

**UNIVERSITY OF GHANA**

**RELIGION AS A COPING MECHANISM FOR THE WELLBEING OF THE ELDERLY  
IN ACCRA.**



**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON  
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A  
MASTERS OF ARTS SOCIAL POLICY STUDIES DEGREE**

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DECLARATION

I, CHRISTIANA OWUSU, hereby declare that this dissertation has been carried out by me at the Centre for Social Policy Studies, University of Ghana, under the supervision of Professor Brigid Sackey.

I firmly declare to the best of my knowledge that this research work has not been presented in whole or in part anywhere for an award of a degree. All sources of information used has been duly acknowledged.

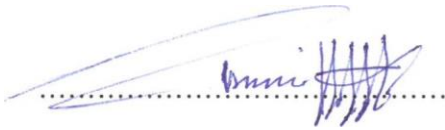
  
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## **LIST OF ABBREVIATIONS**

AIDS:	Acquired Immunodeficiency Syndrome
GLSS:	Ghana Living Standard Survey
HIV:	Human Immunodeficiency Virus
HND:	Higher National Diploma
LEAP:	Livelihood Empowerment Against Poverty
MIPAA:	Madrid International Plan of Action on Ageing
NHIS:	National Health Insurance Scheme
UN:	United Nations
UNDESA:	United Nations Department of Economic and Social Affairs
UNPD:	United Nations Population Division
US:	United State
WHO:	World Health Organisation

## **ABSTRACT**

The study sought to examine how religion as a coping mechanism used by the elderly Christians and Muslims in Accra to manage stress. The objectives of the study were to investigate how religious practices and affiliations helped the old people in dealing particularly with the social issue of loneliness that results from the loss of a spouse, neglect and health issues such as diabetes, arthritis, hypertension and depression that are associated with old age. The study used qualitative research method to explore how the elderly use religion as a means of coping with daily life situations. Purposive sampling technique was used to select 7 elderly Christians and 6 elderly Muslims respondents in Taifa and Madina respectively. The study employed a semi-structured interview guide for the primary data collection. The data gathered from the interview was transcribed and analysed using thematic analysis procedure. The findings from the data revealed that the elderly used religious practices as well as secular approaches to manage stress. The use of religious practices as a means of coping with life stressors among the aged was found to enhance their wellbeing. The study concluded that religion is part of the life of the elderly persons which cannot be isolated from their way of coping with daily life stressors.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

The study is about how religion assists elderly Christians and Muslims in Accra to cope with everyday life. The term elderly has been defined by World Health Organisation (WHO) as persons age 60 years and above. There are three categories of the elderly, namely, the young old (60-74 years), old old (75-84 years) and the oldest old (85 years and above). The study focused on the young old (60- 74 years). As people grow older, some would experience social, environmental and health related problems to deal with. The study investigated whether there was a link between religion and wellbeing of the aged in Ghana as some scholars have found elsewhere (e.g., Koenig, Pargament & Perez, 2000). Wellbeing is seen as the stability of an individual's psychological, physical and social life. The study looked at subjective wellbeing of the elderly in Accra. Subjective wellbeing has been defined as 'a person's cognitive and affective evaluations of his or her life' (Diener, Lucas, & Oishi, 2002, p. 63). A study posited that developed countries have examined more on the relationship between religion and subjective wellbeing among the elderly people than developing countries like Ghana where much have not been documented on the subject (Pokimica, Addai, & Takyi, 2012). The study suggested that African societies should expand studies on the relationship between religion and subjective wellbeing particularly among the elderly, because Africa is a continent where religion is fundamental to people's lives and their worldviews (Mbiti, 1969;1970, Opoku, 1978 as cited in Pokimica, Addai & Takyi, 2012). According to Opoku (1978, p.1) as cited in Pokimica, Addai and Takyi (2012):

Religion... is the determining principle of the African life...it is no exaggeration, therefore to say that in Africa. Religion is life and life is religion, Africans are engaged in religion in

whatever they do – whether it be in farming, fishing or hunting or simply eating, drinking or travelling. Religion gives meaning and significance to their lives both in this world and the next.

According to the Ghana Living Standard Survey (GLSS 6, 2014) report, religion shapes the lives of Ghanaians. Ghanaians are so religious that the outcome of everything (for example, football scores, elections results) is attributed to the Supernatural; even the relative peace that exists in the country is given supernatural causation. The fear of the unknown has great influence in the lives of the people and this drives them to affiliate themselves with a religion. There is an extensive religious proliferation in Ghana which springs especially from Christianity. Other religions in Ghana include Islam, African Traditional Religion, Hinduism and others. The focus of this study is on Christianity and Islam for two reasons. First the two religions dominate in the country and they have great impact on the lives of the people. The GLSS-6 (2014) report indicated that 73.0% of the total Ghanaian Population are Christians, with the proportion of 83.5% in Greater Accra, and Islam constitutes 20.2% of the total population with 11.8% residing in Accra. The GLSS-6 (2014) reports stated that every household in Greater Accra region is affiliated to either Christianity or Islam. The second reason was the easy identification of Christians and Muslims because they have their place of worship situated in areas that are easily accessible.

The population of old persons has arguably seen an unrivalled increase worldwide. According to the United Nations Population Division, [UNPD], (UNPD, 2002); United Nations Department of Economic and Social Affairs [UNDESA], (UNDESA, 2013), global population of the world as at 1950 was 205 million and it increased to 810 million in 2002. It is projected that population of those aged 60 years and above will reach about 1 billion within the next ten years and double by the year 2050 due to improved healthcare and declined fertility. Statistics indicates that the elderly

population is increasing by 3.9% in the developing countries as compared to 1.3% of the total world population, while those aged 80 and above increased by 2.1% in developed countries between the years 2010 and 2015, developing countries experienced 4.2% within the same period. The UN projects that the population of elderly aged 60 and above would rise from 45.7 million to 182.6 million in 2050 and the largest number of older people (that is, 51.6 million) would be living in West Africa. The projection shows that Ghana and Nigeria would experience the highest population of those aged 60 and above. Moreover, Ghana is estimated to see the most rapid rise in older population. According to the Ghana Population and Housing Census, the population of the elderly has increased by more than seven-fold since the 1960 census, growing from 213,477 in 1960 to 1,643,381 in 2010. The proportion of the female elderly population is 56 percent as compared to 44 percent of the male elderly population, an indication of higher life expectancy of the female population. The Ghana Living Standard Survey 6 (2014), identified 4.9 percent of the total population of Accra as persons aged 60 years and above, other urban centres recorded 5.8 percent and 7.2 percent of the elderly are found in rural areas of the country. Large number of the older persons aged 60 years and above, 95 percent females and 91 percent of the males are affiliated to a particular religion or religious denomination. Reports from all the censuses and surveys done over the past few decades, have stated that not less than 9 out of 10 people are associated with a religion. Furthermore, the religious organisations such as churches, mosques and other religious institutions provide the elderly and their families with social protection. Likewise, the old enhanced their social lives through interaction with others in same faith and networks (WHO, 2014). The needs of the elderly have been pointed out in the ageing population census in 2002 as financial needs, social needs and accommodation. Most of the elderly have low or no educational attainment which disqualifies them from both the public and private sector

corporations. For this reason, few of the elderly were able to prepare themselves for retirement and secure themselves good living condition after retirement. Some of the elderly who were fortunate to contributed to SSNIT and other pension schemes are not facing financial difficulty after retirement. However, great number of the elderly were self-employed and had no knowledge of contributing towards retirement and ends up in financial adversity when they can no longer work. Others face accommodation issues coupled with financial difficulties and these situation causes the elderly stress. The elderly needs social support and family care to survive daily life stressor and lack of it dwindles the health condition of the older person.

The elderly in the Ghanaian society have always been respected by the young generation based on the belief that the old persons are nearer to the ancestors and have abundant experiences that the youth lack. This belief makes the youth sometimes acknowledge the wisdom of the elderly and consult them as mediators when there are, for example, problems in marriages and other family disputes. However, respect for the elderly and their functions seem to be changing in recent years as a result of modernization. Also, education makes the younger generation more knowledgeable and thus they tend to regard the views of the elderly as antiquated and no longer seek their advice. According to Van der Geest (2016) old people find pleasure when the young ones acknowledge their wisdom and visit them to seek advice; visiting them accords them respect and dignity as well as provides a great company to older persons. However, when the young disregard the elderly by rejecting their views on matters, they disrespect the elderly and as a result affects their wellbeing negatively that possibly may lead to stress. Consequently, this study sought to investigate how the elderly in Taifa and Madina, suburbs of Accra, cope with stress using religion.

## 1.2 Problem Statement

Ageing is associated with health and social issues that make living in old age difficult and for this reason, some elderly people resort to religion, as a means of survival. According to the Ghana Population and Housing census, the living arrangements of the elderly indicate that less than a tenth (8.3%) of the elderly may receive care and support from an extended family member they stay with and the proportion who stay alone ranges from 9 percent of the 65-69 years to 11.4 percent of the 75-79 years. However, it has been established that as one advances in age, the more religious the person becomes. This has made research on religion in the life of the aged vital (Lincoln & Mamiya, 1990; Nelson & Nelson, 1975; as cited in Pargament, 2000), as religion plays a key role in the search for meaning during old age. In the face of suffering and unexplained life experiences, religion offers frameworks for understanding and interpretation (Geertz, 1966; Fromm, 1950 as cited in Pargament, 2001), and these point out the role of religion in the search for answers. Again, there is an emphasis on the role of religion facilitating social cohesiveness (Durkheim 1915; cited in Pargament, Koenig & Perez, 2000). Pargament (2000) also identified religion as a means of fostering social solidarity and identity.

Extant research shows that due to high life expectancy, the population of the aged is increasing faster than any other age group. However, the increase in population of the elderly is of great concern since they have more problems with wellbeing than their younger counterparts, though sometimes these problems are overelaborated in labelling the elderly. These problems can be physical or mental illness and sometimes emotional like loneliness and bereavement (Binstock et al., 2001 as cited in Barkan & Greenwood, 2003). In spite of the problems, older persons experience, several studies have proven that religion has a great influence on the wellbeing of the elderly. In the case of physical health, studies shown that religious involvement has been linked

with lower rates of a myriad of problems such as cardiovascular disease, hypertension, certain types of cancer and even prolong life span. Likewise, psychological wellbeing such as life satisfaction and happiness and lower rates of depression and anxiety has been linked to religious involvement (Levin & Chatters, 1998a as cited Barkan & Greenwood, 2003). However, Gallup (2001) conducted a study in the US in which nearly 59% reported that religion was a very salient factor in their lives and nearly 65% believed that religion helped in dealing with problems within the society. Some other participants reported that religion helped them to cope with issues related to chronic illness, family issues and economic concerns. Gallup's study affirmed the assumptions of other literatures that religion has an impact on health and wellbeing.

Moreover, numerous empirical studies have suggested that religion has a protective impact on health, evidently the health of the elderly. This was informed by the various scientific literature linking religious measures and several health outcomes. Although several works have been conducted on religion and its relevance in the lives of Africans, the connection between religion and wellbeing of the elderly has not been well established in the African context (Kodzi, Gyimah, Emina, & Ezeh, 2010). In Ghana, research on ageing has been centered on demographic profile and patterns of ageing, health status, care and support system, the role and responsibility of the aged, social representation of the elderly and lastly, the issues relating to their socioeconomic status (de-Graft Aikins et al, 2016). However, how the aged cope with stress has not been well established in Ghana. Therefore, the study intended to explore religion as a coping mechanism for the wellbeing of the elderly in Accra. It sought to establish how religious practices help old people cope with health and social related issues like loneliness that result from loss of loved ones, neglect, social isolation, diabetes, stroke and others. In addition, the study sought to compare how Christians and Muslims adjust to situations with resources available to them. It is therefore

believed that the findings of this study would outline some of the best ways of using religion to cope with daily life stressors and improve the wellbeing of individuals, specifically the elderly.

### **1.3 Objectives of the Study**

The main objective of this study was to compare how elderly Christians and Muslims cope with daily life situations using religion. Thus, it specifically investigated how religious practices and affiliations helped old people cope with health and the social issue of loneliness that results from loss of a loved one, social isolation, neglect, depression, stroke and others among Christians and Muslims in Taifa and Madina. Specifically, the objectives of the study were to:

1. Investigate how religion influences the wellbeing of elderly Christians and Muslims.
2. Identify the forms of the stress that affects the aged.
3. Identify the different coping strategies used by elderly Christians and Muslims to deal with stress.
4. Examine gender differences in the coping methods the elderly use to obtain wellbeing

### **1.4 Research Questions**

The study sought to find answers to these questions:

- I. What role does religion play in the wellbeing of the elderly?
- II. What are the stresses that confront the aged?
- III. What are the different coping strategies that Christians and Muslims elderly use?
- IV. Does gender influence the use of religion in improving the wellbeing of the elderly?

### **1.5 Significance of the Study**

The findings of the study would benefit the elderly considering the rate at which the population of the elderly is rapidly increasing. As already stated, the aged face so many problems with health

and social adjustment problems like loneliness, neglect and isolation. Hence, the need to survive drives them to find ways to deal with such situations. To the researcher, the study would help uncover critical areas of religious coping other researchers have not been able to explore and as well help in the formulation of new theories on coping in old age using religion as reference to future researchers. Furthermore, the outcome of the study would recommend improved means of coping with situations to improve wellbeing of the elderly using religion.

Moreover, application of the recommendations of the outcome of the study could help both Christians and Muslims in their support service to improve the wellbeing of the elderly.

Finally, with regards to policy, the study's outcome would help inform decision-making processes of religious bodies and governments on how they conceptualize and approach age related issues. The study also, will draw the focus of government to the implementation of the national ageing policy to enhance the subjective wellbeing of the elderly in Ghana.

## **1.6 Definition of Concepts**

The following served as working definitions for the concepts used in the present study.

**Ageing:** Ageing is an ongoing process, which starts from birth to death. Ageing comprises of physical, social, psychological and spiritual changes in the life of an individual (Hunt, 2004).

**Coping:** It is adjusting and adapting to situations or difficulties one encounters. According to Folkman and Lazarus (1984) coping is a "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing". Coping is also defined as the method that individuals attempt to understand and control undefined demands in their lives (Pargament, 1997 as cited in Thune' - Boyle, Stygall, Keshtgar, & Newman, 2006)

**Religious Coping:** it is a means through which one understands and deals with negative life events that are connected to the sacred (Pargament & Raiya, 2007). Religious coping is also defined as the use of one's understanding and behavioural practices in the face of traumatic life events that evolve out of the person's religion (Tix and Fraser, 1998 as cited in Thune' - Boyle, Stygall, Keshtgar, & Newman, 2006). In religious coping, one relies on the faith found in a higher power and the belief that certain ritual practices such as prayer, attending worship services and religious involvement will serve as a relief for him/her.

**Health of the elderly:** Studies show that the greater possibility of ill health is associated with elderly people. This affects and results in functional capacity, mental and physical dysfunction of the individual (Bagheri-Nasami 2010, p. 574). For the purpose of this study, health is defined as life devoid of illness.

**Wellbeing** is the state of being healthy, happy and satisfied with life. According to Davis (2019) wellbeing is 'the experience of health, happiness and prosperity'. Wellbeing is defined as the condition of being contented, healthy or successful and it is seen as the welfare of the individual or the country (British Dictionary).

**Subjective wellbeing:** This refers to the self-reported evaluation of living situation and satisfaction in the life of individuals. Subjective wellbeing is a many-sided phenomenon that comprises a people's emotional responses, area of satisfactions and how life satisfaction is viewed globally (Diener , Suh, Lucas, & Smith, 1999). The study focused on the subjective wellbeing of the elderly in Accra.

### **1.7 Organization of the Study**

The study has been organized in five chapters. Chapter One covers the background of the study, problem statement, objectives of the study, research questions, significance of the study, area of study, definitions of terms and organization of the study. Chapter Two entails literature review, theoretical framework and legal instruments backing the study. Chapter Three is made up of the research design, methods of data collection, study population, sampling technique, sample size, data analysis, ethical consideration, scope and limitation of the study. Chapter Four focuses on the discussion and analysis of the findings of the study. The last part which is Chapter Five comprises the summary of findings, conclusions, recommendations and implications for social policy.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter is comprised of related literature and theoretical background of the study. Almost every empirical study has already existing literature done by other scholars that one can readily draw on. The reviewed studies focused on the use of religion as a source of coping mechanism for the elderly. The present study reviewed some existing work and theories on ageing and religion and their implication to social policy.

#### **2.1 Ageing and Perceptions on Old Age**

Ageing has become a frightening concern for many elderly people due to the lack of understanding on what ageing entails. What at all is ageing? “Ageing is not a disease” (Appiah- Kyei, 2013). Indeed, ageing is not a disease; it is a process that each person will pass through, a stage in life where one has to reflect on the experiences lived and impact the younger generation with traditional values and morals. However, as the Madrid Plan of Action on Ageing (2002) indicated, historically, the aged were accorded respect for the authority, wisdom, dignity and restraint that comes with their lifetime experiences. Now, these values are often neglected in societies which consider the old as burden on the economy, with their ever-increasing needs on health and support services especially on the state. Although, in Africa old age is seen as a blessing from God, there is so much fun that the aged pride on in their aged status. However, the public has failed to focus on the scale and cost of health care, pensions and additional services that the old need to make their life comfortable. Furthermore, this negative concept of ageing has reinforced exclusionary

practices at the community, regional and national levels where most elderly women especially are affected by negative stereotypes. For example, women are branded as witches and accused wrongfully over things they do not know about. Ghana, among many African countries, believe in witchcraft, a negative religious belief that adversely affect mostly women. Witchcraft has been defined as the ability of an individual or group of people to imperil other lives through the use of supernatural power (Hutton 2006:11 as cited in Sanou, 2017). Likewise, witchcraft has been conceptualized as a form of evil that negatively manipulates the fulfillment of human life (Akrong, 2007, p.59,65 as cited in Sanou, 2017). This has made it a common practice for people in African societies to attribute misfortunes that happen to them to others especially the elderly, whom they believe possess supernatural powers to cause harm to them. The notion that witches attack those close to them such as their immediate family makes children suspicious of their parents and vice versa since there are no rules of engagement in witchcraft (Roxburgh, 2016). This accusation of witchcraft in Ghana has affected most of the elderly especially the women. According to Action Aid report (2012), women are more vulnerable especially the elderly women which makes them more prone to witchcraft accusation than men. Although elderly men who are poor and some may suffer from schizophrenia in remote areas, the people lack recognition of this disease are mostly alluded to wizardry. However, the discrimination meted out against elderly women in such circumstances are more severe compared to what elderly men experience. These elderly women accused of witchcraft in Ghana are sometimes lynched or sentenced to life imprisonment in a witch camps like the Kuku, Karni and Gambaga witch camps in the Northern region of Ghana (Action Aid, 2012). This belief of witchcraft in Ghana, as seen in many African countries have taken the better life that elderly persons must enjoy at their later days of life and have been replaced with sorrow and agony. The aged are subjected to abject poverty, social isolation, neglect and starvation

just because of the frustration of young people who face retrogression and failures in their everyday life. Worse of it all, the elderly people who find themselves in this situation are prone to health conditions such as hypertension, diabetes, stroke which in tend affect their wellbeing. Therefore, the need to address this negative image of the aged by reintegrating the old in their communities for them to fully invest their wisdom in social, cultural and economic development process which would bring back that attractive and creative picture of the elderly in society in order to erase the notion that the aged are weak and dependent (MIPAA, 2002).

## **2.2 Forms of Stress Confronted by the Elderly**

Everyone experiences stress in one way or the other, however, is not easy for the aged to go through stress as the young generation do. Generally, stress has been found to play a crucial role in ageing although the consensus on the precise nature of the relationship and underlying strategies is few (Tsolaki & Kounti, 2009). Successful ageing and the wellbeing of the aged depend on the nature, time, exposure and the intensity of the stress the individual is confronted with and the strategy used by the elderly to cope with the situation. Many stressors that affect the elderly has been identified as health- related stress and social stress. Majority of the elderly are strained in their daily lives due to health -related stressors. Most of the health – related stress found were mental and physical stressors. Under the mental stressor are psychological and psychosocial traumas.

Psychological stress has been defined as an engaging response to an aversive stimulus in an individual's external environment (Kollack-Walker et al, 2000). Life threatening experiences that the elderly faced in their youth may produce intense fear or helplessness that causes some of the older persons to be overcome by recurring vivid memories of the events and state of sympathetic hyperarousal which renders the individual ill-tempered, socially detached and a syndrome known as Post traumatic stress disorder. According to Tsolaki & Kounti (2009) stressful life event has

been proven to have great effect on the human cognitive and motor abilities, ranging from adaptive to nonadaptive ones, engaging multiple strategies and different time courses. The study revealed hippocampus and impaired memory in humans as resulted from chronic stress. In addition, stress has been disclosed to dwindle the formation of new cells. The study posited that both young and older patients with post-traumatic stress disorder suffer from memory problems, however, the severity of the elderly patients may lead to dementia.

Social stressor of the elderly are mainly the interchanges that occur between individuals. Humans are social beings; they depend on each other for comfort and companionship. However, not all interchanges that happens among individuals are helpful to them. For this reason, some people suffer from rejection, abandonment, isolation and depression among which the elderly are inclusive. Literature has linked social stress to health – related stress among the elderly. Here, social stress among the elderly cannot be separated from health -related stress that confront the elderly. Finally, the aged are challenged with both social and health -related stress and how well those stress are managed would improve the wellbeing of the elderly and promote successful ageing.

### **2.3 Ageing and Religion**

Numerous studies have investigated the relationship between religion, health and wellbeing of individuals. The present study examined religion as a strategy used in coping with life stressors by the elderly in Accra. The elderly people have special needs and rights like any other persons to ensure their survival. However, challenges that are associated with old age have inhibited the lives of the elderly people throughout the world, most especially in Africa (UN, 2002:14). The Global Age Watch Index, 2015 indicated that older women and men in Africa experience economic and

social hardships such that most of them are unable to access basic services that they are entitled to as senior citizens of their country. The report examined 13 different indicators. Among these indicators, four key areas of welfare include income security, health status, capability and an enabling environment. However, only 11 out of the 54 African countries were included in the Global Age Watch Index due to lack of pertinent data. Ghana was part of the countries added to the Global Age Watch Index which showed that issues of the aged was a matter of concern to Ghanaians. Again, nations worldwide are finding ways to improve the wellbeing of individuals as aging and health declines are inevitable or irreversible (Doron & Mewhinney, 2007). World Health Organization report (2015), posited that the ability of the elderly to utilize the resources and opportunities available to them in their societies are dependent on their health. The report further elaborated on the fact that ageing in good health enables the older persons to do what they value with no or less limitations. Furthermore, older persons in the world face all forms of discrimination due to their disability, religion, race, gender or religion which affects their opportunity to have a good life. Although every individual in one way or the other faces same challenges mentioned above, few studies have examined the challenges of ageing especially relating to health, poverty and discrimination on the older persons' socio-economic status in Africa. Problems of elderly women are more vulnerable as compared with those encountered by their male counterparts. Those with disabilities face cultural and socio-economic barriers that affect their quality of life. In as much as these problems of the elderly are global, the greater concern is on the developing countries which have been projected to experience the most rapid rate of ageing population and economic struggle. Some of these countries including Ghana lack the necessary financial, social and health infrastructure to address the needs and issues of the elderly. The above variables notwithstanding, the changes in family systems and structure can have a detrimental impact on older persons'

wellbeing. Here, Wari (2009) described the African culture as a community-based culture where the interest of the whole group is paramount. He further pointed out that in such a community the individual is never alone which brings the ubuntu spirit into play. Ubuntu is a South Africa word which means humanity towards others and in literally translation ‘I am because you are’, this phrase confirms Wari’s assertion that Africans believe in unity and togetherness and because of this perception of Africans, family is very important to them the quality of being human is through others. This concept in Africa protected the old from social isolation and neglect as the family stood by the individuals in the family in times of difficulty thereby an elderly person did not feel so lonely. However, globalization and modernization have weakened this bond and now the elderly are left alone with little or no support. The adoption of other cultures and modernization has made most Africans lost their identity which in turn has left older people in poverty, depression and lonely without caretakers. The Akan adage that states “If someone takes care of you for your teeth to grow, you should also take care of the person when she/he grows old”. This saying exemplified the kind of reciprocal care that existed in traditional Africa societies. Almost all these are lost value due to modernity which has opened avenues for the younger generations to migrate especially from rural areas to the urbans centres and across borders, leaving the aged behind. Not disputing the fact that some of these young people remit the elderly, majority of the elderly are left without any form of support. For this reason, many countries have designed policies to address the challenges of the aged. In Ghana, the National Ageing Policy (2010) was instituted to address the matters of the aged for them to remain integrated and participate actively in society by contributing to the development, formulation and implementation polices that affect their wellbeing directly. Notwithstanding, health conditions like blood pressure, stroke and depression that accompany old age, the elderly must survive and for this reason devise a means of managing their average

stressors. However, many people in difficult situations like barrenness, loss of jobs and struggles in marriage find a way of adjusting or coping with their circumstances, yet the elderly face more challenges than the younger generation. Consequently, most scholars have identified religion as a means of coping with life stressors with regards to the health and wellbeing of the individual especially the elderly. Religion is defined as a private or formal system of organised beliefs, practices, rituals or ways of worshipping a Divinity (Ahmad & Khan, 2015). According to Douglas (1982), religion has been an integrative value of personality, where without religion, society face so many psychological problems. Gilbert Wari's study on roles and functions of religion in African quoted this, "Religion permeates into all departments of (African) life so fully that it is not easy or possible always to isolate it" (Mbiti, 1969:1 as cited in Wari, 2009). Studies have indicated that religious practices or involvement have both positive and negative influence on the wellbeing of the individual. However, the positive gains outweigh the negative effects on the wellbeing as reported by scholars such as Pargament, Koenig, Folkman and Lazarus and others in the field of Psychology, Medicine, Sociology, Social Work, Religion and Ageing studies. The review explored some of the issues associated with old age that inspired the researcher to enquire about the challenges of the aged in Accra were facing. These studies were reviewed to support the assumptions that ageing comes with its own challenges and that older persons who are affiliated to a religion cope well with the issues they face in their old age.

### **2.3 Religion and Wellbeing of the Elderly**

This study sought to explore ways by which religion may influence the wellbeing of the elderly in Accra. A study conducted in gerontological studies indicated how spiritual connectedness and participation in religious practices have been a significant coping mechanism for persons living with chronic conditions (Harris, Wong, & Musick, 2010 as cited in Epps & Williams, 2018).

Although the study sought to explore the family involvement in health promotion events for African Americans with dementia (Epps, Skemp, & Specht, 2016 as cited in Epps & Williams, 2018), the outcome revealed religious practices (e.g. praying and attending church worship service) as a significant health promotion activity that supported social engagement and motivation (Epps & Williams, 2018). Furthermore, faith-based and religious activities promoted a spiritual connectedness which in so doing enriched individual's wellbeing (Rabinowitz, Mausbach, Atkinson, & Gallagher-Thompson, 2009 as cited in Epps & Williams, 2018). Although the study only identified the Christian religion, it supports the assumption that religion affects the wellbeing of individuals. On the other hand, religious songs, sermons, scriptures served as means of communicating with God, and receiving guidance, direction, relief in times of illness and promise for pain free and suffering in the afterlife (Hamilton, Sandelowski, Moore, Agarwal, & Koenig, 2013 as cited in Epps & Williams, 2018). Again, belonging to a religious body served as a form of family to the African American where they received social support, hence, support was not only available from close family and friends (Stansbury, Marshall, Hall, Simpson, & Bullock, 2017). However, the outcome of Epps and Williams (2018), study revealed how one's faith in God can overpower the negative emotions that causes depression and deteriorate the health of older adults living with chronic conditions. Thus, the belief that God has a plan for their lives brought progress in their health condition and promoted happiness that enhanced their wellbeing. Likewise, the strength drawn from one's faith in an all-powerful God has resulted in the belief that suffering is temporary in this world (Coats, Crist, Berger, Sternberg & Rosenfeld, 2017).

Furthermore, some researches have shown that religious involvement increases social ties as people participate in worship and other religious activities (Barkan & Greenwood, 2003). These in turn promotes emotional and everyday support in times of difficulty as well as greater self-

esteem that generates from meaningful social relationships. Moreover, faith enables forgiveness and promote positive emotions such joy and happiness that in turn enhance wellbeing (Pargament, Smith, Koenig, & Perez, 1998). Other scholars have indicated that religious involvement discourage risk-taking behavior such as gambling, the use of alcohol, drugs that are harmful to body through its doctrines and encourage healthy lifestyles of the people which in turn improve their physical and mental wellbeing (Wallace & Forman, 1998 as cited in Barkan & Greenwood, 2003). In view of this, McCullough and Willoughby (2009) asserted that persons who seek spiritual support from God make sure they live right to attract God's approval and by so doing, will not do anything that will disappoint God. This showed that elderly persons who are religious were likely to live a healthy lifestyle unlike the non-religious persons and this would help them during old age. Hence, the study investigated how religion improved the wellbeing of the elderly in Accra.

#### **2.4 Religion and Coping**

Coping is defined by Folkman and Lazarus (1986) as the explicit efforts, both behavioural and psychological, that people adapt to master, endure, decrease, or lessen stressful events. The study sought to examine the various coping strategies that elderly Christians and Muslims in Accra use in managing their daily life stressors. In this regard, some scholars have identified religious coping as one strategy elderly people use in dealing with their everyday life. In religious coping, one may adapt positive religious resources which would enhance their wellbeing or negative means of dealing with challenges such as seeing the problem as a form of punishment. According to Pargament (2000), difficult situations draw people close to God whilst they search for meaning and comfort (faith) in God. Likewise, in a difficult situation people turn to seek God's love and care. Spiritual support from others, reevaluate their situation in a caring way and sometimes they

examine their situation as punishment meted out to them by God (Pargament & Raiya, 2007). The study further explained religious coping methods as ways of comprehending and managing negative life events that are in relation to the sacred. Likewise, personal beliefs and practices of religious belief such as praying, attending religious functions and participating in organised religious activities serve as protective health behaviours that has positive effects on individual health outcome (Gleason, & Jones 2017; Koenig 2015; as cited in Epps & Williams, 2018).

Again, another form of religious coping is the belief that suffering is part of the God's plan for mankind and the behavioural factors such as praying and attending religious services (Thune' - Boyle, Stygall, Keshtgar, & Newman, 2006). Here, the thought that suffering is part of God's plan for the individual influences the person to seek help from God. In a situation where stress is seen as a plan of God, the belief that it cannot be controlled by a mere mortal is very high. In this case, the person would seek the help of God and intensify ritual practices like praying and worshipping which in turn would strengthen the individual and enhance wellbeing. In spite of this, elderly persons with this thought and belief know that their situation is temporary and that helps improve their wellbeing. In other cases, religious coping was seen as the only source of support and strength for African American families when faced with difficult situation (Poindexter, Linsk, & Warner, 1999 as cited in Epps & Williams, 2018). These literatures served as a foundation for conducting the study. Likewise, the study sought to examine this assumption among the elderly Christians and Muslims in Accra whether they believe in a religion had any influence in their wellbeing and if that was the reality, what strategy did they use and how was their health condition affected?

## **2.5 Gender and Religion**

One objective of the study was to explore gender as a determinant in the use of religion in the wellbeing of the elderly. As stated earlier, religion plays an important role in the life of the

individual when dealing with stressful events (Hood, Hill, & Spilka, 2009). Gender in this study refers to the socially constructed roles and responsibilities for men and women. One may ask what has gender got to do with religious coping? In answering this question, women's attendance at church and private prayer were reported as higher than men. Also, compared to changing one's religious denomination, men were reported to have higher frequency than women in the sense that when there are issues men cannot deal with in their church they join a different one (Maselko & Kubzansky 2006, World Values Survey 2006, Hayes 1996 as cited in Krause, Pargament, Hill & Ironson, 2018). The study further noted that the link between health and religion changes when it comes to gender.

An empirical study found that there are levels of gender equality across different countries which are related not only to economic growth and legal institutional reforms but also cultural factors and religiosity (Woodhead, 2012). Krause, Pargament, Hill, and Ironson (2018) identified two religious coping measures which are seeking spiritual support and benevolent religious reappraisals that both men and women resort to when faced with stressful situations. The study further explored the gender differences in using these measures and the results showed that men benefited more than women when they use either of the two means of religious coping mentioned above. Notwithstanding, the assertion that men profited more with the use of the two religious coping measures than women, the result did not refute the fact that religious coping is relevant to women. In contrast, the study pointed out that when the focus is particularly on the problem of alcoholism men are more likely to benefit from these religious responses. Women on the other hand would find the usefulness of these measures of coping when dealing with depression or loneliness. In view of this, other scholars reported that women had higher religious levels

noticeable than men and the report also revealed that women are more likely to join Protestant churches than Catholic as compared to men. (Krausea, Pargament, Hill, & Ironsond, 2018).

## **2.6 Policies on Ageing**

### **2.6.1 Global framework on Ageing**

Problems associated with ageing is a global issue that international communities have made various efforts to address. In the quest to address ageing problems globally, some legal instruments were designed to protect and promote the wellbeing of the elderly in all continents and states across the global. One of such instrument is the *International Plan of Action on Ageing and Related Activities A/RES/73/143*. The General Assembly on December 17, 2018 adopted the International Plan of Action on Ageing and Related Activities to address issues of the elderly and called on all member states on the need to address matters that are of relevance in the lives of the aged worldwide. During the discussion, the Assembly noted the fact that the number of the elderly persons kept outnumbering the youth as well as children below age 10 and recognised the impact it would have on developing countries which are estimated to have the greatest and the most rapid aged population. These recognition calls for special attention to be paid to particular challenges affecting older persons including their human rights. The legal framework gave some guidelines to help nations implement their plan to address issues on ageing:

- The aged should be able to live in an environment that is safe and adaptable to personal preferences and changing capabilities.
- Older persons should remain integrated in society, participate actively in formulation and implementation of policies that directly affect their wellbeing and share their knowledge and skills with younger generations.

- The old should have access to healthcare to help them to maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of all illness.
- The elderly should have access to education, cultural, spiritual and recreational resources of society.
- Older person should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- The old should be treated fairly regardless of the age, gender, racial, or ethnic background, disability and be valued independently of their economic contribution.

This policy is in line with the 2002 Madrid International Plan of Action on Ageing (MIPAA) and the 2002 World Health Organization Policy Framework on ageing. Both policies aimed at implementing the ageing policies in the developing countries, including Ghana. Further, MIPAA which started with a remarkable promise as one of the international policy frameworks on ageing, focused mainly on older persons and their development specifically with regards to social protection, advancing health and wellbeing of the aged and ensuring the aged of a supportive environment. Likewise, WHO's focal point has been older people and abuse of the elderly. Despite the progress of MIPAA, its implementation remains a problem in the two precedence areas. The major constraints have been lack of resources, political will and age-aggregated data which made its monitoring suffer comprehensive global approach. Notwithstanding all these limitations, the MIPAA gave direction to Regional and National policies.

### **2.6.2 Regional Framework on Ageing**

The 1999 United Nation International Year of Older persons incited the Africa Union to formulate a framework and plan of action on ageing for the region which was endorsed in July 2002. This

policy document was released through a combined effect on research and advocacy on ageing by NGOs and HelpAge International that pointed out the growing concerns of Ageing in Africa. To address the matters of ageing in Africa, the *African Charter on Human and People's Rights on the Rights of the older persons in Africa* was enacted to guide all member countries in finding solution to help the older people age gracefully. The Charter highlighted some points that nations should include in their policy frameworks and held member states accountable on these. Article 2 of the charter made it an obligation for nations to recognize the rights and freedom of the all persons the aged included and ensure that the dignity, self-fulfillment, participation and care of the old are enshrined in their national laws. All the 28 articles in the charter point to a specific action that has to be taken to ensure the wellbeing of the aged. However, some of the articles speaks directly to this study and those articles would be discussed. Articles 3, 4,5 and 6 gave detailed measures on the protection of the rights of the elderly and Article 7 of the charter called on states to develop a social protection framework that oversees all income security plans for the old. The charter further charged member states to protect the aged from abuse and harmful traditional practices in Articles 8 and 9. Section two of Article 8 required of all nations to take crucial procedures to abolish harmful traditional practices comprising witchcraft accusations, which affect the welfare, health, life and dignity of older persons particularly older women.

### **2.6.3 National Ageing Policy and Other Legal Frameworks in Ghana**

In Ghana, there are legal instruments that protect all persons including the aged. Some of these instruments are the 1991 Constitution of Ghana and the Domestic Violence Act of Ghana Act 732 (2007) and the National Ageing Policy (2010). These legal frameworks give direction to all sectors in the country that handle issues relating to the aged. The 1991 Republican Constitution of Ghana is the main instrument that govern the affairs of the citizens of the country. Hence, the review of

this document would grant the study a legal backing. The first statement of the constitution “IN THE NAME OF THE ALMIGHTY GOD” shows how religious we are as a country. Chapter five of the framework highlighted the fundamental human rights and freedoms that must be enjoyed by the citizens that embrace the elderly. In the same chapter, Article 12(2) and 37(2b) state:

*‘Every person in Ghana, whatever his race, place of origin, political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms of the individual contained in this Chapter but subject to respect for the rights and freedoms of others and for the public interest’*

*‘the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled, the aged, children and other vulnerable groups in development processes.’ (Ghana Constitution, 1991)*

Therefore, a section of the article protects all persons in the country to join any religion of their choice without any inhibition. For this reason, religion has sprung in all corners of the country and citizens of the country among which are the aged are affiliated with one of these numerous religious bodies. Again, articles 15 and 17 discussed respect for human dignity, fair and equal treatment of all persons. Despite the fact that these statements are enshrined in the constitution, most people, the old included go through ill treatment every day without the laws acting to protect them. Finally, article 26 sections 1 and 2 examined cultural rights and practices. The article prohibits all forms of practices that are harmful to the physical or mental wellbeing of the people. Even though this article was drafted to protect the citizens, most of the elderly persons are wrongfully accused of witchcraft and whacked to death. The framework features social assistance that has to be given to the aged as stated in Article 38 section 6 (b) *‘provide social assistance to the aged such as will enable them to maintain a decent standard of living.’* How then is this legal

framework protecting its people if some people face injustice everyday despite the provision of justice for all and promotion of human rights and freedom in the constitution.

On the other hand, the Domestic Violence Act 732 (2007) strengthens some of the act of violence in the constitution and enforced to protect mainly women and children from all forms of abuse meted out to them anywhere they find themselves in the country. The Act drew its inspiration from the criminal code of 1960 Act (29) and built on the criminal acts that mainly affected the women and children for their protection against abusers. The Act was relevant to the study because it accentuated on abuse from relations which most aged suffer especially the elderly women. Article 1 of the legal framework affirmed that any act that served as a threat to commit or an act likely to result in physical force against another person that subjects the person to torture, degrading treatment that makes the person feel hopeless or insignificant, unhappy, derided, disgraced and endangers the safety, health and wellbeing of an individual as a crime punishable by law. Therefore, this Act would best protect the elderly women who have been forcefully deprived of food, shelter and good drinking water in the name of being a witch. Nevertheless, there is a policy documented in favor of the elderly that sought to address the concern of the older persons based on the MIPAA guidelines for all nations. In Ghana, the policy is the National Ageing Policy, 2010. The study realized the need to review this policy as the only policy that directly supports the integration and promotion of the wellbeing of the aged in Ghana.

### **The National Ageing Policy 2010**

The main purpose of this Policy was to re-integrate the older persons in the society into the mainstream; socially, economically and culturally to enable them participate fully in the National Development process.

### **Problems Associated with Ageing**

The fast increasing of the population of the elderly in the face of economic hardship of the country has made it difficult to deliver quality health services, provide social protection such as adequate social security that the elderly people need to improve their standard of living. However, the main challenges of the policy were found in these;

- Demographic dynamics of ageing
- Ageing and fundamental human rights
- Ageing and the development challenge
- Ageing and poverty
- Old age and health challenges
- Ageing and the living environment
- Ageing and gender

Policies and Strategies that have been outlined to guide government in promoting and enhancing the living standards of the older persons are:

- Upholding the Fundamental Human Rights of Older Persons
- Ensuring Active Participation of Older Persons in Society and Development
- Reducing Poverty among Older Persons
- Improving Health, Nutrition and Wellbeing of Older Persons
- Improving Housing and Living Environment of Older Persons
- Strengthening the Family and Community to Provide Support to Older Persons Improving
- Income Security and Enhanced Social Welfare for Older persons
- Providing Adequate Attention to Gender Variations in Ageing

### **Policy Implementation, Monitoring and Evaluation**

The implementation of this policy requires all sectors and agencies to implement programmes and initiatives that target the older persons. Here, Government must ensure that concerns of ageing and the aged are mainstreamed in the National development framework and poverty reduction scheme. In this case, Government has done well with the Livelihood Empowerment Against Poverty (LEAP). In addition to exemption granted to poor older persons aged 65 years and above registered on the LEAP is also the exemption package in the National Health Insurance scheme for the aged 70 years and older. Even though it does not target all the aged, efforts to expand it to cover the elderly who are poor have become futile. Again, policies and programmes of all Government agencies should have the relevant proposals, procedures that would aid employees to prepare sufficiently for retirement and also facilitate the health and wellbeing of the elderly after retirement. Government in collaboration with the private sector, NGO's, civil society organizations, academic and research institutions, the media and the older persons would be in charge of monitoring and evaluating the policy.

### **The Implementation Challenges of the Policy**

The Government of the Ghana, in detection of the contribution of the aged and their dilemma developed the national ageing policy dubbed ageing with security and dignity in October 2010 and its implementation plan. This policy sought to reintegrate the aged into the mainstream to fully participate in the national development. However, very little has been done to implement the policy to improve the wellbeing of the elderly in the country. For instance, Ghana health service, an institution which is expected to implement the health and nutrition component of the policy had no implementation plan as at 2013. Knowledge of the policy is limited even among the key senior staff of the Ghana Health service and other agencies that are supposed to implement the policy.

The following exposes some challenges and hurdles to the operationalising implementation action plan (WHO, 2014; Amofah, 2013; unpublished):

- Nonexistence of a National Council on Older People;
- Apparent lack of commitment and interest in issues involving older people by MMDAs, politicians, diplomatic missions as well as the donor community;
- Inadequate funding due to competition for scarce resources which usually target children, adolescents, and women of reproductive age;
- Lack of specific training of doctors and nurses in geriatric care, leading to the inappropriate labelling of all illnesses among older people as due to old age;
- Poor access to services for older people, and services which are scattered and few;
- A health insurance scheme that does not cover male cancers, only breast and cervical cancers, though it does not cover related biopsy and histology services;
- Lack of awareness and interest in membership of pensioners' associations;
- Breakdown of traditional social and family support mechanisms;
- Unavailability of up-to-date disaggregated data on older people.

### **Legal Framework of the Policy**

The National Policy was recognised by several national and international instruments and United Nations Conventions that seem to protect the rights of elderly persons.

- UN Plan of Action on Ageing 1982
- UN principles for Old Persons 1991
- UN Proclamation on Ageing 1992

Other non-age specific instruments that protects the rights of the elderly.

- National Social Protection Strategy

- Persons with Disability Act, 2006 (Act 715)

## **2.7 Theoretical Perspective**

In the quest to understand the mystery of ageing, gerontologists, sociologists, psychologists and biologists have proposed various theories that have often been used to comprehend the intricacies associated with the aged. In the psychosocial disciplines the earliest scholars suggested that ageing is a lasting process characterised by transitions. These transitions are what the sociological theorist obtained their theories on ageing from. The sociological theories on ageing examined the changing roles, status and generational cohort impact on older persons' adaption. The study has adopted the three main psychosocial theories on ageing to help explain the opacity of ageing and the evolutions that has taken place in Africa regarding the care of the aged and their means of coping with stress. These theories are Activity, Disengagement and Continuity.

### **2.7.1 Activity Theory of Ageing**

The theory was propounded by Havighurst and Albrecht (1953). The authors posited that successful ageing require physical activity. The authors indicated that psychological, mental and physiological wellbeing of the aged depends on they being active. However, the theory failed to outline the kind of activity the old should be involved in although the theory emphasised that being active adverse effects on old age and improve the health and subjective wellbeing of the elderly. Notwithstanding, the criticisms of this theory, many scholars have accepted the concept and found stanch connection between being involved at old age and life satisfaction of the elderly (Lemon, Bengston & Peterson, 1972 as cited in Lange & Grossman, E.Ds.). Likewise, another writer asserted that normal ageing is the ability to be involved in activities regardless of the limitations accompanying old age. This means that activities that the aged involved themselves are much more

important than merely getting involved in any activity. For this reason, activities such as solidarity activities which would connect the old people to others would improve their wellbeing. The theory was initiated on the assumption that the image people have of themselves is proved through achievements and networks with several forms of role support (Appiah, S & Wa-mbaleka, S 2015). That is, older people have the same desires, wishes and inspirations as their colleagues in middle age which makes them thrive. Thus, the aged remain relevant in their association with their religious bodies and still perform some social functions that help in their development as their views are respected and acknowledge by the group. However, the disengagement theory refutes this theory that the older people are weak and cannot perform their task as they used to and for that matter, they should retire for the young ones to take over the responsibility and perform the task well. Hence, Cumming and Henry (1961) postulated the disengagement theory to address the gap in the activity theory.

### **2.7.2 Disengagement Theory of Ageing**

This theory was propounded to rebut the activity theory by Cumming and Henry (1961). The theory hypothesized that ageing is the gradual detachment from society and relationships. The authors stated that the elderly withdraw from their social roles and duties, to gain ample time to reflect on their lives whilst they await death. The theory avowed that the aged have outlived their meaningful years in society and their continuous involvement would hinder progress of society when death befalls them. According to Nyangweso (2010), disengagement theory supports voluntary retirement at certain age of an individual irrespective of the health status, preparedness or robustness. However, if this notion is true then religion which is reliant upon human activity for its continuing preservation would suffer as the ageing population keeps increasing. Furthermore, the protestants and orthodox churches have majority of the older people still participating in

religious activities which promotes social cohesion among the members and thus improves the subjective wellbeing of the elderly as their interaction and involvement in activities at the church ignites their sense of belonging. Again, the involvement of older people in religious activities reduces feelings of meaningless and help the old understand and bear with the challenges associated with old age (Berger, 1967 as cited in Heinz, Cone, Rosa Bishop, & Finchum, n.d). Notwithstanding the fact that ageing can affect involvement in religious activities such as singing and drumming at church, there are other activities the aged could engage in. Nevertheless, this study found the elderly taking new roles in their religious groups as they now have enough time to participate in those activities they could not engage in due to work.

### **2.7.3 Continuity Theory of Ageing**

This theory was proposed as a framework for understanding how the old adapt to transitions associated with ageing (Atchley, 1989 as cited in Bonsdorff & Iimarinen, 2012). The theory further suggested that individuals do not really change as they grow old, they somewhat become more of what they used to be. Again, as the elderly adapts to changes associated with the normal ageing process, their future decisions and behavior will be contingent on their past experiences. The continuity theory has been employed to understand how the old use religion to cope with everyday life stressors. In addition, religious coping which refers to the use of behavioural practices and one's cognitive abilities to deal with conditions that come with old age lies in this theory. Thus, the ability for the old to participate in any religious activity lies in what the older person did when he/she was young. According to Minhat, Rahmah and Khadijah (2013), leisure participation of the elderly is mostly the continuation of the previous participation. That is, in the later years of life, one continues to engage in the activities (example, the old who used to play golf will continue playing in their old age) they were involved in their mid-years. Here, if the older person was

involved in faith-based activities in the past, the person would take delight in participating in devout services during old age which would directly enhance the wellbeing of the elderly person. The theory encouraged the old to do what excites them and live a fulfilling life without any limitation regardless of ageing. In the same vein, this study suggested that most of the Christians after retirement devote their time to church activities and attend all church functions. Although the theory supports this study, there are things that give pleasure to the aged yet they cannot participate in it due to their ill-health. As such, not all activities that are exciting for the aged are good for their subjective wellbeing.

These theories sit well with the study due to the fact that matters of subjective wellbeing of the elderly has been the discussion of the originators and other authors have accepted that the theories serve as a guide to policy makers and religious bodies on issues of concern to the wellbeing of the elderly. The theories outlined the challenges the aged face as they grow and the activities, the elderly can involve themselves in to improve their health, mental, psychological and social wellbeing.

## **2.7 Summary and Conclusion**

This chapter reviewed literature on issues of ageing and the influence of religion in the coping strategies of the elderly. Here, perceptions of ageing, religious coping methods, gender differences in coping were examined. In careful study of these issues, relevant definitions and theories of ageing were clearly laid out. The information gathered from these literatures, were subjected to scientific research to see how the aged cope in such situation using religion.

The literature exposed that health- related stress are connected to social stress that the elderly confronts. Some of the health-related issues identified were mental and physical stressors. Under the mental stress were psychological and psychosocial stressors which exposes the elderly to health

conditions such as diabetes, hypertension, stroke, dementia as some of the major problems the aged faced. Other social problems like abandonment, lack of social support and emotional stress that results from loneliness were identified.

The literature revealed that both elderly men and women use religion as a means of coping with a difficulty situation. Relatively, women used religious coping more than men when the stress is emotional and the reverse, when the issue is alcoholism. Again, elderly women were seen to suffer from witchcraft accusations than their counterparts. This showed the role gender plays in the issues that affecting the elderly.

Finally, policies and theories relevant to the topic were reviewed to guide the work.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

The study sought to explore religion as the coping mechanism of the wellbeing of the elderly in Accra. The chapter covers the research techniques adopted, study area, data collection method, population of the study, method of data analysis, sampling technique, scope and limitation of the study, ethical consideration and ends with a summary of the chapter.

The study explored how the elderly used religion as a means of coping with daily life situation through qualitative research approach. The qualitative research method helped the researcher uncover and understand the experiences of participants and their knowledge on the issue of study (Creswell, 2009). According to Laura (2010), qualitative research approach guides researchers to gather data with the use of open-ended questions which helps obtain detailed and vivid information that informs the study. Qualitative research is a set of action that identifies the researcher in the world; a set of useful and corporal practices which brings the world to light (Denzin & Lincoln, 2005). The study employed unstructured questions and semi-structured interview guide as tools of qualitative research design that helped the researcher in the primary data collection. Unstructured questions and interview guide were used for the study and it gave the researcher deeper understanding on the issues and provided solutions to the research questions of the study. The semi-structured questionnaire gave the participants chance to express themselves to interviewer and it helped the researcher ascertained vital information that structured questionnaire would not have obtained. The main purpose of adopting qualitative research approach was to acquire undiluted information on the life experiences of the elderly in the selected areas of the study and for the participants to have opportunity to share their thought without any restriction. The nature

of this study is to investigate the individual lives of the elderly for this reason the researcher adopted the qualitative research approach.

### **3.2 The Study Area**

The study was conducted in Greater Accra specifically Taifa, in Ga East Municipal Assembly and Madina in the La-Nkwantanang Municipal Assembly. The Population Census (2010) estimated that 198,220 people are residents of Ga East Municipality with 101,092 males and 97, 127 females representing the 3.86% of the total population of the Greater Accra. The selected town in the Municipality was Taifa, a suburb of Accra with an estimated population of about 68,459 people with over 70% Christians. The community has both public and private facilities for primary and junior high schools, with no senior high school. The community has only one polyclinic and two private clinics.

On the other hand, La-Nkwantanang Municipal Assembly has 111,198 inhabitants with 54,271 males and 57,655 females, which represent 4.2% of the total population of the Greater Accra region per the estimates of 2010 Population census. Madina is the capital of the 23 settlements in the La-Nkwantanang Municipal Assembly and is located at the Northern part of the Greater Accra region on the Accra-Aburi road with a population of about 20,000. Madina is a heterogeneous society which is made up of people from different ethnic, social and religious background, with a little over 50% of Muslims. The community has both public and private hospitals, clinics and educational facilities for primary, junior and senior high schools. Again, Madina serves as an economic ground for many people due to its big market and chains of stores on the road. Diverse people come from different communities far and near come to trade there. However, the 2010 Population census did not disaggregate the data which makes it impossible to ascertain the number of elderly persons and their religious affiliations in both Municipalities.

### 3.3 Study Population

The study focused on the elderly category, termed the young old who are affiliated to any of the two religious' bodies. The population of the study comprised all persons aged 60 years to 74 years who are either Christians or Muslim residing in Taifa (Ga East Municipal Assembly) and Madina (La-Nkwantanang Municipal Assembly), both in Greater Accra region. The category of the aged was essential to the study because they were easy to reach, and accurate information was derived from them. Both elderly men and women were targeted for the study which reflected the statistics of the Ghana Population and Housing Census 2010.

#### 3.3.1 Age and Sex Distribution

The older persons selected for the study were between the ages of 60 and 74 years. Majority of the respondents were females, 8 out of 13. Thus, 62 percent of the respondents were females and 38 percent were males. This corresponds with the 2010 Ghana Housing and Population Census report that reported that life expectancy is higher for females than males in Ghana and that females account for 51.2 percent of the total population of Ghana as against 48.8 for males. The projection is that men are likely to die at age 62.3 whereas women would probably attain 65.2 years. Despite the fact that some women in Ghana face negative sociocultural practices (e.g, trokosi, Female genital mutilation, domestic violence) that expose them to higher levels of stress, more chronic diseases, depression and anxiety, they live longer than men.

**Table 3.3 Life Expectancy in Ghana.**

Period (Year)	Male	Female
1995-2000	56.2	59.4
2000-2005	58.2	61.2
2005-2010	60.2	63.1
2010-2015	62.3	65.2

Source: Extracted from 2010 Ghana Population and Housing Census

Christianity is the primary religion in the country with several sectors. These are the Christian divisions in Ghana; the Catholic missions (the Roman Catholic church), the Protestant (the Methodist Church Ghana, the Africa Methodist Episcopal (AME), the Zion church, Presbyterian Church Ghana, Anglican Church, the Evangelical Presbyterian church), the Pentecostal (the Church of Pentecost, the Apostolic Church Ghana, Christ Apostolic Church International, the Assemblies of God and the Charismatic church (the Baptist church, the Perez chapel, Action chapel, the Mega Church). All these Christian sects have certain traits that differentiate one from the other and based on that they been grouped according to their way of worship and social influence. For this reason, the study was conducted in a Christian dominant community in Ghana. In Taifa, Christianity is the predominant religion of the people with so many Churches. However, the dominant churches in the community are the Protestant, Pentecostal and charismatic from which the participants were selected for the interview. Among the 7 respondents, three were Protestant churches, specifically from the Methodist Society and the remaining four were from Pentecostal and Charismatic churches.

On the other hand, Islam predominates the northern part of the country, however, there are some migrant's communities in Accra that are predominantly Muslims and Madina is one of such communities in the Greater Accra Region. The Islamic division in Ghana are the Sunni which is the largest sect and the Shia sect (Ahmadiyah). Madina was selected for the interview due to the prevalence of the Muslims in the community and the proximity to the Christian community where the Christians were interviewed. In Madina, the selected elderly women and men were interviewed in their respective houses at the Washington locality. Here, the investigator had the opportunity to observe the Jumaa prayer section at the Washington Mosque at Madina.

### **3.4 Sampling Technique**

The study purposively sampled the men and women between the ages of 60 and 74 years which is categorised as the young old. This group of the old was selected because it was easy to get them for the interview than the other elderly group. The sampled group were elderly men and women from both Islam and Christianity in the study setting. Purposive sampling is a sampling technique in qualitative research that focuses on a particular characteristic of the population that are of interest, and will best answer the research questions. According to Creswell and Plano Clark (2011), purposive sampling is recognising individuals or group of persons who are knowledgeable about the topic of interest and selecting them to participate in the study. Furthermore, in purposive sampling, researchers consider availability of the individuals to be selected and their willingness and ability to communicate effectively on the topic of interest. Hence, the focus of the study was the subjective wellbeing of the elderly and how it is achieved using religion.

In all, 8 women and 5 men between the ages of 60 and 74 years were sampled. The content of the interviews was analyzed qualitatively using thematic analysis.

### **3.5 Data Collection instruments and Procedure.**

In every research data collection is the first stage. Data collection in qualitative research mostly occur simultaneously with data analysis, and it is defined as the systematic gathering of information for a specific purpose from various sources, comprising, interviews, focus groups, observation, existing records, and electronic devices (Rimando, et al., 2015). The data was collected from two key areas, the primary and secondary data.

#### a) Primary Data

With the help of qualitative design tools like unstructured and semi-structured interview guide, the researcher gathered primary information through an in-depth interview. The study focused on conducting in-depth interviews which is a qualitative research data collection tool that involves conducting intensive individual interview with a few people to explore their thoughts on specific idea, program or situation (Boyce & Neale, 2006). The mode of data collection allowed the respondents share their experiences and ideas on the given topic. In-depth interview was used in place of focus group discussion which gave the participants the confidence to speak to the issue without any interference from others and as well enabled them share intimate information that they would not have shared in a group conversation. The researcher made use of in-depth interview with the comfort of the participants at heart, the interview was done in a more relaxed atmosphere for the wellbeing of the elderly.

The source of the primary data for this study includes firsthand information acquired through a well conducted interview with the help of an interview guide, which gave the respondents the opportunity to share their views on the topic and fieldnotes were taken by the researcher and observations were made. The information obtained from the participants were analysed and made accessible to all upon writing of the final report.

#### b) Secondary Data

The researcher reviewed existing data from the Ghana Living Standard Survey (GLSS), Ghana Population and Housing Census, 2010 and other peer reviewed literature related (comprising of Journal articles, reports, research papers, webpage articles) to the topic. All data sources have been acknowledged.

### **3. 6 Data Analysis**

Thematic analysis was adopted for the purpose of the study which used qualitative research design. Thematic analysis is a method used to find, examine, shape, define, and report themes found within a data set (Braun & Clarke, 2006). The data gathered were analysed based on the six-step approach as proposed by Braun and Clarke (2006). The primary information collected on the field was transcribed in detail. Data transcription is the verbatim transformation of sound/image from recordings to a written document (Duranti, 2007). The researcher then familiarised herself with the data through thorough reading of the transcripts and listening to the voice recording to check the errors made in transcribing the voice into text and also noted the initial ideas of the study that runs through the interview. Then codes were steadily produced on characteristics that appeared to be fascinating and relevant to the study such as non-communicable diseases, private prayers, congregational prayers, fasting, hooliganism. The central data were sorted according to predominant themes and the data within the themes were critically reviewed by the researcher. At this point, the reviewed data were gelled together implicitly and were checked in relation to the coded excerpts that helped generate the thematic ‘map’ for the study. Definition and naming of the themes according to the working definition of the study followed. The secondary data gathered spelt out the gap in the existing literature which made it possible for the study to be conducted. The reviewed articles showed that many authors have researched on how the aged cope with daily stress however, in the Ghanaian milieu, the influence of religion in the wellbeing of the elderly was not fully established. This inspired the researcher to search for the link between religion and the wellbeing of the elderly in the two migrant communities (Madina and Taifa) in the Greater Accra Region. Finally, a report was written to relay details of the findings.

### **3.7 Scope of the Study**

The study was related to the wellbeing of the elderly Christians and Muslims in two migrant communities in Greater Accra region. The elderly selected for the study shared their views on the topic. The study examines forms of elderly stress, coping strategies used by the elderly and religious influence in the use of the choice strategy. The study considered the religious affiliations of the elderly and how it affects their way of coping. The study also reviewed the national ageing policy to assess its capability in addressing the matters of concern in relation to the wellbeing of the elderly.

### **3.8 Limitations of the Study**

This research was constrained by material and non- material resources. The main limitation of the study was language barrier which made it difficult for the elderly to participate and also for the researcher to communicate effectively with the elderly at Washington Madina. Most of the elderly Muslims, especially the women had no education and their basic language is Hausa and their native dialect. Some of the respondents who were familiar with English and Twi were also unwilling to participate. Age was another factor that limited the study, most of the participant did not know their actual age and were given their age in relations to a historic event. Funding and time were other limitations of the study. Notwithstanding, the constraints of the study, the researcher manage to gather adequate and precise information for the research to ensure that the work is reliable.

### **3.9 Ethical Consideration**

All ethical procedures were observed by the researcher. Participants were given the chance to partake in the study by signing a consent form that assured them of confidentiality and anonymity. The assurance of their confidentiality encouraged the participants to partake in the study. The respondents agreed to participate in the study in their own free will without any attempts to

pressure them to do so. Decisions of few people who were unwilling to participate were respected. Instructions for the interview was well communicated to the respondents and the interviewer explained questions in the simplest form for the participants to understand before responses were given. Duration of the interview was communicated to the participants before the interview commenced and participants were allowed to choose a language that they were conversant with and would be able to understand and respond to the questions without any difficulty.

## **CHAPTER FOUR**

### **PRESENTATION AND DISCUSSION OF FINDINGS**

#### **4.0 Introduction**

The subjective wellbeing of the aged in Africa has gained research and policy interest in recent years. Ghana among many Sub-Saharan Africa countries is striving to promote and protect the wellbeing of the aged. Ghana as a middle-income country has been identified as one of the largest and fastest growing countries with older population in Sub-Saharan Africa. In a country where issues related to ageing arises almost always ahead of social and economic development, demographic ageing perhaps embraces health and wellbeing of the elderly (Gyasi & Philips, 2018). This chapter presents and discusses the findings of the study on the religion as a coping mechanism for the wellbeing of the elderly in Accra.

The first part discussed the demographic data of the participants, followed by the findings and then the discussion of the findings thematically. The focus of the discussion was on problems associated with old age, strategies for coping through the use of religion.

#### **4.1 Demographic Description of Respondents**

##### **4.1.1 Marital Status of the elderly**

Marriage is an important stage in the life of everyone everywhere since it is the foundation to precreation and the family. In Ghana, marriage is valued as a social institution that holds society and for that the research enquired about the marital status of the respondents. The study found that a little over half of the elderly were in a marital union and nearly half of them were widowed. It was revealed that majority of the elderly women were widowed as compared to the men. It is not surprising as the 2010 Ghana Population and Housing Census made the assertion that every 3 out of 4 elderly men are married as compared to every 1 out of 3 elderly women. The likelihood for

old men to remarry when widowed or divorced is higher than for old women. The study discovered that 8 out of the 13 respondents were married, among those married 6 of them were elderly men and the remaining 2 are older women. This formed 46 percent of the total respondents who were married and the remaining 38 percent were elderly women who were widowed. As indicated in the 2010 Ghana Population and Housing Census, men most of the time rely on women for domestic work, housekeeping, nurturing of children especially when the children are not old enough to care for themselves, this leads elderly men to remarry when they face a situation like loss of spouse or divorce even at an advanced age unlike women who do not need much assistance in such a circumstance may not remarry and remain widowed for the rest of their lives. As indicated in the interview by some respondents:

*'It been 12 years since my husband died and I have been both mother and father to my sons that many thought a woman could not have raised them alone' (A Muslim woman, 65 years)*

*'My last born was about 4 years old when their father died somewhere in 1984 and they are all married now' (A Christian woman, 68 years)*

*'I lost my husband a long time ago' (74-year-old woman, Taifa)*

*'There is only one left, I had four wives and three died' (74- year-old man, Muslim)*

This old woman has been living without a husband for the past 12 years and have no intention of remarrying, especially now that her children are married and have stable jobs to take care of her. Regardless, marriage is very important in old age as it protects the older people from loneliness, the risk of disparage and witchcraft accusations among most communities in Ghana that are experienced mostly by single elderly women.

#### **4.1.2 Educational Background**

Education is one of the factors that determines the wellbeing and social status of a person. However, education has been a major concern in Ghana as the Ghana Living Standard Survey (6) indicated, only 14.7 percent of the persons aged 15 years and above in Ghana have attained secondary/ senior high school or higher level of education. This correlates with the field data that identified only 3 persons out of 13 respondents had secondary education and Higher National Diploma (HND) respectively. Majority of the respondents which formed 76.9 percent of the total participants have low or no education. In details, 30.7 percent of the elderly women have not had formal education as against 15.3 percent of the older men interviewed. However, equal number of the respondents, both men and women have had basic education. The data further identified that most of the elderly men and women who had no formal education were Muslims. Specifically, 38 percent of the respondents who have never been to school were Muslims as equated with 7.6 percent of the Christians. This showed the educational attainment among Christians.

#### **4.1.3 Occupations and Economic Status of the Respondents.**

Occupation is the kind of work a person is engaged in or was previously engaged in that was directed toward earning an income or source of livelihood. As found in this study, slightly half of the respondents had no formal education that made them unable to work in any of the public or private formal institutions. However, 3 out of the 13 respondents had retired from public service and were living on their pension benefits. The remaining 10 respondents were self-employed and four of them were still actively working. This supports the continuity theory on ageing that to large extent individuals remain active in their later years most especially doing what they used to do and repudiate the disengagement theory that postulated that as individuals age they then detach themselves from society and active work for the young generation to takeover responsibilities.

However, the disengagement theory becomes relevant in the case where the old after retirement live sedentary live due to ill-health. Even so, they do not disconnect themselves from the relations as found in this study. The respondents who are inactive live with their children and grandchildren who support them financially and emotionally. Therefore, this study discovered that more than half of the respondents were able to support themselves in times of difficulty and others depend on their children for support. Some of the professions that were mentioned in the study were caterers, drivers, account clerks and traders.

#### **4.1.4 Religious Affiliation**

The study sought to examine how the elderly use religion as a means of coping with stress and for that reason the need to know the religion they were associated with was key. Studies have identified religion as part of Africans life that cannot be easily or possibly isolated from their way of doing things and living (Mbiti, 1969 :1 as cited Wari, 2009). Likewise, religious groups serve as social capital to those who belong to them. In this study, the religions identified were Christianity and Islam. The study found that 53.8 percent of the elderly respondents were affiliated with Christianity whereas 46.1 percent were associated with Islamic religion. However, among the 53.8 percent Christians, 28.5 percent were protestants and 30.7 percent of them were Pentecostal/Charismatics. In contrast, all the Muslims respondents were orthodox Sunnis, no Ahmadis nor Tijanis were interviewed.

#### **4.1.6 Living Arrangement of the elderly respondents**

Living arrangement was part of the questions asked in the demography session of the interview. Studies have revealed that living arrangement has influence on the health and wellbeing of the aged (WHO, 2014). In this study, none of the respondents lived alone, almost all the respondents lived with their children and grandchildren especially the elderly women. Insignificant number of

them lived with their spouse alone. Further, the study identified 2 out of 13 living in rented houses, as such 84.6 percent lived in their own houses. These houses vary from self-contained houses to tenement house. They resided in communities where water, electricity and sanitation are available to everyone. However, in Washington Madina where the elderly Muslims were residing, there was a big trench that needs a well-constructed bridge to facilitate movement in the area. The respondents complained of the wooden bridge that they always rebuild after a heavy down pour and this is life threatening situation to the individuals of the community especially children and the aged.

#### 4.1.1 Summary of the Sociodemographic Characteristics of respondents

Characteristics	Male %	Female %	Total
<b>Age group</b>			
60 -64	15.3	15.3	30.6
65 -69	15.3	30.7	46
70-74	7.6	15.3	22.9
<b>Marital Status</b>			
Currently Married	38	24	62
Widowed	0	38	38
<b>Education</b>			
No education	15.3	30.7	46
Middle School	15.3	15.3	30.6
SHS/Commercial Sch.	0	15.3	15.3
Tertiary	7.6	0	7.6
<b>Religion</b>			
<b>Christianity</b>	15.3	38.5	53.8
Protestant	0	15.3	15.3
Pentecostal/ Charismatic	15.3	23.1	38.5
Catholic	0	0	0
<b>Islam</b>	23	23	46.1

Source: Field Data, 2019

The table above shows the sociodemographic characteristics of the respondents. The age and sex distribution of the elderly, their marital status, educational background, living arrangement, occupation and economic status of the elderly and their religious affiliations.

#### **4.2 Problems Associated with Old Age.**

Having discussed the profile of the aged it became important to know what kind of difficulties the elderly face in their old age. As one of the objectives of the study examines the coping strategies of the elderly, the researcher enquired about the challenges the older people are facing in their old age. In response to this question, most of the participants enumerated health conditions and some social issues they experienced. The problems identified are discussed in detail in the next paragraph.

##### **4.2.1 Health Status of the Respondents**

Knowing your health condition helps you live well or sometimes force you to give up on life. Healthy life is essential to the individual as well as an asset to the nation. Economic growth of every country depends on the health condition of the people and their contribution to the economic developing process. However, an increasing population of the aged is linked with an increase in degenerative and non-communicable diseases such as diabetes, high blood pressure and arthritis (WHO, 2014). Similarly, a great proportion of the respondents reported high blood pressure (Hypertension), arthritis and diabetes as conditions deteriorating their health. 43 percent of the old knew their health status and majority of them have been diagnosed of hypertension and they are currently on medication. Among the 43 percent, 30 percent are elderly women and 13 percent of them are men. In the same manner, majority of those who reported hypertension also complained of arthritis and diabetes. Almost all the participants have two or three of these non-communicable

diseases that they attributed to old age. These are some of the voice notes of the respondents with two or more health conditions;

*I have blood pressure that I am treating and recently in our Eid -Mubarak fast, I felt sick and went to the hospital and the doctor prescribed a drug for me and I told the doctor I wanted to know what was wrong with me so I was asked to go for a lab test and the lab result showed that I had diabetes and I was given drugs to treat the disease. (65-year-old woman, Muslim)*

*In my 60s, there was no issues with my health but since my 70<sup>th</sup> birthday, I have not lived a day without feeling pains in my joints especially my waist. Years ago, I was sick and visited the hospital and was told I had blood pressure and I been given medicine to control it. (74 year- old woman, Taifa)*

*I have waist pain and have been experiencing scalp pains these days. Years ago, I was diagnosed of diabetes and blood pressure at Alpha Medical Centre (Pentecost Hospital) years ago. The doctor gave me some drugs and told me to come for review every month. (65-year-old man, Muslim)*

*Yes, I have face so many challenges as an older person and the biggest one amongst these was in 2006 July, when I woke up one morning with a big blister on my left leg. As scary as it was made my children rushed me to Achimota hospital because we did not understand what caused it. As soon as we got there, I was taken to the emergency ward because my Blood pressure was too high and when the doctors examined me and they told my children and I that I had diabetes and they had to admit me for observation. I was there for two getting to three weeks, during that time all that the nurses did was to treat the wound and*

*give me drugs so one fateful morning as they treat the wound, a specialist visited the hospital to check on special cases and he examined my wound which was healing and told my children that the wound was not recovering as we thought it was and it had gone deep so they would transfer me to Ridge Hospital for a minor surgery the next day if my children have the resources. If not, they have to raise money immediately before it gets worse than it was. My children agreed that the doctor should refer me to Ridge hospital for the operation. The next day my children took me to Ridge Hospital and the doctors there did the surgical treatment and discharged me that very day because there was shortage of beds for admission. (68-year-old woman, Taifa)*

The in-depth interview brought to the fore some of the challenges the elderly people are facing in their old age. The conditions discussed confirm the work of Ayernor (2012) that health issues that compelled the old to seek medical care were hypertension, diabetes, stroke and arthritis. Though this study did not record any stroke condition, a respondent narrated that a doctor had cautioned her about how her pressure levels could result in a stroke, if care is not taken. From the respondent,

*This condition has affected me greatly because I cannot go a day without taking my medicine. When I refused to take the drug, my pressure arose and it became difficult for me to sleep so the doctor advised me to take my medications as prescribed if not I may end up with stroke and that would be devastating for my children. So, I asked him if there would be a day for me to stop taking the medication and he said until my pressure is back to normal, I have to continue even until my dying day. (74-year-old woman, Taifa)*

The respondent was aware of her condition and the worse that could happen. This statement by the respondent substantiates the World Health Organisation assessment report on ageing and health of Ghanaians which specified that inadequate detection and control of hypertension among the

aged with rapid urbanization would translate into higher incidence of stroke and other adverse health outcome that stems from hypertension (WHO, 2014). Nonetheless, not all the respondents who complained of these health problems acquired it in their old age. Two of the older people stated categorically, that the disease started in their middle-age and had nothing to do with old age. Though their health has declined they believed it was due to the number of years lived with the disease. the two asserted as follows:

*I have Blood Pressure but it was not as a result of old age it has been with me for a long time. (64-year-old man, Taifa)*

*I have not faced any problem in my old age though I have hypertension it did not come as a result of my age it been with me for a long time. (61-year-old woman, Taifa)*

*I was diagnosed of diabetes long before I turned 60 years, it is a family disease. My elder sister had same disease and my niece was also diagnosed of diabetes at age 25 so it is not as a result of old age. (65-year- old woman, Madina)*

**Table 4.2 Reported Health Conditions of the Respondents**

Diseases	Male %	Female %	Total
Diabetes	9	13	22
Arthritis	7	18	25
Hypertension	13	30	43
Sight Problem	0	0	0
ear infection	5	0	5
Scalp pain	5	0	5
Total	39	61	100

Source: Field Data, 2019

The table above indicates the self-reported health conditions of the elderly selected for the study. However, the research again sought the knowledge of the respondents on the causes of the diseases

they reported and majority of them expressed their view on it and some clearly stated that they had no idea what caused the disease. These are some of the discussion:

*I asked the doctor what caused it and he told me that it is as a result of too much thinking. I believed what he said because the diagnosis was after the demise of my sister which made me worry too much for her children. Two of her children were autistic and needed the love of a mother so I had to leave Nkwakaw where I was to Accra in order to take care of the children. So, during that time I could not stop myself from worry and ended up with blood pressure. (66-year-old woman, Taifa)*

This respondent expressed her knowledge on the disease and how she got the disease. She believed her worries caused the disease as the doctor told her.

*Awww, I do not know anything, I have no education, all I know is the doctor said I had diabetes and hypertension. (74-year-old woman, Muslim).*

The second respondent articulated her ignorance on the disease. However, health condition of a person may not necessarily determine the wellbeing of the individual. Though in the case of some old people who did not experience any disease in their youthful years, they tend to feel bad about their health condition in their old age reflecting on the life they lived in their youthful years and relating the present conditions to that lifestyle. In a situation like this, the subjective wellbeing of the old is negatively affected since the person does not feel good about his/her condition. Notwithstanding, some of the elderly persons who experienced these diseases in their early years, have adjusted well with the condition which has improved their subjective wellbeing.

### 4.3. Social Challenges of the Respondents

This study found little on social issues of the older people. The old saw some the social challenges as normal situations everyone experienced in their daily lives. However, some of the respondents expressed how they wished their spouses were still alive. They were widowed and have lived with their children for a longer period yet they still missed the company of their late husbands. One of the respondents told the researcher that she becomes very lonely whenever her children and grandchildren are not in the house and she is left with the domestic help, the thought of her late husband comes to mind. The response was given when the respondent was asked about her challenges and she proclaimed that loneliness would be the cause of her death and not her health condition. The voice below explains the thoughts of this respondent;

*Hmmm, my daughter, I think about my late husband whenever I am left alone with the domestic help at home without the children and the grandchildren. The girl normally watches TV after she has finished with her duties and I would be alone without anyone to talk to. For this reason, I wanted to continue selling at the market but my children think I am too old to be going to the market yet I am lonely and wish it could have been better if my husband was alive. Being alone is affecting my health more than the disease. (74-old-woman, Muslim)*

The above response confirms the 2010 Population and Housing Census of the elderly report that suggested remarrying in old age protects the older people from loneliness and prevents mental health conditions among the elderly. Thus, if the old woman had remarried after the loss of her late husband, she would not have experienced loneliness. Aside, from this respondent, none of the respondents complained of loneliness or depression.

#### **4.4 Coping Strategies of the Respondents**

Life in itself is stressful coupled with the dynamics of this world. However, stress is not experienced by only a particular group of people such as the aged but all persons regardless of age and number. Nonetheless, the degree of stress that the aged experience is far greater than any age group. In definition, stress is the body's response to the challenging demands that emanates from changes in society and the environment (Lazarus & Folkman, 1984). Since stress is part of the individual's life, a way of overcoming it or reducing it to promote one's wellbeing is crucial. On that note coping has been defined by Lazarus and Folkman (1985) as a "cognitive and behavioural efforts someone makes to manage (master, reduce, tolerate) a troubled person-environment relationship'. Here, one's knowledge of the problem and the availability of resources to deal with the situation would either affect the wellbeing negatively or positively. That implies that how persons handle problems or situations that confront them is a way of coping. Coping comes in different forms depending on the circumstance and the person involved in it. However, this study sought to investigate how older people cope with everyday life stressor and the form of coping strategy they use. In the study, almost all the respondents knew the situations they have been confronted with and how they are dealing with it. All participants mentioned some religious practices as their way of managing issues. Some of the ways the elderly handle situations using their religions as the available resource have been highlighted in detail below.

##### **4.3.1 Religious Coping Mechanisms Used by both the Elderly Christians and Muslims.**

Religious coping here is the means through which the elderly cope with situations that threaten their life. The study found two approaches the elderly used in coping which are the individual approach and the social approach. With the individual religious coping, the elderly people narrated how they dealt with stress personally. During the interview, the older persons were asked how they

cope with stress or difficulty and some of the responses they gave showed that in their difficult moment they sought comfort from their God and make their request known to Him believing that is the only way to overcome the situations. Below are some of the responses from the field:

*I pray on my own, fast and based on the word of God I make my request known to God. For the Bible says we should cast all our burden to Him for He cares so what I do is commit my worries to God and believe in Him for a better tomorrow. (61-year- old woman, A Pentecostal)*

*I pray when I am troubled and when any of my children or grandchildren face any challenge and they inform me I pray to God mostly at dawn when everyone is a sleep. And God has not failed me with the solutions I need. (68-year-old, Methodist)*

*All I do is to pray and pray and pray. These days, because of old age and waist pains I cannot pray for long yet I pray sitting or sometimes I lie-down though it does not take long as I used to do when I was young and energetic. (74-year-old woman, Muslim)*

*I perform my... we have some prayers that is called Nafila. Nafila prayer, when we do that prayer, we do it to request for something from God that particular time in most cases we do it at night when everyone is asleep, we sit, kneel, meditate and talk to Allah at that particular time and Isha Allah you will triumph. So, in time of difficulty I perform my nafila prayer and wait on Allah. (60-year-old man, Muslim)*

The quotations above are some of the responses from older persons when they were asked about their way of coping in times of difficulty. This way of coping is exclusively personal, it was done alone, some in the night and other times of the day. Prayer run through the way the old managed their stressful situations. Prayer in this study is basically the act of speaking to God or Allah. This

form of coping was done by both Christians and Muslims when circumstances demanded that they apply it. However, there were differences in the way the prayer was done. The Muslims believed that there is time for every prayer and when one is able to perform the act at the exact time, solution is instant whereas Christians believe that prayer can be done anytime and solutions would follow based on the faith of the individual. Most of the Muslims interviewed mentioned night as a perfect time for praying to request something from Allah. Although some of the Christians said they pray at dawn they did not have a specific reason for praying at that time. Yet, Muslims explained that there are seven layers in the sky which lead to Allah and humans are beneath the first layer and Allah is above the last layer but usually at night, Allah visits the first layer to grant the requests of those who are awake and praying. With this notion, Muslims deal with difficult issues at night when others are sleeping. This confirms the continuity theory that opined that past experiences of an individual influences their decisions in the later life. That is, older Muslims used to pray at night when they were young and even in their old age, they still found it prudent to engage in night prayers. Despite the fact that prayer has been highlighted in this kind of coping approach, fasting was also found to be another way that the elderly managed their stress. Although, some of the elderly expressed their inability to fast these days due to their health condition.

As others prayed and fasted individually, there were some who believed in corporate prayer and due to that are always found in church or the mosque. Corporate prayer here refers to the act of praying in a gathering or congregational prayer where everyone participates in the prayer. This form of coping has been referred to as social approach.

### **Social Approach of Religious Coping**

This approach was found to be mostly used among the elderly Christians and the Muslims men. The study found most of the elderly Christians cope well with church attendance. The respondents explained that being at church was one way they freed their mind from issues confronting their lives. According to the respondents, church enables them to meet and interact with other members which helps them forget their situation. Some of them said listening to the choir sing and singing along was helpful in understanding God's love and protection over them. From a respondent;

*It is better to be in the house of the LORD often, because at church you would listen to the word of God, dance and interact with other members of the church and laugh so it takes away your worry. Mind you when you are alone your mind travels and if you don't take care you will get seriously sick. (63- year-old woman, Christian)*

*Whenever I go for Wednesday meetings, I am relieved of any stress I find peace at the presence of God and interact with others we sing and just singing and praising God takes away your problems. (68-year-old, woman)*

The foregoing showed how church attendance has helped some of the respondent manage their situations. The researcher observed the excitement in the eyes of the elderly people as they expressed the comfort, they get from attending church services and getting involved in the service. Likewise, another respondent from the Islamic religion also recounted that;

*Yes, definitely, congregational prayer is the best in our religion. It is even advisable that you always go to the mosque to perform your prayers except if you are not fit to do so.*

*Where two or three or four persons are seated praying is powerful. (60-year-old man, Muslim)*

This explains why most of the Muslim men are found in the mosque. They believe that, it is a norm to be in the mosque to perform observe prayers because of the power incorporated in prayer.

#### **4.3.2 Secular Coping Mechanism Used by Elderly**

The study found that few of the respondents made use of secular coping mechanism which is a means of coping that does not relate to religion. The respondents who mentioned this kind of coping also uses religion as a means of coping with overwhelming events. However, watching TV, listening to news and other programs on radio was another way some people coped with stressful situations. As some of the respondents narrated:

*Whenever I face a challenge, I tune my radio on and as the people discuss state affairs, it frees my mind of all the situations. Sometimes, I watch the discussion on Tv and I enjoy listening to those people. (66-year-old man, Taifa)*

*The mind travels when you alone and you are not doing anything. So, whenever there is a problem what I do is to watch some of the soap operas on Tv. (61- year- old woman, Taifa)*

*My daughter I watch Tv all the time because people do not frequent this stall and I am alone here. (68-year-old, Taifa).*

The above responses showed that secular means of coping is one of the ways the elderly use when they are challenged. However, the study identified the responses as a passive individual who experienced secular coping. Here, the older people did not use any energy in coping with their stress as identified by Minhat, Rahman and Khadijah (2013) that lack of physical activity like watching television posed as a threat to the mental health of the elderly. Hence, encouraging the

older persons to participate in more active means of coping would improve their wellbeing. In contrast, the study did not find social secular coping mechanism like volunteering that other literatures shown.

#### **4.5 Health Outcome and Wellbeing of the Elderly**

The study sought to identify the connection between religious coping and the health outcome of the elderly. Majority of the respondents attributed their involvement in religious activities as the reason for their improved wellbeing. The study found that the respondents' relationship with God influenced their decision making since they believed that God works through others to help them when they pray for God's help. Below are some of the respondents' narration about the importance of religion in their lives:

*When I am sick I pray before visiting the hospital and whatever I am told to do I obey and follow the instructions because at that time the doctor becomes my God because before a doctor goes to the hospital he/she might have prayed to God that the patients he/she would treat should receive healing therefore if you follow what they tell you, you would receive your healing as you prayed to Allah. (65-year-old woman, Muslim).*

*My good health is a reward for the services I do at the church for God. Look I have been diagnosed of hypertension yet able to go about daily activities with no worries because God takes care of me. (61-year-old, Christian)*

*My daughter, do you know that without God on your side doctors could diagnose you of a disease that you do not have and also give you wrong prescription. (Alhaji, Madina)*

To this respondent and others, God is the only one who heals, so whenever they are not feeling well, they believed that God would heal them and attributed every good thing that comes to them

to God. However, the study found that some of the respondents have stopped going for their regular review because they believe monthly visit is irrelevant to them because their health had been restored.

*For the past three years I have not gone for my monthly review because I feel is a waste of time since my health has been restored by Allah. (74-year-old Man, Muslim)*

In this situation, the researcher probed to know if the respondent stopped going for the review because of financial constraints but the respondents kept responding that Allah has restored him. This revealed the connection of religious coping and health outcome which in tend improve the wellbeing of the elderly. The positive mindset of this aged person has been found to be a factor of subjective wellbeing that was reported by the respondent above.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1 Introduction

This chapter contains the summary of the findings of the study and outlines the salient points in the study to reflect the conclusion. The chapter further discussed some of the challenges faced in the study and gives directions to future study.

#### 5.2 Summary

The study found a connection between religion, health outcome and the wellbeing of the elderly. The use of religious practices as a means of coping with life stressors among the aged was found to have an influence on their wellbeing. Most of the aged who mentioned religion as their means of coping were found to be healthy though they proclaimed to have diseases such as diabetes, hypertension and arthritis, the believe that God has control over everything helped them live without worry. The study disclosed two main approaches the elderly used in managing a stressful situation. These were individual approach and social approach. The individual approach was identified as fasting, praying and waiting on God for a better solution and social approach was seen as engaging in cooperate religious activities to uplift one from daily life stressor.

The data revealed that some of the elderly people were unhealthy before their old age which meant that not everyone experienced ill-health during old age. Notwithstanding, some of the aged claimed their good health was as a result of their relationship with God. The data revealed praying and fasting as a means of coping with overwhelming events personally. The study revealed how declined health posed as a challenge for the elderly in performing their prayers as they used to most especially among the Muslims. However, the Christians did not have any challenge in

practicing their religion since their way of worshipping does not require much exertion of physical strength.

However, the difference in religious coping among elderly Christians and Muslims were insignificant. Thus, Muslims women at some point in their life cannot go to the mosques to pray due to weakness in their joints. Though their counterpart, the elderly men are able to go to the mosque to pray at their old age for the reason being that men should not for sake the congregational prayers. In the study, the researcher observed a very old man who was carried by some young men to the mosque to pray on Friday yet the old women who were quite younger could not come to the mosque and when asked the feedback was that it a norm for the men to be at the mosque all the time. For this reason, Muslim men normally rushed to the mosque whenever it is time for prayers whereas the women pray wherever they found themselves unless the need arises for them to go to the mosque, that is Friday afternoon for the special service. However, in Christianity, when the aged become weak and can no longer attend church services the Pastors and some of the church leaders visit them in their various homes to share the word of God, pray and have communion with them.

### **5.3 Conclusion**

Although most people wish to experience old age which they perceive as blessing from God, old age comes with so many problems they are not aware of. The aged enjoy their time with family and friends doing what excites them, older people are also experiencing so many challenges such as loss of spouses which results in loneliness and numerous health conditions that they did not experienced at their youthful or mid-age period. Despite all the challenges of the aged, they continue to live and participate in the religious activities that they use to engage in when they were young. This confirmed the continuity theory of Ageing postulation, that at the later life, the old

engage in activities of the past and they find pleasure in doing that. The study found two religious coping strategies which are personal and social or corporate religious coping. Further, secular coping was identified though majority of the respondents sought religion as their means of coping with overwhelming situations. Some of the respondents believed they would see the importance of religion in the afterlife, as it is written in the Quran that if one follows the instructions of God diligently, reward awaits the person in heaven.

The study found that Muslims do not get financial support from the Mosque when they are in need unlike the Christians who have their names registered as members of the church and they contribute financially to the growth of the church, when they are in need the church in tend supports them. However, the Muslims do not give offering when they meet as a congregation though they have donation boxes outside the Mosques for individuals who want to give alms (Sadaqa) to the less privileged. Through the researcher's interaction with one Imam, she deduced that the Mosque does not have permanent members which explained why the aged do not receive any support from the mosque when they are in need.

The findings of the study are contradictory to the disengagement theory that posited that ageing is a mutual discontinuation of the individual and the society, such that the aged assume that the younger generation expect them to become less active in their old age. However, the activity theory though did not specify the kind of activity the aged should be involved in the study. Nevertheless, the study buttressed continuity theory which encourages the old to continue to participate in activities that makes them happy. Thus, the study found that the activities most of the elderly people are engaged in currently resulted from their past experiences and involvement in similar activities.

In a way of concluding, religion is part of the older persons life which cannot be isolated from their way of coping with day life stressors.

## **5.4 Recommendation**

### **5.4.1 Recommendation to Policy Makers**

The Government has a role to play in the lives of the older people by investing in the education of geriatricians in the country to help improve the healthcare of the elderly. Implementation of the National Ageing Policy, 2010 would help the sectors in charge of matters concerning the aged to address the issues of ageing especially gender issues such as abuse of property rights of the older women who are widowed and social discrimination. This would thus, protect the elderly from witchcraft accusation and isolation.

Policy makers have the responsibility to research on the issues affecting the older persons and get them involved in this investigation to know the main problems that the aged are confronted with. To Ghana Health Service, all diseases related to the aged should be publicly discussed in all local dialects to help the older people without formal education understand their condition and the root cause of that disease to help improve their wellbeing. Again, the National Health Insurance Scheme (NHIS) should add the remaining non-communicable diseases that affect the old on the scheme to enhance the health condition of the old especially those living below the poverty line. Also, drugs payable should be made known to the old when registering for the scheme in order to avoid any humiliation at the health centres. Again, the National Health Insurance Scheme should extend the premium exemption to 60 years since the National Ageing Policy (2010) and the Population and Housing Census (2010) defined the elderly as persons who have attained 60 years and above. Although, some of the elderly persons in this category are productive and have no

serious illness, majority of them are extremely poor living in the rural areas who need the exemptions to ensure regular review at the health centres.

#### **5.4.2 Recommendations to Religious Bodies in Ghana.**

Religious bodies in Ghana, should educate their leaders and in-group leaders to support the aged in their various denominations whenever they are in need. For example, financial support to the old who live alone without any caretakers. Religious associations should acknowledge the efforts and contributions of the elderly towards the growth of the group.

Religious groups should assign roles to the older people that would keep them active especially with their experience in marriage, their involvement in the marriage counselling in the group would help the young generations who are married and struggling with in their union to learn from them and the would-be couples would also learn the basic knowledge of marriage before going into it.

The act of showing love and care should be the hallmark of every religious group. Here, visiting the members especially the old in their homes when they are no longer able to attend service gives them the assurance that they are part of the group which in the long run would help improve their wellbeing.

#### **5.4.3 Recommendations to the communities**

To the entire community, older people are not liability but an asset that can help develop the community if they would be accepted and treated with respect. The young ones in the communities need to get close to them to acquire the wisdom and the experience they would share with them. It should be the responsibility of everyone to care for the older people in the community to enable them live a healthy life. Again, the old should be given the opportunity to participate in the affairs the community that would lead to development.

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**APPENDIX  
INTERVIEW GUIDE**

**RELIGION AS A COPING MECHANISM FOR THE WELLBEING OF THE ELDERLY  
IN ACCRA.**

I am a Graduate student at the Centre for Social policy Studies, University of Ghana conducting a study on Religion as a Coping Mechanism for the Wellbeing of the Elderly in Accra. I would appreciate if you give me about an hour of your time to interview you on the topic aforementioned. Every information given would be treated in confidential. Thank you for your time and your cooperation.

**SECTION A: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

1. Sex
2. How old are you?
3. What religion are you affiliated to?
4. Are you married?
5. What is your highest level of education?
6. Where do you come from?
7. Whom do you live with?
8. Do you live in this community?
9. How long have you been staying in this community?
10. Tell me more about life in the urban community?

**SECTION B: CHALLENGES/PROBLEMS ASSOCIATED WITH AGEING**

1. What are some of the challenges/problems that you face as an aged person?
2. What do you think can be the causes of these challenges/problems?

3. To what extent are these challenges/problems affecting you as an aged person?
4. In your own view, do you think these challenges/problems can be overcome?
5. Are there any challenges/problems faced that have/ had an effect on your survival?
6. Can you give an account of the various challenges you have been facing as an aged person?
7. Do you live alone or with others in the house? (Specify)
8. Do these people help in any way with you accessing religious services?

### **SECTION C: RELIGIOUS INFLUENCES IN THE WELLBEING OF THE AGED PERSON**

1. Do you belong to any religion?
2. Are you able to attend religious services? If yes then you have not much problem/ disability with movement.
3. If you cannot move what does your church do for you. Do they visit you at home?
4. Do they provide for your upkeep? How?
5. Does this make you happy and to cope with old age?
6. How important is religion in your life?
7. Are you part of any group in your denomination in your old age? What activities do you participate in, if any?
8. Do you hold any position in church or mosque? Do you belong to any association?
9. If yes what position? Does this position make you active gives you joy or drain on your health?
10. What religious activities did you participate in when you were younger? Do you participate in same activities now? What has changed in your religious involvement if any?

11. How has your involvement in religious activities affected your life, positively or negatively?
12. Do you get any support from your religious affiliate?
13. What kind of support and how often do you get the support? (follow -up on Q12)
14. Do you resort to religion when you are in difficulty? (sickness, financial difficulties, loneliness)
15. How do you go about it? (e.g. Pray, seek help from Pastor/ church leaders, members etc.,) (follow -up on Q 14)?

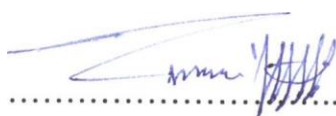
#### **SECTION D: GENDER DIFFERENCE IN COPING WITH LIFE STRESSORS**

1. How do you cope with stressful situation as a member of a religious group?
2. What are strategies do you use to cope with stress or challenges?
3. Please can you tell me how the method you used has helped you to overcome the challenge? (follow-up on Q2)
4. Does your way of coping have something to do with your gender?
5. How different is your way of coping with life stressors from your male or younger female /male counterparts?
6. Why is your coping method different from your counterpart? (a follow-up question)

**God Bless you**

COMMENTS	STUDENT'S RESPONSE TO COMMENTS
Background (focus on elderly needs pages 3-4)	The needs of the elderly have been added to the back round.
Problem statement page 6	The focus of ageing research in Ghana has been outlined and the relevant for this stud has been clearly stated.
Objectives of the study Page 6 -7	The main objective has been reframed and the specific objective has been written to reflect the findings of the stud
Literature Pa e 12- 13	Literature on stress and coping strategies used by the elderlyly has been reviewed.
Policy Implementation Section 2.6.3, page 27	Clarity has been given on the implementation of the national ageing policy. And obstacles to operationalising the implementation action lan has been clearly stated.
Chapter Two Summary, page	Summary outlining crucial ideas of the chapter has been written.
Scope of study Section 3.7 did not cover the conceptual study	Scope of study has been conceptualised to capture the key information of the study.
Summary recommendation and conclusion of finding.	Summary of the findings has been reconstructed and the conclusion is linked to the finding s and the recommendation
Reference Some citations were not on the reference list and others were inaccurate	All the 13 references that were not on the list has been added and the inaccurate ones have been corrected using the APA referencing style. Pages of the citations corrected <u>1,5,8, 10,11,13,14,16,27,30,37.</u>

Supervisor



Dr. Stephen Afranie

24/09/2020

Student



Christiana Owusu

24/09/2020