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CHURCH-RELATED SOCIAL SUPPORT AND THE HEALTH AND WELLBEING OF THE ELDERLY IN ACHIMOTA, ACCRA METROPOLITAN ASSEMBLY.

BY

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DECLARATION

I, Barnabas Abamfo-Atiemo hereby affirm that apart from references to other people's works which I have duly acknowledged, this dissertation is an outcome of my own independent work and has on no occasion been submitted for the award of a degree in any establishment.

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Barnabas K. N. Abamfo-Atiemo **Date**

Student

…… ……

Dr. Franklin Glozah **Date**

Supervisor

DEDICATION

I dedicated this work to my Father, Rev. Dr. Emmanuel Ofori Abamfo Atiemo for his enormous support and encouragement throughout the period of my study. I could not have done it without him, He was an inspiration.

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ABSTRACT

Background: Societies in sub-Saharan Africa have always depended on religion as an important resource in addressing matters of health and wellbeing, especially, in addressing various healthcare challenges. The aim of this study is to explore how church-related social support contributes to the health and well-being of the elderly in Achimota, Accra Metropolitan District.

Methodology: Three churches within Achimota were purposively selected and the elderly above 60 years and above were purposively sampled. Focus Group Discussions and In-depth Interviews were used to collect the data. All recorded data (audio and written) was transcribed verbatim and coded using Nvivo, a Qualitative Data Analysis computer software. Themes and concepts were created, named, and reviewed using Thematic analysis method.

Results: The results revealed that the church provides the elderly with spiritual support, financial support, health support, visitation, material support, and socialization support. The results further revealed that, these types of support made the elderly/aged feel better, comforted, cared for. It also brought them happiness, hope, helped them recover early, and refreshed them. The result also revealed that they wanted more of visitation, financial assistance, health support and material support from the church, members and leaders.

Conclusion: The study showed that the church provided the elderly/aged with some social support and those supports elicited positive emotions such as joy, happiness, hope, relief. It also solved a need like financial constraint, hunger, loneliness.

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LIST OF ACRONYMS

FGDs	– Focus Group discussions
IDIs	– In-depth Interview
SAGE	- Study on global Ageing and adult health
UN	- United Nations

OPERATIONAL DEFINITION OF TERMS

TERMS	DEFINITIONS
Elderly/Aged	Refers to persons who are 60 years and above
Church-Related Social Support	refers to spiritual support, emotional support, financial support and physical support that the church offers its members and has a positive effect on their physical health and mental wellbeing.
Health and Well-being	A state of complete physical, mental and social well-being of an individual such that the person is happy and feels good.

CHAPTER 1

INTRODUCTION

1.1 Background

Aging has become an important field of study because of the gradual increase in the population of the elderly worldwide; and Africa has not been left out of this growing trend. It is estimated that by year 2050, over 2 billion people will be age 60 years and above and out of this number, Sub-Sahara Africa will have a total of around 200 million people aged 60 years and above (Stanley & HAI, 2008; WHO, 2014). The decline in fertility rates and the increase in life expectancy accounts for this global trend (GSS, 2014). This development has several consequences for health care and issues of social policy (Aboh & Ncama, 2017) regarding the health and wellbeing of the aged.

Yet, the increase in the population of the elderly in Ghana has not yet yielded its needed equivalent increase in social care (Ayernor, 2012). The biggest challenge the elderly face is the unpreparedness of the country and the health sector in caring for their growing number (WHO, 2014). The other challenges are their vulnerability to both communicable and non-communicable diseases (Ayernor, 2012; WHO, 2014) and the various transitions they have to go through such as the transition from a very active independent lifestyle to depending on others for care. Some are also faced with extreme poverty, discrimination, violence and abuse as a result of their age (Stanley & HAI, 2008).

Often in low-income countries, such as Ghana, the main challenge in providing support for the care of the vulnerable has been finding adequate resources. Consequently, several scholars have

advocated the mobilisation of local resources in addressing such challenges (Prince et al., 2007 ; Saraceno et al., 2007). In places such as sub-Saharan Africa, 'local resources' have included religion. Societies in such places have depended on religion as an important resource in addressing matters of wellbeing, especially, in addressing the various forms of healthcare challenges (Ae-Ngibise et al., 2010; WHO, 2002). In Ghana, for example, the important roles the churches have played in supporting the vulnerable over the years have been widely acknowledged (Read & Doku, 2012).

The Churches themselves, have been affected by the global trend of increase in the population of the aged. It is established that 95% of elderly females and 91% of elderly males in Ghana belong to one religious body or the other and a vast majority of the elderly population are associated with the various churches or actively participates in their activities (GSS, 2014; WHO, 2014). Therefore, the Church has a big role to play in the care of the elderly because of its influence on the estimated 71% population of the country who profess to be Christians. This population includes many of the elderlies, families and government officials (Dosu, 2014; GSS, 2012). The Church can provide social support to the elderly and influence their sense of self-worth. The Church has been found to have a positive effect on one's psychological well-being, which in turn helps improve the health conditions of their members. Church-related social support has a favourable effect on survival in both healthy and diseased populations (Chida & Steptoe, 2008). The Church can also educate and influence members, families and societies on how to care for the elderly and address the issue of witchcraft accusations and related abusive practices (Tawiah, 2011) as well as push for implementation of policies that would help public health practitioners address the challenges of the aged in society.

1.2 Problem Statement

With the general view, based on historical evidence, that the Church in Ghana contributes to development and supports the vulnerable, it would be assumed that it is also involved in the care of the elderly, especially, in the face of the breakdown of the traditional social support systems such as the family and other kinship networks, which previously were the mainstay of elderly care in Ghana (Nantomah & Adoma, 2015). Therefore, it is important to find out whether the Church in Ghana is in any way impacting on the health and wellbeing of the aged in Ghana; and if so, in what ways. The Church owns resources, including concepts that help articulate society's sense of responsibility toward the vulnerable. Such concepts include love, kindness, compassion, sensitivity, and respect for the dignity of others. Other resources the Church has include its power to mobilize public opinion and communities for action, and years of experience in charity work. Then also, with the moral influence leaders such as priests, deacons and elders have on communities, including those outside its membership, the Church is in a good stead to influence society and help change negative attitudes toward the elderly.

Nevertheless, the assessment of the role of religion (including the Church) in society has not always been positive (Nath, 2015). Reservations have been expressed in various circles about the potential or real negative effects religion can have on the wellbeing and health of societies and individuals (Koenig, 2001). However, this only adds to the reasons why a study such as the present one is important.

The issue this study addresses is to find out how churches may impact or are already impacting the health and wellbeing of their elderly members through the forms of social support they provide.

1.3 RESEARCH QUESTIONS

1. What kind of social support do Churches in Ghana give to the elderly?
2. Does the social support the Churches provide have any influence on the health and wellbeing of the elderly?
3. What kind of social support would the elderly in the Church prefer?

1.4 RESEARCH OBJECTIVES

1.4.1 General Objective

The general objective of this study is to explore how church-related social support contributes to the health and wellbeing of the elderly in Achimota, Accra Metropolitan District

1.4.2 Specific Objectives

The specific objectives of this study are;

1. To explore the kinds of social support the churches provide for the elderly;
2. To examine the role of church-related social support in the health and wellbeing of the elderly;
3. To explore the kinds of Church-related social support the elderly prefer.

1.5 JUSTIFICATION

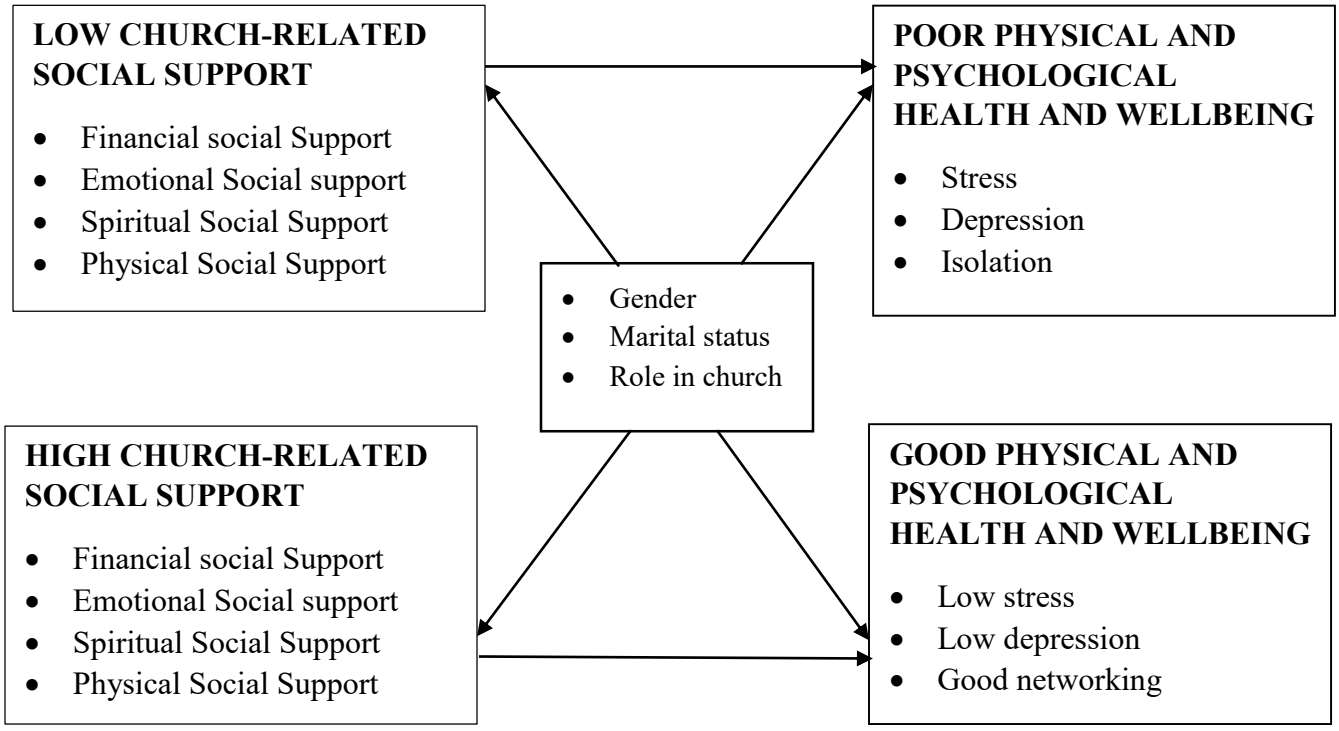
This study has become necessary as a result of little or no research examining the kinds of support the churches in Ghana provide for the elderly and how such support impacts on the health and psychological wellbeing of the growing elderly population in Ghana. Over 70% of the entire Ghanaian population profess to be Christians (GSS, 2012) and majority of the elderly in society is affiliated with one church or the other. Many people would prefer to speak with their pastors or attend prayer sessions rather than see a medical doctor on a health issue or a professional concerning some challenges they may be experiencing. This study will look at the kinds of church-related social support and its effectiveness and whether that is what the elderly wants. This will help us to understand the role of the church in the lives of the elderly.

1.6 Conceptual Framework

The elderly is faced with many challenges which put a strain on his/ her physical and psychological wellbeing such as poverty, ill-health, isolation, discrimination and abuse (WHO, 2014). This can cause them to be depressed or invite stress upon themselves. Their demographic characteristics can also play a role in who becomes stressed over the challenges they face or become depressed due to the frustrations they face or feel isolated because of how he/ she is treated by family or society alike. Generally, males are more likely to withstand these challenges better than females (ActionAid, 2013). Church-related social support has been found to have a positive influence on physical health and mental wellbeing (Chida & Steptoe, 2008). Lower Church-related social support are more likely to impact negatively on the elderly. Whereas a high Church-related social

support for the elderly will more than likely have a positive influence on the physical health and psychological wellbeing.

Fig 1.1 **CONCEPTUAL FRAMEWORK**



CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter takes a review of all the various literature and works done by others related to church-related social support of the elderly and how it impacts on their health. This would be looked at under the following sub-heads; Church-related social support of the elderly globally, Sub-Saharan Africa and Ghana. The study will look at the kinds of social support the elderly receives from the church and how it impacts on their health and well-being.

2.2 The Elderly/Aged

Ageing is a phenomenon that the world can no longer ignore. Now people are living much longer than some years back when the British monarchy could afford to send congratulations to subjects on their 100th birthday (Crampton, 2009). The current world proportion for the aged population is one (1) in nine (9) persons is aged 60 years and above and by 2050, it would have changed to one (1) in five (5) persons (UNECA, 2012). Many western countries have a well-defined understanding of who an elderly is but same cannot be said for many African countries (Stanley & HAI, 2008). The United Nations defines elderly as someone who is 60 years and above. Life expectancy is high in developed countries and so they have set the age for retirement from active public economic activity at 65 years, the elderly is defined as persons aged 65 years and above. As a result of life expectancy being lower, Ghana and many developing countries have their retirement aged at 60 years, the elderly are considered as persons aged 60 years and above (GSS, 2013).

2.3 Elderly Care in Ghana

The number of elderly persons in Ghana has been increasing steadily over the years even though there was a decrease in proportion of the older persons from 7.2 percent in 2000 to 6.7 percent in 2010 (Kwankye, 2013) with the women being more than the men (GSS, 2012). Since 1960, the population of the Elderly has increased more than seven-fold from 213,477 to 1,643,381 according to the 2010 census report and this trend is expected to increase. In fact, a study by WHO, (2014) described the growth of the aging population in Ghana as outpacing the country's socioeconomic development and this is the same for all the lower middle income countries. At this rate, the population of Ghana will age before the country becomes rich.

Elderly care in Ghana is faced with three (3) major challenges and they are social, economic and health. The social challenges faced by the aged is the lack of family care and attention, neglect and dehumanizing cultural practices. Initially, elderly care in Ghana was not an issue because our traditional setup ensured both the nuclear and extended family cared for the aged. This is no longer case as the perceived family support system which was available during some time past has become ineffective and unreliable (Bongaarts, 2004; Tawiah, 2011). Studies in Ghana on elderly care has showed that about 59% of the elderly in Ghana resides in the rural communities (WHO, 2014) despite more than 50% of the population of Ghana residing in urban communities (GSS, 2014). This means that the elderly persons are gradually being left to fend for themselves as more and more people are migrating from the rural communities. One study showed that about 11% of the elderly population in Ghana live alone (Nantomah & Adoma, 2015). A study by the Ghana Statistical Service indicates that less than a tenth (8.3%) may receive some form of care and

support from an extended family member they stay with. The study also showed that 9% of older persons between the ages of 65-69 years and a further 11.4% of older persons aged 75-79 years stay alone. This was attributed to the fact that most elderly persons are household heads or family heads and those who have people staying with them had a third of them being less than 15 years of age (GSS, 2013). Elderly people who live alone are more likely to require outside help especially in the case of disability and ill-health and are also at risk of social isolation (Tawiah, 2011).

Another Social challenge facing elderly care is the issue of abuse and discrimination. Some studies done suggest the elderly suffer discrimination and abuse from society. The average Ghanaian strongly believes in witchcraft and what it can do (ActionAid, 2013). Witches and wizards are belied to possess some supernatural powers that are used to harm or create misfortune for others. Elderly people in Ghana are more likely to be branded witches and wizards by others than a younger adult or child. Older persons who are branded witches and wizards are subjected to torture and abuse by their accusers for one reason or the other (Stanley & HAI, 2008; ActionAid, 2013). The baffling thing about this trend is the involvement of their own biological children in perpetuating this unkindness, especially at a time when they need their protection, sympathy, care, and support the most. Most are abandoned and banished from their homes and communities despite it being against the laws of the land. It is believed that those who are banished out of the town or into witch camps are the ones who usually survive. Some have lived in witch camps for as long as 40 years and would prefer to remain in the camp rather than going back home and be subjected to abuse and discrimination of the society. Some have called for the immediate closure of these camps but ActionAid wants it to be done gradually because these camps have come to be a safe haven for most of these women accused of witchcraft. Even though the living conditions pose a health risk,

most of the women have indicated their desire to remain in the camp than to face discrimination or the risk of violence or death back home (ActionAid, 2013; Tawiah, 2011).

The economic challenge of the aged in Ghana is such that after retirement, most of them are forced to depend on their families for financial support. Many older persons are farmers and are not on any pension scheme (Nantomah & Adoma, 2015). The general population of the elderly live in abject poverty. Several studies conducted on family composition in Africa suggests that there is a significant difference between the poverty gap ratio of households headed by older people or occupied by only the elderly or elderly people and their grandchildren was much higher than the national average of several countries (WHO, 2014).

The aged has been known to suffer from some health-related issues due to their age such as undiagnosed and untreated hypertension, difficulties in carrying out everyday tasks and social isolation, poor utilization of health services, inadequate preparedness of the health workforce to care for older people and undetected and/or unmanaged problems with eyesight and hearing loss (WHO, 2014). Some studies also suggest that there is a high correlation with long term physical and mental disability and other long term chronic conditions which is very likely to increase personal care requirements (Kwankye, 2013). The aged suffers from both communicable and non-communicable diseases. One study indicated that an aged living in the rural area is twice likely to contract a chronic non-communicable condition compared to an aged who lives in an urban setting (Ayernor, 2012). As the number of older people increase there is also going to be an increase in degenerative and non-communicable diseases including

blood pressure, diabetes, cancers and cardiac related diseases (Kwankye, 2013). In an effort by successive governments to ensure universal and acceptable quality health care, the National Health Insurance Act (Act 650) was passed into law in 2003. This policy ensures the elderly persons who are 70 years and above are exempted from paying for medical services at any public facility across the country (Nantomah & Adoma, 2015). The health sector should also be equipped to handle the health concerns of the growing population of the elderly. This means that more health professionals should be trained to join the already existing workforce to not just care for that elderly but for the whole population as a whole (Kwankye, 2013).

2.4 The Church and Elderly Care

In the face of the breaking down of traditional structures that were responsible for the care of the elderly such as the family support system (Nantomah & Adoma, 2015), the church has become the alternative caregiver for the elderly (Ayete-Nyampong, 2008) and this is not surprising because the older adults tend to be more religious (Deaton, 2009) as they age and their participation in religious and spiritual activities of the church increases. According to Mcgadney, (1990), the black American churches visit their older adults who are sick or homebound to give communion and pray with them and also contribute financially towards the care of the elderly. This is in line with the study done by Ayete-Nyampong, (2008) and Nantomah & Adoma, (2015). In Nantomah & Adoma, (2015) study, Churches do contribute towards the provision for older people. They provided financial support and material support such as food and clothing. Caring for the elderly is actually the commonest means through which the church interacts with its environment which usually has a positive effect on church growth. For example, a study done in the UK showed that elderly care initiatives were the 3rd most common type of social action initiatives run by the church

in 2010 and 6th in both 2012 and 2014 (Biggs, Davies, Jarvis, & Mcwilliam, 2016). Despite the effort of the church, some of the older adults are still faced with challenges occasionally feeling side-lined and unwelcome in the church mainly because not many pastoral givers take interest in considering their issues as matters of importance (Baloyi & Theology, 2008). Ayete-Nyampong (2008) describes this as the church being slow in their response to the adequate needs of the elderly people amongst them. In his study he came across categories of elderly persons within the church, those who were active or regular attendants and those who could not make it to church because of sickness or other reasons to administer communion and this group of people are referred to as elderly infirm or invalids or homebound. The Church, which is a body of individuals dedicated to ensuring a continual support of social justice, cannot afford to turn a blind eye to the predicament of the elderly persons in society but play a role that goes well beyond only religious or spiritual agenda (Biggs et al., 2016). According to Ayete-Nyampong (2008), The church has a central purpose to fulfil in inspiring the active presence of the older generations in family and social life. This role is a natural one for the reason that the church's visualisation of human life is not one of deterioration but of growth.

2.5 Social Support

Social support is very important to the elderly since social isolation is one of the biggest challenges facing the elderly population. Data analysed from a study on factors affecting mortality in Ghana revealed that companionship, along with social and family ties are more important to the elderly than socioeconomic status. In the study, socioeconomic status was not found to be a determinant of death among older adults but loneliness, living without a spouse, being male and old age was found to be a determinant of death amongst the older adults (Reblin & Uchino, 2008; WHO, 2014).

Over the past 30 years, many research works on social support have been conducted with focus on the impact of social support on health and mental health (Seybold & Hill, 2001; Reblin & Uchino, 2008; Mousavi, Kalyani, Karimi, Kokabi, & Piriaee, 2015) and many of these studies have found Social support to have a very positive effect on elderly health and wellbeing (Chida & Steptoe, 2008; Dykstra, 2015). Social support refers to the affirmative interactions between two individuals that help people stay healthy or cope with adverse events and also serve a stress buffer (Stangor, 2012; Thoits, 2011).

2.6 The Concept of Church-related Social Support

Extant studies propose that a strong social support system is necessary for good mental health (Serap Unsar, Assoc. Prof., PhD, Ozgul Erol, Assoc. Prof., PhD, & Necdet Sut, Prof., 2000; Cohen, 2004; Reblin & Uchino, 2008) but these studies have not considered the extent of the influence of social support systems on health and wellbeing due to the fact that their focus have been solely on social support provided by family members and close friends. Nonetheless, Krause (2006a) has suggested that social support exchanged in churches may be even significant for mental health than support in non-church settings (Krause, 2006a). In terms of mental and physical health in late life and mortality, religious involvement has provided a lot of benefits (Koenig, King, & Carson, 2012), and churches social support have played a central role in conciliating these connections (Krause, 2006a). This impact may be especially important during older adulthood, because congregational ties tend to endure and strengthen, even as those related to work and other important activities decline (Krause, 2008). This provides a guideline for church-related social support to be scrutinized.

Wuthnow (2002) stated that individuals that are connected to a religious congregation have the chance to be given support and provide support unto others, possibly providing integration of one as well as the other connection and linking social capital, smoothing both parallel relationships and upright ones affording access to aid from members with higher socioeconomic status outside the church. Though church-based social support has had a positive influence on the physical, mental and wellbeing of people especially the African American (Taylor & Chatters, 1985; Taylor & Chatters, 1986a; Taylor & Chatters, 1986b; Taylor & Chatters, 1988; Taylor, Lincoln & Chatters, 2004; Taylor, Lincoln & Chatters, 2005; Krause, 2008), there had not been a generally accepted definition. Various researchers have explained it based on the angle they are viewing it from. Church-related social support as far as this study is concern can be explained as the resources received by church members on behalf of the church as a result of one's affiliation to that church. It can also mean the resources the church provides its members, especially on special occasions (such as Christmas, marriage ceremony, naming ceremony, birthday celebrations); or in times of difficulty (such as sickness, death of a loved, old- age and sudden accidents that befall it members) to help them cope. It could be in the form of material, spiritual, emotional, financial and informational (Krause, 2008 ; Joseph & Linda, 2017; Hayward & Krause, 2018).

2.7 Types of Church-Related social support

From the perspective of various researchers, different types of church-based related social support have emerged. Krause (2008) in his study on "church-based social support and change in health over time" mentioned anticipated support and enacted support to be the types of church-based support. In contrast, he explained that anticipated support arises as church members' belief and hope that help will be received in the future when they are in need and enacted support refers to

the actual aid received from fellow church members or the actual assistance that fellow members have given to other fellows in the church. He, Krause (2008) in his study "Aging in the church: How social relationships affect health" stated that social support from the church is in many dimensions but considered emotional and tangible support. Emotional support involves showing of compassion, care; providing warmth affection and trusting fellows whilst tangible support refers to the act of helping an individual directly, such as providing transportation, helping with household duties, and financial assistance. Hayward & Krause (2018) added that the extent to which the church foster support relationships among their members lies on a variety of factors of which formal structure, history, and culture are not left out. According to Taylor, Lincoln, Nguyen, Joe, & Chatters (2011), emotional support, tangible support, instrumental support and material support are the types of support in relation to church-based social support. Emotional support from church members, spiritual support from church members and emotional support from clergy are the key church based social support identified by (Krause, Ellison, Shaw, Marcum, & Boardman, 2001). They argued that the source of the support received must be considered (Krause & Jay, 2001) because the effectiveness of the help sort will depend on whether the provider is a child, spouse, friends, or other relatives. Nonetheless, usually pastors are seen as an important help provider (Veroff, Kulka, & Douvan, 2001) since whenever need arises, people are quick to seek assistance from the church (Clergy, Pastors, elders, group leaders etc.) than from mental health professionals (Chalftant, Heller, Robberts, Briones, Aguirre-Hochbaum, & Farr, 1990; Neighbours, Musick, & Williams, 1998)

Fellow church members also play a key role in the church-based social support and this has been supported by Glock, Ringer & Babbie (1967) as they contended that churches function as a "family

surrogate" for unfruitful marital couples and single persons. The individuals become more involving in the organized religion because the church operates as a auxiliary family, satisfying several important social and emotional needs (Joseph & Linda, 2017). Regardless of the fact that the family surrogate theory was not reinforced by subsequent experimental work (Roof & Hoge, 1981), it nonetheless called attention to the fact that church member's maybe an integral component of a social support network for some individuals or groups. Race plays a major role in church-based social support (Hayward & Krause, 2018) and this is supported by Taylor, Chatters, & Levin (2004) as they posited that the unique role of the church in African American chronicle and culture has contributed to its particular importance as a nexus of support, especially for older African Americans. The degree to which church-based support structure function contrarily from more general support networks like family and friends is not yet clear, due in part to uncertainty in the way that social support is often evaluated (Hayward & Krause, 2018). Also, there will be a present of significant correspondence among these systems, as in when numerous of one's associates are also members of one's church group. Because research generally does not differentiate support from friends and family in the church from that received elsewhere, its relative contribution is not always clear. However, when church-based support from friends and other support from friends are measured separately, there is some evidence that the church-based component has a greater influence on health in older adults (Krause, 2006a; Hayward & Krause, 2018). Apart from the family, few social networks other than the church endure over a major portion of the life course (Joseph & Linda, 2017). In countless occurrences, individuals are connected originally with a church at a young age and may remain a member for a number of years. Several cohorts of a family may be active in the church as well. The line qualities of church support networks are apparent as the individual moves through a number of life events and

transitions accompanied by a relatively constant group of individuals (Joseph & Linda, 2017). Significant life events are even formalized and ritualized by churches, in particular the sacramental of new-borns (parenthood), marriage, and last rites and funerals. Further, in general the church provides a loyal structure as individual progress through the life cycle (Wimberly, 1979). Reminiscent of the concept of a support reserve, Steinitz (1981) reports that assistance from church members and clergy is based on one's past record of involvement in the church.

2.8 The Concept of Health and wellbeing

The concept of wellbeing is strongly related to health (Easthope & White 2006). The term "health" can be used to broadly describe a state influenced by social, cultural, behavioural and emotional phenomena, including physical and mental health, social participation, education, income, social in/exclusion, housing, diet, substance use and other behaviours (AIHW, 2003). However, health generally focuses on a specific condition while wellbeing allows for a comprehensive examination of health related issues. The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. The Oxford dictionary defines wellbeing as "the state of being or doing well in life; happy, healthy, or prosperous condition; moral or physical welfare (of a person or community)". Clearly in this definition the use of wellbeing implies something more encompassing than just good health. Wellbeing on the other hand is about feeling good and operating well and encompasses an individual's experience of their life; and a contrast of life circumstances with social norms and values (ONS, 2013). Office of National Statistics, (2013) opined that there are two scopes of wellbeing and they are subjective wellbeing and objective wellbeing. Subjective wellbeing is also known as personal wellbeing; it is about how people think and feel about their

own wellbeing, and includes aspects such as life contentment, positive sensations, and whether their life is significant. Objective wellbeing is grounded on conventions about basic human wishes and rights, including aspects such as adequate food, physical health, education, safety etc. Objective wellbeing can be measured through self-report (e.g., asking people whether they have a specific health condition), or through more objective measures (e.g., mortality rates and life expectancy).

Stegeman, (2014) identified subjective (emotional), psychological and social to be the three dimensions of wellbeing. According to Argyle (2001), emotional wellbeing is a comprehensive notion that includes experiencing high levels of pleasant emotions and moods, low levels of negative emotions and mood and a high life satisfaction. Wilson (1967) stated that a happy person in general is well-paid, young, educated, devout and married whilst Diener, Suh, Lucas & Smith (1999) accentuated that the happy person is blessed with a positive personality, looks on the bright side of things, and does not deliberate excessively about bad events. Individuals are bounded in social structures and communities, and face numerous social tasks and challenges (Stegeman, 2014). Keyes (1998) defines social wellbeing as the assessment of one's state of affairs and functioning in society. Social wellbeing consists of five dimensions; social integration, social contribution, social coherence, social actualization, and social acceptance (Keyes, 1998). Social integration is the degree to which people sense that they have something in common with others who constitute their social veracity, as well as the extent to which they feel that they belong to their community and society. Individuals who illustrate social acceptance trust others, think that others are capable of kindness, and believe that people can be productive. Socially accepting people hold complimentary views of human nature and feel comfortable with others (Horney,

1945). People who feel worthy about their makeups and admit both the good and the bad phases of their lives exemplify good mental health (Fey, 1955; Ryff, 1989). Social contribution is the appraisal of one's social significance. This embraces the belief that the individual is an energetic associate of society, with somewhat of value to give to the world. It brings to mind the notions of usefulness and obligation. The belief in the development of society and the sense that society has potential which is being grasped through its associations and citizens is what is meant social actualisation whilst social coherence is the perception of the quality, organization, and operation of the social world. It includes a concern for knowing about the world (Keyes, 1998). Health and wellbeing seems to influence each other in several ways (Stegemen, 2014). Department of Health, (2014) stated the following to be the reason why wellbeing matters to health: increases years of life; progresses recovery from ailment; it is connected with positive health behaviours in adults and children; it is related with broader positive results; impacts the wellbeing and mental health of those near to us; affects how staff and health care providers work; has implications for decisions for patient care practises and services; has implications for treatment decisions and costs; affects decisions about local services; has implication for treatment decisions and costs and may ultimately reduce the health care burden.

Studies clearly shows that physical activity, social connection, mental health literacy and a sense of purpose are key factors in improving and sustaining older people's mental health and wellbeing (NSW Institute of Psychiatry, 2007 and Jorm, 2000). People who live in societies that value them have better health outcomes. Research has also shown that countries which appreciate the elderly's contribution, view them positively, and have a later retirement age, have fewer deaths from suicide (Yur`yev A, Leppik L, Tooding L, Sisask M, Varnik P, Wu J, Varnik A., 2010). The National

Service Framework (NSF) included the evidence base for a wide range of health promotion activities for older people with the strongest evidence found for increased physical activity, improved diet and nutrition, and immunisation programmes for influenza. It also emphasised the importance of older people being able to access whole population health promotion activities (such as smoking cessation) and the benefits of a much wider range of initiatives to improve health and wellbeing, for example, tackling poverty through benefits advice and support. Researches have indicated that the higher the level of a person's wellbeing, the higher his income, a better health and opportunity to experience positive events (Diener, Nickerson, Lucas & Sandvik, 2002; Marks & Fleming, 1999; Danner, Snowdon & Friesen, 2001; Magnus & Diener, 1991). Previous study has also exposed that slower recovery times from sickness and higher death rates are associated with less social support, having fewer dealings with others, such as a wedded partner, friends, and families, been in a church group or other informal groups (Berkman & Syme, 1979). Public Health England commented that increasing physical activity has been found to improve the wellbeing of older people. This can be delivered through community based exercise programmes.

2.9 Church-related social support and health and wellbeing

Prior research has established a link amid Church-related social support and health (Brewer, Robinson, Sumra, & Gire, 2014). Nevertheless, the specific aspects of church-related social support which may influence health are not fully implicit. Hoff, Johannessen-Henry, Ross, Hvidt & Johansen (2008) opined that religion may have a progressive influence on health due to the continuous call for a healthy lifestyle as well as the dissuasion of unhealthy activities (Yong, Hamann, Borland, Fong, Omar, & ITC-SEA, 2009) such as smoking or drinking. Consequently, it is possible that the healthy way of life which form an integral aspect of many religious

communities, rather than the religious beliefs per se, may account for the relationship between religion and health. However, other aspects of religion may be vital in safeguarding people's health and wellbeing. For instance, positive influence on both physical and mental health in terms of social support has been revealed by prior studies (Uchino, 2005).

Within a church setting, emotional and spiritual support (Krause et al., 2001) can be attained from the audience, church leaders or directly from God (Krause, Ellison, Shaw, Marcum, & Boardman, 2001; MacKenzie, Rajagopal, Meibohm, & Lavizzo-Mourey, 2000). Religious social support is typically based on kindness, assistance and tolerance and may be principally effective at safeguarding health and well-being (Krause, 2008; Lundberg, 2010). Social support obtained precisely as a result of religious principles and practices has been shown to decrease the effect of traumatic events on physical health (Finch & Vega 2003) and mediate the relationship between church attendance and physical or mental health outcomes (Nooney & Woodrum, 2002; van Olphen, Schulz, Israel, Chatters, Klem, Parker, & Williams, 2003). Religious social support is alleged to be particularly significant for the health of particular groups or those at greater risk of social isolation (Krause, 2002).

Moreover, to the benefits of Church-related social support on health and well-being, (Smith, Pargament, Brant, & Oliver, 2000) stated that the support the church gives can influence one's ability to cope with stressors such as ill health or life stress and religion of which the church is one may moderate the impact of these events (Bradshaw & Ellison, 2010). In supporting this, Simoni & Ortiz (2003) and Sowell, Moneyham, Hennessy, Guillory, Demi, & Seals (2000) opined that Christians with chronic illnesses display less downheartedness and grief than others. The responsibility of presbyters may be particularly important, and Maman, Cathcart, Burkhardt,

Omba, & Behets, (2009) summarised the manner in which the direction of presbyters informs long-standing coping approaches for those identified with HIV. In this setting, Pargament, Koenig, & Perez (2000) commented that it is important to highlight that religious coping fulfils a collection of tasks including control, comfort, meaning and life transformation. Researchers such as Ellison & Taylor (1996); Nooney & Woodrum (2002) and Pargament (1997) posited that there is proof that coping can aid individuals to cope with negative emotions connected with various acute or lingering stressors and many persons employ prayer as a coping strategy. Praying often facilitate emotional wellbeing because the individual benefit amusing social relationship and reassuring personal relationship (Koenig, McCullough, & Larson, 2001; Ladd & McIntosh, 2008; Ladd & Spilka, 2002).

CHAPTER 3

METHODOLOGY

3.1 Introduction

The purpose of this chapter is to describe the methodological approach undertaken to ascertain the elderly's experience of the kinds of church-related social support they receive and its impact on the elderly's health and wellbeing. The chapter will present the description of the study area and population, the study design adopted, data collection and analysis methods, sampling technique and the variables of the study and also discuss the ethical issues as well as the inclusion and exclusion criteria.

3.2 Study Design

A qualitative research study employing an exploratory research design to collect data was used. This method was chosen because the study is not looking at establishing causality but rather to get an in-depth information of church-related social support and its impact on the health and wellbeing of the elderly. Exploratory research design allows the researcher to probe for information using open ended questions. This allows the participants to give rich responses of their experiences that are significant and culturally relevant to the participant, unimagined by the researcher and descriptive in nature (Mack, Woodsong, McQueen, Guest, & Namey, 2011) along with their views and outlooks which is in contrast to quantitative research which is planned, wider in scale and more statistical centred. This allows for a superior method of gaining more in-depth and significant information based on an individual's personal experiences of Church-related social support.

3.3 Study Area

The study was conducted in Achimota within the Accra Metropolitan Assembly of the Greater Accra Region. Achimota is located on the Accra Kumasi highway just after Tesano and has a population of about 57,635 (GSS, 2014). It is home to the well-known Achimota Senior High School from which it got its name and St. Johns Grammar Senior high School. It is bounded by Christian village, Tesano, Ofankor barrier, and Akweteman.

Achimota is also home to one of Ghana's forest reserve, the Achimota forest. Part of the forest serves as prayer grounds for individuals and churches in and out of the area. Achimota has a hospital which serves as the primary healthcare institution for people in and around Achimota area. The hospital can be located on the campus of the Achimota Senior High School. It is also home to a number of churches, in fact, Christians (Catholic, Protestant, Pentecostal/Charismatic and other Christians) form 78.7% of the total population in this area (GSS, 2014).

Achimota has one of the most organized and cleanest transport station in the country which can be found between the Achimota Senior High school and the railway line that passes through Achimota. It is home to many shops and businesses such as the Guinness Ghana Breweries Limited located around ABC which is just before mile 7 and the Achimota Mall which is also located around St. Johns. There are many hawkers plying their trade within Achimota, either on the overpass or along the road.

3.4 Population and Sample

The population of the study was made up of the elderly population and the leadership of all the churches within Achimota area. Achimota was chosen for its cosmopolitan nature, the inhabitants are from various cultural backgrounds and also home to 2655 elderly people aged 60 years and above (GSS, 2014). The sample was made up of 27 elderly persons (11 males and 16 females). A leader from each of the three selected churches were also interviewed. The following is the composition of the participants: Church of Pentecost English Assembly, Achimota (10 elderly persons and 1 Presiding elder), Presbyterian Church of Ghana, Logos Congregation (8 active elderly persons, 3 homebound elderly persons and 1 Reverend Minister), and the St. Thomas More Catholic Church (3 active elderly persons, 4 homebound members and 1 leader of the society of St. Vincent De Paul).

3.5 Inclusion and exclusion criteria

Participants included all elderly members who were 60 years and above, homebound members 70 years and above and leaders who belonged to the selected churches within the Achimota area. All elderly persons who were not regular attendants of the church or homebound members were excluded from the study. Homebound members who were 69 years and below were also excluded together with 60 years and above who attended church once a month not because of illness were also not included in the study. The unwillingness to partake in the study or inability to understand or comply with study procedures was another reason for exclusion.

3.6 Data collection methods

Focus group discussions and In-depth Interviews were the methods used in data collection for the study. The data collection took place in June, 2018 and a voice recorder and a cellphone were used in recording the interviews (FGDs and IDIs). All the interviews were transcribed verbatim. Two different Focus group discussions for the elderly were separately conducted in two selected churches, namely Logos Congregation of Presbyterian Church of Ghana located within the Achimota School and the Church of Pentecost English Assembly, Achimota located behind the Achimota market. Each Focus group discussion was made up of eight (8) members (4 males and 4 females) from the two churches. A focused group discussion could not be done for the elderly at the St. Thomas More Catholic Church located in Achimota because most of their elderly were and only three active elderly members met the criteria for inclusion and so an in-depth interview was conducted for the three. IDIs were also conducted for 6 members of the St. Thomas More Catholic church (3) and Logos Congregation of Presbyterian Church (3). The FDGs and IDIs were done in both English and Twi and conducted on the premises of the churches or the homes of the members. The FDGs and IDIs were audio recorded and lasted between 20 to 40 minutes in length.

The interview schedule was structured into 4 sections

- Participants Demographics
- Kinds of church-related social support
- Role of church-related social support on health and wellbeing
- Preferred Support by the elderly

3.7 Sampling Technique and procedure

Purposive sampling was used to select 30 participants (27 elderly persons and 3 leaders) for the study. Purposive sampling because participants were selected based on certain characteristics of the population and purpose of the study such as the church falling under a Pentecostal and charismatic category or Traditional Mainline (Orthodox) category, and participants belonging to one of the two categories of churches within the area of Achimota, aged 60 years and above, or being a leader of one of the two categories of churches within Achimota.

Three different churches were selected purposively from amongst all the churches within Achimota based on the criteria that they belonged to either the Pentecostal/Charismatic category or a Traditional Mainline (Orthodox) category. Church members were also selected based on the criteria that they were 60 years and above, Pastors, deacons or an elders of the church. Purposive sampling was used to get the 27 elderly participants and 3 leaders for each of the two FDGs and 14 IDIs. The participants were made up of a pastor or a leader, older adults (Elderly) 60 years and above or homebound member 70 years and above. The gender representation was made up of 4 males and 4 females in each FGDs.

The FGDs and IDIs were conducted on the church premises, either in an office or a place free of distractions where the participants were comfortable enough to freely express themselves or in the homes of the homebound elderly. The FGDs were conducted first before the IDIs in two of the churches (Presbyterian church and church of Pentecost) and only IDIs were conducted in the third church (Roman Catholic Church).

Table 3.1: St. Thomas More Catholic Church

Aged	Gender	Role in the church	Living location	Living status	Membership
61	M	President of society of St. Vincent De Paul	Bosukrom. Kwabenya	family	11 years plus
67	F	Member of the Christian Mother's Association and Member society of St. Vincent De Paul	Agbogba	Husband	11 years plus
71	M	Member society of St. Vincent De Paul	Agbogba	Wife	11 years plus
75	F	Chorister	Achimota	Family	11 years plus
83	F	Homebound members	Christian Village	Family	11 years plus
85	M	Homebound members	Christian Village	Family	11 years plus
88	M	Homebound members	Christian Village	Family	11 years plus

Table 3.2: Church of Pentecost, English Assembly, Achimota

Aged	Gender	Role in the church	Living location	Living status	Membership
38	M	Presiding Elder	Eddisson, down Guinness Ghana	Family	4 years
60	F	Pastors wife	SCC, Kasoa Road	Son-in-law	11 years plus
60	F	Deaconess	Tesano	Family	11 years plus
60	F	Deaconess	East Legon	Family	11 years plus
60	M	Prayer team member	Achimota	Family	5 years and below
61	M	Deacon	Miles 7	Family	11 years plus
61	F	Member	Achimota	Family	11 years plus
62	M	Mentorship Committee Chairperson	Chantan	Family	5 years and below
62	M	Elder	Transformer Taxi Rank	Family	From 6-10 years
68	F	Deaconess	Achimota	Alone	11 years plus
70	F	Member	Achimota	Family	11 years plus

Table 3.3: Presbyterian Church of Ghana, Logos Congregation

Aged	Gender	Role in the church	Living location	Living status	Membership
55	M	Minister-in-Charge	Awudome estates	Family	2 years
61	M	Member Men's Fellowship	Achimota	Family	11 years plus
67	F	Member Women's Fellowship	Ashonmang Estate	Family	11 years plus
68	M	Men's Fellowship President	Nsawam	Family	11 years plus
68	M	Member Men's Fellowship & Chorister	Senitra behind Amasaman	Wife	11 years plus
69	F	Member Pastoral Care Committee	Amanfrom	Family	11 years plus
77	F	Church cleaner & Women's Fellowship	Achimota	Family	11 years plus
76	M	Church Administrator & Men's Fellowship Vice President	New Achimota	Wife	11 years plus
81	F	Member Women's Fellowship	Achimota	Family	11 years plus
74	F	Homebound	Achimota	Alone	11 years plus
83	F	Homebound	Achimota Forest	Family	11 years plus
85	F	Homebound	Kissieman	Daughter	11 years plus

3.8 Study Variables

The aim of the study is to examine the various kinds of Church-related social support and how they impact on the health and wellbeing of the elderly. This makes Church-related social support the independent variable of the study because it is the variable of interest that would influence the outcome variable. The outcome variable is the variable being measured. Health and wellbeing in this study are the outcome variable.

3.9 Ethical issues

Approval was sought from the Ethical Review Committee of the Ghana Health Service. Permission was also obtained from the Churches involved in this study. Letters were sent to the leadership of the various churches to seek permission before the study was conducted to avoid certain challenges and embarrassment.

3.10 Data analysis

According to (Clarke & Braun, 2013), thematic analysis is basically a technique used in finding and analyzing patterns in different types of qualitative data. Such as secondary data sources (like media) and transcripts (FGDs and IDIs). Braun & Clarke, (2006) outlines six stages to thematic analysis and they are Familiarization with the data, Coding, Searching for themes, Reviewing themes, Defining and naming themes, and Writing up.

Familiarizing oneself with the data, requires the researcher to get acquainted with the data by listing to the audio-recorded data as they transcribe as well as reading and rereading the transcribed data. Coding requires grouping all important data concerning a particular description or concept under the relevant label(s) that best describes those data. And this process is guided by the broad research question. Searching for themes is done by identifying codes which are similar and coding them under one umbrella or theme. Reviewing themes is the process of checking to see how harmonious the codes under the various themes are so you either maintain or make amendments. Defining and naming themes suggest that the researcher looks at the study to find the significance of each themes and develop a brief and useful name for each theme. Writing up involves putting

together the logical account of the data to the reader in a rational and convincing way as it relates to existing literature (Clarke & Braun, 2013).

Thematic analysis was used in analyzing the data collected during the FGDs and IDIs. All recorded data (audio and written) was carefully examined so as to be acquainted with it and relevant data transcribed and coded using Nvivo, a Qualitative Data Analysis computer software. Themes and concepts were created, named, and reviewed using Nvivo. The narratives and discourse pertaining to the study was then generated using tools within Nvivo (Hilal & Alabri, 2013).

CHAPTER 4

RESULT

4.1 Introduction

This chapter presents the results of the analysis done from the FGDs and IDIs conducted among the aged and the leaders of the churches chosen for the study. This is done in relation to the study objectives and the various themes that were located under them. A brief profile of the participants is presented together with the three specific objectives along with the themes that was found under each of them.

4.2 Demographic Characteristics

The participants were sampled from the Church of Pentecost, the Roman Catholic Church, and Presbyterian Church of Ghana. They were 30 participants in all comprising of 27 elderly persons and 3 leaders. The leaders were males and the elderly persons were made up of 16 females and 11 males. All names are withheld to protect participant confidentiality.

Table 4.1: DEMOGRAPHIC CHACTERISTICS

AGED/ELDERLY		**LEADERS**	
CHARACTERISTICS	**N**	**CHARACTERISTICS**	**N**
Ages (years)		Ages (years)	
60 – 64	9	38	1
65 – 69	7	55	1
70 – 74	3	61	1
75 – 79	2		
80 – 84	3		
85 – 89	3		
Sex		Sex	
Male	11	Male	3
Female	16	Female	0
Denomination		Denomination	
Church of Pentecost	10	Church of Pentecost	1
Presbyterian	11	Presbyterian	1
Roman catholic church	6	Roman Catholic Church	1
Position in church		Position in Church	
Welfare committee member	2	Minister	1
President men's fellowship	1		
Members men's and women's fellowship	3	Presiding Elder	1
Church cleaner	1	President (welfare Group)	1
Elder/ Presbyter/ Deacon	5		
Mentorship committee	1		
Member pastoral care committee	1		
Church members	12		

4.3 Meaning of the term 'elderly/aged'

This theme focused on the personal and church definition of the aged, the various categories of aged and the challenges of the aged in later life. The definition revolved around ages 65 and above, and 70 years and above. When explicating who an aged was, one person chose to illustrate who an aged was by describing them as generally being "very old":

> *"Aged we know in general is those who are very old. That is what people will term to be aged."* (President of a group, Catholic)

But when asked of the churches definition of who an aged was, he gave 70 and above as being the elderly category:

> *"Oh, here, in fact we term those who are 70 and above because... I'm 60 but I'm strong as you can see. We term those who are 70 and above but there are others who are even 90 here in this church and they are very strong; you can't believe it. So we classify from 70."* (President of a group, Catholic)

One participant noted that there was an attempt to reduce the definition to include those from 65 and above:

"Yeah, the aged according to what I know is 70+ but off late people are trying to bring it down to 65 thereabout but it supposed to be 70+ - that is the aged".

"Yes, with the government employees, they take it from 60 and above but you know with judges and some few others, they go beyond 65 – 70 but averagely it supposed to be 60." (Minister, Logos)

The third participant classified the elderly as being from age 65 years and above:

"then from 65 upwards are considered, those who should go on pension. So for example, as an elder if I am 65, I am supposed to be on pension."

(Presiding elder Pentecost)

4.4 Kinds of social support the churches provide for the elderly;

4.4.1 Church-Related Social Supports

This theme takes a look at the responses given by the leaders concerning the kinds of church-related support they give to the elderly in comparison to the responses the elderly persons gave concerning the church-related social support they receive from the church. The responses from the leaders centred around giving visits, money, food items, cloths, taking care of health needs and organizing end of year get-togethers for the elderly:

> *"ohk, so, like we give an offering to support them, we visit them, sometimes we take care of their health – we identify their health needs and then we provide needed health needs for them. Those are some of the things we do for them."*
>
> (Presiding elder Pentecost)

This participant explained what they do for the types of elderly they had in the church which ranged from food, communion, medical bills and socialization programs;

> *"Communion wards, we go to give them communion every week…. at the end of every year, we buy things for Christmas, like some rice and co... and then 26th, we invite them here for party… …."*
>
> *"……. ……. Our main wards, that is our St. Vincent de Paul wards, we give them money, we take care of their medical bills, and then we give them as usual the Christmas gifts and as well as we bring them to the party."*
>
> (President of the welfare group, Catholic)

One also said they celebrated the elderly and makes the needs of the elderly amongst them their needs and were willing to support whenever any elderly needed their support;

> *"For the elderly, their welfare needs are our need when we get to know them. Apart from that, annually when we come together to celebrate them, we have some few items that we donate to them some ranging from clothes and money and other things we feel they will need at that point in time. But whenever they should come out with*

any welfare needs, the church is ready to support especially those who do not have anybody to help them in that regard." (Minister, Presby)

James also stated what the church did for the elderly in his church;

"They are provided them with cloth, food, financial support and others but that comes …….". (James, 71 years, Pentecost)

The discussion among the elderly yielded similar responses as the leaders with a few additions the leaders didn't make mention of. One participant said the church provided him with food support, food to eat and occasional received money;

"The church has done a lot; great and more things to me. First prayer, food to eat, sometimes they bring me money to keep myself every month. So the Roman church…" (Peter 85, homebound Catholic)

One also said he received visits whenever he was not feeling well and got things for tea as well as prayer which is always done before any items are provided to him;

".....they come and visit when I'm sick..... they give me things for tea"

"when they come, they pray for me before giving me those things".

(Aaron 88, homebound, catholic)

Martha said the members of St. Vincent De Paul visited and helped with the cleaning in the house and bathing the elderly as well as money and other things;

> *"So the St. Vincent De Paul members actually go to help, clean the places for them, at times, bath them; do a lot of things for them... Mmmmm, the members and then the church and the societies also help them to give some gifts to them every month while the church also supports them with some money…."* (Martha, 67, Catholic)

She also said she received visitation, prayer and food items from the church and minister;

> *"……awww, as for the church, they come and visit and also pray with me. The minister also whenever he comes and visits brings food items such as milk, sugar, bread etc."* (Woman, 74, Presby)

Financial support

The aged spoke on the financial assistance they received from the church during visits or as payment for their health needs.

> *"comes and visit and they usually come with envelop. They should continue to come and visit me. ……."* (Abigail, 83, homebound Presby)

> *"And then even aside from that, it is not only the communion we give them, at least we give them cash".* (Minister, Presby)

"The health programme I have just talked about, the church pays the monies". (James, 71, Catholic)

Spiritual support

Under this subtheme the elderly discussed the spiritual support they got from the church as prayer and communion.

"yes, we give them prayer support" (Minister, Presby)

"they come and visit, pray and give me communion."

"yes, they pray and also explain the purpose of the communion they are giving me. Rev. Atiemo used to come and do it so the current minister too has been doing it". (Abigail, 83, homebound Presby)

"for the aged those who are able to come, we do not normally visit them too much but for the invalid as we call them, monthly we visit them and then give them the Eucharist". (Minister, Presby)

"And also, when the church comes to visit, they pray for you and if there is something they have, they give it out. All these are different kinds of support". (Priscilla, 68, Pentecost)

"…… what I have seen especially with the Rev. Ministers that comes here; he helps the individuals in the church and those in difficulty. He helps the with prayers, teachings and also money wise" (Jesse, 76, FGD, Presby)

Visitation support

This subtheme shows the church visits its members who may not be able to attend church service as a form of support

"awwwwww, they come and visit me since I haven't been able to go to church for a while… They've been here for three consecutively." (Lydia, 74, Presby)

"*oh oooooo, sometimes, the women's fellowship arranges and come and visit with some food stuffs. Also, the church, during Christmas and Easter occasions come and support me with something nice".* (Priscilla, 68, Pentecost)

"awwwwwwww, no. They help me through prayers and visitation and in everything or when they hear of any good news or bad news; they come, visit and help". (Priscilla, 68, Pentecost)

Material support

The aged made mention of food items, clothing, and gifts as the material support they received from the church they belonged to.

"Sometimes, they provide material support and some other needs. If you need anything, just make the church aware". (David, 62, FGD, Pentecost)

"…… when the church is giving out gifts to those over 60, I also receive some". (Paul, 68, FGD, Presby)

"Yes, once every year. And then they are also sent with gifts. They sent people to send them gifts…. Rice, errr rice, detergents and so many other things. Clothing inclusive." (James, 71, Catholic)

"….envelop, milo and some food items". (Lydia, 74, Homebound, Presby)

Health support

The church helped with the renewal of NHIS cards, and the organization of health screening for the elderly within their fold;

"occasionally, the church organizes health check around the building and many of us come and check…". (Mark, FGD, Pentecost)

"Nobody comes to your aid financially. But health wise, the church organizes programs, for example if your NHIS card is expired, the church arranges for a renewal and then there are health screening exercises from time to time. Those are the benefits I get from the church". (James, 71, Catholic)

Socialization support

Martha made mention of the Christmas activities such as parties and church services which are organized every year for the aged;

> *"……26th of December every year, they organize a get-together for the elderly and then they organize a church service for them also, those who are not able to come, they rely on their families to drink; at least once a year so that they pray for them, then distribute gifts to them".* (Martha, 67, Catholic)

In as much as some people were provided with support, others also stated otherwise. Some women said the church does not provide them with any form of support even though one had received a visit and financial support before and the other said they she only benefits from the support the church provides her daughter but admitted they would be happy if the church did.

> *"No, they don't give me anything. I came to the church in 1993, It was even in my house that we used to do our morning devotion but because I've been involved in accident, I haven't been able to go to church. Since, I fell sick and had surgery on the 29th of May, and the church came to visit thrice and gave me some envelop – money; GHc 700.00; GHc 600.00 – and my zone also came to visit."*
>
> *"if that is what they want, I would like it."* (Sarah, 70, Pentecost)
>
> *"It's my cripple daughter they visit but they don't do anything for me personally even though I attend church services."*

"I will be happier; although I am already happy but if the church provides those things, I would be happier." (Naomi, 83, Catholic)

4.4.2 Sources of support

This theme represents the source from which the elderly received the various kinds of support. From our interaction with the various churches, we got to know the various sources they received support from such as the pastor, members, various generational groups like the women's fellowship, men's fellowship etc. Below are some of the responses from the respondents:

Reverend Ministers/Priest

Pastors, priests or reverend ministers are the ones from whom the aged receives church-related social support.

"oh that one, I can say church members. Anyway, the priest and the church members all mixed together". (Peter, 85, homebound Catholic)

"……what I have seen especially with the Rev. Ministers that come here; he helps the individuals in the church and those in difficulty". (Gad, FGDs, Presby)

"awwwww, I left one thing. The widows too, especially those who are aged, the church and the various individuals within the church with the support of the Rev. Minister helps in supporting those people. When we started, it wasn't that

encouraging but now a whole lot of people have involved themselves so it is on-going very well." (Grace, FGD, Presby)

"The minister and the presbyters come and visit" (Ruth, 85, homebound Presby)

Catholic Sisters

The catholic sisters were also another source of church-related social support.

"no, please! It is the sisters who come and visits". (Aaron 88, homebound, catholic)

Church Members

Another source of social support for the elderly were the church members they fellowshipped with.

"they are all from the church, from the church and the members"

(James, 71, Catholic)

Fellowship

Two other participants also said they receive it from the fellowship they belonged to in the church and one added that the minister sometimes came with the fellowship on visits;

"It is the fellowship that came to visit when I was sick but for the church no"

(Bernice, 67, FGDs, Presby)

> *"Firstly, the Women's fellowship came to visit; secondly, two members of the women's fellowship with the minister came to visit and lastly, the minister also with some members came to visit almost two – three weeks ago. Even the minister in charge now, he treats me like a family member and it even seems he has known me for long. Whenever he sees me, he joyfully embraces me".*
>
> (Lydia, 74, homebound Presby)

Presbyters/Elders/Deacons

Some participants also said the presbyters and the deaconesses were the ones that provided her the support and also mentioned that it was because of her pleasant relationship with them;

> *"The Presbyters and the deaconesses, they too because we have a cordial relationship, they all come and visit me. Church members too come".*
>
> (Priscilla, 68, Pentecost)

Church

The result under this subtheme show that the church through its welfare systems and ministries do provide support for the elderly;

> *"I haven't been in any difficulty but there was one time I had and eyes problem and the welfare gave me something".* (Grace, 69, FGDs, Presby)

> *"the members of the Extraordinary Ministry of the Eucharist; they go round from community to community to visit and feed the people with communion and then the Word of God is also explained to them".* (James, 71, Catholic)

4.5 Role of church-related social support on the health and wellbeing of the elderly;

4.5.1 Health and wellbeing

To evaluate the role of church-based social support on the elderly, the question asked the elderly was, "how does the support they receive from the church help?" the following were some of the comments and responses by the elderly, the minister, group leaders and the presiding elder:

> *"You know, when you pray together with somebody, the Bible says where two or three people are gathered in His Name, He is with them. So when you go to an elderly person, for all this time, he has been alone but when you pray with the person together; you will also give words of encouragement to that person, so it lightens the person a little. Yes! So it brings a lot of joy. And sometimes the material things that we give to them, some are neglected by their family members so when the church provide those things for them, it brings some sort of life that they have not been forgotten in society".* (James, 71, Catholic)

Hope, Care and Comfort

Elderly participants stated that the church-related social support gave them hope and felt cared for by the church;

> *"So with the church sending groups of people, not only once, not only twice and weekly and monthly basis too means that they care for you and that will also give you the hope that even though I'm in this situation, people still care for me. Aha! And that brings joy into your life".* (James, 71, Catholic)
>
> *"It gives me hope because it's like they always have me in mind…"*
>
> (Lydia, 74, homebound Presby)

This one said that she felt loved and cared for by the church because some of her family members do not even know where to find her;

> *"I find joy in Christ because even some of my family members don't know where are I am but the church actually loves and takes care of me, particularly the relationship between us is very tight; I feel so happy……"* (Priscilla, 68, Pentecost)

This participant said she felt comforted that she was not alone and that people still cared and was strengthened by that knowledge;

> *"it gives me comfort! awwwww, I find comfort in that. yeah, I feel happy! Even when I'm sad, their visitation alone makes me feel happy. I feel happy and gain new strength".* (Abigail, 83, homebound, Presby)

Happiness

The church-related social support made the elderly happy. One even gave an example of being in a situation and the church coming to your aid;

> *"Oh, it makes you happy. If you are in difficulty and someone come and assist you, you will be happy; you will be glad, and then you praise the church for assisting you or coming to your aid. Oh, it makes you happy. Yeah, sometimes it makes you happy".* (James, 61, Catholic)

> *"yeah……. I feel happy. I feel very happy".* (Ruth, 85, homebound, Presby)

The gift the church gives out during Christmas also brought some happiness to the elderly;

> *"during Christmas time, they give us gift and it makes them happy. We've done it for quite a number of years and in fact, I cannot tell. He started with the aged and it makes them very happy".* (Mark, FGD, Presby)

> *"We were really happy especially the aged because there were some kinds of food that they had the chance to taste in a long time".* (Grace, FGD, Presby)

One participant stated that the church-related social support made her feel happy and strengthened spiritually and physically;

"awwww, I feel happy and excited because I won't even receive this from my family". It gives me strength; spiritual strength and physical strength. It makes me happy because I have a wonderful family in Christ". (Priscilla, 68, Pentecost)

Refreshes the elderly

The support such as visits, conversations, songs and sharing in their needs brings relief, reinvigorates and strengthens the elderly knowing that there is someone who cares;

"it refreshes them and give them a lot of relief". You know, and anytime you visit them, the conversations you have with them, the songs that you sing with them, with them sharing their needs with you, at the end of day you look at their facial expression and you realize that they are really satisfied".

"it really strengthens and energizes them and so……".

"at least it can even increase their lifespan. Yes!" (Minister, Presby)

Feeling better

Participants said they felt better when they received church-related social support such as prayers;

"it makes me feel better." (Peter, 85, Catholic)

"it makes me feel better. the prayers help me to be strong".

(Aaron, 88, Home bound, Catholic)

Early recovery

One participant said the prayer support he received, helped him recover faster from sickness.

> *"They prayed for me and even the prayers helped me recovered very early".* (Dinah FGD, Presby)

Some church members shared some testimonies of people who had recovered from illness after receiving church-related social support. Below are some of the comments.

> *"They haven't visited me before but we went to visited one aged and the next day it was reported that he/she was made well".* (Jesse, FGD, Presby)

As a result of the positive impact of the church-related social support, one man requested for more visits from the church.

> *"Me too, the church has not visited me before but there have been some testimonies where a man and a woman were testifying about how they were made well when the church visited and prayed with them. The man is even requesting that if it could be possible we should often come and visit him every week; you could see he was very happy".* (Paul, FGD, Presby)

> *"There is also one woman who shared her testimony; she is among the widow and the aged. Whenever we pay her a visit; she her countenance changes and you see*

the happiness and the encouragement written all over her. Her strength is also renewed whenever she sees us". (Deborah, FGD, Presby)

4.6 Kinds of social support the elderly prefer

4.6.1 Preferred support

The support that the aged would like the church to provide them was assessed by asking them what support they would prefer the church to assist them with aside what is already being done to help them. The responses were clear that they appreciated what the church was already giving them because it made them happy, excited and feel a part of the family (Church) but others also preferred the church increase the support they provide:

"Frequent visits, frequent visits by church members, they pray for you and then they give you the Holy Communion". (James, 71, Catholic)

"They should continue to come and visit me……. Even your presence alone here has made me happy" (Abigail, 83, Presby)

Some also wanted the church to help them with money and their hospital expenses;

"The church should take care of them like given them money, food and everything". (Naomi, 88, Catholic)

"... I prefer them to help me with. hospital expenses....." (Martha, 67, Catholic)

"it is money that is needed. Awwwww, money! So that when they are not there, I can go to the hospital on my own". (Peter, 85 years, Catholic Church)

Another said she would prefer the church to help her in prayers so she would prosper in life because it is only God that can make her prosperous;

"I want the church to help me through prayers so I would be able to prosper in life. As for money, it is the Lord that gives and doesn't rely on hard work. God has also been helpful in that little by little, I'm able to do something and I'm ohk". (Sarah, 70, Pentecost)

This participant said she would always want to experience the presence of the church so even if she is unable to make it to church, they should visit her;

"I am always expecting their presence as I am not able to go. You have come and they've not been here…….. (Abigail, 83 years, Presby)

Some elderly persons also stated that they were still in active labour and did not need the church to support them currently but preferred the church to provide some things for those elderly persons who needed them and those are captured below:

"I think transportation will be very appropriate".

"But I will suggest that those who would not be able to come to church, they should send communion to them and not the communion alone, they should give them some things".

"ohk, it shouldn't only be when the person is sick but with the aged, we should constantly visit them". (Micah, FGD, Pentecost)

"some of them need counselling concerning the things they are going through…… We need to pray for them to be able to cope with their current situations……." (Bernice, FGD, Presby)

However, some of the elderly persons insisted they were satisfied with what the church provides them and did not need any other thing:

"awww, no! I appreciate everything they are doing".

(Priscilla, 68, Pentecost)

"I am happy about everything they are doing for me. This is enough".

(Abigail, 83, Presby)

Also, some ministers, presbyters and group leaders preferred that the church in supporting the elderly should provide them with the following:

> *"……should be able to visit the person and then provide that support".* (Presiding elder Pentecost)

> *"we can have a recreational day for them"*
> *"…… give them talks you know in a lively manner which will help them in their ageing or in their"* (Minister, Presby)

This participant was of the opinion that the dire needs of the elderly is health and that the church should do more in that regard.

> *"I think one of the critical needs of the aged is health. Probably we should put in place – you know like the church we have even hospitals as church – maybe we should put in place certain concessions for the aged. Whereby, maybe we can say regularly you go for health check-ups and so on".*
> *" I will say that maybe we should put in something like that whereby the moment you get to a certain age, there will be some regular free health screening and support in that area. If there is something I will add to what we are doing, maybe that is what I will recommend ……".* (Presiding elder, Pentecost)

Furthermore, some of the ministers, presbyters, the group leaders, and even the elderly in active labour stated that it is not the church that has to support the elderly but it is the responsibility of their family and the government, hence whatever the church is able to give to them is enough:

> *"……. that is all what the church can provide".* (President of a group, Catholic)

> *"……. In the civilized world excuse my language, the government takes care of the elderly…… It is not the church's responsibility to take care of the aged."* (Hannah, FGD, Pentecost)

Another elderly stated that, the church comes and visit but she is rather expecting her generational group members in the church to pay her more of the visits;

> *"We are not expecting them to be here every day but at least once a while. They could have even sent two delegates to come and visit her on the mother's day".* (Ruth, 85, homebound, Presby)

In spite of the comments from the various groups, one elderly in active labour opined that the church should devise ways and means to sort for the peculiar needs of the elderly so they could better provide exactly what the elderly persons in the church need rather than providing what they deem fit to provide:

> *"I also want to suggests that a questionnaire sort of or a format is printed out to be given to those who are very weak and can tell us what their problems really are so the church can act on that basis".* (Joanna, 60, Pentecost)

Moreover, others also suggest ways through which the church can support their elderly population who are infirm or homebound and those who live far church:

> *"I think once a while too we should announce that anyone who knows or is aware of someone been sick, they should alert the church so the church will take it from there. It is not all the people who have the courage to report such things".*
> (Lydia, FDG, Presby)

> *"……with the aged's issue, some are living at far distance and it is difficult to reach out to them. So the youth within the various vicinities should come out and be paying visits to those ones. They can stand in for the presbyters and pay a surprise visits to the elderly deliver items on behalf of them so the people we know the presbyters think of them. Because of proximity, the youth can be delegated to do that".* (Deborah, FGD, Presby)

CHAPTER 5

DISCUSSIONS

5.1 Introduction

The aim of the study was to explore how the church in Ghana through its social support systems contribute to the health and wellbeing of the aged in Achimota which is located within the Accra Metropolitan Assembly. This chapter will discuss the findings obtained through the data collected with FGDs and IDIs. It will demonstrate the relevance of the findings to this study and link it to other research done within this domain or similar domain.

5.2 Meaning of the term elderly/aged

In finding out the leaders understanding of the elderly/aged, one question that was asked was how they defined an aged/elderly person and their response of 65 years and 70 years fell within the range of 60 years and above as defined by UNECA, (2012) and Ghana Statistical Service, (2013) but in countries where the life expectancy is on the high side, the definition of an aged/elderly may change to 65 years and above (GSS, 2013).

5.3 Kinds of church-related social support the churches provide for the elderly;

5.3.1 Church-Related Social Supports

The findings of this study reveal that the church actively contributes to the care of the aged/elderly persons in their midst or affiliated to them by providing them with different kinds of social support. These social supports as identified from the study are prayer, communion, the word of God, food, cloths, provisions, money, gifts, advice, encouragements, NHIS renewals, health screening and

catering for hospital bills, visitations, Christmas parties, and church services in their honour which were all in line with the church-related social supports the three church leaders had indicated the church provides for the aged as well as what the aged said they got from the church. These were also in line with the contributions of the church towards elderly care as outlined by Mcgadney, (1990), Ayete-Nyampong, (2008) and Nantomah & Adoma, (2015). In their studies they listed the kinds of support the church offers the elderly/aged within their circles as visits to elderly infirm or their homebound members to give communion, prayer support and financial contributions and provisions, food and clothing towards the care of the elderly. These kinds of church-related social support identified in the study could also be grouped into or categorised under material, emotional, spiritual assistance and as information and advice (Peterson, 1990). It can also be material, spiritual, emotional, financial and informational as identified by Krause, 2008; Joseph & Linda, 2017; Hayward & Krause, 2018) or Emotional support, Tangible support, Instrumental support and Material support as shown by Taylor, Lincoln, Nguyen, Joe, & Chatters, (2011).

5.3.2 Sources of support

The results also revealed the sources from which the aged in Achimota received church-related social support. The elderly indicated that they received the support from the priest/ pastor/ reverend minister, presbyters, elders, deacons, sisters, church, church members, men's/women's fellowship. These identified sources are similar to Krause, Ellison, Shaw, Marcum, & Boardman, (2001). The study revealed that the elderly/aged usually received visits from members of the church, the various groups within the church, the presbyters/elders, deacon, catholic sisters or reverend ministers/priest/pastors. Communion/Eucharist were also carried out by the priest/ pastor/reverend minister, sisters, and members of the Extraordinary Ministry of the Eucharist. These findings were

consistent with Mcgadney, (1990) whose study revealed that, the church members made friendly visits to the frail elderly and offered their support in accordance to their need whilst pastors mostly visited and served communion to the elderly or homebound elderly.

5.3 Role of church-related social support in the health and wellbeing of the elderly;

5.3.1 Health and wellbeing

Church-related social support has been recognised to have a positive influence on health and wellbeing and it for this reason that the link between church-related social support health and wellbeing has been explored in many studies. This study also explored that link by asking them what it did for their health and wellbeing and the results revealed that it did have an impact. For someone receiving financial assistance from the church especially when in need of it, gave the person relief and for another, it cushioned them and as one participant described, it helps alleviate poverty in the life of the elderly person so he or she does not worry or get stressed out by the lack of it. Another result showed that visitation was very important as it brought joy to the individual and the lack of it brought distress as in the case of one participant who during the interview kept bringing up the fact that even though the church leaders do visit her to administer communion and give her money, the fellowship she belonged to had neglected her. Another participant also explained that visiting solves the issue of loneliness and a lack of it also brings grief to an elderly member who needs it. This is in line with Krause, (2002) who said religious social support is alleged to be predominantly significant for the health of specific groups or those at greater risk of social isolation. The study also revealed that church-related social support in it different kinds gave the elderly/aged the feeling of being cared for, the hope that she has not been forgotten, and the satisfaction that the church is there for them when they need their support and another said it makes

him feel well. A participant said she gained new strength whenever she received church-related support which was collaborated by another participant who indicated that prayer helps her to be strong. The study also revealed that prayer support helped speed the recovery process of a participant. Prayer support often facilitate emotional wellbeing because the individual benefit from some form of social relationship and reassuring personal relationships (Koenig, McCullough, & Larson, 2001; Ladd & McIntosh, 2008; Ladd & Spilka, 2002). The results also showed that church-related social support strengthened participants spiritually and physically. There were testimonies of the healing effect of church-related social support told about people who some of the participants had visited. The church organized health screening programs for the elderly to check on their health and also renewed their health insurance for them so they could visit the clinics and hospitals and also paid for additional cost which may not be covered by the health insurance and this enabled the elderly person to receive treatment at health facilities to stay healthy, this lessened the financial constraint that hinder the elderly from receiving treatment from health facilities because they cannot afford as highlighted by the World Health Organization, (2014).

In previous studies, findings suggested that physical activity, mental health literacy, social connection, and a sense of purpose are important factors in improving and sustaining the mental health and wellbeing of older people (NSW, 2007 and Jorm, 2000). Another study revealed that people who had more support from the congregation, saw themselves to be more resilient to ill-health (Brewer, Robinson, Sumra, Tatsi, & Gire, 2015). According to Krause & Hayward, (2014) spiritual support provides coping benefits to help them face their physical health problems. (Krause, 2006) also says that church-based emotional support is likely to counterbalance the harmful effects of stressful life events on the health of older adults. Joshi, Kumari, & Jain, (2008),

also said religiosity had a favorable effect on happiness and overall sense of personal well-being. Smith, Pargament, Brant, & Oliver, (2000) detailed in their study that, church-related social support influences an individual's ability to deal with stressors such as ill health or life stress. Religion of which the church is one, may ease the effect of these stressful experiences (Bradshaw & Ellison, 2010).

5.4 Kinds of church-related social support the elderly prefer

5.4.1 Preferred support

The study also took a look at the church-related social support the elderly preferred and they were not so different from what they were already receiving. Some even said they were satisfied with what the church was already doing but others also want more of visits, money, prayer, food items and settling of hospital bills. Even though there is no existing literature measuring the preferred Church-related social support they were in line with what the church was already doing except they preferred of them. Some even made suggestions to put in place a visitation team to ensure the elderly is visited and their challenges addressed. The study also revealed that those usually below 65 years were still in active labour and as such did not need most of the kinds of church-related social support mentioned earlier but just being part of the church and its atmosphere of belonging to a family was enough support as described by participants in the study. Krause (2008) described this in his study as anticipated support which he said was a church members belief and hope that support will be available when needed. Joseph & Linda, (2017) also said individuals tend to be more involving in organized religion because the church operates as a auxiliary family, satisfying several important social and emotional needs.

5.5 Limitation of the study

The study only focused on three churches in Achimota and as such cannot be generalized to include all churches who were not included in the study.

Some of the elderly participants were holding positions in the church and may have answered questions to portray the church in good light.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The study explored how church-related social support contributes to the health and wellbeing of the elderly in Achimota, Accra Metropolitan Assembly, by looking at the kinds of church-related social support provided to the elderly person, the role of church-related social support on the elderly's health and wellbeing and the ones the elderly find helpful. The study identified kinds of social support, some health and well-being roles of church-related social support and the kinds of church-related social support the elderly prefer.

6.2 CONCLUSIONS

6.2.1 Kinds of Church-related social support provided for the elderly;

6.2.1.1 Church-Related Social Supports

From the study, it was identified that the kinds of church-related social support the elderly received was prayer, communion, the word of God, food, clothes, provisions, money, gifts, advice, encouragement, NHIS renewals, health screening and catering for hospital bills, visitation, Christmas parties, and church services held in their honour.

6.2.1.2 Sources of support

The study revealed that the elderly/aged received church-related social support from the priest/ pastor/ reverend minister, presbyters, elders, deacons, sisters, church, church members, men's/women's fellowship.

6.2.2 Role of church-related social support in the health and wellbeing of the elderly;

6.2.2.1 Health and wellbeing

In examining the role of church-related social support in the health and wellbeing of the elderly, the study revealed that church-related social support elicited positive emotions such as joy, happiness, hope and relief. It also solved needs like financial constraints, hunger and loneliness. Church-related social support according to the study strengthened the elderly physically and spiritually and helped speed up healing processes of the elderly.

6.2.3 Kinds of Church-related social support the elderly prefer.

6.2.3.1 Preferred support

The findings from the study suggested some elderly persons were satisfied with the church-related support already in place and others also asked for more of visitation, financial assistance, prayer, food items and settling of hospital bills.

6.3 RECOMMENDATIONS

6.3.1 Kinds of social support the churches provide for the elderly.

The Ministry of Chieftaincy and Religious Affairs, the Ministry of Gender, Children and Social protection and the Ministry of Health should work with the churches in Ghana to strengthen the support systems for the elderly/aged in society. This is because the church is part of the resources in the society and has a ready audience that can be used to address the social needs and health and

wellbeing challenges of the elderly in society. The Government through these three Ministries in collaboration with the churches can provide education, health initiatives, spiritual support, support networks and the mobilization of funds to support the health and social needs of the elderly. This will ensure people understand old age and the challenges that comes with it and also guarantee the elderly are better supported and able to cope properly in their old age to avoid depression, reduce early mortality as a result of loneliness and also reduce the negative impact of other health challenges on the wellbeing of the elderly.

6.3.2 Role of church-related social support in the health and wellbeing of the elderly.

The Ministry of Chieftaincy and Religious Affairs, the Ministry of Gender, Children and Social protection and the Ministry of Health together with the church should setup trained Pastoral Care teams to visit the elderly infirm or home-bound aged to interact with, to take care of their health needs and also help out with other things they need. This will help them feel loved, more connected and cared for. This can help them cope with the health issues they encounter at this stage of their lives.

6.3.3 Kinds of Church-related social support the elderly prefer.

The Ministry of Chieftaincy and Religious Affairs, the Ministry of Gender, Children and Social protection and the Ministry of Health must function together with the church to identify the needs of the elderly/aged in society so they can give out need-specific support to the satisfaction of the elderly.

6.4 Future Research

More research on the role of Church-related social support on the health and well-being of the elderly in Africa and Ghana is needed. Future research should focus on the role of each kind of church-related social support on specific aspects of health and wellbeing.

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APPENDIX A

Informed consent was obtained from all those who were directly involved in the research through written and verbal means before the commencement of the study. The objective of the study was explained to the understanding of all the participants and those who decided to still be part of the study were made to fill a consent form. The informed consent was read to participants in either English or a local language understood by them. Participation was voluntary and subjects were reminded of their right to refuse to answer any question when they feel uncomfortable to or even withdraw from the study at any time if they decide to.

They were assured of **Confidentiality and Anonymity** before the commencement of all interviews. The Participant were respected and protected. The names of participants were not requested for and their identities not be made known. There is/was no reference to their names during and after the study to ensure anonymity. Each participant was given an identification code for easy identification during data entry. Data collected was stored on a computer that no one else had access to except myself. Participants were informed that their information given will be used solely for academic purpose.

Privacy was ensured by conducting interviews with participants somewhere private on the church compound such as a conference room, an office or an auditorium where we were not disturbed. The place was suitable for the participants to express themselves without worrying about any intrusion.

Potential Benefits and Risk; There was no direct benefits for participants who participated in the study. And there was no risk involved.

Dissemination of Results of this study was done through my dissertation and made available to the School of Public Health in University of Ghana. A presentation will also be held to present the findings of the study. The researcher also intends to use the findings to write manuscripts for publications in academic journals.

Training research assistant; Research assistants were selected based on their fluency and ability to read and write English and fluency in either Ga, Twi or Ewe. They were then trained on how to conduct FGDs and IDIs. The Training included explanations of the questions for the FGDs and IDIs, ethical issues involved in research and seeking of informed consent from study participants and recording during FGDs. Research assistants were taken through the training to help prevent interviewer bias and also ensure they conform to the ethical guidelines of the study.

APPENDIX B

INFORMATION SHEET

Title of the study

Church-related social support and the health and wellbeing of the elderly in Achimota, Accra Metropolitan Assembly

Introduction

I am Barnabas Abamfo-Atiemo, a Masters student of the School of Public Health, University of Ghana, Legon. As part of requirements for the MPH programme, I am conducting a research on church-related social support and the health and wellbeing of the elderly in Achimota, Accra Metropolitan District. I am going to give you information and invite you to be part of this research. You do not have to make a decision to partake in the research today. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand, you are free to ask questions and I will take time to explain. If you have questions later, you can ask me or any other researcher.

Purpose of the study

In Ghana about 60% to 70% of the population profess to be Christians and the elderly population is also increasing gradually. The research seeks to explore how church-related social support contributes to the physical and psychological health and wellbeing of the elderly.

Participant involvement

1. We would require you to participate in a focus group discussion or an In-depth interview which would last between 20 minutes to 45 minutes.
2. The session would be recorded onto a device (tape recorder).
3. Your participation will contribute to the success of the study.
4. You will be duly compensated for your time spent.
5. Confidentiality is assured. Any information shared will be protected and no one would be able to trace it back to you. The result will not be shared without the participant's permission.
6. Participation is voluntary and participants have the right to withdraw from the study any time without penalty and without having to give any reasons.
7. The data will be transcribed and analyzed.
8. I am funding the research with donation from family and friends.
9. The data generated from this study will be owned by me and the school of Public health.

You can contact the principal researcher on this number: 0249429536, or through his email address at baakn@hotmail.com for further clarification if need be.

APPENDIX C

CONSENT FORM

I have read the preceding information/ I have had the preceding information read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I also understand I am free to discontinue participation at any time if I so choose. I consent voluntarily to be participant in this study

I agree to my voice being recorded for the purpose of the study. **Yes** ☐ **No** ☐

Name of Participant_____ **/ Thumb print of participant**

Signature of Participant _____

(Thumbprint for those who cannot read and write)

Date _____

Day/month/year

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness_____ **Thumb print of participant**

Signature of witness _____

(Thumbprint for those who cannot read and write)

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability, made sure that the participant understands that the following will be done:

1. **Focus Group discussion**
2. **In-depth Interview**
3. **Sessions would be recorded**

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____

Day/month/year

APPENDIX D

INTERVIEW GUIDE (THE ELDERLY)

A. General Questions

1. How old are you?
2. Where do you live?
3. Do you live alone?
4. What role do you play in church?

B. Questions on the elderly

1. How long have you been part of this church?
2. Why this church?
3. What are some of the challenges you usually face in the church? (Probe)
4. Do you have friends in the church?
5. Are all of them of your age or you have younger ones?
6. How do your friendships help you cope with your challenges? (Probe)
7. How helpful are the congregants? (Probe)
8. How supportive are the leadership of the church? (Probe)

C. Explore the kinds of social support the churches provide for the elderly

1. What kind of support do you receive from the Church?
2. Who do you receive it from?
    i. Do you receive support from the Pastor?
    ii. Do you receive support from the elders of the Church?
    iii. Do you receive from the members?
3. Is it frequent?
    i. How often in a month or year?
    ii. Is it enough? Or you want them to do more?

4. Does it make any difference for you, if it comes from the Pastor, elders or the members?

D. Examine if the role of church-related social support on the wellbeing of the elderly

1. What do these support do for you?
2. Does it have any impact on your health and wellbeing?
    i. How?
    ii. How does the Church or its members visiting you affects your health and wellbeing?
    iii. How does receiving money or gifts or both from the Church impact on your health and wellbeing?
    iv. How does services you receive from the church or members do for you?
    v. How does the feeling of belonging to a church that cares for you affect your health and wellbeing?

E. Explore the kind of social support the elderly prefer.

1. What kinds of social support would you prefer the church provides for you?
    i. Why?
2. How would they improve your wellbeing and health?

APPENDIX E

INTERVIEW GUIDE (LEADERSHIP)

General Questions

1. What's your position in the church?
2. How old are you?
3. Where do you live?
4. What position do you hold in church?

Questions on knowledge of the Elderly

1. Who do you think an aged is?
2. What do you think the challenges of the elderly are?
3. Do you feel the aged are treated well?
4. What are the kinds of supports that you feel the elderly need?
5. Do you feel the support given to the elderly is enough?
6. Do you feel they should be given more role in the church?

Questions on Church's policy on Elderly

1. Does the church have a policy on the elderly?
2. What is the church's definition of elderly/aged? (Probe)
3. How many categories of elderly do you have in the church? (Probe)
4. What is the aim of the policy? (Probe)
5. Does the church have an elderly/aged ministry? (Probe)
6. What are some of the things the church does to honor/support the aged? (Probe)
7. What kinds of social support do you give the elderly? (Probe)
8. Why does the church provide these social support? (Probe)
9. How consistent is it? (Probe)
10. Are they effective or do they help the elderly in any way? (Probe)
11. What kind of social support do you think the elderly needs