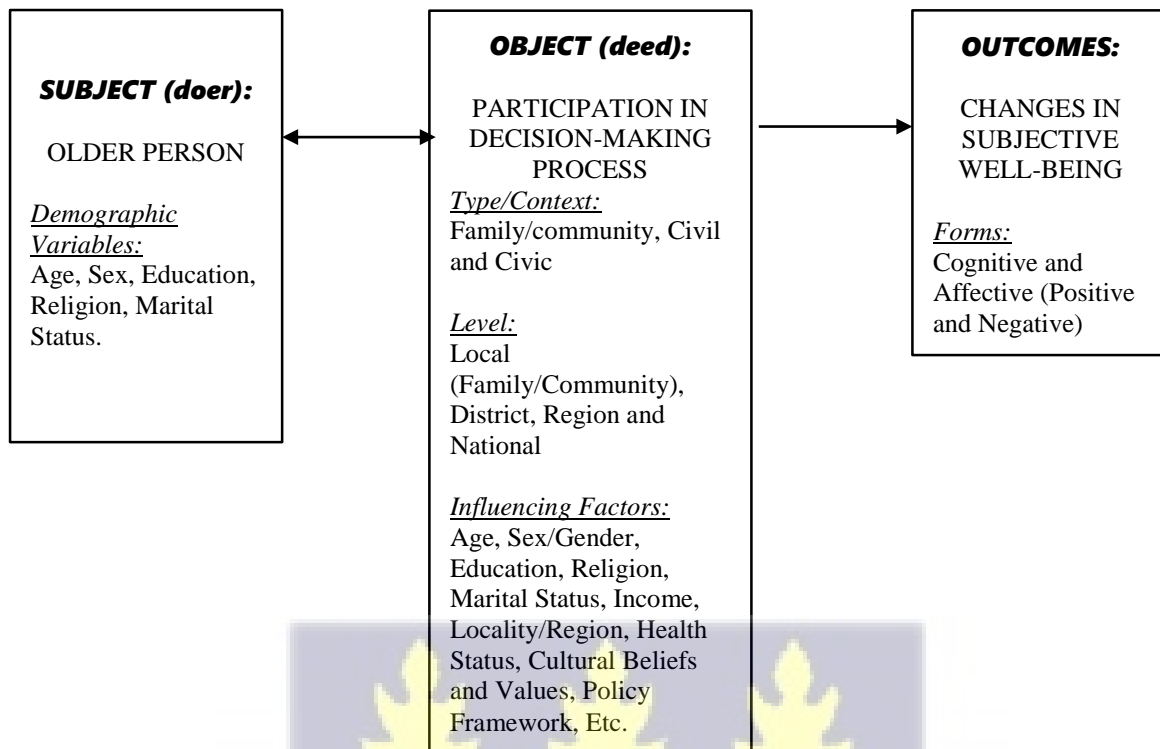
The Framework

This is depicted in Figure 2.1 below, and it is an adaption of the core of the activity diagram illustrated by Hasan and Kazlauskas (2014). It illustrates the main assumption of the research, which is a relationship between SWB and participation of older persons in the decision-making process.

In Figure 2.1 below, the first box to the left is the subject which refers to the doer. This is the older person who engages in the activity of participation. The second box which is in the middle represents the object which is the deed. It is the act of participation in the decision-making process. The last box to the right represents the outcome which is the influence of participation in the decision making process on SWB of older persons. The first and the second boxes are connected by a double-headed line which indicates that the doer and the deed are the core when the activity theory is employed in a research. Restated, the diagram conceptualises that older persons (subject) who get involved in the act of participation in the decision-making process (deed) experience changes in their SWB (outcome).

The relevant variables of interest for each of the three connected boxes in the analysis of the study data have been listed in each box. For older persons in the first box to the left, their age, sex, level of education, religion, marital status, among others shall be generated as descriptive information in tables.

Figure 2.1 Conceptual Framework



Source: Adapted from Hasan and Kazlauskas (2014)

The second box in the middle shall generate information on the types and levels of participation, as well as the factors that influence these. The influencing factors of the process of participation (deed) shall be used as independent variables to run a multiple linear regression to determine their relationship with SWB (dependent variable) of older persons (subject). This explains the single-headed arrow connecting the object (the box in the middle) to the outcome (the third box on the right). The analysis for the third box to the right shall also generate the forms of SWB of the older persons - affective and cognitive, and relate these to their respective influencing variables of significance in the box for the deed.



CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter discusses the methodology and approach adopted for the study and the rationale behind the specific techniques used for data collection. The research design, the geographical location of the study, the sampling size and technique, the different phases of the study and the issues of ethics and ethics clearance have been discussed.

3.2 Research Design

Research design ensures that the research processes are properly coordinated, efficiently implemented and focused on the realisation of its objectives (Kothari, 2017). This research was designed to answer all the research questions thereby ensuring an appropriate fit. The phenomenology approach was adapted because the study intended to describe the lived experience of older persons in their participation in the decision-making process. It supports the exploratory design adapted by the study. The study is inductive, that is not aimed at testing a theory but rather building on an existing one. Pragmatism is the underlying philosophy of the study. The philosophy is based on the assumption that even though there is a *real world* an individual has the freedom to interpret that world using a relevant approach for the purpose (Kaushik & Walsh, 2019). It embraces the adoption of plurality of methods which work best for addressing a research problem being investigated. It is considered suitable for this study because of the adoption of the mixed-methods approach and the fact that the measurement of SWB largely depends on the lived experiences and beliefs of the individual in the real world.

This study explored the relationship between the participation of older persons in the decision-making process and their SWB. It adopted the exploratory sequential mixed methods design which involved two phases of data collection – an initial qualitative phase followed by a quantitative phase (Creswell, 2012). The first phase was a qualitative exploration of issues of participation of older persons in the decision-making process from the family to the national level and involved 67 participants of varied ages in eight communities in two districts in the Greater Accra Region. The second phase, which followed up on the qualitative phase collected quantitative data on the same issues, in addition to information on the cognitive and affective well-being from 389 participants who were 60 years and above. This was after the initial qualitative phase had informed the formulation of research questions for the quantitative phase. The purpose for adopting the mixed-methods approach was that both qualitative and quantitative research, in combination, provide a better understanding of a research problem or issue than either research approach only (Tzagkarakis & Kritas, 2022; Şahin & Öztürk, 2019). The design was considered appropriate for the study because the scope of the research topic is relatively new and yet to be adequately defined in the Ghanaian literature in terms of relevant variables and guiding theory. The design of the study assisted in gaining insights and familiarity with the basic facts, setting and concerns about the relationship between participation in decision-making and the SWB of older persons in order to inform policy and also create a sense of direction for future research (Saunders, Lewis, & Thornhill, 2000; Yin, 2009).

The first phase which employed a qualitative method to seek information on the subject area guided the development of appropriate instruments for use in the second phase, which employed a quantitative method. The data generated in the second phase, in addition to providing descriptive statistics on the topic for the research was also used to run a multiple linear regression to determine the influence of the factors of participation in decision-making

by older persons on their SWB. The qualitative approach enabled a subjective assessment of attitudes, motives, opinions and behaviours about the study area without seeking to establish numerical facts (Mohajan, 2018). The quantitative approach collected and measured data in statistical forms and identified and explained relationships with the aim of throwing more light on issues identified by the first phase. The qualitative approach allowed the researcher to gain deeper understanding of the phenomenon of interest by getting close to that phenomenon (Creswell, 1998). The two research approaches therefore worked to enhance robustness of the outcomes of the study (Creswell, 2012).

The specific steps taken in gathering and analysing the data based on the exploratory sequential mixed-methods approach are outlined as below.

Step 1: Conducted a qualitative study for 3 weeks with 48 older persons who were aged 60 years and above to explore their lived experience in participation in a decision-making process in both the Shai Osu-doku and Ga West Districts of the Greater Accra Region of Ghana. 19 others of different ages who were considered to hold a position of influence and have relevant and adequate knowledge on the subject area were also engaged at both districts and national levels. The data collected was transcribed and a thematic analysis was undertaken on it to bring out key issues which answered the research questions.

Step 2: Survey Questionnaire, Satisfaction With Life Scale (SWLS) and Positive and Negative Affect Schedule (PANAS) for the quantitative phase of the study were pre-tested in both districts of the study. The questionnaire was developed from information gathered from Step 1 above while the SWLS and PANAS tools which were used to measure the Cognitive and Affective SWB respectively of the respondents were adapted from Watson, et al., 1988.

Step 3: Collected a cross-sectional quantitative data from 389 older persons for 10 weeks in the Shai Osudoku and Ga West Districts of the Greater Accra region using pre-coded questionnaire, SWLS and PANAS as tools. The data gathered were entered into Excel and imported into STATA 13 for analysis. Descriptive statistics were generated and multiple linear regression analysis was run using the determinants of participation of older persons in the decision-making process and cognitive and affective SWB respectively.

Step 4: Discussed the findings of both the qualitative and quantitative analyses together, noting points of convergence and divergence.

3.3 Study Areas

The Purposive sampling technique, which is a non-probability sampling technique was used to select the Greater Accra Region for the study. Figure 3.1 below is the map of Ghana showing the location of the Greater Accra Region with an arrow line.

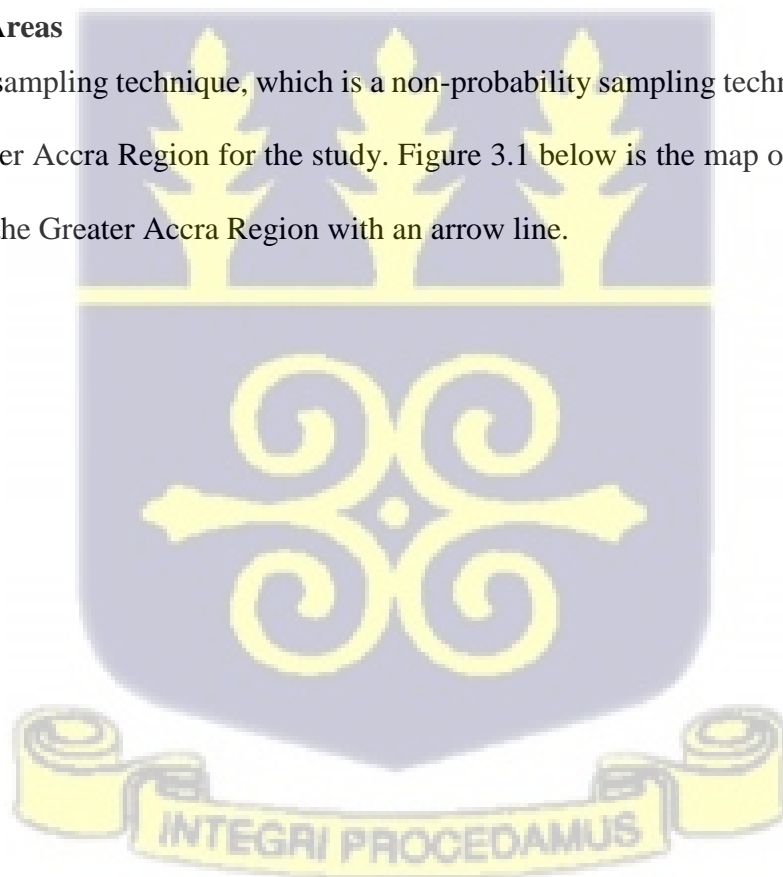


Figure 3.1 *Map of Ghana (2020)*



Source: Ghana Statistical Service, 2020.

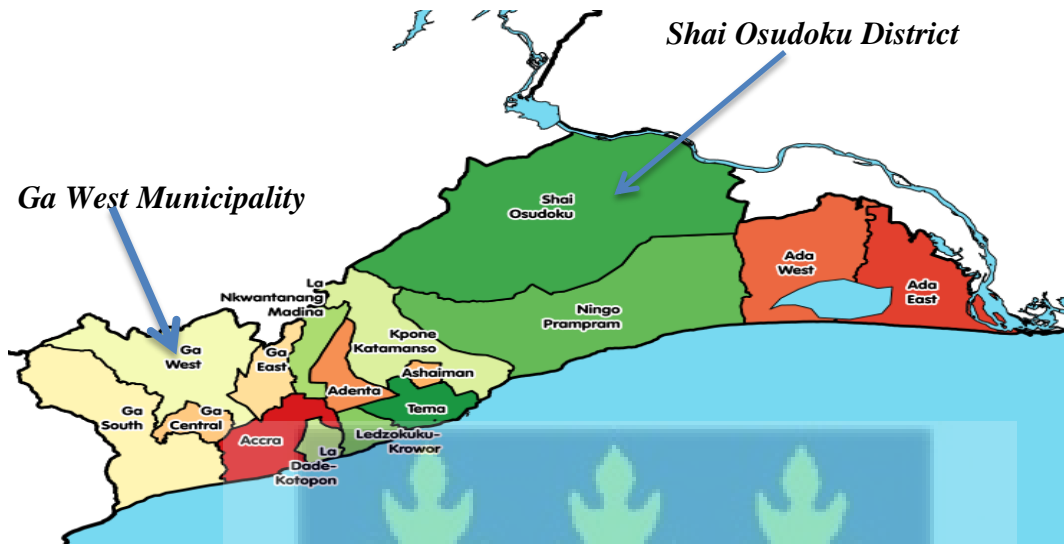
The Greater Accra Region in Figure 3.1 above hosts the capital of Ghana – Accra, which is the seat of government. It is inhabited by the Ga ethnic group but has become significantly cosmopolitan over the years. It is the smallest among the 16 administrative regions of Ghana with a total land area of 3,245 square kilometers (1.4 per cent of the total land area of Ghana) but the second largest in terms of population density (1,236/km²) after Ashanti Region (196/km²) with a population of 4,010,054 out of the total population of 24,658,82 (Ghana Statistical Service, 2012).

The Greater Accra Region was selected for this study because it is the seat of government and the centre of decision-making on major issues affecting the growth and development of Ghana and her citizens. It was considered an appropriate geographical area to link national level policy

processes to local places and people and to explore the ways power relations in the public sphere impact on the participation of older persons in the decision-making process. The head office of the two leading government institutions which are responsible for policy and programme interventions on issues impacting on the well-being of older persons are located in the Greater Accra Region. These institutions which were earmarked for in-depth interviews are the Ministry of Gender, Children and Social Protection and the Department of Social Welfare. The Region was also considered, among others as relatively convenient for the study in terms of cost, particularly transportation cost due to the fact that the University of Ghana where the researcher studied was located in the region and it is not geographically far from the two districts in which the study was undertaken. The study, for the purposes of analysis of points of convergence was purposively undertaken in one predominantly urban and a rural settings. The categorisation of the study districts was informed by a list of districts provided by the Ministry of Local Government and Rural Development which had classified districts in the Greater Accra Region into predominantly urban and rural based among others on their population as determined by the 2010 National Population and Housing Census (Ghana Statistical Service, 2012). The list obtained was further cleaned by considering only those which had the population that satisfied the sample size and characteristics for the study, and largely communicated verbally in languages for which the researcher had professional proficiency. The languages in reference were Ga, Ga-Dangme, Krobo, Asante Twi and English. This was meant to allow the researcher to as much as possible directly get involved in the data collection and interpretation processes thereby reducing the risk of misrepresentation. The names of all the districts in the region were written on equal pieces of papers, folded and placed in different cluster containers of rural and urban settings. A simple random sampling technique was used to pick one district from each of the two clusters. The Ga West and Shai-Osudoku districts were picked for urban and rural settings respectively.

Figure 3.2 below is a section of districts map of the Greater Accra region which shows the locations of the Ga West and Shai Osudoku districts with separate arrow lines.

Figure 3.2 Ga West and Shai Osudoku Districts in the Greater Accra Region



Source: Ghana Statistical Service, 2012.

The researcher approached the planning departments of the two district assemblies in the selected districts for data on older persons, list of all communities in the districts and their respective economic and geographical characteristics. The planning officers also provided information on the infrastructure situation in the district particularly the road networks to determine the accessibility of the communities and the availability of hydro-electric power to guide the researcher on appropriate times for engagements. Information on seasonal and other noted events which were likely to adversely affect the physical availability of the community members for the study and the dominant languages used in the communities were also made available by the staff. This information was used, with support from the assigned staff of the department to delete the names of communities considered relatively not suitable for the study mainly in terms of the population size, accessibility and dominant languages spoken by the people. A list of 29 and 22 communities were passed as possible hosts of the study in the Ga

West and Shai Osudoku districts respectively. The names of all the passed communities for each district were written on equal pieces of papers, folded and placed in different containers. A simple random sampling technique was used to select four communities from each of the two sampling frames. These were Kuntunse, Akotoshie, Adzen Kotoku and Sarpeiman for Ga West district and Abonya, Odumse, Asebi and Doryumu for the Shai Osudoku district.

3.4 Population and Sampling Techniques.

The population of interest for the study was people who were 60 years and above, defined as older persons (United Nations, 2005) and who resided in the Ga West and Shai Osudoku districts of the Greater Accra region. The population of older persons in Ghana is estimated to be about 7 per cent of the total population, up from 4.5 per cent in 1960, 5.4 per cent in 1970 and 6.7 per cent in 2010. Some reasons for this increasing trend are increases in the ratio of older persons to children and the median age, and also a declining fertility rate (Ghana Statistical Service, 2012). The female elderly population of Ghana is estimated at 56 per cent and the males are estimated at 44 per cent. This is an indication of enjoyment of a relatively higher life expectancy for the female population. A higher proportion of the elderly population (54 per cent) resides in the rural areas. The remaining 44 per cent who resides in urban areas are made up 47 per cent females and 44 per cent males (Ghana Statistical Service, 2013).

The total population of the Ga West District was 219,788 with 49 per cent and 51 per cent being males and females respectively (Ghana Statistical Service, 2014). The Shai Osudoku district had a total population of 51,913, made up of 48.7 per cent males and 51.3 per cent females (Ghana Statistical Service, 2014). The two study areas therefore had a combined total population of 271,701. The total number of older persons (60 years and above) in the two districts, according to the 2010 Population and Housing Census report was 13,236. This was

made up of 9,444 in the Ga West district and 3,792 in the Shai Osudoku district (Ghana Statistical Service, 2012). This implied that the Ga West district and Shai Osudoku district contributed 71 per cent and 29 per cent respectively of the total population of older persons in the two districts for the study.

The older persons in the selected districts and communities were engaged in surveys and Focus Group Discussion. Staff of the Ministry of Gender, Children and Social Protection and the Department of Social Welfare who have the mandate to develop and implement national policies and programmes to improve the well-being of older persons in the country were engaged in in-depth interviews at that level. The staff of the two district assemblies, including the district officers of the Department of Social Welfare, members of Unit Committees in the selected communities, members of community-based associations, chiefs and opinion leaders in the selected communities were also engaged in in-depth interviews on the research topic.

Three functional age groups were adapted from the 2010 National Population and Housing Census to ensure a fair representation of responses from the older persons of different ages who were recruited for the study. These age groups were 60 to 74 years (young old), 75 to 84 years (old-old) and 85 years and above (very old) (Ghana Statistical Service, 2012).

The staff of the planning departments of the two district assemblies provided the researcher with the contact telephone numbers of the assemblymen who represented the selected communities in the assemblies. These contact persons as proposed by Creswell (2009) acted as gate-keepers and led the researcher into the communities to inform the relevant traditional authorities, including the chiefs and in some cases their respective traditional councils about the study, particularly its objectives, specific activities in the community, duration, expected impact on the well-being of older persons and the expected roles of the community members

and institutions to ensure its success (Creswell, 2009). Community-based groups including youth and Church groups, as well as Unit Committees and development associations were also engaged on the study proposal. Approval was received from the traditional authorities for the organisation of community meetings in all the eight selected communities to create awareness on key components of the study, including the expected roles of community stakeholders, particularly older persons. At these community meetings, older persons who were interested in participating in a Focus Group Discussion were registered, including their ages, houses and contact telephone numbers.

The assemblymen assisted the researcher to recruit a researcher assistant in each of the eight selected communities. A total of four research assistants made of two males and two females were therefore recruited for each district. They were young people between the ages of 24 and 29 years who had completed at least the Senior High School level of education and had at least once participated in a data collection exercise in the community or elsewhere in the district, able to speak at least two dominant local dialects of the selected communities and literate in the English language. They were trained for two days by the researcher on the sampling and survey techniques to be employed for the study.

The research assistants for a district were first engaged in the listing of all households with members who were of age 60 years and above in all the four selected communities in the district. The names, ages, general health condition of the older members, as well as their house numbers were recorded. The older persons also indicated their acceptance to participate in the research activities and their preference to either do that at a place of their choice particularly in their homes or at a common location in the community.

A systematic random sampling technique was subsequently employed to select the required numbers of respondents from each functional age group for the study in the communities. In all the communities, the first household from the point of entry into the community with an older person was selected. A certain number of households, depending on the size of the community and the determined number to be interviewed were ignored for the interviews to continue in the next available households. This was done to ensure geographical spread of the interviews in all the selected communities.

3.5 Phase 1 – Qualitative Study

Data Collection – Sampling Techniques and Instruments:

The data collection techniques employed for the first phase of the sequential exploratory study were Open-Ended Questions Guide for Focus Group Discussion and Semi-Structured Guide for In-depth Interview. The two interview guides used for each exercise are attached to this report as appendices three and four. The guide for the focus group discussion explored 13 issues of participation with the participants, including issues on levels and available opportunities and constraints for participation in the decision-making process. The guide for the In-Depth Interview had six items on the background of the participants and 10 other probing items explored the policy and legal frameworks and opportunities created for older persons to participate in the decision-making process.

Purposive sampling technique was adopted to identify participants for the above engagements in the two districts. This sampling technique was adopted in order to ensure that all interest groups and relevant issues were adequately captured. But also of importance was that those selected to participate in the exercises had adequate capacity including knowledge to speak to

the issues at stake (Creswell, 2009; Bowling, 2014). The technique was considered useful for in-depth investigations especially in the situation where little prior empirical research had been conducted on the area of study (Neuman, 2014). The source of data for the exercise was the register generated at the community meetings and other older persons identified during community stakeholder engagements with interest groups, Churches and development associations.

Three separate groups of between 8 and 11 older persons each participated in Focus Group Discussion in each district of the study. These were an all-male, all-female and a mixed (male and female) groups. The purposive sampling technique ensured that at least five members represented the 60 to 74 years age group, two members represented the 75 to 84 years group and one person represented the 85 years and above age group. The people chosen for the discussions had almost a common background and comparable experiences and allowed, with an open-ended interview guide by the interviewer to express their individual and group insights on the area of study. The interview guide addressed the same areas of the study and aimed to draw from the experiences, beliefs, perceptions and attitudes of the participants through a moderated interaction (Cornwall & Jewkes, 1995; Ochieng, Wilson, Derrick, & Mukherjee, 2018). Focus group discussion is considered a cost-effective and an almost perfect alternative to participatory research (Morgan D. , 1996). The total of six Focus Group Discussion organised in the two districts was not determined prior to the collection of the qualitative data. It was influenced by the fact that both key emerging issues (code/thematic saturation) and the meaning of these issues (meaning saturation) was realised at the conduct of the sixth discussion which was with a mixed group of both males and females – the point where the data being collected did not shed any new light on the issues under discussion (Hennin, Kaiser, & Weber, 2019). The discussions lasted between 45 minutes and an hour.

Semi-structure in-depth interviews were conducted in the two districts with chiefs, opinion leaders, chairpersons of the unit committee, two district assembly members, District Coordinating Directors and District Directors of the Department of Social Welfare. At the national level a senior officer of the Policy Planning, Monitoring and Evaluation (PPME) department of the Ministry of Gender, Children and Social Protection and a senior officer of the Department of Social Welfare were also interviewed on the area of study. The in-depth interview also reached a saturation point with the above individuals (Hennink, Kaiser, & Marconi, 2017).

Data Analysis:

The qualitative data collected from the focus group discussions and in-depth interviews were tape recorded at the point of collection with the permission of the respondents and upon confirmation that it would not adversely affect the effectiveness of the engagements with them. This was in consonant with established protocol that novice researchers, as much as permissible can rely more heavily on tape recordings compared to more experience researchers (Nyumba, Wilson, Derrick, & Mukherjee, 2018). This was to avoid the potential of losing key information and quotes. Additionally, notes were made of key emerging issues and their meaning by the interviewer during the exercise. At the end of each discussion and interview, the researcher confirmed the key emerging issues and their meaning with the participants to ensure the accuracy, clarity and trustworthiness of the data collected. The recorded conversation was later transcribed.

The analysis of the data was guided by the Braun and Clarke's six-phase framework for doing a thematic analysis (Braun & Clarke, 2006). The first step was familiasation with the data through prolonged engagement with it, followed by the generation of initial codes using

response tally after which themes and patterns were identified. The fourth step was the review of the themes which also involved the return to the raw data to check their adequacy. The themes were then defined and named and the report on the qualitative study was finally written (Maguire & Delahunt, 2017). The data generated by the two sources of the qualitative study was triangulated throughout the analysis process to ensure trustworthiness.

3.6 Phase 2 – Quantitative Study

Data Collection – Sampling Techniques and Instruments:

Three data collection instruments were employed for the collection of quantitative data in the second phase of the study. One was developed by the researcher and the two on SWB were adapted from existing instruments for the purpose. These were pre-coded structured questionnaire for survey (Appendix 1), Satisfaction With Life Scale (SWLS) and the Positive and Negative Affect Schedule (PANAS) (Appendix 2). The Cognitive and Affective SWB of each respondent were measured simultaneously with the administration of the survey questionnaire to the same person. The Satisfaction With Life Scale (SWLS) was employed to measure Cognitive SWB (Diener, et al., 2009). The Positive Affect and Negative Affect Schedule (PANAS) was used to measure the Affective SWB of the respondents (Watson, Clark, & Tellegen, 1988).

The structured questionnaire was in two sections. The first section had 23 probing items and collected data on demographic characteristics of the respondent. The areas covered included sex, age, education, religion, marital status employment and income. The relevance of this section was informed by literature which indicate that there is a relationship between the demographic characteristics of an individual and both his or her SWB and participation in a

society. The second section of the questionnaire which had 11 probing items collected data on issues of participation in the decision-making process. The areas covered included the level and context of participation, types of specific decision-making processes involved in and the push and pull factors in the participation process. This section provided insight into the nature of participation of older persons in the decision-making process.

The adapted Satisfaction With Life Scale (SWLS) has five statements for measure of the cognitive subjective well-being of a respondent. The respondent has three score options each to indicate his or her level of agreement or disagreement with each of the five statements. In-between the two options is an indication of neutrality. The scores as depicted on the scale are shown as below.

7 - Strongly agree

6 - Agree

5 - Slightly agree

4 - Neither agree nor disagree

3 - Slightly disagree

2 - Disagree

1 - Strongly disagree

The Positive and Negative Affect Schedule consists of 20 words which describe different feelings and emotions. A respondent has five scale options from “very slightly or not at all” as scale one to “extremely” as scale five. The respondent indicates the scale which represents his or her feelings or emotions at a particular moment or over the past one year. The study adapted the latter time frame for the measurement of the SWB of respondents.

Each of the research assistants identified one other literate member in his or her community who was known to have command over the dominant written and spoken local dialect and the English language. The four identified persons, together with the four recruited research assistants, with guidance by the researcher and support of translation dictionaries for English and Ga, English and Asante Twi, English and Ewe and English and Ga-Adangme languages, translated the three data collection instruments into local dialects.

The tools for the quantitative phase were pre-tested with 10 older persons each, both males and females in all the eight selected study communities. The pre-testing was mainly to test the accuracy of the language translations undertaken, determine the capability of the tools to capture the required data for analysis and also to test and improve the capabilities of the field assistants to administer them within agreed time lines with the respondents and also for the study. The exercise revealed that majority of the interviews with the older persons shall be conducted in local dialects because majority of them were illiterate in the English language in which the tools were originally developed, further giving evidence of the translation of the tools into the Ga, Ga-Dangme, Akan (Asante Twi) and Ewe languages as a right step. They indicated adequate capacity to collect the needed data but also revealed that many of the older persons in the communities preferred a shorter duration of engagement due mainly to dwindling physical strength and joint pains experienced by some of them. This resulted in another training of the field assistants to improve their performance in the data collection exercise including the technique of reducing the time used in collecting the data.

The sample size for this phase of the study was determined by the Yamane's formula for proportion (Yamane, 1967) at 95 per cent confidence level and 5 per cent margin of error. The formula for the purpose is

$$n = \frac{N}{1 + Ne^2}$$

Where;

n = the sample size

N = the population size

e = the acceptable sampling error/error margin (fixed at 5% --- $e = 0.05$)

Substituting the appropriate population figures into the formula;

$$n = \frac{13,236}{1 + 13,236 * 0.05^2}$$

$$n = \frac{13,236}{34.09} = 388.27 \approx 389 \text{ older persons}$$

The population sample for the two districts was 13,236 (Ghana Statistical Service, 2012). This was made up 9,444 in the Ga West district and 3,792 in the Shai Osudoku district. The sample size enrolled as respondents in each of the two district for this phase of the study was determined by the percentage contribution of that district to the total population of older persons in the two districts. These were 9,444 for Ga West and 3,792 for Shai Osudoku districts respectively which translated into 71 per cent for Ga West district and 29 per cent for Shai Osudoku district. Applying these percentages on the total sample size using the Yamane (1967) formula gave a sample size of 276 older persons for Ga West district and 113 older persons for Shai Osudoku district. Distributing this into the four communities selected in each district gave an average of 70 respondents for each community in the Ga West district and 29 respondents in each selected community in the Shai Osudoku district.

To further ensure that these allocated community respondents were proportionately represented in all the three functional age brackets adopted by the study (60 to 74 years; 75 to 84 years; and 85 years and above) the average ratio among the three age brackets was constructed to the

nearest whole number by the researcher using the Age-Structure by Sex table (Table 2.1a) for Ga West district (Ghana Statistical Service, 2014, p. 15). This gave a ratio of 6:12:82 or 1:2:14 for 85 years and above, 75 to 84 years and 60 to 74 years age groups respectively for the district. This meant that a minimum of one older person representing the 85 years and above age group matches two older persons representing the 75 to 84 years group and fourteen older persons representing the 60 to 74 years age group. This ensured a proportionate representation of all the age groups in the data collection exercise. The same ratios were applied for the Shai Osudoku district because the trends were very similar. The Cognitive and Affective SWB of all the 389 respondents were measured with reference to the past one year.

Data analysis

The specific steps taken to analyse the quantitative data are outlined as below.

- a) Separate entries of the three set of data collected by the instruments into Excel.
- b) Cleaning of data, including visual inspection for errors, identification of outliers and insertion of missing variables (Creswell, 2012)
- c) Data imported into STATA 13 for analysis. The data set satisfied the requirements and assumptions for use of the software, including the assumptions for linear regression analysis which are linearity, homoscedasticity, independence and normality. It was considered capable of generating the expected findings and was user-friendly for the researcher.

Some of the descriptive information generated from STATA 13 were

- Socio-demographic characteristics of respondents.
- The forms, levels, context, etc., of participation in the decision-making process.

- d) Determination and classification of respondents into the two forms of SWB (Cognitive and Affective).
- e) Running of multiple linear regression to determine the relationship between SWB and participation in decision-making by the respondents.

The general form of the regression equation was:

$$SWB_{it} = \alpha + \beta_1 X_{1it} + \beta_2 X_{2it} + \dots + \varepsilon_{it}$$

Where the probability of a true SWB occurring is determined by a range of social, economic and environmental factors (X's) which facilitate participation of older persons in decision-making and where individual differences in reporting were captured with the error term ε_{it} (Dolan, Tessa, & Mathew, 2008).

β is the coefficient which represents the strength and type of relationship the explanatory variables Xs has with the dependent variable SWB_{it} .

α is the regression intercept which represents the expected value for the dependent variable if all of the independent variables are zero.

SWB was the dependent variable and the variables of participation were the independent ones. The variables of participation were assembled from the primary data collected. Some variable identified as influencing participation in the decision-making process were age, sex, cultural beliefs and values, marital status, education and health.

Age was recorded in completed years disregarding fractions of days and months. The study recognised the age of respondents as a variable likely to be poorly measured due to relatively high illiteracy rate among the age cohorts of the population of interest and poor record-keeping

of documentary evidence of age attained by individuals in the family. Also family knowledge may be inaccurate and memory of exact date of birth may be unreliable. The study however reduced the adverse effect of this possible error on the outcome by creating three age cohorts for data collection – 60 to 74; 75 to 84; and 85 years and above. The term ‘married’ referred only to anyone whose spouse was alive. In a situation where the other spouse was dead, the respondent was classified as a widow (female) or widower (male). Education was reported in completed years.

A key indicator for the suitability of the regression analysis was the **p-Value** which was pegged at 95 per cent confidence level which translated into 5 per cent significant level. A relatively smaller p-Value indicated effectiveness of a variable in predicting the effect of participation on the SWB of older persons. Another indicator was the R-Squared (R^2) which ranged between 0 and 100 and quantified the model performance. The higher the R^2 value the stronger the model in explaining the variations in the dependent variable, in this case SWB of older persons.

Information on the Cognitive and Affective SWB for all 389 respondents were collected and determined for every respondent using the units of measurements established by the SWLS and PANAS. The SWLS had a scale of 1 (one) to 7 (seven) for the respondent to indicate agreement with each of the five statements on the scale. By summing up the score recorded, six levels of Cognitive SWB were established. These were

- a) 31 to 35 which represented Extremely Satisfied
- b) 26 to 30 which represented Satisfied
- c) 21 to 25 which represented Slightly Satisfied
- d) 20 which represented Neutral
- e) 15 to 19 which represented Slightly Dissatisfied
- f) 10 to 14 which represented Dissatisfied, And

g) 5 to 9 which represented Extremely Dissatisfied

The PANAS had 10 words each for positive and negative feelings and emotions and each respondent indicated his or her feelings and emotions by using a scale of 1 (one) to 5 (five). The scoring was computed by adding all the 10 Positive Affect Scores and also the 10 Negative Affect Scores. Scores ranged from 10 to 50 with higher scores representing either positive or negative Affect. The Positive Affect scores summed up were items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19 on the schedule. The Negative Affect scores summed up were items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20. The net score for a respondent is determined by deducting the total negative score from the total positive score. An individual with a net negative score on the scale has a negative level of affective subjective well-being and the one with a positive net score has a positive level of affective subjective well-being.

Observations of some empirical studies show that the different components of SWB have different associates (Jones, Rapport, Hanks, Lichtenberg, & Telmet, 2003). Cognitive SWB is more closely associated with contextual variables while Affective SWB is more closely associated with personality variables (Schimmack, Schupp, & Wagner, 2008). An explanation of the characteristics of each level of both the Cognitive and Affective SWB of the respondents was given.

3.7 Ethics and Ethics Clearance

Dooley (2007) asserted that, ethics involves the study of right and wrong conducts hence the concern for ethics may be seen as part of the historical trend in civil and human rights. The consent of the traditional authorities in all the eight selected research communities were sought before the entry of the research team into the communities and engagement of its members.

This was facilitated by assembly members representing the communities and other identified community leaders who acted as gate keepers .

The consent of all respondents in the study was sought prior to their participation in the research, including permission for audio recording of their voices and assurance of their anonymity in the study report. Participants for all stages of the data collection signed or thumb-printed a consent form for the purpose after the content had been explained in an appropriate language to them. The location for the engagements were determined by the respondents and this ensured privacy and confidentiality of their responses.

Ethic clearance for the study was received from the Ethics Committee for Humanities of University of Ghana, Accra before the fieldwork was undertaken.



CHAPTER FOUR

THE PULL AND PUSH FACTORS FOR THE PARTICIPATION OF OLDER PERSONS IN THE DECISION-MAKING PROCESS

4.1 Introduction

This section explores the opportunities and limitations in relation to the participation of older persons in the decision-making process, which are habitually common in the community, district, region and in the national environment and which are sometimes either supported or inhibited by traditional beliefs, rituals and policies. The chapter specifically concerns itself with factors that come to play before the older persons get involved at all levels of the decision-making process.

The chapter first presented the demographic characteristics of the respondents for both the qualitative and quantitative phases of the study using descriptive tables. It then presented, as shall also be with the two subsequent chapters, the findings of the thematic analysis of the qualitative data which was generated by six focus group discussions and 19 in-depth interviews, before presenting the findings of the quantitative data analysis. This is in line with the design of the study as a sequential exploratory mixed-methods approach. It is also nested in approach due to the fact that about 80 per cent of the participants in the qualitative study also participated in the quantitative study to enable the researcher to fully grasp their perceptions on the research topic using different data gathering tools. The findings of the two phases of the study were finally discussed together and related to relevant literature, theory and conceptual framework.

4.2 Demographic Characteristics of Respondents

A) Qualitative Study

4.2.1 Focus Group Discussion

A total of 48 older persons who were made up of 25 males and 23 females in six out of the eight communities in the two study districts participated in three sex groups of Focus Group Discussion (FGD). These were the all-male, all-female and mixed groups. Table 4.1 gives detailed information of the participants by district, community, sex, age and the number of participants for each session.

Table 4.1 Participants in Focus Group Discussion

District	Community	Group Sex Composition	Average Age (Years)	No. of Participants
Shai Osudoku	Odumse	All-male	72	9
Shai Osudoku	Asebi	All-female	70	9
Shai Osudoku	Doryumu	Mixed (Male and Female)	77	8
Ga West	Adzen Kotoku	All-male	70	7
Ga West	Sarpeiman	All-female	73	6
Ga West	Akotoshie	Mixed (Male and Female)	71	9

Source: Field data from two districts, April, 2019.

As shown in the first column of the Table 4.1, the FGD was conducted in all the two districts of the study – Shai Osudoku and Ga West. Three communities each in a district were purposively selected for the FGD as depicted in the second column of the table. These were Odumse, Asebi and Doryumu communities in the Shai Osudoku district and Adzen Kotoku,

Sarpeiman and Akotoshie communities in the Ga West district. Column three of the table gives the sex composition of the various groups as all-male, all-female and mixed (male and female). A total of 26 older persons of both sexes (13 males and 13 females) participated in the FGD in the Shai Osudoku district while 22 older persons (12 males and 10 females) were recruited for the purpose in the Ga West district. Column four of the table shows the average age of the participants while column five indicates the number of older persons in each discussion group. All the three age cohorts adapted for the study were represented in the FGD. The 60-74 year group were 25 for both districts (13 for Shai Osudoku and 12 for Ga West district), the 75-84 year group were 15 (9 for Shai Osudoku and 6 for Ga West district) and the 85 and above year group were 8 (4 for Shai Osudoku and 4 for Ga West district). This ensured that the lived experiences of all the age groups were captured on the topics for the discussions.

4.2.2 In-Depth Interview

The second data collection tool for the qualitative phase of the study was in-depth interview. The demographic characteristics of the people engaged with this tool is shown in Table 4.2. It shows a total of 19 respondents (14 males and 5 females) according to district, community or institution and designation in columns one, two and three.

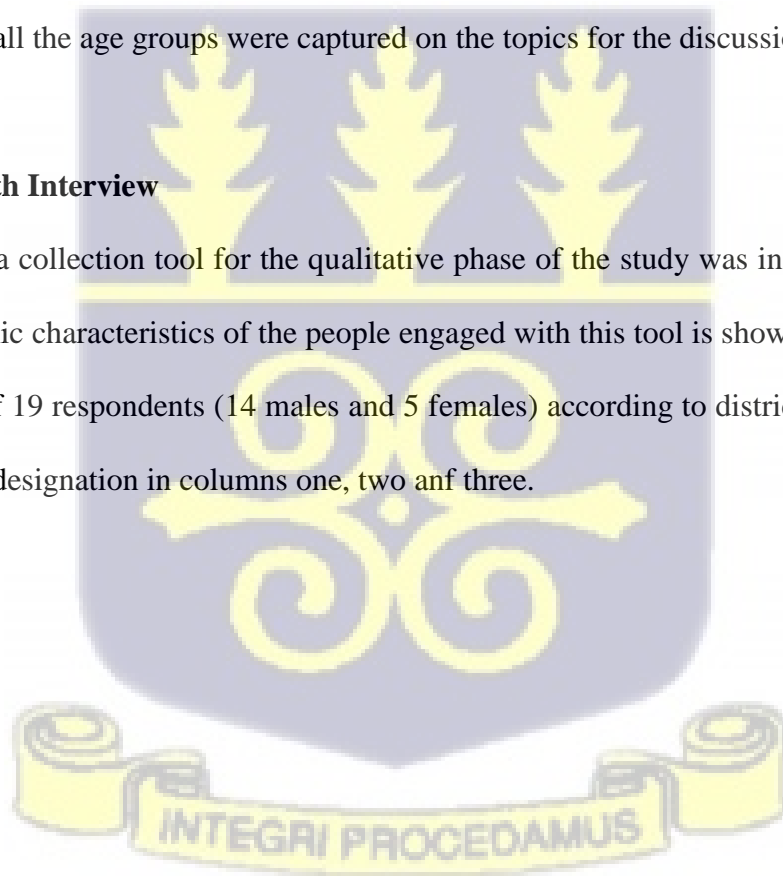


Table 4.2 Participants in In-Depth Interview

Level	Community/Institution	Designation
Shai Osudoku District	Abonya	Chief
Shai Osudoku District	Abonya	Youth Leader
Shai Osudoku District		
Shai Osudoku District	Doryumu	Opinion Leader and Former Parliamentary Aspirant (CPP)
Shai Osudoku District	Doryumu	Opinion Leader and Church Elder
Shai Osudoku District	Doryumu	Chairman, Apieter Unit Committee
Shai Osudoku District	Doryumu	Assembly Member
Shai Osudoku District	Doryumu	Chief
Shai Osudoku District	Odumse	Assembly Member
Shai Osudoku District	Odumse	Youth Leader
Shai Osudoku District	Odumse	Chairman, Unit Committee
Shai Osudoku District	District Assembly	District Coordinating Director
Shai Osudoku District	District Assembly	District Planning Officer
Shai Osudoku District	District Assembly	Social Development Officer, Department of Social Welfare
Ga West District	Adzen Kotoku	Chairman, Unit Committee and Opinion Leader
Ga West District	District Assembly	District Director of Social Welfare
		District Planning Officer
National	Department of Social Welfare, Head Office	Deputy Director in charge of Programmes
		Assistant Director in charge of older persons
National	Ministry of Gender, Children and Social Policy	Director, Policy Planning, Monitoring and Evaluation

Source: Field data from two districts, April, 2019.

B) Quantitative Study

The second phase of the study was quantitative with 389 respondents, both male and female who were of age 60 years and above in eight communities in the two districts of Shai Osudoku and Ga West. All the respondents were engaged with a pre-coded structured questionnaire which gathered data on their demographic characteristics and various aspects of participation in the decision-making process as informed by the qualitative phase of the study. Data on the

cognitive and affective SWB was also gathered from the same respondents using the adapted Satisfaction With Life Scale (SWLS) and the Positive and Negative Affect Schedule (PANAS) respectively.

4.2.3 Research Districts, Communities And Respondents

Table 4.3 gives the distribution of the respondents in the two study districts. It shows that 113 (29.05 per cent) out of the 389 of total respondents of older persons were from the Shai Osudoku district while the remaining 276 (70.95 per cent) were from the Ga West district. This brings the commulative percentage of respondents to 100.

Table 4.3 Research Districts and Number of Respondents

<i>Research Districts</i>	<i>Freq.</i>	<i>Percent</i>	<i>Cum.</i>
Shai Osudoku	113	29.05	29.05
Ga West	276	70.95	100
Total	389	100	

Source: Field data from two districts, August, 2019.

Table 4.4 gives details of the number and sex compositions of respondents for each community. The first column depicts the district, the second column is for the research community, the third column for sex composition of the respondents and the last column is for the total number of respondents engaged in each of the eight communities.



Table 4.4 Research Communities and Number of Respondents

<i>Research District</i>	<i>Research Community</i>	<i>Number of Respondents/Sex</i>		<i>Total</i>
		<i>Male</i>	<i>Female</i>	
Shai Osudoku	Abonya	11	15	26
	Odumse	15	15	30
	Asebi	9	18	27
	Doryumu	11	19	30
	<i>Sub-total</i>	<i>46</i>	<i>67</i>	<i>113</i>
Ga West	Sarpeiman	28	52	80
	Kuntunse	23	57	80
	Akotoshie	20	38	58
	Adzen Kotoku	13	45	58
	<i>Sub-total</i>	<i>84</i>	<i>192</i>	<i>276</i>
	<i>Total</i>	<i>130</i>	<i>259</i>	<i>389</i>

Source: Field data from two districts, April, 2019.

The table shows that the minimum number of respondents was 26 (11 males and 15 females) at Abonya in the Shai Osudoku district. The total for the district was 113 (46 males and 67 females), the same total figure shown in Table 4.3. For the Ga West district the minimum of 58 respondents for a community were from Akotoshie and Adzen Kotoku. The total for that district was 276 (84 males and 192 females), the same total figure as shown in Table 4.3. The two districts gave a total respondents of 389 made up of 130 males and 259 females

4.2.4 Sex Ratio, Age Range and Age Groups of Respondents

Table 4.5 gives the sex ratios of the male and female respondents as 33.42 per cent and 66.58 per cent respectively.



Table 4.5 Sex Ratio of Respondents

<i>Sex</i>	<i>Freq.</i>	<i>Percent</i>	<i>Cum.</i>
Male	130	33.42	33.42
Female	259	66.58	100
Total	389	100	

Source: Field data from two districts, August, 2019.

Table 4.6 shows the age range of the total respondents of 389. The minimum age was 60 years while the maximum age was 115. The mean age was 68.44 years.

Table 4.6 Age Range of Respondents

<i>Obs.</i>	<i>Mean (Years)</i>	<i>Std. Dev.</i>	<i>Minimum (Years)</i>	<i>Maximum (Years)</i>
389	68.44	8.34	60	115

Source: Field data from two districts, August, 2019.

Table 4.7 as shown below gives details of the adapted age groups in relation to sex, number and respective frequencies (percentages). As indicated earlier, the respondents were classified into three age groups which conform to the age group categories applied for the 2010 National Population and Housing Census in Ghana. These are 60 to 74 years, 75 to 84 years and 85+ years. The table indicates the age groups and the sex composition of each. Respondents whose ages ranged from 60 to 74 years were 312 of the total respondents of 389, and these were made up of 98 males (25.19 per cent of total respondents) and 214 females (55.01 per cent of total respondents). This group formed the majority of respondents for the study at 80.21 per cent.

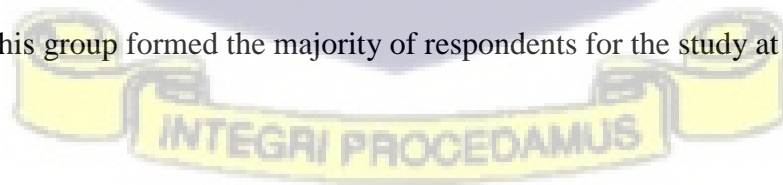


Table 4.7 Age Group by Sex

<i>Age Group and Frequency</i>	<i>Male (No. & %)</i>	<i>Female (No. & %)</i>	<i>Total (No. & %)</i>
60 to 74 years	98	214	312
<i>Relative/Cell Frequency</i>	<i>25.19%</i>	<i>55.01%</i>	<i>80.21%</i>
75 to 84 years	19	30	49
<i>Relative/Cell Frequency</i>	<i>4.88%</i>	<i>7.71%</i>	<i>12.60%</i>
85+ years	13	15	28
<i>Relative/Cell Frequency</i>	<i>3.34%</i>	<i>3.68%</i>	<i>7.20%</i>
Total	130	259	389
<i>Relative/Cell Frequency</i>	<i>33.42%</i>	<i>66.58%</i>	<i>100%</i>

Source: Field data from two districts, August, 2019.

Respondents between the ages of 75 and 84 were 49 (12.60 per cent of total respondents) made up of 19 males (4.88 per cent of total respondents) and 30 females (7.71 per cent of total respondents). The last age group of respondents who were 85 years and above were 28 in total (7.20 per cent of total respondents). This was made up of 13 males (3.34% per cent of total respondents) and 15 females (3.68 per cent of total respondents). The total for all the three age groups was 389 consisting of 130 males (33.42 per cent of total respondents) and 259 females (66.58 per cent of total respondents). It indicates that the majority of respondents for the study were within the age bracket of 60 to 74 years.

4.2.5 Ethnicity and Regional Distribution of Respondents

The study, even though was undertaken in the Greater Accra region engaged with respondents from more than ten ethnic groups spread across seven regions of the country. These ethnic groups categorised into four are shown in the columns of Table 4.8 while the regions are shown in the rolls of the table. The categorised ethninc groups were the Ga, Akan, Ewe and Northern ethnic groups.

Table 4.8 Ethnicity And Regional Distribution of Respondents

<i>Ethnicity/ Region</i>	<i>Ga¹ (No. & %)</i>	<i>Akan² (No. & %)</i>	<i>Ewe (No. & %)</i>	<i>Northern Ethnic Group³ (No. & %)</i>	<i>Total (No. & %)</i>
<i>Greater Accra</i>	196 50.39%	0 0%	0 0%	0 0%	196 50.39%
<i>Central</i>	0 0%	5 1.29%	0 0%	0 0%	5 1.29%
<i>Volta</i>	0 0%	0 0%	161 41.39%	0 0%	161 41.39%
<i>Eastern</i>	0 0%	11 2.83%	0 0%	0 0%	11 2.83%
<i>Ashanti</i>	0 0%	12 3.08%	0 0%	0 0%	12 3.08%
<i>Northern</i>	0 0%	0 0%	0 0%	3 0.77%	3 0.77%
<i>Upper West</i>	0 0%	0 0%	0 0%	1 0.26%	1 0.26%
Total	196 50.38%	28 7.20%	161 41.39%	4 1.03%	389 100%

Source: Field data from two districts, August, 2019.

The Ga ethnic group formed the largest number of respondents (50.38 per cent), followed by the Ewe (41.39 per cent), Akan (7.20 per cent) and the Northern ethnic groups (1.03 per cent) in that order. This ethnic mix explains the cosmopolitan nature of the region as the capital of Ghana with the Ga as the native inhabitants, and also the spread of these ethnic groups in the selected study communities in the two districts of Shai Osudoku and Ga West.

4.2.6 Religion

The religious beliefs of the respondents were captured in Table 4.9. It shows that 5.91 per cent of respondents have no religion while 86.63 per cent (highest), 1.80 per cent and 5.66 per cent belonged to the Christian, Islamic and Traditional religious beliefs in that order.

¹ This includes the Ga-Adamne Ethnic Group

² This includes the Fante, Guan, Akuapem, Bono and Ahanta Ethnic Groups

³ This represents the Northern Ethnic Groups

Table 4.9 Religion

<i>Religion</i>	<i>Frequency</i>	<i>Percent</i>	<i>Cumulative</i>
No Religion	23	5.91	5.91
Christianity	337	86.63	92.54
Islamic	7	1.80	94.34
Traditional	22	5.66	100
Total	389	100	

Source: Field data from two districts, August, 2019.

4.2.7 Marital Status by Sex and Age Group

Table 4.10 shows that 386 (99.23 per cent) of the respondents made up of 128 males and 258 females had been in a relationship with the opposite sex. Another 160 (41.13 per cent of respondents) made up of 89 males and 71 females were still in marriage. An observation was the relatively greater number of female respondents (156) as against male respondents (15) who were widowed. This translates into 40.10 per cent for females and 3.86 per cent for males. This implies that there were more female respondents without the company and support of spouse than males. The trend continued for the separated and divorced respondents which were also dominated by females. The only exceptions to the trend were respondents who never married and those cohabitating.

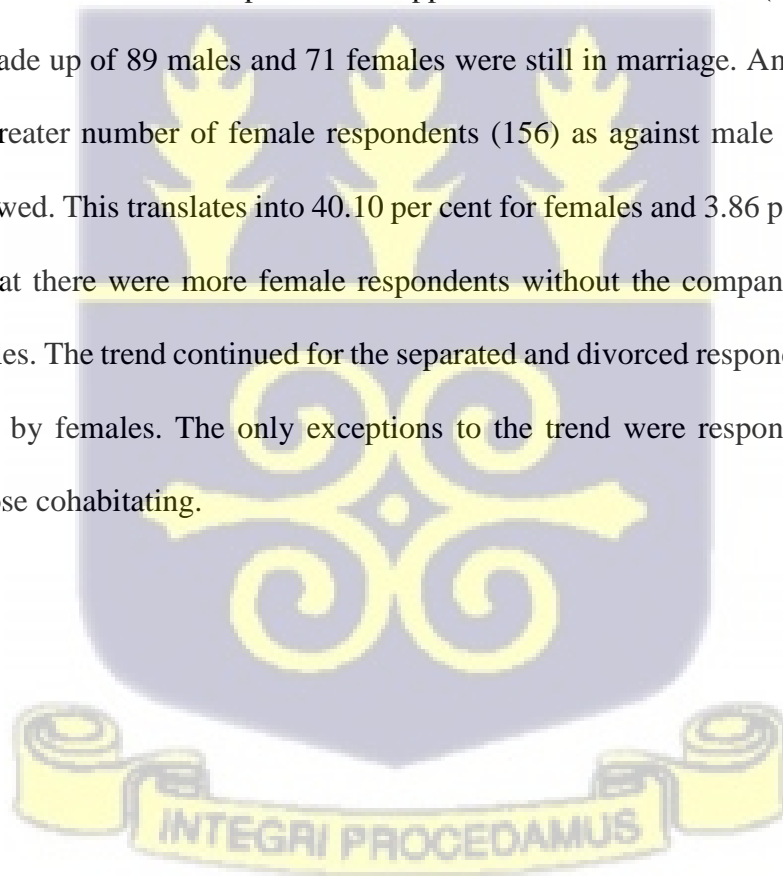


Table 4.10 Marital Status by Sex

<i>Sex/ Marital Status</i>	<i>Male (No. & %)</i>	<i>Female (No. & %)</i>	<i>Total (No. & %)</i>
Never Married	2 0.51%	1 0.26%	3 0.77%
Separated	4 1.03%	10 2.57%	14 3.60%
Married	89 22.88%	71 18.25%	160 41.13%
Co-habitation	9 2.31%	4 1.03%	13 3.34%
Widowed	15 3.86%	156 40.10%	171 43.96%
Divorced	11 2.86%	17 4.37%	28 7.20%
Total	130 33.42%	259 66.58%	389 100%

Source: Field data from two districts, August, 2019.

4.2.8 Highest Level of Formal Education by Sex

Table 4.11 shows the highest education, in completed years attained by the respondents. It indicates that 81.39 per cent (188 respondents) of the 231 respondents who did not benefit from any formal education were females as against 18.61 per cent (43 respondents) of male respondents. This also translates into 72.59 per cent of the total female respondents and 48.33 per cent of females to the total number of respondents. It further indicates that 33.08 per cent of the total male respondents and 11.05 per cent of males to the total number of respondents of 389 had no formal education. The table therefore portrays that in general more females than males did not benefit from formal education.



Table 4.11 Highest Level of Education by Sex

<i>Sex/ Level of Education</i>	<i>Male (No. & %)</i>	<i>Female (No. & %)</i>	<i>Total (No. & %)</i>
No Education	43	188	231
<i>Within Row Frequency</i>	<i>18.61%</i>	<i>81.39%</i>	<i>100%</i>
<i>Within Column Frequency</i>	<i>33.08%</i>	<i>72.59%</i>	
<i>Relative/Cell Frequency</i>	<i>11.05%</i>	<i>48.33%</i>	<i>59.38%</i>
Primary School	14	23	37
<i>Within Row Frequency</i>	<i>37.84%</i>	<i>62.16%</i>	<i>100%</i>
<i>Within Column Frequency</i>	<i>10.77%</i>	<i>8.88%</i>	
<i>Relative/Cell Frequency</i>	<i>3.60%</i>	<i>5.91%</i>	<i>9.51%</i>
Middle School	54	40	94
<i>Within Row Frequency</i>	<i>57.45%</i>	<i>42.55%</i>	<i>100%</i>
<i>Within Column Frequency</i>	<i>41.54%</i>	<i>15.44%</i>	
<i>Relative/Cell Frequency</i>	<i>13.88%</i>	<i>10.28%</i>	<i>24.16%</i>
Secondary School	13	4	17
<i>Within Row Frequency</i>	<i>76.47%</i>	<i>23.53%</i>	<i>100%</i>
<i>Within Column Frequency</i>	<i>10%</i>	<i>1.54%</i>	
<i>Relative/Cell Frequency</i>	<i>3.34%</i>	<i>1.03%</i>	<i>4.37%</i>
Training College	5	2	7
<i>Within Row Frequency</i>	<i>71.43%</i>	<i>28.57%</i>	<i>100%</i>
<i>Within Column Frequency</i>	<i>3.85%</i>	<i>0.77%</i>	
<i>Relative/Cell Frequency</i>	<i>1.29%</i>	<i>0.51%</i>	<i>1.80%</i>
Higher/Tertiary	1	2	3
<i>Within Row Frequency</i>	<i>33.33%</i>	<i>66.67%</i>	<i>100%</i>
<i>Within Column Frequency</i>	<i>0.77%</i>	<i>0.77%</i>	
<i>Relative/Cell Frequency</i>	<i>0.26%</i>	<i>0.51%</i>	<i>0.77%</i>
Total	130	259	389
<i>Within Row Frequency</i>	<i>33.42%</i>	<i>66.58%</i>	<i>100%</i>
<i>Within Column Frequency</i>	<i>100%</i>	<i>100%</i>	
<i>Relative/Cell Frequency</i>	<i>33.42%</i>	<i>66.58%</i>	<i>100%</i>

Source: Field data from two districts, August, 2019.



4.3 Findings

a) Pull Factors (Opportunities)

4.3.1 Phase I: Qualitative Study

The research question to be answered by the qualitative phase of this section of the study under this chapter is “what are the customary pull factors (opportunities) for participation of older persons in the decision-making process?”. The presentation of the findings have been categorised under each of the two tools used to collect the data – Focused Group Discussion (FGD) and In-Depth Interview (IDI).

i) Focus Group Discussion

Four pull factors (opportunities) for the participation of older persons in the decision-making process were recorded in FGD in the two research districts. The first is the possession of a traditional authority mainly through the occupation of leadership positions, either inherited through a family or community succession plan or conferred on the individual based on an established traditional qualification indicators and criteria. The holders of these authorities and positions were mainly older men and they came in the form of a community chief, opinion leader, head of the extended family and a head or leader or elder of a church. Majority of the respondents asserted that it is more of the traditional beliefs and values associated with these authorities and leadership positions which gave the occupiers the opportunity to participate in the decision-making process mainly in the family and community, including sometimes serving on the traditional council and other development and advisory committees in the community. Related to the above was the opportunity created for older persons who have been appointed by the traditional authority and sometimes the extended family to lead in the performance of

specific traditional and religious rites. These included puberty rites for girls particularly in the Shai Osudoku District and the leading in the process of cooking “kpoikpoi”, the traditional food for the celebration of the “homowo” festival by the Gas in the Greater Accra Region, as well as the performance of religious rites by a chief priest(sess). These involved mainly older women and these roles acted as pull factors (opportunities) for some of them to participate in decision-making not only on issues relating to the performance of these rites but also other issues deliberated upon in the traditional council of the community in which they serve. An older woman in the Shai Osudoku District put it as below.

“I am in charge of the performance of puberty rites for young girls in the community. If I am left out of the decision-making process for it, it will not happen” (FGD, Female, Doryumu, April, 2019).

Political affiliation and activities were also identified exclusively in the Shai Osudoku District, which is relatively a rural setting as an opportunity for participation in the decision-making process by older persons at both the community and district levels. This was however dependent on the good conduct of the individual involved, mainly in relation to forging unity among the members of the community and also the main political leaning of the community.

A lived experience put it as below.

“I once contested in the CPP parliamentary primaries at Asebi and though I lost, I am recognised and respected for that, and as a result I am sometimes invited to be part of decision-making processes in the community and in the party in the Shai Osudoku District and sometimes also by the district assembly” (FGD, Doryumu, Male, April 2019).

The fourth opportunity factor for participation was identified as formal invitation extended to members of the extended family (including emigrants) and community members for meetings. The invitation normally came from heads of the extended family, traditional authorities and local government institutions including the district assemblies. It came, among others through telephone calls by family heads, beating of the “gon-gon” (instrument for community

announcement) by authorities in the community specifying the day, time, venue and sometimes the agenda for the meeting. The district assembly also sends information vans into communities for the same purpose. One unique invitation which was not regular but described by older women as an exclusive privilege was revealed by an all-female group in the Asebi community in the Shai Osudoku district. It was from the youth group in the community. This meeting took decisions on specific issues of mutual interest, mainly on family and community welfare. They attributed this privilege to the crucial roles they play as managers of the home especially as they related to the provision of food and other welfare needs of their children and grandchildren. It was their belief that these services had made the youth have positive regard for them and also looked upon them with some favour, including tolerance of their views at such meetings. They recalled that attempts to also engage the older men in such youth meetings normally ended in misunderstanding and dispute because the men wanted to exert authority over the youth which was resisted by them.

ii) In-Depth Interview

There was general consensus among all the respondents in the IDI that older persons participate in the decision-making process but this is to a large extent restricted to the family and community as compared to the district, region and national levels. The exclusive opportunities for the purpose at the district, region and national levels were noted to be very slim and in many instances not in existence. The issue of traditional status, authority and other leadership positions, inherited or conferred as recorded by the FGD above came up again as a pull factor for participation in a decision-making process mainly in the family and community. This referred to a community chief, family head and opinion leader, positions largely held by older persons. The relatively minimum opportunities available to older women for participation under the leadership pull factor was observed, except for older women who perform specific

traditional and religious rites such as puberty, funeral and festival rites and the fetish priestess in charge of religious rites. One major point of interest about this opportunity based on traditional status and authority is that it was not that exclusive to older persons because sometimes younger people below the age of sixty years acquire these status and occupy seats of authority either through inheritance or appointment.

There was consensus among the staff and agents of the district assemblies, the head offices of the Department of Social Welfare and the Ministry of Gender, Children and Social Protection about the need to involve identified vulnerable groups such as older persons in the decision-making process as a best practice in policy formulation and implementation especially those that impact on their well-being. They however, added that even though there are policy frameworks and some guidelines for the purpose, these are not exclusive to older persons and also not adequate. Respondents from the two study districts who were staff of the assemblies, including a Coordinating Director made reference to the Local Government Act, 2016 (Act 936) as an example of a policy space (opportunity) for older persons to participate in the decision-making processes at the district assembly level. Specific references were made to sections 40, 41 and 42 of the Act which are under the sub-headings Participation in District Assembly Processes, Participation in By-laws and Fee-fixing Resolutions and Modalities and Platforms for Participation, in that order. These sections are under the heading Participatory Governance at the Local Level. The above provisions in Act 936 were noted by the staff as not fully implemented because of administrative and programme inconveniences they sometimes cause, including increase in the cost and possible delays in the completion of specified policies and development plans. An older person summarised the prevailing situation as below.

“The assembly does not value and accept our contributions when it comes to issues that affect us. We are not involved in the decision-making process with the reason that our assembly representatives are responsible to raising issues which affect us during assembly meetings for a decision to be taken on them. The assembly only sends information vans into the community to inform us of decisions already taken, and it is mainly on payment of new rates of taxes and utilities” (IDI, Abonya, Male, April 2019).

A reference was made to the National Development Planning Commission (NDPC) guidelines which required that the Medium-Term Development Plan which is developed every four years by the assemblies should be participatory with the involvement of identified stakeholders in the community and district. It was however revealed by the planning department of the assembly in the Shai Osudoku district that no exclusive provisions have been made in the guidelines for older persons to participate in the process and was confident that no other assembly follows the guidelines to the latter. The general practice had been to identify a sort of priority needs of a community with its members who cared to honour an invitation to a community meeting for the purpose, irrespective of their age and status. It was observed by the planning personnel, including the staff of the Department of Social Welfare who sometimes accompanied the planning team into the communities that older persons and particularly women had not been that active in the process even when given the opportunity. And also that the final decision on the inclusion of particular needs, even if prioritised with the community members was taken solely by the planners of the assemblies. The last reference made by staff of the two assemblies was Article 240(e) of the 1992 Constitution of the Republic of Ghana. This provision seeks to make local governance participatory for all community members who fall within the jurisdiction of a district assembly. It was however confirmed by the respondents that even though the constitution makes it a right, its implementation has neither been thorough nor taken into consideration specific age and interest groups in the communities served by the assemblies.

The departments and agencies blamed the lack of adequate budgetary allocation by central government for the inadequate engagement with the poor and vulnerable. The Department of Social Welfare and the Ministry of Gender, Children and Social Protection pointed to specific provisions in the National Ageing Policy which aim to involve older persons in decision-making from the family to the national level and expressed the belief that the present situation would improve if the policy is fully implemented. They also pointed to a 2018 sectorial and national consultations on the Aged Bill in the southern, middle-belt and northern sections of Ghana which involved some older persons's groups and age care organisations in the country but were quick to admit that the exercise was a one-off activity which was dependent on the availability of donor support for the purpose and not guaranteed for future policy development. The two government agencies also made reference to the Technical Working Committee on LEAP which has some national age care organisations such as HelpAge Ghana as a member. They however agreed that that is no guarantee that older persons participate in the decision-making processes on social protection interventions in the country as many of these organisations are represented at meetings by staff who are mainly below the age of sixty years, and there is no evidence of consultations or feedback with older persons by these organisations on issues decided upon either prior or after the meetings.

In summary, eight pull factors (opportunities) were identified by the two qualitative tools – four each by FGD and IDI. Two opportunities each were the same for either tool and these were traditional authority/status and leadership, and performance of specific traditional and religious rites. This meant that though a total of eight opportunities were captured by the two tools, the actual and exclusive opportunities were six as listed below.

- a) Traditional authority/status and leadership positions
- b) Performance of specific traditional and religious rites

- c) Respect earned from political conducts
- d) Verbal invitation
- e) Policy framework – Local Government Act, 2016 and 1992 Constitution of the Republic of Ghana
- f) Guideline and planning framework by NDPC for Medium-Term Development Plan by district assemblies

b) Push Factors (Limitations)

The research question to be answered by this section is “what are the customary push factors (limitations) for participation of older persons in the decision-making process?”

i) Focus Group Discussion

Older persons were of the opinion that there were no significant personal and natural capacity limitations to their participation in the decision-making process, except for those instigated and instituted by members of the family, community and officials of government agencies. They were in agreement that most opportunities for participation in decision-making were in the family, followed by the community and so were the limitations.

Ten limitations were recorded at FGD held in the two research districts. The first was family and community disputes and conflicts. This normally had to do with chieftaincy and land litigations and had created alliances and factions in many families and in some communities. The extent of one’s participation in decision-making at both family and community levels in many instances depended on the faction one belonged to, and whether that faction was controlling affairs at that particular period. Invitations to some community meetings for decision-making through the beating of the ‘gon-gon’ had been done largely within defined

geographical areas of the community believed to be in support of the faction doing the invitation. Some family members considered as opposing a family faction had also been sidelined in the decision-making process.

Another limitation which was vigorously expatiated by older women and presented as a cross-cutting issue in the participation process was sex/gender discrimination. Women who were bold enough to resist this ill-treatment many at times ended up experiencing stigmatisation in the form of name-calling. The participants in the all-female groups were of the belief that the situation had nothing to do with their ability and capacity to fully participate in the process but more to do with greed for material and financial gains and sometimes unfair cultural practices which the men took advantage of to dominate discussions on issues which also concern the women. The following quotes from older women in the two all-female groups in the two districts throw more light on the situation. The first had to do with gender discrimination against women.

“Sometimes I am asked to keep quite during family meetings because I am a woman. But sometimes they (men) later take my suggestions and present it in a different form as theirs when they realised that I made sense in what I said. They just do not want to hear your voice as a woman in taking final decisions” (FGD, Doryumu, Female, April 2019).

“You know sometimes our voices are not heard. Sometimes you are not allowed to take part in decisions made even if you have a say on something, it is rejected all because it is coming from a woman” (FGD, Sarpeiman, Female, April 2019)

The one below had to do with the perceived underlying factor.

“Sometimes when the men realise that the meeting comes with financial benefits, they do everything possible to throw you away from the meeting so that they alone will share the money among themselves”(FGD, Doryumu, Female, April 2019).

This one on stigmatisation and name-calling.

“They (some men) stop us from talking. In my family, I am referred to as the woman with a male reproductive organ (penis) because I refuse to be silenced” (FGD, Doryumu, Female, April 2019).

The male youth were also identified as sometimes contributing to the stigmatisation and name-calling especially at community meetings and this have acted as a discouragement to the active participation of older persons, particularly older women at such event.

“When the elders meet with the youth to take decisions issues especially in the community, the younger ones say we are suffering from menopause, so all we say does not make sense. We therefore look at them to take their own decisions, but sometimes they come back to us for advice when they realise that their decision was not good” (FGD, Odumse, Male, April 2019).

Another said,

“They (the youth) say we have menopause, so with that mind-set, they do not want to be corrected even when they are making the wrong moves. They treat our advice as outmoded because of our ‘menopause’” (FGD, Sarpeiman, Make, April 2019).

Some of the older men in the all-male and mixed groups defended their behaviours at meetings as narrated by the all-female groups and indicated that it was more of a strategy for domination of particularly the women who wielded financial influence and therefore would want to dictate to them, rather than the assertion that women were not intelligent enough to make meaningful contributions in the decision-making process. The quotes below by men in these groups explained the situation.

“These women would want to have the final say when the men are around, especially when the woman is financially sound then it becomes a problem, so we refer to such women as ‘oje lem’ (to wit - woman with tail) so that they keep quiet” (FGD, Doryumu, Male, April 2019).

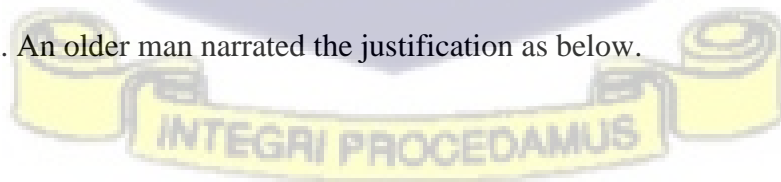
Another older man put it in another way,

“If we say to a woman ‘oje lem loo opue sule’ (to wit – a woman with a tail or a women with the male reproductive organ/penis) it means that that woman wants to over-ride the men, but sometimes they make relevant contributions but because it is coming from a fearless woman who is not submissive enough to we the men we reject it” (FGD, Doryumu, Male, April 2019).

Interestingly some of the men who admitted the existence of the practice also agreed that women contribute effectively to the decision-making process. They however blamed the practice of discrimination and name-calling against older women on misbehaviour by some men who were normally under the influence of alcohol during family and community meetings. They could however not explain, when challenged by the women as to why they who were not drunk at meetings did not prevent the other men from misbehaving towards them. An older man in a mixed group explained it as below.

“The women play an important role in decision-making but because of partiality they are sometimes not allowed to be heard, but they sometimes make good suggestions. But because some of the men come to meeting drunk sometimes, they easily misbehave and throw the women away from the meeting” (FGD, Doryumu, Male, April 2019).

Older women in all-female and mixed groups heavily contested another justification of non-payment of dues and levies put forward by some men as the reason for silencing them at some meetings. The women insisted that they honour their financial obligations as expected but the issue was with some of the men in charge of the finances who embezzle the family money in their possession. An older man narrated the justification as below.



“The reason why some of the women are sometimes thrown out from family meetings for decision-making is that they refuse to honour their financial obligations to the family. It is the men who pay so if the women want to override we the men at meetings then we are forced to call them names such as ‘women with male reproductive organ/penis’ to discourage their participation. If we are the ones to bear the cost of implementing the decisions, then it is fair that they leave us alone to take the decisions” (FGD, Doryumu, Male, April 2019).

The all-females groups who raised the issue of embezzlement by some men attributed the collapse of some regular family and community meetings and associations to the practice. They reasoned that they could not continue to be paying money to these people without any form of accountability.

One other cross-cutting issue of limitation in all the two districts was poverty. The consensus among participants was that it has two adverse effects on their participation in the decision-making process. The first is that it limits their capacity to travel to their hometowns for extended family decision-making meetings, as well as to other meeting venues even when invited to attend. The second adverse effect is that it has reduced their influence in decision-making at both family and community levels, mostly to the advantage of the youth who now seem to wield financial power. They said it sometimes ended either in dictatorship by the young ones on issues on the table for decision-making or they were not invited at all to be part of the meetings. They were also sometimes addressed disrespectfully by the youth at such engagements especially at the community level because they the older persons are relatively financially poorer.

A few, particularly male participants in the Shai Osudoku district noticed that their retirement from formal employment in the cities and subsequent relocation into the community they called “hometown” had acted as a push factor and rendered them incapable of effectively participating

in the decision-making process in both the family and community. They were of the opinion that their inability or failure to develop and maintain strong family ties had made them “strangers” among their own kinsmen and also deprived them of adequate knowledge about events in the family and the community. This has adversely affected their effective participation in the decision-making process either because of their ignorant on issues or sometimes not invited to meetings at all because those doing the invitations know they would not be able to make any meaningful contributions to the decision-making process. Related to this was the assertion by all-female groups in both districts that marriages which relocate them to their husband’s community have also limited their ability to participate effectively in decision-making within their husbands’ extended family and to some extent the community. This is because they are sometimes regarded as ‘strangers’ without the right to contribute to decision-making beyond the nucleus family – husband and children. In instances like this the other available opportunity was their own extended families which many at times were either far from their community of residence in marriage or their marriage responsibilities did not allow them to visit at the right time to participate in a decision-making event. Some of them said they were sometimes called on phone to be informed about decisions taken in their absence and their expected obligations as a result.

The use of the English language as a means of communication in decision-making events particularly from the district to the national level was tagged as a major limitation to the effective participation in the process. The issue was raised first by an all-male group, which was quite surprising taking into consideration the fact that majority of the male than female respondents in the study have had access to formal education where the English language was the medium of instruction and teaching. The assertion of the participants was that majority of them either had a relatively lower level or no formal education at all and this had adversely

affected their capacity to participate in decision-making beyond the family and sometime community. One participant described the situation as below.

“Yes, if learned people are being sought after to be part of decision-making and the big English starts to come out from their mouths then we relax. It is even not necessary to go and waste your time” (SO-OD-MR1-FGD).

Another all-male group brought up the issue in the Ga West district but described the use of the English language at meetings with the district assembly officials as an intentional act by the ‘corrupt educated officials’ aimed at monopolising the decision-making process at higher levels for their own selfish and corrupt gains. They described them as ‘thieves’ and rationalised that the late fathers of some of them, the older persons were not keen in sponsoring them for formal education because they feared they would also turn out as ‘educated thieves’. One summarised their position on the issue as follows.

“Because of their relatively higher level of education they feel they are more intelligent and experienced than us, and so sometimes our contributions to the decision-making process on development issues do not matter to them” (FGD, Adzen Kotoku, Male, April 2019).

Another added that;

At a point, they asked us to put things into writing in English and because we could not write, and also because of their corrupt nature they took advantage of us. When we were younger, our fathers referred to the higher educated people as ‘thieves’. They always add zeros to the figure ‘one’ when writing money and get tens of thousands of cedis dishonestly. This is one of the reasons why our fathers refused to educate some of us to the highest level. They feared we would become ‘thieves’ like these people” (FGD, Adzen Kotoku, Male, April 2019).

Further probing of the relationship between the level of education and decision-making in an all-male group in the Ga West district revealed that the seeming resentment by older persons against the formally educated, especially the youth also had land grabbing and illegal land sale

by the youth as an underlying factor. This had developed into mistrust and suspicion between some of the older persons and the educated youth in the family and community, and made the two groups unable to meet on many occasions to take joint decisions on family and community issues. The researcher was even referred to as a potential thief because of his relatively higher level of education, and for which reason they the older persons would not want to decide on anything with him. One boldly stated it as below.

“If you are learned, you are a thief. As you sit here if you go and head your family, there will be chaos. We know that would use your brain-power and finances to mislead the elders in your family and so we will not entertain you as head of our family let alone sit with you to discuss issues and take decisions. You will sign documents to sell our lands. Look, stealing is part of the subjects thought you people at school, particularly in that one you call Mathematics. It is all about tricks to steal from others” (FGD, Adzen Kotoku, Male, April 2019).

Poor health described in terms of joint body pains particularly in the back, waist and legs, as well as poor eye sight had adversely affected the ability of some older persons to easily move about and be at appropriate venues for decision-making in the family and community.

Mixed groups in both districts raised the issue of voluntary withdrawal from the decision-making process due mainly to religious beliefs, particularly concerning the Christian and Islamic religions on one hand and traditional religion on the other. Many Christians and Moslems consider some of the activities associated with the processes of participation as fetish and against their beliefs and therefore intentionally excuse themselves voluntarily from it even when invited. This mainly has to do with issues on festivals, funerals, puberty rites and some chieftaincy-related activities. Also, mistrust and lack of confidence in government officials and agencies, as well as elected and appointed politicians at the district and national levels due to unfulfilled promises had created delusions in the minds of some older persons and resulted in

their voluntary withdrawal from the decision-making process. One programme cited as the cause of the situation was the Livelihood Empowerment Against Poverty (LEAP) Cash Transfer Scheme which they had been registered for on many occasions but nothing positive had come out of it.

“As my mother just said, they always come around to write our names, and nothing comes out of it. They always come and deceive us so I have even decided not to write my name or get involved in such meetings again because they always deceive us”(FGD, Akotoshie, Female, April 2019).

ii) In-Depth Interview

Family and community disputes and conflicts which were caused mainly by chieftaincy disputes and illegal sale of lands came up again as a limitation to participation in the decision-making process. The chieftaincy disputes had mainly created divisions, isolation and exclusion among family and community members while the illegal sale of lands mostly perpetuated by the male youth in and outside the community had created vigilante groups to protect family lands as well as a ‘youth opposition group’ who were regarded in the community as the perpetrators of the illegal sales and who oppose the chiefs, opinion leaders and heads of families, normally older persons at the least opportunity. They go to the extent of disrupting traditional council, community and family meetings to prevent anticipated unfavourable decisions taken against their activities. Many older persons, out of fear for these youth groups have recoiled and refused to attend meetings for their own safety.

The assumed authority by officialdom to take decisions on some issues without the involvement of affected community members came up strongly from community respondents. To them it had been assumed that such officials were experts in their field of work or wield much power of authority, particularly in the political arena that they could not be challenged even when their decisions were not serving the good of members of the community. The

Member of Parliament, Regional Minister, District Chief Executive and departmental directors of the district assemblies were noted as main culprits. Their agents when confronted by members of the community on the situation in the course of implementing the decisions in the community were noted to use the phrase “it is a decision from above”. This assertion closed the door for any further discussions on the issues at stake. Some of these officials also make reference to the local government structures and urge community members to channel their grievances through the assembly member for the electoral area though nothing good come out of such initiatives. Some identified situations of this nature with specific community projects implemented by the assemblies such as the construction of schools, drainage, toilets, and also the supply of relief items during periods of disaster. Related to this was the issue raised by some community leaders on redistribution of power for decision-making in favour of local government structures such as the district assembly and the unit committee concept. This has reduced the authority of traditional leaders to take decisions on key community development issues. To the older persons, community members relatively listen and pay heed more to decisions taken by the young assembly and unit committee members than they the traditional leaders.

Another limitation put forward in the community was poverty. This had largely translated into lack of financial capacity to pay transport fares to meeting venues and also lost of status and influence to the rich young family and community members who are gradually assuming authority and taking over opportunities for decision-making in the family and community. Poor health, characterised by dwindled physical strength was also identified by community members as a limitation to older persons’s participation in the decision-making process. This makes it impossible for affected persons to avail themselves for decision-making opportunities even when invited for the purpose, and especially if it involves long distance travels. The extreme

case was bed-ridden older persons who had suffered from stroke and sometime also lost the power of speech. This group is hardly able to participate in decision-making at both family and community levels.

Some of the community respondents to the in-depth interview attributed the relatively lower level of education by older persons, particularly for women as a limitation on their ability to effectively participate in the decision-making process in the community especially when it involved the district assembly, and the English language was the medium of communication. In such instances, the youth, majority of whom had enjoyed a relatively higher level of education take charge of the process and decide for the older persons. Some of the youth have no patience to even translate the contributions of the older persons from the local dialect into English during the process.

Interviews conducted with staff of the district assemblies in the two research districts, the head office of the Department of Social Welfare and the Ministry of Gender, Children and Social Protection yielded almost the same outcomes as previously reported. The general consensus was that no definite efforts have been made to include older persons in the decision-making process particularly on issues that impact on their well-being. This is due mainly to limited policy, human and financial spaces for the purpose. For instance translation from the English language into a local dialect is sometimes required at meetings but this drags the engagement and costs money which is not readily available, and to the extreme not budgeted for. A staff of the planning department of the Shai Osudoko assembly put it this way.

“Quite expensive for the assembly to fully engage members of the community especially the older persons. Apart from the Pensioners Associations, it is impossible to engage the older persons in the community” (IDI, District Assembly, April 2019).

The same department which is supposed to undertake engagements activities with community members reiterated that the farming season in the district does not always favour the planning schedules of the district assembly and this results in decisions on key community development issues being taken for and on behalf of community members, including the older persons. Also raised by respondents in the two assemblies were that many older persons in the districts have developed mistrust and apathy towards the assemblies. This is as a result of a perceived neglect by the assemblies and also politicisation of the LEAP Cash Transfer Programme which collected personal data from some of them but never gave them feedback on their status after so many months had elapsed. There is a belief in the districts that staff of the assemblies were collecting the grants and using it on themselves instead of giving it to the registered members of the community.

In summary 19 push factors (limitations) were recorded by the two qualitative tools – ten by focus group discussion and nine by in-depth interview. Five of these factors were recorded by both tools leaving a total of 14 different factors as exclusively recorded limitations to the participation of older persons in the decision-making process in the qualitative phase of the study. These are

- a) Family/community disputes and conflicts
- b) Sex/gender discrimination and stigmatisation against women
- c) Poverty
- d) Retirement from formal employment and subsequent relocation into community/hometown without prior active engagements with the family and community
- e) Relocation of married women into the community of husbands for marriage life

- f) Use of the English language as official means of communication at meetings with government officials and the relatively lower level of education of older persons
- g) Perceived corruption of the educated youth and government officials
- h) Mistrust of the youth, government officials and politicians
- i) Poor health/dwindling physical strength
- j) Clash of religious beliefs
- k) Assumed authority by officialdom in decision-making
- l) Redistribution of power in favour of local government structures
- m) Limited policy, human and financial spaces for engagements
- n) District assembly planning engagement schedules not taking into consideration farming season

c) Implications of Findings of the Qualitative Phase on the Quantitative Phase

The findings of the qualitative phase of the study under this chapter showed that there were factors which acted as opportunities and limitations or constraints for older persons in their participation in the decision-making process. The FGD and IDI tools used for data collection in this phase captured six such opportunities and 14 limitations or constraints for the process.

The above captured factors were used as the basis for the quantitative phase of the study involving 389 respondents. Six set of factors each as opportunities and limitations which had been already captured in the qualitative phase were coded in the questionnaire for the quantitative phase for respondents to initially select from, and additional space was created for respondents to specify other factors of significance to them but which were not listed in the questionnaire. Respondents were also allowed to make multiple choices of different factors as desired for each category of opportunities and limitations. This enabled the researcher to

confirm and rank the opportunity and limitation factors identified by the respondents in order of frequency, thereby identifying the factors with the highest significance to the respondents in their participation in the decision-making process. It also captured the number of respondents who could not specify either an opportunity or a limitation factor in the participation of older persons in the decision-making process. The data for the quantitative phase of the study was presented by sex of respondents. Unlike the qualitative phase, participants in the quantitative phase did not give reasons for the choices they made.

4.3.2 Phase II: Quantitative Study

This section answers the question of what specific factors have facilitated and constrained the participation of older persons in the decision-making process. A structured, pre-coded questionnaire was administered on 389 respondents, who were of age 60 years and above in the two districts of the study.

a) Pull Factors (Opportunities) for Participation

A total of eight pull factors (opportunities) were recorded as listed and also shown in table 4.12 (i, ii and iii) by sex below. These were two more than the six recorded by the qualitative phase of the study. However, four of the opportunity factors captured by the quantitative study were also captured by the qualitative study. These, from the listed factors below were items 'a', 'c', 'g' and 'h'. This leaves the factors not yet captured and therefore exclusive to the quantitative phase of the study to four and these were items 'b', 'd', 'e' and 'f'. The factors, arranged in a descending order of frequency - that is the one with the highest preferences or frequency coming before a relatively lower one, are as below.

- a) Cultural beliefs and values
- b) Personal Life experiences

- c) Knowledge or expertise
- d) Good health
- e) Favourable season or time period for meeting
- f) Short distance to meeting venue
- g) Policy/Legal framework
- h) Respect for good conducts.

Table 4.12 indicates that a total of eight pull factors (opportunities) recorded 549 coded preferences over five opportunity batch of choices, excluding the 'None' choice option by the respondents. The total number of respondents who selected opportunity factors in each of the five selection columns or batches captured are shown in the *Total No. and Within Column Percentage of Respondents who Selected Option ('None' Option Excluded)* row of the table.

The quantitative approach captured the number of respondents who could not identify any pull factors for the participation of older persons in the decision-making process. Table 4.12(i) below indicates that 34 out of the total respondents of 389 could not identify a particular factor as an opportunity for the participation of older persons in the decision-making process. This distributed by sex is made up five males and 29 females in the total column for the "First Facilitating Factor/Sex" and against the "None" choice option. In other words 3.85 per cent of the 130 males and 11.20 per cent of the 259 females (within column frequency) were of the opinion that there were no specific factors which facilitated the participation of older persons in the decision-making process. This is relatively 1.29 per cent of male to total respondents and 7.46 per cent of female to total respondents, bringing the total to 8.74 per cent of the total respondents of 389 (relative/cell frequency). This implies that more females than males in both absolute and percentage terms were of the opinion that there were no particular facilitating

factors in the participation of older persons in the decision-making process. This is however no prove that these respondents have never participated in the decision-making process, they just believe the process of participation was not facilitated by particular pull factors.

The first and highest number of pre-coded preferences to an opportunity by sex was made by 355 respondents, followed by 138 respondents as depicted in Table 4.12(i) below. It was made by 125 males (96.15 per cent) and 230 females (88.80 per cent) out of the total of 130 and 259 total male and female respondents respectively. This translates into 355 (91.26 per cent) out of the total quantitative study respondents of 389. In other words, given the first opportunity, 91.26 per cent as against 8.74 per cent of respondents identified a factor which facilitates the participation of older persons in the decision making process.

Table 4.12 Pull Factors for Participation in Decision-Making by Sex

<i>Facilitating Factors/Sex</i>	<i>First Facilitating Factor (No. & %)</i>			<i>Second Facilitating Factor (No. & %)</i>		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
None	5	29	34	62	189	251
<i>Within Row Frequency</i>	14.71%	85.29%	100%	24.70%	75.30%	100%
<i>Within Column Frequency</i>	3.85%	11.20%		47.69%	72.97%	
<i>Relative/Cell Frequency</i>	1.29%	7.46%	8.74%	15.94%	48.59%	64.52%
Cultural Beliefs and Values	99	181	280	0	0	0
<i>Within Row Frequency</i>	35.00%	64.00%	100%			
<i>Within Column Frequency</i>	76.00%	69.00%				
<i>Relative/Cell Frequency</i>	25.45%	46.53%	71.98%			
Personal Life Experience	18	35	53	41	48	89
<i>Within Row Frequency</i>	33.96%	66.04%	100%	46.07%	53.93%	100%
<i>Within Column Frequency</i>	13.85%	13.51%		31.54%	18.53%	
<i>Relative/Cell Frequency</i>	4.63%	9.00%	13.62%	10.54%	12.34%	22.88%
Knowledge/Expertise on Subject	3	5	8	10	13	23
<i>Within Row Frequency</i>	37.50%	62.50%	100%	43.48%	56.52%	100%
<i>Within Column Frequency</i>	2.31%	1.93%		7.67%	5.02%	
<i>Relative/Cell Frequency</i>	0.77%	1.29%	2.06%	2.57%	3.34%	5.91%

Good Health/Physical Strength	3	6	9	8	6	14
<i>Within Row Frequency</i>	33.33%	66.67%	100%	57.14%	42.86%	100%
<i>Within Column Frequency</i>	2.31%	2.32%		6.15%	2.32%	
<i>Relative/Cell Frequency</i>	0.77%	1.54%	2.31%	2.06%	1.54%	3.60%
Favourable Season/Time Period	1	3	4	7	2	9
<i>Within Row Frequency</i>	25.00%	75.00%	100%	77.78%	22.22%	100%
<i>Within Column Frequency</i>	0.77%	1.16%		5.38%	0.77%	
<i>Relative/Cell Frequency</i>	0.26%	0.77%	1.03%	1.80%	0.51%	2.31%
Short Distance to Meeting Venue	1	0	1	0	1	1
<i>Within Row Frequency</i>	100%	0	100%	0	100%	100%
<i>Within Column Frequency</i>	0.77%	0		0	0.39%	
<i>Relative/Cell Frequency</i>	0.26%	0	0.26%	0	0.26%	0.26%
Policy/Legal Framework/Right	0	0	0	1	0	1
<i>Within Row Frequency</i>				100%	0	100%
<i>Within Column Frequency</i>				0.77%	0	
<i>Relative/Cell Frequency</i>				0.26%	0	0.26%
Respect for Good Conduct	0	0	0	1	0	1
<i>Within Row Frequency</i>				100%	0	100%
<i>Within Column Frequency</i>				0.77%	0	
<i>Relative/Cell Frequency</i>				0.26%	0	0.26%
Total No. and Within Column Percentage of Respondents who Selected Option ('None' Option Excluded)	125 96.15%	230 88.80%	355 91.26%	68 52.30%	70 27.03%	138 35.47%
Overall Total No. and Relative Percentage of Research Respondents	130 33.42%	259 66.58%	389 100%	130 33.42%	259 66.58%	389 100%

Source: Field data from two districts, August, 2019.

The first set of six facilitating factors selected out of the total of the eight captured by the quantitative phase of the study and as depicted in the first column of Table 4.12(i) above were cultural beliefs and values, personal life experience, knowledge/expertise on subject for discussion, good health/physical strength, favourable season/time period and short distance to meeting venue. The highest number of pre-coded preference was for cultural beliefs and values which had 280 of respondents picking it. This is 78.87 per cent of the total of the 355 who made a first choice and 71.98 per cent of the total respondents of 389. The male-female ratio

for this choice was 99 male respondents (79.00 per cent) and 181 female respondents (69.00 per cent). Even though in absolute term the females were more than the males in making this selection the males were more in percentage term. The second and the fourth ranked choices in the column did not show a marked difference in the sex ratio (within column frequency). The situation is however, not the same particularly for the third choice which has to do with knowledge or expertise on the subject for discussion and decision which is dominated by the males in within-column percentage term.

Table 4.12(i) reveals that more than half (251) of the total respondents of 389 could not identify a second opportunity factor which facilitates the participation of older persons in the decision-making process. This is 64.52 per cent of the total respondents made up of 189 females (48.59 per cent of total respondents) and 62 males (15.94 per cent of total respondents). The male-female ratio of this scenario is more revealing taking into consideration the fact that it consists of 72.97 per cent of total female respondents as against 47.69 per cent of male respondents. This implies that majority of females than males could not identify a second opportunity factor for the participation of older persons in the decision-making process. This does not imply though, that more males than females participate in the decision-making process. It is noted however that the number of opportunity factors identified increased from six in the first batch to seven in the second batch of coded preferences. Cultural beliefs and values which had the highest number of selection in the first coded references was not picked again, while policy/legal framework/right and respect for good conduct were introduced by a male respondent each. The other five opportunity factors chosen for the second time by other respondents and in a descending frequency order were personal life experience, knowledge/expertise on subject for discussion, good health/physical strength, favourable season/time period and short distance to meeting venue.

The third and fourth batches of coded opportunity references are shown in Table 4.12(ii) below. The third batch were made by 48 respondents (12.34 per cent of total respondents) which implies that 341 respondents (87.66 per cent of total respondents) could not identify a third facilitating factor. The fourth had six respondents (1.54 per cent of total respondents) involved meaning 383 respondents (98.46 per cent of the total respondents) could not identify a fourth facilitating factor.

Table 4.12(ii):

<i>Facilitating Factors/Sex</i>	<i>Third Facilitating Factor (No. & %)</i>			<i>Fourth Facilitating Factor (No. & %)</i>		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
None	101	240	341	125	258	383
<i>Within Row Frequency</i>	29.62%	70.38%	100%	32.64%	67.36%	100%
<i>Within Column Frequency</i>	77.69%	92.66%		96.15%	99.61%	
<i>Relative/Cell Frequency</i>	25.96%	61.70%	87.66%	32.13%	66.33%	98.46%
Cultural Beliefs and Values	0	0	0	0	0	0
<i>Within Row Frequency</i>						
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Life Experience	6	1	7	0	0	0
<i>Within Row Frequency</i>	85.71%	14.29%	100%			
<i>Within Column Frequency</i>	4.62%	0.39%				
<i>Relative/Cell Frequency</i>	1.54%	0.26%	1.80%			
Knowledge/Expertise on Subject	19	16	35	2	0	2
<i>Within Row Frequency</i>	54.29%	45.71%	100%	100%	0	100%
<i>Within Column Frequency</i>	14.62%	6.18%		1.54%	0	
<i>Relative/Cell Frequency</i>	4.88%	4.12%	9.00%	0.51%	0	0.51%
Good Health/Physical Strength	4	2	6	3	1	4
<i>Within Row Frequency</i>	66.67%	33.33%	100%	75.00%	25.00%	100%
<i>Within Column Frequency</i>	3.08%	0.77%		2.31%	0.39%	
<i>Relative/Cell Frequency</i>	1.03%	0.51%	1.54%	0.77%	0.26%	1.03%
Favourable Season/Time Period	0	0	0	0	0	0
<i>Within Row Frequency</i>						
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						

Short Distance to Meeting Venue	0	0	0	0	0	0
<i>Within Row Frequency</i>						
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Legal Framework/Right	0	0	0	0	0	0
<i>Within Row Frequency</i>						
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Respect for Good Conduct	0	0	0	0	0	0
<i>Within Row Frequency</i>						
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Total No. and Within Column Percentage of Respondents who Selected Option ('None' Option Excluded)	29 22.31%	19 7.33%	48 12.34%	5 3.85%	1 0.39%	6 1.54%
Overall Total No. and Relative Percentage of Research Respondents	130 33.42%	259 66.58%	389 100%	130 33.42%	259 66.58%	389 100%

Source: Field data from two districts, August, 2019.

The fifth batch of coded opportunity references were done by 2 male respondents (0.51 per cent of total respondents) as depicted by Table 4.12(iii) and the factor selected was knowledge/expertise on subject. This implies that 387 respondents (99.49 per cent of total respondents) could not identify a fifth factor which facilitates participation of older persons in the decision-making process.

Table 4.12(iii):

<i>Facilitating Factors/Sex</i>	<i>Fifth Facilitating Factor (No. & %)</i>			<i>Total No. of Selection of Factor</i>		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
None	128	259	387			
<i>Within Row Frequency</i>	33.07%	66.93%	100%			
<i>Within Column Frequency</i>	98.46%	100%				
<i>Relative/Cell Frequency</i>	32.90%	66.59%	99.49%			
Cultural Beliefs and Values	0	0	0	99	181	280
<i>Within Row Frequency</i>				35.36%	64.64%	100%
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						

Life Experience	0	0	0	65	84	149
<i>Within Row Frequency</i>				43.62%	56.38%	100%
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Knowledge/Expertise on Subject	2	0	2	36	34	70
<i>Within Row Frequency</i>	100%	0	100%	51.43%	48.57%	100%
<i>Within Column Frequency</i>	1.54%	0				
<i>Relative/Cell Frequency</i>	0.51%	0	0.51%			
Good Health/Physical Strength	0	0	0	18	15	33
<i>Within Row Frequency</i>				54.54%	45.46%	100%
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Favourable Season/Time Period	0	0	0	8	5	13
<i>Within Row Frequency</i>				61.54%	38.46%	100%
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Short Distance to Meeting Venue	0	0	0	1	1	2
<i>Within Row Frequency</i>				50%	50%	100%
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Legal Framework/Right	0	0	0	1	0	1
<i>Within Row Frequency</i>				100%	0	100%
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Respect for Good Conduct	0	0	0	1	0	1
<i>Within Row Frequency</i>				100%	0	100%
<i>Within Column Frequency</i>						
<i>Relative/Cell Frequency</i>						
Total No. and Within Column Percentage of Respondents who Selected Option ('None' Option Excluded)	2 1.54%	0 0%	2 0.51%			
Overall Total No. and Relative Percentage of Research Respondents	130 33.42%	259 66.58%	389 100%			

Source: Field data from two districts, August, 2019.

It is observed that there were continuously reducing number of respondents in increasing terms who could not make references to different opportunities from the second to the fifth opportunity options. After the first number of 34 respondents (8.74 per cent of total respondents), the next batch of respondents who did not identify a second opportunity were

251 (64.52 per cent of total respondents), the third were 341 respondents (87.66 per cent of total respondents), the fourth were 383 respondents (98.46 per cent of total respondents) and the fifth and last were 387 respondents (99.49 per cent of total respondents). The huge jump in the margin of 55.78 per cent of total respondents (64.52 – 8.74) gives an indication of the relatively minimum number of opportunities as against limitations which confront older persons in their effort to participate in the decision-making process. A key feature of these trends is that they were all dominated by females.

The total number of coded opportunity preferences by the 389 respondents as shown in the last column of Table 4.12(iii) above is shown as a column bar chart in figure 4.1 below. It shows, as previously indicated that *cultural beliefs and values* was considered the most significant influencing factor for the participation of older persons in the decision making process. This was followed, among others by *personal life experience* and *knowledge of expertise on subject under discussion*.

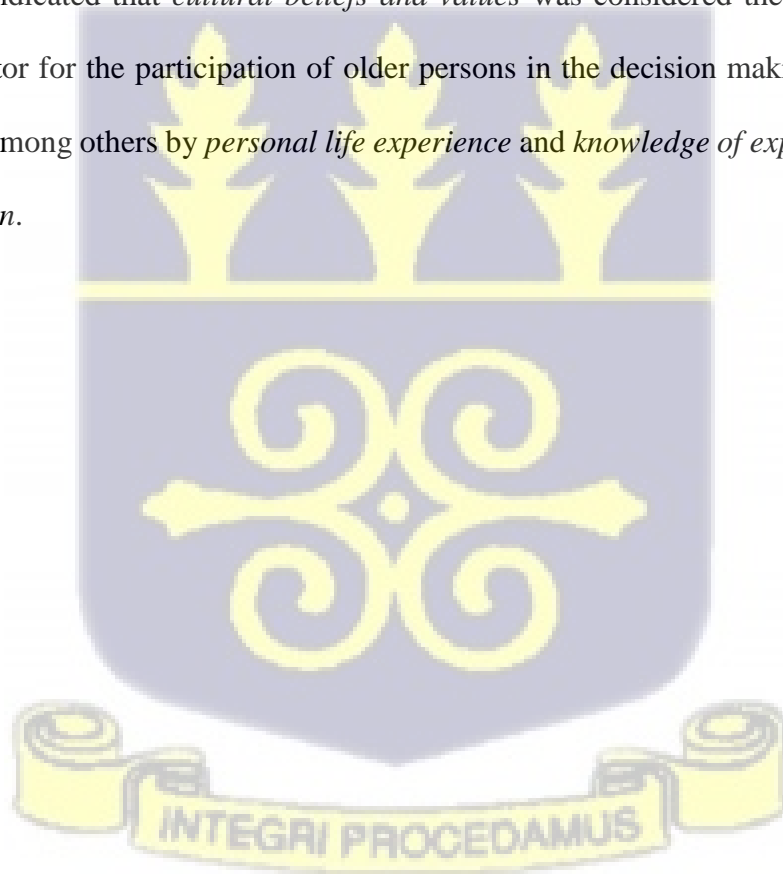
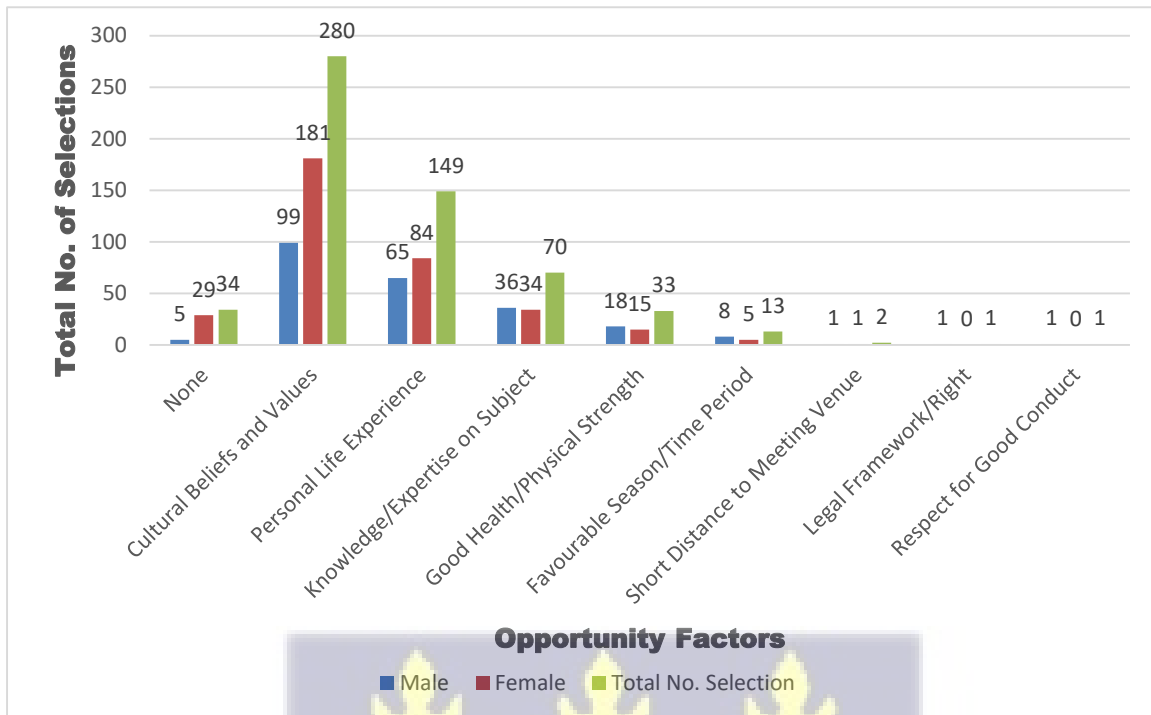


Figure 4.1 Column Bar Chart on Total Number of Selection of Pull Factors by Sex



Source: Field data from two districts, August, 2019.

b) Push Factors (Constraints/Limitations) for Participation in Decision-Making

This phase of the study recorded 10 limitations to the participation of older persons in the decision-making process. This presented in Table 4.13 below is against the total of 14 limitations factors recorded by the qualitative phase of the study. Six of the listed limitations in the table were also recorded in the qualitative study. These are family/community disputes and conflicts, sex/gender discrimination, poverty, religious belief, use of English language as medium of communication and poor health. This leaves four as the exclusive limitation factors recorded by this phase of the study, and these are long distance to meeting venue, physical disability, ethnic group (migrants) and political affiliation.

One significant observation about Table 4.13 is that 220 respondents which is more than half (56.55 per cent) of the total respondents of 389 older persons for the quantitative phase of the

study could not identify a limitation to the participation of older persons in the decision-making process. In spite of this scenario, the remaining 169 respondents (43.45 per cent) identified 10 limitations over five choice windows as against eight opportunity factors identified by 355 (91.26 per cent) of the same respondents in the quantitative study. The majority were females who were 148 (67.27 per cent) of the 220 female respondents while the males were 72 (32.73 per cent). These translates into 57.14 per cent and 55 per cent of the total female and male respondents respectively of the research. Though the female respondents made up the majority in terms of absolute numbers (33) and percentage (53.23 per cent) for the choice of family and community dispute and conflict as a limitation to their participation in the decision-making process the males dominated in relative terms at 22.31 per cent as against 12.74 per cent for the females. This is not very strange because the men were more vocal on the issue during the qualitative phase of the study as both the cause, particularly in relation to chieftaincy issues, and as perpetrators of the phenomena in both the family and community. The illegal and unauthorised sale of family lands were also identified as male-dominated with its divisive consequence.

Poverty was dominated in both within and relative frequencies by females. Sex (gender) was also identified by more females than males as a limitation. Though it is the fourth ranked factor, only one male respondent (0.77 per cent of total male respondents) identified it, as against 22 (8.49 per cent of total female respondents). This situation is backed by the records of FGD which indicates that the main culprits in this situation are men and it is for their selfish material and financial gains and not because women lack the ability and capacity to participate effectively in the decision-making process.

Table 4.13 Total Push Factors (Limitations) by Sex

Limitation Factor	Total No. of Selection (Sex and Percentage)		
	Male	Female	Total
None	72	148	220
<i>Within Column Frequency</i>	32.73%	67.27%	100%
<i>Relative/Cell Frequency</i>	55.38%	57.14%	56.55%
Dispute/Conflict (Family and Community)	29	33	62
<i>Within Column Frequency</i>	46.77%	53.23%	100%
<i>Relative/Cell Frequency</i>	22.31%	12.74%	15.94%
Poverty	14	41	55
<i>Within Column Frequency</i>	25.45%	74.55%	100%
<i>Relative/Cell Frequency</i>	10.76%	15.83%	14.14%
Long Distance to Meeting Venue	7	17	24
<i>Within Column Frequency</i>	29.17%	70.83%	100%
<i>Relative/Cell Frequency</i>	5.38%	6.56%	6.17%
Sex (Gender) discrimination	1	22	23
<i>Within Column Frequency</i>	4.35%	95.65%	100%
<i>Relative/Cell Frequency</i>	0.77%	8.49%	5.91%
Physical Disability	3	18	21
<i>Within Column Frequency</i>	14.29%	85.71%	100%
<i>Relative/Cell Frequency</i>	2.31%	6.95%	5.40%
Religious Belief	6	7	13
<i>Within Column Frequency</i>	46.15%	53.85%	100%
<i>Relative/Cell Frequency</i>	4.62%	2.70%	3.34%
Ethnic Group (Migrants)	7	2	9
<i>Within Column Frequency</i>	77.78%	22.22%	100%
<i>Relative/Cell Frequency</i>	5.38%	0.77%	2.31%
Unfamiliar Local Language	6	3	9
<i>Within Column Frequency</i>	66.67%	33.33%	100%
<i>Relative/Cell Frequency</i>	4.62%	1.16%	2.31%
Political Affiliation	6	1	7
<i>Within Column Frequency</i>	85.71%	14.29%	100%
<i>Relative/Cell Frequency</i>	4.62%	0.39%	1.80%
Poor Health	1	4	5
<i>Within Column Frequency</i>	20.00%	80.00%	100%
<i>Relative/Cell Frequency</i>	0.77%	1.54%	1.29%

Source: Field data from two districts, August, 2019.

Migration by people to another geographical area of a different ethnic group and unfamiliar local language as captured above as the seventh and eighth limitation factors respectively in

Table 4.13 are closely related and were mainly reported in the Ga West district where many migrants from the Volta Region have settled. This has made them alien to the local and traditional culture of the indigenes who are mainly Gas. Their participation in the decision-making process, beyond their own nucleus family is therefore limited, even in the community.

Political affiliation, the ninth limitation factor has served opposing significance in the study though its male-dominated characteristic is maintained. It was mainly a participation opportunity during the qualitative phase of the study in the Shai Osudoku district which is relatively rural in geographical setting but a limitation factor in the quantitative study mainly in the Ga West district which is urban in setting. In other words, politics is playing different opposing roles in the participation of older persons in the decision-making process mainly based, in this study on its geographical location. Physical disability and poor health as limitation factors may also explain the issue of long distance to meeting venue as a similar factor, all three factors dominated by females.

4.4 Discussion

The conceptual framework for the study indicates that the object (deed) which is the participation of older persons (subject) in the decision-making process shall be non-cohesive and influenced both positively and negatively by certain factors. To recap, the study adopted the definition of participation as “a process in which individuals take part in decision making in the institutions, programs, and environments that affect them” (Heller, et al., 1984, p. 339). Preceding records of this chapter, particularly in the qualitative phase of the study, indicated that attending meetings was the main avenue for actualising participation in the decision-making process by older persons.

The factors as captured in the qualitative and quantitative phases of the study indicated that there were both opportunities and limitations for the participation (deed) of older persons (subject) in the decision-making process except that these were largely limited to the family and the community. There were references to a total of 10 pull factors (opportunities) for the purpose, six exclusively captured by the qualitative and four by the quantitative phases of the study. 18 push factors (limitations) were also recorded - 14 exclusively by the qualitative study and four by the quantitative study. This brought the total of pull and push factors relating to the participation of older persons in the decision-making process to twenty eight. There were also almost twice the number of push factors (18) as there were for pull factors (10). The qualitative tools employed therefore captured more of both factors than the quantitative tool. These factors which related to the first objective of the study and the topic for this chapter have been organised into five thematic areas and discussed as below.

- i. *The participation of older persons in the decision-making process is driven more, in order of priority by cultural beliefs and values, perceived personal life experience and also knowledge or expertise on the subjects under discussions than just advanced chronological age.*

The above three pull factors (opportunities), excluding age received the highest coded preferences in a descending order in the quantitative study. *Cultural beliefs and values* recorded 280 coded preferences, *personal life experience* recorded 149 preferences and *knowledge or expertise on the subjects under discussions* recorded 70 preferences. One key observation of the first and last coded preferences was that they were male-dominated while the second was almost gender neutral in terms of preference. The above though not in exact terminologies and not ranked, were also made reference to in the qualitative study as *Traditional authority and*

leadership positions, performance of specific traditional rites and respect earned from political conducts. The expectation was that since the study was about the participation of older persons, defined as people who were of age 60 years and above, advanced chronological age of the individual would be one of the priority pull factors (opportunities) to be mentioned by the older persons in both phases of the study, but this was never recorded. Age, as would be revealed in the next chapter was rather seen by the older persons as a qualification and not an opportunity for participation in decision-making.

The qualitative study indicated that cultural beliefs and values, as participation opportunities reflected more on the holding of traditional authority and leadership positions which even though were dominated by older persons, especially men it was not that exclusive to a particular age group. A few younger people have inherited or been conferred with traditional titles, an act influenced by cultural beliefs and values. These titles included chief of a community, head of extended family, opinion leader, church leader and fetish priest(ess) (including those who perform specific rites such as puberty, funeral and festival rites).

Atobrah (2016) in her study at Manya Krobo in the Shai Osudoku district on the involvement of older women in the care of HIV/AIDS orphans supported the assertion that it is more of culture and not chronological age which influences the participation of older persons in the affairs of the family and community. The point that culture determines the acceptable fields and norms for the participation of older persons in varied affairs has been put forward by other studies (Torres, 2018). Also emphasising the significance of culture, which included beliefs and norms for the participation of older persons in the decision-making process, Oyewumi (1997) and Kuper (1965) made reference to seniority which is synonymous to age as significant for the organising of societies, but concluded that it is also characterised by cultural privilege

and status to older persons. It attracts respect and creates a platform for older persons who have *distinguished* themselves to meaningfully participate in family and community affairs.

Van der Geest (2004) introduced the other pull factors of *life experience* and *knowledge* by suggesting that many older persons who are, even though chronologically advanced in age but unable to transmit knowledge and advice to society are normally side-lined in the affairs of that society and this normally makes them depressed. This could be the experience of some of the male respondents in the Shai Osudoku district who noted that their retirement from formal employment in the cities and subsequent relocation into the community have rendered some of them incapable of effectively participating in the decision-making process in both the family and community due mainly to their inability or failure to cultivate and maintain strong family ties while in active formal employment. They described themselves as “strangers” among their own kinsmen even though they were also older persons. This could also be the situation of migrants in the Ga West District who were mainly from the Volta Region and were in the community purposely for work. Some of them have a challenge in communicating in the Ga language which is the local dialect for communication and this has restricted their level of participation in decision-making in the communities.

A study in New Zealand, as indicated in the literature review section of this report supported the assertion that greater knowledge on a particular relevant issue makes one better-placed to either take a decision alone or effectively participate with others in deciding on that issue (Diane, Arksey, Parsons, Senior, & Thomas, 2009). Milligan, Morettin and Oreopoulos (2004) referred to this pull factor as increased human capital.

The above references bring home the fact that old age alone, without the requisite qualifications cannot be significant in influencing the effective participation of older persons in the decision-

making process in the family and community. This position is strengthened by the suggestion that older persons in the Ghanaian society have largely been accorded optimal status because they have been perceived, among others to be closer to the ancestors, and were the repositories of wisdom, *practical life experience* and *knowledge* (van der Geest, 2004; Fortes, 2013).

- ii. *Family and community disputes and conflicts, poverty and long distance to a meeting venue are, in order of priority the three greatest limitations to the participation of older persons in the decision-making process in the family and community.*

Family and community disputes and conflicts as a push factor (limitation) was quite pronounced in FGD in the Shai Osudoku District but also prominent in the quantitative phase of the study in both districts. It was traced mainly to chieftaincy disputes and land litigations and noted to have caused alliances and factions in many families and in some communities thereby limiting opportunities for participation in decision-making by older persons who are the relatively dominant age group in the holding of traditional authority as described under ‘i’ above, and who are therefore aligned to one faction or the other. As indicated in earlier sections of this report under the qualitative study, invitations to some community meetings for decision-making through the beating of the ‘gon-gon’ had been restricted to defined geographical areas in the community which were considered supportive to a faction thereby excluding other members of the community. The extended family had also not been spared this phenomena as a result of land disputes among members on one part, and other families normally in the same community. The same phenomena was recorded at FGD in the Ga West district except that the major cause of it was the illegal sale of lands by community members including some chiefs

and members of the same family, normally the youth. Youth vigilante groups have been created as a result and these groups have acted as opposition to local authority and have been a tool of intimidation therefore putting the fear of violence into older persons, some of whom refuse to attend meetings in the family and community to discuss issues for the fear that some of these groups could go to the extent of violently disrupting these meetings.

One key observation in the quantitative phase of the study as depicted in Table 4.13 was that though the female respondents were in the majority in terms of absolute numbers (33) and within percentage (53.23 per cent) for the preference for family and community disputes and conflict as a push factor in participation, the males dominated in relative terms at 22.31 per cent as against 12.74 per cent for the females. This explained why older men were more vocal on the issue during FGD and also admitted that they the men were largely the perpetrators of the situation particularly in relation to chieftaincy issues and illegal and unauthorised sale of family and community lands. It has been posited that social capital, networks, bonds, reciprocal duties and trust bind people together and enable them to co-exist. However, Putnam (2000) and Kenyatta (1965) suggest that one of the consequences of conflicts and disputes which are generated by land ownership is the destruction of good inter-personal relationships which bind people together. This among others creates participation exclusions for some people in the family and community.

Records of the qualitative phase of the study indicated that older persons who considered themselves poor felt or were made to feel inferior, hopeless and powerless in their attempt to participate in the decision-making process. Poverty and social exclusion have been identified as two of the most significant barriers for older persons to both “contribute to development and share in its benefits” (United Nations Population Fund and HelpAge International, 2012, p. 12). It has been conceptualised as a relative deficit in participation related to a limited income,

reinforcing the social policy theoretical assertion that poverty is a real social phenomenon which reflects more the consequences of a lack of income than of income per se (Ferragina, Tomlinson, & Walker, 2016). Older persons confirmed this assertion during FGD that a consequence of their situation of poverty was reduced influence in the decision-making process at both family and community levels, mostly on the youth who relatively possessed more financial resources. This resulted in the youth calling the shots and sometimes showing disrespect to them especially at community meetings, hence the feeling of inferiority, hopelessness and powerless as earlier indicated. The above social consequence of poverty does not reduce the fact that the actual lack of cash by some older persons has reduced their capacity to finance mainly transportation cost to long-distance venues such as hometowns to participate in extended family decision-making processes. This partly explains why long-distance is a limitation, compounded by poor health and dwindling physical strength and disabilities. Participation in physical and social activities were differentiated at the literature review section of this study report. Physical participation or specifically attending a meeting to participate in a decision-making process was described as involving body movement which is produced by muscle action and which requires energy expenditure. Factors identified as being significantly associated with this physical activity of participation included income, health condition, region and house locality (Cheah & Poh, 2014; Dinanti, Miranda, & Caroline, 2019). A reference can also be made to the same section of this study report where it has been indicated that “successful aging” which involves the “full engagement in life, including productive activities and interpersonal relations” can only be achieved in an absence of diseases of dilapidation and the presence of physical and cognitive functions (Rowe, 1997, p. 367; Katz & Calasanti, 2015; Rowe & Kahn, 1997; Menec, 2003). Also at play in this section is the positions of the proponents of the activity theory which is the theoretical foundation of this research and the opposing disengagement theory. The latter proposes that the weakness of the first is the

overlooking of the inequalities in health and economic conditions of the individual which could be hindrances to engagement in an activity and therefore one should opt for what comes “natural” with age, which is withdraw and settle into inactivity until death (Hochschild, 1975; Achenbaum & Bengtson, 1994). This critique of the activity theory was discredited by some of theory’s proponents who identified the absence of disease and the presence of physical and cognitive functions as key to the application of the theory (Katz & Calasanti, 2015; Rowe & Kahn, 1997). It is therefore not surprising that poverty and its implications on associated factors such as health and long geographical distance played out in both the qualitative and quantitative phases of this study.

- iii. *Gender discrimination and stigmatisation against women in their efforts to participate in the decision-making process is real, a cross-cutting issue and both acknowledged and rationalised by some men.*

Gender in this study is physiological and represented by *sex* of the respondents. Gender was the fourth coded preference in the quantitative study and was identified as a push factor (limitation) by only one male respondent (0.77 per cent of total male respondents) as against 22 (8.49 per cent of total female respondents). The qualitative phase was quite explicit on gender discrimination and stigmatisation suffered by women mainly based on their biological sex and the associated attributes and responsibilities assigned to them by society. According to the record of the qualitative study, mainly FGD, the stigmatisation was the consequences of their resistance to discrimination against them and their insistence to effectively participate in the decision-making process, and these were mainly perpetuated by men. Women had argued that they possess both the ability and capacity to effectively participate in the decision-making process both in the family and in the community. This insistence however had earned them

stigmatisation through name-calling by men. In the Shai Osudoku district names such as “opue sule” (to wit, “you have grown the male reproductive organ or penis”) and “opue lem” (to wit, “you have grown a tail”), and in the Ga West District, “menopause” were recorded as man-made barriers aimed at dissuading women from effectively participating in the decision-making process. It was observed that the first two ‘names’ in the Krobo language meant the same thing as “growing wings” or “rubbing shoulders” - with men. However, the second from the Shai Osudoku district – “you have grown a tail”, though sounds like an idiomatic expression or even a proverb it is relatively offensive in meaning. ‘Growing a tail’ is a biological preserve for animals and this tells how determined some of the older men are to deny the women equal participation opportunities in the decision-making process. “Menopause” has been explained in the report of the qualitative study in the Ga West district, to mean ‘weak mental capacity’ which in itself is derogatory. This seems to be a posture of superiority as structured by a male-dominated gender orientation received through the socialisation process, typical of a Ghanaian patriarchal society, such as the Ga and Krobo where men are normally in the majority when it comes to decision-making because the society features structures which uphold male superiority (Boateng, 2017; Adomako, 1999). The weak foundation of the posture of the older men in dominating the women in the decision-making process was no wonder disputed by the older women in FGD, described as founded on greed for material and financial gains and unfair cultural practices. This was in spite of the admission by some of the older men that the practice was a strategy and a ‘misdemeanor’ on their part to get their ‘will’ done.

It is worth-noting that in another vein, this derogatory name-calling is in sharp contrast to the cultural respect and dignity accorded to older women in southern Ghana societies as reported in Atobrah (2016), particularly among the same Ga and Krobo societies who incidentally are the majority ethnic groups in this study. The proverbial “we are going to ask the old lady” (wo

yaabi yoomo le in Ga) indicates that when a serious consultation had to be made on a matter under discussion for a decision to be taken on it, the older woman comes into focus. It signifies the high regard accorded to the wisdom and knowledge of women on issues of culture and tradition (Atobrah, 2016; National Academy of Sciences, USA, 2006). The contradictory cultural picture painted of women here and the determination of some older men to deny equal rights to older women in the decision-making process presented gender as quite dynamic and also confirmed the assertion by Tsikata (2009) that gender disparities are most visible, persistent and has proved hard to tackle in the arena of politics and decision-making in Ghana. The situation in whatever form it is looked at is also in strong opposition to provisions made in the United Nations Political Declaration and Madrid International Plan of Action on Ageing (2002) which mandated member states to take “measures to enable the full and equal participation of older persons, in particular older women, in decision-making at all levels” (United Nations, 2002, p. 15).

- iv. *Voluntary withdrawal by some older persons from participation in the decision-making process particularly in the family and community despite availability of opportunities for the opposite*

Report of FGD indicated that it was not always the issue of older persons facing limitations for participation in the decision-making process. It was also in some instances a deliberate act of withdrawal from the process on their part. One cause of this situation was the clash of religious beliefs, particularly between Christian and Traditional beliefs with the latter being considered as largely fetish in nature. As shown in table 9 above, 86.63 per cent of the respondents were Christians as against 5.66 per cent who adhered to traditional religious belief. The suggestion was that many Christians were of the belief that traditional rites are fetish and therefore opposed

to them. This has resulted in some of them refusing to take advantage of the opportunities created for them to participate or even play lead roles in the performance of some of these traditional rites. The other issue which has promoted voluntary withdrawal by older persons in the participation process were mistrust and perceived dishonesty on the part of government officials and politicians particularly at the community and district levels (Asamoah, 2021).

Older persons were of the view that many of these personalities engage them for their own selfish gains and for that matter there was no need to participate in any activity put forward by these officials and politicians. Associated to this was the lack of feedback on decisions taken at previous similar events or on interventions intended to improve the well-being of older persons, of particular interest was the LEAP Cash Transfer Programme which is implemented by the Department of Social Welfare.

The use of the English language at engagements with community members without translation by local government officials has also acted as a disincentive to participation of older in the decision-making process. Table 4.11 above shows that 72.59 per cent and 33.08 per cent of the female and male respondents respectively did not benefit from any formal education. When the generally lower percentages of low formal education in completed years is taken into consideration, one would appreciate the assertion by older persons, especially the females that the use of the English language as an official medium of verbal and written communication in their participation in the decision-making process is a disincentive to get involved. Wambua (2013) in his Master of Arts thesis on women participation in the decision-making process in the Kitui County in Nairobi, Kenya using mixed method approach suggested that educational level and academic qualifications, among others have significant influence on women's participation in the decision-making process as well as in community project leadership.

- v. *Redistribution of decision-making power and authority in favour of officials of local and national government structures and politicians have reduced the space for participation of older persons, particularly for those holding traditional authority, beyond the family and sometimes the community. The reasons of limited policy, human and financial spaces for creation of opportunities for participation in the decision-making process by older persons have worsened the situation.*

Report of the IDI indicated that government officials from the local to national level agreed on the need to create a better platform for older persons to participate in the decision-making process, at least as a best practice in policy formulation and implementation. References were made to specific legal and planning frameworks which have made provisions for the purpose though not exclusive for older persons and which were considered inadequate. These included the Local Government Act, 2016 (Act 936), 1992 constitution of the Republic of Ghana and the medium-term planning framework and guidelines for district assemblies by the NDPC. There was however, no evidence of an attempt to implement these so-called inadequate provisions so that the outcome could inform an amendment for expansion of participation opportunities. There was also no evidence of the notion that assembly members deepen the participation of members of their respective constituencies in decision-making by bringing their views to bear on the decision-making process at meetings of the assemblies. The above, together with the other reasons advanced by government officials as limitations for effective participation of older persons in the decision-making process, including inadequate budgetary allocation, clash of farming and planning seasons and dwindling physical strength of older persons painted the picture that policy frameworks are quite weak in ensuring effective participation of older persons in the decision-making process.

The situation as narrated above fits best into the first two levels of participation as expounded by Cornwall (2008) as manipulative and passive. The first largely represents a pretence through representation and the second through informing the people of what had already been decided on (Cornwall, 2008). The quote below which had already been captured in earlier section reiterate the situation.

“The assembly does not value and accept our contributions when it comes to issues that affect us. We are not involved in the decision-making process with the reason that our assembly representatives are responsible to raising issues which affect us during assembly meetings for a decision to be taken on them. The assembly only sends information vans into the community unannounced to inform us of decisions already taken, and it is mainly on payment of new rates of taxes and utility bills” (IDI, Abonya, Male, April 2019).

It is suggested that closer attention should be paid to who is participating, in what and for whose benefit (Cornwall, 2008). The vagueness of what participation means in the public sector policy development space is what has resulted in the practice where some policies have sections on participation by targeted groups, but which never took place. An example is the National Ageing Policy approved by Cabinet in 2010. One can suggest that limited knowledge and awareness about policy spaces for participation in the decision-making process from the local to national level by older persons had also played a significant role fostering the above situation. A study in rural West Bengal in India suggested that better awareness, among other factors tends to improve participation (Samanta & Nayak, 2015). The fact that only the staff of government agencies who participated in the IDI at the local and national levels made references to the issues of policy space and also the fact that only one respondent out of 389 in the quantitative study saw it as a pull factor for participation lend credence to the suggestion by Samanta and Nayak (2015). Older persons out of ignorance are unable to insist on their rights of participation in deciding on many issues of development, including on their well-

being. It must be noted however that many of the policy spaces are not exclusive to older persons, as already indicated. The 1992 Constitution of the Republic of Ghana for example provides for rights for all qualified citizens to participate in making a decision on some particular issues. For instance Article 42 guarantees universal adult suffrage to all citizens who are 18 years and above and of sound mind to vote to choose national political leaders through the electoral process, or to participate in a referendum (Government of Ghana, 1992, p. 43). Additionally Article 35(6)(d) of the Constitution states that the state shall “make democracy a reality by decentralizing the administrative and financial machinery of government to the regions and districts and by affording all possible opportunities to the people to participate in decision-making at every level in life and in government” (Government of Ghana, 1992, p. 36). Another section which can be considered as an opportunity, though not explicitly stated for the participation of older persons in a decision-making process is Chapter Nine of the 1992 constitution which makes provisions for the establishment of the Council of State. The description of some of the government appointees on the Council of State by the constitution implies that older persons have limited window to participate in the executive arm of government through appointment by the President of the Republic in consultation with parliament. These, as stated in Article 89 of the constitution are

- a) One person who has previously held the office of Chief Justice;
- b) One person who has previously held the office of Chief of Defence Staff of the Armed Forces of Ghana; and
- c) One person who has previously held the office of Inspector-General of Police (Government of Ghana, 1992, p. 69).

The above appointees as described by the constitution are all of age 60 years and above and therefore qualify to be described as older persons by this study. Additionally Section 10 of

Article 55 of the constitution creates the opportunity for all Ghanaians of voting age to belong to and participate in the activities of a political party of choice with the intention “to influence the composition and policies of the government” (Government of Ghana, 1992, p. 48). Section 8 of the constitution extends this opportunity to include serving on the executive, which is the decision-making body of the party irrespective of one’s age, so long as the person involved qualifies “to be elected as a member of parliament or to hold any public office” (Government of Ghana, 1992, p. 48). Article 37(2)(a) is an example of another window for participation though not exclusive to older persons. It states that “the State shall enact appropriate laws to ensure the enjoyment of rights of effective participation in development processes including rights of people to form their own associations free from state interference and to use them to promote and protect their interests in relation to development processes, rights of access to agencies and officials of the State necessary in order to realise effective participation in development processes; freedom to form organizations to engage in self-help and income generating projects; and freedom to raise funds to support those activities”.

4.5 Conclusion

This chapter explored the pull (opportunities) and push (limitations) factors for participation of older persons in the decision-making process from the family, through to the community and to the national level. It established that there were more limitations than opportunities. It further revealed that participation as understood by older persons is achieved mainly through meetings with other stakeholders in the decision-making process. In spite of the fact that the study is looking into older persons’s participation in the decision-making process, old age was not a significant pull factor in the process and also older persons sometimes exercise the right not to participate in the process.

The next chapter of this study report shall examine the lived experiences of older persons in their participation in the decision-making process, including the levels and contexts.



CHAPTER FIVE

SOCIO-CULTURAL FACTORS THAT AFFECT ACTIVE PARTICIPATION OF THE OLDER PERSONS IN DECISION-MAKING

5.1 Introduction

This chapter presents the findings and discussions on the second objective. It mainly looks at the various socio-cultural dynamics that affect active participation of older persons in the decision-making process. It considers the lived experiences of older persons in the process of participation in decision-making. The study considers active participation to mean the context and the level of involvement of older persons in the activities of decision-making. Unlike the discussions on the first objective (chapter four) where the attention was on factors that could determine the entry of the older persons into decision-making arena, the discussions here rather focuses on the socio-cultural factors that explain the active involvement of the older person already in the policy arena in the various decision-making activities.

The findings of the thematic analysis of the qualitative data generated from the six Focus Group Discussion (FGD) and the 19 In-Depth Interviews (IDI) are first presented under each of the two data collection methods employed. This is then followed by the findings of the quantitative study, after which both findings are discussed together. This is in line with the design of the study as a sequential exploratory mixed methods approach.



5.2 Findings

5.2.1 Phase I: Qualitative Study

The research question to be answered by the qualitative phase of the study under this chapter is *what are the socio-cultural factors that affect the active participation of older persons in the decision-making process*. Before addressing the objective, it also became necessary to look at the levels and contexts of participation in both the qualitative and quantitative phases of the study.

i) Focus Group Discussion

The Levels and Contexts of Participation

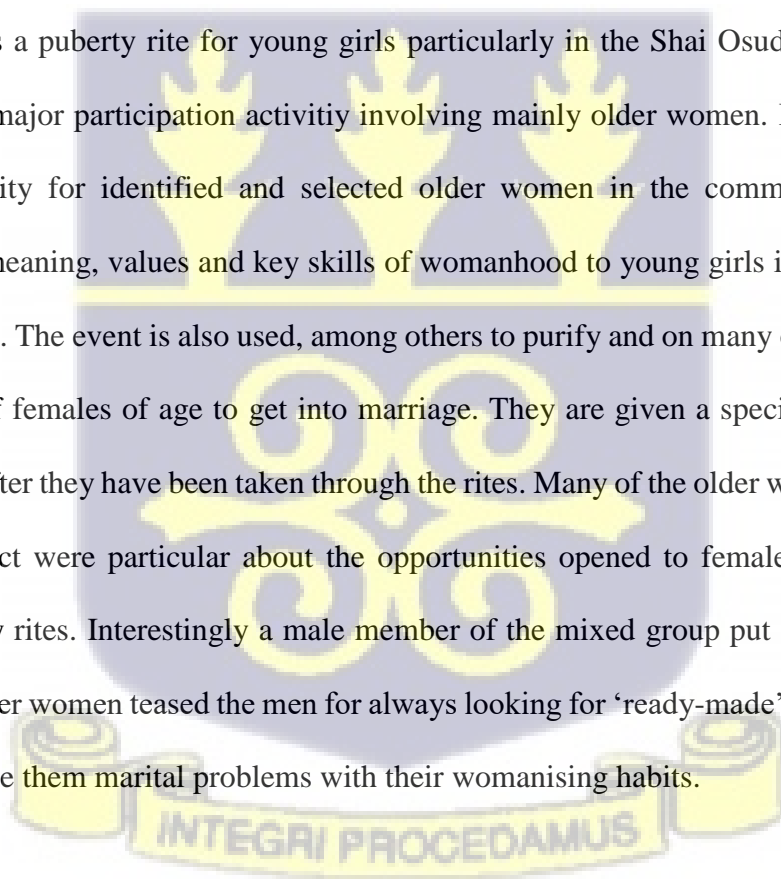
The older persons in all the six groups were in agreement that they had all participated in the decision-making process on various issues, at different periods, levels and contexts. They agreed that the family level, both nuclear and extended, which extends into the community was where most of their participation in decision-making took place. The men were noted in all the groups to be relatively more active in the decision-making processes in the family and community than women. It was however noted that civic activities and civil society engagements had also been opportunities for a few interested, physically strong older persons to participate in decision-making in the community. This came in the form of engagement in community development activities including serving on school management boards, project implementation committees and volunteering for charity works particularly with the Church. The groups were in consensus that decision-making in the family context comes mainly through meetings, annual festival and funeral activities and the performance of traditional and religious rites. The meetings included extended family meeting, Traditional Council meeting, community meeting, Parent-Teacher Association (PTA) meeting and Church Leaders meeting.

Major issues on which decisions had been taken at these meetings included family and community disputes and conflicts, marriage arrangement and land management. PTA meetings were attended by older persons mainly for their grand-children who were living with them or in the community with their own parents. Festivals were explained to be for clan, community and ethnic groups. Funerals attended related to family members, neighbours, community members, and specifically for the Shai Osudoku District as an annual clan event for all members who died within the year.

The Socio-Cultural Factors:

a) Performance of Traditional and Religious Rights

‘Dipo’ which is a puberty rite for young girls particularly in the Shai Osudoku District was identified as a major participation activity involving mainly older women. It is considered a key responsibility for identified and selected older women in the community to lead in impacting the meaning, values and key skills of womanhood to young girls in the community before marriage. The event is also used, among others to purify and on many occasions signify the readiness of females of age to get into marriage. They are given a special mark for easy identification after they have been taken through the rites. Many of the older women in the Shai Osudoku District were particular about the opportunities opened to females who are taken through puberty rites. Interestingly a male member of the mixed group put it as below, after which some older women teased the men for always looking for ‘ready-made’ women to marry only to later give them marital problems with their womanising habits.



“Initiation of young girls (puberty rites) is very important for their dignity as women in the community and opens doors for good marriage, holding of traditional office, “freer” movement in the community and beyond, and ensures full participation in all family and community activities. You can also be enstooled as a queen mother, you can take part in all customs and traditions of this town. So I can say that these rites serve as a means of purification and opportunity for full participation in all activities, including decision-making processes in the family and community. It also points we the men to the correct women to take as wives for ourselves and our sons” (FGD, Doryumu, Male, April 2019).

It was revealed by all the groups that alternative religious beliefs, especially the Christian belief had reduced the enthusiasm on the part of some community members to release their daughters to be taken through the rites and subsequently the involvement of some female parents in the process

b) Political Season and Activities at District and National Levels

Older persons described the four-year seasonal national and district political activities as a sure opportunity for participation in decision-making particularly at the district level of political parties through attendance of cell, community and constituency meetings to strategise for campaigns and other activities. However, older women especially in the Shai Osudoku District complained bitterly about failures by politicians to keep promises made to them during political campaigns, including provision of portable drinking water which was a major need in the communities. The older women in the Asebi community complained that they walk a long distance to draw water from the stream for domestic use and this is physically burdensome for them. Some of them have therefore resolved not to vote for any politician during the 2020 general elections if the promise to bring pipe-borne water into the community was not fulfilled. In other words no pipe-borne water, no vote, a case of voluntary withdrawal from a civic right activity of participating in making a decision on who occupies political governance positions.

c) Gender Discrimination against Women

Majority of the older women were emphatic that some heads of the extended family, normally men discriminate against them when it comes to invitations to family meetings, and to achieve that agenda they sometimes change the meeting schedules and venues without prior notification to them just to cause them inconveniences and dissuade them from participating in the meetings. They said this practice is normally related to meetings held at distant locations mostly in the extended family and clan houses in the hometowns. Women who fell victim to these tactics of exclusion by men were those who were vocal and forceful in their submissions and refused to be cowed by the men at meetings. Some of the older women asserted that they have every right to participate in all meetings for decision-making because they do not only participate but also contribute financial resources levied to get the decisions implemented. Others especially in the mixed groups said they were sometimes unable to pay these levies on time or not at all due to poverty but many at times their children intervened and paid for them.

d) Integrity, Wisdom and Belief and Value Systems

Older persons were of the conviction that their integrity, wisdom and the belief and value systems of the society, and not necessarily their age were the main drivers behind their active participation in the decision-making process. Older men in particular were of the opinion that the wisdom in question is the one endowed by God which they insisted is deeper than what is called 'book knowledge' acquired through formal education and which to them is shallow and derived from other people's writings. Majority of the older men said they participate in the family decision-making process as heads of their respective families, others said as the eldest male sibling deputising for their fathers who were physically weak and some even bed-ridden; a few said their capacity of participation in the community events was as holders of traditional

authority particularly as members of the traditional council. Some of the women said they also participated at the community level as holders of traditional authority such as a queen mother or performer of assigned traditional and religious rites. These authority and title capacities notwithstanding, the women opined that majority of the family and community meetings were presided over and most at times dominated by the men. Majority of older women in all the groups said their participation in both the extended family and community decision-making processes were in the capacity of membership either by birth or sometimes by marriage.

e) Life Experiences and Adequate Knowledge in Oral History

Older men in particular were of the opinion that their effectiveness in the decision-making process was influenced by life experience and adequate knowledge of oral history. Older women were not that vocal on the above indicators even though they believed they also possessed them except that theirs have been structured to enable them play their roles more effectively as women in the family, especially in managing the home and counselling of their daughters and other young girls in the community. Some of the women also pointed to the fact that the above are what place them at an advantage position in decision-making concerning traditional family regalia which are sometimes in their possession and also the appointment of family members to occupy key traditional positions in the family and community.

f) Financial Empowerment of Women

Older women in the Ga West District pointed to financial empowerment as a key influence in their gradually increasing level of participation in the family, especially the nuclear family decision-making process. They said some of their husbands advised them not to work but rather stay at home to take care of them and their children. The men boasted that they had the capacity to fully provide for their needs. They said this promises were not fully fulfilled by some of the

men and even when it was fulfilled they became subject to the whims of their husbands and this sometime minimised their right of choice and also denied them the opportunity to fully participate even in decision-making about their own children. Two older women put it as below.

“If they tell you not to work and you succumb, they easily rule over you because if they do not give you what you want, you cannot have it. But when they realize you are in charge of your affairs, they respect you. Sometimes they even ask ‘can you lend me GH¢2.00, I will give it to you when I come back home from work’. If you do not respect me including my views, then forget about that loan. After all many of them do not pay back the money borrowed from us” (FGD, Sarpeiman, Female, April 2019).

The other woman said

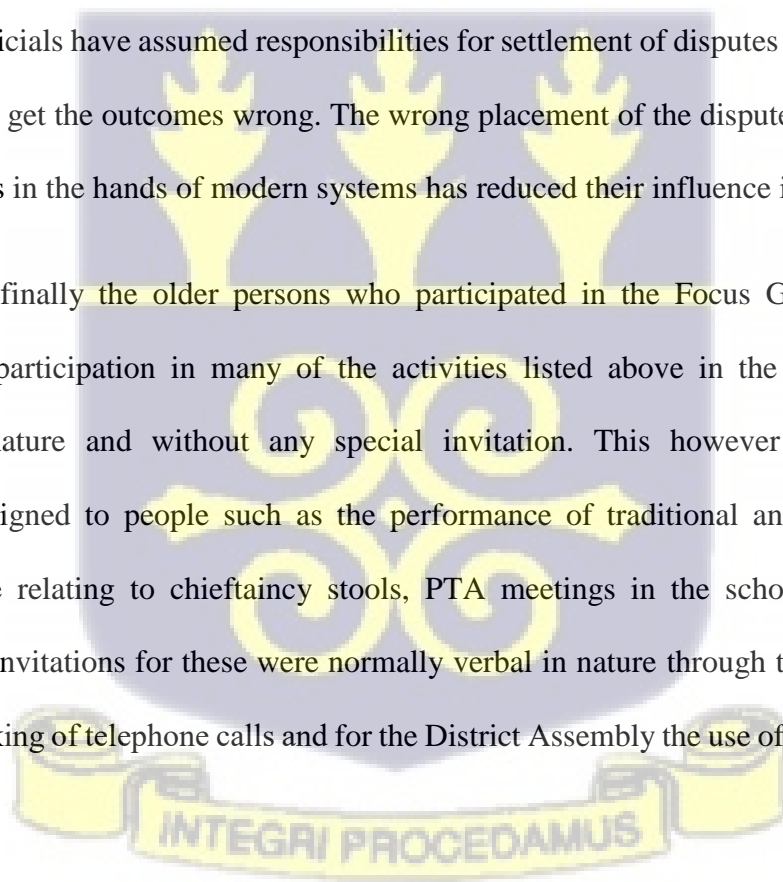
“Just as my sister said, until recently, when we got married our husbands asked us to stop working and that they would take good care of us. We being naïve interpreted this as love for us. But we realised that many of our husbands could not provide all our needs. They kept postponing our requests so some of us decided to start doing something for ourselves for financial freedom against their advice. Once we also started making our own money, we saw the change. We could buy anything we want and also dress well when the two of us were going to town. This gradually silenced them and made them to respect our views on some issues. Previously, how dare you – ‘who born dog’” (FGD, Sarpeiman, Female, April 2019).

g) *Desire to Improve Quality of Life for Family and Community Members*

There was consensus among older persons in all the groups that the motivation behind their participation in the decision-making process was more about enriching the lives of their children, grand-children and the members of the community rather than for their own benefit. A few in the Shai Osudoku District saw it additionally as a duty to protect family and community property and other resources for the future generation. They listed some of the outcomes of their effective participation in the decision-making process in the family and community as promotion of peace and unity among family and community members, helping

to construct physical development projects such as schools and Community-based Health Planning and Services (CHPS) structures and the promotion of moral values. The men believed that their effective resolution of family and community disputes and conflicts have saved the country the resources to be used on offenders who are put in prisons. They said they settled these in such a way that the offending parties understood where they went wrong and as a result no one party became bitter about the outcome of the settlements. They were of the opinion that their main aim in the settlement of disputes was to promote reconciliation and not to create enemies among the disputants. It does not therefore end up in one party being put in prison to be fed free of charge by the state. Peace and unity within the family and the community are largely preserved. They expressed regret that modern state structures, including local government officials have assumed responsibilities for settlement of disputes and conflicts and sometimes they get the outcomes wrong. The wrong placement of the dispute settlement roles of older persons in the hands of modern systems has reduced their influence in the society.

Generally and finally the older persons who participated in the Focus Group Discussion indicated that participation in many of the activities listed above in the community was voluntary in nature and without any special invitation. This however excluded those specifically assigned to people such as the performance of traditional and religious rites, including those relating to chieftaincy stools, PTA meetings in the schools and political meetings. The invitations for these were normally verbal in nature through the beating of the “gon-gon”, making of telephone calls and for the District Assembly the use of information van.



ii) In-Depth Interview

The Levels and Contexts of Participation

Community members were in agreement that the family level was where most opportunities for participation of older persons in the decision-making process could be found. There was no much evidence that the district assemblies had systems and structures in place to create direct participation opportunities for them and the regional and national opportunities were almost non-existence. The observation was that the district assemblies usually diverted efforts by community members to make their voices heard in a decision-making process by directing them to the assembly members of their constituencies, but that had never ensured effective participation in the process because many of these representatives lacked the capacity for the purpose, including financial resources to organise such engagements. The practice had been that the district assembly sent information vans into the communities to announce decisions already taken particularly on taxes and tariffs. A community chief summarised his frustration on the issue as below.

“The district assembly normally embarks on projects in the community without inputs from us, including the assembly man. It is always the ‘it is a decision from above’ slogan even when they are getting it wrong” (IDI, Abonya, Male, April 2019).

The same interviewee narrated an outcome of the above undesirable situation as follows.

“The district assembly decided on their own to extend electricity into our community without discussing it with us. They brought the materials, including the poles and left them at the mercy of the weather and were rotting. I had to mobilise community resources to erect the poles to save the situation. Immediately we completed the erections the assembly sent a contractor to put electrical wires on the poles and connect them to the national grid to bring hydro-electricity power into the community. Even with that we had to

feed the workers of the contractor from our own resources, and as I speak to you today no one had asked us how much we spent in erecting the poles” (IDI, Abonya, Male, April 2019).

Specific participation activities by older persons evolved around marriage, funeral, child-naming, settlement of disputes and conflicts among family and community members and the physical development of the community including the building and management of schools. Some older men interviewed said they represented the traditional council in the community on the school management boards.

The Socio-Cultural Factors

a) Attitudes of Youth towards Older Persons

The youth in the research communities in the Shai Osudoku District were described as relatively cooperative and respectful towards older persons in the decision-making process in the family and community. Majority of members in the four research communities in the district are settlers from Ningo, also in the Greater Accra region and many remained committed to their responsibilities to the extended family at Ningo. Some of the settlers, mostly older men hold tradition authority at Ningo. They believed their ability and authority to escalate any disrespect by any member of the community toward an older person into the Ningo extended family or even the traditional council for resolution had acted as a check on the youth. This has resulted in a relatively lower incidences of name-calling and opposition to older persons’s participation in the decision-making process on family and community issues. A youth leader in the Shai Osudoku District said they have no option than to respect the authority of the older persons, especially over land issues because without their blessings and release of land, they the youth could not embark on community projects, even the development of a football field for their sporting activities in the community.

The situation in the Ga West District which is cosmopolitan in nature and has no specific identifiable higher traditional authority to hold the youth responsible for their misbehaviours beyond the available legal avenues, is relatively different. Some of the youth in the study communities have constituted themselves into vigilante groups to engage in unauthorised sale of family lands and oppose the decisions taken by older persons to address the issue. They go to the extent of threatening the older persons and disrupting meetings they suspect would take decisions against their unauthorised activities. This has acted as a disincentive to older persons in the participation in the decision-making process in the family and community.

b) Lack of Interest in Local Politics by Older Persons

A Unit Committee Chairman in the Shai Osudoku District was of the opinion that older persons had contributed to their low participation in decision-making in local government. This was because many claimed they did not have the physical strength to stand for unit committee and district assembly elections and this position has resulted in relatively younger people taking charge of the decision-making process at the community and district levels after winning these elections. This was confirmed by an assembly member in the district who said they the members are mandated to inform the community, including older persons about decisions taken at the district level and not to seek their inputs in the process.

c) Limited State Financial Resource Allocation and Policy Frameworks for Participation of Older persons in Decision-making

A District Coordinating Director was of the view that the district assembly was doing its best to facilitate the participation of older persons in the decision-making process in their respective communities. List of some interventions to ensure this included translation of proceedings from English into the local language and vice versa for the benefit of the illiterates among the

community members who had been observed to be largely women, and the driving of the district assembly vehicles through the communities to pick physically weak older persons to meeting venues. When probed further by this researcher, it was admitted that the events as narrated above related to community sensitisation programmes by the assembly and not fora for decision-making. Only very few selected communities were sometimes given the opportunity to participate in decision-making in relation to the process of developing annual plans and budgets by the assembly. The reason was, as reported in chapter four of this report - the lack of financial and human resources for the purpose. It was however admitted that as a best practice and as stipulated by the Local Government Act, 2016 strategies need to be developed by the district assembly to encourage the participation of older persons in major decision-making including that for relevant plans and budgets for community development. The above narration by the District Coordinating Director was largely countered by the District Planning Officer in a separate interview. It was established that even though the constitution of the Republic of Ghana, Local Government Act, 2016 and NDPC guidelines for the development of the 4-year medium term development plan by district assemblies are catalyst for involvement of community members in specific decision-making processes of the assemblies, logistical constraints had not allowed its full implementation. It was however observed that some people appointed by the district assembly to serve on committees and boards, including school management boards qualify by age to be referred to as older persons even though they were not appointed in that capacity.

d) Benefits Derived from Participation of Older persons

Both the District Coordinating Director and Planning Officer of the District Assemblies were of the opinion that facilitating the participation of older persons in the decision-making process at the district level would ensure the full utilisation of development projects, including physical

structures constructed in the communities. Example was given of toilet facilities which were not being fully utilised because the needs of older persons and people with disability in particular were not factored into the design of the projects. The Shai Osudoku District Assembly in particular was planning initiatives to increase the participation of identified vulnerable and excluded members of the communities under its jurisdiction, including older persons in the decision-making process to improve utilisation and increased positive impact of its interventions on the quality of lives of the people. All interviewees in both the communities and the District Assemblies were of the conviction that the knowledge of oral history, rich life experiences and the wisdom of older persons would enrich decisions taken at all levels of the decision-making process.

Implications of Findings of the Qualitative Phase on the Quantitative Phase

The findings of the above qualitative phase of the study touched on two main issues relating to objective two and the title of this chapter. These were the levels and contexts of the participation of older persons in the decision-making process. These were transformed into a pre-coded questionnaire for the quantitative phase of the study. This phase sets out to determine the specific characteristics of the above key issues as provided by the 389 respondents for the quantitative study. The analysis of the data generated took into consideration frequencies and sex (gender) implications.

5.2.2 Phase II: Quantitative Study

This phase involved the administering of pre-coded questionnaire by fieldworkers on 389 older persons in all the eight communities in the two research districts to specifically answer the question of *what are the levels and contexts of the participation by older persons in the decision-making process?*

Table 5.1 shows four different levels of participation in the decision-making process by sex. These are the local, district, region and national levels. Each respondent had the opportunity to indicate as many levels of participation as applied to him/her. It shows that all the 389 respondents made up of 130 males (33.42 per cent) and 259 females (66.58 per cent) had participated in the process of decision-making at the local level. This level represents the family and the community levels. The next level is the district which had 11 male respondents (2.83 per cent of total respondents) and four female respondents (1.03 per cent of total respondents) indicating their involvement at that level. This is 3.86 per cent of the total number of respondents. The regional level had only one female respondent (0.26 per cent of total respondents) as involved at that level. No respondent had participated in a decision-making process at the national level. It is therefore observed that the participation of older persons in higher levels of decision-making reduced drastically with each next higher levels especially for females, and to none at all at the national level.

Table 5.1 Level of Participation in Decision-Making by Sex and Relative Frequency

Sex/ Level of Participation	Male (No. & %)	Female (No. & %)	Total (No. & %)
Local (Family and community)	130	259	389
<i>Relative/Cell Frequency</i>	<i>33.42%</i>	<i>66.58%</i>	<i>100%</i>
District	11	4	15
<i>Relative/Cell Frequency</i>	<i>2.83%</i>	<i>1.03%</i>	<i>3.86%</i>
Region	0	1	1
<i>Relative/Cell Frequency</i>	<i>0%</i>	<i>0.26%</i>	<i>0.26%</i>
National	0	0	0
<i>Relative/Cell Frequency</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>

Source: Field data from two districts, August, 2019.

In percentage terms, table 5.1 indicates that whereas all 389 respondents (100 per cent) had participated in decision-making at the local level, 374 (96.14%), 388 (99.74%) and all 389 did

not have the opportunity to participate in the process at the district, regional and national levels in that order.

The quantitative phase further explored the context of the participation activities. This yielded three which were family and community, civic engagement and Civil Society Organisation (CSO) activities. Table 5.2 shows the context detail as determined by the respondents. The table shows that participation activities of all the 389 respondents (100 per cent) fall within the family and community context. Additionally 46 (11.83 per cent) of the total respondents are engaged within the civic engagement context. These are made up 27 males (6.94 per cent of total respondents) and 19 females (4.88 per cent of total respondents). This brings the total respondents who are additionally involved in civic engagements to 11.83 per cent of total respondents. In other words 343 respondents (88.17 per cent) are not involved in any civic participation activities.

Table 5.2 Type/Context of Participation in Decision-Making by Sex

Sex/ Context of Participation	Male (No. & %)	Female (No. & %)	Total (No. & %)
Family and Community	130	259	389
<i>Relative/Cell Frequency</i>	33.42%	66.58%	100%
Civic Engagement	27	19	46
<i>Relative/Cell Frequency</i>	6.94%	4.88%	11.83%
Civil Society Organisation Activities	16	15	31
<i>Relative/Cell Frequency</i>	4.11%	3.86%	7.97%

Source: Field data from two districts, August, 2019.

The last participation activity context falls within the CSO activities. 31 (7.97 per cent) of the total respondents have been involved in this activity context. This is made up of 16 male (4.11 per cent) and 15 female (3.86 per cent) respondents. In other words, 358 (92 per cent) of the

total respondents have not been engaged in CSO context of participation in the decision-making process.

Tables 5.3 shows the specific participation activities that older persons were involved in at the family and community levels by sex. The table shows eight coded preferences of decision-making related activities by respondents in the family and community, arranged in a descending order of frequency. 359 (92.30 per cent) of the respondents indicated counselling of young family and community members as the number one engagement. The table shows that there are 241 female respondents (93.05 per cent) and 118 male respondents (90.77%) engaged in this activity. This translates into 61.96 per cent of females to the total number of respondents and 30.34 per cent of males to the total number of respondents.

The other seven specific activities of decision-making in the family and community are dispute and conflict resolution with 60.41 per cent of respondents involved, funeral 54.50 per cent, traditional marriage 52.70 per cent, child-naming 46.27 per cent, family property administration 10.03 per cent, performance of puberty rites 5.91 per cent and performance of widowhood rites being the least with 5.40 per cent of the respondents involved.

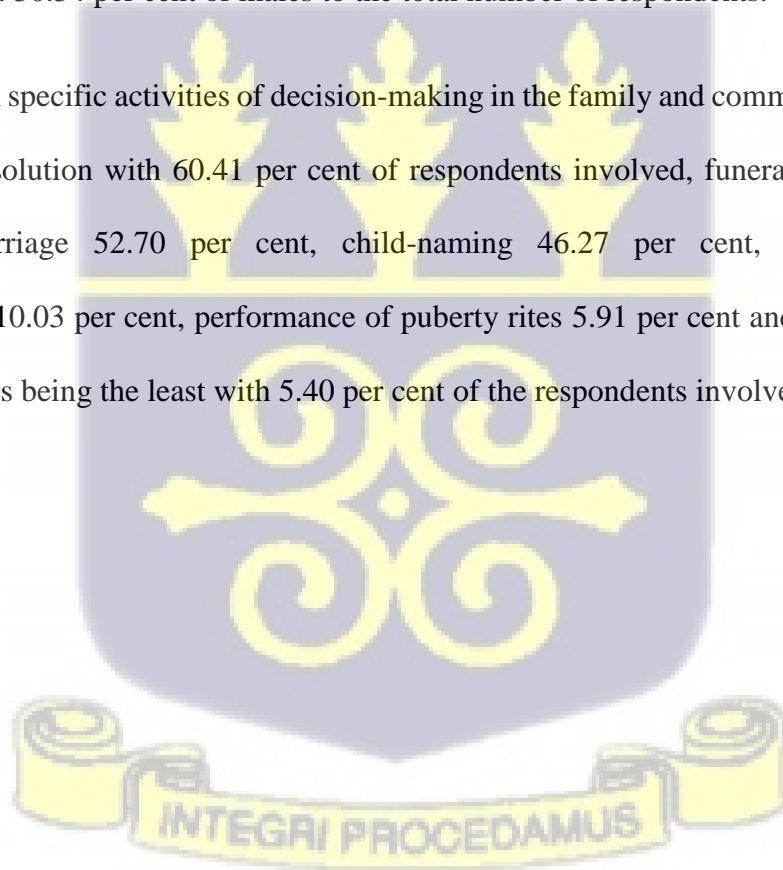


Table 5.3 Specific Family/Community Decision-Making Activities by Sex

Specific Decision Making Activity	Number, Sex and Percentage		
	M	F	Total
Counselling of Youth	118	241	359
<i>Within Column Frequency</i>	90.77%	93.05%	
<i>Relative/Cell Frequency</i>	30.34%	61.96%	92.30%
Dispute and Conflict Resolution	104	131	235
<i>Within Column Frequency</i>	80.00%	50.58%	
<i>Relative/Cell Frequency</i>	26.74%	33.67%	60.41%
Funeral	89	123	212
<i>Within Column Frequency</i>	68.46%	47.49%	
<i>Relative/Cell Frequency</i>	22.88%	31.62%	54.50%
Traditional Marriage	87	118	205
<i>Within Column Frequency</i>	66.92%	45.56%	
<i>Relative/Cell Frequency</i>	22.37%	30.33%	52.70%
Child-Naming	77	103	180
<i>Within Column Frequency</i>	59.23%	39.77%	
<i>Relative/Cell Frequency</i>	19.79%	26.48%	46.27%
Family Property Administration	26	13	39
<i>Within Column Frequency</i>	20%	5.02%	
<i>Relative/Cell Frequency</i>	6.68%	3.34%	10.03%
Performance of Puberty Rites	7	16	23
<i>Within Column Frequency</i>	5.38%	6.18%	
<i>Relative/Cell Frequency</i>	1.80%	4.11%	5.91%
Performance of Widowhood Rites	12	9	21
<i>Within Column Frequency</i>	9.23%	3.47%	
<i>Relative/Cell Frequency</i>	3.08%	2.31%	5.40%

Source: Field data from two districts, August, 2019.

With the exception of the performance of puberty rites which has been established earlier to be mainly for young girls and dominated by females and counselling of the youth, all the six other family decision-making activities in Table 5.3 have a majority of the male respondents involved as against the female respondents as indicated by the within column frequencies, strangely including widowhood rites which is more of women issue than men at old age.

Specific civic activities of the respondents as shown in table 5.4 below have been grouped under four headings. These are membership of interest groups, holding of traditional authority

or office, holding of local government office and finally holding of national public office. The table shows that a total of 31 respondents (7.97 per cent) made up 21 males (5.40 per cent) and 10 females (2.57 per cent) have participated in the decision-making process through membership of five interest groups. These groups were the pensioners, funeral, parent-teacher and professional/trade associations, as well as Church group/fellowship membership. A distinctive feature of this interest groups is the heavy dominance of males in the pensioners association. It is 18 males (4.63 per cent) out of the total of 21 (5.40 per cent) for all males in the groups and 31 respondents (7.97 per cent) for both sexes. This association is credited with the opportunity for participation in the decision-making process at the district level through the organisation of meetings and annual conferences.

Table 5.4 Specific Civic Engagement Activities by Sex

Sex/ Specific Civic Engagements	Number, Sex and Percentage		
	M	F	Total
a) Interest Group			
Pensioners Association	18	4	22
<i>Relative/Cell Frequency</i>	<i>4.63%</i>	<i>1.03%</i>	<i>5.66%</i>
Funeral Association	1	1	2
<i>Relative/Cell Frequency</i>	<i>0.26%</i>	<i>0.26%</i>	<i>0.51%</i>
Parent-Teacher Association	1	1	2
<i>Relative/Cell Frequency</i>	<i>0.26%</i>	<i>0.26%</i>	<i>0.51%</i>
Professional/Trade Association	0	1	1
<i>Relative/Cell Frequency</i>	<i>0</i>	<i>0.26%</i>	<i>0.26%</i>
Church Group/Fellowship	1	3	4
<i>Relative/Cell Frequency</i>	<i>0.26%</i>	<i>0.77%</i>	<i>1.03%</i>
<i>Sub-Total</i>	21	10	31
<i>Relative/Cell Frequency</i>	<i>5.40%</i>	<i>2.57%</i>	<i>7.97%</i>
b) Traditional Authority/Office			
Member of Traditional Council	24	9	33
<i>Relative/Cell Frequency</i>	<i>6.17%</i>	<i>2.31%</i>	<i>8.48%</i>
c) Local Government Office			
Assembly Member	0	0	0

Unit Committee Member	2	2	4
<i>Relative/Cell Frequency</i>	<i>0.51%</i>	<i>0.51%</i>	<i>1.03%</i>
d) National Public Office			
District Chief Executive	0	0	0
Member of Parliament	0	0	0
Member of Council of State	0	0	0
Member of Corporate Governance Board/Trustee	0	0	0
Grand Total	47	21	68

Source: Field data from two districts, August, 2019.

The next group is those whose participation in the decision-making process is derived from their holding of traditional authority. This group which has the highest membership of 33 respondents (8.48 per cent) also has the highest male dominance of 24 (6.17 per cent of total respondents) with 9 females (2.31 per cent). The group with the lowest membership for participation in the decision-making process is those holding local government office. This group is equally split between males and females with two (0.51 per cent) respondents each. Table 5.4 shows that there were no respondents who occupied a national public office in any of the coded options in the study in the two districts. The options are district chief executive, Member of Parliament, member of the council of state and member of a corporate governance board or a trustee. The grand total of 68 respondents in table 5.4 above as against the total of 46 respondents in Table 5.2 for participating in the decision-making process through civic engagements indicate that there are respondents who belong to more than one group in Table 5.4 above.



All the 31 respondents who indicate their involvement in CSO activities in the decision-making process are volunteers in charity works within the community mainly in the Churches they attend. This is shown in table 5.5.

Table 5.5 Specific Civil Society Activities by Sex and Relative Frequency

Civil Engagement	Sex, Number and Percentage		
	M	F	Total
Volunteering for charity works in community by CSO	16	15	31
<i>Relative/Cell Frequency</i>	<i>4.11%</i>	<i>3.86%</i>	<i>7.97%</i>

Source: Field data from two districts, August, 2019.

5.3 Discussion

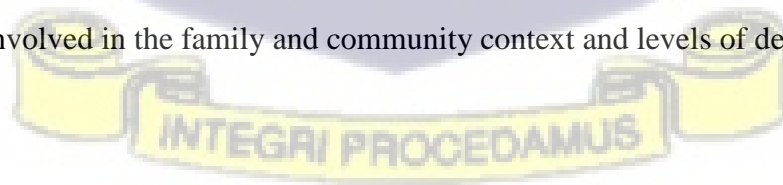
This section discusses the findings of both the qualitative and quantitative phases of the study together and relate this to the relevant literature, theoretical and conceptual frameworks. The findings are grouped into two thematic areas as below.

- i. *Participation in the decision-making process by older persons is in different types/contexts and levels but more rooted in the family and community.*

The conceptual framework which is adapted from Hasan and Kazlauskas (2014) indicates in its middle rectangular box the variables of interest in the participation in the decision-making process to be investigated by the study. These include the types/contexts of the participation - family/community, civic and civil engagements. It also indicates the levels of participation of interest as the family/community, district, region and national. The narrations of the qualitative study and Tables 5.1 and 5.2 of the quantitative study indicate that all the respondents for both phases of study have participated in the family/community context at the local level. The family/community context of participation has all the 389 respondents (100 per cent) for the quantitative study, followed by only 46 respondents (11.83 per cent) for the civic context and 31 respondents (7.97 per cent) for the civil society context. Also all 389 respondents (100 per cent) participated in a decision-making process at the local level which is made up of the family

and community. This is followed by only 15 respondents (3.86 per cent) at the district level, one respondent (0.26 per cent) for the regional level and no respondent (0 per cent) for the national level. The importance of this contexts and levels is rooted in their possible influence on the SWB of the individuals involved. For instance and as already indicated in the literature review section of this study report Verba, Schlozman, & Brady (1995) identified civic engagements as an opportunity for individuals to advocate their interests in politics and experience enhanced positive SWB. Milligan, Morettin and Oreopoulos (2004) suggested that increased awareness has positive effects on civic participation among older persons. Bekkers (2005) turned his attention to participation in voluntary associations and explained the influencing factors. Yet another group of researchers have attempted a differentiation between physical and social activities (Cheah & Poh, 2014; Dinanti, Miranda, & Caroline, 2019). All the above indicate the importance of the types/contexts and levels of participation in the decision-making process to determining the outcome depicted by the conceptual framework, which is changes in the SWB of the older persons involved.

Community participation, according to Skinner (1995) is an active engagement of individuals and groups to change problematic conditions and to influence policies and programmes that affect the quality of their lives or the lives of others. It is therefore not very surprising, taking into consideration the perceived impact, as recorded in the qualitative study of the participation of older persons in decision-making, and in spite of the many push factors (limitations), they are still much involved in the family and community context and levels of decision-making.



- ii. *Gender discrimination against women is prominent and a cross-cutting issue in both the pre-participation (chapter four) and actual participation (chapter five) phases in the decision-making process by older persons.*

Gender, as already indicated in an earlier section of this study report is physiological and represented by *sex* of the respondents. Both the qualitative and quantitative phases of the study in both chapters four and five have identified it as a constraining factor for women in their participation in the decision-making process. It has sometimes been associated with derogatory name-calling by men particularly in the Shai-Osudoku District. The fact that it was the women who raised the issue confirmed its adverse effects on them in their attempt to participate in the decision-making process, and even while they are already involved in it. It assumed the character of not only a turf-war between men and women but also a tool for harassment of women to dissuade them from the process of decision-making. Although literature has explained it as related to social orientation received and particularly typical of a Ghanaian patriarchal society as indicated by Boateng (2017) and Adomako (199) it needs to be confronted and drastically reduced, if not eliminated to ensure equal opportunities for both men and women at all levels of the decision-making process.

- iii. *Participation in the decision-making process is a goal-directed action by older persons with benefits to them and other members of the family and community.*

The activity theory is the theoretical underpinning of the study which considers the participation of older persons in the decision-making process as an activity intended to improve the quality of life for the older persons involved. As suggested by Holzman (2006), for the expected positive outcome of engaging in an activity to be realised, the activity should be a

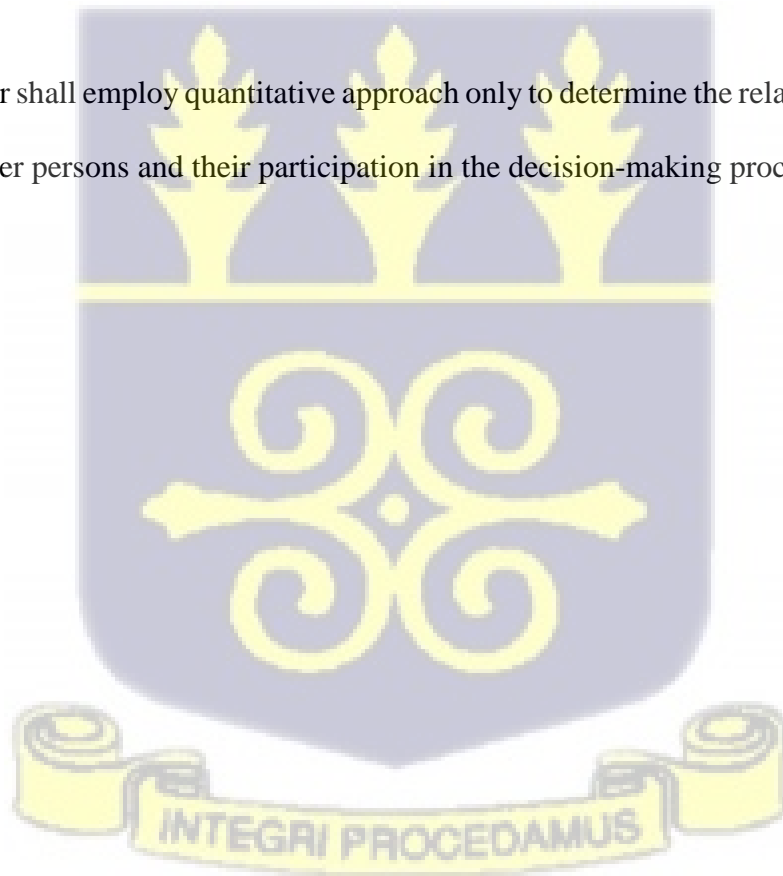
conscious and goal-directed one. Kuutti (1996, p6) described it as “doing in order to transform something”. This is restated by Vygotsky (1978) as *who is doing what for what purpose?* Both the qualitative and quantitative phases of the study have generated information on the goal for the participation in the decision-making process by the older persons. The qualitative phase indicated it broadly as enriching lives, including that of the older persons, protection of family and community property and promotion of peace and unity in the community. These impact indicators are both objective and subjective in nature and therefore addresses the limitation identified in the problem statement of this study with the use of only objective approach for the measurement of well-being or quality of life in Ghana, excluding key social and cultural indicators as enumerated by the older persons.

The above outcome of the study confirms the WHO assertion in the literature review section of this study that active ageing which among others involves participation enhances the quality of life of an individual at old age (WHO, 2002). That the perceived positive impact of participation in the decision-making process is not only for the benefit of the older persons involved but also the members of the larger community confirmed Sen (2000 & 2001) assertion that participation is a development issue and fundamental to human well-being. This assertion has also been suggested in earlier sections of this study report by Duodu (2018) and Gans-Lartey (2018) as key to national development and important for democratic decision-making on issues that directly or indirectly affect people’s socio-economic well-being. The report provides evidence for the fact that the positive outcomes and benefits of participation are varied and the older persons involved do not reap its benefits alone, but the society at large (Clary et al., 1998). And the fact that older persons are still motivated to participate in the decision-making process even though they do not reap its benefits alone has been attributed to a positive attitude on their part (Sanbonmatsu and Fazio, 1990).

5.4 Conclusion

The chapter has explained the factors of influence while older persons are in the process of participating in the decision making process, as well as the contexts and levels of their participation in the process. the Family and community participation has dominated in all the varied dynamics of the participation activities. Gender discrimination against women has been identified as a cross-cutting and universal phenomena to be addressed to ensure equal opportunities for both men and women in the decision-making process. The older persons have also made known the fact that they are not only looking for their welfare but also and mainly that of family and community members in their participation in the decision-making process.

The next chapter shall employ quantitative approach only to determine the relationship between the SWB of older persons and their participation in the decision-making process.



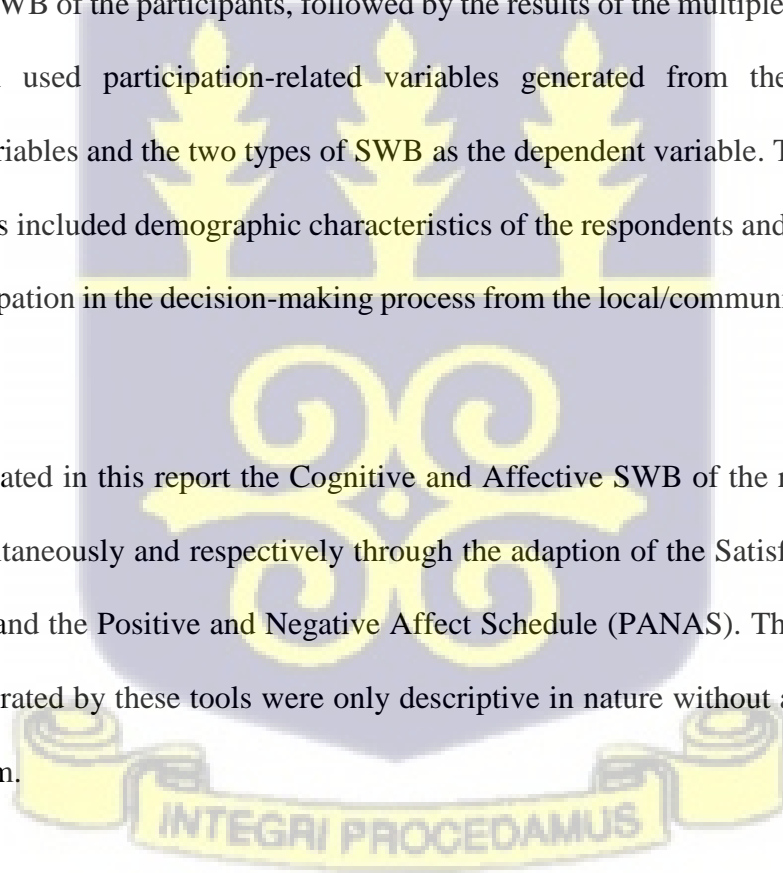
CHAPTER SIX

THE LINK BETWEEN SUBJECTIVE WELL-BEING OF OLDER PERSONS AND THEIR PARTICIPATION IN THE DECISION-MAKING PROCESS

6.1 Introduction

The chapter set out to answer the last question for the quantitative phase of the study, which is to determine the relationship between SWB and the participation of older persons in the decision-making process. The report first presented the descriptive statistics of the Cognitive and Affective SWB of the participants, followed by the results of the multiple linear regression analysis which used participation-related variables generated from the study data as independent variables and the two types of SWB as the dependent variable. The participation-related variables included demographic characteristics of the respondents and the contexts and levels of participation in the decision-making process from the local/community to the national level.

As earlier indicated in this report the Cognitive and Affective SWB of the respondents were measured simultaneously and respectively through the adaption of the Satisfaction With Life Scale (SWLS) and the Positive and Negative Affect Schedule (PANAS). The presentation of the results generated by these tools were only descriptive in nature without any further detail analysis on them.



6.2 Findings

6.2.1 Cognitive Subjective Well-Being: Description

The SWLS used for the measurement of Cognitive Subjective Well-Being of respondents had a scale of 1 (one) to 7 (seven) for the respondents to indicate agreement with each of the five statements on the scale. By summing up the score recorded, six levels of Cognitive Subjective Well-Being were established. These were

- a) 5 to 9 which represented Extremely Dissatisfied
- b) 10 to 14 which represented Dissatisfied
- c) 15 to 19 which represented Slightly Dissatisfied
- d) 20 which represented Neutral
- e) 21 to 25 which represented Slightly Satisfied
- f) 26 to 30 which represented Satisfied
- g) 31 to 35 which represented Extremely Satisfied

Table 6.1 shows the Cognitive Subjective Well-Being of the respondents. The number of respondents who fall within the category of Extreme Dissatisfaction (6.43 per cent) is relatively higher than those who fall within the Extreme Satisfaction category (2.57 per cent). By summing up all the respondents who fall within a Satisfied category including the Extremely Satisfied (below the Neutral category) gives a total of 182 respondents (46.79 per cent) which is higher by one respondent (0.26 per cent) than the respondents who fall within the Dissatisfied category (above the Neutral category) at 181 (46.53 per cent). One may therefore conclude that by accounting for the respondents whose level of satisfaction is Neutral, almost the same

number of respondents are either Satisfied or Dissatisfied in their Cognitive Subjective Well-Being.

Table 6.1 Cognitive Subjective Well-Being by Sex

Cognitive SWB	Male	Female	Total
Extremely Dissatisfied	8	17	25
<i>Row Percentage</i>	32.00%	68.00%	100%
<i>Column Percentage</i>	6.15%	6.56%	
<i>Cell Percentage</i>	2.06%	4.37%	6.43%
Dissatisfied	22	42	64
<i>Row Percentage</i>	34.38%	65.62%	100%
<i>Column Percentage</i>	16.92%	16.22%	
<i>Cell Percentage</i>	5.65%	10.80%	16.45%
Slightly Dissatisfied	24	68	92
<i>Row Percentage</i>	26.09%	73.91%	100%
<i>Column Percentage</i>	18.46%	26.25%	
<i>Cell Percentage</i>	6.17%	17.48%	23.65%
Neutral	11	15	26
<i>Row Percentage</i>	42.31%	57.69%	100%
<i>Column Percentage</i>	8.46%	5.79%	
<i>Cell Percentage</i>	2.83%	3.86%	6.69%
Slightly Satisfied	38	79	117
<i>Row Percentage</i>	32.48%	67.52%	100%
<i>Column Percentage</i>	29.23%	30.50%	
<i>Cell Percentage</i>	9.77%	20.31	30.08%
Satisfied	21	34	55
<i>Row Percentage</i>	38.18%	61.82%	100%
<i>Column Percentage</i>	16.15%	13.13%	
<i>Cell Percentage</i>	5.40%	8.74%	14.14%
Extremely Satisfied	6	4	10
<i>Row Percentage</i>	60%	40%	100%
<i>Column Percentage</i>	4.62%	1.54%	
<i>Cell Percentage</i>	1.54%	1.03%	2.57%
Total	130	259	389
<i>Cell Percentage</i>	33.42%	66.58%	100%

Source: Field data from two districts, August, 2019.

It is also observed from Table 6.1 that greater number of females are Extremely Dissatisfied than Extremely Satisfied. It is 17 females (4.37 per cent of total respondents) as against eight (2.06 per cent of total respondents) for men in the Extremely Dissatisfied category. The reverse

is however the case for the Extremely Satisfied category which shows four females (1.03 per cent of total respondents) as against six males (1.54 per cent of total respondents). Putting these two extreme scenarios aside, the trend is still the same for the Dissatisfied and Satisfied categories with 49.03 per cent of total number of female respondents falling within the category of Dissatisfied and 45.17 per cent falling within the Satisfied categories. The situation is different for the men who recorded 41.53 per cent and 50 per cent of total respondents for the Dissatisfied and Satisfied categories respectively. In other words more males are Satisfied in Cognitive term than females whereas more females are Dissatisfied in Cognitive term than males in this study.

6.2.2 Affective Subjective Well-Being: Description

The PANAS was used to measure the Affective Subjective Well-Being of the respondents. It had 10 words each for positive and negative feelings and emotions, and each respondent indicated his or her feelings and emotions by using a scale of 1 (one) to 5 (five). The scoring was computed by separately adding all the 10 Positive Affect Scores and also the 10 Negative Affect Scores. Scores ranged from 10 to 50 with higher scores representing relatively higher Positive or higher Negative Affect. The scores were categorized into three for the purpose of constructing Tables 6.2 and 6.3 only. These were Positive and Negative Affects Scores at the average of 25, below the average and above the average.

6.2.2.1 Positive Affect Subjective Well-Being

Table 6.2 shows the respondents score for Positive Affect. The below-average Positive Affect Score ranges from 16 to 24 in six occurrences. The difference in range is eight. The above-

average Positive Affect ranges from 26 to 49 in 20 occurrences, a difference in range of 23. The average Score is 25. The summation of the six below-average occurrences gives a total of 24 respondents made up of seven males and 17 females. This is 5.38 per cent (column percentage) of the male respondents and 6.56 per cent of the female respondents. This translates into 1.80 per cent (cell percentage) of the male respondents and 4.37 per cent of the female respondents to the total number of respondents. It indicates a female dominance in this below-average category of Positive Affect SWB.

Table 6.2 Positive Affect Subjective Well-Being by Sex

Positive Affect SWB Score	Male	Female	Total
Below Average Score (16 to 24)	7	17	24
<i>Row Percentage</i>	29.17%	70.83%	100%
<i>Column Percentage</i>	5.38%	6.56%	
<i>Cell Percentage</i>	1.80%	4.37	6.17%
Average Score (25)	2	4	6
<i>Row Percentage</i>	33.33%	66.67%	100%
<i>Column Percentage</i>	1.54%	1.54%	
<i>Cell Percentage</i>	0.51%	1.03%	1.54%
Above Average Score (26 to 49)	121	238	359
<i>Row Percentage</i>	33.70%	66.30%	100%
<i>Column Percentage</i>	93.08%	91.89%	
<i>Cell Percentage</i>	31.11%	66.30%	92.29%
Total	130	259	389
<i>Cell Percentage</i>	33.42%	66.58%	100%

Source: Field data from two districts, August, 2019.

Table 6.2 again shows a female dominance in the above-average Positive Affect Score at 121 males and 238 females. It indicates that a total of 24 respondents (6.17 per cent of total respondents) fall within the below-average category while 359 respondents (92.29 per cent of total respondents) fall within the above-average category. This category, even though dominated by females at 66.30 per cent of total respondents as against 31.11 per cent of males,

the column percentages indicate that it is actually dominated by males at 93.08 per cent against 91.89 per cent for females. In other words, while the female respondents dominate the below-average Positive Affect Subjective Well-Being, the males dominate the above-average category.

6.2.2.2 Negative Affect Subjective Well-Being

Table 6.3 shows the Negative Affect Subjective Well-Being in the three categories as stated for the Positive Affect scores. In accordance with the results shown in Table 6.2, majority of the respondents fall within the below-average category with a total of 341 respondents (87.65 per cent of total respondents) and 34 respondents within the above-average category. The below-average Negative Affect Subjective Well-Being in Table 6.3 is 18 respondents short of the total number of 359 who fall within the above-average category in the Positive Affect SWB.

Table 6.3 Negative Affect Subjective Well-Being by Sex

Negative Affect SWB Score	Male	Female	Total
Below Average Score (10 to 24)	114	227	341
<i>Row Percentage</i>	33.43%	66.57%	100%
<i>Column Percentage</i>	87.69%	87.64%	
<i>Cell Percentage</i>	29.30%	58.35%	87.65%
Average Score (25)	5	9	14
<i>Row Percentage</i>	35.71%	64.29%	100%
<i>Column Percentage</i>	3.85%	3.47%	
<i>Cell Percentage</i>	1.29%	2.31%	3.60%
Above Average Score (26 to 45)	11	23	34
<i>Row Percentage</i>	32.35%	67.65%	100%
<i>Column Percentage</i>	8.46%	8.88%	
<i>Cell Percentage</i>	2.83%	5.91%	8.74%
Total	130	259	389
<i>Cell Percentage</i>	33.42%	66.58%	100%

Source: Field data from two districts, August, 2019.

6.2.2.3 Balance Affect Subjective Well-Being

Table 6.4 which is labelled as Balance Affect Subjective Well-Being gives the picture of the two Affective SWB when the negative affect score is deducted from the positive affect score of each respondent. It indicates that five respondents made up of two males and three females recorded the same scores for both and therefore categorized in the table as No Affect. 371 (95 per cent) out of the total respondents of 389 recorded positive scores which were higher than the negative scores and this is categorized as Positive Affect Balance. This is dominated in column percentage by males at 96.92 per cent against a female column percentage of 94.59 per cent. 13 respondents (3.34 per cent) from the total of 389 fall within the Negative Affect Balance but this time dominated by females at a column percentage of 4.25 per cent as against 1.54 per cent for male respondents.

Table 6.4 Balance Affect Subjective Well-Being by Sex

Negative Affect SWB Score	Male	Female	Total
No Affect	2	3	5
<i>Row Percentage</i>	40%	60%	100%
<i>Column Percentage</i>	1.54%	1.16%	
<i>Cell Percentage</i>	0.51%	0.78%	1.29%
Positive Affect Balance	126	245	371
<i>Row Percentage</i>	33.96%	66.04%	100%
<i>Column Percentage</i>	96.92%	94.59%	
<i>Cell Percentage</i>	32.39%	62.98%	95.37%
Negative Affect Balance	2	11	13
<i>Row Percentage</i>	15.38%	84.62%	100%
<i>Column Percentage</i>	1.54%	4.25%	
<i>Cell Percentage</i>	0.51%	2.83%	3.34%
Total	130	259	389
<i>Cell Percentage</i>	33.42%	66.58%	100%

Source: Field data from two districts, August, 2019.

6.3 The Link Between Subjective Well-Being and Participation in Decision-Making Process: A Regression Analysis

Variables of participation were used as independent variables for multiple linear regression analysis on the Cognitive and Affective Subjective Well-Being of the 389 respondents of the study. Separate regressions were undertaken for the Positive Affective Subjective Well-Being and the Negative Affect Subjective Well-Being. A key indicator for the suitability of the regression analysis was the **p-Value** which was pegged at 95 per cent confidence level which translates into 5 per cent significance level, and this represents the risk of concluding that an association exists when there is no real association. A **p-Value** of less or equal to 0.05 for an independent variable means that variable is statistically significant in its relationship or linkage or association with the relevant type of Subjective Well-Being of the respondents. Another indicator of the model was the R-Squared (R^2) which ranges between 0 and 100 and which quantified the model performance. The higher the R^2 value the stronger the model in explaining variations in the dependent variable, in this case SWB of older persons.

6.3.1 Cognitive Subjective Well-Being

Table 6.5 shows the result of the multiple linear regression with Cognitive Subjective Well-Being as the dependent variable and the variables of participation as the independent variables. The independent variables were added or taken out of the regression model based on the positive changes observed in the R-Squared and Adjusted R-Squared. The highest of these indicators attained was considered fit for the model.

The table shows four personality variables and one contextual variable as significant to the Cognitive Subjective Well-Being of the respondents. The personality variables are geographical location of the respondents recorded as the research district and community, religion and marital status of the respondents. The contextual variable of significant in the regression is cultural beliefs and values. The strength of the relationship between these variables and Cognitive Subjective Well-Being is revealed in the co-efficient values of the each of the variables in column two of the regression table. The **p-values** in the fifth column indicate the rank in significance for each variable. Taking the **p-values**, in three decimal places into consideration, it is observed that the most significant of the variables associated with the Cognitive Subjective Well-Being of the respondents in a descending order are marriage, research community, research district, cultural beliefs and values and religious belief. With the exception of the research community variable, all the other four are positively related to the Cognitive Subjective Well-Being of the respondents. The one with the strongest association to Cognitive Subjective Well-Being is research community at 75 per cent and the least association strength is for religion at 15.27 per cent.

The R-squared value of 0.6902 is an indication that the 11 independent variables used in the regression could account for 69 per cent (to two decimal places) of any variations in the Cognitive Subjective Well-Being of respondents irrespective of the fact that only five were significant in their association with the dependent variable.



Table 6.5 Result of Multiple Linear Regression for Cognitive Subjective Well-Being and Participation in Decision-Making

variables	Coef.	Std. Err.	t	p-value	[95% Conf. Interval]	
Research District	.7547846	.2532112	2.98	0.003	.2569015	1.252668
Research Community	-.1606751	.0514178	-3.12	0.002	-.2617767	-.0595735
Sex	-.1059776	.1183774	-0.90	0.371	-.3387403	.1267851
Old Age (Qualification)	.0029582	.0123777	0.24	0.811	-.0213798	.0272961
Age Group	-.0488896	.1776638	-0.28	0.783	-.3982257	.3004465
Religion	.1526615	.0757756	2.01	0.045	.0036656	.3016573
Marital Status (Married)	1.560151	.066613	23.42	<0.001	1.429172	1.691131
Highest Educational Level	-.0170044	.0311992	-0.55	0.586	-.0783506	.0443419
Cultural Beliefs and Values	.0514247	.0217129	2.37	0.018	.0087312	.0941182
Personal Interest	-.0937539	.3181774	-0.29	0.768	-.7193786	.5318708
Civic Participation	-.1269674	.5072732	-0.25	0.802	-1.124407	.870472
_cons	-.9920855	.7721393	-1.28	0.200	-2.510325	.5261539
R^2	0.6902					
Adjusted R^2	0.6812					
F	76.37			<0.001		

Source: Field data from two districts, August, 2019.

6.3.2 Positive Affect Subjective Well-Being

Table 6.6 indicates that only the contextual variable of traditional status/authority out of the total of 12 independent variables used in the regression model is statistically significant at a **p-value** of 0.003 in association with Positive Affect Subjective Well-Being of the 389 respondents. The strength of this relation is positive at a coefficient rate of 46.78 per cent. The variables in the regression model could just explain 5.51 per cent of the model as indicated by the R-squared value.

Table 6.6 Result of Multiple Linear Regression for Positive Affect Subjective Well-Being and Participation in Decision-Making

Variables	Coef.	Std. Err.	t	p-value	[95% Conf. Interval]	
Performance of Traditional Rites (Specific Family Activity)	-.2171101	.2021041	-1.07	0.283	-.6145095	.1802893
Civic Activity	-.0456339	.0356638	-1.28	0.201	-.1157599	.0244921
Proximity to Meeting Venue	.0346307	.0566869	0.61	0.542	-.0768334	.1460948
Sex (Female)	.0411724	.0594823	0.69	0.489	-.0757882	.158133
Highest Level of Education	.0217229	.0154059	1.41	0.159	-.0085699	.0520157
Average Monthly Income	.006678	.0241871	0.28	0.783	-.0408814	.0542373
Policy Framework	.0291566	.0278166	1.05	0.295	-.0255393	.0838526
Season/Time Period	-.039489	.0259672	-1.52	0.129	-.0905487	.0115706
Local/Community Level of Participation	-.0409164	.0562566	-0.73	0.467	-.1515344	.0697015
Old Age (Qualification)	.2151405	.1287115	1.67	0.095	-.0379463	.4682273
Traditional Status/Authority	.4678526	.1545539	3.03	0.003	.1639518	.7717534
Knowledge/expertise on Subject Matter	.0052876	.0096646	0.55	0.585	-.0137159	.0242912
_cons	.9067657	.1240848	7.31	0.000	.6627765	1.150755
R ²	0.0551					
Adjusted R ²	0.0248					
F	1.82			0.0432		

6.3.3 Negative Affect Subjective Well-Being

Table 6.7 depicts the results of the regression analysis for Negative Affect Subjective Well-Being and the variables of participation of older persons in the decision-making process. Unlike the Positive Affect Subjective Well-Being which indicated a relationship with a contextual variable, the Negative Affect Subjective Well-Being indicates a relationship with personality or demographic variables of sex (female) and average monthly income of the respondents. The relationship is stronger with sex (female) at 81 per cent but 10 per cent with average monthly

income. The variables used for the analysis could only explain 17.21 per cent of the model, of course higher than that for the Positive Affect Subjective Well-Being and as depicted by the R-Squared.

Table 6.7 Result of Multiple Linear Regression for Negative Affect SWB and Participation in Decision-Making

Variables	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
Performance of Traditional Rites (Specific Family Activity)	-.5003728	.4003174	-1.25	0.212	-1.287521	.2867754
Civic Activity	.0418773	.0706409	0.59	0.554	-.0970247	.1807793
Proximity to Meeting Venue	-.2043922	.1122825	-1.82	0.070	-.4251744	.0163901
Sex (Female)	.8064847	.1178194	6.85	0.000**	.5748152	1.038154
Highest Level of Education	-.0320067	.0305152	-1.05	0.295	-.0920091	.0279957
Average Monthly Income	-.1045022	.0479086	-2.18	0.030**	-.1987053	-.0102991
Policy Framework	.1060005	.0550976	1.92	0.055	-.0023384	.2143395
Season/Time Period	.0572829	.0514345	1.11	0.266	-.0438533	.1584192
Local/Community Level of Participation	-.1305664	.1114302	-1.17	0.242	-.3496728	.08854
Old Age (Qualification)	.2062809	.2549451	0.81	0.419	-.2950203	.7075821
Traditional Status/Authority	-.0775099	.3061323	-0.25	0.800	-.6794609	.5244411
Knowledge/expertise on Subject Matter	-.0161961	.0191431	-0.85	0.398	-.0538373	.0214452
_cons	1.848509	.2457808	7.52	0.000	1.365228	2.33179
R ²	0.1721					
Adjusted R ²	0.1456					

6.4 Discussion

Discussion at this section of the study report shall avoid causal inferences to the variables of significance because the study was not set out to determine the cause and effect of the independent variables on the dependent variable of Subjective Well-Being. It rather and only seeks evidence of a relationship between Subjective Well-Being and the activity of participation in the decision-making process by older persons. The values of interest therefore are the **p-Value** and the coefficient of the variables of significant at 95 per cent confidence level.

The Activity Theory which underpins this study suggests a positive relationship between engaging in an activity and increase in feelings of self-worth, pleasure and life satisfaction, termed in this study as Subjective Well-Being. The fact that the results of all the three multiple linear regressions depicted a largely positive relation between any of the three types of Subjective Well-Being and a variable of participation gives an indication that engaging in an activity increases the quality of life of the individual involved. This also confirms the relationship established in the conceptual framework of the study which indicates that the deed of participation shall produce a positive Subjective Well-Being outcome.

Some empirical studies, as earlier cited in this study report have observed different associates to different components of Subjective Well-Being. While the overall results of the regression analysis confirm the expected relationship, the p-values of some of the independent variables of significance are at variant with what has been established in the literature. Cognitive Subjective Well-Being has been observed to be more closely associated with contextual variables while Affective Subjective Well-Being is more closely associated with personality variables (Schimmack, Schupp & Wagner, 2008). The literature however did not specify the number of each category of the defined variables to be associated with a type of Subjective

Well-Being. The results as presented in tables 6.5, 6.6 and 6.7 indicate that apart from the Negative Affect Subjective Well-Being, the Positive Affect and the Cognitive Subjective Well-Being have opposite characters of independent variables of significant. The Cognitive Subjective Well-Being is associated with more personality variables instead of the expected contextual variables. The Positive Affect Subjective Well-Being has only one variable of significance but that is contextual against the established literature trend of personality variables. The demographic and socio-economic variables such as age, gender, marital status, income and level of education which have been noted as important explanatory factors of Subjective Well-Being are, even though included in the regression model, did not show much significant influence. It must be noted that the regression results however confirmed geographical location (study community and district) as one of the significant categories for Cognitive Subjective Well-Being, among the seven broad general categorisation of determinant variables for Subjective Well-Being put forward by Das et al (2020).

Research in the Ghanaian context and other jurisdictions did not give much information on the relationship between Subjective Well-Being and participation in decision-making. For example Calys-Tagoe, et al., (2014) focused on Subjective Well-Being and Older Ghanaians, Cultural Orientation and Marriage. Others were on Marriage and Subjective Well-being in Ghana (Addai, Opoku-Agyeman, & Amanfu, 2015) and Cultural Orientation and Subjective Well-Being (Owusu-Ansah, 2004). This confirms the statement of problem which indicated that there is relative scarcity of research findings on the topic for this study and also justified the exploratory approach adopted for the study. Also of interest in this section of the report is the literature which indicate that not all activities yield significant positive effects on the well-being of an individual particularly when personal and societal conditions are not conducive for the purpose (Roy & Russell, 2005; Rowe & Kahn, 1997). Participation as the only activity of

interest could have also influenced the number of variables of significance and the relatively lower strength of the relationship.



CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATION

7.1 Introduction

The study was set up to explore the link between SWB and the participation of older persons in the decision-making process. It adopted a sequential exploratory mixed method approach to gather primary data from older persons, defined chronologically as people who were sixty years and above in the Shai Osudoku and Ga West Districts in the Greater Accra Region of Ghana. The first phase was a qualitative study which engaged 67 respondents, consisting of 39 males and 28 females in FGD and IDI in all eight research communities. The second phase was a quantitative study in all the communities and involved 389 respondents made up of 130 males and 259 females. Pre-coded questionnaire was employed to gather information on the demographic characteristics of the respondents, as well as information on their participation in the decision-making process. The SWLS and PANAS were adapted to collect information on the cognitive and affective Subjective Well-Being of all the 389 respondents.

The summary findings, conclusions and recommendations are presented as below. The chapter ends with information on the contributions made by the study to knowledge and policy development in Ghana.



7.2 Summary Findings

7.2.1 *Objective One - The Customary Environment for Opportunities and Limitations for Participation of Older persons in the Decision-Making Process*

The objective seeks to identify all pull (opportunities) and push (limitations) factors encountered by older persons in their attempt to participate in the decision-making process in the Ghanaian context, including any beliefs, values and policies which promote these factors.

The qualitative phase of the study recorded five opportunities and eleven limitations to the participation of older persons in the decision-making process. Traditional status and leadership positions, as well as the performance of traditional and religious rites were discovered as the two main drivers for the participation of older persons in decision-making particularly at the family and community levels. Puberty rite particularly in the Shai Osudoku District was identified as one of the rites which created opportunities for participation in the family and community. The above two major opportunities were however discovered not to be that exclusive to older persons because they could also be conferred on other members of the family and community, including relatively younger people. Two other factors which were identified mainly by male respondents as providing opportunities for participation were life experience and adequate knowledge of oral history as well as knowledge on issues on which decisions are to be taken. These two were considered key without which one could lose participation opportunities, particularly if not conferred with a traditional authority. Policy frameworks, including the 1992 constitution and the Local Government Act, 2016 were also captured as providing limited but non-exclusive opportunities for the participation of older persons in decision-making processes at different levels though these were not being fully implemented by the relevant state institutions and agencies. This policy framework-related opportunities

were however solely raised by staff of government institutions and agencies in the district and national levels. A quite revealing part of the findings of the qualitative study was the fact that some older persons voluntarily do not take advantage of the opportunities presented to them to participate in the decision-making process due to their religious beliefs and mistrust of local government institutions and politicians. Added to the above two factors were the lack of feedback and the use of the English language as a medium of expression at decision-making events organised by these institutions. This group of older persons had developed apathy towards the process of participation and were not concerned about its potential benefits, including improvement of the quality of their lives.

Family and community conflicts, poverty and gender discrimination were major limitations to the participation of older persons in the decision-making process particularly in the family and community. Older women were particular about the fact that these limitations they were confronted with were more orchestrated by men for the sole purpose of excluding them from participating in decision-making for their parochial interests, including financial gains by the men and that they were not related to their ability and capacity for effective and full participation in the decision-making process. Poverty, described mainly as the lack of cash was identified to have made some older persons unable to finance their participation in the decision-making process and as a result courted disrespect for their views especially by the well-to-do youth during engagements for decision-making.

The quantitative study recorded eight opportunities with cultural beliefs and values being the most subscribed to items by both males and females. Quite revealing that unlike in the qualitative study, 34 respondents of the quantitative study who were mostly females were of the belief that there were no identified opportunities for the participation of older persons in the decision-making process. Quite revealing again was the fact that 220 respondents (56.55

per cent) out of the total respondents of 389 older persons could also not identify a limitation to the participation of older persons in the decision-making process. But even more revealing was the fact that the remaining 169 respondents (43.45 per cent) identified ten limitations to the participation of older persons in the decision-making process. This was more than the eight opportunities identified by the 355 (91.26 per cent) of the same respondents in the quantitative study. Gender discrimination against women and poverty were again identified by majority of the female respondent in the quantitative study as a limitation to their participation, making it a cross-cutting issue in both the qualitative and quantitative studies.

The findings of the study under this objective was in consonant with its conceptual framework which indicated that the object (deed) which is the participation in the decision-making process by older persons (subject) shall be influenced by some factors, classified here into opportunities and limitations.

7.2.2 Objective Two - The Socio-Cultural Factors that Affect the Partricipation of Older persons in Decision-Making from the Community to the National Level

The above objective delved into the prevailing environment within which older persons participate in the decision-making process. There was consensus that men were more involved and presided over decision-making events than women. Apart from the family and community decision-making engagements a few of the respondents identified civic and civil engagements in the community and to a lesser extent at the district level as decision-making opportunities they took advantage of though not very often. Mention was made of political engagements which occur in a four-year cycle as a civic activity which involved interested older persons. Other few older men were reported to be serving on school management boards and project

implementation committees in the community. Other respondents were also involved in voluntary charity works with some Churches in the community.

Gender discrimination came up again as a serious barrier to the involvement of women in the decision-making process. The women were emphatic that it was an intentional act by men to victimise women who were vocal and forceful in their submissions at family and community meetings and who refused to be cowed by the men. It came in the form of selective invitations to the meetings and very late changes to the schedules for the meetings by the men in-charge purposely to cause inconveniences to the identified and targeted women and by so doing discourage them from participation.

Some older persons asserted during the qualitative phase of the study that they just do not participate in the decision-making process but also contribute financial resources levied on all to get the decisions implemented. Their children sometimes came to their aid if they were unable to pay these levies.

The qualitative study gathered that the available opportunities alone could not fully guarantee participation of older persons in the decision-making process. Integrity and perceived wisdom of older persons, as well as the beliefs and values systems of the society were the main drivers. Older women, particularly in the Ga West district also pointed to financial empowerment as key influence in their participation in the family decision-making process.

It was discovered that the main reason for the participation of older persons in the decision-making process was to enrich the lives of their children, grand-children and members of the larger community. Older persons were not lost on the positive outcomes of their participation in the decision-making process which included promotion of peace and unity among family and community members and construction of physical development structures. They however

expressed regret that modern governance structures and officials have taken up some of the key roles they play in the decision-making process, particularly the one on dispute and conflict resolution and that had reduced their influence in the society.

IDI revealed that the district assemblies in the study areas have no systems and structures in place to create direct participation opportunities for older persons and those for regional and national levels of participation were almost non-existence. The observation of officials of the district assembly in the Shai Osudoku district was that older persons's refusal to stand for elected positions in the district governance system with the reason of lower physical strength had contributed to their low participation in decision-making in local government and the resultant dominance of the youth in the process. There had been engagements by the district assemblies with very few selected communities for inputs into development plans including annual budgets as dictated by the Local Government Act, 2016 and the guideline of the NDPC for the development of the medium-term development plan by district assemblies. But these engagements had been inadequate due mainly to the lack of sufficient financial and human resources for the purpose.

Local government officials were of the opinion that facilitating the effective participation of older persons in the decision-making process at the district level would ensure full utilisation of development projects, including physical structures constructed in the communities.

The quantitative study under this objective delved into the levels and contexts of the participation of older persons in the decision-making process. It revealed that while all the 389 respondents for the quantitative study had participated in decision-making at the local level which included the family and community, only 15 and one respondent had participated in the process at the district and regional levels respectively. None had ever participated directly in

the process at the national level. The family and community ranked first in the participation context with all the 389 respondents involved. This was followed by civic engagement context of participation with 46 respondents and civil society engagement with 31 respondents.

The conceptual framework for the study indicated in its middle rectangular box the variables of interest in the participation process. These were adequately captured under this objective.

7.2.3 Objective Three - The Link between Subjective Well-Being of Older persons and Their Participation in the Decision-Making Process

The SWLS and the PANAS tools were used for the measurement of cognitive and affective subjective well-being respectively. The descriptive statistics on the cognitive subjective well-being of respondents indicated that more males were Satisfied in Cognitive terms than females, whereas more females were Dissatisfied in Cognitive terms than males. For the positive affect subjective well-being category there were more males in the above-average category while females dominated the below-average positive affect subjective well-being. The negative affect subjective well-being category showed less than one percentage point difference in the two categories with females dominating the above-average category while males dominated the below-average negative affect category.

Multiple linear regression analysis to establish the link between subjective well-being and participation in decision-making yielded results which were either agreeable to existing literature or otherwise. Whereas the independent variables of participation relating to personality, context and level of participation could explained 69 per cent of the regression model for the cognitive subjective well-being, that of the affective subjective well-being could explain less than thirty per cent of the model, both at 95 per cent confidence level. The cognitive

subjective well-being was influenced more by personality variables while that of the affective had almost equal numbers of both personality and contextual participation independent variables. The relationship between subjective well-being and these variables was either positive or negative for the different variables. In other words the regression analysis indicated a relationship between subjective well-being and the participation of older persons in the decision-making process except that the variables of significance were mostly varied for each type of subjective well-being and the strength of the same variable of significance was also varied from one type of subjective well-being to the other.

7.3 Conclusion

The chronological age of sixty years and above which defined the participants in the study was not an exclusive opportunity or right for participation in the decision-making process without the influence of other factors such as cultural beliefs and values, perceived life experience and knowledge and expertise. In other words it was regarded more as a qualification to be justified with other associated positive factors. This was quite revealing in the sense that the study districts and communities as with many others in Ghana have well-known proverbs and idiomatic expressions which ascribe wisdom, practical life experience and knowledge particularly of oral history to older persons in the society (Adomako, 1999; Atobrah, 2016). They are also largely perceived to be closer to the ancestors and act as their mouth-piece in difficult situations. These positive attributes though have accorded optimal status to older persons, the study revealed that it was those who have distinguished themselves by standards set by the society, beyond their advance chronological age who have a better opportunity to

participate in the decision-making process especially in the family and community (Havighurst, 1961; van der Geest, 2004).

Participation of older persons in the decision-making process occurred in different types/contexts and at different levels but more rooted in the family and community and influenced by available opportunities and constraints for the purpose. It was the types/context, levels and the personalities of the older persons involved in the participation process which largely influenced their subjective well-being. Added to this was the fact that their participation in the process was a goal-directed action as prescribed by the activity theory adapted to guide the study, except that the goal seems more directed to improvement in the quality of life of their family and community members rather than for themselves. This may partly explain the weak link between the affective subjective well-being and the variables of their participation in the decision-making process as an activity. A subjective outcome of building peace and unity in the larger society reinforced a positive attitude and a character of selflessness on the part of the older persons. This is in consonant with a tenet of the activity theory that the relationship between the doer and the deed performed could either be based on an objective or subjective consideration.

Limitations or constraints to the participation of older persons in the decision-making process were more circumstantial and environmental than personal. These were revealed in the ranked prioritised constraints listed in the quantitative study which included family and community disputes and conflicts, poverty and relatively long distances to meeting venues. As revealed in earlier sections of this report chieftaincy and land litigations were the major causes of the disputes and conflicts rather than the older persons as individuals being the cause. Poverty had been identified in the report as a real social phenomena which reflects more the consequences of lack of income than of income per se. It has negative influence on health and social statuses,

among others on the older persons and this had translated into limitations to their effective participation in the decision-making process.

The posture and practice of males, including older men had been a hindrance to the full and effective participation of older women in the decision-making process. This was through the tools of gender discrimination and stigmatization without regard to their capacity and ability, and in sharp contrast to the cultural respect and dignity accorded to older women in many southern Ghana societies. The proverbial “we are going to ask the old lady” (‘wo yaabi yoomo le’ in Ga) which is an indication of a serious consultation with the older woman on a difficult and serious matter under discussion for a decision comes to mind.

Some older persons had personal reasons which had made them opt for voluntary withdrawal from the process of participation in decision-making particularly in the extended family and in the community. This normally had to do with their religious beliefs which they considered were against some religious tenets of cultural practices surrounding some opportunities for participation and also their mistrust and disillusionment in their engagements with some local government officials and politicians.

The link between subjective well-being and the participation of older persons in the decision-making process was not static in the sense that it depended on the type of subjective well-being and different categories of variables of participation, be it personal or contextual. In other words, the measured subjective well-being of the respondents as presented in tabular forms in the report did not largely show evidence of link with the established influential variables of the types and levels of their participation in the decision-making process.

7.4 Recommendation

The study makes the following recommendations in relation to its objectives.

The Local Government Act, 2016 and the guidelines for the development of the medium-term development plans of district assemblies should be amended to create specific opportunities for older persons to effectively participate in the planning process. Additionally, a provision should be made in the amended Act to ensure the representation of older persons on the Social Services Sub-Committee of the district assemblies as an identified vulnerable group. The above shall take into consideration the peculiar situation of older persons as people with dwindling physical strength and largely with lower level of completed years of formal education, especially for older women, which has resulted in lower ability to communicate in English at engagements for decision-making purpose. In other words, ensuring a gender balance participation in the process should be a goal in adjustments made in policy and guidelines. This shall put the country in a positive limelight for implementation of both national and international obligations which include provisions made in the United Nations Political Declaration and Madrid International Plan of Action on Ageing which mandate member states to take “measures to enable the full and equal participation of older persons, in particular *older women*, in decision-making at all levels” (United Nations, 2002, p. 15).

Resource allocation, in whatever form for stakeholder engagements by government agencies in the decision-making process especially at the community and district levels should be adequate to sustain the process and also facilitate the involvement of older persons in the process. This should be especially targeted to the provision of transportation to meeting venues and provision of food for relatively longer periods of engagements. This shall remove the

adverse effect of poverty as a hindrance to travel to meeting venues and the alternative cost in terms of sustenance for a longer period of engagement with the older persons.

The geographical and numerical coverage of older persons for both social insurance and social assistance schemes in the country should be intensified to ensure regular and sustainable income capacity to facilitate their full and effective participation in the decision-making process.

Contribution to Knowledge and Policy Implications

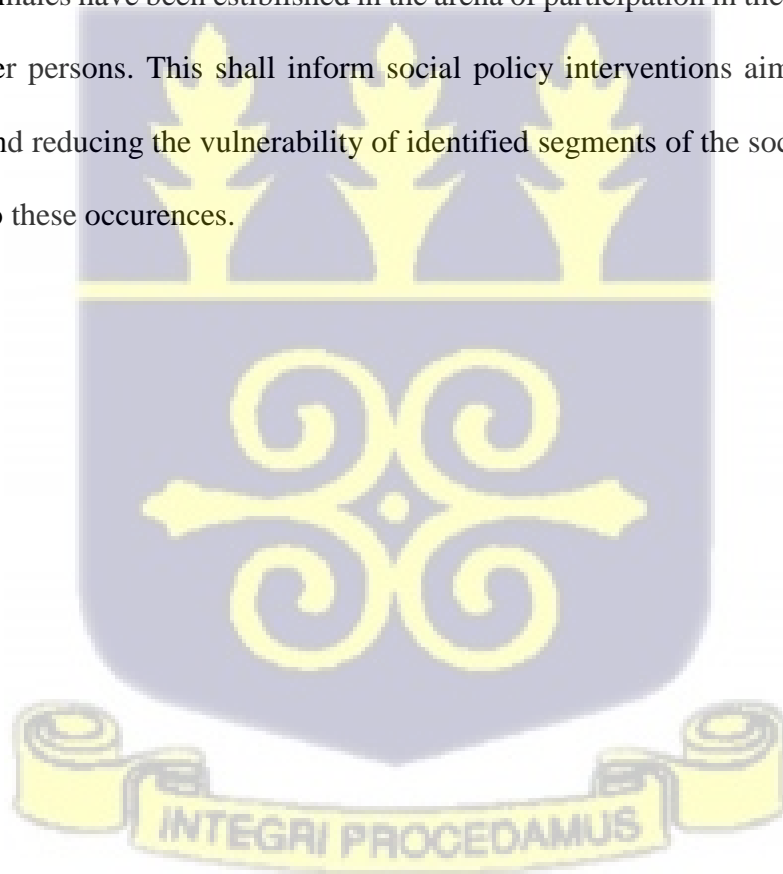
The study has important theoretical implications in that it extended the field of research about the relationship between an activity which was identified in this study as the participation of older persons in decision-making and their SWB in eight communities in two districts in the Greater Accra Region of Ghana. To the best knowledge of the author of this study report, there is little information in the Ghanaian research environment on the relationship between SWB of older persons and their participation in the decision-making process.

The study is going to enrich the theoretical considerations underpinning the activity theory, which is the theoretical foundation of the study and its relationship with the SWB of the individual. It has created an opportunity, by the adoption of the exploratory methodology, for future researches on the subject matter to build on the content of the study report. The possibility of further exploring the study topic in the future with the inclusion of more than one activity and within a wider geographical coverage is feasible.

The study provides information to support the development and review of policies and implementation plans to increase the participation of older persons in the decision-making

process from the local to the national level. A specific policy of interest is the National Ageing policy and its Implementation Action Plan which were approved by Cabinet in 2010 for the Ministry of Gender, Children and Social Protection and which proposes the establishment of a National Ageing Council to coordinate inter-ministerial and agencies activities aimed at improving the quality of life of older persons in Ghana. Other continental and global policies such as the Africa Union and United Nations Policy Frameworks aimed at improving the participation of older persons in the decision-making process and by extension their quality of life shall benefit from the result of this study and from others that it might instigate in the future.

The adverse social impacts of poverty, poor health and inadequate access to formal education especially by females have been established in the arena of participation in the decision-making process by older persons. This shall inform social policy interventions aimed at promoting active ageing and reducing the vulnerability of identified segments of the society, particularly older persons to these occurrences.



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APPENDICES

APPENDIX 1: PRE-CODED QUESTIONNAIRE

UNIVERSITY OF GHANA – COLLEGE OF HUMANITIES

CENTRE FOR SOCIAL POLICY STUDIES

Ph.D SOCIAL POLICY STUDIES

**RESEARCH TOPIC - PARTICIPATION OF OLDER PERSONS IN DECISION-MAKING
IN GHANA AND THEIR SUBJECTIVE WELL-BEING**

QUESTIONNAIRE

Research District:

[1] Shai Osudoku District

[2] Ga West District:

SECTION A: DEMOGRAPHIC CHARACTERISTICS

Respondent's I.D. No.

1. Name (First-Middle-Surname) _____

2. Sex (Please Tick): [1] Male [2] Female

3. Date of Birth (Day/Month/Year) _____ **Or** Age (as at last birth date) _____

4. Age Group⁴ (Please Tick): [1] 60-74yrs [2] 75-84yrs [3] 85+yrs

5. Community of Residence:

A) *Shai Osudoku District:*

[1] Abonya [2] Odumse [3] Asebi [4] Doryumu

B) *Ga West District:*

[5] Sarpeiman [6] Kuntunse [7] Akotoshie [8] Kotoku

⁴ The age brackets adopted are 60 to 74yrs = [1]; 75 to 84yrs = [2]; 85+yrs = [3]

6. Residential Address (House No) _____

7. Ownership of Residence (Please Tick): [1] Own House [2] Family House
[3] Rented [4] Rent-free [5] Other (Specify) _____

8. Ethnicity (Please Tick): [1] Ga⁵ [2] Akan⁶ [3] Ewe [4] Other⁷

9. Home town _____

10. Region of Hometown (Please Tick):

- [1] Greater Accra [2] Central [3] Western [4] Volta
[5] Ahafo [6] Eastern [7] Ashanti [8] Northern
[9] Upper West [10] Upper East [11] Bono [12] Bono East
[13] Oti [14] Savannah [15] North East [16] Western North

11. Religion (Please Tick): [0] No Religion [1] Christianity [2] Islamic
[3] Traditional [4] Other (Specify) _____

12. Marital Status (Please tick): [0] Never Married [1] Separated [2] Married
[3] Co-habitation [4] Widowed [5] Divorced

13. Children (Please Tick): [0] No [1] Yes

14. Sex of Children [1] # Male _____ [2] # Female _____



⁵ This includes the Ga-Adamne Ethnic Group

⁶ This includes the Fante, Guan, Akuapem, Bono and Ahanta

⁷ This represents the Northern Ethnic Groups

16. Highest Level of Education [Years completed] (Please Tick):

	<u>Grade/Certificate Obtained</u>	<u># Years</u>
[0] None	_____	_____
[1] Primary	_____	_____
[2] Middle School	_____	_____
[3] Secondary	_____	_____
[4] Training College	_____	_____
[5] Higher/Tertiary	_____	_____
[6] Other _____	_____	_____

17. Previous Employment Status (Please Tick):

- | | |
|-------------------------------------|----------------------------------|
| [0] No employment | [1] Employee |
| [2] Self-employed without employees | [3] Self-employed with employees |
| [4] Casual worker | [5] Contributing family worker |
| [6] Domestic employee (house help) | [7] Other (Specify) _____ |

18. Previous Employment Sector (Please Tick):

- | | | |
|-----------------------------------|--------------------------------|--------------------|
| [0] No employment | [1] Public | [2] Private Formal |
| [3] Private Informal | [4] Semi-public/Parastatal | |
| [5] Non-governmental Organisation | [6] International Organisation | |

19. Present Employment Status (Please Tick):

- | | | |
|----------------------------------|------------------------------------|-------------------------------------|
| [0] No employment | [1] Employee | [2] Self-employed without employees |
| [3] Self-employed with employees | [4] Casual worker | |
| [5] Contributing family worker | [6] Domestic employee (house help) | |
| [7] Apprentice | [8] Other (Specify) _____ | |

20. Period of Official Retirement from Employment (Please Tick):

- [0] Not retired [1] 1979 -1983 [2] 1984 – 1988 [3] 1989 – 1993
[4] 1994 – 1998 [5] 1999 – 2003 [6] 2004 – 2008 [7] 2009 – 2013
[8] 2014 – 2018 [9] Other (Specify): _____

21. Present Source(s) of Income (Please, tick as many as appropriate)

- [0] No Source [1] Remittance [2] Wage¹¹
[3] Salary¹² [4] Pension [5] Rent
[6] Investment Returns [7] Savings
[8] Social Assistance (e.g. LEAP Cash Transfer) [9] Other(s) (Specify): _____

22. Type of pension earned (Please, tick as many as appropriate):

- [0] No Pension [1] SSNIT Pension [2] Government Pension (CAP
30) [3] Other (Specify): _____

23. Average Monthly Income (Please Tick):

- [0] No income [1] GH¢50 – 100 [2] GH¢101 – 150
[3] GH¢151 – 200 [4] GH¢201 – 250 [5] GH¢251 – 300
[6] GH¢301 – 350 [7] GH¢351 – 400 [8] GH¢401 – 450
[9] GH¢451 – 500 [10] GH¢501+



¹¹ That which is earned and paid on daily basis

¹² That which is earned and paid on weekly or monthly basis

SECTION B: PARTICIPATION IN DECISION-MAKING PROCESS

24. Specific step(s)/process(es) of decision-making participated in the past five years (Please tick as many as appropriate):

- [0] Never participated in decision-making process
- [1] Defining the problem or opportunity
- [2] Specifying goals and objectives
- [3] Generating alternatives
- [4] Analysing alternatives
- [5] Selecting an alternative

25. Context of participation in the decision-making process (Please, tick as many as appropriate):

- [0] None
- [1] Family
- [2] Civic Engagement
- [3] Civil Society Organisation Activities

26. Level of participation in decision-making (Please, tick as many as appropriate):

- [0] None
- [1] Local/Community
- [2] District
- [3] Region
- [4] National

27. Capacity/status of participation in the decision-making process (Please, tick as many as appropriate):

- [0] None
- [1] Personal/Individual (not merit-based)
- [2] Group representation
- [3] Professional (merit-based)
- [4] Traditional authority (Chief/.....)
- [5] Opinion Leader
- [6] Head of family
- [7] Head of household
- [8] Marital status (Specify): _____
- [9] Sex (Male/Female)
- [10] Leadership of group/association
- [11] Other (Specify) _____

28. Motivation for participation in the decision-making process (Please, tick as many as appropriate):

- [0] No motivation [1] Civic responsibility
- [2] Contribute to well-being of others [3] Own political interest
- [4] Own economic interest [5] Social interest [6] Religious belief
- [7] Other (Specify) _____

29. Qualification for participate in the decision-making process (Please, tick as many as appropriate):

- [0] No qualification [1] Education level
- [2] Knowledge/expertise on subject matter [3] Sex (Male/Female)
- [4] Personal interest [5] Group interest [6] Personal Right
- [7] Age (Older person) [8] Status [9] Other(s) (Specify): _____

30. Specific Family decision-making activities involved in (Please, tick as many as appropriate):

- [0] None
- [1] Family headship/traditional office holder (*Tick:* Conflict resolution / administer of family property/ / )
- [2] Counsellor/Advisor [3] Performance of customary rites (*Tick:* Child naming/ funeral / marriage / puberty / widowhood / )
- [4] Other(s) (Specify): _____

31. Specific Civic Engagements/participation activities involved in (Please tick as many as appropriate):

- [0] None
- [1] Membership of interest group (*Tick:* Pensioners Association / )
- [2] Holder of traditional authority (*Tick:* Chief / member of Traditional Council Elders / / )

- [3] Local Government (*Tick:* Assembly member / Unit Committee member /
 / / )
- [4] Member of Community Development Association (*Tick:*
- [5] Holder of Public Office (e.g. District Chief Executive, member of Parliament,
 member of Council of State, member of corporate governance board/trustee)
- [6] Other(s) (Specify): _____

32. Specific Civil Society Organisation participation activities involved in (Please tick as many as appropriate):

- [0] None [1] Volunteerism (e.g. Advocacy, campaign)
- [2] Membership of Charity Organisation (Lions Club / Zonta Club /
 / /
- [3] Membership of Aged Association
- [4] Other(s) (Specify): _____

33. Facilitator(s) of your effective participation (Please tick as many as appropriate):

- [0] None [1] Cultural beliefs and values [2] Legal framework
- [3] Policy framework [4] Geographical location of community
- [5] Season/time/period [6] Experience [7] Good health/Physical strength
- [8] Knowledge/expertise/Merit [9] Other(s) Specify: _____

34. Limitation(s) to your participation in the decision-making process (Please Tick):

- [0] None [1] Inter-community conflict [2] Political affiliation
- [3] Language [4] Long distance [5] Poverty
- [6] Physical disability [7] Sex (Male / Female) [8] Ethnic Group
- [9] Religious belief [10] Other(s) (Specify): _____

I very much appreciate your time in answering the above questions

Thank You.

Name of Interviewer:

.....

Date

Time



APPENDIX 2: MEASUREMENT OF SUBJECTIVE WELL-BEING

I. Satisfaction With Life Scale (Cognitive Subjective Well-being)

Instructions: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item as pertain to you in the past one year by placing the appropriate number on the line preceding that item.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

Scoring:

Sum up scores and use the schedule below as benchmark cut-offs.

- h) 31 - 35 Extremely satisfied
- i) 26 - 30 Satisfied
- j) 21 - 25 Slightly satisfied
- k) 20 Neutral
- l) 15 - 19 Slightly dissatisfied
- m) 10 - 14 Dissatisfied
- n) 5 - 9 Extremely dissatisfied

Source: Ed Diener, Robert A. Emmons, Randy J. Larsen and Sharon Griffin as noted in the 1985 article in the *Journal of Personality Assessment*.

II. The Positive and Negative Affect Schedule (PANAS; Watson et al., 1988)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then list the number from the scale below next to each word.

Indicate to what extent you feel this way right now, that is, at the present moment *OR* indicate the extent you have felt this way over the past one year.

1	2	3	4	5
Very Slightly or Not at All	A Little	Moderately	Quite a Bit	Extremely

- | | |
|-----------------------|----------------------|
| _____ 1. Interested | _____ 11. Irritable |
| _____ 2. Distressed | _____ 12. Alert |
| _____ 3. Excited | _____ 13. Ashamed |
| _____ 4. Upset | _____ 14. Inspired |
| _____ 5. Strong | _____ 15. Nervous |
| _____ 6. Guilty | _____ 16. Determined |
| _____ 7. Scared | _____ 17. Attentive |
| _____ 8. Hostile | _____ 18. Jittery |
| _____ 9. Enthusiastic | _____ 19. Active |
| _____ 10. Proud | _____ 20. Afraid |

Scoring Instructions:

- **Positive Affect Score:** Add the scores on items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19. Scores can range from 10 – 50, with higher scores representing higher levels of positive affect.

Mean Scores: Momentary _ 29.7
(*SD* _ 7.9); Weekly _ 33.3 (*SD* _ 7.2)

- **Negative Affect Score:** Add the scores on items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20. Scores can range from 10 – 50, with lower scores representing lower levels of negative affect.

Mean Score: Momentary _ 14.8
(*SD* _ 5.4); Weekly _ 17.4 (*SD* _ 6.2)

Your scores on the PANAS: Positive: _____ Negative: _____

Copyright © 1988 by the American Psychological Association. Reproduced with permission. The official citation that should be used in referencing this material is Watson, D., Clark, L. A., & Tellegan, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54(6), 1063–1070. _____

I very much appreciate your time in answering the above questions

Thank You.

Name of Interviewer:

.....

Date

Time



APPENDIX 3: INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSION

UNIVERSITY OF GHANA – COLLEGE OF HUMANITIES

CENTRE FOR SOCIAL POLICY STUDIES

Ph.D SOCIAL POLICY STUDIES

**PARTICIPATION OF OLDER PERSONS IN DECISION-MAKING IN GHANA AND
THEIR SUBJECTIVE WELL-BEING**

INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSION

[NB: Bio-data for all respondents] - Name - Sex - Age - Community - District

1. Opportunities for participation in the decision-making process at different levels.
 - (i) Family/community
 - (ii) District
 - (iii) Region
 - (iv) National
2. Specific forms of participation.
 - (i) Family/Community
 - (ii) Civic engagements
 - (iii) Civil/NGO activities
3. Issues/subjects covered during participation in the decision-making.
 - (i) Family/community
 - (ii) District
 - (iii) Region
 - (iv) National
4. Participation Capacity (e.g. personal/representation of group).
5. Mode/how you got involved in the decision-making process (e.g. invitation, voluntary or coerced)
6. Any catalyst for participation. (e.g. Legal framework, donor requirement)
7. Why participate in the decision-making process (Reasons for participation)?
8. Levels of participation and specific activities involved.
 - (i) Local (including family)
 - (ii) District
 - (iii) Region
 - (iv) National

9. In what capacity do you participate in decision-making process? (e.g. Family head, merit/expert).
10. What factors have contributed to make your participation effective?
11. What obstacles/constraints do you face in your participation in the decision-making process?
12. What benefits have been derived from your participation in the decision-making process?
13. Recommendations to promote increased and effective participation of older persons in the decision-making process.
 - (i) Local (including family)
 - (ii) District
 - (iii) Region
 - (iv) National

I very much appreciate your time for this discussion.
Thank You.

Name of Conductor:

.....

Date

Time



APPENDIX 4: INTERVIEW GUIDE FOR IN-DEPTH-INTERVIEW

UNIVERSITY OF GHANA – COLLEGE OF HUMANITIES

CENTRE FOR SOCIAL POLICY STUDIES

Ph.D SOCIAL POLICY STUDIES

**PARTICIPATION OF OLDER PERSONS IN DECISION-MAKING IN GHANA AND
THEIR SUBJECTIVE WELL-BEING**

GUIDE FOR IN-DEPTH INTERVIEW

A) BIO-DATA OF RESPONDENT

1. Name (First/Middle/Surname) _____
2. Sex (Please Tick) [1] Male [2] Female
3. Organisation/institution _____
4. Designation/position _____
5. Community _____
6. District _____

B) KEY ISSUES FOR DISCUSSIONS

7. What policy and legal opportunities are available to older persons to participate in the decision-making process
 - (i) Family/community
 - (ii) District
 - (iii) Region
 - (iv) National
8. What are the specific forms the participation of older persons take in the decision-making process?
9. On what specific issues/subjects are older persons involved in the decision-making process?
10. In what capacity are older persons involved in the decision-making process? (Experts, representatives of groups, voluntary personal, etc.)

11. How are platforms created for their involvement (E.g. By invitation, voluntary or coerced)
12. Any catalyst for their participation (E.g. Legal or donor requirement)
13. Levels of participation and specific activities involved
 - (i) Local (including family)
 - (ii) District
 - (iii) Region
 - (iv) National
14. What are the benefits for older persons's involvement in the decision-making process?
15. What obstacles/constraints do you face in involving older persons in the decision-making process?
16. Recommendation to promote increase and effective participation of older persons in the decision-making process
 - (i) Local (including family)
 - (ii) District
 - (iii) Region
 - (iv) National

I very much appreciate your time for this discussions – Thank You.

Date



APPENDIX 5: RESPONDENT'S INFORMATION AND CONSENT FORM

RESPONDENT'S INFORMATION AND CONSENT

“Participation of Older persons in Decision-making in Ghana and their Subjective Well-being

Researcher's Contact:

Ebenezer Adjetey-Sorsey (Student)

Tel: 0244 517 069

Email: adjeteySORSEY@gmail.com

Greetings,

My name is Ebenezer Adjetey-Sorsey. I am a Ph.D Candidate in Social Policy Studies at the Centre for Social Policy Studies, in the College of Humanities of the University of Ghana, Legon – Accra.

I am in the process of writing my thesis on the above topic and would appreciate it if you would answer the questions in this questionnaire for me. The interview will take a maximum of 45 minutes but you can stop at any time if you feel tired or for any other reasons convenient to you. If you are interested, we will start the discussions now or you can give me a more convenient time to you for me to come back for the interview.

Any information you give in this interview will be treated as confidential and will not be passed on to a third party except for the purposes of this study. I will also not identify you by name in my report.

If you agree with the above, kindly sign or thumb-print against your name in the space provided below.

Thank you for your time.

Name of Respondent

Community

District

Signature/Thumb-print

Date



APPENDIX 6: SOME PICTURES OF FIELDWORK



Researcher conducting In-depth Interview with an Assembly Woman in Ga South District



Fieldworker giving a parcel to a respondent in Ga West District after completion of questionnaire



An older person signing a Consent Form before the start of interview in Shai Osukoku District



Older person engaged with a Fieldworker in the Shai Osudoku District



Researcher engaged in In-Depth Interview in the Shai Osudoku District Assembly

