

The Older Adult Migrant and Support Systems: A Focus on Haatso and Agbogbloshie Yam Markets' Communities in Ghana

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Abstract

Social support is an important resource in old age. However, recent research shows that familial support, which used to be the primary source of care for older adults in Ghana has weakened. Using a qualitative descriptive approach and semistructured interviews, this study explored the nature and sources of social support available to 21 older adults who migrated from the northern part of Ghana to live in Haatso and Agbogbloshie Yam Markets. Findings show that the nature of familial support was mainly material and unstructured, irregular, inadequate, conditional, seasonal, and sometimes completely unavailable. External support systems from the community, religious organizations, nongovernmental organizations, and the government were unavailable, inadequate, or seasonal. The findings underscore the need for families to be educated about the needs of older adults and be empowered to help care for their older relatives.

Keywords

social support, family, older adults, migrants, government

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Introduction

Population aging is a global phenomenon (Feng & Phillips, 2018; United Nations Department of Economic and Social Affairs [UNDESA], 2020). In 2020, the population of older persons (age 65 years and above) was projected around 727 million. This figure is anticipated to double in 2050 as it is estimated to reach nearly 1.5 billion (UNDESA, 2020). It has further been estimated that the population of the older adults in Africa is 74.4 million with 53.4 million residing in sub-Saharan region of Africa of which Ghana

is part of (He, Aboderin, & Adjaye-Gbewonyo, 2020). It has also been predicted that in 2050, 161 million older persons will reside in the region (United Nations, Department of Economic and Social Affairs, Population

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Division, 2016). Population aging has been attributed to improved health care, declining fertility rates, lower infant mortality, and increased life expectancy (World Health Organization [WHO], 2011).

In 2010, the Ghanaian population was estimated to have the highest percentage of persons aged 60 years and above in sub-Saharan Africa, with 7.2% of the population being older adults (Mba, 2010). The 2010 population and housing census in Ghana revealed that in numerical terms, there has been a sevenfold increase in the population of older adults; from 213,471 in 1960 to 1,643,381 in 2010 (Ghana Statistical Service [GSS], 2013). It has been predicted that the 2010 figure would increase to about 2.5 million by 2025, and 6 million by 2050, representing 14% of the total population (Mba, 2010). Such rapid growth of the older adult population in Ghana has implications for their wellbeing.

Old age is associated with diverse emotional, psychological, and health problems (Kpessa-Whyte, 2018). These experiences can negatively affect the older adult's ability to cater for themselves. The presence of a supportive network and the receipt of social support are associated positively with wellbeing and healthy aging among older adults (Zanjari et al., 2022). Social support refers to positive exchange that helps people to stay healthy or cope with adverse life events (Thoits, 2011). These supportive resources may be tangible items, such as financial assistance, or intangible elements, such as personal advice, companionship, and care. Social support can also be formal and informal. In the context of older adult care, formal support may take the form of support given by the government and organizations while informal support could be assistance received from relatives and friends. The presence of social support may reduce the harmful effects of stress associated with aging, and has been found to lower blood pressure (Birditt et al., 2018) and reduce mortality risk in older adults (Fan et al., 2021).

In most part of the world, caring for older adults is predominantly a family affair (Utz et al., 2017). The task of the relatives and

adult children in caring and providing for older adults is encoded in the traditional moral code and enshrined in the proverb "when your elders take care of you while you grow your teeth, you must in turn take care of them while they are losing theirs" (Apt, 1996). In line with the proverb, Ghanaian parents (and adults generally) tend to invest in their children with the expectation that the children will reciprocate when they become adults, by which time the parents might be old and frail. Familial support is so important that it is the first avenue of support for older adults in Ghana, and it is only upon the unavailability of such avenue that older adults seek support from external sources, usually neighbors and friends. The ability of the older adult to successfully cope with the changes in health, income, and social activities depends largely on the support they receive from their relatives (Fan et al., 2021; Zanjari et al., 2022).

Despite the protective effects of familial support, studies have shown that in recent times, older adults within families are no longer assured of the protection, support, and quality of life that could previously be anticipated, and some are left with little or no means of support and care (Alabi & Olonade, 2022; Zelalem et al., 2021). This change has been attributed primarily to the shift from the extended family system to the nuclear family (Dovie, 2019; Owusu & Baidoo, 2021; Zelalem et al., 2021). Factors responsible for such changes include urbanization, industrialization, migration, and global economic difficulties (Cassum et al., 2020; Owusu & Baidoo, 2021). The breakdown of the extended family, notwithstanding, the extended families continue to shelter vulnerable population in Ghana (Owusu & Baidoo, 2021), although there has been a dramatic reduction in the prestige and roles that were previously associated with old age in Ghana (Coe, 2017). Ofori-Dua (2014) contends that the collapse of the extended family has created a vacuum in social responsibility for the older adult, thus making old age a very difficult period for most people. The nuclearization of families has resulted in family members focusing more on their nuclear families with little or no support to older adults

within the family. While family support to older adults in Ghana continues to exist to some extent (Owusu & Baidoo, 2021), the increase in older adult population, coupled with longer life expectancy, have resulted in a greater burden of care for family members. Due to dramatic increase in the population of older adults and the weakening of familial support systems, countries all over the world are enacting policies to cater for their older individuals (UNDESA, 2017) and Ghana is no exception.

Various interventions and policies have been implemented by the Government of Ghana to help older adults. The Social Security National Insurance Trust (SSNIT) is one of the long-lasting formal support systems in Ghana. SSNIT was established in 1965 to help older adults when they retire from formal work (Kpessa-Whyte, 2018). Older adults require greater levels of health care due to illnesses and disabilities associated with old age (van der Wielen et al., 2018). In view of this, the National Health Insurance Scheme (NHIS) was also introduced by the Government of Ghana in 2004 with the goal of achieving universal health coverage (Kotoh et al., 2018). Moreover, the Government of Ghana introduced the Livelihood Empowerment Against Poverty (LEAP) in 2007, as a cash-transfer program that provides basic livelihood security to various vulnerable groups including older adults. Eligibility is based on poverty and having a household member in at least one of three demographic categories; single parent with orphan or vulnerable child (OVC), poor older adults, or person with severe disability and unable to work (PWD). Other policies include the National Aging policy that was approved in Ghana in 2010. Also, the *Eban* card was introduced to serve as a form of social support for older adults in Ghana to improve access to transportation by offering half of the transport fare to older adults (Dovie, 2017). These interventions and policies show that the Government of Ghana has made conscious efforts to improve the living conditions of older adults in Ghana. However, these policies and interventions have proven inadequate (Kpessa-Whyte, 2018). The unavailability of

support for older adults has forced some of them to engage in diverse works for survival. The GSS (2014) report shows that a relatively high proportion (58.5%) of older adults is economically active.

In situations where the received support is inadequate, the mental health condition of the older adult could be negatively affected. For example, depression has been reported as a common mental health problem among older adults following feelings of neglect and abandonment from relatives (Rodriguez-Tovar et al., 2018). There are also feelings of disappointment and stress when they do not receive social support from their relatives and more importantly their children (Domenech-Abella et al., 2019). These negative experiences, if not well managed, could lead to dire health problems for the older adult, as well as early death.

One of the significant contributing factors for the decline in family support to the older adult is migration. The northern regions of Ghana are reported to have the highest out-migrant population, with migrants moving to the southern parts of the country (Awumbila et al., 2016; GSS, 2014). Data from the GSS (2014) further indicate that the north–south migration in Ghana is increasing rapidly. Migration affects family ties (Bucher-Maluschke et al., 2017) and has the potential of reducing the rate of remittances the older adult receives from their relatives (Adaawen & Owusu, 2013).

Migration from the northern region of Ghana is fueled by an interaction of multiple factors, including poor ecological conditions (van der Geest, K., 2011), limited educational opportunities, search for greener pastures (for employment and economic activities), and poverty (GSS, 2014). People who migrate from the northern parts of the country to the southern regions are mostly young. However, the longer they stay in the south, the older they become, thus resulting in some becoming older adult migrants. Migration to urban areas has generally been thought of as a temporary phenomenon, with migrants maintaining strong ties with their rural origins (Grant, 1995; Trager, 1998). The assumption has also been that they will

return to their rural homes upon retirement. However, the presence and the growing numbers of older people in urban areas call for a better understanding of the context of aging in sub-Saharan Africa as well as the situation of older people living in urban areas in the region. These urban areas are characterized by worsening economic and social conditions, especially in the sprawling, informal settlements of cities across sub-Saharan Africa. It is undeniable that some migrants have made it, likewise manner, some migrants become worse.

While migration to the urban areas impacts the lives of older adults in these areas, out-migration of young people also have serious influence on the wellbeing of those older adults left behind in rural areas. Out-migration of the younger and economically active members of the family result in older adults living alone without children to look after them (Coe, 2017; van der Geest, S., 2016; van der Geest et al., 2004). The older adults are forced to perform their activities of daily living, albeit struggles due to normative aging effects (van der Geest, S., 2016). This void left by out-migration of young people has led to the proliferation of and patronage of nursing home for older adults for adult children who can afford in urban areas of Ghana (Coe, 2017). These homes serve as an avenue for socialization, healthy meals and medical care (Coe, 2017). On the contrary, due to the principle of reciprocity, out-migration does not prevent remittances to older adults left behind if older adults provided care to their children in the early days of their lives (van der Geest, S., 2016).

In our opinion, the literature on the role of migration alludes to different effects for older adults depending on who migrates. We believe that in the case of adult children migrating and leaving behind older adults, the burden of care will fall on the children given the cultural expectation of children assuming the care of their older parents in fulfillment of the principle of reciprocity. Extended family members left behind in such homes may also feel obliged to support such adults when their children are not able to. On the contrary, in the case of older adults migrating and living out of the family

context, the burden of care may fall mainly on the children and on other relatives who may feel obliged to offer support especially if the older adult took care of them in their early years. In this case, the extended family may not feel obliged to assist such older adults. Therefore, there is the need for research to explore the situation of older adult migrants following their migration to urban areas.

The significance of the present study is three-fold. First, studies have shown that formal supports systems for older adults are not feasible and/or inadequate and that support from the family is also waning. Hence, there is the need for continuous studies into support systems for this group of vulnerable individuals. Second, many studies on migration and older adult support in Ghana have focused on the migration of youth and its effects on older adults left behind. Therefore, the present study focuses on those who did not returned to their places of origin and have become older adults in Accra. Third, in an era of high migration and changing traditional systems, with resultant effects on older adult support, most of the studies on the support systems available to older adults have focused on rural settlements (Ofori-Dua, 2014; van der Geest S., 2016). Therefore, there is an obvious gap in the literature regarding the nature of support available to older adult migrants in the Ghanaian context. Given the high north-to-south migration rate, a study focusing on older adult migrants from the northern parts of Ghana living in Accra is warranted. This study explores the nature of the support systems available to older adult migrants in the urban city of Accra. Specifically, the study explores: (a) the role that the family plays in providing social support for older adult migrants and (b) the changing nature of social support systems for older adults.

Methods

Research Design

The study used a qualitative descriptive approach (Sandelowski, 2000), with a phenomenological overtone to investigate the role

of the family and the availability of external support system for older adult migrants in Agboghloshie Yam Market (AYM) and Haatso Yam Market (HYM). The phenomenological overtones enabled an exploration of the older adult's experiences with social support.

Context of the Study

The AYM and HYM in Accra are two of the popular locations for migrants who come from the northern parts of the country. Most of the residents of HYM and AYM migrated from their original settlements to the urban communities in Accra to engage in economic activities. AYM is also known as Konkomba Yam Market because the inhabitants are mostly Konkombas (an ethnic group found in the northern part of Ghana) who sell yam as their main occupation. The inhabitants of HYM are predominantly Bassare's (another ethnic group in the northern part of Ghana) who also sell yam. Both markets serve as places of residence for some of these migrants and the buildings are mostly wooden structures. The reason for settling on these settings was due to presence of a large number of older adult migrants who are active in the yam trade.

Participants

The participants involved in the study were 21 older adults aged 55 years and above who lived within or worked in HYM and AYM. These individuals were obtained through purposive, convenience and snowball sampling techniques. Of the 21 older adults, 12 were female and nine were male. All the female participants lived within the markets while only two of the male participants lived in the markets. The remaining seven male participants lived in neighboring and farther communities. Further information on the participants is given in Table 1.

Ethical Consideration

The study protocol was approved by the departmental ethics committee of the authors'

institution. All the ethical considerations proposed by American Psychological Association (2002) for research were strictly adhered to. Verbal informed consent, which was recorded at the beginning of the interview, was first obtained from the participants before the start of interview. Participants were made to understand that participation was voluntary and that they could withdraw their participation at any time during the study. Participants were also assured of confidentiality and anonymity. To ensure confidentiality, the participants' identities were protected with pseudonyms. In the traditional northern context, male older adults are referred to as "Baba," whereas female older adults are referred to as "Nana." It was based on this tradition that all pseudonyms have been prefixed with either "Nana" for females and "Baba" for males.

Procedure

Following ethical approval, the first author (LNN) obtained a letter of introduction from the Department of Psychology, University of Ghana, which was submitted to the leaders of the market. LNN went to both HYM and AYM to explain the purpose and methods of the study to the leaders of the markets, and to seek their permission to conduct the study. After receiving permission from the leaders, a forum was organized to explain the aims, nature, and significance of the study to potential participants. An invitation was then extended to all those present to partake in the study. The target population of the study was older adults aged 55 years and above living in HYM or AYM. Individuals who did not reside in the market but worked there were also included. WHO (2002) contends that if a definition of older adult should be developed, it should be either 50 or 55 years, because that range correlates with the traditional African definition of old age who mostly do not use chronological ages but rather changes in capabilities and social roles. Most older adults were not able to tell their age, hence, the researchers took this into consideration and included individuals who were communally classified as older adults. In this regard, the

Table 1. Demographic Information of Participants.

Sl. No.	Pseudonym	Gender	Marital status	Place of residence	Place of origin	Religion	Age	Level of education	Years in Accra	Research setting
1	Nana Laadi	Female	Widow	HYM	Kpandai	Christian	Uncertain	Uneducated	10	HYM
2	Nana Yaaba	Female	Widow	HYM	Kpandai	Christian	Uncertain	Uneducated	3	HYM
3	Nana Lareba	Female	Married	HYM	Kpandai	Christian	67	Form 4 leaver	23	HYM
4	Nana Alijata	Female	Married	HYM	Lungni	Christian	65	Primary 6	18	HYM
5	Nana Taani	Female	Married	HYM	Kete-Krachi	Christian	60	Primary 6	above 10	HYM
6	Nana Azumi	Female	Married	HYM	Kpandai	Muslim	59	Form 4 leaver	12	HYM
7	Baba Gbande	Male	Married	HYM	Ketejeli	Traditionalist	Uncertain	Primary education	21	HYM
8	Baba Yia	Male	Bachelor	HYM	Kpandai	Christian	58	Form 4 leaver	21	HYM
9	Baba Nasamu	Male	Married	HYM	Tatale	Christian	67	Primary	19	HYM
10	Nana Lamisi	Female	Widow	AYM	Mbowura	Christian	Uncertain	Uneducated	above 10	AYM
11	Nana Tingando	Female	Widow	AYM	Chaabor	Christian	Uncertain	Uneducated	above 10	AYM
12	Nana Asibi	Female	Married	AYM	Techiman	Christian	Uncertain	Uneducated	30	AYM
13	Nana Ninfoon	Female	Married	AYM	Bimbilla	Christian	Uncertain	Uneducated	20	AYM
14	Nana Maazyi	Female	Widow	Teshie	Korteri	Christian	Uncertain	Uneducated	above 25	AYM
15	Nana Azumah	Female	Widow	AYM	Sibi	Christian	Uncertain	Uneducated	9	AYM
16	Baba Salia	Male	Married	Maabo	Kpassa	Traditionalist	65	Uneducated	33	AYM
17	Baba Jayim	Male	Married	Korle-gono	Kpassa	Traditionalist	68	Uneducated	37	AYM
18	Baba Bisilki	Male	Married	Olebu	Chaabor	Christian	Uncertain	Uneducated	39	AYM
19	Baba Ningachi	Male	Married	Korle-gono	Saboba	Christian	55	Form 4	30	AYM
20	Baba Kpapa	Male	Married	Dansoma	Damanko	Muslim	59	Form 4	25	AYM
21	Baba Nambu	Male	Married	Kasoa	Saboba	Christian	63	O level	33	AYM

Note. All names are pseudonyms. HYM = Haatso Yam Market; AYM = Agbgbloshie Yam Market.

researchers relied on the gatekeepers to identify individuals who were considered as older adults in the community. Following their identification by the gatekeepers, these individuals were invited to participate in the study and only those who agreed were included in the study. Other than the above criteria, all other individuals were excluded from the study.

Semistructured interviews were used to gather data from participants. An interview guide, purposely developed for the study, was used to collect data and participants were asked to provide clarification where necessary. Interview times and venues were arranged and agreed on based on the convenience and availability of the participants. The interview guide comprised five sections. The first section focused on the demographic information of the participants. Questions exploring participants' sex, age, level of education, place of residence, religion, and place of origin were gathered. The second section explored the living arrangements and survival strategies of participants. Sample question included "Who do you live with and how supportive are they to you?" "What do you do for a living?." The third section solicited information on the nature of familial support available to the participants and how migration has influenced family support. Sample question included "As an older person, what kind of support do you receive from your family members?." The fourth section focused on the nature of formal support available to the participants. Sample question included "What is the nature of support you receive from the government and non-governmental organizations?" The fifth section was aimed toward exploring participants' experience of the changing role of the family and a support system. Sample question included "What kind of changes have you experienced regarding the nature of support available to you from your family?" The interview guide was developed by the researchers based on the aims of the study.

All interviews were conducted in Bassare and Konkomba by the first author (i.e., LNN), who is a native of the northern region and speaks the languages (i.e., Bassare and

Konkomba) spoken by the participants. The interviews were audio-recorded and subsequently transcribed in English by LNN for analysis. A few of the interviews were manually recorded due to participant's unwillingness to be audio-taped. According to Dworkin (2012), an appropriate sample size for qualitative studies could be between 5 and 50 participants. In this study, there was no new information emerging from the interviews, after the 21st interview was conducted, and thus, the sample size of 21 was arrived at.

Data Analysis

Audio-tape interviews received from the various participants were transcribed and manually analyzed using Braun and Clarke's (2006) six phases of thematic analysis. The process included (a) familiarization with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the report. Initial codes, theme, and sub-themes were generated by the first and second authors. Afterwards, the third author read through the themes and supporting quotations and gave feedback for further refinement. Emerging themes are supported with narratives from the participants.

Trustworthiness of Results

Lincoln and Guba (1985) suggest that the trustworthiness of any research is a fundamental criteria in determining the authenticity and worth of a qualitative research. To ensure the trustworthiness of the study, the guidelines outlined by Lincoln and Guba (1985) and Shenton (2004) were followed. To ensure credibility, this study made use of persistent observation, which entailed identifying characteristics that are relevant to the issue under study as well peer debriefing. Peer check was used through a back-and-forth engagement among the researchers who read through the transcripts and results and offered feedback on the themes generated.

As suggested by Geertz (1993), transferability was ensured using thick descriptions.

Table 2. Summary of Themes.

Major themes	Subthemes	Codes
Livelihood strategies of the participants		Selling yams, counting yams, no employment due to old age, farming
Source and nature of familial support	Sources of support	Children and extended family Only children No familial support
Frequency of familial support	Nature of familial support Irregular and conditional	Money, food, groceries, clothing, shelter, yam Children's willingness Financial capabilities Gravity of needed support Yam harvest period
Changes in familial support	Positive change	Receipt of more material support (e.g., pieces of fabric, money)
	Negative change	Breakdown of the extended family system Erosion of traditional system of care and problem-solving Declined intergenerational support system
Other sources of support	Community	Lack of communal support Material items (i.e., money and yam)
	Religious bodies	Financial and material support during festive seasons
	Nongovernmental organization	No receipt of NGO support
	Governmental support	No governmental support

Note. NGO = nongovernmental organization.

The use of probing questions ensured that participants gave more detailed descriptions of their thoughts and feelings. We also adhered to Firestone's (1993) recommendation that for transferability to take place, the researcher must provide contextual information about the research setting to enable one to be able to transfer the findings in similar context. To ensure that the findings of the study were dependable, the researchers consistently examined and reported the research process as it occurred. Confirmability was ensured through the use of quality tape recorders to accurately record participants' responses. Responses were manually transcribed to obtain detailed data.

Findings

Codes were organized into five major themes, namely: livelihood strategies of the participants, sources and nature of familial support,

frequency of familial support, changes in familial support, and other sources of support. The findings are summarized in Table 2.

Livelihood Strategies of the Participants

Most of the older adults were into the yam business. Some of them receive yams from their families and sold them on wholesale basis. Others bought from wholesalers and sold on retail. Most of the men sold on a wholesale basis. When the yams are brought in, they are counted and sorted to separate the good ones from the rotten ones. Females and children usually do this type of job. As at when data were collected participants reported that counting (which ranged from painting the yams to differentiating them from other owners), 100 tubers of yam amount to GhC10.00. Others reported that they had farmlands in their hometowns, hence, when it was time for

sowing, they returned to their villages and farm, and when it was time for harvesting, they harvest and bring their produce to the capital to sell. Other participants also stated that because of old age they do not engage in any source of livelihood but depended solely on support from their children and families.

I sell yams. When they bring yams into the market, I help them to count it. I am sometimes given yams or money. (Nana Tingando, female, age unknown, AYM)

. . . Because I am old, and the work is also stressful. When you count 100 tubers of yams, you are given GHC 10.00 [equivalent to USD 2.00]. If I get a place to rest and someone is willing to cater for it, I will like it very much. I don't have money. [Laughs] (Nana Asibi, female, age unknown, AYM)

Sources and Nature of Familial Support

Nine participants cited their children and extended family (including siblings, nephew, and cousin) as those they could rely on for support. Seven reported that they only relied on their children and the remaining five reported that they did not have any source of support as they were the breadwinners of their respective families.

Overall, children proved to be the most reliable, and in some instances, the only source of support for the participants. To these participants, their children's support was unfailing and they could always be assured that when they called on them, they would receive help from them.

He is Gbati . . . the eldest, anytime I call for help he is the one I am certain will come to my rescue. He does not joke with me at all. (Nana Laadi, female, age unknown, HYM)

Support from children was reported to be very essential to the older adult to the extent that, the older adult felt content and less worried once they were receiving support from their children even when the extended family was not supportive:

It doesn't bother me at all if I don't receive help from my relatives. But if your own children do not take care of you when you become old, then that calls for alarm. (Baba Bisilki, male, age unknown, AYM)

The nature of support received from children was mainly material support that included food items, clothes, shelter, and financial support. To some older adults, these material items were all they needed to survive:

I don't receive anything from the extended family but my children gives me money, and buy milo, sugar, breads, shirts, shoes and other things for me. (Baba Nasamu, male, 67, HYM)

Despite the fact that children were a reliable source of support to a section of the participants, one of them commented that parents should not expect all children to support their older adult parents:

I say that I have given birth to five children. . . . When a mother gives birth some of her children will help her and others will not. Some of my children support me but some of them do not. (Nana Laadi, female, age unknown, HYM)

To some participants, their children are already overburdened with other responsibilities, mainly the need to care for their nuclear family, hence, they feel a sense of guilt for asking for their support:

My children have their own family to take care of. Even my last born who is living with me has a child, so I can't be a burden to them. (Nana Lamisi, female, age unknown AYM)

In other instances, loss of children through death was the main reason why the participants were not receiving support from their children.

I rely on my nephew to support me. . . . My sons are dead but I took care of him [nephew], my brother's son. He is an MP. (Baba Salia, male, 65 years, AYM)

The accounts of some of the participants confirmed that they rely on their extended family

for support; mainly nephews, siblings, and in-laws. In some cases, the extended family was sought after for support because the biological children were either incapable of supporting them or were dead. The support received from the extended family included money or food items (which were to be sold by the participant to raise money), groceries, clothing, and shelter.

Some of my relatives are into trading, just like am I, they bring yams from the north for me to sell for them. After selling, we share the money. (Baba Kpau, male, 63, AYM)

The significance of support received by older adults reflected in the emotions they expressed regarding the support. Most of the participants reported feeling happy when they received support from their family. Their responses reflected satisfaction with the fulfillment of expected duties of the extended family, as well as with the benefits associated with caring for one's children:

I am very happy. It is the responsibility of every mother to take care of her children for their teeth to sprout; and likewise your children have to take care of you for your teeth to fall out. (Nana Asibi, female, age unknown AYM)

While the family was cited as a source of support by some participants, others indicated they could not rely on their family. Poverty was cited as the main reason why their families back at their hometown were not supportive. These participants explained that their relatives in their hometowns in the northern region are poor and are unable to fend for themselves, therefore, they lack adequate resources to share with their older family member and when they do, they are only able to provide material resources, such as food stuffs:

My husband's family supports me sometimes but my own brothers don't have money to support me. When my husband's brothers bring yams from the north, I sell the yams for them so they give me money. (Nana Alijata, female, 65 years, HYM)

The reciprocity of care within the extended family system was highlighted by some participants. Some participants narrated that providing care to family members guaranteed that support will be provided when one is in need and vice versa. Participants' responses revealed that the likelihood of relatives supporting an older adult was on the condition that the older person had catered for them. This situation echoes the reciprocity of familial support where one is expected to give to receive:

I don't help them [my relatives] so how do you expect them to help me? . . . However, when I am in need my brother Liwangol and my children help me. (Nana Azumah, female, age unknown, AYM)

The significance of familial support also reflected in the emotions expressed in the absence of such support. When support from the family was not forthcoming, worry was one of the main emotions reported by participants. The nature of emotions felt about the presence or lack of familial support depended on the older person's perception of the financial capabilities of the family. When participants perceived their families to be financially capable, they expressed disappointment when their relatives failed to perform the duty of caring for the older adults in the family. On the other hand, participants were not disturbed about lack of familial support when they perceived that their relatives lacked the financial ability.

What do I have to say? Sometimes I worry a lot. A family is supposed to support you. Some of them have money but when you ask them to help you they tell you they have families to cater for. At my age should I be working? (Baba Yia, male, 58 years, HYM)

Frequency of Familial Support

Participants were also asked about the frequency at which they received support from their family. Their responses showed that the support provided by the family was irregular.

Familial support was conditional, based on: (a) their children's willingness, financial capabilities, as well as the gravity of needed support and (b) the (yam) harvest periods. For most participants, support from the extended family was dependent on the inability of the participant's biological children to provide support.

The extended family (my late brothers' children) supports me only if what I need is beyond the capabilities of my children. If my brothers were alive they would have helped me. (Nana Yaaba, female, age unknown, HYM)

Support from children was sought after only when the older adult perceived that their problem is beyond their control. For some of these participants, they felt that consistently seeking support from their children would weary their children, and thus, they limited the frequency at which they requested for assistance.

When I need something, I call them [my children] . . . I don't want to burden them. Since I am still working, they only come in when it is beyond my control. (Nana Lareba, female, 67 years, HYM)

Given that majority of the participants' relatives were yam farmers, the harvesting season for yam was reported to be the period during which the participants received yams from their relatives to sell.

They [relatives] mostly support us during the yam season because at that time, yams are available. (Nana Tingando, female, age unknown, AYM)

From the above excerpts, it can be deduced that the participants had little to no control over the support they received. For those who received support, they needed to frequently ask for it.

Changes in Familial Support System

Another interesting finding was the comparison that participants made between the nature of family support provided in the past and

present. With the exception of three participants who reported positive changes in familial support, the remaining 18 participants attributed the poor level of support to; breakdown of the extended family system, erosion of the traditional system of care and problem-solving, and the declined intergenerational support system. The three who reported being well taken care of explained that this generation provides more material support (e.g., pieces of fabric, money) to the older adult.

How the older adult is being catered for is far better off than before. . . . as I said my children buy me fabric, in the past who will you buy you fabric? The person does not have it themselves. There are no challenges at all because how the older adult is catered for, is far better than before. (Nana Yaaba, female, age unknown, HYM)

Some of the participants also commented on the decline of intergenerational support that was provided to the older adult in the past. With this system, grandchildren of the older adult lived with them and cared for their grandparents' wellbeing. This fading system has had immense impact on the health of the older adult, since in recent times, most of them live on their own, and have to manage to do everything for themselves.

In the past your children would allow their children to live with you so that they help with the house chores. It is not so any longer. (Nana Tingando, female, age unknown, AYM)

Other Sources of Support

Given the irregular, unstructured, and inadequate familial support, participants were asked to share their experience with support from the community, religious bodies, non-governmental organizations (NGOs) and governmental support.

Community. Most of the respondents reported the unavailability of structured support systems in their communities. A further conversation with the secretary of the AYM revealed that there are no support systems for older adults in the community:

Frankly speaking, God said we should always say the truth, ever since I came here I have never seen any [of the market authorities helping the older adult]. (Nana Alijata, female, 65 years HYM)

The main source of communal support identified stemmed from benevolent neighbors, friends, and leaders of the community, which took the form of money and yam. Such support was reported to compensate for the lack of support received from relatives:

They [relatives] have decided not to help me. Look at those around me. When I don't have yams to sell, they give me their yams to sell. (Nana Ninfoon, female, age unknown, AYM)

Religious Denominations. Support from religious denominations was present although seasonal and dependent on the religious denomination the older adult belongs to. Christian participants reported that they receive financial and material support from their church mostly during Christmas and occasionally from the church leaders and benevolent congregants that compensated for the lack of support from their family. However, traditionalist and Muslims participants in the study reported the nonexistence of any support systems for them in their place of worship.

I have benefited from the church . . . I don't even get greetings [from my relatives] let alone get help. They pray for me so I am not scared because I know I have superior one by me. (Nana Laadi, female, age unknown, HYM)

Nongovernmental Organization. All the participants in the study revealed that they do not receive any form of support from NGOs, although some reported they are aware of their existence. Some of the participants in HYM also reported on the unreliable nature of some of these organizations:

Two years ago some people [from an NGO] came around telling the older people in Haatso to write their names and that they were going to give us something. They were at the Pentecost

church. Since we wrote our names . . . we never heard anything from them again. We don't know where they are let alone say we are going to make follow ups. (Nana Alijata, female, 65 years, HYM)

Government. Participants were asked whether or not they are beneficiaries of LEAP and whether they had registered for the NHIS. All the 21 participants reported that they were not beneficiaries of LEAP and were not aware of what LEAP stood for. Most of the participants also reported that the National Health Insurance did not fully take care of their health needs. Others were of the view that holders of the insurance card were not given quality treatments when they visit the hospital.

. . . I have not done it [registered for the NHIS care] before. My niece was sick and we took her to Korle-Bu Teaching Hospital. We were in the queue till 4pm. Those who paid cash were attended to very quickly. I wanted to [register with the NHIS] but since that experience I resolved never to do it. (Nana Ninfoon, female, age unknown, AYM)

Discussion

The aims of this study were to explore the role of the family as a source of social support for older adult migrants, the changes in family support for older adults, and other forms of supports available to older adult migrants residing in HYM and AYM. The findings suggest that while the family continues to provide support to their older adult migrants, such support were unstructured, irregular, conditional, seasonal, and inadequate. It also suggests that external sources of support from communities, religious organizations, NGOs, and the government were also unavailable, inadequate, and occasional.

The study findings suggest that the family continues to be the major source of social support for older adults as most of the participants reported they rely on their children and extended family, including in-laws, siblings, and nephews for support, with children being the major source of support. This finding suggests that care for the older adult is

still a collective responsibility of both the extended family members and children of older adults, and that the family remains a major source of support (Arkorful, 2015; Braimah & Rosenberg, 2021; Kristianingrum et al., 2018; Owusu & Baidoo, 2021). However, the findings of the present study are quite dissimilar from Arkorful's findings that suggested that the extended family support remain significantly more than the support from children. The difference in the findings could have resulted from the migrant status of this study's participants. While Arkorful's participants lived within their "family houses" where other relatives lived, participants in this study were migrants who live far away from their hometowns and relatives. Migration has been found to negatively affect family ties (Bucher-Maluschke et al., 2017) and has the potential of reducing the rate of remittances received (Adaawen & Owusu, 2013). Distance brought on by migration probably diffused the extended families' sense of responsibility toward the older adult who does not live in the "family home." In addition, Aboderin (2004) postulates that there has been a decline in material family support for the older adult in urban communities, which has subjected the older adult to poverty and destitution. This is due to the popular notion that individuals in urban communities are rich, which may hinder relatives from supporting relatives in urban communities.

The findings of this study also suggest that the participants mainly received material and financial support from their family. This aligns with previous research (Braimah & Rosenberg, 2021; Okumagba, 2011) that suggests that the main forms of support received by older adults are food, clothes, and money. Okumagba (2011) also reported that frequency of support is a function of availability of resources of the resource providers, which is consistent with findings of this study. Accounts of some participants suggested that there is no structured and regular in-flow of support from both the participants' children and other family members. The reported perception that frequently asking for support

implied increased burden on the family suggests that the participants could be living with insufficient support.

Accounts of some of the participants suggest that the high poverty levels in the northern region had resulted in them having little resources which in turn restricted their family members to support them. Therefore, it was not surprising that participants' emotions associated with lack of family support were often viewed from the older adult person's perception of the competencies of their family to support them. One distinctive feature of support for the participants in this study is the seasonal nature of the assistance they received from their relatives. Most participants responded that they receive yams from their relatives to use as food, and also sell and keep the proceeds as a source of support. The supply of yams serves as a form of support from their relatives back in their villages that are sold for their sustenance.

Another significant finding was the nature of changes associated with family support. In line with modernization theory (Cowgill, 1972), the result suggests that unlike the past where older family members controlled family production and the younger ones depended on them, the changes in family structure and support has resulted in older adult being dependent on the younger generation that has caused them to lose their social status and respect (Zelalem et al., 2021). Some of the participants were of the view that the extent of care offered by extended family has declined due to the weakening of the extended family system. Hence, the care of older adults, which used to be a collective effort by the individual and the whole family, has now become the responsibility of the older adult. Older adults who do not have children are left to fend for themselves. These findings buttress studies that have shown that the family is undergoing some transformation from the traditional extended family to the nuclear family that has impacted the pattern of support received from relatives (Owusu & Baidoo, 2021; Zelalem et al., 2021). In this study, participants also reported a reduction in support from the extended families resulting

from the breakdown of the extended family system, erosion of the traditional system of care and problem-solving, declined intergenerational support system, and negative impact of physical health on the older adult's ability to reciprocate support.

The study findings also suggest the lack of external support from community, government, and religious organizations. This finding is consistent with literature highlighting the nonexistence of welfare support for the older adult in Ghanaian communities (Awuviry-Newton et al., 2022). The lack of governmental support is evidenced by the ineffectiveness of the modern formal welfare system for older adults, such as national aging policy, national protection strategy. This tends to suggest that despite these welfare systems, the family will continue to be a major source of support to the older adult (Owusu & Baidoo, 2021). Again, the findings about the poor quality of health services rendered to NHIS subscribers, and the unwillingness of card bearers to access health care services with their card for fear of receiving inferior care also confirms findings of previous research (Alhassan et al., 2015). These findings further highlight the need for government to promote and ensure the effective implementation of policies associated with older adults as the inadequacy of formal support system has immense implications for the health and wellbeing of older adults.

Furthermore, this study's findings align with research that has suggested that majority of the older adult in developing countries like Ghana do receives minimal support from NGOs (Arkorful, 2015; Braimah & Rosenberg, 2021). Some narratives from participants in this study correspond to the views of Bob-Milliar (2005) who attests that despite the benefits communities derive from NGOs, some of the owners of NGOs are business-oriented who turn the operations of NGOs into money-making ventures and solicit funds for their private benefits. Finally, some churches were found to be supportive of the older adult, although the assistance was seasonal and irregular. This finding contradicts

findings from Ofori-Dua's (2014) study that showed that even though the majority of his older adult respondents were Christians, there was no evidence of support from the religious organizations the participants belonged to. The variation in findings may be accounted for by factors, such as differences in churches that participants of both studies belonged to, and the communities in which those churches were situated.

In line with findings from Nantomah and Adoma's (2015) study, the findings of the present study suggest that the main source of governmental support to the participants in the present study was the NHIS. Alhassan et al. (2015) reported perceived poor-quality services rendered to NHIS subscribers and unwillingness of card bearers to access health care services with their card for fear of receiving inferior care. These findings correspond with the results of the present study. Even though the majority of the respondent had their NHIS card, they believed that holders of the card are not given proper treatment and services, hence, prefer to pay money for treatment or not visit the hospital at all. These findings further highlight the need for government to promote and ensure the effective implementation of policies associated with the elderly.

Conclusion and Limitations

This study sought to investigate the sources of social support for older adults residing in HYM and AYM communities. The findings suggest that both the extended family and children of older adults continue to be a major source of social support for older adults despite limited resources. However, the older adult receives seasonal support from their relatives in the form of yams during the yam season. The study also discovered the changes in family support that includes decline in extended family support, loss of respect and prestige, and decline in intergenerational support. The study's findings also suggest the lack of support systems for the older adult in their communities and the receipt of seasonal support from the

churches during Christmas. Moreover, the NHIS was reported to be the only visible kind of governmental support for older adults in Ghana within the informal sector.

The unique contribution of the present study lies in the inclusion of migrant older adults whose status contributes to the uniqueness of their experiences. For example, the supply of yams serves as a form of support from their relatives back in the villages that they sell for income. In addition, our finding suggests that the children of the participants were more supportive than their extended family members, which is unique to this group of older adult migrants, and highlights the role of migration on the nature of support received by older adults in the Ghanaian context. This finding further supports our assumption that the effect of migration on older adult differs based on who migrates. Our finding suggests that when the older person migrates, the extended family do not feel obliged to support them and the burden of care mainly falls on their children.

The research was limited to migrants who originate from the northern region of Ghana, and resided in HYM and AYM communities in Accra. Hence, the study was unable to capture the views of migrants who originate from other parts of Ghana and who might have different experiences with support. It is recommended that future research endeavor to use a larger sample that is representative of the older adult migrant population in Ghana. Such a study will provide data needed to inform policy making at the national level.

Implications for Practice

Given the weakening of the extended family support system for older adults and the unavailability of external support for the older adult, there is the need for stronger governmental systems to cater to the needs of the growing number of older adults in Ghana. More specifically, the findings suggest that the only formal support system available to the present participants was NHIS, which does not fully take care of the health needs of older adults. Hence, there is the need for structures to monitor the activities of government institutions

meant to cater for older adults as well as the NGOs established to cater for older adults. The establishment of affordable housing for the migrant would also be beneficial since most of the participants lived in very poorly constructed shelters. It is also recommended that NGOs and government consider a partnership to ensure efficient and effective provision of care, services, and other forms of support for older adult migrants. The services of practitioners, such as social workers, would be beneficial in sourcing sustainable and efficient sources of support systems for older adults to improve their livelihood and wellbeing.

Due to global economic difficulties, it is very bleak that African governments may be able to help care for older adults, hence, it is important that families are more educated and empowered to help care for their older relatives. Old age is inevitable, hence, there is a need for the psychological empowerment of adults. This is especially true for those within the informal sector with no pension plans to help them prepare for old age and not be totally dependent on their families, thus supporting plans for gracefully aging.

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Authors' Contributions

L.N.N. conceived of the study, participated in the study design, data collected and analysis, and drafted portions of manuscript. J.S.Y. conceived of the study, participated in the study design and data analysis, and drafted portions of manuscript. A.A.M. participated in the study design and data analysis, and drafted portions of manuscript. All authors read and approved the final manuscript.

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Ethical Approval

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References

- Aboderin, I. (2004). Decline in family support for older people in urban Ghana. *The Journals of Gerontology, Series B: Psychological Sciences & Social Sciences*, 59(3), 128–137.
- Adaawen, S., & Owusu, B. (2013). North-South Migration and remittances in Ghana. *African Review of Economics and Finance*, 5(1), 29–45.
- Alabi, O. J., & Olonade, O. Y. (2022). Complexities, dynamism, and changes in the Nigerian contemporary family structure. In O. A. Fawole & S. L. Blair (Eds.), *Families in Nigeria: Understanding their diversity, adaptability, and strengths*. (Contemporary Perspectives in Family Research, Vol. 18; pp. 99–112). Bingley: Emerald Publishing Limited. <https://doi.org/10.1108/S1530-353520220000018008>
- Alhassan, R., Duku, S., Jassens, W., Nketiah-Amponsah, E., Spieker, N., Spieker, N., . . . de Wit, T. F. (2015). Comparison of perceived and technical healthcare quality in primary health facilities: Implications for a sustainable National Health Insurance Scheme in Ghana. *PLOS ONE*, 10(10), Article e0140109.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060–1073.
- Apt, N. (1996). *Coping with old age in a changing Africa: Social change and the elderly Ghanaian*. Avebury.
- Arkorful, G. (2015). *Sources of support and challenges for the elderly in Teshie township* (Master's thesis). University of Ghana.
- Awumbila, M., Teye, J., & Yaro, J. (2016). Social networks, migration trajectories and livelihood strategies of migrant domestic and construction workers in Accra, Ghana. *Journal of Asian and African Studies*, 52, 982–996.
- Awuviry-Newton, K., Ofori-Dua, K., Deku, C. S., Abekah-Carter, K., Awortwe, V., & Oti, G. O. (2022). Prevalence and determinants of care needs among older people in Ghana. *PLOS ONE*, 17(2), Article e0263965. <https://doi.org/10.1371/journal.pone.0263965>
- Birditt, K. S., Micheal, J. A., Kim, K., Zarit, S. H., & Fingerma, K. L. (2018). Daily interactions with ageing parents and adult children: Associations with negative effect and diurnal cortisol. *Journal of Family Psychology*, 31(6), 699–709.
- Bob-Milliar, G. (2005). *Non-governmental organizations in Ghana: Profit making organizations?* Ghana Web.
- Braimah, J. A., & Rosenberg, M. W. (2021). “They do not care about us anymore”: Understanding the situation of older people in Ghana. *International Journal of Environmental Research Andpublic Health*, 18, 2337. <https://doi.org/10.3390/ijerph18052337>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Bucher-Maluschke, J., Gondim, M. D. F., & Pedroso, J. D. S. (2017). The effects of migration on family relationships: Case studies. *International Journal of Migration, Health and Social Care*, 13(2), 198–206. <https://doi.org/10.1108/IJMHS-05-2015-0016>
- Cassum, L. A., Cash, K., Qidwai, W., & Vertejee, S. (2020). Exploring the experiences of the older adults who are brought to live in shelter homes in Karachi, Pakistan: A qualitative study. *BMC Geriatrics*, 20, 8. <https://doi.org/10.1186/s12877-019-1376-8>
- Coe, C. (2017). Transnational migration and the commodification of eldercare in urban Ghana. *Identities: Global Studies in Culture and Power*, 24(5), 542–556.
- Cowgill, D. O. (1972). The aging of populations and societies. *The ANNALS of the American Academy of Political and Social Science*, 415, 1–18. <https://doi.org/10.1177/000271627441500102>
- Domenech-Abella, J., Mundo, J., & Haro, J. M. (2019). Anxiety, depression, loneliness and social network in the elderly: Longitudinal associations from The Irish Longitudinal Study on Ageing (TILDA). *Journal of Affective Disorders*, 246, 82–88.
- Dovie, D. A. (2017). *Preparations of Ghanaian formal and informal sector workers towards retirement* [Doctoral thesis]. University of Ghana.
- Dovie, D. A. (2019). The status of older adult care in contemporary Ghana: A profile of some

- emerging issues. *Frontiers in Sociology*, 4, Article 25.
- Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behavior*, 41, 1319–1320.
- Fan, L., Wang, S., Xue, H., Ding, Y., Wang, J., Tian, Y., & Du, W. (2021). Social support and mortality in community-dwelling Chinese older adults: The mediating role of frailty. *Risk Management and Healthcare Policy*, 16(14), 1583–1593.
- Feng, Z., & Phillips, D. R. (2018). Geographical gerontology. In D. Gu & M. Dupre (Eds.), *Encyclopedia of gerontology and population aging*. Springer. https://doi.org/10.1007/978-3-319-69892-2_632-1
- Firestone, W. A. (1993). Alternative arguments for generalizing from data as applied to qualitative research. *Educational Researcher*, 22(4), 16–23.
- Geertz, C. (1993). Religion as a cultural system. In C. Geertz (Ed.), *The interpretation of cultures: selected essays* (pp. 87–125). Fontana Press.
- Ghana Statistical Service. (2013). *2010 population and housing report*.
- Ghana Statistical Service. (2014). *2010 population & housing census report: Migration in Ghana*.
- Grant, M. (1995). Movement patterns and the medium-sized city. Tenants on the move in Gweru, Zimbabwe. *Habitat International*, 19(3), 357–369.
- He, W., Aboderin, I., & Adjaye-Gbewonyo, D. (2020). Africa aging: 2020. International population reports. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2020/demo/p95_20-1.pdf
- Kotah, A. M., Aryeetey, G. C., & Van der Geest, S. (2018). Factors that influence enrolment and retention in Ghana's National Health Insurance Scheme. *International Journal of Health Policy Management*, 7(5), 443–454.
- Kpessa-Whyte, M. (2018). Aging and demographic transition in Ghana: State of the elderly and emerging issues. *The Gerontologist*, 58, 403–408.
- Kristianingrum, N. D., Wiarsih, W., & Nursasi, A. Y. (2018). Perceived family support among older persons in diabetes mellitus self-management. *BMC Geriatrics*, 18(1), Article 304.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic enquiry*. SAGE.
- Mba, C. (2010). Population ageing in Ghana: Research gaps and the way forward. *Journal of Aging Research*, 2010, 762157. <https://doi.org/10.4061/2010/672157>
- Nantomah, B., & Adoma, P. O. (2015). Population ageing and formal support system available for the elderly in Ghana. *Journal of Scientific Research and Studies*, 2(1), 16–28.
- Ofori-Dua, K. (2014). *Extended family support and elderly care in Bamang, Ashanti Region of Ghana*. University Press.
- Okumagba, P. O. (2011). Family support for the elderly in Delta State of Nigeria. *Studies on Home and Community Science*, 5, 21–27.
- Owusu, S., & Baidoo, S. T. (2021). Providing a safety net for the vulnerable persons in Ghana: Does the extended family matter? *International Journal of Social Welfare*, 30, 208–215. <https://doi.org/10.1111/ijsw.12446>
- Rodriguez-Tovar, G. L., Madrano-Martinez, M. R., Castro-Garcia, R. I., & Rivera - Vázquez, P. (2018). Depression and family functioning in elderly. *International Journal of Family Community Medicine*, 2(4), 248–251.
- Sandelowski, M. (2000). Real qualitative researchers do not count: The use of numbers in qualitative research. *Research in Nursing & Health*, 24(3), 230–240.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 23, 63–75.
- Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behaviour*, 52(2), 145–161.
- Trager, L. (1998). Home town linkages and local development in South Western Nigeria: Whose agenda, what impact? *Africa*, 68(3), 360–382.
- United Nations, Department of Economic and Social Affairs, Population Division. (2016). Sub-Saharan Africa's growing population of older persons. Retrieved from https://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2016-1.pdf
- United Nations Department of Economic and Social Affairs. (2017). *World population highlight*.
- United Nations Department of Economic and Social Affairs. (2020). *World population highlight*.
- Utz, R. L., Berg, C. A., & Butner, J. (2017). It's a family affair: Reflections about aging and health within a family context. *The Gerontologist*, 57(1), 129–135.
- van der Geest, S. (2016). Will families in Ghana continue to care for older people? Logic and contradiction in policy. In J. Hoffman & K. Pype (Eds.), *Ageing in Sub-Saharan Africa: Spaces and practices of care* (pp. 21–41). Policy Press.
- van der Geest, K. (2011). Local perceptions of migration from North-West Ghana. *Africa*,

- 80(4), 595–619. <https://doi.org/10.3366/afr.2010.0404>
- van der Geest, S., Mul, A., & Vermeulen, H. (2004). Linkages between migration and the care of frail older people: Observation from Greece, Ghana and The Netherlands. *Ageing & Society, 24*, 431–450. <https://doi.org/10.1017/S0144686X04002302>
- van der Wielen, N., Channon, A. A., & Falkingham, J. (2018). Does insurance enrolment increase healthcare utilisation among rural- dwelling older adults? Evidence from the National Health Insurance Scheme in Ghana. *BMJ Global Health, 3*, e000590. <https://doi.org/10.1136/bmjgh-2017-000590>
- World Health Organization. (2002). *Active ageing: A policy framework*. WHO, Geneva. http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf
- World Health Organisation. (2011). *Global health and aging*. New York: W.H.O.
- Zanjari, N., Momtaz, Y. A., Kamal, S. H. M., Basakha, M., & Ahmadi, S. (2022). The influence of providing and receiving social support on older adult's wellbeing. *Clinical Practice & Epidemiology in Mental Health, 18*, e174501792112241. <https://doi.org/10.2174/17450179-v18-e2112241>
- Zelalem, A., Gebremariam Kotecho, M., & Adamek, M. E. (2021). “The ugly face of old age”: Elders’ unmet expectations for care and support in rural Ethiopia. *The International Journal of Aging and Human Development, 92*(2), 215–239.