

**UNIVERSITY OF GHANA, LEGON
DEPARTMENT OF SOCIAL WORK**

**EXTENDED FAMILY SUPPORT AND ELDERLY CARE IN
BAMANG, ASHANTI REGION OF GHANA**

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DECLARATION

I hereby declare that this submission is my own work towards Doctor of Philosophy (PhD) Degree in Social Work and that, to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree by the University, except where due acknowledgement has been made in the text.

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DEDICATION

This work is dedicated to my late father Agya Kwaku Dua who did not live to see the fruits of his labour. It is also dedicated to all elderly persons in rural Ghana, “The Forgotten Group.”



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ABSTRACT

Social change is causing great transformation in every area of society. The objective of this study was to examine how this transformation is affecting the traditional role of extended family to provide support and care to the elderly in rural Ghana. Bamang; a small rural community in Ashanti Region, was used as research site to collect data for the study. Methodologically, a qualitative research technique was employed, including; face to face interviews and observations as methods for data collection from 60 study participants consisting of 30 elderly persons, 25 caretakers and five opinion leaders. Sampling approach consisted of purposive and snowball techniques. The study revealed that the traditional family is undergoing some transformations; from the traditional extended family to modernized nuclear family. This transformation has unfortunately created a vacuum of social responsibility towards elderly relatives who are in need of support and care. Also, the study found that old age is associated with poverty because of bad economic situation in Bamang which constrained savings against future uncertainties. Further, it was recognized that the living conditions of most participating elderly in the study showed signs of poverty and multiple deprivation. Also acknowledging their low educational background, most of the elderly participants lacked information and access to resources that can be accessed to improve their conditions. The study suggests that there is a great need to decentralize implementation and management of programmes like LEAP to local communities and villages to remove bureaucracy. This will make the program more accessible to many elderly citizens in rural communities.

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Chapter 1

Introduction

1.1 Background to the Study

Population aging is a global phenomenon that has heightened the care giving needs of elderly persons on a global scale (Shaibu & Wallhagen 2002). Mba (2010) indicated that in 2007, there were over 700 million adults over the age of 60 in the world. This number is projected to reach two billion by the year 2050. Even though the level and pace of population aging vary widely by geographic region, and usually within regions as well, virtually all nations have experienced growth in their numbers of elderly residents (Okumagba, 2011). The percentage of the world's population aged 65 and above increased from 5.2 per cent in 1952 to 6.9 per cent in 2000. In Europe, however, the proportion was 14.7 per cent in 2000 (Gavrilov & Heuveline, 2003; Kinsella & Phillips 2005). In Africa, the numbers of those aged 60 and above was 45.7 million in 2005. This number is expected to increase to 182.6 million in 2050 (Ogwumike & Aboderin 2005).

In sub-Saharan Africa, as Table 1 shows, the Southern region will see the most rapid population aging by 2050, while the largest number of older people, 51.6 million, will live in West Africa. Within West Africa, population ageing will be most marked in Nigeria and Ghana. While Ghana will see the most rapid rise in the population share of older people, Nigeria will experience the greatest impact in terms of sheer numbers (Ogwumike & Aboderin, 2005). Half of all older people in West Africa presently do, and will continue to live in Nigeria, their number rising from 6.4 million in 2005 to 25.5 million by 2050 (Ogwumike & Aboderin 2005; UN, 2005).

Table 1: Projected Population Aging in sub-Saharan African Regions, Ghana and Nigeria from 2005 to 2050

Regions	Population 60+ (Percentage of total population)			Population 60+ (millions)		
	2005	2025	2050	2005	2025	2050
West Africa	4.7	5.5	9.0	12.0	21.8	51.6
Southern Africa	6.6	10.6	12.8	3.4	5.2	5.95
Middle Africa	4.8	4.4	6.6	4.9	7.6	17.6
East Africa	4.5	4.9	7.8	12.7	20.8	47.8
Ghana	5.4	7.6	14.6	1.18	2.3	5.8
Nigeria	4.9	6.0	9.9	6.4	11.5	25.5

Source: UN (2005) cited in Ogwumike & Aboderin (2005).

In spite of the growing elderly population in Africa, families take care of their elderly relatives (Shaibu & Wallhagen 2002). In Ghana, institutions like nursing homes for elderly persons are not well developed as such many older persons are cared for in their own homes. Yet urbanization and modern economies have placed great strains on the African extended family with adverse consequences on the care of older persons (Apt, 1992; 2012). Consequently, an accurate understanding of the social support available to elderly persons and the extent to which families provide this support adequately in rural Ghana is critical if social workers are to be effective in helping to resolve the needs of the increasingly aging population (Cantor 1980; Mba, 2007).

This study seeks to find out how urbanization, migration and social change have affected the extended family system and its support to elderly persons in rural Ghana. The aim is to promote knowledge regarding the resources available to elderly persons and thus enable social workers and other professionals to be better equipped to provide appropriate and needed social services for the elderly in rural areas.

1.2 Statement of the Problem

Since the 1960s, Ghana has witnessed a steady increase in the percentage of the elderly population (Madrid International Plan of Action and Ageing [MIPAA], 2007). In 1960, 3.2 per cent of the population in Ghana was 65 years and over. The percentage increased to 3.6 per cent in 1970, also 4.0 per cent in 1980 and 5.3 per cent in 2000 (MIPAA, 2007; Tonah, 2009). Though the percentage decreased to 4.7% in 2010 (Ghana Statistical Service 2012), the percentage of the elderly population in relation to the total population of Ghana has been argued to be growing rapidly than those in developed countries of Western Europe and North America (MIPAA, 2007). The implication of this development is that, the number of people who will fall within the 60 years and above bracket is likely to increase in the near future. It is thus imperative for Ghana to put institutions and structures in place and hold itself in readiness to contain any effects that the anticipated increase in the elderly population might bring.

In view of this development, both the 1992 Constitution of Ghana and the National Population Policy, revised in 1994, recognised the need for laws and formal institutions to promote the well-being of the elderly in Ghana (MIPAA, 2007). In practice, however, caring for elderly persons in Ghana falls mostly on the immediate and/or the extended family. Elderly persons in Ghana are more likely to reside with and depend on family members, particularly

children, for support (Mba, 2004). In traditional (pre-colonial) Ghana, mutual aid societies, organised around kinship ties provided support and aid to family members, including the aged (Brown, 1999; Nukunya, 2003). Nukunya (2003) explained the importance of the extended family and its role in providing support for members of the family. He maintained that within an extended family, individuals had reciprocal obligations, duties and responsibilities towards other family members. Thus, it could be argued that elderly persons were supported and cared for within the extended family structure in traditional Ghanaian societies (Brown, 1999). This care giving was backed not simply by the emotional bonds of relationship emerging out of blood or marital relationships, but by the force of the pervasive influence of traditional values, norms and behaviour which were not simply practiced as a matter of routine but also deified and pursued with vigour (Nukunya, 2003).

The literature as discussed above raises three very important problems related to the social conditions of elderly persons in modern Ghana. First, the percentage of the elderly population in relation to the total population of Ghana is likely to increase in the coming years (Ogwumike & Aboderin, 2005). Second, formal institutions and structures as well as sources of support for elderly persons are not fully developed in Ghana, especially in the rural areas. Third, the extended family system, particularly children, in Ghana has been the primary source of support for the elderly persons (Mba, 2004; Nukunya, 2003).

However, migration, urbanization and social change are gradually transforming the family from the extended system to a more nuclear system (Amponsah, Akotia & Olowu, 2006; Apt, 2012; Takyi & Oheneba-Sakyi, 1994). This shift is gradually weakening the loyalty and obligations of family members towards their kin members (Nukunya, 2003). This means that the support that existed under the traditional extended family system for elderly persons may no

longer be available. Nukunya (1992) further explained that the changes that have occurred in the family have led to the compression of genealogical ties in effective and routine kinship behaviour. He asserted that, unlike in pre-colonial Ghana, people now virtually disregard their traditional reciprocal obligations and responsibilities to relatives outside their nuclear families except the closest and the most immediate. Thus, people tend to be more concerned with the needs of their immediate relations than kin groups (Avedal, 2012; Nukunya, 1992).

The assertion by Apt (2012) and Nukunya, (1992; 2003) was corroborated by the Madrid International Plan of Action and Ageing (MIPAA). In a report on the implementation of the Madrid International Plan of Action and Ageing (MIPAA, 2007), it was revealed that urbanization, rural-urban migration and international migration of the working population in Ghana have created social and physical distances between the working population and their relatives thereby increasing the number of neglected and isolated older persons in Ghana.

Other studies (Abdul-Korah, 2011; Yeboah, 1998) that have examined the family and social support have revealed that imported cultural models and social dislocation among other changes have caused the waning of many traditional mechanisms of social support. Other scholars have similarly noticed these trends and patterns in Ghanaian traditional and social life (Abdul-Korah, 2011; Amponsah, Akotia & Olowu, 2006).

The main argument of this study is that, in a country like Ghana where institutional facilities like nursing homes for elderly persons in rural areas are non-existing, there has been a residue of benign neglect when it comes to the issue of who cares for the elderly or how the older people meet their basic needs (Kumar, Kalache, Hennessy & Acanfora, 2001). Even though on paper, both the 1992 Constitution and the National Population Policy, revised in 1994, advocate

for laws and institutions to cater for elderly persons, not much have been done beyond the paper work in practical terms. Given that elderly persons in rural communities in Ghana mostly work in the informal sector and therefore do not retire on formal pension benefits (Tonah, 2009), changes in the extended family and its support would have effect on the socio-economic and emotional lives of the rural elderly.

This study thus seeks to find out if indeed there have been changes in the nature of the extended family in Bamang. If so, what are the factors that account for the changes? What are the implications of such changes, if any, on the care and support to the elderly? What is the extent of extended family involvement in the lives of elderly persons in Bamang amidst changes in the extended family system as portrayed by various studies in the literature? Finally, the study examines the living conditions of the elderly in Bamang, a rural community in Ghana to determine the extent of changes occurring.

1.3 Objectives of the Study

The purpose of this study is to explore and describe the changes in the extended family system, if any, and its implications for family support and care to elderly persons in Bamang, a rural community in Ghana. Specifically, the study seeks:

- 1) To provide information on the socio-demographic and economic characteristics of elderly persons in Bamang.
- 2) To find out how the elderly live and care for themselves.
- 3) To explore the nature and extent of the extended family's involvement in the lives of elderly persons in the study area.

- 4) To find out from elderly persons if they have experienced changes in the extended family system and its support and care for the elderly in Bamang.
- 5) To ascertain how elderly persons in Bamang interpret changes, if any, in the extended family system and its support and care to the elderly.
- 6) To provide relevant information that will serve as a guide to enhance social policy and social work practice with elderly persons.

1.4 Research Questions

The central question addressed in this study is: how have the changes in the traditional extended family system affected family support and care to elderly persons in Bamang? To answer this question, the study is guided by the following specific questions.

- a. What are the socio-demographic and economic characteristics of elderly persons in Bamang?
- b. How do elderly persons in the study area live and care for themselves?
- c. To what extent is the extended family involved in the care of elderly persons in Bamang?
- d. What are the experiences of elderly persons with respect to the nature and changes, if any, in the extended family system in the community?
- e. How do the elderly in Bamang interpret the changes in the extended family support and care, if any?

These questions serve as the searchlight of this research. Answers to these questions will provide an important source of information for social workers in Ghana and all those elsewhere who are interested in the welfare of elderly persons.

1.5 Justification of the Study

In modern times, scientific research has inevitably become the basic pre-requisite toward the studying and understanding of any social phenomenon. Indeed, when governments and corporate bodies seek to improve upon or enhance the performance of an aspect of their operation, they embark on social and scientific research upon which concrete decisions are made towards modification and improvement. It is on the basis of this assertion that this study is being undertaken.

Elderly persons in low and middle income countries traditionally and mainly depend on families for care and support at old age. Very little or no support is available to the elderly through public programmes. Children live with them as three-generational families where the elderly hold higher rank and authority due to their wisdom and control of resources. The informal care givers include relatives, friends and neighbours (Jesmin, Amin, & Ingman, 2011). In Africa, many elderly persons expressed satisfaction with family care and they rarely lived alone (Unanka, 2003).

However, this ideology of the family being the major care givers of elderly persons is slowly fading across the globe. In the last few decades, the nuclear family structure is becoming a worldwide phenomenon and support during old age is not automatically provided for (Apt, 2012; Jesmin, Amin, & Ingman, 2011). Many theories focus on westernization and modernization processes in societies that have transformed the family structure as well as family values (Cowgill, 1986). Although the filial piety still remains the official ideology employed by many Asian societies to instil a sense of responsibility, children find it constraining to support and care for the parents since the average family's resources and income are meagre in low income countries (Jesmin, Amin, & Ingman, 2011).

Consequently, older persons without resources are more likely to be abandoned by children and relatives, and when faced with extreme poverty many family networks built in earlier phases of family lifecycles get broken or weaker (Chu & Chi, 2008; Jesmin, Amin, & Ingman, 2011).

Although there is growing attention and interest among researchers in neglected care giving for elderly persons, most studies are conducted in western societies where there is more awareness of this issue. On the other hand, the nature and extent of neglected elderly care is relatively unexplored in rural areas of many developing societies. As a result of lack of empirical and quantifiable data on how elderly persons in rural Ghana are cared for, it has become difficult to promote awareness of the living conditions and the problems faced by elderly persons in rural area as an important issue to be tackled by national policy (Apt, 1992). By investigating and documenting the scale and magnitude of the living conditions of elderly persons in a rural community such as Bamang, this study will first, draw the attention of policy makers to this “forgotten group” and second, provide a basis for effective measures to ameliorate and combat the problems faced by elderly in rural Ghana and their care givers.

1.6 Significance of Study

Professional social workers are concerned with reducing vulnerability and oppression, as well as promoting the well-being of people in society (National Association of Social Workers [NASW] 2008; Torgusen & Kosberg, 2006). As Dubois and Miley (2005) explained, in addition to helping to promote the competence and functioning of people in social situations, social workers are also engaged in assisting people to access social resources, to create responsive social situations and to increase the opportunities for the well-being of all persons.

Consequently, an in depth understanding of disadvantaged groups in society, including elderly persons, is of primary concern to social workers (Greene, 2000; NASW, 2008; Tompkins & Rosen, 2007; Torgusen & Kosberg, 2006).

Secondly, studies investigating why social support from relatives within the extended family is dwindling have identified a number of predisposing factors. Notable among these factors are migration, urbanization, emphasis on the nuclear family, and worsening economic conditions. These explanations and the relevant policy responses that flow from them are based largely on the experience of developed countries (Karikari & Bettmann, 2013). It is, therefore, not clear if the effects as being played out are the same in less developed countries. Studies on the social dynamics of sub-Saharan Africa suggest that the social context may differ in important ways from that of developed countries. A critical aspect of the social context is the kind of social support resources available to elderly persons and their access to these resources (Yeboah, 1998). This study will thus help increase social work knowledge and make social workers in Ghana better equipped to assist in promoting quality support services for elderly persons based on empirical evidence of what works, what is needed, what strengths and resources are already available to the elderly, and how these resources could be utilised.

Again, Mba (2004) has argued that ageing and gerontology is one of the most under researched areas of social life in Ghana. This research will, therefore, contribute by reducing the knowledge deficiency in this area. In addition, social work students and academics can build on the knowledge this study has produced by testing some of the findings from the study in other areas of the country.

Furthermore, the outcome of the study will also have national significance in terms of policy initiation, formulation and implementation since what were found in the study area might

be a microcosm of what pertains in the larger society. Besides, this research would be useful for governmental and non-governmental organizations working with elderly persons, and also a source of reference for anyone who might want to understand the effect of changes in the extended family system on the support and care of elderly persons in rural Ghana.

1.7 Scope of the Study

The scope of any research delineates the parameters or confines of the study and provides the researcher(s) with variables to deal with. Typical with many concepts in social sciences, family support and elderly care are social constructs. The nature and extent of care in a given society are defined by the cultural norms and values of the society or group under consideration. The phenomenon of elderly care or support is wide and has many complex and intricate tentacles. The scope of this study covers support in terms of physical assistance in activities of daily living, socio-economic support (such as food, clothing, shelter, cosmetics etc), health care, emotional support and companionship provided to elderly persons (60 years and above) in Bamang by relatives or members within the extended family.

1.8 Operationalization of Concepts

Elderly persons: Elderly persons, the aged or older people are all considered as older adults and all these concepts are used interchangeably in this study. The question about who is an elderly person does not amend itself to a single answer due to the standard differentials in the determination of whether someone is an elderly person or not (Flatt, 2012; Larkin, 2011). For instance while the US Census Bureau, Population Division, has set the age of an elderly person at 65 and above, Dubois and Miley (2005) dissented that this group rather constitutes persons of 60 years and above. Given Ghana's young age structure and shorter life expectancy, an elderly

person is defined in this study as all persons aged 60 years and over. This definition is in line with the mandatory retirement age for most persons working in the formal or government sector in Ghana (Aboderin, 2002; National Pensions Act, 2008).

Extended Family: For the purpose of this study, the extended family is used to mean close relatives or a social arrangement in which an individual has extensive reciprocal duties, obligations and responsibilities to relatives outside his or her immediate nuclear family. It includes members of the nuclear family, in-laws, siblings, and members of a household (Nukunya, 2003).

Nuclear Family: The nuclear family is used in this study to refer to a married couple and their dependent children (Nukunya, 2003).

Urban Area: The use of multiple definitions reflects the reality that “rural” and “urban” are multidimensional concepts, and as such making clear-cut distinctions between the two invokes appreciable difficulty. In Ghana, any residential community with a population of 5000 inhabitants or more is considered an urban area (Ghana Statistical Service [GSS], 2012). This definition is adopted for this study.

Rural Area: Given the definition of urban area, as indicated above, it stands to reason that any community in Ghana with a population below the threshold of 5000 inhabitants by implication, constitute a rural area (GSS, 2012). The study maintains this definition of a rural area.

Social support: Social support is a multidimensional construct that has been defined in many ways, as such there is little agreement about the definition of this concept (Cornman, Goldman, Glei, Weinstein & Chang, 2003; Sarason, Sarason & Pierce, 1990). Social support in

this study is used to mean any physical, financial, material and emotional assistance received from close relatives, that is, members of the nuclear family, in-laws, siblings, and members of a household.

Social support, extended family support, and informal social support are used interchangeably in this study.

Household: A household, according to Nukunya (1992) is a person or a group of persons who live together in the same compound, share the same housekeeping arrangements and are catered for as a unit. It may be a domestic group or family. The study adopts this definition.

Well-being: Well- being is used in this study to mean the degree to which a person meets the basic necessities of life; food, clothing, shelter, healthcare and companionship among others.

Traditional Ghanaian Society: Traditional Ghanaian society as used in this study refers to the society that existed before and throughout the colonial period to the time of independence.

Modern Ghanaian Society: Given the definition of traditional Ghanaian society as indicated above, modern Ghanaian society is used in this study to mean the society after post colonial period.

Elderly Care: As already indicated, elderly care is a social construct therefore its nature and extent is influenced by cultural norms and values of a particularly society. For the purpose of this study, elderly care is used to mean physical assistance, social support, financial and material assistance, companionship and emotional assistance provided by family members to their elderly relatives.

Caretakers: Caretakers as used in this study refers to persons who provide day-to-day support and care in terms of activities of daily living, financial or material assistance, social and emotional support or companionship to elderly persons within their households.

Caregivers: On other hand caregivers is used in this study to mean relatives outside the household (e.g. in-laws, siblings, children, grandchildren, etc) who provide financial and material support to elderly persons in Bamang.

1.9 Theoretical Framework

The relationship between social support and well-being must address the question of how precisely social support works to influence the living conditions of recipients. Over the last few years various theories have emerged to explain the relationship between social support and physical well-being (Hutchison, 2003). This study employed the modernization and buffering theories to explain the impact of availability or lack of family support on the living conditions of elderly persons.

i. Modernization Theory

Modernization theory emerged in the 1950s and 1960s. However, the ideas embedded in modernization theory precede these time periods. The notion of social evolution and constructs seeking to explain the development of societies can be found in the works of early scholars such as Emile Durkheim and William James (Giddens, 1991b; Green, 2008; Lerner, 1958; Przeworski & Limongi, 1997; Webster, 1990).

Modernization theory is a set of theoretical postulations offering explanations about how societies evolve overtime. It specifically focuses on the patterns of change and transition as societies make the shift from traditional to modern forms. Modernization theory seeks to show a

distinction between traditional and modern societies (Green, 2008; Lerner, 1958; Przeworski & Limongi, 1997; Wang, 2009). Some of the features or characteristics of modern societies border on the advancement of science and technology and the consequential increase in industrialization and automation. Modernization theory does not only concern itself with scientific and technological advancements but also with social and political processes. As societies evolve, so do their forms of organization and government. Further, social roles change as well, and the position and status of the family may thereby be affected (Fangjun, 2009; Green, 2008; Lerner, 1958; Przeworski & Limongi, 1997). Modernization involves the transformation of many social and political institutions (Wucherpfennig & Deutsch, 2009). Academic training and education, as well as forms of communication and transportation become increasingly complex. Urbanization and bureaucratization increase as well. The trends of urbanization are often reflected in the time-space distantiation of modernizing societies, and in recent times, the reliance on interactive media and technology. In traditional societies, what is common is more direct interaction (Giddens, 1991a, 1991b).

The basic premise of the modernization theory is that as societies modernize, elderly persons who are unable to work outside of the home or have less to offer economically are seen as a burden. This model thus suggests that, as people age, they will be abandoned and lose much of their familial support when they become non-productive (Harwood, 2007; Hooyman & Kiyak, 2011). These conditions may be applied to both the developed and the developing world.

Explaining the effect of modernization on older persons, Cowgill and Holmes (1972) suggested that the primary cause of elderly persons losing power and influence in society were the parallel forces of industrialization and modernization. In preindustrial societies, strong social norms enjoined the younger generation to care for the older generation. As societies

industrialized, the nuclear family replaced the extended family creating individualistic society where caring for an older relative was seen as a voluntary obligation that may be ignored without fear of social censure (Harwood, 2007; Hooyman & Kiyak, 2011).

One of the criticisms of modernization theory has been the assumption that the process of change is unilinear. Modernization theory is deemed by some to be inadequate in explaining the uneven distribution of wealth and resources among people in societies. Criticisms of modernization theory have also included the projection and use of the West as the standardized format of how modernization takes place. Thus, it has sometimes been viewed as an instance of Western hegemony. Essentially, it fails to capture and represent the unique experiences of different countries (Przeworski & Limongi, 1997; Schiller, 1976).

Also it is argued that the dichotomy of “traditional” and “modern” forms is overly simplified. It does not account for or properly represent some of the real details and entailments of development. Chan (2005) noted the uniqueness of the Asian experience of population aging, and how that experience somehow contradicts the postulations of modernization theory. Further, Chan (2005) highlighted the distinct role culture plays in the aging processes and experiences of Asian societies. Similarly, Hossen (2007) stressed the need for consideration to be given to contextual factors, and how situations vary from place to place. Notwithstanding the criticisms of modernization theory, it contributes profoundly to an understanding of societies and many social processes.

The theory is relevant in explaining the nature and extent of family support and care to the elderly in both traditional and modern Bamang. It thus provides an ideal framework for understanding the changes in the extended family system and its implications for support and care to the elderly in Bamang.

ii. The Buffering Model

The buffering hypothesis also emerged in 1976. It was developed by John Cassel and Sidney Cobb (Cohen & Pressman, 2004). According to this theory, social support is directly linked to people's well-being. The model conceptualised social support as an external source of emotional, informational and instrumental aid (Auslander & Litwin, 1987). Cohen and McKay (1984) posited that psychosocial stress will have adverse effects on the health and well-being of those with little or no social support, while these effects will be lessened or eliminated for those with stronger support systems (Cohen & Wills, 1985; Thoits, 1986). From the buffering perspective therefore, support is seen as a factor that intervenes between a stressful event and our action. Recognising our support helps us to diminish or prevent a stress response. We recognise a potential stress, but our perception that we have resources available redefines the potential for harm or reduce reaction by influencing our cognitive, emotional and physiological processes (Cohen & Wills, 1985; Hutchison, 2003). This theory is thus linked to both mental and physical health outcomes. Social support is considered fundamental in helping people cope with stressful life events.

The buffering theory also indicates that social support guards people against the generally deleterious and sometimes life-threatening effects of stressors. Hence, it maintains that social support is beneficial in ensuring wholesome life experiences (Johnson, Wood, Gooding, Taylor & Tarrier, 2010; Mezuk, Diez Roux & Seeman, 2010). There is continued interest in the role of interpersonal relationships as a protective factor in the prevention and control of stressful life events. Studies conducted in this regard cover diverse populations including children and adults, and also across different fields and disciplines such as social work, psychology and medicine (Al-Kandari, 2011; Cohen & McKay, 1984; Cohen & Pressman, 2004; Johnson, Wood,

Gooding, Taylor & Tarrier, 2010; Seeman, Lusignolo, Albert & Berkman, 2001). Some of these studies and materials about social support have specifically focused on geriatrics and gerontology (Al-Kandari, 2011; Seeman et al., 2001). A major strength of the buffering theory is that it provides a good ground on which the relationship between social support and emotional and/or health conditions of elderly persons could be examined.

Some scholars have indicated that studies about the perceived beneficial effects of social support are inconclusive (McDade, Hawkey, & Cacioppo, 2006; Seeman, Lusignolo, Albert & Berkman, 2001). Reasons for this inconclusiveness include the lack of a consistent or universal conceptual framework for such studies. For instance not all researchers agree on the meaning of social support. Further, the measuring instruments may also not be the same (Cohen & McKay, 1984).

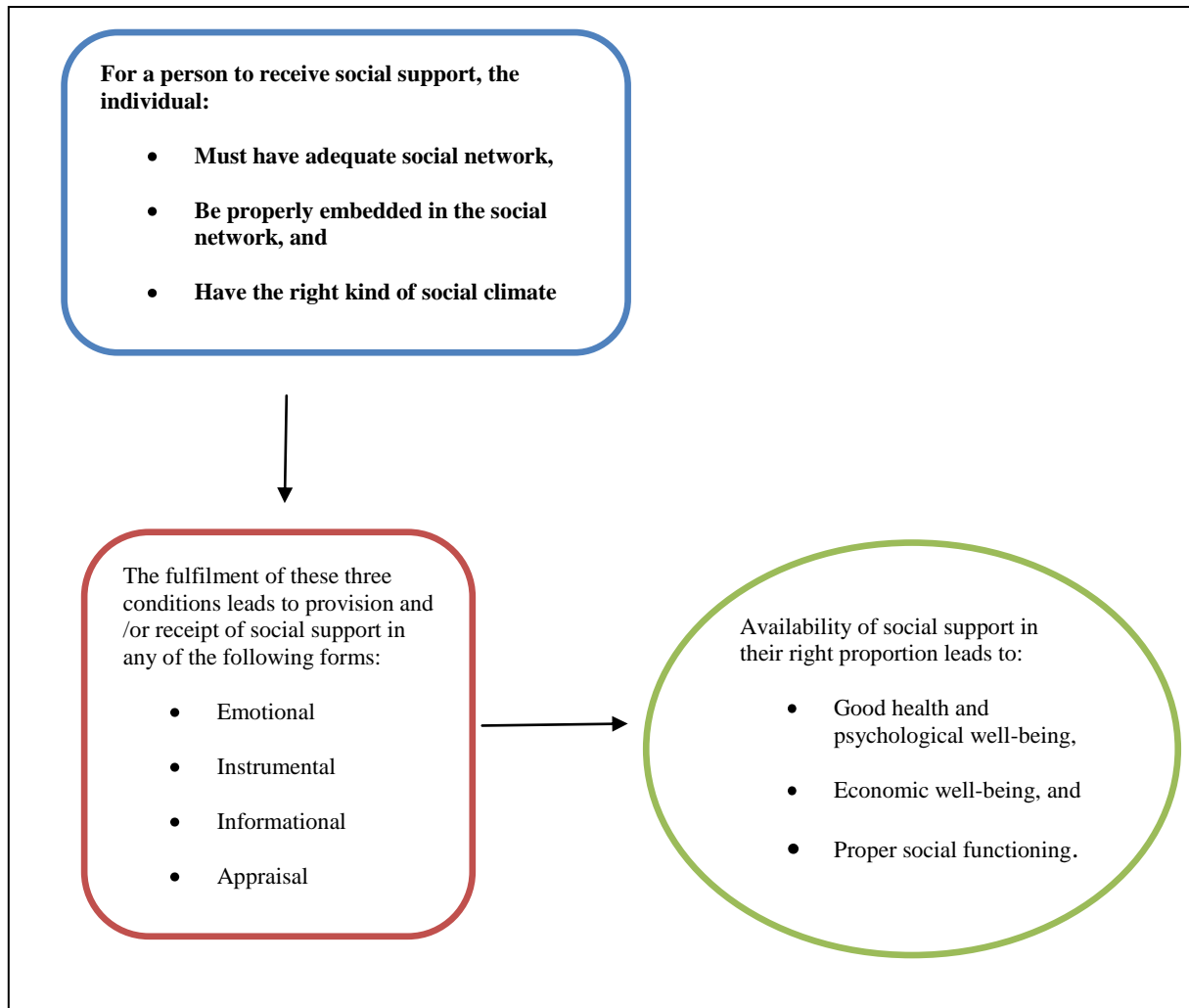
Other scholars have also argued that for social support to serve as a buffer to a person, adequate social networks, proper social embeddedness and right social climate are vital. Social network is the structure of an interactive process which describes the people with whom an individual maintains interpersonal relations (Antonucci, 2001). Social embeddedness on the other hand is the depth and strength of relational ties between a person and each member of his or her social networks (Barrera, 1986). Some degree of connectedness must exist in order to derive support from the environment. Social climate refers to a conducive environment that promotes help giving (Moos & Lenke 1992). Without a structure of people (network) with the quality of connectedness (embeddedness) to generate an atmosphere of helpfulness (social climate), social support cannot occur.

The above discussions suggest that social support is not automatically available to all elderly persons at all times but rather depends on the adequacy of the person's social network,

the degree of his or her connectedness to the social network, and the right kind of environment.

This idea is illustrated in the diagram below.

Figure 1: Relationship between social support and well-being



Source: Author's design.

The buffering theory is a relevant framework for understanding the relationship between social support and the living conditions of recipients. The theory is, therefore, used in this study to examine the differences in terms of living conditions (social, economic, physical and emotional) of elderly persons with social support and those without social support.

1.10 Description of the Research Location

This research was conducted in Bamang a village in the Kwabre East District of the Ashanti region in Ghana. It is located in the south-eastern part of the district. The 2010 population census puts the total population of the village at 2,628 (Ghana Statistical Service, 2010). The choice of Bamang was motivated by my observation of the living conditions of some elderly person in the village. As typical with many villages in Ghana, Bamang lacks many social amenities like all year motorable road networks, potable water, health facilities, adequate educational facilities (libraries and computer laboratories), and employment opportunities. Most of the economically active people are subsistence farmers. Most young men supplement farming activities with *kente* weaving. A large number of the economically active group hardly makes enough from either their farming or weaving activities to adequately care for their family needs. As such, the standard of living for most people there is very low. Symptoms of poverty are quite visible.

In view of these developments, majority of junior high school graduates in the village migrate to Kumasi and other urban areas in search of either further educational facilities (senior high schools) or employment opportunities leaving the elderly to fend for themselves in the villages. Given these conditions, many elderly persons depend on either economic and/or farming activities or support from either children and/or close relatives for a living. It is not uncommon to find many elderly persons still engaged in farming or other forms of economic activities with some difficulties. From casual observation, it is difficult to tell whether elderly persons in the village engaged in these activities out of necessity or for other purposes. It is only through scientific study that one can ascertain the role of the extended family in the lives of the

elderly in the village. Bamang thus provides a good setting for looking at the extended family support and care to the elderly in a rural community.

In addition to my association with the Kwabre East Community for over twenty years gave me some advantages in the area of data collection. First, I speak and understand the local dialect very well and therefore understood any information given during the data collection. Secondly, as a native of the community, I am well versed in the culture and practices of the people and therefore had some knowledge about how to conduct myself in the course of the data collection.

1.11 Limitation of Study

Despite the potential contribution that this study would make to social work in Ghana, the research faces one major limitation. A major limitation of this research is the scope. This study is based on a sample of purposively selected participants. Even though the use of interviews enabled in-depth discussions with selected participants, the ability to generalise from the findings of this research to other parts of Ghana may be limited. This is because Bamang in the Kwabre East District of the Ashanti region is made up of quite distinct socio-economic and cultural conditions than what happens in other parts of the country.

1.12 Organization of the Study

The study has been organized into seven chapters. The introductory chapter contains the background to the study, statement of the research problem, research questions, objectives of the study, justification and the significance of the study. Also included in this chapter are the scope of the study, operationalization of concepts used in the study, theoretical framework, description

of the research location, limitations of the study and organization of the study. Chapter two reviews the existing literature on the phenomenon under consideration. The third chapter provides a comprehensive profile of the research setting and background of the study area. An outline of the methodology employed to collect the data and the field work constitute the fourth chapter. The result of field data collected is presented, analysed and discussed in chapter five. The experiences of the respondents in respect to changes in the extended family system are discussed in chapter six. The last chapter (seven) summarises the findings of the study and makes recommendations based on the findings.

Chapter 2

Literature Review

2.0 Introduction

This chapter provides a comprehensive review of literature relevant to the study. The first section provides definitions of aging. Concomitantly, the concepts of aging, elderly and theories of aging are presented. This discussion is followed by an overview of the demographic characteristics of aging in the global context and an exploration of the various factors that may be contributing to the gradual increase in the proportion of the elderly population in most countries worldwide. A discussion of the elderly in Ghana and the various characteristics associated with their lives is also presented. Closely following this discussion, is a review of the concept of social support and the role it plays in the lives of older adults. The discussion is narrowed down to institutional structures of elderly care in the past and the changes that have occurred in elderly care. The review concludes with the role of the elderly in modern society.

2.1 The Concept of Aging and Elderly

Aging is often described as a process involving continuous changes in the tissues or organs of the body which leads to a reduction in bodily functions and eventual death (Balcombe & Sinclair, 2001). Some of the features associated with aging include loss of skin elasticity, decline in muscular strength, loss of hair and a decline in immune competence. Old age thus consists of ages nearing or surpassing the average life span of human beings leading to the end of the human life cycle. Euphemisms and terms for old people include seniors (American usage), senior citizens (British and American usage), older adults in the social sciences, and the elderly.

The ageing process is, of course, a biological reality which has its own dynamic, largely beyond human control (Harwood, 2007). However, it is also subject to the constructions by which each society makes sense of old age. In other words, there is an element of social construction, both local and global, in the way individuals and nations define who is an elderly person, that is, the shared meaning of the concept of elderly is created through interactions among people in society. This concept is exemplified by the saying that you are only as old as you feel (Harwood, 2007).

Although there are commonly used definitions of old age, social definitions of the elderly vary from one society to another (Wong, 2004) such that there is no general agreement on the age at which a person becomes old. In general, the conventional age for retirement reflects the social recognition of old age (Gergen & Gergen, 2000; Wong, 2004). Most developed countries have accepted the chronological age of 65 years as a definition of “elderly” or older persons, but like many westernized concepts, this does not adapt well to the situation in Africa. While this definition is somewhat arbitrary, it is many times associated with the age at which one can begin to receive pension benefits in the developed countries (Makoni, 2008; WHO, 2012; U.S. Social Security Administration, n.d). Considering that a majority of old persons in sub-Saharan Africa live in rural areas and work outside the formal sector, and thus expect no formal retirement or retirement benefits, this imported reasoning seems quite illogical (Makoni, 2008; WHO, 2012; U.S. Social Security Administration, n.d). Further, when this definition is applied to regions where average life expectancy is much lower and the size of older populations is much smaller, the utility of this definition becomes even more limited (WHO, 2012; U.S. Social Security Administration, n.d).

In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age (Devi & Bagga, 2006; Makoni, 2008). Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution to society is no longer possible (Devi & Bagga, 2006; Gorman, 1999).

Study results published in 1980 provide a basis for a definition of old age in developing countries (Glascock & Feinman, 1980). An international anthropological study was conducted in the late 1970s and included multiple areas in Africa. From this research, definitions of aging fell into three main categories:

- chronology;
- change in social role (i.e., change in work patterns, adult status and menopause); and
- change in capabilities (i.e., invalid status, senility and change in physical characteristics).

Results from this cultural analysis of old age suggested that change in social roles is the predominant means of defining old age. When the preferred definition was chronological, it was most often accompanied by an additional definition (W.H.O., 2012).

At the moment, there is no United Nations (U.N.) standard numerical criterion, but the U.N. agreed cut-off is 60 years and above. In view of the lack of accepted and acceptable definition, the age at which a person becomes eligible for statutory and occupational retirement pensions has, in many instances, become the default definition (Thane, 1989).

While a single definition, such as chronological age or social, cultural and functional markers, is commonly used by, amongst others, demographers, sociologists, anthropologists, economists and researchers, it seems more appropriate in Africa to use a combination of chronological, functional and social definitions. However, the challenge of how to incorporate a suitable multidimensional definition into the "pensionable age" concept remains (W.H.O., 2012).

i. Patterns of Aging

The older population can be broken down into three reasonably distinct groups (Mackenzie, 2012):

- i. entering old age,
- ii. transitional phase, and
- iii. the frail elderly.

The first stage is entered upon retirement; thus, it is a socially constructed definition. At this point, individuals normally enjoy good health, and social work interventions should be aimed at reducing risk of illness and promoting healthy lifestyle choices (Mackenzie, 2012). As aging continues, functions decline and co-morbidities develop. These changes are often seen between the ages of 70 and 85 years. Such co-morbidities need to be identified and actively managed, while continuing to focus on reducing the risk of further deterioration but not to lose sight of the background ageing process which may continue at an accelerated rate (Mackenzie, 2012). A time may eventually be reached when a person becomes frail to the point that independent living becomes impossible, often due to illness such as stroke or dementia (Wahlin, MacDonald, de Frias, Nilsson & Dixon, 2006).

Frailty is a commonly used term, yet it remains a poorly defined concept. Buchner and Wagner (1992) cited in Markle-Reid and Browne (2003) defined frail elders as those who are

unable to fulfill social roles and perform activities of daily living. Rockwood, Fox, Robertson, and Beattie (1994) also defined the group as those for whom social and physical deficits outweigh the assets, so that they can no longer maintain independence in the community. Raphael et al. (1995) cited in Markle-Reid and Browne (2003) also maintained that frailty occurs when there is diminished ability to carry out the important practical and social activities of daily living.

Generally therefore, frailty can be considered as a collection of biomedical factors which influence an individual's physiological state in a way that it reduces his or her capacity to withstand environmental stresses (Lally & Crane, 2007). It brings with it an increased likelihood of disability, dependence, vulnerability and death. These characteristics suggest that dependence on others is a sufficient condition for frailty (Markle-Reid & Browne, 2003).

2.2 Aging Theories.

Theories of aging attempt to explain human development and aging in terms of changes in cognitive functions, behaviour, roles, relationships, coping ability and social change. Since the 1960s a number of aging theories have been propounded by different authors. Prominent among these theories are:

- i. disengagement theory,
- ii. activity theory,
- iii. continuity theory,
- iv. Erikson's psychodynamic theory of human development, and

v. Gerotranscendence theory.

These theories have developed further nuances and offshoot theories over time and debate still rages (Markle- Reid & Browne, 2003; Schultz, 2006). Aging theories are important because they describe what aging implies and therefore guide social workers in the care and treatment of older people (Alley, Putney, Rice & Bengtson, 2010; Bengtson & Schaie, 1999; Kunlin, 2010).

The sociological perspectives on aging were chosen for this study because they represent theories with different views. Sociological explanations of aging have come from the three major perspectives in sociology, namely, the functionalist, conflict and interactionist perspectives (Open Stax College, 2012).

a. The Functionalist Perspective

Various social theories within the functionalist perspective were developed to explain how older people might deal with later-life experiences (Crosnoe & Elder, 2002). The earliest functionalist perspective is disengagement theory, which suggests that withdrawing from society and social relationships is a natural part of growing old (Schaefer, 2009). Because we experience physical and mental decline as we approach death, it is natural to withdraw from other persons and society. Social withdrawal is experienced differently by men and women. Because men focus on work and women focus on marriage and family, when men withdraw they become unhappy and directionless until they adopt a role to replace their accustomed role that is compatible with the disengaged state (Cummings & Henry, 1961). The disengagement theory has been criticised that it does not allow for the wide variation in the way people experience aging since it assumes that seniors universally naturally withdraw from society as they age. (Hothschild, 1975; Markles-Reid & Browne, 2003).

Another attempt to understand aging from the functionalist perspective is rooted in the activity theory. According to this theory, activity levels and social involvement is a key to happiness (Havinghurst 1961; Havinghurst, Neugarten, & Tobin 1968). That is, for normal healthy aging to occur; activities must be maintained at the same level as in middle age. The core tenets of the activity theory are activity, equilibrium, adaptation to loss and life satisfaction. Critics of this theory point out that access to social opportunities and activity are not equally available to all. Moreover, not everyone finds fulfilment in the presence of others or participation in activities. This theory has also been criticised that activity levels are seen to inexorably decline over time even in those deemed to be aging well (Schulz, 2006).

b. Conflict Perspective

The guiding principle of conflict theory is that social groups compete with other groups for power and scarce resources. Applied to society's aging population, the principle means that the elderly struggle with other groups to retain a certain share of resources. At some point, this competition may become conflictual (Open Stax College, 2012; Schaefer, 2009).

The modernization theory (Cowgill & Holmes, 1972), one of the conflict perspectives suggested that as societies modernize, the nuclear family replaces the extended family. Societies become increasingly individualistic, and norms regarding the care of older people change. Caring for an elderly relative is seen as a voluntary obligation that may be ignored without fear of social censure. This suggests that as people age they will be abandoned and lose much of their familial support when they become non-productive (Open Stax College, 2012, Schaefer, 2009).

The exchange theory (Dowd, 1975), a rational choice approach, suggested that relationships are based on mutual exchanges and as the elderly become less able to exchange

resources, they will see their social circles diminish. The only means to avoid being discarded is to engage in resource management, like maintaining a large inheritance or participating in social exchange systems via child care. The theory has been criticized for affording too much emphasis to material exchange and devaluing nonmaterial assets such as love and friendship (Cook & Rice, 2003; Cropanzano & Mitchell, 2005; Open Stax College, 2012).

c. Symbolic Interactionist Perspective

Generally, theories within the symbolic interactionist perspective focus on how society is created through the day-to-day interaction of individuals, as well as the way people perceive themselves and others based on cultural symbols (Reynolds & Herman-Kinney, 2003; Schaefer, 2009).

Swedish sociologist Lars Tornstam developed a symbolic interactionist theory called gerotranscendence: the idea that as they age, people transcend the limited views of life they held in earlier times. Tornstam believes that throughout the aging process, the elderly become less self-centered and feel more peaceful and connected to the natural world. Wisdom comes to the elderly (Tornstam 2005). Tornstam does not claim that everyone will achieve wisdom in aging. Some elderly people might still grow bitter and isolated, feel ignored and left out, or become grumpy and judgmental.

The three major sociological perspectives examined above inform the theories of aging. Theories in the functionalist perspective focus on the role of elders in terms of the functioning of society as a whole. Theories in the conflict perspective concentrate on how elders, as a group, are at odds with other groups in society (Aitken & Rudolph, 2010; Schaefer, 2009). And theories in

the symbolic interactionist perspective focus on how elders' identities are created through their interactions (Reynolds & Herman-Kinney, 2003; Schaefer, 2009).

2.3 Elderly Population in Global Context

Countries all over the world have been experiencing an increase in the percentage of older people in their populations (Okumagba, 2011). Even though the level and pace of population aging vary widely by geographic region, and usually within regions as well, virtually all nations have experienced growth in their numbers of elderly residents. The percentage of the world's population aged 65 and over only increased from 5.2 per cent in 1950 to 6.9 per cent in 2000. In Europe, however, the proportion was 14.7 per cent in 2000 (Gavrilov & Heuveline 2003). In 2004, it was estimated that the number of people aged 65 or older in the world was 461 million, which was a 10.3 million increase from the figure of 2003 (Kinsella & Phillips, 2005). By the year 2030, it is estimated that more than 60 countries will have about two million people each, aged 65 or older (Kinsella & Phillips, 2005).

Future population aging will depend on future demographic trends, but most demographers agree that the fertility and mortality changes that would be required to reverse population aging in the coming decades are very unlikely to be achieved. According to current population forecasts, population aging in the first half of the 21st century will exceed that of the second half of the 20th century. For the world as a whole, the elderly will grow from 6.9 per cent of the population in 2000 to a projected 19.3 per cent in 2050 (Table 2.1). All regions are expected to see an increase, although it should be less in some regions, such as Africa where the projected increase is from 3.3 per cent in 2000 to 6.9 per cent in 2050. But in Latin America and the Caribbean, the increase will be from 5.4 per cent in 2000 to 16.9 per cent in 2050. The

increase should be even more spectacular in China: from 6.9 per cent in 2000 to 22.7 per cent in 2050 (Gavrilov & Heuveline 2003; Kinsella, Kevin & Velkoff, 2001)

Table 2. Dynamics of Population Aging in the Modern World: Observed and Forecasted Percentages of the Elderly (65+ years) in Selected Areas, Regions, and Countries of the World: 1950, 2000 and 2050.

Major Region and Country	1950	2000	2050
World	5.2%	6.9%	19.3%
Africa	3.2%	3.3%	6.9%
Latin America & the Caribbean	3.7%	5.4%	16.9%
China	4.5%	6.9%	22.7%
India	3.3%	5.0%	14.8%
Japan	4.9%	17.2%	36.4%
Europe	8.2%	14.7%	29.2%
Italy	8.3%	18.1%	35.9%
Germany	9.7%	16.4%	31.0%
Sweden	10.3%	17.4%	30.4%
U.S.A.	8.3%	12.3%	21.1%

Source: United Nations (2001) cited in Gavrilov & Heuveline (2003; pp. 32-37).

The number of older persons has more than tripled since 1950; it will almost triple again by 2050. In 1950, there were 205 million persons aged 60 and above throughout the world. At that time, only three countries had more than 10 million people aged 60 or over: China [41

million], India [20 million], and the United States [20 million]. By 2009, the number of persons aged 60 or over had increased three and a half times to 737 million and there were 12 countries with more than 10 million people aged 60 and above, including China [160 million], India [89 million], the United States [56 million], Japan [38 million], the Russian Federation [25 million] and Germany [21 million]. By 2050, the population aged 60 or over is projected to increase again nearly threefold to reach two billion. By 2050, 32 countries are expected to have more than 10 million people aged 60 or over, including five countries with more than 50 million older people: China [440 million], India [316 million], the United States [111 million], Indonesia [72 million] and Brazil [64 million] (UN DESA, 2009).

The older population is growing faster than the total population in practically all regions of the world and the difference in growth rates is increasing. Between 1950 and 1955, the average annual growth rate of the number of persons aged 60 years or over [1.7 per cent] was similar to the rate of growth for the total population [1.8 per cent] (UN DESA, 2009). From 2005 to 2010, the growth rate of the older population, at 2.6 per cent annually, is more than twice that of the total population [1.2 per cent]. Over the mid-term future, the difference between those two growth rates is expected to increase as the baby boom generation reaches age 60 in several parts of the world. By 2025-2030, projections indicate that the population aged 60 or over will be growing about four times as rapidly as the total population, at an annual growth rate of 2.8 per cent compared to 0.7 per cent for the total population. Although the growth rate of the population aged 60 or over is expected to decline to 1.8 per cent in 2045-2050, this rate will still be more than five times the growth rate of the total population at that time [0.3 per cent] (UN DESA, 2009).

Another significant dimension of the aging population is that older persons will increasingly be concentrated in the less developed regions of the globe. Although the proportion of older persons is higher in the more developed regions, their number is increasingly larger in the less developed regions. From 1950 to 2009, the number of persons aged 60 years or over increased globally by an average of nine million persons per year. Sixty-eight per cent of that increase occurred in the less developed regions and 32 per cent in the more developed regions. As a result, the proportion of all persons aged 60 years or over living in the less developed regions rose from 54 per cent in 1950 to 64 per cent in 2009 (UN DESA, 2009).

Over the next four decades, the concentration of older persons in the less developed regions will intensify. The number of people aged 60 years or over living in the less developed regions is expected to increase more than threefold, passing from 473 million in 2009 to 1.6 billion in 2050. In contrast, the number of older persons in the more developed regions is projected to increase by about 60 per cent, passing from 264 million in 2009 to 416 million in 2050. Consequently, by 2050, nearly 80 per cent of the world's older population is expected to live in developing countries (UN DESA, 2009).

2.3.1 Elderly Population in Africa

Africa's population will rapidly age in the coming decades, mainly as a result of falling death and birth rates. The numbers of those aged 60 and above will rise four-fold from 45.7 million in 2005 to 182.6 million in 2050; while their proportion of the total population will double from 5 per cent to 10 per cent in the same period (Ogwumike & Aboderin, 2005; UN, 2005).

The changing population demographic profiles of the 1990s are beginning to manifest in Africa. Even though Africa is yet to experience the full impact of the demographic transition (a period of declining birth and death rates), its elderly population is increasing rapidly (Darkwa & Mazibuko, 2002; Nabalamba & Chikoko, 2011). Africa's population is not expected to “explode” until after 2025, but the continent is projected to experience one of the largest increases in the absolute number of persons aged 60 and over (Darkwa & Mazibuko 2002).

The ageing of populations in African nations such as Nigeria and Ghana is unfolding in a context of entrenched economic strain (UNDP, 2002, 2003, cited in Ogwumike and Aboderin, 2005) and there is a growing concern about the threat of poverty facing people in old age without access to any formal income security protection (Ogwumike & Aboderin, 2005).

Against this context, some researchers and international bodies have cautioned about the effect of these developments on the material, physical and emotional well-being of elderly persons (HAI, 2004; Randel, German & Edwing, 1999).

Indeed the fears expressed by researchers and international bodies has already manifested with the increasing number of destitutes and beggars among older people in most sub-Saharan African countries particularly Nigeria and Ghana (Apt, 1993, 1997; Ayisanbola, 2004; Aboderin, 2004; Ahenkora, 1999; Baiyewu, Bella, Adeyemi, Bamgboye & Jegede, 1997; Van der Geest, 1997, 2002).

The growing concern over the welfare of the ageing populations in African and other developing nations culminated in the ratification of the 2002 United Nations Madrid International Plan of Action on Ageing [MIPAA] (UN, 2002). This platform facilitated the development of African Union Policy framework and Plan of Action on Ageing (AU/HAI, 2003) and National ageing policy frameworks in several African countries, including Ghana and

Nigeria (Ghana National Committee on Ageing, 2002; Nigeria Federal Ministry of Health, 2003). The clarion call of all these plans was to impress on governments to develop strategies to ensure the welfare and economic security of their older citizens, now and in the future (Nabalamba & Chikoko, 2011; Ogwumike & Aboderin, 2005).

2.3.2 Elderly Population in Ghana

Like most developing countries in sub-Saharan Africa, the proportion of elderly persons in Ghana has been increasing at a rate that is faster than that observed in most developed countries (NPC, 2007). In 2010, elderly persons (60 years and over) constituted about 7.2 per cent of Ghana's population, which is one of the highest among the countries in sub-Saharan Africa (Mba, 2010). With continued campaigns to reduce fertility and mortality, it is expected that the percentage of elderly population will rise in the coming decades. It is estimated that the number of persons aged 60 years and over in Ghana will increase from 1.5 million in 2010 to 2.8 million by 2030 (Mba, 2010). These figures show that the aging population in Ghana is increasingly becoming an important social phenomenon. What is not known is the preparedness of the country for the significant changes in its age structure in response to this demographic transition (Darkwa, 2000; Ocansey, Awusabo-Asare, Kumi-Kyereme & Boadi-Kusi, 2013).

Research into aging in Ghana, between 1984 and 2000, revealed that a majority of the aged population reside in rural areas and include more females than males (Mba, 2010). For instance in 1984, 74.7 per cent of the older population in Ghana lived in rural areas, while 25.3 per cent lived in urban areas. By the year 2000, however, the percentage of the elderly living in rural areas had reduced to 61.2 per cent (Mba, 2010). Despite this reduction, the percentage of the aged in Ghana living in rural areas still remains high. This higher percentage of older persons

living in rural areas may be due to the fact that most people in the cities return to the villages of their birth once they reach old age (Mba, 2010; NPC, 2007).

Available evidence reveals that four out of every five elderly persons living in the rural areas of Ghana are engaged in agriculture. Agricultural activities may have implications on the living conditions of the older persons since at old age most do not possess the resources (physical and financial) to engage in large scale agriculture. Apart from living in rural areas and engaging in agriculture as the main source of income, lack of formal education is also a major area of concern for elderly persons in rural Ghana (Mba, 2010; NPC, 2007). In 1984 for instance, 74.8 per cent of the elderly population in Ghana did not have any formal education. Adults with less education are said to have less social contact with friends and the potential support that these friends may provide for the elderly (Today's Research on Aging, 2009).

Other studies have also revealed that about 11 per cent of elderly persons in Ghana live alone and women are more likely than men to be living alone. What makes this situation (isolation) more difficult and crucial for elderly persons in Ghana is the fact that there exist no formal social security and welfare schemes, making the elderly who live alone more susceptible to economic, social and health difficulties (Mba, 2007; Today's Research on Aging, 2009). It is important that government prepares to deal with the various challenges that come with an aging population and address the needs of the elderly population (Grundy, 2006).

2.3.3 Aging and Gender

As can be seen from the earlier discussion, aging also has an important gender dimension. Universally, women tend to live longer than men (Nyanguru, 2008; Tonah, 2009). As in other parts of the world, women are over-represented among the aging African population, a

phenomenon characterized as the feminization of the aged (Darkwa & Mazibuko 2002). In every age group for each time period, there are more women than men. This gender disparity is mainly due to consistently higher male death rates at every age. It is estimated that by 2020, the total population of the sub-Saharan region will be just over 1 billion, with 19 million women 65 years and above as against 13.5 million men within the same group. By 2025 elderly women (65 years and above) will increase to 21.8 million whereas their men counterparts will be 15.3 million (Darkwa & Mazibuko, 2002; Mba, 2004).

2.3.4 Determinants of Population Aging

The numerical growth of elderly persons (population aged 60 years and over) is an eloquent testimony not only of reductions in fertility but also of reductions in infant and maternal mortality, improved nutrition, reduction in infectious and parasitic diseases, as well as improvement in health care, education and income (Mba, 2004; Mba, 2010). The global total fertility rate declined from 5.0 live births per woman between 1950 and 1955 to 2.7 live births per woman by the 2000 to 2005 time frame. It is further expected to decrease to 2.2 live births per woman by 2045-2050 (United Nations, 2001). Also life expectancy has increased from 46.5 years in 1950-1955 to 66.0 years in 2000-2005, and is expected to rise to 76 years by 2045-2050 (Mba, 2004). In sub-Saharan Africa, the corresponding fertility values are 6.7 live births per woman in the early 1950s to 5.5 live births per woman in the early 2000s and 2.4 live births per woman by 2045-2050. Similarly, life expectancy rose from 36.7 years in the 1950s to 48.4 years by 2000-2005, and is projected to peak at 68.4 during 2045-2050 (Mba, 2004).

To understand the demographic factors that cause population aging, demographers often refer to stable populations (Preston, Heuveline & Guillot 2001). This population model assumes

that age-specific fertility and mortality rates remain constant over time, and these rates result in a population with an age distribution that stabilizes and eventually becomes time invariant as well. Conversely, this theoretical model suggests that any change in age structure, and population aging in particular, can only be caused by changes in fertility and mortality rates (Gavrilov & Heuveline 2003).

The influence of changes in fertility rates on population aging is perhaps less intuitive than that of mortality rates. Everything else constant, however, a fertility decline reduces the size of the most recent birth cohorts relative to the previous birth cohorts, hence reducing the size of the youngest age groups relative to that of the older ones. The effects of changes in mortality rates on population aging appear more intuitive (Emery, 2013; Gavrilov & Heuveline, 2003). If increases in the human life span are correctly linked to population aging, reductions in mortality rates contribute to population aging. Population aging is thus related to the demographic transition, that is, the processes that lead a society from a demographic regime characterized by high rates of fertility and mortality to another one with lower fertility and mortality rates (Gavrilov & Heuveline, 2003).

The rate of population aging may also be modulated migration. Immigration usually slows down population aging because immigrants tend to be younger and have more children. On the other hand, emigration of working-age adults accelerates population aging, as it is observed now in some Caribbean nations (Gavrilov & Heuveline, 2003). Population aging in these countries is also accelerated by the immigration of elderly retirees from other countries, and the return migration of former emigrants who are above the average population age (Gavrilov & Heuveline, 2003). Some demographers expect that migration will have a more prominent role in population aging in the future, particularly in low-fertility countries with a

stable or declining population size. The effects of migration on population aging are usually stronger in smaller populations, because of the higher relative weight (proportion) of migrants in such populations (Gavrilov & Heuveline, 2003).

Caldwell's (1982) wealth flow theory, which depicts a relationship between economic and reproductive behaviour, also offers a useful theoretical framework for understanding the relationship between population aging and decreasing fertility in Africa. According to the theory, if children generally transfer income to their parents, then there is an incentive for adults to bear many children. If, on the other hand, parents seek to nullify the effects on their children of public sector pension programmes by increasing their familial transfers to their children, then children become more costly, and there is an incentive to reduce fertility (Willis, 1987, 1988). Thus, a fundamental issue in demographic transition is the direction and magnitude of intergenerational wealth flows or the net balance of the flows [one from parents to children and the other from children to parents] (Caldwell, 1982; Caldwell, 2005). A precondition for increases in the proportion of the elderly is the institutionalization of wealth flows away from elders to younger people. This net flow of wealth and the decline in fertility affects the number of children available to support older parents. Thus, the elderly can no longer anticipate consistent economic returns and economic support from the younger and economically active generations (Caldwell, 1982; Caldwell, 2005).

Another factor likely to affect population aging in Africa is the incidence and prevalence of the acquired immunodeficiency syndrome (AIDS/HIV) pandemic. Africa has been severely affected by the AIDS pandemic with men, women, and children suffering equally (Darkwa & Mazibuko, 2002; King, 2008). While Africa's sub-Saharan region contains only 12 per cent of the global adult population, the vast majority of people living with AIDS or HIV infection are

located in Africa. Of the estimated 33.4 million adults and children living with HIV or AIDS at the end of 1998, 22.5 million were in sub-Saharan Africa (UNAIDS, 2000). In 1998, of the two and half million deaths from AIDS-related illnesses worldwide, two million were in sub-Saharan Africa (UNAIDS, 2000). The HIV/ AIDS problem is expected to affect life expectancy in almost all African countries due to increases in mortality in the young and adult ages. With many people dying at a younger age, the elderly are left without family caregivers (Darkwa & Mazibuko, 2002).

In summary, Sub-Saharan Africa's elderly population is rapidly increasing and will probably continue to do so over the next 60 years, resulting from previous and current high fertility, declining mortality, and increasing life expectancy. Furthermore, the "older" elderly age groups will increase more rapidly than the "younger" elderly age groups, and there will be more elderly women than men in each age group. Even though the variation in the elderly population may not be substantial, it has implications for contemporary welfare policies and programs for the elderly.

2.4 Social Support as a Concept

In recent years, social support has received considerable attention in social gerontology as well as other related disciplines, such as psychology, social policy, social work and social medicine because social support has been seen as an important determinant of psychological well-being among older persons in Western and Chinese societies (Phillips, Siu, Yeh & Cheng, 2008). It appears to influence their quality of life and service demands, and older adults who are embedded in supportive social networks have been found to enjoy better physical and mental health than older persons who do not maintain meaningful ties with others (Bajekal, Blane,

Grewal, Karisen & Nazroo, 2004; Smith, Sim, Scharf & Phillipson 2004). Studies on mortality and morbidity provide especially compelling findings in this respect (Krause, 2001).

There is little agreement about the definition of social support. The concept is either not defined or ill-defined in the literature and there is often definitional confusion between social network and social support both in conceptual models and measurement instruments (Gaugler, Kane & Langlois, 2000; Schroevers, et al. 2003).

Social network is defined in the literature as a vehicle through which social support is provided (Antonucci, 2001). On the other hand, social support is usually defined as the existence of people who let us know that they care about, value, and love us (Atchley, 2000; Sarason, Sarason, Levine & Basham, 1983), or resources provided by others (Cohen & Syme, 1985). Cantor (1989) maintained that social support is a pattern of continuous or intermittent ties or interchanges of mutual assistance that play a significant role in maintaining the psychological, social and physical integrity of the individual over time. Social support can, thus, be said to be a “coping resource” or a social “fund” from which people may draw when handling stressors.

Other academic definitions add that the recipient of social support should have a perception of someone caring for them and a resultant sense of well-being (Hupcey, 1998; Rash 2007). Hupcey, (1998) enumerated the factors required for social support as follows:

- i. the act of providing a resource,
- ii. the recipient having a sense of being cared for or a sense of well-being,
- iii. the act having an implied positive outcome,
- iv. the existence of a relationship between the provider and the recipient,
- v. support not given from or to an organization, the community, or a professional, and

- vi. support that does not have a negative intent or is given grudgingly (Hupcey, 1998; Rash, 2007).

The above definitions suggest that social support is a multidimensional construct which has been differently described. Notwithstanding the fact that the meaning and nature of social support are still being debated, Langford, Bowsher, Maloney and Lillus (1997) suggested that all acts of social support can be categorised into instrumental, emotional, informational, and appraisal support.

Instrumental support involves the provision of tangible aid and services that directly assist a person in need. It is normally provided by close friends, colleagues and neighbours (Barrientos & Sherlock, 2002; Weber, 1998). Emotional support is associated with sharing life experiences. It involves the provision of empathy, love, trust and caring which foster feelings of comfort. Informational support entails providing knowledge, advice, suggestions, and information that a person can use to address problems (Gottlieb, 1983; Marriot & Gooding, 2007). The final category is appraisal support, which involves the provision of information that is useful for self-evaluation purposes: constructive feedback, affirmation and social comparison (House, 1981)

Social support is usually divided into either formal or informal. Formal social support is that support provided by paid professionals and public or private services set up specifically to provide support such as physical aid and counselling to the vulnerable or needy. Informal support, on the other hand, is that provided by relatives, friends and neighbours (Kinsella & Phillips, 2005). Irrespective of these differences however, "...the underlying goal of any support system is to strengthen the recipient's sense of mastery over self and environment...and plays a

significant role in maintaining the physical, psychological and social integrity of the recipient over time” (Cantor, 1980:133).

2.4.1 The Impact of Social Support on the Recipient

There exists a semblance of agreement that social support has positive effects on a wide scope of outcomes, including physical health, mental well-being, and social functioning. A large body of research has demonstrated a positive association between aspects of social support and well-being in later life, and there is strong empirical evidence to confirm the role it [social support] may play in health and illness (Antonucci, 2001; Reinhardt, Boerner, & Horowitz, 2006; Uchino, 2004).

According to Thoits (1995), social support positively influences health and mental health. From a classic study by Berkman and Syme (1979), the authors noted that people who reported more social ties with friends and organizations lived up to nine years longer than those who had fewer ties or none at all. Antonucci and Israel (1986), argued that people’s appraisal of the support that might be available to them may be even more important than their actual interpersonal contacts. In a survey conducted in Pakistan, Ahmad (2011) examined the relationship between social support and everyday self-maintenance activities (Activities of Daily Living). Findings indicated that respondents who received high social support were less impaired in their everyday self-maintenance activities and competencies compared to those who received less social support. Social support thus tends to be a buffer for stress in addition to being a moderator of both physical and psychological well-being (Dykstra, 2007).

Hutchison (2003) maintained that the experience of stress creates a physiological state of emotional arousal, which reduces the efficiency of cognitive function. When we experience

stress, we become less effective at focusing our attention and scanning the environment for relevant information. We cannot access the memories that normally bring meaning to our perceptions, judgment, planning and integration of feedback from others (Marrs, 2006; Roussis & Wells, 2008). These memory impairments reduce our ability to maintain a consistent sense of identity. Social support helps in these situations by acting as an “auxiliary ego.” Our social support, particularly our personal network, compensates for our perceptual deficits, reminds us of our sense of self, and monitors the adequacy of functioning (Gerstorf, Röcke & Lachman, 2011; Lachman & Agrigoroaei, 2010).

Social support has also been found to have direct impact on quality of life. In a study of the elderly in Singapore, Wong (2004) evaluated quality of life in terms of their overall life satisfaction as well as their perception of the importance and satisfaction towards 17 domains of life which were subdivided into six major categories: social networks, housing, personal aspects of life, provision of services and facilities, environmental factors, and leisure.

Social networks were assessed using family ties and social life with other elderly individuals. Social life with other elderly consisted of friends, the community and social activities. Housing was evaluated in terms of living conditions, type of housing as well as amenities and facilities. Personal aspects of life were examined as personal health, wealth status, religion and spiritual life. Wealth encompasses cash, income and assets. The public service included the provision of public transportation, health care, community centers, day-care centers and public parks. Environmental factors were assessed in terms of elderly-friendly infrastructure, safety and security, freedom of movement, availability of newspapers, magazines, Internet and leisure since the elderly have more time to engage in recreational activities (Wong, 2004). Given the factors used by Wong (2004) to evaluate quality of life, social support (both formal or

informal; material or non-material) emerged as the most important in bringing about, as well as maintaining quality of life for individuals in general, and the elderly in particular.

Today, there is growing evidence about the beneficial impact of social support. In traditional African societies, the informal source (family) was the most desirable source of support and the most likely avenue to turn to and rely on in times of need. It was only when this support was unavailable or inadequate that the people sought support from formal support systems (Okojie, 1988). Consequently, an accurate understanding of the changes occurring in informal social support is essential in the evaluation of the living conditions of the older people in rural areas (Cantor, 1980; Kinsella & Phillips, 2005).

2.5 Elderly Care in Global Context - Institutional Structures

One of the major issues in social gerontology is the nature of support for older people (Minichiello & Coulson, 1999). Much of the earlier research in this area was carried out to investigate the extensiveness of social ties during later life. Some of the questions explored in the research were to find out:

- i. If care giving links exist between adult children and their elderly parents, what do the children do?
 - ii. Who are the family caregivers?
 - iii. What are the personal, social and economic costs of care giving?
 - iv. What is the influence of social and demographic trends on the respective roles of family carers and service providers?
 - v. What are the implications for these changes on social policy and service provisions?
- (Minichiello & Coulson, 1999).

Implicit in these earlier studies is the idea that values based on filial and moral obligations dictate what families should do for their dependent elderly relatives (Minichiello & Coulson, 1999).

Throughout human history the family has been the safest haven for the aged. Its ties have been the most intimate and long lasting, and on them the elderly have relied for greatest security (Sokolovsky, 2001). Research conducted in Fiji, the Republic of Korea, Malaysia and The Philippines have revealed that between 75 per cent and 85 per cent of the elderly persons resided with their extended families and continued to receive support from them (Sokolovsky, 2001). Generally, data suggest that the family is an important institution for providing social support for older adults (Cheng & Chan 2006; Tesch-Romer, Motel-Klingebiel & Von Kondratowitz, 2002; Today's Research on Aging, 2009).

Receiving and giving support are important characteristics of family relationships across the entire life span. According to Merz and Consedine (2009), the exchange of intergenerational support and care are central issues in adult development and the family context plays an important role within intergenerational support as cultural expectations of love, close bonding, and solidarity are closely connected to family affiliation (Merz & Consedine, 2009).

For thousands of years, "raising sons to guard against old age" has been the reproductive motive in China. This motive is still deeply rooted in people's minds, because rural populations, which constitute the majority of China's people, still depend mainly on family for old-age support (Qin, 2002). A 1992 Survey of the Support System for China's Elderly Persons indicated that 72.93 percent of the rural elderly required economic assistance from their children, and 85.28 percent hoped to get help from their family members in household chores.

The Chinese tradition of care giving for elderly parents is a reflection of the traditional value of "filial piety." This value emphasized that it is a child's duty to provide financial support,

physical care and psychological care when the parents are old and dependent on them (Chu & Chi, 2008). The heavy dependence of the rural elderly on family support will basically remain unchanged in the near future due to China's high degree of aging population (Yuan, 2001b). Similarly care giving to older people by family members was seen partly as a cultural norm (dharma) or duty in India (Gupta, Rowe & Pillai, 2009). In Mexico, "Familism" also reflected the value attached to family relationships hence taking care of older family member was considered a privilege and honour (Magilvy, Congdon, Martinez, Davis & Averill, 2000).

A common theme found among studies dealing with intergenerational exchange in The Philippines is the norm of filial duty that serves as a general foundation of the support extended to elderly parents (Maria, 2008). Maria (2008) calls the filial responsibility expectations, the extent to which adult children are believed to be obligated to provide support to their aging parents and conceptually assumed as a general feature of the relationship between parents and their offspring. Maria (2008) asserts that the "parent-child relationship remains the most important "stem" in the kin support network in the Filipino society, as this has the most salience for individuals over their life course" . Even in the face of not so pleasant early parent-child relations, it is not surprising to find that adult children will and still do care for elderly parents. Costello (1994) echoes the same impression of Filipino parent-child when he says that:

There can be little doubt that Philippine culture encourages great respect for and frequent interaction with the elderly. Children have a particularly strong responsibility here due to the immeasurable and eternal debt of gratitude which they owe to their parents. (p. 57)

Thus, the issue of having to care for elderly parents in view of the "gift of life" bestowed upon the children is a strong foundation for enforcing filial obligation expectations in The Philippines (Maria 2008).

Finch and Mason (1990) found that literature on British kinship systems supports the idea that it is in the parent-child relationship that a strong sense of duty can be found. The central kinship bond, the least ambiguous of adult kinship relationships is most clearly founded upon a sense of obligation.

Pang (2000), an American-Korean anthropologist describing the lives of the older Koreans in the United States, indicated that older people moved to join their children who had migrated before them. Pang (2000) observed that an old Korean tradition where children take care of their parents prompted the younger generation to invite their parents to join them in a new country.

2.5.1 Elderly Care in Ghana

In order to understand how the needs of the elderly were met historically in Ghana, it is important to look at the social support systems of traditional African society. Understanding traditional African society can provide an insight into the institutional structures that once met the needs of the elderly.

Until the intervention of colonial rule in Africa, the elderly were relatively secure in their positions. Respect for the elderly was a core value in the cultures of people living on the African continent (Nyanguru, 2008). The elderly had a clear role to play within their communities and the responsibility of the local villages for the physical and emotional security of the aged was recognised by all. Rarely would any one mistreat the elderly person, because she or he was considered a living ancestor, soon to join those who had previously departed. The elderly wielded considerable power and their influence was exercised through their control of land, food, cattle and women (Nyanguru, 2000).

The elderly were attributed with knowledge and wisdom, and were regarded as the repository of mores, folkways and traditions of society. Indeed, the number of years lived by a person has been considered to be commensurate with their store of wisdom. This reason is why it has often been said that when an elderly person dies, a “library” has caught fire (Nyanguru, 2008). According to Van der Geest (1997), optimism about the respect elderly people enjoyed in the past is expressed by authors who described the *Akan*¹ culture as amply illustrated in Sarpong (1983: 16-17, cited in Van der Geest, 1997) when he writes:

Old age is dignified. An old person may do funny things but he deserves our respect and love. Never should one laugh at an old person ... The young must respect the elderly because of their seniority as well as their ripe age and rich experience from which the young should profit. There is a feeling that before an old person utters a word of caution, he must have intuitively realised what is bound to happen if the warning go unheeded. This gives the aged authority which is not enforced by brute physical power. It is enforced in moral obedience that should be forth coming from young people. Ghanaians are encouraged to be with the elderly as much as possible and not to shun them. This is especially so since to the old age is also attributed wisdom. The number of years lived by a person is supposed to be commensurate with the store of wisdom he has (Van der Geest, 1997).

The truth of the matter seems to be that in traditional Ghanaian society aged men and women relied on the family for care and support and that such assistance is very nearly a universal social phenomenon (Darkwa & Mazibuko, 2002). In most parts of Africa today, the family continues to be the dominant source of care for the aged (Apt, 1993, 1997; Apt & Grieco, 1994; Peil, 1991).

¹ Akan is tribe in Ghana.

The elderly are respected and revered because they never cease to be productive members of the family (Apt, 1993).

Explaining the beauty of old age in Ghanaian society, Sarpong (1983, cited in Van der Geest, 1997) links respect and reciprocity as follows:

The respect that the young owe the old compels the former to look after the aged tenderly. To neglect one's aged father or mother is to commit an unforgivable act of ingratitude. The *Akan* philosophise on this: "When someone has looked after you for you to grow your teeth, you should look after him to lose his teeth."(p. 16)

This assertion is also reflected in the writings of many other scholars including Apt (1996a) and Brown (1995).

Generally, the family has been the most natural and conducive social unit for the care and support of the elderly in traditional Ghanaian society (Okumagba, 2011:22). This family support was backed by traditional moral and emotional values. In Ghana, the extended family in the past had served as a vital source of social support through the numerous functions it performed. These functions included the provision of mutual help, emotional and psychological support, socialization, and the provision of material resources to help family members. By performing these functions, the extended family served as a vital source of support to vulnerable groups like the elderly (Nukunya 1992).

2.6 Changing Institutional Structures of Elderly Care in Modern Africa

The family has been the most central institution where society has for the longest time relied on the benefits that younger members generate for the greater welfare of the family. However, the institution is rapidly changing as a result of structural forces operating worldwide

(Apt, 1992). The change is even more prominent in the value base of African traditional society that revolved around respect for “the elder” and intergenerational sharing (Apt, 1992). Respect for the elderly can no longer be taken for granted and the dignity of the aged amongst family members might sooner than expected become a story of Africa’s past. In consideration of this, it appears that the less old people are able to rely on traditional family care systems which are rapidly waning, the more they have to rely on their own income. Adequate food, housing and health care are essential if people are to enjoy their old age and to be respected. But attainability of these essentials depends heavily on material security (Apt, 2012).

Scholars are convinced about increasing individualism leading to the abandonment of filial obligation norms (Stuifbergen, Van Delden & Dykstra, 2008). Van der Geest corroborated this assertion with his observation from *Kwahu-Tafo* in Ghana. He argued that the popular opinion about the favourable condition of elderly people in “traditional” Ghanaian society was rather a stereotypical and wishful picture of the lives of the elderly. *Kwahu-Tafo* was not a paradise for the elderly. Many of them were lonely and lacked proper care. Not only that, their wisdom and knowledge were rarely “tapped”, the elderly were often lonely and bored and some appeared to be neglected. They received little care and often complained about hunger (Van der Geest, 1997).

Van der Geest’s (1997) research in *Kwahu-Tafo*, Ghana, showed a large number of cases in which the elderly lacked proper care due to the fact that they had not cared properly for their children. He asserted that even though it was not perfect in the past, family support for the elderly was now crumbling. Social and economic developments in the Ghanaian society have contributed greatly to the failure of the present old population to provide their children with good care and the failure of the present young and middle-age to sufficiently support their elderly

relatives. Van der Geest (1997) also observed that the “disgrace” of insufficient care for the elderly was kept “in-doors” and were washed away after the old person’s death. The hidden shame, which is shared by the young and the old, is definitively undone by the public performance of a successful funeral. A proper funeral demonstrated how much the family loved the deceased and what excellent person he or she was.

Since the 1950s and 1960s, the extended family in sub-Saharan Africa has increasingly been disintegrated as the emphasis is now on the nuclear family (Okumagba, 2011). The network of relatives normally considered important for extended family relations is being narrowed drastically (Nukunya, 1992). As Okumagba (2011) puts it “the rise in the number of individuals in modern urbanized societies has boosted the selfish and egoistic interest of the individual members of the family” (p. 23).

According to Traore (1985), family support for elderly persons in Mali was strong, and there were no intermediary public or private structures to support elderly persons. In the rare case of the family defaulting, the rural community provided the necessary support. However, there is now evidence of elderly poverty and homelessness in urban centres, specifically in the capital, Bamako. In Nigeria, Sanda (1987) noted that “the pressures of urbanization, the demands of other responsibilities of government, and the increasing disintegration of the extended family, which previously provided such social security for the aged, have all made the welfare of the aged very precarious” (p. 173). The Schenks (1987) also pointed out that the welfare of the aged in Ethiopia was considered to be primarily a family responsibility since only those in selected employment receive limited social security. These examples from other parts of Africa provide enough evidence that family support or care to the elderly is gradually crumbling under the weight of social change.

Urbanization and family dispersal has had a negative effect on the pattern of balanced exchange between generations. Urban living means the old and the young are no longer found habiting in the same dwelling and increasingly result in the formation of nuclear families. Therefore the exodus of young people from rural areas to the cities in Africa raises the rural population of the older people. Also, traditional family support for the frail elderly may decrease as the younger family members living in the urban areas may provide money but are unlikely to be physically present to provide health care to ailing older family members (Apt, 2012).

Generally therefore, it seems the traditional family system in Ghana and other sub-Saharan African countries is beginning to change as a result of the breakdown of traditional values, the growing incidence of the nuclear family, and difficult economic circumstances. Consequently, the elderly, particularly those in rural areas, who do not have access to formal support systems are left with nothing to fill the gap left by the withdrawal of family support (Dixon, 1987). There is sufficient evidence that many older persons are "under supported" or forced to exist without support (Adamchak, 1989).

In spite of the general gloomy picture painted about the weakening family support in Ghana and other sub-Saharan African countries, Margaret Peil's research in Nigeria revealed that though social change has made relationships in Nigeria more materialistic and encouraged migration, it has not diminished the norm of providing for one's parents (Peil, 1991). Rather, increased material resources, even in hard times, make it more possible for children to repay parents for the resources expended in rearing them. She argued that even though the proportion of elderly parents who needed help in Nigeria during her research was larger than in the past, the burden was entirely shirked by few (Peil, 1991). The norm of assisting the elderly was still strongly valued in practice as well as in ideology in Nigeria. It was a matter of considerable pride

for Nigerian parents that their children took good care of them, because this reflected positively on the parents' moral training of their offspring (Peil, 1991). Indeed, economic assistance to the elderly people was widely acknowledged to be less than optimal, but there was no evidence that it was adequate in the past, she argued (Peil, 1991).

Despite the declining family support to the elderly in modern society, the elderly are not passive in most African societies. They continue to contribute to their families and communities. Apt (1996) indicated that, the elder in *Akan* culture plays an important role in the social upbringing of the young ones and thereby becomes the educator and the guiding spirit behind many initiatives. Psychologically, this is a very satisfying role to the elderly persons. As one entrusted with family wealth in general, he or she is consulted on administrative matters and always brought into the picture when important decisions concerning the family are to be made. The idea of ancestral worship makes the elderly the cultural link between the living and the dead. In this role, elderly persons officiate in ceremonies to do with marriages, births and deaths and as an adjudicator ensure that peace and harmony prevails in the larger family (Van der Geest, 2004).

However, these traditional roles the elderly performed in African societies have also been affected by increasing social change. The dominant social and economic positions of the elderly have been eroded due to many factors. According to Nyanguru (2008) and Brown (1999) these factors include the following:

- a. Formal education with its inculcation of new values, enquiring mind, and the projection of new models of social relations: - The introduction of formal education has changed people's perspective and outlook of the world. It has made the European lifestyle

fashionable and promotes individualism thereby weakening the traditional structures, authority and kin solidarity.

- b. Industrialization and job opportunities, which tended to make the youth more independent and to ignore, or sometimes, even, challenge the authority of the elderly: - The fact that education provides individuals with work and salary which encourages independence has diminished the control the traditional system had over the individual.
- c. Rural-urban migration which resulted in the residential segregation of generations, with the youth and able-bodied living in urban areas leaving the old, sick and disabled to fend for themselves.
- d. The advent of Christianity and Islam, which has weakened the influence and authority of the elderly as custodians of the traditional belief systems and practices: - Christianity, which sometimes conflicts with traditional rites and customs makes people turn away from their traditional beliefs. People are no longer guided by traditional rites, roles or norms and they do not fear sanctioning from traditional authorities.
- e. The decline of traditional technology: - With the introduction of formal education, roles and positions have been altered. Traditionally children learned from elders, however, because of formal education the young and literates are now consulted and are giving advice. This has given them higher positions in society. As a result relations between generations have been disturbed.

On the basis of these developments, Rwezaura (1989) has argued that the economic hardships facing the elderly have been aggravated but have not been fully appreciated in most African countries. It is often assumed that local African communities provide old-age security, when in

fact this has not been the case everywhere. Yes, the first line of defence for the elderly has been the family. However, because of the vast social change, the family institution is no longer able to care for all its members, especially those who are older. As a result of the declining rural economies and lack of adequate social security systems in many African countries, many aging Africans have been facing severe economic hardship (Nyanguru, 2003). Yet, old people's poverty is still not a core concern in the social, economic and ethical debate of our time.

Remittance from children or relatives/family members has been a major source of income for the elderly. But evidence from studies in Africa and other developing regions show that this source of income is not always available or do not always meet the needs of the elderly people. In a 2003 study by Nyanguru in Lesotho, it was found that 61.7 per cent of urban elderly people and 65.5 per cent of rural older people reported receiving remittance from family members.

In a study in Botswana, Shaibu and Wallhagen (2002) observed that reliance on family remittance was very uncertain because some family members, though working, were unable to contribute much to their family's well-being since they were also caught in the web of poverty. Only 42 per cent of the participants received family remittances. As one caregiver noted,

“There is no help from relatives, really, they cannot help in anyway because they have nothing to offer. They are just as poor as we are, so anticipating any financial help from them is a bit unrealistic. They have nothing to give.” (p.145).

At the national level, it is often believed that traditional family structures and norms of respect mean that all elderly are well supported, as such, problems relating to the elderly have been underplayed and relegated to the background in most African countries (Gorman, 2004). Their right to development is routinely denied, with aging seen as a minority interest or a case

for special pleading (Jugessur, 2000; Nyanguru, 2003). Poverty and social exclusion remain the main stumbling blocks to the realization of the human rights of the elderly worldwide (World Bank, 1999).

According to HelpAge International (2002), material poverty not only denies elderly persons basic necessities, ranging from medicines to food, it also prevents the effective participation of elderly persons in society at all levels including in economic, social, and political life. Social exclusion distances the elderly from the mainstream of society making them less likely to participate in decision and planning in their communities. They are less likely to be considered in the allocation of resources and more likely to lose the self-esteem and dignity that go with playing a recognised role.

The productive capacity of elderly persons is often overlooked. The contribution by this group is severely undervalued, even by the elderly themselves. Frequently, an elderly woman when asked if she works will reply “no” even though she spends most of her days selling vegetables or fruits at the market or home, prepares food in the street, as well as cooking and looking after children while their parents are at work. This kind of informal sector work is not given the value it deserves and not seen as true “work”. Consequently, the weakening of the extended family system that traditionally has provided support for the elderly means that they (elderly) are left with little or no means of support. More specifically, the elderly who are single, widowed or unmarried, and without children of their own face losing the vital support that these groups may provide (Mba, 2004).

Providing company to old people, especially to those who are not able to move out of the house, constitutes an important aspect of care, which may have a profound effect on the elderly

person's well-being. Loss of contact with children, other relatives, friends and neighbours is seen as a personal defeat. The inability to attract others is often regarded as the 'dessert' for a less than successful life (Van der Geest, 2004).

From his research in *Kwahu-Tafo* in Ghana, Van der Geest found that loneliness is indeed a terrible lot in modern society. Lack of companion is regarded as one of the most miserable things that may befall a human being. He referred to several Highlife songs in Ghana that bemoan the plight of a lonely person. He observed that elderly who were cut off from the information network that spreads through the community experience a gradual process of social death before they die in the physical sense. Elderly persons in *Kwahu-Tafo* were surrounded by the noise and bustle of everyday life, yet many were denied what they regarded as their deepest existential right: the listening ear of a younger person.

2.7 Conclusion

Several studies conducted worldwide point to the critical role family support plays in promoting quality living standards for older people. The literature reviewed has amply demonstrated that the family remains the major source of support for most elderly persons in Africa and most developing countries. Also not in doubt is the fact that social change (for example industrialization, urbanization, migration, etc.) is beginning to alter the traditional family structure and the ability of families to support elderly members. Elderly persons are less likely to receive adequate physical, material, financial, emotional and social support due to the out-migration of younger family members. While the industrialized countries of Asia, Europe, and North America have provided statutory insurance programmes such as social security, health care, education, and a number of state mandated social services, few statutory programmes have

been enacted in Africa to address the challenges of the aging population (Darkwa & Mazibuko 2002). What is less well understood is the underlying mechanism by which family support operates in different groups to promote quality of life for elderly persons. Assessing care giving for elderly persons now and in the future is not only difficult, but should also be country specific. Given the increasing number of elderly persons in modern society, research detailing when, how, and for whom particular patterns and types of support are beneficial is a key agenda for social gerontologists.

One major shortcoming of the literature reviewed relates to the usage of “the family” as a concept. Though a universal institution, variations exist in the family based on kinship systems. Each lineage system determines the manner, extent and the context within which the duties, obligations and responsibilities of members to another are met. Even within the same country differences exist. In Ghana, for example, differences exist among patrilineal, matrilineal and bilateral systems. These different kinship systems bestow different roles, duties, obligations and responsibilities, practices and privileges on individual members within the family. In addition, members within these systems have different orientations in terms of inheritance and attachment towards siblings and cousins, parents and grandparents, uncles and aunts, nephews and nieces, etc. Given the dynamics of relationships that exist in different kinship systems, it is important to acknowledge that, beyond the larger cultural aspect that define the norm of obligation operating in a society, the family as a sub-group has its own procedural system for articulating this norm. This critical ingredient was not taken into consideration in assessing the relationship between the extended family support and elderly care in the literature. This study is intended to reduce this gap by examining the extended family care for elderly persons in the matrilineal system. To subsume “the family” under one umbrella as if the family is the same everywhere does not reveal

the subtle, yet very important details that aid our understanding of human behaviour and social relationships in different kinship systems and different contexts.

In addition, studies investigating social support focus on the relationship between social support (independent variable) and stress and healthy well-being (dependent variable). Not much attention has been given to the relationship between extended family support and the physical, financial, material, social and emotional needs of elderly persons in rural Ghana. This study intends to fill this gap.

Finally, the norm of filial obligation as conceptualised by Finch and Mason (1990, p.153) refers to “what counts as the proper thing to do for relatives in specified circumstance.” At the operational level, this can be captured in the way Lee, Netzer and Coward (1994, p.560) framed the question “what should children do for parents?” Assuming the identity of a norm, this call for filial duty has entered the realm of what is considered the ideal type that can be checked against how it is actually performed by culture bearers. The actual observance of the norm and how it is carried out in the everyday life of the actors concerned provides a reliable measure of the extent and depth of filial obligation.

Chapter 3

The Research Setting

3.0 Introduction

To situate the study in its geographical, historical and cultural context, this chapter provides information about Bamang, the study area. The description would enable readers to appreciate the context within which the phenomenon of family support is being discussed.

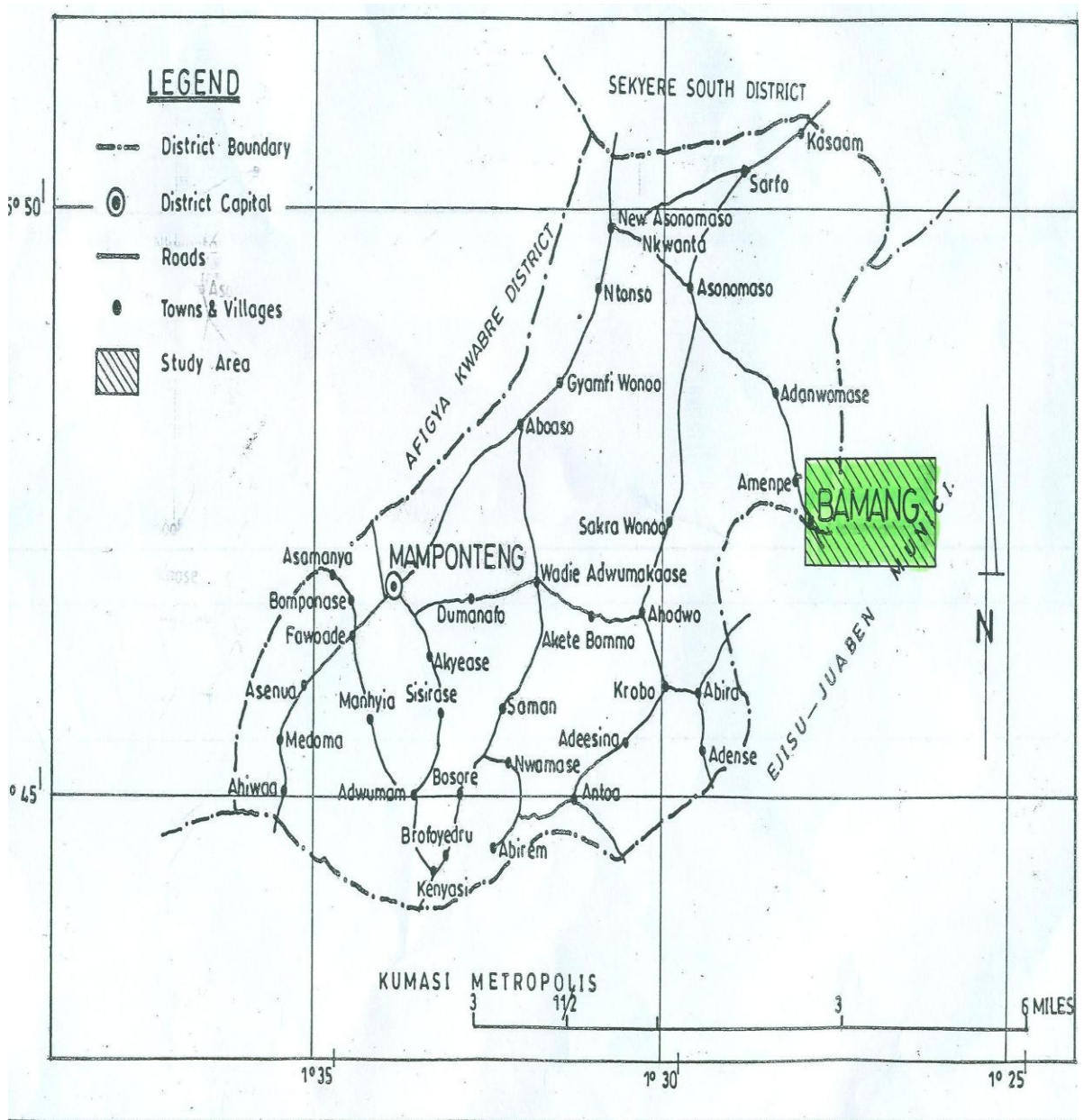
3.1 Profile of Bamang

Bamang is located at the south eastern part of the Kwabre East District in the Ashanti region of Ghana. The place is accessible from Kumasi by three routes. The most popular route by which the residents get to and from Kumasi is the Antoa - Bonwire road. Sections of this road particularly, from Duase to Antoa, are dusty with potholes and “trenches”. The first alternative route is the Kumasi-Accra highway. At Ejisu, Bamang bound vehicles go through Juaben - Effiduase road and make a detour at Bomfa to Bonwire and then Bamang. The second alternative route is the Kumasi - Mampong highway, a detour at New Asonomaso through Old Asonomaso, Adanwomase and Bonwire to Bamang.

From Bonwire, Bamang is reached only by laterite roads with a lot of trenches created as result of erosion. A driver has to slowly meander his or her way through the trenches and potholes to get to the village. The place is not served by any type of public transport. The Metro Mass Transit buses from Kumasi terminate at Bonwire. Privately owned passenger vehicles provide the only link with Bonwire and other towns carrying goods and passengers. According to residents, there have been many instances when passenger vehicle drivers plying on this route refused to ply on the two kilometre (2km) road between Bonwire and Bamang because it

becomes muddy and slippery whenever it rains. Under such circumstances, travellers are compelled to make the distance from Bonwire to Bamang on foot. Pictures showing some sections of the road from Bonwire to Bamang are shown in appendix D.

Figure 2: Map of Kwabre East District Showing Bamang.



The climatic condition of Bamang is not different from that of the general climatic conditions of the middle belt of Ghana. The village used to have a large track of forest in the past, however, bushfires, indiscriminate felling of trees and continuous crop cultivation partly due to increased population have left very little of the forest, specifically, along the stretch of the *Oda*² River. The vegetation today can be described as mainly shrubs interspersed with trees. Isolated big trees common in the area are “*Onyina*”³ trees.

The soil of Bamang is loamy, however, the demise of the big trees that served as canopies to reduce the direct effects of sun rays some years back has reduced the moisture content in the soil and its (soil) ability to retain a lot of water. Consequently, the soil does not support tree crops like cocoa, coffee, timber and the like. Thus only food crops such as cassava, maize, cocoyam, plantain, and vegetables are produced in Bamang. It is also worth mentioning that with the increase in population, substantial part of farm land has been used for building houses.

Data from the Kwabre East District Assembly Office at Mampong, shows that Bamang's population is growing steadily from 1663 in 2000 to 2079 in 2005. The 2010 population census put the population at 2628. Forty-one per cent of the population fell within 0-14 year group, 52.3 per cent in the 15-64 year group and 6.2 per cent fell within the 65 years and above (Kwabre East District Assembly, 2006). Majority (about 98 per cent) of the inhabitants are indigenes. This implies that Bamang has seen very little diffusion in terms of culture, dialect, norms and values.

² The Oda River is the main source of water supply for the village. It was discovered by a hunter and his wife who first settled at present day Bamang. The river served as a source of water for the first settlers.

³ *Onyina* is a big soft tree as such it cannot be used for activities that required hard wood. In view of the decline in the stock of Ghana's timber, it is used these days for plywood.

The steady increase in population also means a corresponding increase in the number of houses in the community. The nature of houses is mixed. Although there are relatively new houses, thus cement blocks houses, mud houses are still widely found in Bamang.

a. Brief History of Bamang

The people of Bamang are predominantly Ashantis, one of Ghana's major ethnic groups. Oral history has it that the first settlers of present day Bamang once lived in Aboaso (now defunct) near Juaben in the Ashanti region. It is difficult to establish the precise date when Bamang was established, however, the people put the date around the 1500s. Aboaso was mainly a farming and hunting community. Inhabitants depended on production of food crops and game hunting for survival. Hunters were thus among the respected group in the community. It is worthy of mentioning that in those days, hunters spent several days in the bush during hunting expeditions and sometimes went far from their original place of abode. The practice was that hunters constructed temporary shelter (huts) in the forest where they slept when they were not returning home. The game (bush meat) they got on such expeditions were prepared and dried or smoked with fire in the bush before it is brought home. They returned to their villages when they have had enough game and also to replenish their stock of bullets and gunpowder.

According to oral history, a hunter from the *Asenie* clan of the then Aboaso community during one of such hunting expeditions met a young woman from the *Bretuo* royal clan of Asante Mampong, a niece (sister's daughter) of the then Asante Mampong Chief (*Mamponghene*). The hunter had an illicit affair with the woman which resulted in pregnancy. In those days, impregnating a young woman, particularly someone from a royal family outside marriage was a serious breach of mores which attracted severe and punitive sanctions.

To escape the sanctions and the wrath of the then *Mamponghene* (Mampong Chief) whose niece (sister's daughter) was impregnated outside marriage the hunter eloped with the young woman without any destination in mind. They walked through the bush searching for a good place to live and farm. After several days and weeks of wandering in the forest they came to a site with a big tree. The tree (hollow tree) had a big hollow within the tree (*adukro*).

The hollow of the tree provided them with a temporary hide out and shade. Having walked for a numbers of days, they were both hungry and exhausted so they decided to rest under the tree. They passed the night under the tree. The next day they combed the area for food and water. Luck shined on them as they found water (present day *Oda* River) not too far from where they passed the night. With water and arable land the woman told the "husband" that she was not going further without knowing exactly where they were going. All efforts to persuade the woman to move on did not succeed. She told her "husband" that she was ready for any punishment should *Mamponghene* (Mampong Chief) find them. Eventually they settled under the tree when it became evident that they could not go further. The man gathered wood and constructed shelter in their new found place. Initially they depended on wild edibles alongside hunting game for survival, but they quickly settled and prepared a piece of land for planting food crops. The woman gave birth and that was the beginning of a new family in the new settlement.

Years after they had left the then Aboaso, a misunderstanding over land arose between the people of Aboaso and the Chief and people of Juaben resulting in inter-village war. This war led many people to flee from the then Aboaso. Some of them fled from Aboaso through the bush into the uninhabited forest. In the middle of the forest some of the refugees sighted smoke in the skies. They walked toward the direction of the smoke and from a distance found a hut that looked to them as human settlement. When they finally got there, lo and behold, it was a human

settlement. The hunter and his family received the refugees and assisted them to construct shelter and also gave them land to cultivate. Later free settlers joined them and through this a village was created in the forest. According to oral history the place they settled had a lot of one unique plant which gave a whitish-sticky fluid when the bark of the tree is struck with a sharp object. This unique tree is a kind of rubber plant. The whitish-sticky fluid is known in Asante 'Twi' as "aman", so the tree is known as "aman dua" (rubber tree).

With time the settlers sent word to their kinsmen back home (Aboaso) about their new settlement. The message included assurance of land for farming. "Bra aman no mu", meaning "come to the place where the rubber plants are situated" was the direction to the remnant kinsmen who at this time were living under constant fear of attack by the Chief and people of Juaben. Out of "Bra aman no mu" emerged Bamang, the name of the village (Source: Interview with the *Gyaasehene* of Bamang, July 18, 2013)⁴.

3.2 Economic and Religious Activities in Bamang

Majority of the economically active population are self-employed, mainly in the private informal sector, which provides job opportunities, particularly for females with little or no formal education. The major economic activities in Bamang are *kente*⁵ weaving and farming. Almost all the economically active female population in the village is engaged in agriculture, mainly the cultivation of food-stuffs and vegetables for home consumption. Typical crops grown are yam, cocoyam, plantain, cassava, maize, okro, pepper, garden-eggs and tomatoes along the banks of the *Oda* River. A small number of men used to cultivate cocoa, though on a small scale,

⁴ The *Gyaasehene*, a sub chief, is a member of council of elders in Bamang. He is the head (Abusuapayin) of the *Bretuo* clan in Bamang. Heads of the various clans constitute the council of elders.

⁵ *Kente* is a hand woven cloth with colourful designs. It is mostly worn on special occasion. *Kente* is produced in the Ashanti and Volta regions in Ghana.

some years ago but have had to abandon cocoa production with the demise of the forest. Today, game hunting is virtually non-existing since the forest that housed the game is no more. A handful of men are engaged in palm-wine tapping which is distilled to produce hard liquor known locally as *Akpeteshie*.

The farmers use implements like cutlass, hoe, axe, etc. The whole activity is labour intensive. That being the case, the acreage cultivated by individual farmers is usually small. The farming method used is shifting cultivation. This means that when a piece of land is cultivated in a particular year, the farmer will not work on that same piece of land the following year but moves on to another piece of land. He or she may return to work on that particular land after three, four or five years depending on the availability of fallow land at the disposal of the farmer. The rationale is to allow the land to recover its nutrients with time since they do not apply fertilizers or any other chemicals. It is not clear whether it is the inability to purchase the fertilizers or other factors account for this practice.

The proportion of females in agriculture is higher than that of males in the village because farming activities in the village are mainly for household consumption which does not provide monetary income and therefore cannot be depended on for a living. However, in some isolated cases, farmers who harvest excess produce particularly those without many mouths to feed do sell part of their produce to meet other expenditures. It must, however, be emphasized that such farmers are always few.

Because farming activities are not rewarded in monetary form, majority of the economically active males are engaged in *kente* weaving. Oral history has it that *kente* weaving originated from Bonwire about two kilometers away from the study area. Two brothers (Kruagu and Ameyaw) who were hunters went to the bush and saw a spider making its web. They took

time to study how the spider was using its fingers and legs in turning and twisting this self produced silky thread in weaving the web. Back home they constructed a loom, made thread from cotton wool and practised what they learnt from the spider. Out of this came kente cloth (Fosu, 2007). Since then the people of Bonwire and its environs, including Bamang have been weaving *kente* cloth to date.

Males are ushered into the *kente* business from childhood. As early as six years a male child learns the skills of weaving by participating under the tutelage of his father, uncle or a senior brother. Very few, however, undergo formal apprenticeship for the purpose of learning the skills and the intricacies involved in the kente business. In the olden days, kente cloth was worn on special occasions in Ghana.

The *kente* business has, however, taken a nosedive in recent times partly because the designs of *kente* clothes are being printed in China and exported to Ghana at prices far less than one-half of the original hand woven kente, and partly because of the high cost of the yarns, the main raw materials, used in producing the *kente* cloth. Consequently, the final product has now become very expensive and beyond the reach of many ordinary Ghanaians. At the same time the market is flooded with cheap Chinese prints.

These developments have greatly affected the kente business of many males, particularly the youth in the village. In a community where majority of the females do not earn any income, families depend on men for their upkeep (as breadwinners). The decline in the *kente* business has, thus, had a devastating effect on the standards of living of many families in the village. The youth who do not find the *kente* business lucrative anymore find migration to urban centres as an alternative option, while those still engaged in *kente* weaving in the village cultivate farms alongside.

Trading activities are virtually non-existing as there are no shops, stores or market in the village. During the research, I came across three kiosks which sold some basic provisions such as tin milk, sugar, tin fish, detergents, soft drinks, matches, candles and some foodstuffs like rice, fingers of plantain etc. Beyond these basic items, residents have to walk to Bonwire the nearest town for other needs. I must however, add that there was one chemical shop which sold basic drugs. Cooked food, that is sold in a restaurant or local chop bar was conspicuously absent in the village. Most people prepare their lunch in their own homes or skip lunch and wait for supper which in most cases is “*fufu*”.⁶

All the three major religions in Ghana namely Christianity, Islam and traditional religion, are well represented in the village although the Christian religion dominates in the village. Christian denominations that were found there are the Roman Catholic Church, Church of Pentecost, Assemblies of God Church and the Methodist Church. The rest are the Presbyterian Church, the Seventh Day Adventist Church, New Jerusalem Church, The True Church of Christ and the Healing Faith Church. Adherents of Islamic religion, however, constituted an insignificant proportion of the population. One small mosque in the village serves the Moslem community.

A number of traditional gods (*Abosom*) were also found in the village. The names of the gods are “*Abowhim*”, “*Ekyere*”, “*Atia Mframa*” and “*Holo*”. It was learnt, however, that not all the gods presently have priests. The explanation given was that the spirits of those gods without priests have not yet possessed other persons since the last priest(s) died. Ancestral worship is also common in the village. This is rooted in the belief in the existence of the Kingdom of the Dead (*Asamanado*) so custom requires that great attention is paid to the proper conduct of burials

⁶ Fufu is a local diet among most of the Akan speaking people in Ghana. It is made from pounded plantain, cocoyam or yam and cassava. Fufu is eaten with soup.

and funeral celebrations (Carmichael, 1999; Kambon, 2008; Nukunya, 1992). Traditional religion does not require regular attendance at particular buildings. To the traditional worshipper, religion is not something that is remembered for one hour a week. The gods and the spirits of the ancestors are always present. In spite of the religious influence, the researcher came across a number of inhabitants who do not subscribe to any religion at all (free-thinkers).

3.3 Political Administration

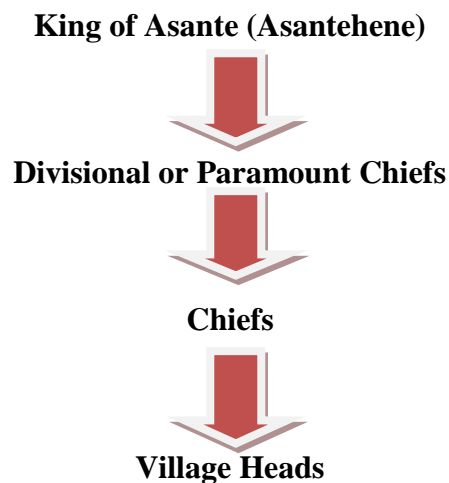
Bamang, as already indicated is part of the Kwabre East District headed by a District Chief Executive who has political authority over the entire district. For effective administration, the district has been sub-divided into units. The unit or local committee is headed by an assembly man or woman (Kwabre East District Assembly, 2006). Bamang and Amanpeh, another village nearby, constitute a unit. This means that one assembly woman heads the unit committee of both villages. However, the assembly woman who is the local representative of the people elected to champion their course lives in Kumasi. There was no evidence to suggest that her absence from the village most of the time in any way affect the development of the village.

Throughout the data collection period I met the Assembly woman a number of times. She told the research team that she is always available in the village whenever she is needed or the need arise. She is also present during funerals which are held once every month. She was emphatic that she was discharging her duties as assembly woman very well. She indicated that: “I attend meetings regularly at the district assembly office at Mampong. During assembly meetings, I articulate the concerns of my people to the best of my ability. Anytime I return from assembly meeting I brief my people and convey their sentiments back to the assembly. I organize communal labour as and when it is needed.” She showed the research team one borehole in the village that have been sank by the assembly through her effort.

a. Traditional Political Administration

In line with Asante culture, traditional administration is decentralized. Each unit is headed by traditional ruler who mobilizes the people at the local and community levels for development. Traditional leaders ensure peace in their local communities by settling disputes and conflicts under their jurisdiction. Most of the cases brought to the traditional courts involve family matters and disputes over land boundaries. With his elders sitting in conclave, the Chief listens to both sides of an argument and then tries to mediate. In cases of serious wrongdoing, punishment or a fine can be meted out. The most serious cases are referred to the higher traditional authority. The Ashanti traditional political system is hierarchical in order with the *Asantehene*, the King of Asante, as both the traditional and spiritual head of the Asante Kingdom. All the Paramount Chiefs in the region are members of the Ashanti Regional House of Chiefs, with the *Asantehene* as the President of the house.

Figure 3: The Hierarchical Structure of Traditional Authority in Ashanti.



Source: Author's design

Traditionally, Bamang is part of the *Adonten* division of the Asante union. This means that the *Odikro* (Chief) of Bamang serves the Golden Stool through the *Adontenhene*. *Adonten* is a military term in *Akan* language which refers to the main body or the middle infantry of the traditional army. The *Adontenhene* is therefore the Commander-in-Chief of the middle infantry group. The Kumasi *Adonten* stool belongs to the *Asenie* clan (Osei, 2009). It is important to add that the current *Adontenhene* is a native of Bamang. As already indicated, the first hunter to settle in the present day Bamang was from the *Asenie* clan, hence the Bamang stool also belongs to the *Asenie* clan. Within the *Adonten* division the *Odikro* (Chief) of Bamang is the *Nifahene* (Chief of the right wing) and is thus a very important personality in the *Adonten* division.

In Bamang the *Odikro* is the pivot of traditional rites and the embodiment of traditional values. He has the duty to maintain traditional customs and ceremonies to keep the link between the living and the ancestors. Though they are dead, their spirits are supposed to be alive and taking interest in the affairs of the living, watching their doings (Nukunya, 2003). He thus performs the necessary rituals such as pouring libation to the ancestors on sacred days particularly, “*Akwasidaε*”⁷.

The *Odikro* (Chief) is the most important person in the village. He is the first among equals of clan or family heads. In terms of administration he is supported by other sub-Chiefs (Council of Elders) and the assembly woman. The council of elders is the foremost advisory body to the *Odikro* (Chief). It composed of various clan heads. Together with the elders the *Odikro* deals with all manners of disputes and ensure that there is development, peace and tranquility in the village. He is recognized as the “Chief Justice” in the dispensation of justice to

⁷ Akwasidaε : Akans calculate their year in nine (9) cycles of 40 days with each cycle closing with Akwasidaε . Aday which occurs on Sunday is termed as Akwasidaε (Nkansa-Kyeremanteng, 2010).

his subjects. At any arbitration, the Chief's judgment is taken as reflective of the views of the ancestors and therefore is hardly questioned.

To ensure development, the Chief leads his people to undertake communal labour (self-help projects) whenever the need arises. On one of such occasions, the research team witnessed the men clearing the paths leading to the farms and the *Oda* River, whilst the women tidy up their refuse dumping ground.

The Chief of the village (*Odikro*), like the assembly woman, lives in Kumasi but he is always present on sacred days and during funerals. In his absence the one of the sub-Chiefs sees to the day to day administration of the village. However, if there is an issue that requires his presence an emissary (*Ahenkwaa*) is sent to inform him. With the advent of modern communication gadgets such as cell phone, emissaries are sent only when the issue is so serious and cannot be conveyed by telephone.

b. Opinion Leaders

Some of the prominent opinion leaders in Bamang include the Queenmother, the linguist, herbalists, religious leaders and teachers.

i. The Queenmother

The Queenmother is regarded as the “mother” of the village and symbol of unity of the royal family. Though her title implies that she exercise jurisdiction over women in the village, her role, in practice, goes beyond that. She constitutes the chief rallying point for women in the village and mobilizes them for necessary action and also serves as their voice. Girls menstruating for the first time in the village are sent to her for instruction in womanhood and housecraft. The

Queenmother's major role lies in selecting a candidate for the position of *Odikro* (Chief) when the position becomes vacant. When the person is eventually installed as the chief he looks to the Queenmother as an advisor (Nkansa-Kyeremateng, 2010).

ii. The Linguist

The linguist (*Okyeame*) is a member of the Chief's council, but plays a special role in the traditional society. *Akan* custom demands that the King or Chief does not address his subjects directly but through a linguist. In the same vein any person wishing to consult the Chief addresses his or her remarks to the linguist, who then passes them on and returns the reply (even though all three people are present together). The linguist is therefore the official spokesman and intermediary, acting as a buffer to reduce the severity of utterances and so save delicate situations. Apart from striving for eloquence, he should be able to spice his statements with proverbs. If the Chief should make a harsh pronouncement, it is the duty of the linguist to soften and clothe the statement in proverbs (Carmichael, 1999; Nkansa-Kyeremateng, 2010).

The linguist of Bamang lives in the palace. Interaction with him revealed that he is well versed in the traditional laws and customs of the village. Even though the *Odikro* (Chief) lives in Kumasi, the linguist receives messages from the Chief for the people and in return conveys the sentiments and messages of the subjects to the Chief on a daily basis. Through this the Chief is updated with developments in the village as and when they happen.

iii. The Herbalist

The herbalist (*Odunsini*) is one person who cannot be ignored in a village like Bamang. The research team had an encounter with two herbalists (a man and a woman) who use the bark of trees, roots and leaves (herbs) to cure all kinds of ailments. With no hospital or clinic they (the herbalists) are the first point of call in emergency situations for first aid or cure. Their

services in the village are partly paid for in local produce (a hen, eggs etc.) as opposed to western medicine which requires cash payment. It was learnt that of late the medical fee or charges in the form of a hen or an egg may be converted to physical cash on agreed equivalent.

One of the herbalists the research team had an encounter with (the man) was also a priest of one of the traditional gods in the village. This man thus pursues two related vocations, a herbalist and a fetish priest. The fetish priests (there are a number of them in Bamang) practicing as herbalists are consulted by people who believed in them on a number of issues and ailments. For instance, people who suspect that their financial problems, sickness that defies orthodox medication or bad harvest are the work of evil forces consult them for remedy. The services of fetish priests practicing as herbalists are paid for in cash and /or fowls, eggs, etc. Irrespective of whether the payment is made in cash or in kind, Aromatic Schnnaps always features prominently in payment for services provided by priests.

iv. Religious Leaders

Most of the churches have their pastors or leaders living in the community, others (Methodist Church and Church of Pentecost) live outside the community but come around every Sunday to officiate services. These religious leaders wield great power and play an influential role in the village with their doctrines and teachings. It is perceived by many people in the community that the leader of the Healing Faith Church possessed spiritual gifts which enable him to heal all kinds of ailments, thus a lot of people throng to this church. Services and consultation are done throughout the week from 9.00 am up to about 2.00 pm every day. It was also learnt that some of the Pastors regularly visit their elderly members and pray with them. There is however, no indication the churches support their elderly members either financially or materially.

v. The Teacher

Surprisingly, the power of the teacher as the elite in the traditional society is gradually waning in the study area and now talked about with nostalgia. It was observed that people do not accord teachers the same dignity and respect as they do to their pastors.

3.4 Major Infrastructural Facilities in Bamang

In terms of educational infrastructure Bamang has only basic schools. These are: one Junior High School (public), one primary school (public), one primary school (private) and one pre-school (Government). These schools lack library, computers, and modern learning facilities. Most teachers in these schools live in Bonwire or Kumasi from where they commute to Bamang every working day. The headteacher of the primary school told the research team that there were instances where teachers posted to the school came there to look at the place, sought permission to go and prepare but never came back again. Sometimes teachers who commute from either Kumasi or Bonwire report to school late. This sometimes affects the lessons that have to be taught in the early mornings. This situation negatively affects the pupils' performance in their final examinations.

Pupils who graduate from the Junior High School in the village have to look for admission into Senior High Schools elsewhere. Information on the levels of educational attainment and literacy shows that between 40.0 to 50.0 per cent of the population in the village, particularly, adult females either have no formal education or have only basic education. Illiteracy level is quite high in the village and higher for females than the males (Kwabre East District Assembly, 2006).

The village has no hospital or clinic. The only semblance of a health facility is one small chemical shop which sells only basic drugs. The nearest health facility is located in Bonwire about two kilometers (2 km) from Bamang, but this facility has no permanent doctor. The medical officer in-charge of this clinic visits the clinic three times in a week on Mondays, Wednesdays and Fridays and closes at 2.00pm on each visit. This means that any emergency outside any of the visiting periods could be disastrous. In view of this, most people in the village prefer to go to the Juaben Government Hospital which is about six kilometers (6 km) away. As a result of these conditions, self-medication is rife in the village since the chemical shop in Bamang or the chemical shops in Bonwire, the nearby town do not insist on having a prescription when buying drugs from them. Quite a large number of people in the village also resort to herbal medicines and aphrodisiacs with their attendant risks.

Access to potable water in Bamang is also problematic since the entire village had only one borehole serving the over 2000 inhabitants. It is important to note here that the two streams that served the community some years back have shrank due to bush fires and indiscriminate felling of trees and farming activities at the sources of these rivers. The *Oda* River which supplements the borehole is sometimes polluted with chemicals by some individuals searching for fish from the river.

The sanitation situation in the village is not ideal. Toilet facilities available in the village are pit latrines. All the people depend on public toilet facility except a handful of houses which have their own toilet facility. Refuse disposal is still of the open dumping system. Though the women in the village do clean the site at regular interval (normally on Fridays), scattered refuse were still found around the village. The village does not have a properly constructed drainage

system. Waste water from households gathers in gullies or flows unto the streets and become breeding grounds for mosquitoes and other disease vectors.

Telecommunication services are available in the village. Vodafone mobile services, MTN, TIGO, Airtel and Glo are all available with different signal strengths depending on one's location. Internet cafe is, however, not available but people can access internet services with their cell phones. The village receives broadcasts from all the major television stations in the country, thus Ghana Television, Metro Television, TV 3, and TV Africa. Postal services are not available but can be accessed at Bonwire about two kilometers (2 km) away.

Bamang does not benefit from either a police or a fire station but the youth in the village have formed a Neighbourhood Watch Committee to protect themselves against thieves and robbers. The nearest police station is at Juaben which is about six kilometers (6 km) away but due to logistical constraints (patrol vehicles) and inadequate personnel the police at Juaben is unable to patrol the surrounding villages including Bamang.

There is no financial institution in the village, however, there is a branch of Juaben Rural Bank at Bonwire which could be accessed by residents of Bamang who need financial services.

3.5 Village Life in Bamang

i. Social Life

In a typical Ashanti society, the village is a community in the sense of Tonnies' *gemeinschaft* society (Robertson, 1987). Tonnies' *gemeinschaft* society is an organic conception that emphasizes primarily on belongingness, close personal contacts and identity of interests as the chief characteristics of a community (Robertson, 1987). According to Max Weber, members of a community know each other and have a degree of common consciousness and identity.

Gemeinschaft society is thus a strongly knit group occupying a geographical area and living a common life (Robertson, 1987). Greetings play a very important role in the daily lives of the people of Bamang. People are expected to greet one another in the community in the morning, afternoon, evening and in the night. Any person who does not greet when he or she meets any member of the community is termed an uncultured person. It is a sign of disrespect to the elderly who may view such behaviour as awkward. It may also be taken that such a person is harbouring something negative against the one he or she did not greet. Everyone must be seen to play an active part in the social life of the community. Withdrawal from the communal life of one's age group is especially frowned on and is thought to be a serious blemish of character. One who cannot mix in a group is considered unfit for either human or animal society, *Omppe nnipa, onnsE nipa nnsE aboa*. The strength of the belief in the importance of social communion can be seen where reference is made to the other world in these terms- *Nsamanfoɔ mpo pE dodoɔ na entesE ateasefoɔ* , Literally, this means that “even the dead pray for increase in their number in hades how much more the living” (Carmichael, 1999; Kambon, 2008).

Bamang like any other village in the Ashanti region of Ghana is a social as well as an economic community. Everyone is expected to participate in the major ceremonies. The most popular ceremonies are funeral celebrations which typically last several days. Members of the extended family living in other parts of the country travel home to attend a funeral. The entire village and the inhabitants of its environs also come to pay their last respects to the dead persons. Thus, the funeral expenses could be a huge burden on the family (Kambon, 2008). However, the villagers and sympathizers from other towns and villages nearby give donations (*nsawa*) to help the bereaved family to defray funeral expenses (Osei, 2002).

Drumming, dancing, music, singing of dirges and weeping form an integral part of funeral celebrations. Various forms of dances are exhibited during funerals in Bamang with “*Adowa*” and “*Kete*” being the common ones. Nowadays live bands and “spinning groups” playing records have been incorporated into funeral celebration. During funerals mourners appear in either black, dark-red or brown clothes. For the bereaved family or close relatives, men wear red while women wear black and red.

Another important ceremony that attracts the attention of members of the entire community is the naming ceremony. Identity is very important for the social and psychological well-being of the individual as such in the olden days parents gave their children names on the eighth day. In today’s Bamang, naming of a baby is not performed exactly on the eighth day. It is done when the couple is ready because it involves a lot of expenditure. Couples who can afford financially, particularly the relatively well-to-do make it a big social affair. All the members of the community, relatives and friends are invited to grace the occasion and even donate something as capital for the baby. In some cases snacks and soft drinks are served. A new development in this area is that, whereas in the olden days men would purchase items such as clothing for the naming ceremony, these days most men give money for the women to buy the items needed for themselves.

One cultural practice in the olden days that has lost its influence in modern day Bamang is puberty rite. In those days, a girl who reached adulthood would be accompanied by her mother and other female relatives to the queenmother and announced to her that their daughter had reached adulthood. The queenmother would physically inspect her to satisfy herself that the girl involve is indeed a virgin. This paved the way for the girl to go through the initiation into womanhood which involved a lot of activities culminating in the public display of the girl

covered with a four-yard cloth from the legs to her armpit leaving the breasts and shoulders bare for everybody to see. With the advent of Christianity and formal education, the performance of the puberty rite has died off naturally in Bamang. Most Christian churches associate the rites with idol worship and therefore do not encourage their members to go through the practice. On the other hand, most girls who have tasted some formal education also see the practice of exposing their breasts for everybody to see as demeaning and therefore do not subject themselves to this initiation. These among other factors such as urbanization and modernization have led to the demise of puberty rite in Bamang.

Like many other rural communities in Ashanti region, observation of taboos is an important aspect of their social lives. For the people of Bamang, Friday is a sacred day and the day is observed by all the inhabitants. No farming activity is undertaken on Fridays. Not even hunters are permitted to inspect their traps on Fridays. Apart from farming activities, neither funeral nor eighth day (one week) rites, of death is observed on Friday. As a matter of fact, if a community member dies on Friday, the news cannot be broadcast nor can anybody weep until after 6.00 p.m. when the day is considered to be over. Beside Friday, every “*Akwasiɔ*” is also a sacred day. Inhabitants in Bamang do not even visit the river side on “*Akwasiɔ*” and therefore people store water on the Saturday preceding the “*Akwasiɔ*”. Today the taboo is still in force but the people do not store water on Saturdays preceding the “*Akwasiɔ*” because they can fetch water from the borehole for their needs on “*Akwasiɔ*”.

ii. Marriage System in Bamang

Sterility is considered a most deplorable misfortune. Sterile men and women have to endure contempt and derision. Public opinion is so much against celibacy that the concern of every member of the village is to get married and have children. However, a lot of things are

taken into consideration before getting married. Union by marriage is too important to be left to trivial treatment. The parents of a girl must hand over the human life in their care to a really responsible custodian. In the past no daughter accepted an offer of marriage from any man without the consent of her parents. "If my parents agree to your proposal, I shall have no objection," she will say (Kambon, 2008). In principle therefore, parents chose wives and husbands for their sons and daughters. In modern times, however, this is not the case. Parents' role in selecting spouses for their children has greatly diminished. The rampant teenage pregnancy and a lot of young mothers without husbands found in the village attest to this fact. The researcher observed a case where a young man has had five children with a young woman but had not yet performed any marriage rite or paid the bride price to the woman's family. Thus the system where parents selected spouses for their children was a thing of the past.

An emerging development observed in the village is the role of the churches in marriage concerning their members. Christian marriage or wedding has also caught up with people of Bamang and therefore churches play vital roles in the marriage of their members. With some churches young people who are considering marriage are made to go through compulsory counselling and a lot of medical tests including sickle cell and HIV, sometimes against the will of the couple or their families. Even though dubbed Christian marriage, the traditional customary rites are first performed before any Pastor will allow the wedding to go on. Once the parents of the girl confirm to the Pastor that all the necessary rites have been performed, the door is opened for the couple to go through all the necessary processes for the wedding, including twenty-one days notification of the intent of the couple to marry. Christian marriage or wedding is governed by law as such it involves signing of the marriage certificate. Normally these weddings are followed by refreshments. Invitees are expected to donate either in cash or kind to help the new

couple. Like naming ceremonies, weddings in Bamang are a community affair hence they attract the attention of all members of the community.

The youth is supposed to leave the father's or maternal home soon after getting married. As he becomes of age, he should begin to be self-sustaining and independent. *Wo aso aware a, to wo prete* meaning "if you have reached the state of getting married, you must be able to provide yourself with dishes," is the saying that independence should be followed by responsibility which one must shoulder squarely (Carmichael, 1999). However, some young men and women in Bamang continue to live in their family houses even after marriage. The practice as observed was that married couples continue to live in their respective houses but the women trek to sleep with the men in their family houses almost every night and leave to their own houses the next morning.

Divorce is detested in a true Ashanti community and Bamang is no exception. Parents on both sides have a duty to keep the marriage going or else break the marriage with the resultant break of a life-long tie not only between the couple but the two families. All marital leakages likely to flood and demolish the marriage are quickly blocked. "*Aware annya akyiginafoɔ a, egu*" meaning - It is the marriage that has no backing that breaks. All marriages, once contracted, should be supported (Carmichael, 1999; Kambon 2008; Osei, 2002). This probably explains why a union between a man (found in the village) who has had five children with a young woman but has not paid any bride price to the woman's family is still considered as 'marriage'

The average Ashanti man is polygamous. Many men strive to marry more than one woman to show their readiness to support a large family and their generosity (Kambon, 2008). But this tradition is no longer fashionable in Bamang. During the period of data collection in the village, the researcher did not find any young man with two or more wives. However, there were

some elderly persons (males) with two or more wives. It is interesting to note that even though most of the young men will not officially marry more than one wife, quite a number of them keep covert concubines. For the large majority who stick to monogamy, it was not clear whether the penetration of Christianity which emphasizes on “one man one wife” or the realities of economic hardship that had scared many young men from being polygynous.

iii. The Place of the Village Woman in Bamang

There is very little distinction between the sexes in the social grouping or organisation in the village. Boys and girls mingled quite freely together. Boys or men have a natural inclination to dominate, and are expected to, and they indeed do the lion's share of the services necessary for the proper upkeep of the group. For instance, at the beginning of farming season, boys and men cleared the bush, fell the trees and burnt the dry weeds before women come in to plant the crops and weed under the crops. Yet there is no disregard of the status of women in the village. *Yere kɔ bisa aberewa* "We are going to consult the old woman," places the woman as the final arbiter in all decisions in the Ashanti community. When a tribunal sits to settle a case, its members finally retire to take a decision and this final act culminating in giving justice is referred to as "consulting the old woman." The woman is the custodian of all knowledge and treasures of the community. Women are known as reputed connoisseurs and must not be challenged in their specialty (Assimeng, 1999; Carmichael, 1999; Kambom, 2008; Osei, 2002). In reality, however, many women in Bamang do not assert themselves as portrayed in the literature. Even though they are suppose to be the custodians of family land, properties and treasures, heads of families in whose care family wealth is entrusted are always men. This cultural practice reflects an *Akan* proverb which states “*Sɛ obaa tɔ tuo a, ɛ twere barima dan mu*”, meaning “if a woman buys a gun, it is kept in the room of a man.”

In view of this cultural practice, girls generally assisted in domestic duties. They are discouraged from spending time in games and sports as boys do. Mothers are often blamed if their daughters turn out to be uninterested in house-keeping. In the village, sports are considered not to be an activity for girls. They are believed to be too weak and prone to accidents for that. Their strength and energy is to be preserved and conserved for the strenuous life of motherhood that awaits them. A woman is considered to be born with too much responsibility to lend herself to sports (Carmichael, 1999).

Laziness is generally detested in an Ashanti community and Bamang is no exception, but it is especially despised in a woman. A woman of whom the term 'lazy' or 'idle' can be used is utterly discredited in the village. *Obaa huhuni*, a vagrant hoodlum of a woman, *dapaafow*, the idler and *kwadwofofo*, the lazy one, are names no woman wants to be called. She is perfectly aware of the adverse effects they could have on her and may prevent her from enjoying a successful marriage, that is, if these words had not already debarred her from the romantic approach of men. Marriage with such a woman is said to be the proverbial 'nine days wonder' and the victims have usually been strangers (Carmichael, 1999; Kambon, 2008).

iv. The Family System - “Abusua” in Bamang

The constitution of Bamang is based on the family system (*Abusua*). Like any Ashanti town or village, there are eight established clans (*Abusua*) namely: *Oyoko*, *Bretuo*, *Agona*, *Asona*, *Asenie*, *Aduana* (*Atwea*, *Abrade*) *Ekuona* and *Asakyire*. Every native of the village is a member of one of the above clans (*Abusua*) and can trace his or her descent through the female line to the founder of the *Abusua*. Members of the *Abusua* are considered to have the same blood, and marriage between them is therefore forbidden (Nkansa-Kyeremateng, 2010; Kambon, 2008).

In Bamang people talked of both immediate and extended families but emphasis tended to be placed on the extended family because it ensures mutual helpfulness and cooperation of its members. It also ensures among its members conformity to social norms, since it has the ability to reward or punish its members. A child born of any marriage in Bamang is a member of the same *Abusua* as his or her mother, and naturally comes under the Chief whom his or her mother served. Because the family line (*abusua*) passes through the mother to her children, a man is strongly related to his mother's brother but only weakly related to his father's brother. Even though the child belongs to the mother's family, the father's family has supervisory power over the child. This arrangement makes the husband only a facilitator as expressed in the *Akan* proverb "a child resembles the father but it belongs to the family" [*Abofra se ɔ se (agya) nanso ɔ wɔ abusua*] (Nkansa-Kyeremateng, 2010).

In the village of Bamang, "Aunt" and "Cousin" are seldom used. A man will call all his brother's children as his sons or daughters. In the same way, a woman will also call all her sister's children her sons or daughters. Likewise a child will call his or her mother's sisters, mother and father's brothers, father. The word uncle is used only for one's mother's brother. With this social arrangement every adult member of the family has authority and responsibility toward his or her sibling's children.

The pivot of the *Abusua* system is the head of the family (*Abusua Panyin*). He or she has a long list of duties from which the following can be cited.

- a. He or she exercises superintendence over all members of the family.
- b. He or she presides over all meetings of the family, especially those relating to marriage, divorce and funerals.
- c. He or she watches over the interest and advancement of members of the family.

- d. He or she supervises the training of members in obedience and loyalty to custom, law and tradition.
- e. He or she administers family property and promotes further acquisition
- f. He or she negotiates payment of family debts (Nkansa-Kyeremateng, 2010).

v. Inheritance and Succession System in the Study Area

The principles governing inheritance stress sex and age – that is to say, men come before women and seniors before juniors. Even though the general terminology is one of nephew-inheritance (in matrilineal society) the nephew is sometimes not an automatic successor to his uncle in Bamang. In most cases the male siblings of the deceased are the first choice before consideration is given to nephews. That is, when there are no suitable candidates among the male siblings of the deceased. What needs to be mentioned here is that the character of the person to inherit is also an essential determining factor. This is because no family (*Abusua*) will allow any person of doubtful character, such as a drunkard, a thief or a spendthrift to inherit property or a stool of a deceased rich man or eminent Chief for fear that he might dissipate the wealth or bring the stool into disrepute or even disrepute it (Assimeng, 1999; Carmichael, 1999).

To avoid confusion over inheritance of properties, some of the relatively well-to-do persons share their wealth, particularly farms, arable land or rooms in a house while he or she is alive. In such cases, each of the beneficiaries is expected to present “thank you” drink in the form of Aromatic Schannaps to the donor in the presence of all the other family members available at that particular time. Such drink is opened and shared among all the gathering to indicate that they are witnesses to the fact that the donor has indeed given a particular property to the benefactor. When this is done any person who inherit the donor after his or her death cannot reverse the proclamation of the death. Thus it is possible for a male sibling or nephew to inherit

his brother or uncle's stool or position as the head of the family but may not inherit his private property.

As a result of uncle-nephew relationships which assumes a dominant position (Assimeng, 1999) and gives priority to a man's nephew over his own children in terms of inheritance, PNDC Law 111, Interstate Succession Law, was introduced in 1985 to bring changes in inheritance of persons who die without making a will (interstate). The law divides the property of the deceased in the following order:

- i. If the deceased has one house and / or one car, the house and the car belong to the surviving spouse and children.
- ii. The remaining property of the deceased is divided in the following ratio:
 - a. 9/16 goes to the deceased children or child.
 - b. 3/16 is given to the surviving spouse.
 - c. 2/16 is given to the deceased parents if they are alive. If they are dead the portion is added to that of the family.
 - d. 2/16 is given to the deceased family.

It is worth mentioning that these days the average person in Bamang feels a clear duty towards his wives and children. Most men admit the father's responsibility to educate or train their children to acquire some skills or set them up in a business for the future. In line with this vision majority of the men in Bamang spend time and energy to train their sons in *kente* weaving or farming. This is done with a clear understanding that they (fathers) will be blamed for any bad behaviour of their sons. Meanwhile the care and upbringing of the girls are left to their mothers. In other words the principle is that fathers train their sons while mothers train their daughters.

3.6 Conclusion

Among the people of Bamang, the family was once envied for its organic nature because the problem of one of its members was the problem of all members. The converse was also true because the fruit of success of one member was enjoyed by all. Today, however, imported cultural practices, religious influences, migration and economic hardship among others are gradually eroding this virtue. The communal value of being one another's keeper which was once upheld in the olden days cannot be said to be the same in modern Bamang. Economically, many residents of Bamang hardly make enough from either their farming or weaving activities to adequately care for their immediate family needs. Logically, therefore support to other members of the extended family becomes secondary and only undertaken when it is convenient. Aside the eroding communal virtue, the socio-economic and cultural environments promote migration among the youth leaving the elderly behind. The rural-urban migration as observed in Bamang has negatively affected farming activities and food production in the village. In view of these developments the survival of elderly persons depends on the individual's ability to engage in some form of economic or farming activities. Those (elderly) who do not possess the resources (both physical and financial) to do so only survive on support receive from either their children or close relatives. To what extent the family is able to support its elderly persons who cannot fend for themselves in the village is the subject of this investigation. The significance of undertaking this study in Bamang lies in the fact that elderly persons in the village do not retire on any formal pension scheme.

Chapter 4

Research Methods

4.0 Introduction

This chapter describes the methodology employed and outlines the steps followed in collecting the data for the study. The first section of this chapter provides a description of the methodological approach. Because the study entailed personal and professional dialogue with participants, the methodological approach was qualitative. Case study was employed in this study. This is followed by the sampling design and the methods employed to collect both the primary and secondary data. The next section gives an account of the fieldwork and a description of the data analysis. The chapter ends with a reflective account of a researcher studying his own community and the ethical issues considered.

The description of the procedures used to collect the data may enable readers of this study's findings to appreciate the particular strengths and limitations of the study. In addition, an account of the field experience may help others who plan to do similar studies in other parts of Ghana or sub-Saharan Africa.

4.1 Methodological Approach

4.1.1 Research Design

Since the focus of this research was to explore, understand and describe the role family support plays in the lives of elderly persons, the methodological approach was qualitative. Case study design was employed to collect qualitative data. Because the elderly population in Bamang is largely homogeneous in many respects (social, economic, cultural and environmental), case

study design was considered appropriate for the study. The approach helped me (the researcher) to choose few cases and probed deeply for explanations. It therefore enable me to understand, describe and interpret the social conditions of the participants, the shared meanings of their everyday social worlds, and how they perceive the world around them in their social setting.

Besides, studying the entire elderly population in Bamang was going to be expensive in terms of time, financial and human resources, hence case study design allowed for an in-depth understanding of few cases and a deeper appreciation of the complex factors that influence extended family system, and their implications for the support and care of elderly persons in the study area. Because it is especially suitable for learning about a little known situation, the case study design enabled me to spend extended periods of time with few respondents.

Finally, the case study approach enabled me to capture the words and the unadulterated experiences of my respondents in their cultural context. The data was thus very useful in explaining the phenomenon from the participants' perspectives.

4.2 Sampling and Sampling Design

4.2.1 Target and Study Populations

The target population for this study was elderly persons (60 years and above) in the village of Bamang. However, the study population was elderly persons, (60 years and above) within households, caretakers of the elderly persons within the various households (where applicable) and opinion leaders in Bamang. As already indicated, the village exhibits rural characteristics (poverty, lack of modern social amenities such as health and educational facilities, motorable road networks, potable water, etc). These factors have facilitated the migration of many young men and women to urban areas in response to the lure of the city. Consequently,

there are a lot of elderly persons whose children are living outside their immediate vicinity or the village.

4.2.2. Sampling Units

The sampling units for this study consisted of the Chief, council of elders, the only assembly women, religious leaders, the headteacher of the only Junior High School, elderly persons (both males and females), and caretakers of the elderly persons within the households (both males and females, young and old) in the village.

4.2.3 Sampling Techniques

The study employed non-probability sampling techniques. Purposive and snowball sampling techniques were used to select the needed sample. With purposive sampling, participants were purposefully chosen based on their ability to provide information relevant to the study. Purposively sampling technique was therefore used to select from within households, persons or caretakers (where applicable) responsible for the upkeep and welfare of the selected elderly persons.

Purposive sampling was also used to select key informants from among the community or opinion leaders (the Chief, assembly woman, headteacher of the Junior High School, one member of council of elders and one pastor). These people were considered key informants because of their ability to provide information on specific areas relevant to the study.

The Chief is the first among equals of the clan heads in the village. By virtue of his position, he is the custodian of the land, properties and ancestral gods. He is the embodiment of the traditional values and culture of the people. He is responsible for the adherence of norms (mores and folkways), values, traditions and beliefs of the village. In view of his status and roles

in the village, I (the researcher) found it necessary to purposively sample and interview him on the customs, culture, and the social structure of the village. The assembly woman chairs the Bamang Unit Committee and represents the people of Bamang in the Kwabre East District Assembly. As the political head of the decentralized government, her views on the socio-political and economic development of the village were considered necessary. She was therefore purposively sampled and interviewed on the current state socio-political and infrastructural developments of the village, as well as the efforts being made to bring development to the rural folks. The headteacher of the only Junior High School in the village was also purposively selected and interviewed on factors and challenges that account for the low level of education in Bamang as revealed by the data. The most senior among the council of elders in terms of age was also purposively selected. Within the community, he is among the few persons who are regarded as the repository of knowledge and history of the village. It was therefore imperative to purposively sample this man and interview him on the origin and history of the village. Given the large number of participants who professed the Christian faith, the most available and easiest to reach pastor was selected to ascertain the role these religious institutions play in the lives of the elderly persons in the study area.

Snowball sampling was used to recruit elderly persons for the study. The selection of participants was based on referrals. The process began with an identification of two elderly persons with the help of the *Gyaasehene*. He (*Gyaasehene*) also recommended a young man from the village to assist the research team to locate these first two elderly persons. After interviewing these respondents, the research team asked them if they had friends or knew of other people who were in their age group. In most cases, the elderly participants mentioned the names of their friends and colleagues within the same age group to the research team. From one

house to another, the aide recruited from the village led the research team to houses where elderly persons who met the criteria of the study population lived. Through this method, 30 elderly persons were selected.

Apart from helping the research team to locate the elderly respondents identified through snowball sampling technique, he (the aide) sought the consent of the participants, and in some cases, secured appointment with some participants a day before the interview. Through this approach some of the participants were ready for the interview when the research team got to their homes. For his services, the aide recruited from the village agreed to take ten Ghana cedis (Ghc 10.00) per day as service fee.

The young man always led the research team to the houses of elderly persons identified through snowball sampling technique, introduced the research team to the household and waited somewhere in or around the house until the interview was over. Participation in the research was purely voluntary, and in some respects at the convenience of the participants. Selection was thus based solely on participants who were willing to talk to the research team.

4.2.4 Sample Size

In all thirty (30) elderly persons and twenty-five (25) caretakers participated in the study. The original plan was to interview, from each household, one elderly person and one caretaker where applicable. However, there were five elderly persons, three males and two females who did not have caretakers, hence the 55 respondents. Conscious efforts were made to ensure gender balance. All the participants willingly agreed to participate in the study.

In addition to the thirty (30) elderly persons and twenty-five (25) caretakers, five (5) key informants namely: the Chief, one member of the council of elders, the assembly woman, one

pastor and the headteacher of the village's Junior High School were also interviewed on a wide range of issues including the history of the village, the social structure of the community, challenges of the educational system in the village, efforts of the Kwabre East District Assembly to bring development to the people, and the role of religious institutions in the lives of the elderly persons among others.

The sample size was appropriate for the study to gain an in-depth understanding of the nature and extent of extended family support and care for elderly persons in the study area. As Patton (2002) posited that, "... qualitative methods typically produce a wealth of detailed data about a much smaller number of people and cases" (p.227). The focus of the study was not to generalize, but to gain an in-depth understanding of changes in the extended family, if any, and its implications for support and care of elderly persons in Bamang.

4.3 Fieldwork and Data Collection

4.3.1 Recruitment and Training of Research Assistant

As part of preparations toward the fieldwork, one research assistant (with bachelor's degree in Sociology and Social Work from the Department of Sociology and Social Work, Kwame Nkrumah University of Science and Technology, Kumasi) was employed to assist in collecting and assembling data. Because of his background in sociology and social work, he was familiar with social research and understood the concepts used in the study. Notwithstanding his background, he was given further training with particular emphasis on the rationale and objectives of the study, ethical considerations and respect for participants' culture. The research assistant mainly audio recorded the responses and also prompted me about any follow-up

questions at the end of the interviews. Thus, I made it a habit of asking the research assistant for any outstanding issues before ending each interview session.

4.3.2 Six Months of Fieldwork (February 4, 2013 – July 31, 2013).

The fieldwork began on February 4, 2013 and ended on July 31, 2013. The first week was devoted to preliminary visit to the study area. The visit afforded me the opportunity to appreciate the socio-cultural, economic and political milieu within which the study was going to be carried out.

Through this initial visit, I got to know who to contact, how, where and when to do so. In other words I got the sense of how to negotiate my entry into the village. One significant gain which emanated from the preliminary visit was the information that Friday is a sacred day in the village as such the people do not go to the bush or undertake any farming activity on Fridays. This piece of information was a clue to me that the best days to do very effective work (interview and observation) was going to be Fridays.

After the period of familiarization of the study area, the second week was devoted to negotiating entry through the gatekeeper of the community. This aspect of the research process was necessary in terms of achieving the maximum cooperation of both the participants and the people of Bamang, where the research was to be conducted.

The first step I took as an investigator was to consult the traditional rulers, political representatives, opinion leaders and other ‘gatekeepers’. The purpose of this first consultation was to seek the permission of the traditional authority to undertake the study in the village, and also solicited their help by way of sensitizing the people in the village before the research team enter the community for the data collection.

The Chief (*Odikro*) of the village was not available. He lives in Kumasi but comes to the village whenever the need arises particularly, on sacred days like *akwasidae* and during funerals which are held once a month, that is, on every second Saturday and Sunday of the month. In his absence the research team was led to the *Gyaasehene*, one of the sub-Chiefs. The research team was received by the *Gyaasehene* warmly, more especially when I (the principal researcher) introduced myself as a native of a village within the Kwabre East District. When asked, I presented my mission and explained the nature and purpose of the research as well as the cooperation and assistance needed to achieve the objective of the study. In his response, the *Gyaasehene* reiterated the absence of the *Odikro* (Chief) but added that he would act for the *Odikro* (Chief) and later inform him about my mission. He indicated to me that as a native of community, I did not need any formal permission to conduct the research in the village, the only requirement was to present a customary drink which was to be used to inform the Chief about my mission and also pour libation for the gods and ancestors to grant me successful interviews. A bottle of Aromatic schnapps was the customary drink. In most *Akan* societies Aromatic schnapps are used for libation and other customary activities.

Even though a bottle of Aromatic schnapps was requested, two bottles were actually presented to the *Gyaasehene*. I added the extra bottle for the *Gyaasehene* as a sign of my appreciation for the warm reception. The customary drink, a bottle of Aromatic schnapps was given to the Chief's linguist who used it to convey my request to the Chief. Upon presentation of the customary drink, the Chief through his linguist and the *Gyaasehene* gave his blessings as well as that of the gods and ancestors to the research team.

4.4 Methods of Data Collection

4.4.1 Sources of Data

Data for the study was collected from two main sources that is, primary and secondary sources. The primary source of data was collected from the sample drawn from the study population using in-depth face-to-face interviews and non-participant observation. The secondary data were obtained from published articles, unpublished thesis, library and archival materials, official records and other documented sources.

4.4.2 Primary Data

i. In-depth Interviews

To collect empirical data on the phenomenon being studied, two sets of interview guides - one for the elderly respondents (Interview guide A) and the other for household caretakers (Interview guide B) – were designed based on the research questions and the objectives of the study. These interview guides were reviewed by experts (Supervisors) in the field. Interview guide ‘A’ consisted of several sections and covered specific information on demographic characteristics, past and present employment status, activities of daily living and living arrangements, economic upkeep, and experiences of elderly persons about changes in the extended family and its support and care to elderly persons in modern Ghanaian society, as well as suggestions for elderly care in Bamang. Interview guide B (for household caretakers) dealt mainly with personal characteristics of the caretakers, their employment status, their relationships with the elderly under their care, the nature of support and care given to the elderly, and their view about elderly care in Bamang.

To ensure that the questions in the interview guides were meaningful and easily understood by the respondents, both interview guides were piloted in another village (Amanpeh) in the Kwabre East District between 28th and 31st January, 2013. Issues examined included length of the questionnaire, wording of questions, how respondents understood the questions and ambiguities with respect to some of the questions. The pilot enabled me (the researcher) to modify some of the questions while some were completely removed.

The interviews were conducted in the participants' homes. The interview settings were very comfortable to the participants, and there was a high sense of privacy. Each elderly person and household caretaker was interviewed separately. Before the interviews, participants were informed of the aims and the major themes of the study. The interviews were similar in nature to a conversation, where respondents were allowed to respond freely to questions.

Since many elderly persons in the community do not have formal education, the interviews were conducted in the local dialect (*Asante Twi*). The use of local dialect encouraged participants to talk to the research team as they normally talk to other people in their cultural setting. On the average, the interview with each participant lasted for approximately thirty-five minutes (35 minutes).

All the interviews were audio recorded by my research assistant while I (the principal researcher) took written notes alongside. With this approach, both notes were compared and the gaps were filled. In taking notes of the interviews I used words and phrases that respondents used in their natural speech. The essence was to capture their experiences in order to understand and interpret the meanings, whether assumed or intended, from their perspectives as close as possible.

The audio recordings were transcribed into English each day after the interview sections. This gave the research team the opportunity to check for inconsistencies in participants responses. Where there were inconsistencies in respondent's answers, the research team revisited the participant to clarify the inconsistencies. It also gave me the opportunity to do superficial analysis of the information and themes arising from them which informed further data collection. Interviews were transcribed in a meticulous manner (word-by-word) without skipping a word. This path was pursued in order not to ignore or exclude any relevant information.

The interviews obtained high response rates and permitted extensive probes which enhanced the understanding of the phenomenon under investigation. In addition, they allowed me (the researcher) to explore in detail the underlying experiences, perceptions and reactions to the changes in the extended family and its implications for support and care to elderly persons in the study area.

Besides, interviewing and talking at length to elderly persons and household caretakers separately enabled the research team to explore fully contradictions and inconsistencies or confirmation in their perceptions and experiences about the effect of extended family support on the living conditions of the elderly respondents.

ii. Non-participant Observation

The interviews were supplemented with non-participant observation. With this method of data collection, the research team observed the home environment of respondents for facilities and amenities that enhance the living conditions of the elderly such as electricity supply, barrels for storing water, toilet facilities and bathhouses. The availability or otherwise, as well as accessibility suggested to the research team the nature of the living conditions of the elderly

respondents and the extent of family support in the area of activities of daily living. In addition, the state of the living quarters or buildings was observed focusing on how the elderly move around their environment, the physical conditions of the houses, their preparation of meals, eating times, visitation by friends and relatives and above all, the physical state of the elderly respondents. Through this method useful first hand information were gathered to support the interviews.

These observations were important since they enriched the data collected and contributed in generating an in-depth understanding of the living conditions of the elderly. In addition, by adding observations to interviews, it improved significantly the validity of the data since such triangulation of methods has been proven to produce good research data (Creswell, 2009).

4.4.3 Secondary Data

The secondary data from documented sources including published literature, official records and internet search for current publications and information were evaluated and used for the study. The official records included information on the study area collected from the office of the Kwabre East District Assembly and the Ghana Statistical Service. The community official records provided an insight into the geographical, political, socio-economic, cultural and demographic context within which the study was being undertaken.

The relevant information from the secondary sources was reviewed to ensure proper understanding of the subject under investigation. It also helped to give an insight into existing information on the subject and identify gaps between current knowledge and how these gaps could be further investigated.

4.5 Data Management

Data management proceeded at the beginning of the data collection and continued throughout. During the collection, information gathered was constantly scrutinised and analysed. Information gathered were refined and reformed, their validity was further tested by gathering more information from the field.

The initial qualitative data were managed manually. This process consisted of transcribing and editing responses from participants and organizing them into meaningful categories. The researcher employed analytic noting, coding and highlighting as the techniques for handling the data. Using the processes suggested by Strauss & Corbin (1998), the research team open coded by uncovering, naming and developing themes from the gathered data. Responses, events, happenings, objects, actions and interactions that were found to be conceptually similar in nature or related in meaning were grouped under categories. Coding was, thus, used to classify the data in a way that allowed the researcher to look for patterns and to create a retrieval system for later review of specific pieces of data.

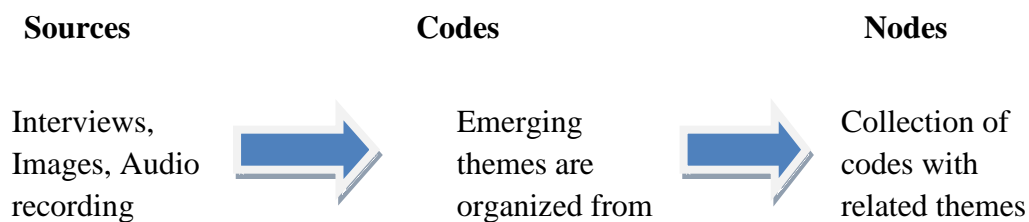
The Nvivo (version 7) software programme was the main tool employed for the analysis and interpretation. Nvivo does not favour a particular methodology, it is designed to facilitate common qualitative techniques for organizing, analyzing and sharing data irrespective of the method used. The interviews done on the field were recorded and transcribed. The transcripts were matched with their corresponding audio recordings. The audio was then fed into the computer to be analysed with Nvivo Analysis Software.

Nvivo works with sources. Sources here were the audio recordings and transcripts of the recorded interview. The sources were imported into Nvivo and coded into nodes. Importing data

into the Nvivo was done by executing the Nvivo software on the computer containing the transcripts and audio recordings and clicking on the external tab of the software's window. This gave the chance of bringing into the software the transcripts and recordings and any other relevant documents needed for the analysis.

The imported sources were then coded. Coding is the process of gathering imported materials or portions of imported material into relevant themes (nodes). Each interview answer given or a portion of a transcribed interview or audio clip was selected, and coded into a particular node. For example in asking respondents about their views on institutional homes for the elderly, two main themes emerged, these were whether they supported it or not were coded into two separate nodes of "I support old people's home" and "I do not support old people's home" together with their various reasons. Below is a diagrammatic presentation of coding data into nodes after the sources have been imported.

Figure 4: Pictorial representation of computer handling of the data



4.6 Reflective Accounts as an “Insider Researcher”

Conducting studies in a researcher's home or community comes with both advantages and disadvantages. In the case of this research, my background as a native of the community (another village near the study area) was an advantage in many respects.

First, as a member of the community my presence in the village did not indicate anything unusual. This gave me the opportunity to observe the people in their natural setting unlike in the case of a complete stranger in an unknown community. Second, the people saw me as one of them and therefore I gained access to people's home without any difficulty. Third, getting participants for the interview did not create any problem and the participants willingly told me their stories without any hesitation or looking beyond their shoulders.

Besides, because I speak the same language (*Asante Twi*) as the people of Bamang, I easily understood them when they told me their stories. I understood the meanings of important events and even the layered meanings of their body language. This would not be the same for a researcher who studies other cultures and have to go through a fairly long period of adjustment to accumulate knowledge, competence and sensitivity. Thus my membership of the community greatly reduced the cognitive efforts necessary to adjust and understand an otherwise strange culture.

Notwithstanding my membership of the community, I did not take anything in the field for granted. In line with the role of an academic researcher, I tried to be as objective as possible during my interaction with the participants in the data collection phase. However, in situations where I could use my identity as a native to obtain relevant information or get access to something important for the study, I did so. This is in line with the observation by Van der Geest (1998) as cited in Dapaah, (2012) that, instead of suppressing personal views and feelings, the researcher should examine them carefully and try to use them in conversation, observation and participation to understand the study subjects better. For instance, because of the bad nature of the road leading to Bamang and the lack of social amenities, the people are reluctant when it comes to granting interviews to researchers because they perceive any person collecting data in

the village as an official of the government which in their view has neglected the village. However, because I identified myself with the community, the traditional authority represented by the *Gyaasehene* did not only participate in the research but also entreated all and sundry to give me the necessary cooperation. My position as a member of the community also facilitated my entry into the study area with having to present only a bottle of Aromatic schnapps as a customary drink. The customary drink would have been higher than what was asked of me if I were a complete stranger.

I must also add that as a member of the community (another village near the study area) some of the respondents or people in the village knew my parents or grandparents. For such people, particularly the widowed, I was 'obliged' to give gifts. In most cases I gave some of them money after hearing their stories. There were also times that I had to buy foodstuffs (yams and rice) from Kumasi for some of them. When there was a funeral celebration in the village, I participated and gave donations in the form of drinks or money. Clearly, conducting research in one's community has a lot of advantages but a researcher should also be mindful of inherent cost.

4.7 Ethical Issues

The ethical issue of informed consent was overcome with a formal request to community leaders outlining the nature of the research, the intention, the methods used and the time. All participants and relatives also received oral explanation about the aim, nature and significance of the study and informed consent was obtained in written form or orally. Each elderly person was informed individually in the presence of his or her relatives and if any participant refused, he or

she was excluded from the study. If any relative also objected to the participation of any elderly person, that person was excluded.

In addition, participants were assured that participation was purely voluntary and any participant could withdraw his or her consent at anytime of the interview. Participants were also assured that they would not be named in any report and their confidentiality would be maintained. The identities of persons and events as well as their actions and comments were altered with pseudonyms to preserve the anonymity and confidentiality of participants in the data. These were emphasized before commencing interview with participants. Because potential disclosures and family disagreements could emerge when conducting interviews within households, the household caretakers and elderly persons were interviewed separately, one person at a time. To avoid plagiarism the sources of all materials consulted have been duly acknowledged.

4.8 Conclusion

This chapter has provided the rationale behind the choice of the research methods, sample size and a brief description of the research participants. Also data analysis procedure is discussed. This is a qualitative case study, where the phenomenon of elderly care in a rural area is characterized as a case. The main instruments for data collection were in-depth and key informant interviews, and non-participant observation. The next chapter presents the analysis and discussions of the field data.

Chapter 5

Analysis and Discussion of Elderly Persons in Bamang

5.0 Introduction

This chapter presents and discusses the results of data collected from the field. Data were collected from 30 elderly persons and 25 other household caretakers. All the respondents were purposively selected because of their ability to provide information relevant to the study. Originally the proposal was to select from each household one elderly person and one household caretaker responsible for the welfare and upkeep the elderly person. However, there were five elderly persons, three males and two females, who lived without any caretakers so the research team did not get household members to interview, hence the 25 household caretakers.

The data presentation begins with a demographic profile of respondents including their past and present employment. Information on sources of maintenance made up of activities of daily living and economic upkeep follows the demographic profile. The presentation ended with suggestions from respondents regarding elderly care. The purpose is to highlight the socio-demographic characteristics of respondents, experiences and perception of the respondents regarding extended family and elderly care in the study area. The identities of the respondents have been blurred as such all the names that appear in the presentation, analysis and subsequent discussions are pseudonyms and therefore not actual identities of the respondents.

The analysis and discussions of the research findings were done in response to the research questions. Much of the discussions were done in the words of the respondents. This is to ensure that their words are not distorted in the analysis so that readers could identify with the unadulterated experiences of my respondents, particularly the elderly.

The data collected was analyzed qualitatively. Rubin and Babbie (2008) described qualitative analysis as the non-numeric examination and interpretation of observations for the purpose of discovering underlying meanings and patterns of relationships. Methods used in analyzing data for a case study includes categorization and interpretation of data in terms of common themes, and the synthesis of data into an overall portrait of the case (Leedy & Ormrod, 2001).

5.1 Socio-Demographic Characteristics of Respondents

The description of the socio-demographic and economic characteristics of respondents is meant to expose the readers of this study to the characteristics of the respondents and the context within which interviews were conducted. In addition, socio-demographic characteristics are very important considerations in any policy decisions and services provision. This is because the profile of a group may strongly predict the type of policies, programs and services that need to be created to address them (Darkwa, 2000).

i. Sex Characteristics of the Respondents

The sex of the elderly sample were made up of 11 males and 19 females, giving a male to female ratio of approximately 1:1.7. This ratio is to be expected for an aged population in Ghana where women have longer life expectancy than men. This is also in line with the results of the 2010 Population and Housing Census that revealed that there are more females [12,633,978] than males [12,024,845] in Ghana (Ghana Statistical Service, 2012) and World Health Organization 2011 data on life expectancy in Ghana which states that females [64.9] live longer than males [62.2] (World Life Expectancy, n.d.).

The feminization of the elderly in the study area confirms the literature that women tend to live longer than men as documented by studies of Darkwa and Mazibuko (2002) and Nyanguru (2008). The phenomenon could also be partly explained by the fact that men in the study area generally marry women who are younger. All things being equal, men are more likely to die before the women (Tonah, 2009). It was therefore not surprising that all the widows in the sample were women.

With respect to the household caretakers who participated in the study, 13 were males, whereas 12 were females, giving a male to female ratio of approximately 1:1. The table below depicts the sex characteristics of the respondents.

Table 3: Sex characteristics of the respondents.

Sex	Elderly Respondents		Household Respondents	
	No	%	No	%
Males	11	36.7	13	52
Females	19	63.3	12	48
Total	30	100	25	100

Author's survey, June 2013.

ii. Age Characteristics of Respondents

According to Mackenzie (2012), older people go through three distinct phases, namely entering old age, transitioning and the frail period. This categorization was very useful for this

study on elderly care since each phase is associated with different social, economic, health and emotional problems.

Typical to many rural areas in Ghana, determining the precise date of birth for many older people was problematic. Most of them used important and historical events to determine their date of birth. An old woman told the research team:

“According to my parents, I was born on the day *Asantehene*'s palace (the first one) was officially opened for habitation by the King after completion of the construction.”

With the help of such important and historical events it was possible to determine the year of birth of some of the older respondents who did not know their ages. Some of them, however, could readily tell their age. The accuracy of their ages, however, could not be verified by the research team.

The modal age of the elderly respondents was 80 and above. Out of the 30 elderly persons who participated in the interview, 12 were over 80 years. This group fell into what Mackenzie (2012) described as frail elderly, a period defined with declines and co-morbidities when independent living becomes impossible often as a result of illness (Mackenzie, 2012; Wahlin, MacDonald, de Frias, Nilsson & Dixon, 2006).

Apart from two participants who were just entering old age (60-64), all the rest were within what Mackenzie (2012) described as the transitional period. Eight were between the ages of 75 and 79. Those between 65 and 69, and 70 and 74 were four each. What is important for this study with regard to aging characteristics is that all the elderly respondents were born in the Gold Coast (colonial period) as defined in this study and, therefore had experienced the family

structure and its support and care in both the traditional (colonial) and modern (post-colonial) Bamang.

The ages of the household caretakers ranged from 31 to over 70. The modal age fell within the 41 and 50 group. Only one person, 73 years who could equally qualify as an elderly person by the definition of this study, was recorded in the sample of the household caretaker. Eight respondents were between 51 and 60 years, while six participants were within the 31 to 40 year group. It is clear from this that all the caretaker participants were old enough and, therefore, were in the position to support and care for their elderly relatives. Table 5.2 below depicts the age characteristics of the respondents.

Table 4: Age Characteristics of Respondents

Elderly Respondents			Household Respondents		
Age	No	%	Age	No	%
60-64	2	6.7	31-40	6	24
65-69	4	13.3	41-50	10	40
70-74	4	13.3	51-60	8	32
75-79	8	26.7	61-70	0	0
80+	12	40	71+	1	4
Total	30	100	Total	25	100

Author's survey, June 2013.

As portrayed by the data almost one-half of the elderly respondents were 80 years and above. This implies that more people are living longer in Ghana over the last 50 years. As discussed in the literature, various models have been propounded to explain aging populations. Preston, Heuveline and Guillot (2001) using the population model assumed that as age-specific fertility and mortality rates remain constant over time, these rates result in a population with an aged distribution. This theoretical model suggests that any change in age structure, and population aging in particular, could only be caused by changes in fertility and mortality rates. Everything else constant, however, a fertility decline reduces the size of the most recent birth cohorts relative to the previous birth cohorts, hence reducing the size of the youngest age groups relative to that of the older ones (Emery, 2013; Gavrilov & Heuveline, 2003). The increasing number of elderly persons (80 years and above) in the study area also supports the assertion of Mba, (2004; 2010) in the literature that the rising aging population is an eloquent testimony of reductions in fertility and mortality, improved nutrition, reduction in infectious and parasitic diseases, as well as improvement in health care, education and income.

iii. Educational Attainment of the Respondents

Lack or low level of formal educational is a trademark among elderly persons in many rural areas in Ghana. Several studies on the aged (Mba, 2010; NPC, 2007; Today's Research on Aging, 2009) have revealed that majority of elderly persons in rural Ghana do not have formal education. Confirming the literature, many of the elderly persons interviewed in the study area, (22 out of the 30) had not had any formal education. Madam Akosua who never had any formal schooling had this to say:

“My parents told me that as a woman I will give birth so there was no need to send me to school.”

Only one of the elderly respondents who was within Mackenzie's (2012) first phase (entering old age, that is 60-69 years), attained secondary education. The highest the rest could attain was 10 years of basic education leading to an award of Middle School Leaving Certificate (MSLC). This educational system has now been abandoned in Ghana. The majority of the Middle School Leaving Certificate graduate respondents were between the ages of 70 and 85, defined by Mackenzie as transitional phase (Mackenzie, 2012). It must, however, be noted that it was a great achievement to graduate with Middle School Leaving Certificate during the colonial era. Two women dropped-out of school at the primary level. Madam Yaa told the research team that:

“I got pregnant when I was in class five (5th grade) and that ended my schooling.”

The educational attainment of the caretaker respondents did not show any significant departure from that of the elderly participants. Almost one-half (11 out of the 25) respondents graduated with Middle School Leaving Certificate, eight never had any formal schooling, while six ended at primary or Junior High School levels.

These data appear to be a reflection of the general educational levels in the entire village. With no Senior High School in the village, very few pupils managed to continue to Senior High School elsewhere after completion of Junior High School. Many parents are not in the position to pay for their wards to go to boarding (senior high) school outside the village. Parents who cannot afford to pay for boarding (senior high) school outside the village invariably ask their boys to take to *kente* weaving while the girls are left to their fate with the belief that they will get married. It is a common sight that few years after Junior High School most of the girls become

teenage mothers. Information on the educational levels of respondents in the study area is presented in the table below.

Table 5: Educational Characteristics of Respondents

Educational Level	Elderly Respondents		Household Respondents	
	No	%	No	%
None	22	73.3	8	32
Primary/ J.H.S.	2	6.7	6	24
M.S.L.C.	5	16.7	11	44
Secondary/ S.H.S.	1	3.3	0	0
Total	30	100	25	100

Author's survey, June 2013.

No caretaker respondent was either in or completed Senior High School because the youth currently in Senior High School were attending schools outside the village and this category of people are less likely to come back and stay in the village after their Senior High School programmes.

In terms of formal education, the community can be described as an illiterate society as shown by the data on both elderly and caretaker respondents. The attitude of the people toward education, particularly female education, is not strange in a typical rural area like Bamang since schooling was not very popular during the colonial days. As of the time of this research, the

community had two primary schools (one privately owned and one government owned), one Junior High School and one kindergarten for a community with a population of 2,628, of which over 40% were below the age of 14 (Kwabre East District Assembly, 2006). These statistics buttress the point that schooling was nothing to talk about some 70 or 80 years ago. The culminating effect of living in a rural area and lacking formal education is that elderly persons with less education are less likely to develop social contact and therefore more likely to lose the potential support that these friends may provide for elderly persons (Today's Research on Aging, 2009). In addition, these elderly persons are less likely to know where to go for help or have the capacity to access support or resources available at both national and international circles.

iv. **Religious Affiliation of the Respondents**

Religion plays a crucial role in affecting one's psychological and emotional well-being, and at times acts as a source of mental strength (Wong, 2004). The belief in the existence of God is well entrenched in Ghanaian culture. This belief is reflected in an adage among the *Akans* of Ghana that says: *Obi nkyerε abofra Nyame* meaning "no one points the existence of God to a child." This belief makes the average Ashanti naturally religious. However, people differ with respect to the nature, methods and approach of worship. This diversity comes with it different forms and shades of religions.

In Bamang, the three major religions in Ghana namely, Christianity, Islam and traditional religions, were found during the data collection. However, Christianity dominated among the elderly interviewed. As many as nine Christian denominations were found in the village. These are The True Church of Christ, Assemblies of God Church, Roman Catholic Church, the Presbyterian Church of Ghana, the Methodist Church, The New Jerusalem Church and the Seventh Day Adventist Church. It was therefore not surprising to record that 27 out of the 30

elderly respondents professed the Christian faith. Two were adherents of traditional religion. Only one was a Muslim.

The religious affiliation of the caretaker respondents followed the same trend as the elderly participants. Out of the 25 household members, 22 professed the Christian faith, one person was a priest of a local traditional god and the remaining two claimed they were not affiliated to any religion.

The data on religious activities in Bamang revealed that inhabitants in the community are highly religious, as only two caretaker respondents claimed they are not affiliated to any religion. The high level of the religiosity is not surprising because in a village like Bamang without many forms of social and entertainment activities, attending church on Saturdays and Sundays is one of the major sources of social activity, second only to funeral celebration. Besides, church attendance gives opportunity for some of the churchgoers to display their newly acquired dresses or clothes.

Another important factor that could also explain the obsession for church attendance in the village is the perception that some of the religious leaders in the study area claimed to have solutions to all kinds of problems and ailments. Given the socio-economic hardship and its associated psychological problems in the village, many people throng to these churches hoping to get solutions to their problems.

Even though majority of the elderly respondents are Christians there was no evidence that the churches support their elderly members either financially or materially. On the other hand, some of the churches provide spiritual and psychological or emotional support through regular visits, prayers and counselling. It was learnt that the Roman Catholic priest, for instance,

regularly visits the elderly members of his congregation who cannot attend church due to sickness or old age to administer communion, which is a vital ritual in Catholic worship.

Besides, the churches shoulder their responsibilities toward members who lose a relative in line with their teachings or doctrines. Information gathered through interviews revealed that maintaining one's membership in the church is very important to the elderly participants. This cherished value is grounded in the belief that one day they will be given a fitting burial or memorial service when the inevitable happens, that is, when anyone is called to join his or her maker. It could be inferred from the data that religious groups, particularly the Christian churches, play a vital role in social and emotional lives of elderly persons in Bamang.

v. Ethnic Origin of the Respondents

All the 30 elderly persons who participated in the study were Ashantis, and also natives of Bamang. Similarly, all caretaker respondents were relatives of the elderly person in the same household and therefore, by logical extension, were all natives of the village. Only one caretaker respondent among the sample was of *Fante* origin. It came out during the interview in this house that all the children of this old woman and the extended family members are living with their immediate families elsewhere in the village or outside the village and so the woman is left in the original family house with this man (tenant) and his wife. Although the woman does not fall within the frail group as defined by Mackenzie (2012), the wife of this tenant does almost all the house chores including cooking, washing, collecting foodstuffs from the farm and running errands among others for this woman. Inferring from these data, it could be said with some degree of certainty that the village is still not attractive to migrants.

The data revealed that these are people who had lived all their lives in the village. The lack of other ethnic groups in the sample implies that the community has not attracted immigrants. This may also be attributed to the lack of economic opportunities and other social amenities during the colonial era hence the village did not attract migrants into the community. Even in today's modern Ghana, the lack of employment opportunities and social amenities like potable water, medical facilities, motorable roads, modern educational facilities, etc does not make the community attractive to migrants. In effect the community is still not "opened". Thus information on the ethnic composition of the respondents suggests that the village had experienced very little diffusion in terms of culture and ways of life hence the inhabitants are homogeneous in many respects.

vi. Relationship between the caretakers and the elderly respondents

The relationship between the caretakers and the elderly respondents determines the degree of emotional attachment which to a large measure influences the extent of support and commitment to the needs of the elderly person concerned. Information gathered from the caretaker participants revealed that majority of the household caretakers were either children or grand children. Put together, 18 out of the 25 caretakers were either children or grand children of the elderly participants. Five caretakers were spouses while one in-law and tenant each were recorded. It could be inferred from the data that caretakers were mainly close relatives. The relationship of the caretaker respondents to the elderly participants is demonstrated in the table below.

Table 6: Relationship of Caretaker Respondents to Elderly Participants

Relationship to the Elderly in the Household	No	%
Child of the elderly person	11	44
Grandchild of the elderly person	7	28
Spouse of the elderly person	5	20
In-law of the elderly person	1	4
Tenant of the elderly person	1	4
Total	25	100

Author's survey, June 2013.

vii. Marital Status of the Respondents

An investigation into the marital status of the elderly revealed that all the respondents had been married at one time in their lives. Ten, (both males and females) were still married and living with their spouses. These were mostly respondents who had just entered the old age (between 60-69 years) or within the transitional phase (between 70-80 years) as explained by Mackenzie (2012). Males were the majority of the married elderly interviewed. This is not difficult to explain because in a rural area like Bamang, any man of marital age without a wife is perceived to be irresponsible and looked down upon with contempt. The data supports the findings of Tonah (2009) which states that, in the event of a man losing his wife in his old age, society sympathizes with him and encourages him to take a new wife. A man needs a wife to cook, wash and take care of him more especially during the latter part of his life. This is not so

for women who lose their husbands. Taking a new husband at old age when a woman loses her husband is mostly frowned upon by the society. She is expected to stay loyal to the late husband and not to remarry. This cultural practice partly explains why all the 13 respondents who were widowed were all woman who had not remarried. Five respondents were divorced while two were separated from their spouses.

With respect to the caretaker participants, 15 were married. Out of the remaining 10, three were unmarried, four had divorced, one woman was a widow, another person and her partner had separated, while the tenth person was cohabiting with a man she has had four children with. The trend of marital status as revealed by the sample appears to be a reflection of the general pattern in the whole village. As already stated, the youngest among the caretaker respondents was above 30 years and in the study area it is odd to find a person 30 years and above who is not married so the research team probed further on the unmarried respondents. All the three unmarried men indicated economic constraints as the main impediment to their inability to marry. The gentleman who had separated from his partner explained that the parents of the woman he has had five children with were demanding that he performed the marriage rites to legalize the marriage but he could not afford to pay the two hundred Ghana cedis (Ghc200.00) being demanded by the woman's parents as bride price, hence the separation.

The practice of early marriage could be attributed to many factors. First, the youth do not spend many years in formal education as depicted by the data on educational attainment. Since most pupils or students terminate formal education at the junior high level, they are perceived in the village as ripped for marriage few years after Junior High School. Second, the traditional marriage rite is still simple and bride price is relatively inexpensive, as such, it is not difficult for any average person in the community to marry. Besides, child bearing is cherished in the

community because children are seen as a form of social insurance in times of need hence the early marriage. The data on marital status is illustrated in the table below.

Table 7: Marital Status of Respondents

Marital Status	Elderly Respondents		Caretaker Respondents	
	No	%	No	%
Married	10	33.3	15	60
Unmarried / Single	0	0	3	12
Widowed	13	43.3	1	4
Divorce	5	16.7	4	16
Separated	2	6.7	1	4
Cohabiting	0	0	1	4
Total	30	100	25	100

Author's survey, June 2013.

viii. Number of Children and Grand Children of Respondents

As with many rural areas in Ghana, the rate of fertility in Bamang is a generally high. Majority of the elderly respondents had between four and nine children. The modal number of children for the elderly respondents was between seven and nine. But there were some respondents who have more than 10 children. Specifically, the research team interviewed two men, one has 21 children, while the other has 25 children. We learnt that these children were

born to the men from multiple marriages or different women. This is acceptable in the village since traditional marriage still permits polygamy, as such some older men have more than one wife. It is important, however, to point out that polygamy is not common among the youth. Investigations revealed that men with large number of children use the boys in the *kente* weaving business while the girls are used in the farms. Thus having more children made economic sense. Information on children of elderly participants is demonstrated by the data in the table below.

Table 8: Number of Children and Grand Children of Elderly Respondents

Elderly Respondents			Elderly Respondents		
No of Children	No	%	No of Grandchildren	No	%
1-3	3	10	1-10	10	33.3
4-6	11	36.7	11-20	8	26.7
7-9	13	43.3	21-30	8	26.7
10+	3	10	31+	4	13.3
Total	30	100	Total	30	100

Author's survey, June 2013

The attitude towards having more children in the study area confirms Caldwell's (1982; 2005) wealth flow theory which states that if children transfer income to their parents, then there is an incentive for adults to bear more children.

Besides the economic advantage, it was also learnt that childbirth is a cherished value in the community. Couples with large numbers of children are upheld and honoured, particularly women. Until recently, a woman who gave birth to 10 children was honoured with a sheep (*Badudwan*) in most Ashanti communities including Bamang. The men also pride themselves in their ability to father more children because children are seen as a form of social investment against old age, thus the more one has the better for the person in his or her old age.

The practice giving birth to more children as observed in Bamang reinforces the literature that raising children as a form of social insurance against old age has a universal acceptance. Studies on filial obligation to parents in China, The Philippines, The United Kingdom, Nigeria and Ghana among others emphasized the responsibility of children to care for the elderly in view of the 'gift of life' bestowed upon the children (Apt, 1996; Brown, 1995; Costello, 1994; Maria, 2008; Peil, 1991; Sarpong, 1983; Qin, 2002). It was therefore not surprising when the interviews revealed that respondents (both elderly and caretaker respondents) had many children.

One observation regarding childbearing in the village is that majority of the people in the village do not worry too much about how to care for the many children they bear. The rural folks believe that children are a blessing of God and since God has found them worthy to bless them with many children, He (God) will take care of the children. Most people in the village still hold on to this belief even today because information from the caretaker respondents did not show any significant departure from what was observed among the elderly respondents. In spite of the economic difficulties in modern Ghana, the attitudes of the people toward childbearing have not change much in the village. Most of the caretaker respondents have between three and six children with some of them having grand children.

5.2 Economic Activities Elderly Persons in Bamang

i. Past Employment of Respondents

Old age is often considered to be a period when the mental and physical capacities as well as the authority and power of the individual gradually wane (Apt, 2002). Grundy (2006) for instance, maintained that the aged face various challenges in life including bereavement, accidents and victimization, as well as reduction in ill-health, income and social roles. Giddens (1996) further explained that an increase in age is often associated with an increase in health problems and that elderly persons tend to be socially vulnerable. In view of the decline in health, economic resources, mobility and physical strength during old age, one's past employment is crucial in a person's last days on earth in the sense that past employment determines one's savings or investments on which he or she depends on during his or her old age.

In line with the objectives of the study, the study sought to find out from the elderly respondents their past and current employment, if any. The interviews revealed that generally the people in the community are engaged in informal activities. Farming is the mainstay of the respondents, particularly among the females but it is done at subsistence level. On the other hand, all the men have been *kente* weavers one time in their lives but they cultivate farms alongside.

From the 30 elderly persons interviewed, 20 were farmers during their economically active days. Only two male respondents cultivated cash crops, cocoa and palm plantations. Four males were professional drivers who worked as private commercial transport drivers. One driver however, worked with the Electoral Commission of Ghana but did not get to retirement age because he had an accident and could not drive anymore. This finding confirms Mba (2010) and

NPC (2007) studies which revealed that four out of every five persons living in rural areas in Ghana are engaged in agriculture.

As already indicated, most of the elderly did engage in other activities alongside farming. One woman respondent indicated she was a baker but added farming alongside. Another woman also claimed she worked as a traditional birth attendant. In the rural area where there were no hospital, clinic or midwife to assist in the delivery of pregnant women, traditional birth attendants played an important role in child delivery and issues that bothered on pregnancy. They were known by all residents in the community. Women started consulting them the moment they became pregnant. Traditional birth attendants gave advice and sometimes prepared concoctions from herbs for the pregnant women. In addition to these, they assisted in the delivery of babies. Such was the nature of this woman's job. It must be noted, however, that the service was not a full-time job as such traditional birth attendants did not charge any fee nor receive payments for their services in the village. At best their work was later appreciated by the persons they had assisted in kind such as eggs or fowls. Yet, they contributed greatly to the community. According to this woman she worked for her people. To quote this woman;

“I worked for my people and God.”

Three of the women participants indicated that they were cooked food vendors (in local parlance “chop bar” operators). Activities of cooked food vendors in the rural area were not on a large scale. They cooked and sold meals like porridge, rice and stew, *banku* and tapioca with soup mostly in the mornings up till around 10.00 am and then left for their farms. It could be said that such activities were done to supplement farming which, invariably, tended to be their main occupation. One man claimed he was a goalkeeper and a football coach. From my observation he

was not a professional footballer or coach in the modern sense. Only two male respondents worked in the formal sector. One of them retired as a Senior Storekeeper with Neoplan Ghana Limited (a vehicle assembly plant), while the other man was an Agriculture Officer with the Ministry of Agriculture in Ghana.

Given the information gathered from the past employments of the respondents, it was clear that majority of the elderly were not receiving any income from their past employment or investment made during their active lives. Apart from the two men who cultivated cocoa and palm plantations, one person received regular Social Security and National Insurance Trust (SSNIT) pension payment. All the remaining respondents did not receive any income from their past employment activities. Consequently, majority of the elderly become dependents once their physical strength could no longer cope with the demands of their jobs.

On the part of the farmers, the reasons were not farfetched. First, even though farming is their main occupation, the land in the village does not support cash crop production as such they only produce foodstuffs for consumption. This means that people without additional jobs are unable to save or invest for the future or old age. Apart from the land not supporting cash crops, the portion of land available to each family is shrinking gradually. With the increasing number of family members, acreage available to individual members is small. Thus, farmers with the ability or desire to sell part of their produce are impeded by land constraints. In addition to small acreages, the people still use traditional methods of farming and depend on rainfall for their cultivation. This implies that their yield or output is always small and uncertain, especially when the rainfall pattern changes. Above all, it was observed that the youth in the village, particularly the young men are not interested in farming and have left the farming activities to the aged and the uneducated.

Given these developments, farmers in the village only produced just enough for consumption and not to sell or invest against the future. The culminating effect as observed was that majority of elderly persons who are unable to engage in any form of economic activities become dependent and have to be supported financially and materially to survive. The activities of the *kente* weavers on the other hand were characterized by “hand to mouth” since the weavers interviewed did not have enough money to purchase their own materials to weave and sell for themselves hence they worked as hired weavers.

i. Present Employment of Respondents

In Ghana the mandatory age for a person to retire from active formal service is 60 years. However, in the rural areas retirement from active work is virtually unknown. People retire only when they can no longer work or lack the energy to cope with the demands of their work. From the interviews conducted, 14 elderly persons were not doing any work at the time of the data collection. These respondents were the frail elderly (80 years and above) who could not work either due to health problems or are physically too weak to work. These respondents were all women. Majority of the men were entering older age (between 60 and 69 years) or transiting from “entry point” to the “frail period” (70 to 80 years) and thus were still engaged in some form of economic activities. Generally, they were either into *kente* business or farming. Only one elderly man was engaged in petty trading. One man interviewed (65 years) was operating a drinking bar, running commercial transport and still weaving *kente* cloth. This is the man with 25 children and had lost count of his grand children. He is the breadwinner of his large family. Relatively, he is considered a rich man in the village. The only traditional birth attendant in the sample can no longer go to farm but was still practicing her trade as a traditional birth attendant. From her looks she can do the job for the next couple of years to come.

The research team interviewed one elderly man (66 years) who was working as a cobbler. This man was a former driver of the Electoral Commission of Ghana in Accra. He had an accident in the course of his duty which affected his health and thus could no longer work as a driver. He walks with the help of a walking stick but he had a table in front of his house with few tools on it. He mends old footwear for a fee, but in the village rarely did clients call. His major clients were people with minor jobs like worn-out bathroom sandals and those polishing native sandals whenever there was a funeral. These jobs only attracted few Ghanaian cedis as payment. The fact is that, this man is not a professional cobbler, he was a driver in his active days but has been forced into his new profession at 66 years by circumstances, hence most people in the village were not ready or willing to entrust their expensive shoes or footwear in his hands. From my observation, he did not make much to maintain himself. He claimed his wife and children are in Accra so he lives alone in the village.

Apart from those described above, the remaining respondents were still engaged in farming. One 80 year old woman told the research team:

“I have been farming all my life. I have three children with one abroad but I’m still suffering financially. I consume part of my farm produce and sell part to take care of myself. My daughter who is a teacher in Kumasi is the only one who sometimes remits me money, food and other items.”

As it were, they do not generally derive much in terms of income from their current activities. All the respondents who were engaged in some form of activities expressed the desire to do additional jobs if they get the opportunity. The main reason given to explain this position is that their present activities do not provide them enough for their upkeep. They hope that having

additional jobs would provide them additional income to supplement what they get from their current economic activities. The transport and the drinking bar owner for instance said:

“If I get the opportunity I will rear cattle in addition to my current job.”

The information gathered from the elderly respondents appears to be a general reflection of what pertains in the village. This is reflected in the sample of the household caretakers interviewed. More than one-half were engaged in farming activities, working on their own farms or as hired farm labourers. The young men were hired as farm labourers or *kente* weavers for others. However, about eight caretaker participants were also into various trades like carpentry, masonry, tailoring, petty trading, painting and driving. It is important to explain here that the tradesmen and women practiced their trade alongside *kente* weaving or farming since demand for such services in the village is irregular or rare. Four female respondents were cooked food vendors selling various meals mostly in the mornings because no one sells any cooked food in the afternoons. This was experienced by the research team during the data collection.

The only exceptional case was the young man who works as a priest for one of the local gods in the village. Worshippers of this god consult him with diverse problems. He told the research team that when clients present their problems to him he also consults the spirits. In most cases the spirits give him some solutions or directions for the clients. As I was interviewing this young man some clients were waiting for him for consultation.

Apart from the priest who has done his job for only one year, all others had been on their current jobs for the greater parts of their lives. The painter, for instance, claimed he has been in the painting business for 30 years while the carpenter has worked for 23 years as a carpenter. All these years were done alongside farming or *kente* weaving.

Like their working elderly respondents, all the household participants expressed the desire to do additional jobs if they get the opportunity because their current jobs do not give them adequate income to care for their families. Taking an additional job they hoped would bring some respite to their financial problems. Most of the women caretakers when asked what they would like to do in addition to their current work wish they could get some money to engage in petty trading (preferably a kiosk stocked with merchandised items) to support their current activities. The 73 year old man among the caretaker respondents told the research team that he would love to work as a security personnel if he gets the opportunity. When asked why he wanted to work as a security personnel he responded with all enthusiasm:

“I am a good shooter. I don’t miss my target whenever I aim. I will therefore be a good security man.”

Based on his perceived abilities in shooting, he would like to be a security personnel if he gets the opportunity. Unfortunately, getting a job as security personnel is virtually non-existing or rare in the community.

The men in the *kente* business also wished they could work for themselves instead of working as hired weavers because they do not make enough income since it takes weeks to complete one full men’s cloth. They wish they could get some assistance in the form of loans to buy their own materials so that they could work on their own.

5.3 How Elderly Respondents Live and Care for Themselves in Bamang

In line with the objective of the study, the research sought to find out how the elderly live and care for themselves. The study describes how the elderly live and care for themselves from two

perspectives, first their ability to undertake routine activities of daily living and second, how they meet their financial, material, social and emotional needs.

i. Sources of Maintenance - Activities of Daily Living

The elderly were asked about some of the activities that they all need to do as part of daily living. They were specifically asked whether they could walk to the market, Chief's palace, church, visit friends and toilet. They were also asked whether they could cook their own meals, wash their clothes, bath on their own or take care of their personal grooming care without assistance.

From the interviews it was apparent that almost all the male participants were relatively strong and mobile compare to the female respondents. As already indicated they were either just entering old age (between 60-69) or in the transitional phase (between 70-80) and therefore could take care of themselves. Some of them could even walk to nearby villages and towns to participate in funerals. It was also observed that all the married men, except three, had their routine needs like meals, fetching and boiling water for bathing, washing their clothes, tidying up their rooms etc. met by their wives. Provision of such routine services for one's husband is a norm in the study area because these activities are considered women's duty. Only men without wives, grown-up daughters or nieces do these things themselves.

The three men who were doing these household duties themselves could be described as "technical bachelors" because though married, neither their wives nor children were living with them at the time of data collection. Apparently these elderly men took their wives from outside the village when they migrated to live and work elsewhere. They have now returned home but their children who are grown-ups are living independent lives with their immediate families

elsewhere. It was, however, not clear why their spouses were not living with them in the village. Although all these men claimed their children visit them once a while, none of the children was ready to live permanently with them.

The living conditions of these three men could be expected in a matrilineal society like Bamang as portrayed by an Ashanti adage which says: *The chicks follow the hen and not the cockerel*, meaning ‘children follow their mother not their father.’ In line with Ashanti culture, children belong to their mother’s family so if a man marries a stranger or outside his hometown, the children go to their mother’s family once the marriage is dissolved or there is a separation. This is not to say that there were problems with the marriage of these three men. What is being explained here is that, in a matrilineal society, once a wife is not living with her husband, it is more likely that the children would also not be living with the man, especially if the couple is not from the same village or town. Such were the conditions in which these three male respondents found themselves. With some difficulties, they combined *kente* weaving or farming with their daily or routine activities.

The frail elderly respondents who needed assistance with respect to the routine activities of daily living were all females. Two had problems with their sight and thus had attendants who provided services in routine daily living including their personal grooming. They had to be assisted to the toilet, bath house, dressing and whatever they needed to do. Another woman respondent had been diagnosed with cancer of the throat. Coupled with old age, she could not do a lot of routine activities and was being assisted by her sister’s daughter. The young lady prepares meals, fetches and boils water for her to bath, washes her clothing and assists her with her medication. She also accompanies her whenever she has to attend hospital. At the same time,

this young lady was also working as a cooked food vendor and a farmer. When she was engaged by her economic or farming activities this woman was left with no assistance.

The rest of the frail respondents (mainly females, 80 years and above) were experiencing general physical weakness associated with old age. The majority of these respondents were attended to by either their children or grand children. In most cases it was either the first or the last child, whoever was available. There was only one frail elderly woman who was living with her son and his nuclear family in her son's house and therefore was being cared for by her son's wife (daughter-in-law).

Generally, the attendants to the elderly women were mostly females. They prepare meals for the elderly relatives, fetch and boil water for bathing, wash their clothes, tidy-up their rooms, run errands for them and in some cases give limited financial support. The services of the household caretakers are very essential for the daily living of the elderly women especially those who could not maintain activities of daily living without assistance. However, the research team witnessed an exceptional case of a 73 year old man performing what in the traditional setting is considered women's duty for his over 90 year old mother. The description below captures what this 73 year old man was doing for his mother on a daily basis.

Maame Mansah is over 90 years old. Although she is not physically sick, she could hardly walk beyond the compound of her house because of old age. She could walk to toilet and bath house which are all within the same compound. Apart from visiting the toilet and the bath house, she is always sitting on a stool or lying on a mat in front of her room. When the research team got to her house around 10.00 am in the morning, she had already had her breakfast and was sitting in front of her room. The place looked very

quiet, which gave an indication that not many people live in the house. Two men (one in his 40s, and the other we got to know later was 73 years) were having a meal (*ampesi*)⁸ in the kitchen within the same compound. I became curious because in Ashanti culture, the kitchen is a place for females, men of that status (in terms of age) do not operate there. The interview revealed that the 73 year old is a son of the old woman in the house while the other is a friend to the man.

The two, the old woman and her son live in the house alone. The house was built for her by her children but all the other children of the woman (nine of them) have migrated from the village. The other members of the extended family are either living in the family house or elsewhere. Some are living in the family house while others are living in their own houses somewhere in the village with their immediate families. It was learnt that the 73 year old son also migrated but has now returned home as a divorcee about 10 years ago. His former wife was not a native of Bamang and so he returned home without any of his children, which is a common practice in a matrilineal society. He was emotionally troubled and economically handicapped when he returned home without a wife, children and, of course, wealth. He was miserable but his mother accepted him back, took care of his meals and soothed his emotional pain with consolation, encouragement and advice. She advised him to forget the past and work towards the future. With his mother's support, advice and encouragement, this man from my observation, has now overcome his past, particularly his emotional difficulties. Now his mother is physically weak and can no longer work or do a lot of her routine activities of daily living and so this man takes care of his mother. On a daily basis, he does all the household chores, including

⁸ Ampesi is a local Ghanaian dish prepared from boiled yam, plantain, cocoyam or cassava. It is usually eaten with palaver sauce.

cooking, washing the dishes, boiling water for the mother to bath, sweeping the compound etc. According to the man he boils water for his mother to bath, either prepares or buys breakfast for her before he leaves for the farm. When he leaves for the farm the old woman is left alone in the house. He told the research team that:

“Though she can walk within the compound I make sure I return from farm early to prepare the evening meal and attend to her other needs”.

When asked if her son is able to meet all her food preferences, the old woman responded,

“Yes, he is a very good cook. He cooks whatever I want to eat.”

From my observation, this man in the village is a unique person because in a typical Ashanti village like Bamang, household chores are women’s duty. Activities like cooking, washing of dishes and sweeping the house or compound among others are done by girls and/or women in the household. Boys and men are exempted from such activities. For a 73 year old man to do all these activities daily indeed makes him exceptional.

This man’s behaviour could partly be explained in terms of reciprocity. As already indicated, this man returned home after many years of migration with virtually nothing, no wife, children or wealth. Nonetheless, his mother accepted him and provided for him to the best of her ability. Now that the woman is physically weak and unable to work, it is time for the man to show his appreciation by meeting her daily needs to the best of his ability, more especially when all her other children are living outside Bamang. This man’s behaviour reflects what Sarpong (1983) (cited in Van der Geest, 2007) reiterated with an *Akan* philosophy when he wrote:

“To neglect one’s aged father or mother is to commit an unforgivable act of ingratitude. When someone has looked after you to grow teeth, you should look after him to lose his teeth.” (p.16)

The man however admitted that he does very little in terms of her financial needs. The other children outside the village provide the financial and material needs of this old woman. This man works in his own farm which provides them with foodstuffs, and sometimes as a hired labourer in other people’s farm. He uses the wages he derives from hired activities to supplement remittances from his siblings to care for his mother. He told the research team that:

“When we exhaust her (mother) remittance I use whatever I get from my labour activities to purchase meat for our meals (*fufu*). My only problem is how to always get money to purchase meat for our meals since foodstuffs and vegetables are always taken from my own farm.”

From these data it could be said that in terms of daily routine activities all the frail elderly respondents received the needed support. It is worth noting that the support is provided by spouses, children or grandchildren and to a limited extent by in-laws. In effect family support in terms of daily assistance has now been reduced to support by one’s own children or grandchildren. The next fundamental question the study sought to answer is how the elderly meet their financial and material needs such as clothing, food, medical bills, and other essential items in Bamang.

ii. Sources of Maintenance – Economic and Material Needs

Given that the majority of the elderly respondents neither received formal welfare support, pension payments nor any form of income from their past employment or investment,

the study sought to find out their main sources of financial and material support. Investigations revealed that though some of the elderly have arable land or farms, not many derive income from these properties. The few that derived income from these properties claimed what they received do not in any way meet their needs.

Information gathered from the interviews indicates that, the retired Senior Storekeeper receives regular social security pension, but his pension payment is supplemented with proceeds from his palm plantation. Two respondents (a male and a female) had their financial and material needs met by their siblings. Nine respondents (the two cocoa farmers, the man who runs commercial transport as well as the drinking bar, three male *kente* weavers, and three female farmers) met their financial and material needs themselves through their current activities. The transport and drinking bar owner, for instance, indicated:

“I get what I need from my daily activities so I don’t bother my children with money.”

The remaining 18 respondents depended on support in the form of money and material items from their children or grandchildren leaving within and outside Bamang. The items were mainly in the form of food items (rice, yams, milo, milk, sugar, sardine, etc.) detergents (washing and bathing soaps, pomade and powder, etc.), clothing and money.

Table 9: Main Sources of Economic and Material Support for Elderly Respondents

Sources of financial and material support	No	%
Pension payment (SSNIT)	1	3.3
Support by siblings	2	6.7
Self maintenance	9	30
Support from children or grand children	18	60
Total	30	100

Author's survey, June 2013.

Information gathered from the interviews suggests that three elderly respondents (the two cocoa farmers and the transport and drinking bar operator) meet their financial and material needs from proceeds of their farms and, the transport and the drinking bar respectively. They are to some extent self-sufficient and live relatively well. Six other respondents, three male *kente* weavers and three female farmers also depend on their weaving or farming activities, but each had different stories to tell. The bottom line of their stories is that all of them hardly meet their economic and material needs. From their physical environment and living conditions, it was not difficult to see that they were compelled by circumstances to engage in whatever they were doing to keep body and soul together. My observation was corroborated by the responses from the interviews. The following accounts capture how participants without external support were living.

Papa Kofi is a 75 year *kente* weaver. He has been doing this work since 2002 when he returned home from migration. He also works as a farm labourer when hired by other farmers. He has six children but currently lives with his wife and their last child. He told the research team that he would like to do another job in addition to his current job. When asked why he wanted to do another job in addition to his current activities he responded:

“The money I get from weaving is not enough. By the time I finish one full men’s cloth the earnings would have finished long time and I would even be in debt. The farm labour is irregular and therefore I always have to borrow to care for my family.”

As he was talking to the research team he was weaving alongside. Every minute counts for *kente* weavers. He could not afford to waste any time since the longer period he takes to complete one *kente* cloth, the more likely his financial situation would be worsened. The picture below demonstrates the environment and the nature of *kente* weaving activities in the community. The environment and the nature as portrayed in the picture is a reflection of the general weaving conditions for both the young and the old in the entire study area.

Figure 5: A Picture Showing a *Kente* Weaver at work in Bamang



Other elderly men who could not weave engage in different economic activities. The narration below depicts one of such elderly men who could not weave but was engaged in petty trading.

Opanin Asuo is a 75 year old man. He returned to Bamang six years ago after spending all his life as a cocoa farmer in the forest area in some parts of the Western region of Ghana. He currently lives with his new wife. The first wife died three years ago but he has remarried. Though he claimed he could walk to church and toilet, he does so with some difficulties. The research team met him sitting by his kiosk in front of his house. The kiosk was virtually empty but for few boxes of matches, candles, cakes of soaps and

tins of milk. When asked, he told the research team he has been doing the petty trading for the past three years. While talking to him, a customer called to make a purchase. He took the one cedi coin from the customer and dropped it in an empty milo tin by him then asked the customer to enter the kiosk and pick the item. It was observed that getting up to pick the item for the customer was a difficult task, so his practice was that he takes the money and allow the customer to pick the item from the shelves. Of course, he makes sure the right item or quantity is picked by the customer. His new wife, who is relatively younger woman, sells dry fish, vegetables and foodstuffs on a table in the village square, a semblance of a market, so she is able to take care of their food needs.

“Life would have been difficult for me without my wife,” he admitted. “Now my major concern is how to restock my shop,” he told the research team.

From this man’s accounts, it clearly seems to me that he has not been rewarded by the number of years spent in the forest area as a cocoa farmer. Though he has a house in the village he does not derive any income from this investment. Luckily, he does not pay for accommodation. He claimed his children rarely remit him because his children always complain of economic difficulties and since he could not force them to remit him he basically depends on his wife who works hard to provide for their food needs.

This is a typical account of how circumstances have compelled an elderly male in Bamang to engage in economic activities with some difficulties. This story supports the literature that as a result of the breakdown of the traditional values, the growing incidence of the nuclear family and difficult economic circumstances, elderly persons in rural areas who have no access to formal support systems are left with nothing to fill the gap left by the withdrawal of family

support. Consequently, such older persons are under supported or forced to exist without support (Adamchak, 1989; Dixon, 1987). It was not surprising that this old man showed great appreciation when the researcher offered him ten Ghana cedis (Ghc10.00) after the interview.

An 80 year old woman who still depends on farming activities for living told the research team one of the most pathetic stories throughout the data collection when asked why she was still working in the farm at 80. This woman responded:

“If I don’t go to farm how will I eat? I have four children, two males and two females. The first son vanished immediately after completing middle school (MSLC). He left at the time I had gone to farm and I haven’t heard from him since then. I hear he is in Ibadan, Nigeria. The second boy also left for the United States of America and for 17 years I haven’t heard from him also. Not even a telephone call.”

As she was talking about her children and living conditions she was sobbing. She continued:

“I have to provide for myself. My two female children are not doing well financially. If each of these children were to remit me even ten Ghana cedis (Ghc10.00) every month, would I be living in this condition? I am really suffering.” (Stressing on the suffering).

At this point tears were flowing down her cheeks. She went on with her story:

“Last week I was not feeling well so I took medicine but I realized I didn’t have any food in the house so I left for farm to collect some foodstuffs. Shortly after I arrived at the farm I felt dizzy, weak, fell down and collapsed because I did not take the medicine with food. I was semi unconscious for about three hours. When I regained consciousness, I was still very dizzy and weak and therefore could neither collect the foodstuffs nor do any work. I managed to get out of my farm to the main footpath. Luckily for me a man

who was returning from his farm saw me lying by the wayside and carried me on his back to my home.”

Still weeping, she concluded her story by saying:

“When I think about my children and my living conditions, I sometimes cry till my friends come around to comfort me.”

Sad to say, the misery of this old woman was not ending any time soon. When I went back to the village the following week to continue my data collection, there was a message that her son in the United States has been shot dead. The research team went to her house to greet and sympathize with her.

These stories are a clear demonstration of how lack of basic necessities of life, want and poverty are compelling elderly persons without family support to still engage in farming and other economic activities, even though from my observation of their physical conditions, most of them did not have the physical strength to do so. These accounts also reinforce the literature that the extended family can no longer be relied on exclusively for support. As Mba (2004) puts it, the weakening of the extended family systems that traditionally has provided support for elderly persons means that the older people who are single, widowed or unmarried and without children of their own face losing the vital support these groups may provide. Because the children of these respondents were not remitting or providing for them, they had to fend for themselves with great difficulties. By implication, elderly persons without children of their own are more likely to suffer, lack basic necessities of life, live in poverty and probably die in poverty. Such was the plight of elderly respondents without children or whose children do not have the resources or capacity to support them financially and materially. I dare say that there are a lot of elderly

persons in the village not captured by this study but may have similar stories to tell. The findings corroborate the literature which states that the absence of formal security and welfare schemes in Ghana, particularly in rural areas means that elderly persons without informal support are susceptible to economic, social and health difficulties (Mba 2007; Today's Research Aging 2009).

The data obtained from the study area also supports the buffering hypothesis that links social support directly to people's well-being since social support acts as external source of emotional, informational and instrumental or tangible aid (Auslander & Litwin, (1987). It confirms the findings of Cohen and Mckay (1984) who found that psychosocial stress will have adverse effects on the health and well-being of those with little or no social support, while it will be lessened or eliminated for those with stronger support system. Cohen and Wills (1985), and Hutchison (2003) also maintained that even the mere perception that we have resources available redefines the potential for harm or reduces reaction by influencing our cognitive, emotional and physiological processes. Extended family support is thus seen as a buffer that intervenes between stressful events and therefore guards against the general deleterious and sometimes life threatening effects of stressors.

The findings of the study also reinforce studies by Johnson, Wood, Gooding, Taylor and TARRIER (2010); and Mezuk, Diez Roux and Seeman, (2010) whose findings concluded that social support as a buffer is essential in ensuring wholesome life experiences. As amply demonstrated, the data from the study area have indeed confirmed Cohen and Mckay (1984) position that lack of social support has adverse effect on the health and well-being of elderly persons. Thus the buffering theory provided a framework for analysing the relationship between the availability or

lack of family support, and the general well-being of elderly persons with little or no social support in Bamang.

What can be deduced from the interviews is that other members of the extended family are less likely to assist their elderly relatives with financial needs. This is shown by the field data as only two respondents received some form of help from their siblings. This observation was corroborated by a complaint of Nana Ama an 86 year old woman when she said:

“My relatives only come to greet me and then leave for their farms, nobody is concerned about what I will eat because they don’t ask whether I have foodstuffs in the house or not. Had it not been my children who send me foodstuffs and money, I would have died of hunger long ago.”

Another old woman also expressed her frustration in the following:

“They (family members) have all deserted me. They say I am a witch, so nobody wants to come near me let alone give me food or money. I also stay away from them. I only depend on God and my children.”

It is important to put on record that there are some elderly respondents whose children living outside the village rarely care for them thus leaving the burden of support on their children within the village. The admission of one 80 year old woman attests to this facts when she said:

“My children here (Bamang) are the ones who care for me. One of my sons went away and I don’t hear from him. He came around the last time when he heard I was sick but he left again without giving me a penny.”

iii. Frequency and Adequacy of Support from Children and Other Relatives

Given the large number of respondents who depended on remittances to meet their financial and material needs as shown by the data in Table 5.7, the frequency and adequacy of such remittances became an issue of interest since it determines the living conditions of the beneficiaries. Responses from the interviews indicated that remittances in the form of money and other material items were neither regular nor adequate. Respondents, particularly elderly persons, explained that money and food they received from children and grand children did not meet their basic food and financial requirements. Unlike pension income or food stamps which are received monthly or weekly on specific dates, there is no regularity with respect to remittances from children and other family members to their elderly relatives. The desire of children and other relatives to remit and their ability to do so is a function of their economic strength. Consequently, the children and other relatives remit as and when they have the resource or capacity to do so. It was learnt that sometimes some elderly persons particularly mothers have to call their children on phone to remind them that they had exhausted all the foodstuffs or money in the house. Even after such friendly reminders, it sometimes took days or weeks before their request were met by their benefactors (mainly children). Two women respondents told the research team that there were days they could not get money to buy meat so they could not prepare their favourite *fufu*⁹ for supper and had to settle for *ampesi* as supper. It must be explained that for elderly persons in the village, supper is always *fufu* so to go to bed without *fufu* for supper is synonymous to fasting that day. One of such mothers Maame Mansah, a 90 year old woman told the research team that:

⁹ Fufu is a dish for most of the Akan communities in Ghana. It is prepared from pounded yam, plantain, cocoyam and cassava. It is eaten with soup

“Whenever I don’t have money and my children have not yet remitted me I get frustrated. If I find myself in such situation I beg someone with a cell phone to call my daughter for me. When she (daughter) answers my call I remind her responsibility in terms of remitting me. Out of frustration, I sometimes insult her for not remitting me.”

When asked whether in her view it is an obligation for children to provide the financial and material needs of their parents when they are old she responded:

“Exactly! Child nurturing is a difficult task. Their schooling alone is a headache, so if we get old and can’t work they have to care for us.”

Only one elderly man indicated he receives one hundred and fifty Ghana cedis (Ghc 150.00) every month from his daughter who resides abroad. This man was a former Ministry of Agriculture staff. The period (the number of years) for which respondents had depended on remittances and support for their financial and material needs was difficult to establish. Apparently it begins the moment their parents ceased to be economically active or could no longer go to farm. However, the minimum number of years an elderly respondent had depended on remittances from children and other relatives was found to be three years.

Findings from the study in Bamang confirm several studies in Africa and other developing regions that have examined the ability and willingness of migrant workers to remit family members (Nyanguru, 2003; Oberae & Singh, 1983; Shaibu & Wallhagen, 2002; Tonah, 2009). These studies revealed that in many cases, remittance to the less well-off was not always available and did not meet the needs of the elderly people.

Responses derived from both the elderly persons and their caretaker participants clearly indicated that remittances and other forms of support from children and other relatives outside

the village to the elderly persons were neither regular nor adequate. Unfortunately, the recipients did not have much choice in this respect. The situation in which some of the elderly persons found themselves was amply demonstrated by their expressions when asked whether remittances and support they received from children and other relatives adequately meet their needs. The 75 year old traditional birth attendant, for instance, answered as follows:

“It is not enough, but these days are hard times so I make do with the little they provide to me. I pick vegetables, plantain and cassava from my backyard garden to supplement whatever my children give me.”

In her response to whether she is satisfied with the support she receives, an 86 year old woman with sight problems exclaimed:

"Eei! If someone is offering you help, do you have a choice? Can I say I am not satisfied? What he or she can afford is what he or she provides.”

The 75 year old man who still works as a petty trader (manning his kiosk) with some difficulties also expressed his sentiments to the same question as follows:

“Hmm.... it is not adequate but I cannot force them to remit when they do not have. They always tell me that they are not financially sound.”

The 66 year old former driver of the Electoral Commission in Ghana, now a cobbler in the village claimed he rarely receives any support from his children. He told the research team:

“I have five children. My eldest child is thirty-two (32) years but she does not care for me. Only my youngest child remits me once a while. My brother has been providing for me since I returned home after my vehicle accident which disabled me from driving.”

When asked if the help he receives from his youngest child and sibling is enough for his needs he exclaimed:

“My Lord! It is nowhere near enough.”

Eno Akosua also expressed her frustration on the same issue this way:

“The last time I had to send a message to my son through one of his friends before he sent me five red notes [referring to five one Ghana cedi notes], that is five Ghana cedis (Ghc5.00).”

All these and many accounts bear ample testimony that remittances and support particularly from children and relatives outside the village to elderly persons in Bamang are woefully inadequate and irregular. Consequently, majority of elderly persons in the village who depend on financial and material support from other relatives for living have problems meeting their basic economic needs adequately.

On the whole, the data gathered on the living conditions of the elderly respondents revealed that the male respondents did not need much support with respect to routine daily activities. Almost all the men, relative to the women, were physically strong (that is they were either entering old age [60 to 69 years] or in transition to frail adult [70 to 85years]) and therefore could do so many things themselves. Besides, majority had wives who provided them the support they needed daily. On the other hand, a good number of the female respondents, particularly the frail and the sick depended on support from household caretakers to meet their routine daily activities. The care and support they needed were provided mainly by children or grand children and, to a limited extent, by siblings and in-laws.

With regards to financial and material needs only three male respondents were self sufficient, all the rest required assistance with respect to their basic needs. For some 18 respondents, they depended solely on support and remittances from children and grand children. However, the remittances were neither regular nor adequate but they didn't have much choice in this respect. Respondents without children or grand children or other relatives to support them financially or materially had to fend for themselves by engaging in some form of economic activities, albeit with some difficulties. Clearly, when an elderly person in the village talks about the family in terms of financial and material support, it is in reference to his or her own children since there is no question about the fact that children and grand children are the main providers of support to the elderly persons in the study area. This assertion is confirmed by the data as only two participants received some form of support from their siblings.

The next section discusses the extent to which the extended family is involved in the lives of the elderly in the study area.

5.4 The Role of the Extended Family in the Lives of Elderly Persons in

Bamang

In order to fully appreciate the role of the extended family in the lives of elderly participants, the study presents accounts of living arrangements of two elderly persons interviewed in Bamang. The accounts will provide an insight into typical living conditions of most elderly participants.

Nana Yaa Manu, a 90 year old woman, lives in a family house. The research team observed two households in this house but three persons constituted the household of Nana Yaa Manu. They were Nana Yaa Manu, her granddaughter, 33 years, and her

granddaughter's daughter who was three years. The 90 year old woman has nine grown-up children but they are all residing outside Bamang. At 90, Nana Yaa Manu has problem with her sight and therefore depends on her granddaughter for assistance in activities of daily living. Luckily there is a toilet facility in the house. The granddaughter told the research team that she dropped out of school after Junior High School. Though she has one child, she is not married to the man she had a child with. She cultivates crops and vegetables which provides the household with foodstuffs. She does not earn any income and therefore depends on money and items like soap, cosmetics, clothing, etc remitted by her mother and her mother's siblings (children of the old woman) residing outside Bamang to take care of her own financial and material needs and that of her grandmother. It appears the children of the old woman are caring for the young woman for, what seems to me, her sacrifice to live and care for their old and sick mother. The young woman prepares meals for her grandmother, washes her clothing, assists her with bathing, toileting and personal grooming. In a typical day, the young woman sees to her grandmother's bathing and breakfast before she leaves for farm. When she leaves for farm the old woman remains indoors so she makes conscious effort to return from farm in good time to prepare supper for the household. Sometimes the old woman comes out to sit on a stool in front of her room when her granddaughter returns from farm. Her laundry is done on Fridays when the granddaughter does not go to farm. Even though there are other relatives in the house, the grand daughter is the companion as well as the main provider of assistance in activities of daily living to her grandmother.

Opanin Kusi, is a 75 year old cocoa farmer. He returned from the forest area to live in Bamang four years ago due to old age. He has built his own house where he currently

lives. Opanin Kusi has two wives and eight children. Six of his eight grown-up children are residing outside Bamnag. The other two who still reside in Bamang are living with their husbands and children in other parts of the village. At the time of the data collection Opanin Kusi was alone in his house. He told the research team that his senior wife was living in their cocoa village in the Western region of Ghana. He explained that as a result of old age he could no longer live in the forest and since they could not entrust their cocoa farm in the hands of the labourers working in the cocoa farm, the senior wife was living in their cocoa village so that she could supervise the activities of their workers. His junior wife, a native of Bonwire, about two kilometres away from Bamang, lives in her hometown but joins her husband at night whenever it is her turn to be with her husband. She prepares meals and dispatch through a courier to her husband during the day. She also washes his clothing, tidy-up their house and other house chores. When the junior wife is not available, Opanin Kusi boils his water and carries it to the bathhouse which is behind the house himself. He eats his breakfast dispatch by his junior wife between 9.00am and 10am and then sits in the yard of his house to view whatever goes on around his house. Because his house is not enclosed, it is easy catch a glimpse of all those who pass by his house and everything within his reach. Sometimes he is joined by his friends in his house to converse and play draught or “*oware*”. He normally receives his supper from his junior wife between 3.00pm and 5.00pm. After his supper he takes his bath and waits for his wife to join him for the rest of the day and night. Although some of his children, siblings, nephews and nieces still living in the family house and other parts of Bamang visit him regularly to find out how he is faring, he depends on his wives for his activities of daily living and companionship.

Information collected from the field shows that extended family support to the elderly manifests itself in social and/or emotional context. The extended family, as observed, has become dispersed as a result of segmentation and segregation. It was observed that some of the married men have moved from the family house to build their own huts or houses somewhere in the village and began their nuclear families or migrated to seek greener pastures outside the village. For those who still remained in the family house after marriage, the focus is more often than not on their spouses and children when it comes to economic support.

Segmentation of the extended family notwithstanding, members are still together in the social context. The interviews attest to this finding as all the elderly respondents indicated that they have very good and cordial relationships with their relatives within the extended family. Only one person claimed that she has been deserted by her extended family because they perceive her to be a witch. It came to light during the data collection that elderly persons who are strong and mobile regularly visit their relatives and friends in the village. Other family members within the community also return such visits. The practice as observed was that family members who live outside the family houses, particularly women, go round to their relatives' houses in the mornings to see how their kinsmen are faring before they leave for their farms. Those who could not undertake this task in the mornings do so immediately they return from the bush. Since most people do not return from farm early or become preoccupied with preparation of meals when they return, the preference is to do the visitation in the mornings. Recall Nana Ama's admission:

“My relatives come to greet me in the morning and then leave for their farms.....”

This admission to me is a demonstration that the social bond among members of the extended family has not been severed yet. The research team personally witnessed some elderly persons

being visited by relative and friends as well as old men in twos and threes conversing among themselves or playing games like draughts and “*oware*” in the afternoons when the able-bodied men and women have gone to farm. Some of the elderly men also visit their friends who are weavers in their place of work. Such men sit by their friends and converse as the latter (the weaver) works.

Emotionally, the extended family continues to play significant role in the lives of elderly persons in times of bereavement, sickness or crisis. Generally, when a member of the extended family (both young and old) loses a spouse, child or gets into a serious form of crises, all the close and distance relatives come together to console the victim and contribute in many respects to help the victim. Some of the members of the extended family may even volunteer to live with the victim of crisis or the bereaved person for as long as forty days before returning to their own houses. The purpose of such practice is to help soothe the pain the victim may be going through or assist the person to cope with the difficulty either physically or emotionally. Such was the case of the 80 year old woman whose son was shot dead in the United States. During my interview with her the previous week, she lived in her house alone with only one young man who weaves *kente* cloth in the house, but when the news of her son’s death was announced in the village, I observed throughout the number of days I spent in the village that some family members were always around her. It was learnt later that not until the eighth day rites (one week) had been observed she was not to be left alone in the house.

Generally, therefore, it can be inferred that the role of the extended family including children, grand children, in-laws, siblings and some distance relatives is seen mainly in the social and/or emotional lives of the elderly in Bamang. What needs to be emphasized is that apart from the children, the distant family members are not willing or cannot afford to support their elderly

relatives financially and materially. Their role in the lives of their elderly relatives is limited to daily visits which keep the family bond as well as soothing and sometimes offering physical services or support in times of emergencies or serious crises.

Beyond bereavement and serious crises that normally attract most members of the extended family as described above, spouses are the main sources of emotional support for the married respondents on a daily basis. For the widowed and divorced, their children or grand children, especially those living with them in the village provide emotional support on a day to day basis. Besides, children living outside the village visit their elderly relatives in Bamang, however, there are no regular times for such visits and therefore the frequency of such visits is very difficult to ascertain. In most cases children take advantage of attending funerals in the village to visit their parents. On the other hand, visits by the elderly persons to their children living outside the village are rare and only few respondents sometimes do so. One female respondent for instance indicated:

“I used to visit my child but these days I don’t because I now have a cell phone so I call to enquire about how she is faring. I also call her whenever I need money or anything”.

Another elderly woman also told the research team:

“I don’t like visiting my daughter in Kumasi because when I go there I’m always idle and lonely when they go to work. Here (referring to the village) I have my siblings and friends around me. I can always visit them in their houses so I don’t get bored or lonely”.

One elderly respondent also expressed her account on the same issues this way:

“I visit my son but not often. The last time I visited, one of my grand children was not well. Even then I had to leave early because I was not comfortable being in the same room with my daughter-in-law.”

On the other hand, respondents without spouses or children around them resorted to friends and different mechanisms in time of emotional difficulties. Three men indicated that in times of emotional difficulties they either listen to radio or converse with friends. These men claimed they get relief from listening to their favourite programs and music or conversing with friends.

For two women, prayer to God or reading their Bible was the answer to their distress. Their attitude supports Elizabeth Nottingham's (1954) assertion cited in Bloom and Ottong, (1987) that, religion provides individuals with emotional support in the uncertainty of the world. It directs human thought, feeling and action to things which man feels to be beyond his ordinary everyday experiences with himself, his fellows and the natural world. Psychologically, religion arises where human confidence and certainty fail, and where fear and doubt replace them. Religious emotions and thinking have the function of enabling individuals to contend with the obscure but powerful feelings (p. 132). Given the large number of respondents that professed the Christian faith, it stands to reason that the churches are thus significant sources of emotional support for the elderly. As Clifford Geertz (1966) cited in Bloom and Ottong, (1987,), puts it, by regularly meeting together to enact various rituals, shared values and beliefs, believers find answers to their problems and solace for their distress (p. 130).

Two other women indicated that they cry and then go to sleep. One of them expressed her grief in the following words:

“My mother gave birth to eleven children. All my siblings are dead. I am the only one left, who do I talk to when I am emotionally distressed?”

One fascinating account in relation to dealing with emotional distress was provided by the male respondent who works as a cobbler. As already indicated somewhere in this study, this man returned to the village without his wife and children. Though he lives in a family house, he claimed no person in the house actually cares about his needs, thus he lives alone in the midst of many. He prepares his own meals, washes his dishes, clothing and all other household duties himself. For his financial and medical bills however, his brother living outside Bamang takes care of that. When asked how he deals with emotional difficulties, he responded:

“I have a companion that relieves me of emotional distress,” (pointing to a small bottle under his table).

Further probing revealed that the bottle under his table (picture below) contained *Akpeteshie*, locally brewed hard liquor. He added;

“I drink and forget about my problems and sorrows.”

Figure 6: A picture showing a bottle that contains a remedy for emotional problems according to one respondent.



In sum the data have provided an insight into some of the general view of the living conditions of elderly persons in Bamang, a rural community in Ghana. It provides a rare window into the lives of these rural folks including their past and present employment activities and how these activities explain their current living conditions.

On the whole the data suggests that old age in the study area is associated with economic hardship and financial difficulties. This could partly be explained by the fact that neither their past nor present employment adequately provide them with income or meet their needs during old age. The respondents talk of support in terms of financial and material items. The data revealed that support and care for elderly persons in the study area are mainly provided by

spouses, children, grand children friends, household members, extended family members and to a limited extent churches. However, the perception among the respondents is that the support is inadequate but they (the elderly) do not have choice. Consequently, many elderly persons in the village particularly the females exhibit signs of poverty as they do not adequately meet their basic needs such as regular and balanced diet, medical care, good housing and other essential needs. Even though they are not entirely neglected, the living conditions of many elderly persons in Bamang leave much to be desired. This may be attributed to resource constraints on the part of their main care givers or providers. Only a few are relatively living well either through their own activities or support from their children.

In spite of the not so good living conditions, many elderly respondents appreciate God for the blessing of long life. What they dislike are the health problems associated with old age. A few respondents also do not like old age today because they think elderly persons today are not accorded the needed respect. As one respondent puts it:

“The youth of this age, they don’t show respect to the elderly persons.”

There was one case of an elderly person having been accused of witchcraft or perceived to be a witch and this affected the relationship between her and some of her relatives. Conspicuously absent from my interactions in the village was physical abuse of persons accused of witchcraft. My observation in no way belittles the social and emotional abuse such persons endure at the hands of their families and community members.

In conclusion, the living conditions of the elderly in Bamang may not be very different from other elderly persons in other rural areas of Ghana. However, these interviews have highlighted a very important fact that elderly persons cannot be classified as an aggregate group,

with homogenous characteristics when it comes to the issue of family support and care vis-as-vis their needs and living conditions. Every elderly person the research team encountered had a very unique perspective of his or her situation depending on his or her health, social capital, economic power and coping abilities. The next chapter discusses the experiences of elderly persons in relation to changes in extended family system and its implications for support and care for the elderly in Bamang.

Chapter 6

Family System and Elderly Care: Experiences of Elderly Persons in Bamang

6.0 Family System and Elderly Care in Traditional (Pre-colonial) Bamang

The literature on family support all over the world, and particularly Africa, have pointed to the breakdown of the extended family system in which the elderly always remained part of a stable community ordered by blood ties. They have also pointed to the social and economic changes taking place in many developing and traditional societies that have resulted in the gradual erosion and substantial breakdown of familial support to the elderly (Brown, 1999). Given these developments, the study sought to ascertain from the perspectives of the elderly the nature of the family system and its social arrangements in their life time. Since the least among the elderly participants was sixty-two years, it was assumed that all the respondents have had some experiences in the traditional or pre-colonial as well as the post-colonial family systems (as defined by this study) and thus were in the position to compare and contrast the two systems in their lives. Because they are homogeneous with respect to their environment, culture and social organization, their accounts about the nature and social arrangements of the traditional and the modern family systems followed the same pattern.

One common thread that ran through all the accounts was that, the extended family in the traditional society was united. Members lived together in the same compound or in one or two adjacent houses. This was evident during the data collection as every family in the village has what they referred to as the original family house or original habitation (*Abusua fie*). This house is where all the family members once lived before others moved to establish their own nuclear families or built their own houses. In the traditional society, members who moved out built their

houses close to the original family house so that they could continue to play active roles in the family affairs. This sort of arrangements led to the development of strong bonds among the extended family members. All the elderly participants talked about this form of social organization with nostalgia.

Because majority of the extended family members were mostly living together, the communal spirit of being one another's keeper was upheld. The weak, sick and the needy in the family always received material, financial, emotional and other kinds of support from other kinsmen. It was not uncommon for the relatively well to do in the family to support the unfortunate ones. One male respondent recounted how his uncle, a cocoa farmer allocated part of his acquired land in a forest area somewhere outside the village to him to start his own cocoa farm and life, a sort of start-up capital in the cocoa business. Grandmothers, grandfathers, uncles etc., put their fortunes or properties at the disposal of the whole family.

The form of social life in traditional society reflected in the form of eating arrangement. According to the elderly, wives of all the married men in the family prepared their meals with the husband's extended family in mind and not only for the husband and children. Meals for husbands were dispatched to the husband's family house. All the men, both married and unmarried, in the family house at that moment sat around a table and ate from the same bowl. One after another, all the meals from different wives or women were eaten together. But before the men ate, they gave portions of every meal to the children (nephews and nieces) and women (siblings) in the family house. What this meant was that any member of the family who for one reason or another could not provide food for himself or herself did not go to bed on an empty stomach. The women (sisters) in the family house also shared whatever they had with one another. Consequently the aged (grandmothers and grandfathers) did not suffer in terms of food

and other basic necessities of life. Such was the nature and social organization of the extended family.

The culminating effects of all these for the elderly persons was that within the context of the extended family system, the various divisions of labour by sex and age often allowed an interchange of roles as the young grew into adults and the adults grew into old age. It was this interdependence that formed the strength of the family support system. The system undertook the many caring responsibilities for the elderly and, in a large measure, old people remained the responsibility of individual members who provided comfort and support in times of anxiety, loneliness and hopelessness. This information supports the literature as documented by Brown (1999).

Several reasons could be adduced to explain why such social organization was possible in the traditional society. First, it could be argued that the population of the extended family in the community was small and manageable as such members could live together in the same compound or close to one another. The rate and magnitude of migration from the village to seek greener pastures during this period is nowhere near the rural-urban migration we are witnessing in today's Ghana. People who migrated from the village were mainly farmers who moved to forest areas in search of large tracks of land to ply their trade. The extended family was thus not dispersed as pertains in modern Ghana.

Another reason that may have also contributed to this form of social arrangement in those days was the fact that the economic conditions that pertained during the post-colonial era were not as harsh as being witnessed today and therefore did not put so much strain on the individual members, hence they were able to support one another.

Thirdly, the form of social life that existed in those days could also be partly explained by the fact that members of the extended family saw themselves as one people who traced their origin to one ancestress. Conscious efforts were made not to create division among the family members. Children, for instance, were taught that their mother's sister was also their mother. Aunt was only used for one's father's sister not mother's sister. In the same vein father's brother was simply one's father not an uncle which was used for one's mother's brother only. As a result of this unity, the fortunes of one member benefited all and in the same vein the problems of any member, particularly elderly relatives, became that of the whole family

6.1 Family Changes and Elderly Care in Modern (Post-colonial) Bamang

Since the 1950s and 1960s, the extended family in sub-Saharan Africa has increasingly been disintegrated as the emphasis is now on the nuclear family (Okumagba, 2011). The network of relatives normally considered important for the extended family relations has been narrowed drastically (Nukunya, 1992). The interdependence which formed the strength of the family support system has been eroded by the separation of the generations through migration, urbanization and economic constraints. The care of the elderly has shifted from the extended family system towards the nuclear family, particularly children and spouses (Brown, 1999). According to Okumagba (2011), the rise in the number of individuals in modern urbanized societies has boosted the selfish and egoistic interest of the individual members of the extended family. Studies conducted in Ghana, Mali, Nigeria and Ethiopia (Sanda, 1987; Schenk & Schenk, 1987; Traore, 1985; Van der Geest, 1997) have all provided enough evidence that the family support or care to the elderly in Africa is gradually crumbling under the weight of social change.

Evidence in the study area tends to confirm the modernization theory as all the elderly participants and other key informants attest to changes experienced in the family system. The once closely knit family in which the elderly played various roles as youth or adult members in Bamang is now dispersed. Data collected from the field indicated that out of the 30 elderly participants, 20 depended on support from relatives to meet their basic and essential needs (Reference to Table 9). Given this information the study sought to find out whether the main providers of financial and material needs of the respondents were also living in Bamang.

From the interviews, only three respondents indicated that their main providers also lived in the village. Further probe on this group revealed that only one respondent lived with the main provider within the same household. This elderly woman lived with her son and his nuclear family. The other two indicated that though their children provided for them, they (children) were living outside the respondents' household. The remaining 17 elderly participants indicated that relatives who provided for their financial and material needs were residing outside Bamang. Majority of these providers were living in Kumasi and Accra. Two respondents, however, depended on their children living abroad. The data confirms the assertion by Brown (1995) and Nyanguru (2008) that indeed rural-urban migration has fostered residential segregation of generations with the youth and able-bodied migrating to urban areas while the old, sick and disabled are left behind.

The data thus suggests that migration in search of greener pastures has contributed to the changes experienced by elderly persons in Bamang. As already indicated in chapter three of this study, farming which is the mainstay of the community is mainly undertaken for consumption but not as income earning activity. The *kente* business which is a source of income has also taken a nosedive due to the infiltration of the *kente* business by Chinese imports. Consequently

majority of the youth migrate from the village in search of greener pastures or employment opportunities elsewhere. Besides the economic factors, lack of higher educational opportunities also appears to promote migration from the village. Graduates of Junior High School in Bamang who desire further education must look outside Bamang for higher educational opportunities. Invariably youth who get the opportunity to pursue further studies in cities or towns in other parts of Ghana do not return to stay and work in Bamang.

As people move from the family houses to build their own houses or migrate to urban areas, they tend to focus their attention on needs of their nuclear families and become less involved in the activities or welfare of the extended family members. The data also suggests that the changes experienced in the extended family system has also been fuelled by the economic constraints being experienced in modern Ghana given the fact that almost all caregivers also have financial commitments to their own nuclear families. This was amply demonstrated by elderly responses on the frequency and adequacy of financial and material items remitted to elderly persons in Bamang. In view of the realities of resource constraints, emphasis is now placed on the needs of one's immediate family and, to a limited extent, siblings.

Not only is the family dispersed but has also become segmented. Even though all the family members trace their origin to one ancestress, long generations of segmentation has created divisions among members of the same "biological tree" such that today people in the community talk about "we" and "them" within the same extended family. The state of today's family reflects an Akan adage which says; *Abusua te sɛ kwae, sɛ wogina akyiri a ɛ bom kro, sɛ wo pinkyen ho a na wohunu sɛ dua baako biara wo ni ginabrɛ*, literally, this means "The family is comparable to a forest, viewing from a distance it depicts oneness but when one draws closer he or she will notice that every tree or plant has its unique form or features." This adage has indeed been given

practical meaning in how the extended family works in Bamang today. It was therefore not surprise that when respondents were asked to indicated their preference with respect to who should be the main provider of the needs of elderly persons (extended family or one's own children?), majority indicated their preference for one's own children. The respondents were of the view that one's own children would act with passion when it comes to providing support and care to the elderly than the extended family.

Deducing from the data it can be argued that rural-urban migration, the realities economic resource constraints and emphasis on the nuclear or immediate families have greatly contributed to the changes witnessed in the extended family system in Bamang.

6.2 Respondents' Interpretation of Family Changes and Elderly Care in Bamang

In line with the objectives of this study, the next task was to find out how respondents in Bamang explain the transformation being witnessed in the family system. From the perspectives of the participants and key informants, various views were expressed to explain the changing family system and its support to the elderly. Notable among these was the colonization of Africa by Europe and the associated alterations in traditional values and culture of the continent. Specifically, some participants and key informants mentioned formal education, Christianity (with its emphasis on wedding), modernization and imported cultures, which are all relics of colonization as having socialized the modern Ghanaian, particularly the youth, to focus on the nuclear family to the detriment of other members of the extended family. One male respondent expressed his views as follows:

“Before the Whiteman came to our land, we didn’t consider the family in terms of only spouses and children. Formal education and the influx of churches have created these divisions. When you attend Christian weddings, the churches teach that a man shall leave his mother and father and be joined to his wife and become one flesh. The Pastors quote the Bible to support this point hence after wedding, most couples tend to forget that they belong to families and focus only on their spouses and children instead of the extended family.”

He again blamed some of the Pastors of the independent churches or “one man churches” as being the cause of the divisions in the extended family in modern Ghana. As he puts it:

“The divisions in the family system are sometimes created by some of the Pastors of these independent churches or “one man churches” who are fond of accusing innocent persons, particularly elderly women, of witchcraft. When a person is accused of witchcraft, even the children of the victim become reluctant to provide for his or her needs.”

One woman’s response to the causes of the changes in the extended family system and its effect on the support and care to the elderly corroborated the above perception when she blamed her son’s wife (daughter-in-law) for her predicament. She expressed her frustration in the following words:

“Before my son got married to that woman he was remitting me regularly. The moment he married that woman the remittances became irregular and now virtually ceased. I have been told by a Pastor that the wife is the cause of what is happening. She has bewitched him.”

What this woman probably does not understand is that before her son got married, his expenditure was at a level that allowed him to remit her mother regularly. With a wife and probably children to care for now, there is so much strain on his resources. Consequently, his ability to meet the mother's financial and material needs satisfactorily has now become problematic. However, this old woman believed her Pastor and therefore is less likely to see the reality of the financial constraints her son may be experiencing.

Another respondent pointed out that the focus on the nuclear family in Ghana today has been reinforced by the Interstate Succession Law (PNDC Law III, 1985), which places emphasis on spouses and children against the extended family, as one of the attempts by the formal legal system to weaken the extended family. This is viewed in the context of traditional Ashanti (matrilineal) inheritance system which, until the promulgation of this law, gave priority to a man's sister's children over of his own children in matters of inheritance.

Another explanation that also emerged strongly during the interviews was the harsh economic conditions that exist in present-day Ghana. Many respondents were of the view that the reality of economic hardship and the fact that caregivers have their own dependents (mainly spouses and children to care for) has strengthened the emphasis on the nuclear family. Indeed with limited resources at the disposal of individuals, caregivers give priority to their immediate dependents before the distant relatives.

This focus on the nuclear family has been reinforced by migration and urbanization which appear to provide a legitimate basis for the migrated youth and adults in the cities and big towns to shun their responsibilities toward other members of the extended family without any sense of guilt, and at the same time also escape the informal social sanctions (Tonah, 2009).

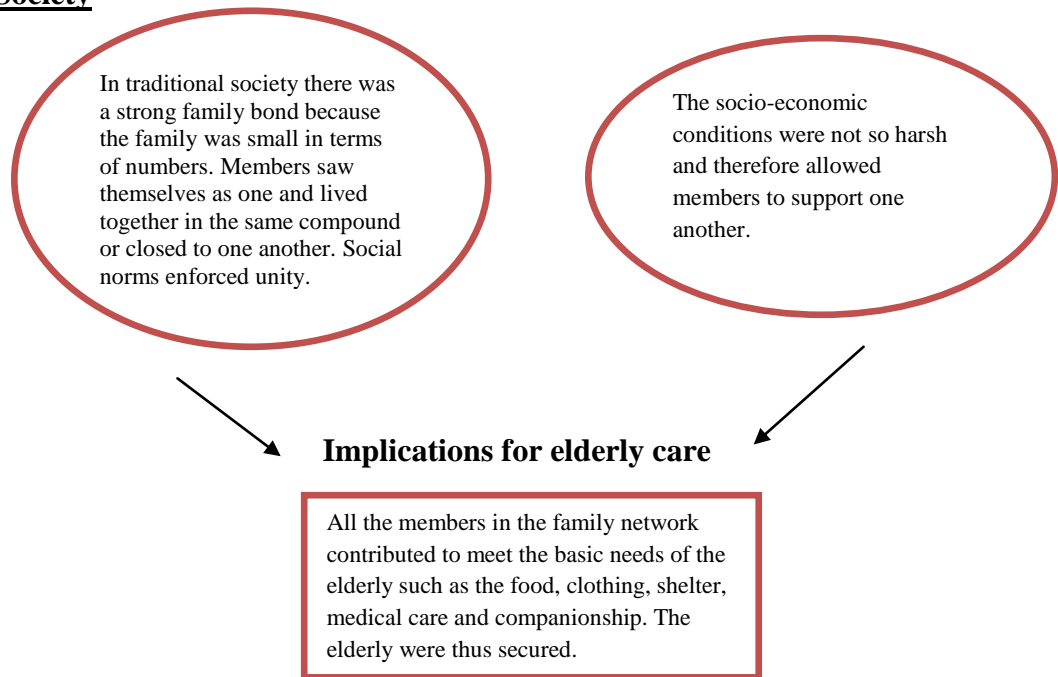
According to Apt (2012), living in the urban area means the old and the young are no longer found habiting in the same dwelling and increasingly resulting in the formation of nuclear families. Urbanization and family dispersal has thus had a negative effect on the pattern of exchanges between generations.

The experiences, perceptions and interpretations of the respondents regarding the changing family system and its subsequent effects on care giving to elderly persons in the study area confirms the modernization theory which suggest that as people age, they will be abandoned and lose much of their familial support when they become non-productive (Harwood, 2007; Hooyman & Kiyak, 2011). Cowgill and Holmes (1972) attributed this to the parallel forces of industrialization and modernization. In preindustrial societies, strong social norms enjoined the younger generation to care for the older generation. As societies industrialized, the nuclear family replaces the extended family, creating individualistic society where caring for an elderly relative is seen as a voluntary obligation that may be ignored without fear of social censure (Harwood, 2007; Hooyman & Kiyak, 2011). The state of the extended family and its support and care to the elderly in post-colonial Bamang mirrors the modernization theory.

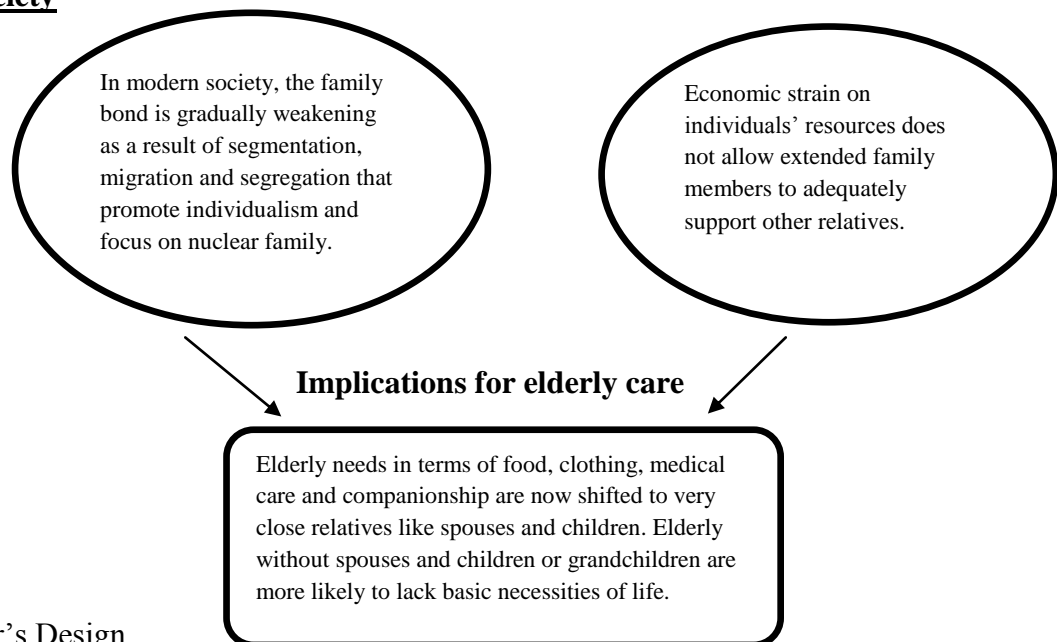
In line with the modernization model, the experiences of the elderly respondents regarding changes in the extended family and its effect on care giving to elderly persons could be explained in both traditional and modern societies in the diagram below.

Figure 7: Diagrammatic Representation of Elderly Experience with the Extended Family System and Care Giving.

Traditional Society



Modern Society



Source: Author's Design

6.3 Implications of the Changing Family System for Support and Care to Elderly Persons in Bamang

The implications of the changing family system for care giving and the living conditions of the elderly in Bamang are described with respect to their basic needs, thus, shelter, food, clothing, medical care and companionship.

i. Shelter

Shelter, according to the data gathered, was not a problem to any of the participants in terms of cost. None of the respondents pay rent since they either live in their family houses or in their own houses. However, only about one per cent of the houses in the entire village have toilets within the compound, all others use the public toilet (pit latrine) constructed by the community members themselves. The toilets are at the outskirts of the village so members of the community trek from their homes to access the facilities. This means that elderly persons who are sick or physically weak could only access the toilet facilities with some difficulties or look for alternative sources.

In my estimation, one of the negative effects of the changing family system relative to shelter is that, as some the youth and adult members move from the family houses to live elsewhere in the village or outside the village, elderly persons are in most cases left in the dilapidated family houses with only those who do not have the resources to move from the family house. Because the ownership of the family houses is diffused, they are often neglected in terms of maintenance. The relatively well-to-do members in the family who could bear the cost of repairs invariably prefer to build their own houses somewhere else in the village. Consequently, many of the family houses in the village are in a deplorable state. This description

is a reflection of about one-half of all the buildings in the entire village. It must however be added that there are relatively new buildings. These are mostly the houses of people who have moved from the family houses to build their own houses for their immediate families. Below are pictures showing some of the family houses where the research team conducted interviews.

Figure 8: A Picture Showing the Researcher Walking Toward a Participant's House.



Figure 9: The Rear View of One of the Family Houses Where Interviews were Conducted.



Figure 10: A Compound of One of the Family Houses Where Interview was Conducted.



Figure 11: A Picture Showing the Researcher and the Aide Recruited from the Village in One of the Relatively New Houses.



ii. Food Supply

As could be recalled from the data, less than a third of the respondents currently depend on their past or present activities for a living. Given the majority of the participants who can no longer work, their main sources of food supply are either from the farms of their household caretakers, mainly children in the village, as well as food and remittances from children outside the village. For the caretakers who are farmers in the village, continuous farming on the same portion of land for many years has negatively affected their output or yield. Generally, food

supply in the village is gradually reducing in terms of quantity and quality although the people work very hard all year round. The staple crops mainly produced in the village are plantain, cocoyam, cassava, corn and vegetables so their meals are prepared from these crops. Because all the household caretakers also have their own immediate families, the mouths to feed by an average family tend to be quite large. Consequently, produce from their farms hardly keep them throughout the year till another farming season. Quite often than not, some families buy basic foodstuffs like plantain, cocoyam and cassava during the lean season. This situation to some extent negatively affects their ability to adequately meet the food requirements of the elderly under their care.

Figure 12: The Picture Below Shows a Woman Selling Cassava on a Tray in the Village.



The picture above confirms the observation that some people in the village buy basic foodstuffs to supplement their own output. On the other hand, food items or remittances from children and/or grand children outside the village to the elderly, as I have already indicated, are irregular and inadequate. The children remit as and when they can afford. The culminating effect of these as observed is that three square meals are very rare among the participants and the entire community. Many of the elderly eat twice a day around the mid-morning and the evenings. A few lucky ones sometimes get mashed plantain or *ampesi* for lunch. Surprisingly, majority of the respondents indicated during the interview that they normally get their preferred food. Only one woman indicated that she does not get her favourite food. When asked if she gets her preferred food she responded:

“Where am I going to get that? I like *ampesi* (plantain) but I don’t get that.”

Apart from the fact that getting three square meals is problematic, the other aspect is the quality of the meals. From my observation, getting a balanced diet is also rare. Meat, an important source of protein does not feature well in their meals, rather carbohydrates dominates in all their meals. One would have thought that at their ages, balanced and regular diet is very important for healthy living. Unfortunately, this is not the case in Bamang. The only consolation in my estimation is that, they take in a lot of fresh vegetables which may be quite beneficial.

For those elderly still engaged in farming or economic activities, it was evident that poverty and want are the compelling factors. Failure to work means that they would starve. Judging from the quality, quantity and the irregularity of their meals, one could argue that inadequate food supply from the caretakers who are farmers in the village, coupled with inadequate and irregular remittances from children and family members outside the village has

had negative effects on the food requirements of the elderly. Because the burden of support falls directly on children the food requirements of many older folks are not met satisfactorily as compared to the traditional society where all the extended family members contributed to feed the elderly within the family. A case in point is the system where wives of the married men in the family dispatched their meals to the family house so that the elderly in the family house could also benefit from this arrangement.

In effect, the disintegration of the extended family as a result of segmentation, segregation and emphasis on the nuclear family means that the support and care that should have been provided by all members of the family to the elderly are less likely to be available. The bottom line is that the food requirements of the elderly, both in terms of quality and quantity, has been negatively affected.

iii. Clothing

Clothing is a basic necessity of life needed by all, both the young and old. From the interviews it was gathered that the clothing needs of the elderly, particularly the females are provided by their children. The older folks are presented with pieces of clothes yearly, normally as Christmas or Easter presents except mourning cloth which is not given as a present on festive occasions. Mourning cloths are presented when there is a funeral. Investigations revealed that most of the elderly are satisfied with the support they receive in terms of clothing. As it were, majority of the elderly respondents especially those who are immobile or physically weak do not participate in many social gatherings or activities that require putting on one's best cloth therefore all they need in respect of clothing is for the purpose of covering themselves which

they make do with whatever they have or receive. One 85 year old woman told the research team that:

“My children used to send me clothes but I have told them not to send me clothes anymore. Now that I can’t go out because of bad sight, I need food and not clothes.”

By inference, clothing is not something elderly persons in Bamang worry too much about. It may be that with the increasing economic difficulties, priority is given to their food needs and other items such as detergents and cosmetics which are needed daily. Unlike the traditional society where all the family members contributed to provide the clothing needs of the elderly, the changes witnessed in the family system have shifted this responsibility once again onto children.

iv. Medical Care

Medical care is needed by every human being but it is more critical in the lives of elderly persons. As indicated earlier, old age is associated with physical weakness and ailments which requires regular medical attention (Apt, 2002; Giddens, 1996; Grundy, 2006). Apart from one participant diagnosed with cancer of the throat who attends hospital regularly, routine medical check-ups are virtually unknown among the respondents. They go to hospital when it is indeed critical. For many people in the village the first option is to buy drugs from a chemical shop when they feel they are not well. It is only when the self medication does not bring relief that they seek professional medical assistance. This is the general pattern of life in the village and so it is for the elderly.

From the data, it came out that all the elderly respondents are registered members of the National Health Insurance Scheme (NHIS) in Ghana and therefore do not have problem with hospital attendance. However, it is worthy to mention that the NHIS covers only basic and

common diseases. Prescriptions for some chronic and terminal diseases are not covered by the NHIS as such patients have to bear the cost themselves (National Health Insurance Scheme Act, 2003). This means that elderly persons without support may not be able to access medical services or buy the needed drugs. The research team interviewed one female respondent who found herself in this situation. This 77 year old sick woman lives alone in her house built for her by her son in Accra. She told the research team that her son in Accra has been her main source of financial and material support. Unfortunately for this woman, her son's shop at *Kantamanto* in Accra, Ghana got burnt during a fire outbreak at the *Kantamanto* market in the early part of 2013. When asked who bears her medical bills, this woman responded:

“I have National Health Insurance so I don't pay for consultation I only buy the prescribed drugs. Unfortunately, I don't have money so I have not bought the prescription of my last visit. My son used to send me money to buy my drugs but since his shop got burnt he is unable to send me money. As I sit here I don't know where help will come from.”

It was therefore not surprise that this woman was so overwhelmed when the researcher gave her ten Ghana cedis (Ghc10.00). She showed so much appreciation for the token amount given to her. This respondent may be viewed as one of the 11 per cent of elderly Ghanaians who live alone, suffer isolation and are susceptible to economic, social and health difficulties identified by Mba (2007) as discussed in the literature. Such people are less likely to receive help from the extended family as the case of this woman. Even though this woman had extended family members in the village, in her time of financial crisis, nobody came to her aid to purchase her prescribed drugs.

Money and health insurance are not the only support needed by elderly persons in respect of medical care. The other aspect relates to elderly persons who cannot attend hospital on their own without assistance. It must be pointed out once again that the village has no medical facility, neither a hospital nor clinic. The nearest hospital is located in Juaben about six kilometres from Bamang, thus when the need arises for elderly persons to access medical care, a household or family member has to accompany such persons. It was observed that this particular service is done by household or family members without any hesitation. This probably may be attributed to the fact that hospital attendance by the elderly is not a regular or routine activity. It is undertaken when it is indeed necessary and therefore any member of the household or the extended family present would avail himself or herself for this service provided he or she would not be responsible for the medical bills.

Deducing from the data, it can be argued with some degree of certainty that medical support to the elderly in the village is mainly provided by children. Elderly without children or those whose children do not have the economic resources to support them are more likely to suffer in times of sickness because the extended family is less likely to help. Those family members who may help restrict themselves to offering their time such as accompanying the sick persons to the hospital but not the financial commitments.

v. **Companionship**

There is no gainsaying the fact that beside the physical requirements of food, clothing and shelter, man has another need, the need to communicate with his fellow human beings. The urge for companionship is natural, primal and a necessity (Ofori-Dua & Marfo, 2012), it dates back to creation as recorded in the Holy Bible in Genesis 2:18, “And the LORD God said, it is

not good that the man should be alone; I will make him an help meet for him.” (Holy Bible, King James Version, 2003). This verse from the Holy Bible reiterates the essence of companionship in the life of every human being and more particularly elderly persons. As people retire from active working lives, they lose most of their school, work or age mates and companions, therefore, the presence of people they can interact with, talk to and the listening ears to hear them, provide them with a sense of belonging and usefulness (Brown, 1999). The effect of lack of companionship in the life of elderly persons is vividly demonstrated by Van der Geest’s study at *Kwahu Tafo* in Ghana where he explained that being cut off from others within a community is a gradual process of social death before physical death. Loneliness, he argued, is the most miserable thing that may befall any human being, particularly during his or her old age (Van der Geest, 2004).

One of the tasks that this study sought to accomplish was to ascertain how the changes being experienced in the family system affect this fundamental and natural need of elderly persons. Interviews conducted indicated that companionship is provided mainly by household members, friends and close relatives with children, grand children and spouses playing useful roles in this area. As have been emphasized a number of times in this study, the extended family has become segregated. Some of the members have migrated outside the village, while others have moved from their family houses to live somewhere else in the village. Elderly persons who are mobile stroll to visit their age mates and other relatives when members of the house go to farm and they become lonely. Sometimes the men in the same age group gather together under trees to converse, play games like draughts and “*Oware*” and keep one another company. For the weak and immobile, majority become lonely once the people in the house go to farm. A few respondents combat the loneliness by listening to radio or watching television. Those without

radio or television have no option but to sleep. For instance, when asked how she manages her day once the people in the house have gone to farm, the woman who has been diagnosed with cancer had this to say:

“I sleep and wait for their return from farm.”

A good number of the elderly respondents, particularly the females, take care of their grand children when their mothers go to farm. With their unending questions, talking and sometimes mischievous acts, the children keep this group of elderly persons occupied and so they are never lonely.

Listening to their stories and observing their environments, one could infer that migration and segregation have reduced the number of people in the family houses. This, in a way negatively affects elderly persons who are unable to move beyond their own compounds especially during the afternoons when people in the house go to farm. On the whole, elderly persons in the village are not always lonely, those who experience some form of loneliness do so for only a short period of the day, specifically, when people of the house go to farm. What is important to emphasize is that spouses, children, grand children and friends are the main companions of elderly persons in Bamang.

6.4 Elderly Care in Bamang – Respondents’ Views on the Way Forward

In line with the objectives of the study I (the researcher) sought to ascertain the views of participants on elderly care in the study area. From the perspectives of the elderly respondents and key informants, children are obliged to provide for their parents during their old age. This perception is rooted in the concept of reciprocity. Parents think that since they have nurtured and provided for their children to grow up, children should also reciprocate by doing same for them

till they die. None of the elderly participants subscribed to the suggestion that the extended family should be the main provider for the elderly persons within the family. This is because according to many respondents the extended family is characterized by individualism with emphasis on very close relatives such as spouses, biological or adopted children and to a limited extent, siblings. This response is in line with the data gathered on the relationships between caretakers and the elderly persons within each household (Reference to Table 6). Given the extent of disintegration in the extended family, some respondents fear that if the care of the elderly is entrusted to the extended family, it may not act with passion as one's own children would do in times of economic, material and emotional needs. This fear is grounded in the personal experiences of many elders in the village. One man specifically said:

“People now think of themselves and their immediate family and so I also keep to my wife and children. I have realized that if my wife and children are not around I will have no one to look up to.”

Another man also expressed the same sentiments as follows:

“My children would have compassion to help if I am in need than my other family members.”

When asked if the extended family should be the main provider to the elderly, a 78 year old woman who claimed all her siblings are dead categorically said:

“My family is me. I am the only one. Everyone is concentrating on his wife and children. They don't even have enough to eat let alone give out to someone else.”

Coincidentally, the household caretakers who participated in the study also supported the idea that the care of the elderly should be the responsibility of children and not the entire family. It may well be that majority of this sample (18 out of 25) were either children or grand children of the elderly respondents. Meanwhile when asked whether caring for the elderly constitutes a burden in anyway, some of the household caretakers answered in affirmative. Various reasons were given to support their responses but notable among them is the negative effect on their finances. A few also complained about the time they spend to provide activities of daily living, especially those caring for elderly persons who cannot take care of themselves without assistance. In spite of the complaints, none of the household caretakers has on any occasion wished she or he was not caring for the elderly under his or her care.

By inference, the financial difficulties and inconveniences notwithstanding, the household caretakers are not perturbed by the demands of care and support to the elderly persons in the village because they have accepted the care of the elderly relatives as an obligation that must be fulfilled. Nonetheless, they will not object to external assistance, especially from the government and Non-Governmental Organizations (NGOs) in the care of their elderly relatives. Some household caretakers specifically mentioned tangible support in the form of financial assistance, medical care (insurance), clothing and food items as some of the support they would like to receive if government or any NGO would like to help. Surprisingly, no household respondent mentioned assistance in the form of recreational facilities. Perhaps they did not consider this as an important aspect in the lives of elderly persons.

The study also sought to ascertain respondents' views on support in the form of institutional facility such as nursing homes for elderly persons since there is ample evidence in the literature that extended family support to elderly persons is gradually being eroded. The

question was asked whether elderly persons would be willing to live and cared for in an institutional home should it become obvious that their children or other relatives of the extended family are not in the position to meet their basic needs.

Out of the 30 elderly participants, nine did not object to the idea of an institutional home provided all their basic necessities of life would be met. To quote one woman:

“I don’t mind so far as I have my peace of mind. It will be a relief.”

One of the two formal sector pensioners was among the nine who embraced the idea of an institutional home. He wished that such a home should also have recreational, library and internet facilities besides basic needs like food, clothing, shelter and medical care. One woman was undecided. She neither objected nor accepted the idea on her own because she claimed that decision would have to be made by her son. Beside these 10, all the remaining (20) respondents objected to the idea of being cared for in a nursing or institutional home for the elderly. The main reason given for the objection is that they cannot afford to leave their place of birth or their people. The retired baker for instance emphatically said:

“No, since no family member will be there with me.”

One 90 year old woman had this to say:

“I would want the Government or Non-Governmental Organizations (NGOs) to help me here (Bamang) but not to take me away. I love my village and would want to stay and die here.”

In response to the same question, this is how another old woman puts it:

“I want to die here. Just because of the little food that the Government or Non-Governmental Organizations (NGOs) would give me I should leave my hometown? No, I won't.”

Let's recall that these are people who have lived in the village all their lives and therefore have difficulties moving from their home town. Even those who admitted facing economic or financial difficulties because their children are not supporting them financially prefer to live and die in poverty and be buried in their place of birth instead of being taken away to a nursing home outside the village where they would be attended to by “strangers” and probably be buried in a “strange” land when they die. The general suggestion by many respondents is that they prefer Government and/or NGOs' support to them in their own homes rather than in a nursing home. A 75 year old man still working as a petty trader said that:

“The government can help me by providing me money or goods to restock my shop but not to take me to a nursing home.”

One 67 year old *kente* weaver indicated:

“I need financial assistance to buy materials to weave and sell my own *kente* cloths instead of working as hired weaver.”

The data collected from Bamang suggests that majority of the elderly respondents and the key informants objected to the idea of being cared for in institutional setting such as a nursing home for elderly persons. The objection to living in a nursing home expressed by majority of the elderly participants was unanimously supported by all the household caretakers. Apparently, they also cannot afford to see their older parents or relatives being taken away to a nursing home.

The attitude of many of the respondents toward nursing home for elderly persons finds expression in the Ghanaian culture as found and documented by two anthropologists who have done extensive studies in rural Ghana. Examining the linkage between migration and elderly care in Greece, The Netherlands and Ghana, Van der Geest, Mul & Vermeulen (2004) noted that in Ghana, it is considered inappropriate if a non relative is hired to take care of an ailing old person. Intimate care, he argued, is considered to be the task of the wife, child or another relative. Transferring such a task to someone else is generally regarded as shameful. Archbishop Emeritus Peter Kwasi Sarpong, a Roman Catholic priest and anthropologist, had earlier on also stated that; “the mere idea of people’s homes has been frequently decried by opinion leaders. They are seen as symptoms of an inhumane society to which Ghanaians should not succumb (Sarpong, 1983, cited in Van der Geest, 2004 p. 445).” Such is the aversion for elderly nursing homes in the Ghanaian culture.

This fierce objection by both the elderly participants, key informants and household caretakers could be partly attributed to the fear of the unknown. It was observed that the concept of institutional home is too foreign to many people in the community as such no elderly respondent is willing to take a risk, neither is any caretaker participant ready to experiment with his or her old parent or relative. Secondly, it was also learnt from the interviews that allowing one’s parent to be cared for in a nursing home would be a disgrace to the children of such a person. People in the village would castigate and point fingers at such children. They would look down upon such children with disdain and the stigma would live with them for about two or three generations to come.

Judging from the unfolding events, one important question that should engage the attention of social planners is that; With the increasing economic constraints, coupled with global

forces of social change, is children's support to elderly persons sustainable in the years to come? Further research would be needed to delve into this issue. Perhaps it is time to conduct further investigation into the concept of a nursing home with the view of finding out a brand of nursing home that fits into the Ghanaian culture and environment.

6.5 The Role of Elderly Persons in Present Day Bamang

The contributions of elderly persons to family and community life have never been called to question. Several studies in Ghana and Africa attest to the fact that elderly persons provide invaluable services to their families and communities at large (Nyanguru, 2008). Among the *Akans* for instance, the elderly play an important role in the social upbringing of the youth thereby acting as educators and guiding spirit behind many initiatives (Apt, 1996). Generally, they are entrusted with the family wealth and consulted in the administrative matters. They play important roles in ancestral worship, marriage, birth and death rites. It is also their responsibility to ensure peace and harmony in the extended family by settling all disputes and petty squabbles among family members (Brown, 1995; Nyanguru, 2008; Van der Geest, 2004).

Guided by the literature, the study also examined the role of elderly persons in the study area. It was observed that in spite of the decline in their physical conditions, elderly persons in the study area still play significant roles in the community and in their families. Most of them are consulted by the youth on the culture and traditions of the village. Specifically, they play a significant role in the interpretation of norms, mores and customs of the community. As a researcher, I benefited in this area as some of the elderly persons and key informants shared their knowledge in terms of the social life, origins and history of the village.

In addition to the above, whenever there is a difficult puzzle to solve or decision to make, the elderly are the first point of inquiry. In most cases elderly persons offer advice which help to solve difficult puzzles or make the right decisions. This revelation reinforces the assertion of Brown (1999) which states that in traditional societies, a home without an elderly person is a calamity. This finding about the role of the elderly persons was corroborated by the responses of the household caretakers. Indeed majority reiterated the useful role the elderly play in the society. With their experience in life, they impart into the youth lessons that may help them to avoid many mistakes in life, good morals and virtues that are necessary for a successful adult life. Most of the elderly men in the village are heads of their extended families or clans and therefore custodians of family properties such as land, wealth and ancestral gods. Apart from advising the youth, majority of the respondents are also actively involved in the socialization of the little ones particularly their grand children. The elderly are therefore not passive recipients of assistance in the village. Unfortunately, the productive capacity of elderly persons is often overlooked. Their contribution is severely undervalued as this kind of informal sector work is not given the value it deserves.

6.6 Conclusion

In conclusion, the information collected revealed that the extended family in Bamang is indeed going through transformation, but it is doing so at a much slower pace when compared to what pertains in the urban centres in developing societies like Ghana. Unlike the urban centres, cultural norms still enjoined children to take care of their elderly parents in the village. In spite of the fact that grown-up and married children and grand children also have their own families of procreation, they are classified as part of the extended family. In this context, I dare say that there is ample evidence that extended family support and care for the elderly in Bamang are

present in all forms including social, physical (activities of daily living), financial and emotional. However the adequacy of these various forms of support is not guaranteed.

It is also a fact that other members of the extended family including grown-up siblings, uncles, aunts, nephews, nieces, cousins, etc. play some roles and support elderly members within the family in one way or the other. The form of support provided by other members of the extended family, however, excludes financial and to some extent material support. Based on the data collected, it can be concluded with certain degree of certainty that segmentation and segregation notwithstanding, the social bond among the extended family members still brings them together in some context, particularly in times of bereavement, marriage and naming ceremonies. It could thus be argued that the focus on the nuclear family is upheld mostly in economic and financial matters. It seems to me that one of the major factors that appears to have dimmed the extended family support to the elderly in the village is the reality of economic hardship and its associated financial constraints on the average Ghanaian..

Based on this revelation, I argue that as far as Bamang is concern, the assertion that migration, urbanization and modernization have increased the number of neglected and isolated older persons in Ghana (MIPAA, 2007) cannot be wholly accepted since migrated children continue to provide support and care for their parents to the best of their abilities. This evidence thus, contradicts the Ghana country report on the implementation of the Madrid International Plan of Action on Ageing (MIPAA, 2007) discussed in the literature.

Chapter 7

Summary, Conclusions and Recommendations

7.0 Summary of the Study

This study sought to examine the role family support plays in the lives of elderly persons in Bamang, a rural community in Ghana amidst perceived changes in the family system. The purpose was to highlight the problem that in Ghana where formal welfare scheme and institutional homes for the elderly in rural areas are non-existing, the issues of who cares for the elderly and how the elderly meet their basic necessities of life have not been given the needed attention (Kumar, Kalache, Hennessy & Acanfora, 2001; Mba, 2004).

The study was undertaken against the backdrop of information that, first, the percentage of the elderly population in relation to the total population of Ghana is likely to increase in the coming years (Ogwumike & Aboderin, 2005), second, formal institutions and sources of support for the elderly are not fully developed in Ghana, especially in the rural areas, and third, the extended family system, particularly children, in Ghana has been the primary source of support for the elderly persons (Mba, 2004).

However, evidence in the literature on elderly care suggests that migration, urbanization and social change are gradually transforming the family from the extended system to a nuclear system (Amponsah, Akotia & Olowu, 2006; Apt, 2012; Takyi & Oheneba-Sakyi, 1994). This shift is gradually weakening the loyalty and obligations of family members towards their kin members (Nukunya, 2003). This means that the support that existed under the traditional extended family system for older people may no longer be available. Unlike traditional (pre-colonial) Ghana, people now virtually disregard their traditional reciprocal obligations, and responsibilities to relatives outside their nuclear families except the closest and the most

immediate ones (Avendal, 2012; Nukunya, 1992). Given that elderly persons in rural communities mostly work in the informal sector and therefore do not retire on formal pension income, an accurate understanding of the social support available to the elderly and the extent to which the extended family is involved in the lives of the rural elderly is critical if social workers are to be effective in helping to resolve the needs of the increasingly aging population (Cantor, 1980; Mba, 2007).

Based on the research questions, the methodological approach was qualitative case study. This research approach was deemed the most appropriate since the study sought to explore, understand, describe and interpret the phenomenon through the experiences, perceptions and perspectives from participants' standpoint. Since the elderly population in Bamang is largely homogeneous in many respects (social, economic, cultural and environmental) case study design was appropriate for me (the researcher) to choose few cases and probed deeply for the purposes of viewing social reality. Besides, studying the entire elderly population in Bamang was going to be expensive in terms of time, financial and human resources, hence case study allowed for an in-depth understanding of a few cases.

The study employed non-probability sampling techniques. Purposive and snowball sampling techniques were used to select the needed sample. Purposively sampling technique was used to select from within households, persons (where applicable) responsible for the welfare and upkeep of the selected elderly persons. Purposive sampling was also used to select key informants from among the community or opinion leaders. Snowball sampling was used to recruit elderly persons for the study. The selection of the elderly participants was based on referrals.

In all 30 elderly persons and 25 caretakers participated in the study. The original plan was to interview one elderly person and one caretaker from each household but five elderly persons lived without any household members, hence the 55 respondents. Besides, the elderly persons and their caretakers, five key informants namely: the Chief, one member of the council of elders, the assembly woman, one pastor and the headteacher of the Junior High School were interviewed on the history and social life in Bamang.

The fieldwork took six months, February 4, 2013 to July 31, 2013. The first week was devoted to preliminary visit to the study area. The purpose was to familiarize myself with socio-cultural, economic and political environment within which the study was going to be carried out. Through this visit, I got to know who to contact, where, when and how to do so. In effect it gave me a sense of how to negotiate entry into the community and how to conduct myself during the data collection. The rest of the period of fieldwork was devoted to actual interviewing of the respondents, observation of respondents and their environments, as well as editing of the field data by the research team (the researcher and his assistant).

Entry into the community was negotiated by first meeting the traditional rulers, political representative (assembly woman), opinion leaders and other 'gatekeepers'. The purpose of this first meeting was to seek the permission of the traditional authority to undertake the study in the community, and also solicited their help by way of sensitizing the people in the village before the data collection. A customary drink of a bottle of Aromatic schnapps was presented through the Chief's linguist to the Chief. Upon receipt of the customary drink, the Chief conveyed his approval and blessings onto the research team.

The main methods of data collection were in-depth face-to-face interview and non-participant observation. Two sets of semi-structured interview guides - one for the elderly respondents and the other for household members - were designed based on the research questions and the objectives of the study. The interviews were conducted in the local dialect (*Asante Twi*). On the average, interview with each participant lasted for approximately thirty-five minutes (35 minutes). All the interviews were audio recorded by my research assistant while I took written notes alongside. The audio recordings were transcribed into English each day after the interview sections. The interviews were supplemented with non-participant observation of the environments and daily activities of the elderly persons and household caretakers on each day. The reporting of the results was organized around the perspectives of the elderly persons, key informants and the household caretakers.

7.1 Conclusions of Study Findings

i. Socio-demographic and Economic Characteristics of Respondents

Data on the socio-demographic and economic characteristics of respondents in Bamang confirms the view in the literature that more people are living longer (Kinsella & Phillips, 2005; Gavorilov & Heuveline, 2004; Ogwumike & Aboderin, 2005; UN, 2005) with women being the majority (Darkwa & Mazibuko, 2002; Mba, 2004). As a result of the decline in their mental and physical capacities, many elderly persons have become socially vulnerable and therefore depended on support from children and other relatives.

Findings from the study revealed that old age in the study area is associated with economic hardships because their past economic activities did not help them to save against old age. Their economic situation is compounded by their low levels of education and the fact that

many have had very little exposure beyond the village. Given these characteristics it could be deduced that first, elderly persons in the village are more likely not to have information on available resources or support, both national and international, which could be accessed to help improve their living conditions. Second, they are less likely to have the capacity to access available support or resources that exist. Consequently their main sources of financial support and care have been their children and grand children. Since their benefactors also have their own immediate families to care for, the support they provide for the elderly relatives are neither adequate nor regular. Though elderly persons in the study area are not entirely neglected, the living conditions of most of them showed signs of poverty and lack of basic necessities of life.

These findings reflect and give credence to the basic argument of the modernization theory that says that elderly persons who are unable to work become a burden on their families in advanced modern societies. As emphasized earlier, this theory argues that as societies modernises, the support available to the elderly persons from family members will reduce leaving elderly person more on their own than would have been in previous societies. This probably explains why the support the elderly participants received from their children and grandchildren were neither regular nor adequate.

ii. How Elderly Persons Live and Care for Themselves in Bamang

The study describes how the elderly live and care for themselves from two perspectives, first, their ability to undertake routine activities of daily living and second, how they meet their financial, material, social and emotional needs.

On the whole, information gathered on the living conditions of the elderly respondents revealed that the male respondents did not need much support with respect to routine activities of daily living. All the men, relative to the women, were physically strong and could do a lot of

things themselves. Besides, majority of them have wives who provided support in terms of meeting their daily needs. The family support provided by their wives serves as a “buffer”, as suggested by the buffering model, against the potential stresses that may have resulted if they were living alone. This buffer effect could also explain why most of the men were physically strong, since social support has been revealed by this model to be linked with the physical well-being of the elderly.

On the other hand, a good number of the female respondents, particularly the frail and the sick depended on support from household caretakers to meet their routine activities of daily living such as cooking, fetching and boiling water, washing their clothes and running errands. Two sick women needed additional assistance with respect to personal grooming. These were provided mainly by children or grandchildren and, to a limited extent, by in-laws. Thus, unlike their male counterparts who relied on their spouses mostly for social support (support that tends to be strong and consistent), the elderly females relied on their children, grandchildren and in-laws for social support. As already revealed from modernization theory, support from these sources tends to weaken with modernization and social change. Consequently, the fact that female respondents were weak and frail may be because the social support available to them (serving as a buffer) was not strong as that available to their male counterparts. The difference in the source of social support for male and female respondents may explain the difference in well-being of male and female respondents.

With respect to financial and material needs only three male respondents were found to be self sufficient, all the rest required assistance to meet their basic needs. For some 18 respondents they depended solely on support in the form of money, food items and other essential needs from children and other relatives. However, the remittances were neither regular

nor adequate but they (elderly recipients) did not have much choice in this respect. Respondents without children or grand children to support them financially or materially had to fend for themselves by engaging in some form of economic activities, albeit with some difficulties.

When elderly persons in Bamang talk about family in terms of financial support, it is in reference to one's own children as only two participants received some form of support from their siblings. In effect, family support in the community has now been reduced to the one which is provided by one's own children. Clearly there is a redefinition in terms of financial support, of who or what the family is, defining it more strictly to include only children and exclude other external family members. This redefinition of what the "family" means also underscores some of the arguments of the modernization theory that says that as societies change and evolve, social roles and definitions change as well and it has implications for the family. Thus, social change has affected the constitution of the family and who the elderly can rely on effectively as part of their "family" in terms of financial remittances and support.

iii. The Role of the Extended Family in the Lives of Elderly Persons in Bamang

Information collected from the field showed that the role the extended family plays in the lives of the elderly mainly took the form of social and/or emotional support. Despite the segmentation, members of the extended family are still together in some social and emotional context. The interviews attest to this finding as all the elderly respondents indicated that they have very good and cordial relationship with their relatives within the extended family. Relatively strong and mobile elderly persons regularly visit their relatives and friends in the village and they are also visited by other members within the community. The extended family members come together to soothe or help each other in times of bereavement, sickness or crisis.

Beyond bereavement and serious crises, spouses are the main sources of emotional support for the married respondents on a daily basis. For the widowed and divorced, their children or grand children, especially those living with them in the village, provide emotional support on a day to day basis.

In sum, the role of the extended family including children, grand children, in-laws, siblings and some distance relatives is felt in the social and emotional lives of the elderly in Bamang. Such support is limited to regular visits, soothing pain in times of bereavement or crisis and to a limited extent offering some services like accompanying an elderly relative to the hospital.

iv. Family System and Elderly Care – Experiences of Elderly Persons in Bamang

From the perspectives of the elderly respondents, the extended family in the traditional society was united. Members lived together in the same compound or in two or three adjacent houses. Because majority of the extended family members lived close to one another, the communal spirit of being one another's keeper was upheld. The weak, sick and the needy in the family always received material, financial, emotional and other kinds of support from other kinsmen.

However, since the 1950s and 1960s, rural-urban migration, emphasis on nuclear family and the reality of financial constraints had fostered segmentation and segregation in the once closely knit family. Participants attributed these changes to various factors including colonization of Africa by Europe and its associated alterations in the traditional values and culture of Africa. Specifically, some participants mentioned formal education, Christianity, modernization,

economic resource constraints and imported cultures as accounting for the disintegration of the extended family.

The focus on the nuclear family to the detriment of the extended family had been reinforced by migration and urbanization because migrated family members could shun their responsibilities toward other members of the extended family without any sense of guilt and at the same time escaped the informal social sanctions. This further reinforces the arguments of the modernization theory regarding the changes that take place in social relations and roles as societies change. In effect, weakening family networks coupled with financial constraints had deprived many elderly persons in Bamang the needed financial and material support.

v. Implications of the Changing Family and Support on the Living Conditions of the Elderly Persons.

The implications of the changing family system and its support on the living conditions of the elderly were assessed with respect to their basic needs like shelter, food, clothing, medical care and companionship.

Shelter was not a problem to any of the participants in terms of cost as none of the respondents pay rent. However, many houses did not have toilets within the compound. This meant that the sick and physically weak accessed toilet facilities at the outskirts of the village with some difficulties or looked for alternative sources. Because the youth and the adult family members normally move from the family houses after marriage to live elsewhere in the village, the elderly are, in most cases, left in the dilapidated family houses with only those who do not have the resources to move from the family house.

In terms of food supply the data revealed that since household caretakers of the elderly persons also provide for their own immediate families, the mouths to feed by an average family tend to be quite large. Consequently, produce from their farms in some cases do not sustain them till the next farming season. At the same time food items or remittances from children or grand children outside the village to the elderly are irregular and inadequate. The culminating effect of these developments is that the food requirements of the elderly are problematic in terms of quality (balanced diet) and quantity. For those elderly persons without external assistance, failure to work means that they would starve. In effect, the disintegration of the extended family meant that the support that should have been provided by all members of the extended family to the elderly is less likely to be available.

The clothing needs of the elderly, particularly the females are provided by their children. Majority of the elderly persons were satisfied with the level of support they received since most of them, especially the immobile and the frail elderly do not participate in many social gatherings or activities that required putting on best clothing.

Routine medical check-up is virtually unknown among the respondents. They go to hospital when it is indeed critical. Fortunately, all the elderly respondents are registered members of the National Health Insurance Scheme (NHIS) in Ghana and therefore do not have problem with hospital attendance. Hospital attendance becomes a problem when prescriptions are not covered by the NHIS and patients have to bear the cost themselves. More often than not, children purchase the prescribed drugs for their relatives. Elderly persons without support to buy the needed prescriptions unfortunately suffer the consequences. For the elderly persons who require company in terms of hospital attendance any household or extended family member present will

readily assist when it is indeed critical provided such persons would not be responsible for the medical bills.

Companionship is provided mainly by household members, friends and close relatives with children, grandchildren and spouses playing leading role. Mobile elderly visit their age mates and other relatives when the members of the house go to farm and they become lonely. For the weak, sick and immobile, majority become lonely once the people in the house go to the farm. But this is only for a short period of the day, between approximately 10.00 am and 3.00 pm. Spouses, children, grand children and friends are companions of the elderly in the study area.

vi. Elderly Care in the Study Area – The Way Forward

In the view of the elderly, children should be the main caregivers of their parents during old age. This perception is rooted in the norm that since parents had nurtured and provided for their children to grow up, children should also reciprocate by doing same for them till they die. The suggestion that the extended family should be the main provider of the elderly was rejected by all participants, both elderly persons and household caretakers. The fear is that if the care of the elderly is entrusted to the extended family, it may not act with the same passion as one's own children would do in times of needs.

The financial difficulties and inconveniences notwithstanding, the caretaker respondents in the village are not perturbed by the demands of care and support to the older relatives because they have accepted the care of the older folks as an obligation that must be fulfilled. Nonetheless, they welcomed external assistance, especially from government and Non-Governmental Organizations (NGOs) in the care of the older relatives. However, support in the form of nursing or institutional homes for the elderly was objected to by majority of elderly respondents and all

the caretaker respondents. This objection could partly be attributed to the fear of the unknown because it was observed that the concept was too foreign to many people in the community. Secondly allowing one's parent to be cared for in a nursing home would cast a slur on such children and the stigma would live with them for about two or three generations to come.

vii. The Role of Elderly Persons in Modern Bamang.

Although elderly persons in the study area are more often than not perceived to be recipients, they are not passive recipients of support and care. Most of them play significant roles in the community and in their families. The youth consult them on the interpretation of norms, customs, culture and traditions of the village. Their views are also solicited on difficult and important decisions. Their rich experience in life is also imparted into the youth to help them avoid many mistakes in life. Some elderly men in the village are heads of their extended family or clan and therefore custodians of family properties such as land, wealth or ancestral gods. Unfortunately these informal services are not given the recognition they deserve.

7.2 Recommendations for Policy and Practice.

The findings of the study suggest that the family institution in the study area is indeed going through transformation from traditional extended family to modernized nuclear family. This transitional phase unfortunately has provided a vacuum of social responsibility on the part of individual family members toward distant relatives in the community. The appalling living conditions of some elderly persons in Bamang are an unacceptable reality which should concern all Ghanaians, especially social advocates, and policy makers. The question is; how can we improve upon the living conditions of the rural elderly as well as eliminate or reduce the dependency of elderly persons on their children given the economic hardship and financial constraints on the average Ghanaian? In response to this question, the study suggests the

following recommendations which will have implications for initiation and implementation of social policy as well as social work practice.

i. Reduce Poverty Associated with Old Age and Forestall Elderly Dependency on their Children.

One major finding of this research was that old age in the study area is characterised by poverty as such many elderly persons depend on support from children which are neither regular nor adequate. In order to forestall the recurrence of this social condition, the study recommend that social work intervention meant to tackle this problem should start with the education of the youth and young adults who in the next few years will become elderly persons. Today's problem, from my point of view, is the result of lack of proper planning and preparation for the future during yesterday. Social workers or agencies working with elderly persons in rural areas should therefore target the youth and young adults with education on preparation for retirement. Even though their economic activities are informal, it is believed that there are many experts in investment, insurance, financial management, etc. who can study their economic activities and help the rural folks to properly plan to reduce future poverty and dependency irrespective of their economic activities. Social workers and agencies should therefore take it upon themselves to get some of these experts to help the youth and young adults to invest towards their old age. This suggestion, in my view will reduce poverty associated with old age in the study area as well as break the cycle of elderly dependency on their children as revealed by the study.

ii. Empower Caretakers to Shoulder their Responsibilities to Older Relatives.

It was evident from my interactions with the participants that the economic standing of the caretaker respondents was very weak as such their financial and material support to the elderly relatives was negligible. For household caretakers to meaningfully provide adequate

support and care to their older relatives they should be well resourced. On this score, it is recommended that there should be a more aggressive government involvement in addressing rural poverty through quality formal education and partnership programmes with other non-governmental agencies already engaged in activities in rural areas.

Special initiatives from multiple sectors of the government machinery should allocate manpower and financial resources to devise innovative programmes for the people in the community to improve on their current economic activities and also develop new economic activities or projects. Any initiative or programme should consider five key factors namely; availability, accessibility, appropriateness, acceptability, and affordability.

First, the basic raw materials needed for any new initiatives must not only be available within the community but also accessible. Accessibility applies not only to physical location, but also to the delivery as well. Besides, it must be linguistically accessible in terms of native language, as well as in terms of level of education within that native language (Scharlach, Dal Santo, Greenlee, Whittier, Coon, Kietzman, Mills-Dick, Fox, & Jolyn Aaker, 2001). In addition, initiatives must be appropriate to the needs of the people, culturally appropriate and acceptable to the community since cultural expectations vary across cultures (Gallagher-Thompson, Arian, et al., 2000). Finally, initiatives must be affordable to the people. Affordability will not only include financial costs, but also costs in terms of time, effort, and potential family conflict. Behaviour change recommended by providers, or expected by agencies in order to qualify may have direct and indirect costs. Participants must be able to reconcile the perceived costs of participation in such initiatives with the perceived benefits. Projects or programs with narrow selection criteria or high costs of participation would significantly undermine the participation of many of the rural dwellers (Scharlach, Dal Santo, Greenlee, Whittier, Coon, Kietzman, Mills-

Dick, Fox, & Jolyn Aaker, 2001). The study suggests initiatives that build on the strengths and skills the rural folks have already acquired over the years.

iii. Linking Elderly Persons to both National and International Support or Resources

Given the respondents' aversion for an institutional facility like nursing home for elderly persons in the study area, there is the need to devise a support and care system that maintains elderly persons in their community and receive the support and care they require. Such a system will provide a quality of life to older people in a home setting in which they thrive and enjoy life as their needs are met (Scharlach, Dal Santo, Greenlee, Whittier, Coon, Kietzman, Mills-Dick, Fox, & Jolyn Aaker, 2001). In addition, home care will help the elderly to maintain their freedom and encourage independence. It will also keep families and social relationships together and ensure that family roles are maintained. It will reduce stress and provide peace of mind to migrated children and relatives of the elderly. Lastly it can be personalised and tailored to specific needs of individual elderly persons.

However, the lack of education and the low levels of formal education in the study area and the fact that the community has experienced very little in terms of immigration of other people means that the elderly persons are less likely to have social contact and potential support associated with such social capital (Today's Research on Aging, 2009). These are people who have had very little contacts outside their community. Their worldview is confined to their experiences and perceptions within their community. These characteristics mean that first, these elderly persons are more likely to lack information on available resources or support at both national and international circles that can be utilised to better their living conditions. Second, they are less likely to have the capacity, both physical and mental, to access some of these existing supports. Besides, the elderly persons in the study area are less likely to demand their

rights as provided by the 1992 Constitution of Ghana and National Population Policy, (revised 1994) which recommend laws and formal institutions to promote the well-being of the elderly persons in Ghana (MIPAA, 2007).

Given the calibre of people in the study area, the study suggests that social workers or agencies armed with information about resources and support available at both national and international arena should get some of these resources or support to the elderly persons in their own community instead of expecting them (elderly persons) to be proactive or take initiative. It is important to note that simply providing them with brochures or phone numbers may not be as beneficial as actual linkage to supporting agencies or resources (Cole, Griffin, & Ruiz, 1986). In a study by Weuve, Boulton, and Morishita (2000), agencies or workers who provided detailed link directly to support or resources reduce the burden on vulnerable persons rather than providing only written information and referrals.

iv. Practical Support Models

For the rural elderly to continue to live in their own communities as they age, they need better care in terms of basic needs. This requires new and innovative approaches to address the reduced informal support and the more limited or nonexistent formal support. On this score the study proposes two practical models that could be a platform for such intervention.

a. Neighbours Helping Neighbours

I derived my first model from Voluntary Work Camp Association of Ghana (popularly called VOLU), a platform that was utilised to help many communities, particularly rural folks in the 1960s and 1970s. Though I was a kid, I still recall vividly a group of young men and women who came to my village during one long vacation. The group was made up of people with diverse trades and professions. Within eight weeks the group constructed one six classroom

block for the primary school in my village. These young men and women slept in classrooms and prepared their own meals from the foodstuffs provided by the rural folks. With this patriotic spirit, Voluntary Work Camp Association of Ghana helped many communities in diverse ways. This same spirit, I believe could be rekindled in another form.

I have code named the first model “Neighbours Helping Neighbours.” This proposed model will involve working with volunteers. It will begin with recruiting volunteers from all manner of people such as students, professionals in all fields, businessmen and women and workers in all fields in various communities. Within each community there will be a centre and a coordinator. The centre coordinator will appeal to telephone companies for some toll-free numbers as part of their corporate social responsibility to the society. These numbers would be made available to the elderly persons within each community through which they could call the centre to make a request. At the centre, requests received would be categorized into nature, needs and priorities or emergency situations. When a request is received the centre will disseminate the request to all signed up volunteers through emails or other social media. Members (volunteers) who have the time, knowledge, skill or resources may come out to help. This will be a purely voluntary service or contribution

Let me illustrate this proposed model with practical examples. First, assuming a sick or frail elderly makes a request for a wheelchair or a pair of glasses, the information will be disseminated to all signed up volunteers. Within the network of volunteers, someone may have knowledge or information about how to obtain the request or knows an agency that can donate a wheelchair or a pair of glasses for the needy person or there may be someone who can donate the needed wheelchair or pair of glasses. Through this voluntary spirit we can together help the needy within our various communities.

Second, let's say another centre receives request for medical service or foodstuffs or assistance in terms of running errands, etc. Health workers like doctors, nurses, nutritionists, pharmacists, etc, who are signed up volunteers will schedule certain times to provide free consultations, laboratory services, health or nutritional advice, or donate prescriptions to the sick and the needy who may not have money to pay for medical services and drugs. For those who may request for material items like foodstuffs and other items, signed up members with the capacity to help may volunteer to donate the needed foodstuffs or material items. When it comes to running errands for an elderly person, students whose lecture schedule allows them some free periods may also volunteer to provide some services like accompanying an elderly person to hospital, doing shopping or assist with any form requests.

With a large pool of volunteers, it is more likely that together we can meet most requests from many elderly persons. The elderly would be advised to make their requests in advance to allow the centre enough time to search for help from volunteers unless it is an emergency situation. To achieve the desired results, I expect social workers to play a leading role as advocates who will canvass for volunteers as well as facilitators or coordinators. It is my conviction that there are a lot of well meaning Ghanaians out there who may want to donate their time, resources, knowledge or skill to offer some services to the vulnerable like the elderly and the needy. It is also my firm belief that such services may reduce the burden on children and relatives who have to provide for their elderly persons and at the same time enhance the living conditions of the elderly persons since most of their basic or essential needs would be met through this system.

b. Overtime Donation

The second model is similar to the first one with a slight modification. I have code named this model “Overtime Donation.” This model also works on the principle of voluntarism. It will involve appealing to the conscience of formal sector employees who work overtime in their various ministries, departments and agencies to donate some hours of their overtime to a foundation that will be set-up for the elderly. For instance, if a worker does 40 hours overtime in a month, we will appeal to such worker to donate about 10 hours or whatever the person can and will be willing to donate to this foundation. What this means is that the wage or allowance for the donated hours will be paid into the set-up foundation.

These donations will be invested and managed by a board to ensure its growth. From this foundation, elderly persons in need of assistance in terms of prescriptions or medical bill not covered by the National Health Insurance Scheme, food, clothing and other essential items could apply for assistance from this foundation to meet these needs. Once again I expect social workers to put their advocacy skills to work and do such advocacy on behalf of the rural elderly who may not have the needed formal education and skills to convince people to be part of such splendid proposal. In all of these models, transparency, honesty and accountability would be required from the social workers who will be playing leading roles to ensure its success and sustainability.

v. Create Safety Nets for Elderly Persons

Policy makers and development planners must realise that aging is not just an issue of human right and social justice but also a critical development issues. The speed and the scale at which our population is aging will have implications for effective use of resources because the percentage of dependent population is likely to go up in the not so distance future (Ageing &

Development, 1998). Besides, the fact that older people in rural areas are more likely to live in poverty will have implications for the design and implementation of development programs in rural areas because many rural communities may not possess both human and economic resources to complement the government effort. Given the potential effect of an aging population on government's expenditure in terms of social security, health care for the elderly and other services needed by elderly persons, it is recommend that policy and resources need to be redirected to increase opportunities for older people to utilise their expertise and activities to contribute to sustainable development, and second, to equip the disadvantaged older people to resist disease, dependency, isolation and poverty.

vi. Policies and Programmes Specific to Elderly Women

One striking revelation of this study is the feminization of the aging population. Evidence from the data suggests that women do not only dominate in the elderly population, but also they are more likely to end up unresourced and unpartnered. Though the living conditions of most of them were appalling, they did not have much choice on matters that affect their well-being. Material poverty has not only denied them the basic necessities of life, but it has also prevented the effective participation of older people in society at all levels including economic, social and political life (HelpAge International, 2002). Social exclusion has distanced many elderly persons, particularly females from mainstream of society making them less likely to participate in decision and planning in their communities (HelpAge International, 2002; World Bank, 1999).

Based on this revelation, the Government should consider implementing specific policies and programmes that would empower elderly persons, particularly women to make decisions about their lives. Programs and policies that support their ability to cope with challenges they face should be given serious consideration at both the national and district levels. Given the fact

that elderly persons in rural areas were mostly farmers and did not retire on any formal pension scheme, the study suggests the creation of a specific facility, similar to the Livelihood Empowerment Against Poverty (LEAP) for these elderly women in recognition of their contribution in terms of food supply to the teeming urban population. The Government could propose to Parliament for consideration, a levy on some luxury items to fund and sustain this programme. Alternatively, Government could also propose to Parliament to set aside a percentage of Ghana's oil revenue to specifically fund the proposed programme for elderly women without formal pension income.

vii. Non-family Based Centre – Community Centre

In view of the lack of entertainment activities in the study area, the study wants to recommend to the Kwabre East District Assembly to team up with the traditional authorities to consider setting up a non-family based centre where elderly persons could meet their contemporaries and also engage in life-enhancing activities such as exercises to improve upon their physical health. Such a centre should be equipped with indoor recreational activities such as a television set and other local and traditional games like draughts and *oware* (traditional *Akan* game mostly played in rural areas). In addition, essential facilities like libraries and internet facilities, newspapers and magazines, first aid items and a shop should be incorporated in such centre. It is believed that such a centre will offer the elderly the opportunity for social interaction and thus reduce or eliminate the loneliness experienced by some elderly persons when their house members go to farm. Another advantage of such a centre would be that, with people around them who they can talk to and be listened to, they will have a sense of belongingness and derive emotional satisfaction.

7.3 Contribution to Literature and Knowledge

This study has improved our understanding of the effects of social change on the extended family system and its implications for elderly care in a rural community in Ghana. Dwindled family support to elderly persons has engaged the attention of researchers in many developed societies; unfortunately in Ghana, the assumption has always been that our cultural norms enjoined families to take care of the elderly, as such, very little have been researched on support and care of elderly persons in rural communities in Ghana (Mba, 2004). In my view this cultural norm may be considered as an ideal type that can be checked against how support and care of elderly persons is actually carried out by the culture bearers. This research has thus revealed how family care to elderly persons is carried out in everyday life of the actors concerned in Bmang, a rural community in Ghana.

Based on the data obtained from the field, this study does not accept Brown's assertion that family support to elderly persons has been eroded by separation of generations through migration, urbanization and economic constraints (Brown, 1999). The findings do not also support the MIPAA (2007) report that rural-urban and international migration has increased the number of isolated and neglected older persons in Ghana. In so far as children who have their own nuclear families are part of the extended family, elderly persons in Bamang are neither isolated nor neglected since children and grand children continue to provide social, financial, material, emotional, medical, as well as physical support and care to their elderly parents.

Besides, segmentation and segregation of the extended family notwithstanding, the study maintains that extended family support has not been eroded in Bamang. Family members continue to provide social, emotional and physical assistance to their elderly relatives. However, the "extended family" providing economic and material support for the elderly has taken on a

different form. This “family” is limited to one’s own children and grandchildren. Consequently, when an elderly person in Bamang talks about his or her family in relation to economic and material support, it is in reference to his or her children and spouse where applicable.

The study has also revealed that participants were not in favour of care in nursing or institutional homes for the elderly. Instead, the preference is for support and care in their own homes. The concept of nursing home for the elderly is regarded as demeaning as such persons who allow their parent or parents to be cared for in a nursing home is looked down upon in disdain.

This research has added another dimension to our understanding of one of the most important social phenomenon in Ghana by contributing to the intellectual discourse on family support and care to elderly persons in rural areas. In addition to the contribution to knowledge and literature, the study has also provided innovative and practical ideas and models that will have significant impact on social work practice, policy initiation and implementation in social gerontology.

7.4 Suggestions for Future Research

The need to support families to enable them care for elderly persons in Ghana is greater today than before. As a society, we have assumed for far too long that the support and needs of elderly persons are secure under the family system, but I dare say that family support and care to elderly relatives is gradually becoming a myth in rural areas. This research is a process of revealing the facade masking the real problems of elderly persons in rural Ghana. It is only when we have adequate knowledge about the living conditions of these rural elderly will it be possible to appreciate the need to devise appropriate remedies to meet their needs and problems. This

research is the beginning of future research in elderly care in rural areas. It has provided an initial basis for understanding the effects of social change on the extended family system and its implications on support and care for elderly persons particularly in rural Ghana. Future research is thus necessary to provide more insights into the dynamics of the phenomenon. The study therefore suggests follow up research in the following areas:

- The sustainability of children's support to elderly parents giving the increasing resource constraints on the average Ghanaian.
- A brand of institutional facility for elderly persons that will fit into the Ghanaian culture and environment.
- The transformation the family system is undergoing and how to help the ailing institution to maintain its responsibility regarding care and support to elderly persons.
- The concept of assisted living, thus formal care to elderly persons in their own homes.

These among other studies could provide lasting solutions to the unacceptable living conditions of the rural elderly as well as eliminate the phenomenon of elderly dependency on children in rural Ghana.

Using a qualitative inquiry methodology, the researcher sought to understand, describe and interpret how the perceived changes in the extended family system have impacted on family support and care to elderly persons in Bamang, a rural community in Ghana through the perspectives of the elderly persons and their household caretakers. The premise of this study is that it is only when we understand the complex factors at play that we can understand how these factors impact on the problem at hand as well as help to formulate appropriate policies and interventions. The recommendations presented in this study should therefore provide a

framework for policy makers and social workers seeking to find some solutions to the problems faced by elderly persons in rural Ghana and their overburdened children and caregivers.

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Appendix A

Interview Guide 'A' for the Elderly

Name of the interviewer _____

Date of interview _____

Time interview started _____

Time interview ended _____

Address of House/Compound _____

Personal Characteristics

1. Sex:
2. Age :
3. Highest Educational Attainment.....
4. Religious Affiliation:
- Ethnic Origin:
5. Marital Status:
6. Usual Place of Residence.....
7. No of Children you took care of :
 - a) Own Children.....
 - b) Other Children.....
 - c) No of grand Children.....

Past and present Employment:

8. Please list your past employment

- i. Employment..... From..... To.....
- ii. Employment..... From..... To.....
- iii. Employment..... From..... To.....
- iv. Employment..... From..... To.....
- v. Employment..... From..... To.....
- vi. Employment..... From..... To.....

Present Employment

9. What kind of work are you doing now?

10. How long have you been doing this kind of work?

11. What is the motive for doing this work?

12. Will you like to do any additional work if you get the opportunity?

13. Please give reason for your answer

Economic Upkeep

14. Do you have any landed property? Home, Farm, Arable Land, Other, Specify

15. Do you derive income from any of these properties?

16. If yes, is the income adequate for your upkeep?

17. What is/are your main source(s) of upkeep or maintenance?

18. Are your main providers staying with you?

19. If no, where are they?

20. Do you think their support is adequate for your upkeep?

Activities of Daily Living (ADL)

21. Are you able to walk to the market, farm, Church, workplace, Chief/Queen mother's Palace?

22. Do you prepare your own meals?

Which of the following activities can you do on your own?

Bathing

Walking to toilet

Getting in and out of bed

Going to the market

Going to Church

Visiting friends

Cleaning

Washing

23. Who regularly attends to your daily household chores you cannot do yourself (e.g. cooking, cleaning, washing, etc.)?

24. Do you feel you need help in your routine housework?

25. If yes, what is the nature of help you need

Living Arrangements

26. Are you staying in the family house?

27. If no, where you are staying ?

28. Who pays for the rent, if it is a rented house?

29. Who live with you in this house?

30. What is the total number of the household members?

31. What is your preferred food?

32. Do you regularly get your preferred food?

Family Support

33. What kind of support do you receive and from whom?

34. How often do you receive this kind of support?

35. How long have you been receiving the support?

36. Would you say the support you receive has any impact on your social and economic life?

37. Give reason(s) for your answer

38. Have you experienced any changes in the family support?

39. If yes, what in your opinion accounts for the changes you have experienced in your life?

40. How do you see these changes, if any on your standard of living?

41. Who cares for you when you get sick?

Emotional/Psychological Support

42. Who in your family provides you with emotional satisfaction?

43. How often are you visited by your children who are not staying with you?

44. How often do you visit your children who do not stay with you?

45. How often are you visited by other relatives who are not staying with you?

46. How often do you visit other relative who do not stay with you?

47. How do you relate to other members of your clan?

48. Do you sometimes feel lonely?

49. If yes, why do you feel lonely?

50. What do you do to fight the loneliness?

51. Do you belong to any voluntary association?

52. If yes, what is/are the association(s).

53. Reflections/ Suggestions

54. Do you think the support provided by your family adequately caters for all your needs?

55. If no, what is lacking in the support provided by your family?

56. What do you think about being old in Ghana today?

57. What do you like most about being old?

58. What do you dislike most about old age?

59. a. Do you think that parents should rely on their children to support them in their old age?

b. Give reasons for your position

60. In your opinion should the family be the main provider of support/care for the elderly?

61. Please give reasons.

62. Who do you think should cater for the welfare of the aged in Ghana?

63. What do you think the government can do to help care for the elderly in Ghana?

64. What should be the role of non-governmental agencies in caring for the elderly?

65. Which one would you prefer:

Support by children of the elderly

Support by other family members

Support from government

Support from non-governmental organizations

Other, specify.....

66. Assuming your family is not in the position to provide for your needs would you agree to institutional arrangements set up to support you?
67. If yes, what are the things that should be provided by such institutional arrangement?
68. If no, explain your position.
69. What do you think are the problems of the elderly in this community?
70. Do you know of any aged person in this community who lacks family support?
71. If yes, indicate the nature of support the person (aged) lacks.
72. What reasons can you give for the lack of support for that aged person?
73. Please indicate your specific needs
74. What role do you play in your family?

Thank you.

Appendix B

Interview Guide 'B' for the Household Member

Name of the interviewer _____

Date of interview _____

Time interview started _____

Time interview ended _____

Address of House/Compound _____

Personal Characteristics

1. Sex :
2. Age
3. Highest Educational Attainment
4. Religious Affiliation:
5. Ethnic Origin:
6. Marital Status
7. Usual Place of Residence.....
8. No of Children you are taking care of:
 - ✓ Own Children.....
 - ✓ Other Children.....
 - ✓ No of grand Children.....

Past and present Employment

9. What kind of work are you doing now?
10. How long have you been doing this kind of work?
11. Would you like to do any additional work if you get the opportunity?
12. Please give reasons for your answer

Caring Patterns and Relationships

13. What is the relationship between you and the elderly in question?
14. Has the elderly any income generating activity/activities?
15. If yes, what is the nature of the activity/activities
16. If no, who takes care of the elderly in this home/household?
17. Could you indicate the services and support you provide for the elderly?
18. Are you able to provide adequately for the needs of the elderly?
19. If no, what are the impediments/challenges?
20. Do you have anyone else to help you in the provision of the care for the elderly?
21. If yes, who helps you?
22. Do you feel you need more help with regard to your routine work for caring for the elderly person?
23. If yes, what type of help do you need?
24. Where do you expect the help to come from?
25. Would you say that caring for the elderly person constitutes, in any way, a burden on you?
26. If yes, in what ways?

Economic/Financial/Material

Social

Physical e.g. Time

Emotional/Psychological

27. What do you normally do to ease the burden of caring for the elderly?
28. Was there any occasion you wished you were not caring for the elderly person any longer?
29. Describe the occasion.
30. Do you care for other persons in your family?
31. If yes, who do you care for?
32. What type of care do you provide?

Suggestions for strengthening the care for the elderly

33. Do you think that parents should rely on their children to support them in their old age?
34. Give reasons for your position
35. In your opinion should the family be the main provider of support/care for the elderly?
36. Give reasons for you answer.
37. Who do you think should cater for the welfare of the aged in Ghana?
38. What do you think the government can do to help care for the elderly in Ghana?
39. What should be the role of non-governmental agencies in caring for the elderly?
40. Which one would you prefer to care for elderly persons
 - Support by children of the elderly
 - Support by other family members
 - Support from government
 - Support from non-governmental organizations

41. Assuming you are not in the position to provide for the needs of the elderly would you agree to institutional arrangements set up to support the elderly?
42. If yes, what are the things that should be provided by such institutional arrangement?
43. If no, explain your position.
44. What role does the elderly play in the home/household?
45. Do you consider the roles useful?

Thank you.

Appendix C

Participant Informed Consent Form

The purpose of this consent form is to ensure that you understand the intent of the study and the nature of your involvement. The form provides sufficient information such that you have the opportunity to determine whether you wish to participate in this study.

Purpose of the Study and Task Requirements:

The purpose of this study is to assess the effects of social change on the extended family support for the elderly. The interview will take approximately 45-60 minutes.

Research Personnel:

The following people are involved in this study and may be contacted at any time. For questions or concerns regarding the study, please contact: Mr. Kwadwo Ofori Dua (Principal Investigator, 0265363234, 0208257221); Dr. Kofi Ohene-Konadu, (First Supervisor, 0208117755); Prof. Steve Tonah, (Second Supervisor, 0244179793); Dr. Ebenezer Saka, (Third Supervisor, 0271657314).

Potential Risk/Discomfort:

Some respondents may find certain issues in this study upsetting and causing discomfort. Your participation is entirely voluntary and you are under no obligation to continue with the study.

Confidentiality:

Data collected in this study will be used only by the researcher and will be kept confidential. All information will be processed in such a way that your name and your personal identity will not be used. Your name will only appear on this consent form, whereas the tapes of the interview and or researcher's note will have only a code (number) that will be assigned to your name. In

order to ensure confidentiality, this consent form with your name and signature will be kept in a separate envelope and only the researcher will have access to it.

Right of Withdrawal:

You have the right to withdraw from the study at any time and you do not have to answer any question that you prefer not to.

Participant Consent

I have read the above information and understand the conditions of my participation. My signature or thumbprint indicates that I have agreed to participate in the interview and that I give permission to the researcher to audio record what is said in the interview. I also give permission of my responses to be use in his final research report.

Name of Participant.....

Signature or Thumbprint.....

Name of Researcher.....

Contact of Researcher.....

Appendix D

Pictures showing some sections of the road from Bonwire to Bamng and the researcher's car.

