

**EFFECTS OF HOUSEHOLD COMPOSITION ON THE WELFARE OF ELDERLY
PERSONS IN ADUKROM IN THE AKWAPIM NORTH DISTRICT**

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DECLARATION

I hereby declare that this dissertation is my own research work and that it has not been previously submitted to any institution for an award of other degree. All references cited in this work have been duly acknowledged.

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DEDICATION

I dedicate this work to my late father, Mr. Samuel Abiaw, my loving Mom, Madam Vida Appiah, my wife, Mrs Dzifa Abiaw; to my siblings, Anita Abiaw and Emmanuel Abiaw, and finally to my adorable children Sydelle Abiaw, Denesa Abiaw and Ivan Abiaw for their love, care, concern, support, and encouragement that inspired me to achieve this goal.

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ABSTRACT

The population of persons aged 60 years and above has been increasing over the years and thus has become necessary to understand the living arrangements of the elderly population and develop policies to address challenges elderly persons face in the face the breakdown in the traditional family system of living arrangement due to rapid modernization and urbanization. This study investigates the relationship between household composition and welfare of elderly persons in Adukrom. The modernisation theory was used to explain the interrelationship between household composition and welfare of elderly persons. Using a cross-sectional approach which employed mix-methods for data collection and analysis, this study has provided clarification and added to existing documentation on household composition and its interrelation with welfare of elderly persons.

The study finds that although modernisation and urbanisation have impacted on the foundation of the traditional African extended family set up, and the young and abled generation has moved to more urban and industrialized centres in search of job opportunities, the extended family set-up continues to be the dominant living arrangement and support for elderly persons in Adukrom; however, in the absence of monthly allowance, and remittances, elderly persons have been persistently active in the construction of their own livelihoods through self-income generating activities in order to combat poverty.

Another major finding is that although all respondents indicated the access to National Health Insurance, a greater proportion worked in the informal sector and as such did not have social security in terms of pensions; consequently resort to social networks in the community for support. There also exists lack of support by the government in the provision of other complementary services for elderly persons.

The results show that 3 out of every 4 of elderly persons in the study area were not aware of any policy. In addition government officials lacked adequate knowledge and information of policies for elderly persons and neither had they been trained on programmes relating to elderly persons to help address their needs.

Whilst the study concludes that the perceived improvement in welfare of elderly persons emanates from the support they enjoy from their children, spouses, and other relative and non-relatives, elderly persons that report of low level of satisfaction were from household where members were not gainfully employed and also from households where the income generated by the family was very small and inadequate to address their needs.

Future programmes need to implore Government and other stakeholders to ensure the implementation of the Ageing Policy at all levels and also formulate policies and programmes that would ensure employment for the youth. This would provide them with financial security to enable them take care of their aged parents and consequently ensure their welfare. In addition, as majority of elderly persons age without a formal social security and tend to get poorer in old age, government and other stakeholders should promote programmes that seek to provide social security for persons who are working in the informal sectors to curb old age poverty.

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LIST OF ABBREVIATIONS

AU	African Union
DSWCD	Department of Social Welfare and Community Development
DPCU	District Planning Coordinating Unit
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GSS	Ghana Statistical Service
LEAP	Livelihood Empowerment Against Poverty
LMICs	Low and Middle Income Countries
MESW	Ministry of Employment and Social Welfare
MIPAA	Madrid International Plan of Action on Ageing
MSLC	Middle School Leaving Certificate
MMDAs	Metropolitans, Municipals, and District Assemblies
MoGCSP	Ministry of Gender, Children and Social Protection
NDPC	National Development Planning Commission
NHIS	National Health Insurance Scheme
NPC	National Population Council
OAU	Organisation of African Unity
SPSS	Statistical Package for Social Sciences
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs

CHAPTER ONE

INTRODUCTION

1.0 Background

Ageing as a policy issue received international recognition at the first World Assembly on Ageing held in Vienna, Austria in 1982. Since then several ageing-related conferences have been held including the 1984 International Conference on Population and Development; the second world assembly on ageing held in Madrid in 2002; the twenty second ordinary session of the Organisation of African Unity (OAU) Labour and Social Affairs Commission held in Windhoek, Namibia in 1999; the expert meeting hosted by the African Union (AU) in 2000; and the 38th session of Heads of State and Government held in Durban, South Africa in 2002. At these and other conferences, national Governments committed themselves to initiate policy interventions to address the challenges faced by older persons (MESW, 2010).

Globally, the population of persons aged 60 years and above is increasing and the number is projected to grow by 562 percent between 2015 and 2030 (UN, 2015); a trend experienced by both developed and developing countries (ibid). In Ghana, there has been substantial increase in the size of people aged 60 years and above (GSS, 2013). According to Domfe & Aryeetey (2016) the elderly population of Ghana doubled from 901,450 in the 1991–1992 survey period to 1,815,234 in the 2012–2013 survey period; an increase of more than 77 percent over a ten-year period (Kwankye, 2013) which is an indication of improved life expectancy rate, that has been increasing over the years, from 45.5 in 1960 to 58.1 in 2000 and currently at 62.4 (NPC, 2007);

consequently affecting population structures with more people living past their sixtieth birthday (GSS, 2013).

The growing population of elderly persons is associated with challenges and in addressing them, it is important to consider various factors that impinge on their welfare, including modernisation and urbanisation, especially the migration of the youth into cities in search of better opportunities (Apt, 1996). These were separately and jointly identified as contributing to the destabilization of the values that in the past sustained older persons in a closely knit age-integrated African society, and also preserved their quality of life. Other authors have corroborated the aforementioned position, noting that, the family traditionally in Africa, and more specifically Ghana, has been the single most important sanctuary and source of support for elderly persons, however the current socio - demographic changes occurring in the sub-regions have affected some of the inbuilt safety nets and the cushion that were in place for them (Help Age Ghana, 2005).

It is therefore important to plan adequately for older persons as the factors previously stated has created a number of problems for older persons, of which one is the tendency for them to be left vulnerable without sufficient care especially, where the household contained fewer or no income-earning members (World Bank, 1994). Traditionally, in cases where the state established intervention programmes such as the provision of pension schemes, medical facilities, and financial support systems for the elderly, the later tend to enjoy better welfare (ibid). At the moment in Ghana, programmes for the elderly and structure for dealing with their welfare are limited (MESW, 2010) and as such it is important to plan for this increasing number of elderly persons as the period they find themselves is associated with an increase in the need for support and assistance (ibid). Planning for the elderly includes taking into consideration the membership of the household they live in as evidence has shown that living alone may be connected with

various health-related problems (Klinenberg E., 2016). As noted by Davis et al (1990), there is a great prevalence of dietary inadequacy and higher rates of poor health status among elderly persons living alone in the United States of America. Other studies, according to Murphy (1997), shows that, the rates of chronic illness were higher among those living alone than among those in other types of household in the United Kingdom.

As already mentioned, the family has traditionally been the single most important sanctuary and source of support for elderly persons and therefore, household composition, especially where older persons live and who they live with is an important trajectory for this study. Against this background, there is the need to understand that who elderly persons live with, and the support offered them are important determinants of the quality of their welfare. According to Lloyd-Sherlock (1999), these determinants are particularly significant for the poor older persons in the developing world, where formal welfare systems are less extensive; where formal pension systems are available, they have succeeded in reducing old age poverty (Sagner, 2000).

Household composition of elderly persons in this study is conceptualized to mean where elderly persons live, who they live with and the support system available to them. In addition, the living arrangement of older persons has been classified in this study into four categories: living alone, living with spouse only, living with other relatives, and living with non-relatives.

1.1 Statement of the Problem

The GSS (2013) indicated that Ghana, like other developing countries has not made the expected progress in social and economic development, before recording the unprecedented increase in the population of their elderly. There are variations in the care and support of elderly persons

globally. In developed countries, the family does not play much role in the care of elderly persons. They are institutionalized in care homes where their welfare is catered for by public services through trained professional staff (Simone C.C.L. 2008). The converse in Africa, specifically Ghana is that elderly persons receive care and support from other household members including extended family members they stay with (GSS, 2013). This has raised over the years, discussion on how household composition can impact greatly on the welfare of elderly persons with the consensus being that, elderly persons who stay with their children, close relatives, or other extended relations are well taken care of and satisfied with their way of life (Singh, 2009). The adverse is the effect of modernisation and urbanisation, which as indicated by the UN (1991), has had a tremendous impact on the traditional family system which provided the most important sanctuary and source of support for elderly persons. Notwithstanding, the poverty level in Adukrom has resulted in many active young men and women migrating to the cities and other urban areas such as Accra, Tema, and Kumasi in search of better job opportunities. In circumstances such as this, elderly persons are left alone to cater for themselves and as such become susceptible to ill health, poor sanitation, low level of welfare and poor living arrangement among others (Annim et al, 2015).

It is for this reason that, this study focuses on household composition and also seeks to explore the effect of such composition on the welfare of persons aged 60 years and over in Adukrom in the Akuapim North District.

1.2 General Objective

The main objective of the study is to find out the effect of household composition on the welfare of elderly persons living with or without other generations at Adukrom in the Akuapim North District of the Eastern Region.

1.2.1`Specific Objectives

The specific objectives of this study are:

1. To study elderly person's patterns of co-residence and factors that account for elderly persons living on their own or with other generations.
2. To examine the patterns of access to material and non-material needs of elderly persons and the sources of support.
3. To review the scope of implementation of public and private services for the elderly in the district and examine the gaps that remain in this process.

1.3 Justification of the study

Mba (2007) noted that not much is known about the living arrangements and wellbeing of elderly persons in Ghana. Since living arrangements, particularly in the developing world, are intimately linked to intra-family support systems, the eroding extended family system will have major implications for welfare of elderly persons. This study will provide general knowledge on the living arrangements and welfare of elderly persons in the face of eroding extended family structure in Ghana. The study is expected to guide the National Ageing Policy implementation for the Ministry of Gender, Children and Social Protection; guide Metropolitan, Municipal, and District Assemblies (MMDAs) in designing and planning programmes to support elderly people;

guide research, policy initiatives, programme planning and budgetary concerns; and also contribute to literature for academic and policy work.

1.4 Delimitation

Adukrom was chosen as the study area using purposive sampling method taking into account the nature of the research objectives, the population of elderly people and number of households in the Akwapim North District, coupled with time and monetary constraints. In terms of population and number of households in the Akwapim North District, Adukrom is ranked the fourth (GSS, 2014).

1.5 Organization of the Study

The study is organized into five chapters. The first chapter is the introduction, comprising a background, statement of problem, study objectives, and the justification of the study. The second chapter presents a comprehensive review of literature. The third chapter describes the research methods stating all other processes used to carry out the research in detail, including, the forms of data collection and how data was analyzed. Chapter four is devoted to the presentation of results from the field and discussion of field results and chapter five discusses the conclusion, summary and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews previous studies conducted on elderly persons and other subjects related to the study. The chapter commences with the theoretical framework which discusses the main theory underpinning the study, followed by discussion on the concepts and the conceptual framework. The chapter concludes with discussion on the various empirical studies on household composition and welfare.

2.1. Theoretical Framework

There are several theories on living arrangement and welfare, however, this study considers the modernisation theory as most appropriate in explaining how household composition impacts on the welfare of elderly persons. The theory offers explanations about how societies change overtime and their effect on social organisations. It provides a clear distinction between traditional and modern societies (Lerner, 1958; Przeworski & Limongi, 1997; & Wang, 2009), as it explains the patterns of change and transition as societies transform from traditional to modern forms. Some of the features or characteristics of modern societies border on the advancement of science and technology and the consequential increase in industrialization and automation. Modernisation theory does not only concern itself with scientific and technological advancements but also with social and political processes. As societies evolve, so do their forms

of organization and government; affecting social roles including the position and status of the family (Fangjun, 2009; Lerner, 1958; Przeworski & Limongi, 1997).

The principle of modernisation theory is that as societies move from a traditional one to a modern one, elderly persons who are unable to work outside of the home or have less to offer economically are seen as a burden. This model thus suggests that, as people age, they will be abandoned and lose much of their familial support when they become non-productive (Harwood, 2007; Hooyman & Kiyak, 2011).

Explaining how modernisation affects elderly persons, Cowgill and Holmes (1972) indicated that the primary cause of elderly persons losing power and influence in society were the parallel forces of industrialization and modernisation. In pre-modern societies, the cultural and traditional norms directed the younger generation to care for the older generation. However, as societies became modernized and industrialized, the extended family paved way for the nuclear family creating individualistic society where caring for an older relation was seen as a voluntary obligation that may be ignored (Harwood, 2007; Hooyman & Kiyak, 2011).

One of the criticisms of modernisation theory has been the projection and use of how the Western countries industrialized as the standard design of how modernisation takes place everywhere; and as such viewed as an instance of Western hegemony which fails to appreciate the different and unique experiences of other countries (Przeworski & Limongi, 1997; Schiller, 1976). In addition, there is also the assumption that societies would develop progressively through defined stages from the simple to the advanced excluding any variation on this course. However, the theory has been considered by some critics to be insufficient in explaining the uneven distribution of wealth and resources among people in societies.

Chan (2005) noted the uniqueness of how Asia experienced population aging, and how those experiences somehow opposed the assumptions of the modernisation theory. The author also highlighted the distinct role culture plays in the aging processes and experiences of Asian societies.

Notwithstanding the criticisms of modernisation theory, it contributes profoundly to an understanding of societies and many social processes. The theory is relevant in explaining how household composition can affect the welfare of elderly persons at Adukrom in the Akuapim North District of the Eastern Region.

2.2. Empirical Literature

2.2.1. Concept of Ageing in Ghana

There are variations in cut-off age for elderly persons globally, however, Ghana has accepted the UN cut-off age of 60 years as the retirement age for older persons in the formal sector (MESW, 2010). The term elderly or older person, like many westernized concepts, does not fit well to the situation in Africa, as traditional concepts are strictly adhered to; for instance, if a person is only one year older than the other the former is considered an ‘older person’ and must be given the respect that comes with traditional aging structure.

In order to have in-depth understanding of how household composition generally affects the welfare of elderly persons, the literature is reviewed under two main referents of the research namely, household composition and welfare.

2.2.2. Household Composition in Ghana

Global trend in living arrangements indicate a shift from multiple generation households towards a one or two generation nuclear family system. As observed in China, Zeng Yi & Linda George (2005), noted the changes in household composition, and observed those changes as reflected in the substantial increase of one person and one couple only households, and decrease in average household size. Similar trends of increasing urbanisation, education, social and spatial mobility leading to a process of nucleation according to Twumasi-Ankrah (1995) were also reported in Ghana. However, such changes have not affected the position of the elderly (GSS, 2014).

Various types of living arrangement exist in the country for older persons and are broadly categorized into three forms; living alone, co-residing with a relation and co-residing with a non-relation (GSS, 2013). Statistics provided by the GSS indicate that the proportion of elderly persons living in a single member household was 10 percent, 10.6 percent for households with two members and 58.6 percent for households with membership of five and more (Biritwum et al., 2013) where mostly the household membership consist of parents, parents and children, or grandparents and grandchildren.

2.2.3. Factors that Account for Choice of Living Arrangement

Various studies have indicated the existence of complementary services between both older persons and young generations living together. Dsane (2010) and (Mba 2005) reported the existence of a mutual relationship between the young and the elderly; and the complementary of services between both parties, as the elderly persons depend on the younger generation for financial, emotional, health and other needs and the younger generation or other relatives on the other hand, depend on the elderly for the upbringing of their children.

Elderly persons' choice of residence depends on several factors including failing health, increasing expenditure levels, providing care giving services for younger generation, for convenience, and for peace of mind. Whilst some may choose to stay on their own for convenience, others may want to stay with other relatives and non-relatives, for security reasons (Teerawichitchainan, Knodel, & Pothisiri, 2015). In a study conducted in Hong Kong by Phillips et al., (2004), findings indicated that older persons may live independently or with other relatives or non-relatives based on several factors including financial and emotional needs, health and convenience as well as the death of a spouse.

Other factors including the provision of care-giving services, convenience and privacy have also been identified to influence elderly persons' choice of living arrangement. Murray (1971) noted that, whilst elderly persons will look up to their younger children or other relatives and non-relatives for support when their health begin to fail, younger children on the other hand look up to the help of their aged parents for support with care giving or household chores.

Sokolovsky (2001), found out in a study carried out in less developed countries including Ghana on living arrangement of older persons and family support, that the choice of where elderly persons live can be influenced by factors such as the level of privacy and independence, and the desire for social, economic, physical and psychological support.

2.2.4. The role of family as support system to the wellbeing of elderly persons

The role of the family as support system is paramount to the welfare of elderly persons in every part of the world. However, rural-urban migration globally, as already mentioned has affected the strong foundation of the extended family system to provide support for the elderly in times of need. This is documented by the World Bank (1994) indicating the evidence of declining familial

support in China and India due to the effect of massive rural-urban migration. A similar trend was also noted in Ghana, where children and other family relations move to urban areas and other destinations, weakening kinship ties and obligations (Oppong 2007). Ghana's country report on the implementation of the Madrid International Plan of Action on Ageing highlighted the weakening structures of the traditional family and community support systems for the elderly which consequently poses threat to the harmonious intergenerational existence of families (NPC, 2007). It is worthy to note that the traditional values that associated old age and ageing with dignity, wisdom, knowledge, respect and obedience are giving way to disrespect for older people (ibid).

Findings in a study conducted in Asia by Chan (2001), indicated that the family has traditionally been the main source of support for the elderly and had been highly upheld by the government as ideal. However, with modernisation and urbanisation, the traditional role of elderly persons in the extended family setup continue to erode; as more elderly persons are now living on their own. This was also supported by Cowgill & Holmes (1972) and Karlberg (2007), who both indicated that the everyday traditional function of the extended family is paving way along with the development of society into a nuclear and individual one due the changing role of the extended family over time as a result of urbanisation and modernisation.

The story is not quite different in Africa where in Tanzania according to Helmut, S., Rwegoshora, H., & Mabeyo, Z.M., (2009), although the role of the extended family and kinship system is a mutual assistance mechanism in providing social protection for family members, the structures were in a process of being eroded as result of the declining extended family support (ibid). Aside the role of the family in providing social security for elderly persons, Nukunya as quoted by (GSS 2013, Karlberg, 2007) identified procreation, socialization and economic co-

operation, provision of care and socio-moral support as other roles performed by the family in direct support to the welfare of elderly persons.

2.2.5. The Role of Elderly Persons in the Traditional Family Set-up

Aside the support provided by the family to elderly persons towards ensuring their welfare, elderly persons also have role they play in the entire family set-up. The Ghana report on the implementation of the Madrid International Plan of Action on Ageing identified that elderly persons are considered as a link between ancestors and the community (NPC, 2007). This link affords elderly persons to be entrusted with family land, property and family wealth, consulted in administrative matters, always consulted when important decisions are to be made, considered as counsellors, social and spiritual heads and arbiters on family and kinship matters (Oppong, C., 2006). Elderly persons in the family set up undertake the social upbringing of the young and thereby becomes the educator and guiding spirit behind many initiatives of the young (Apt, 2001).

Elderly persons also provide care-giving services for younger generation, provide guidance and counselling in relation to family matters, and are custodian of family property. In addition to the aforementioned roles is providing caregiving services for younger generation, as the upbringing of children as noted by Karlberg (2007) in the traditional system, is not just the duty of the biological parents, instead involves all other older adults' family members with elderly persons taking a great part in rearing their grandchildren. This subsequently provides an interaction between the young and the old and affords elderly persons some sort of joy and safety (Mackay, 2003 & Dosu, 2014). In addition, there exists a co-supporting system for both the young and the elderly; the younger generation will always have an elderly person around and the elderly person will also have someone to help them fetch something, or run errands for them (ibid); the young

and the old engage in productive intercourse, share intergenerational experiences, and the old part knowledge to the young (Apt, 2001).

2.2.6. Welfare of Elderly Persons

The traditional family system as a network of a large group of people plays very important functions in care and support of family members. According to (Becker, 1991; Kuznets, 1978; Thornton, Chang, & Sun, 1984), the distribution of goods and services between generations, and the defined roles of family members throughout the developing world had been the main responsibility of households. The family has the responsibility of ensuring a satisfactory welfare for elderly persons including the provision of basic essential needs of elderly persons, of which when not provided will have adverse effect on the welfare of the elderly.

In Ghana, the National Ageing Policy ensures the welfare of elderly persons is addressed by all stakeholders. The overall objective of the policy is to ensure the welfare of the elderly by fully realizing all their human rights and fundamental freedoms; and to empower them to ‘fully and effectively participate in the economic social and political lives of their societies’ (MESW, 2010). The key areas of welfare that the policy seeks to deal with include poverty, health challenge and the living environment of the aged.

However, the welfare of elderly persons in the face of eroding family structures comes to question, especially for those living alone without pension and the forms of support systems available for them. As indicated in the second assumption for this study, the economic status and capacity of members of households where elderly persons live will determine their level of welfare. This is to say that households where one or more member is employed and contributes to the daily sustenance of elderly persons will result in a satisfactory welfare of elderly persons,

and those living in a household where a member working to contribute income to the daily sustenance of elderly persons is unavailable will have unsatisfactory welfare (Adisa, 2015).

In industrialized countries, there are social security programmes, pension and public health system that support elderly persons and supplement their personal needs (Adisa, 2015). The case is different in many developing countries, as there is little or nothing to show on the part of government in addressing the needs of elderly persons (ibid). This lack in the provision of the socio-economic and physical assistance have been a challenge for elderly persons and therefore rendered them to fall on members of their household to ensure their welfare and survival in times of poverty (ibid).

Social security is often mentioned as a likely contributor to the decline in elderly poverty, as the schemes ensure income security during old age and place recipients above the poverty line, of which the welfare of elderly persons would likely be affected without such security systems (Engelhardt G. V., & Gruber J. 2004). This suggests that elderly persons would become susceptible to various shocks and risks including poverty. The problems of income security become more challenging in countries where majority of elderly persons are employed in the informal sector (ibid).

In populations where majority of elderly persons worked in the formal sector, the understanding is that, they would have contributed significantly towards their social security and consequently be financially sustained through pensions. The reverse as noted in a study in Malawi where according to Kazeze (2007), is that poverty and lack of income were serious problems affecting the welfare of elderly persons, as majority of the aged never worked in the formal sector and had no pension to help them in old age. This is further confirmed by Apt van Ham (1991, 1992,

1994), who noted that in an economy where the informal sector is substantially larger than the formal sector, few elderly persons receive a pension, thus, increasing substantially the number of poor elderly persons.

In Ghana, where a substantial proportion of the population works in the informal sector, a high number of elderly persons are expected to exit paid work without a pension and according to Kazeze (2007), find solace in closest family members including children, spouses, siblings, and other extended family relations to help improve their welfare.

2.3. Conceptual Framework

Figure 2.1 is a conceptual framework, which highlights the relationship between household composition and welfare. The framework was guided by the literature, theories and earlier conceptual framework that attempted to relate household composition to welfare (Ayisi, 2013).

The conceptual framework has three components: the independent variable, the intermediate variables, and the dependent variable. The framework illustrates interrelations between the three components to predict the relations between household composition and welfare of elderly persons (see Figure 2.1).

2.3.1 Independent Variables

Household composition is the independent variable and the first component in the framework, and refers to a person or group of related or unrelated persons who live together in the same housing unit, share the same housekeeping and cooking arrangements and, acknowledge an adult male or female as the head of the household in the study community of Adukrom in the Akwapim North District.

The framework classifies participants of the study into three household groups; living alone, living with relatives, and living with non-relatives. Living alone refers to an elderly person who lives alone in his/her apartment and takes care of food and other necessities on his/her own; living with relatives refers to an elderly person who lives with a group of people who share common ancestors; living with non-relatives refers to elderly persons who share their residence with un-related individuals.

2.3.2 Intermediate Variables

The second component of the framework is represented by factors affecting the choice of living arrangement of elderly persons (intermediate variable). The intermediate variables play a part in the overall welfare of elderly persons as the indicators serve as interface between the independent variables (household composition) and the dependent variable (welfare of elderly persons).

The assumption of the framework is that several push and pull factors account for the elderly person's choice of residence. As shown in Figure 2.1, decision on where and whom to live with is induced by certain push and pull factors such as health, increasing expenditure levels, providing care-giving services, convenience and privacy and access to material and non-material needs. The understanding with this assumption is that, for convenience and privacy, elderly persons will make the decision to live alone. On the other hand, in the event that they have failing ill-health, need security, needs to provide care-giving services and have increasing expenditure, they would prefer to stay with relatives, or stay with non-relatives.

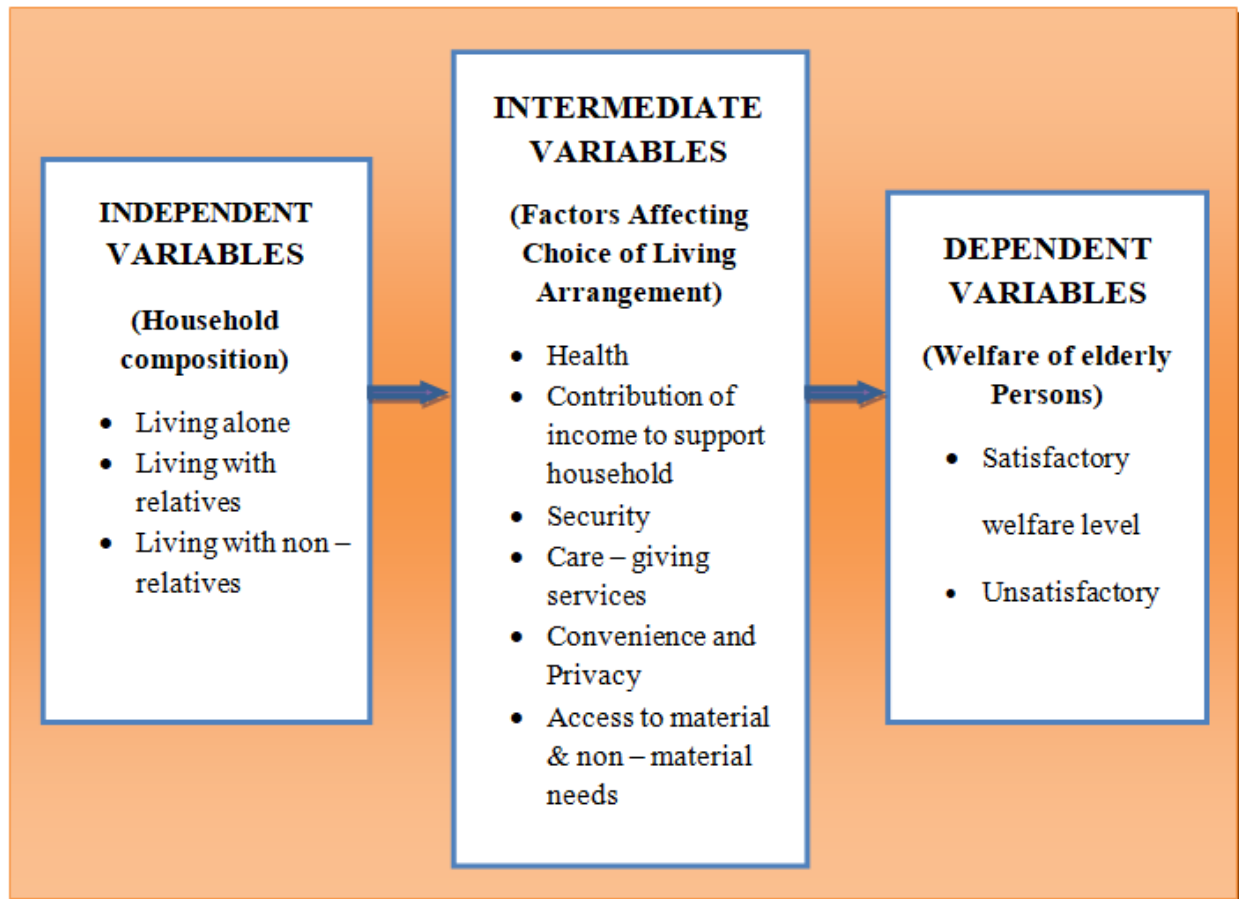
Other proximate determinants as indicated in Figure 2.1 include access to material and non-material needs (social security, social network or support group, means of livelihood available to

elderly persons, availability and functional National Health Insurance), and access to resources, such as natural and physical assets, and contribution of income to support household. These indicators are particularly mentioned as they are key factors an elderly person will consider when deciding where to live; and also driving factors in the welfare of the elderly. For instance access, in the event that an elderly person has a failing health condition, access to a health facility would be a factor that would be considered by him/her in the preference for a living arrangement. As indicated by Majale (2002), social security is often mentioned as a likely contributor to the decline in elderly poverty; therefore an elderly person would consider the availability of an additional means of livelihood to support himself/herself as a driving factor for a preferred living arrangement.

2.3.3 Dependent Variables

Welfare of elderly persons is the third component and the dependent variable in the framework. It refers to the availability of resources and presence of conditions required for reasonable, comfortable and secure living (GSS, 2014). There are two indicators under this variable; satisfactory welfare level and unsatisfactory welfare level. According to Domfe & Aryeetey (2016), the well-being of an elderly person in a household will decline as one or more member of the household becomes economically dependent. The understanding is that households where one or more member is employed and contributes to the daily sustenance of household members will result in a satisfactory welfare level. The opposite is that when there is no member of the household working to contribute income to the daily sustenance of the household, the elderly persons become stressed and have unsatisfactory welfare (see Figure 2.1).

Figure 2.1: Conceptual Framework on Household Composition and Elderly Persons Welfare



Source: Author's Construct, 2016

CHAPTER THREE

RESEARCH METHODS

3.1 Introduction

This chapter discusses the various approaches employed to address the objectives of the study. It provides justification for the types of data sets used, their relevance and how they are analyzed. The chapter comprises an introduction, the research design, profile of the study area, sources of data, method of data collection, data management and quality assurance, ethical consideration and data analysis procedure.

3.2 Research Design

This section focuses on the research design used for the study. The study used both quantitative and qualitative approach (mixed method) where field interviews observations were made about household composition and how it affects the welfare of elderly persons in the study area. A non-experimental design, noted by Babbie (1989) as probably the best method that is available to researchers who are interested in collecting original data for describing a population too large to be observed directly, was used to find out information relating to the objectives of the study.

The survey method was used to gather quantitative data to find out household composition and how it affected the welfare of elderly persons in Adukrom in the Akuapim North District. In addition, the condition of elderly persons under different types of household composition was also given close attention. Primary and secondary data were the two sources of data were used in this study.

3.2.1 Sampling Procedure and Sample

The main goal of the study was to find out the effect of household composition on the welfare of elderly persons living with or without other generations at Adukrom in the Akuapim North District of the Eastern Region. In order to achieve this goal, the study used purposive sampling with the aid of a snowball sampling technique. These techniques were used to identify and select elderly persons who were 60 years and above in Adukrom. Below is the sample distribution indicating the number of persons selected as respondents.

Table 3.1: Sample Distribution of Respondents

Organization	Number of Respondent(s)	Designation of Respondent(s)
Department of Social Welfare and Community Development (DSWCD)	1	District Director
Association of the Aged (Onua Pa Foundation)	1	Director
Elderly persons	40	
Total	42	

Source: Researcher, 2016

The study area was split into four zones (North, South, West, and East); one community was subsequently selected from each zone and from each community, ten (10) elderly persons were selected using the snowball sampling procedure. In all forty (40) elderly persons were selected for the quantitative study and ten (10) respondents participated in the qualitative aspect of the study.

The main focus of the study was elderly persons in Adukrom and also officials of identified government and non-governmental organisations who were rendering services for elderly persons. The representative of the Department of Social Welfare and Community Development (DSWCD) was the respondent for the Government organisation while the chairman of Onua Pa Foundation represented the non-governmental organisation. These two major organisations were examined to ascertain how they deliver services for elderly persons and the gaps that remain. For the purpose of this study, the definition of an elderly person is as stated in the Ghana National Ageing Policy (2010) which defined an elderly person as any person who is 60 years and above (MESW, 2010). The sampling frame therefore included persons 60 years of age and above, Director and chairman of both the Department of Social Welfare and Community Development, and Onua Pa Foundation respectively.

3.2.2 Profile of the Study Area

The study took place at Adukrom in the Akuapim North District of the Eastern Region. Adukrom is the capital of the Okere Traditional Area. It is situated on the beautiful Togo Atakora hills on the main Ho-Koforidua trunk road in the northern part of Akuapim, and also the political and administrative capital of the Okere Constituency. Adukrom has an estimated population of 7,925 people of which 948 are elderly persons above 60 years, and 2,058 households (GSS, 2014). The language spoken amongst the indigenes of the area is Kyerepon which is a Guan dialect. Adukrom can be described as an averagely dynamic centre of farming and trading activities.

The study took place in Akuapim North District in the Eastern Region. The area was deliberately selected because of the poverty level which has resulted in many active young men and women migrating to more urban areas such as Accra, Tema, and Kumasi in search for better job

opportunities. In circumstances such as these, elderly persons are left alone to cater for themselves, while some are left with younger generations. As a result, their welfare has been given limited or no attention making them susceptible to ill health, poor sanitation, and poor living arrangement.

3.3 Data Collection Instruments

The study employed various research instruments in the collection of data to explore a comprehensive view of the situation of elderly persons in Adukrom. Questionnaire was the instrument that was used to collect quantitative data on patterns of co-residence and factors that account for elderly persons living on their own or with other generations. The study employed a semi-structured interview guide as the main instrument for the collection of qualitative data and observations were also made. This was utilized to ensure a collection of comprehensive data on experiences and welfare of elderly persons in Adukrom. To this end both primary and secondary data were collected from relevant sources to address the objectives of the study.

3.3.1 Primary Data

Primary data was collected using an in-depth interviewing method with a semi-structured guide. The in-depth interview method is a qualitative research method where the researcher asks open-ended questions orally with the opportunity for the interviewer to further explore particular themes or responses and records the respondent's answers with a digital audio recorder. An in-depth interview is appropriate to obtain information about core beliefs, inspirations, desires and needs of the participants. This method also enabled respondents to give their own perspectives on what pertains in Adukrom in relation to service delivery for elderly persons. Where there was

the need to probe further, the researcher asked follow up questions. In making arrangements for the interviews, respondents from both Government and Non-Governmental Organisations (NGOs) were called on phone and interview appointments booked. In the event phone calls were inconvenient as the case of the Chairman of Onua Pa Foundation, visits were paid to the offices of the respondents to book appointments. After dates were scheduled, the researcher interviewed the respondents.

3.3.2 Key informant Interviews

The first point of contact of the researcher was the Onua Pa Foundation where interaction was made with the chairman of the organisation to provide information on the services the Foundation render for elderly persons in Adukrom. Other key informants were the assemblyman and community leaders who contributed extensively on the situation of elderly persons in Adukrom. Information provided by these informants provided a significant knowledge on how services are delivered to ensure the welfare of elderly persons, and also highlighted the plight of elderly persons in Adukrom.

3.3.3 Secondary Data

Published sources and other available materials that are related to the household composition and welfare of elderly persons were consulted to complement the field information. Such information was obtained from sector updates and reports, annual plans of action, published books and literature, journals, magazines, Ghana Statistical Service census and survey data among others. This information was used to explain the nature of the problem, review related literature, and provided the basis for analysis and comparison.

3.4 Data of Analysis

The qualitative data was gathered from recorded interview, transcribed, classified into themes and analysed in this research. After transcribing all the interviews, the responses of the participants were labelled by generating a coding system. The same codes were also assigned to similar follow-up questions dealing with the same theme. The responses were sorted on question and number basis, where all responses to each question were sorted and coded together.

After labelling the answers, the number of times a specific code was mentioned was noted into different schemes. A separate scheme was constructed for every subject in order to get a clear overview of the participants' response. After the detailed work of coding the data, the answers of the various respondents was compared to determine whether the answers were consistent with, or contradictory to each other. Themes, patterns, and relationships that emerge across the data was identified and conclusions drawn.

On the other hand, descriptive analysis was used to analyze the quantitative data obtained from the field. The data was coded and entered into Statistical Package for the Social Sciences (SPSS), a computer program which assists in arranging collected statistical data, for analysis. Among the tools used are central tendency such as percentages and proportions. In addition, graphical tools such as bar charts and pie charts were used to illustrate certain trends and patterns observed in the data gathered. Cross-tabulation was also conducted between variables of interest to ascertain trends between operating variables from the study.

Table 3.2: Matrix of data collection and analyses

Objective	Sample	Data source	Independent variable	Dependent variable	Analytical method
To study elderly person's patterns of co-residence and what factors account for elderly persons living on their own or with other generations	40 elderly persons	Primary data	Who elderly persons live with	patterns of co-residence	Both descriptive and thematic analysis was used
To examine the patterns of access to material and non-material needs of elderly persons and the sources of support	40 elderly persons	Primary data	Sources of support of material and non-material needs	patterns of access to material and non-material needs	Thematic analysis was used
To review the scope of implementation of public and private services for the elderly in the district and what gaps remain in this process	<ul style="list-style-type: none"> • The District Social Welfare and Community Development Officer • CEO Onua Pa Foundation 	<ul style="list-style-type: none"> • Both Primary and Secondary data was used. • The secondary data was derived from sector reports 			Thematic analysis was used

3.5 Ethical Consideration

The purpose and use of the study was explained to the respondents by the researcher before the interview. Their permission was sought for the recording of interviews and the respondents' privacy was also assured, as they were informed of the nature and use of the study for academic purposes. Respondents were also made to understand that their privacy would not be breached, and that the benefit of the study could enhance policy formulation and implementation.

3.6 Data Management and Quality Assurance

This sub-part of this chapter is concerned with how the data collected for processing was prepared and analyzed to ensure that, the data collected is devoid of avoidable errors. The processes include editing, coding, data cleaning and data entry. The data collected was proofread and anomalies found in the flow of information provided by respondents were corrected.

For the quantitative data, the questionnaires were coded so as to ensure the processing of the data collected using the Statistical Package for Social Sciences (SPSS). Numerical values were assigned to the various categories of the variables used in the analysis of the data collected. Edge coding was also employed. Here, the researcher marked the outside margin of each page of the research instrument with the value to correspond with the code assigned to the variable. This was to eliminate the need for transferring the data to code sheets.

The data collected was also cleaned to check whether codes have been miswritten, misread by the researcher, and whether data appeared in columns that should have been blank. After entering

the data into the Statistical Package for Social Sciences (SPSS), the data was analyzed in relation to the objectives of the study.

For the qualitative data, interviews conducted were stored and transcribed and extracts from each transcript were summarized. The researcher also documented all analyses that were carried out in order to ensure accuracy of reporting. The final quality control measure was that, retention and protection of data and related analysis of documents after the study was done.

3.7 Summary

This chapter provided an overview of the methodological design used in the study. The study follows the exploratory approach in exploring household composition and how it affects the welfare of elderly persons at Adukrom in the Akuapim North District, by employing social survey to probe for information as to the general welfare of elderly persons in the face of changing household compositions.

CHAPTER FOUR

PRESENTATIONS AND DISCUSSION OF FINDING

4.0 Introduction

This chapter presents the analyses of the data, and discusses the findings to address the objectives of the study. It begins with the demographic analysis of the respondents, followed by their household composition and finally presents discussions on the analysis of the three specific objectives of the study.

4.1. Demographic Background of Respondents

This section discusses demographic background of respondents. Gender, age, marital status, level of education, and religious background of respondents are variables that would be considered in the analysis. This information was obtained from respondents to understand their background and also appreciate the characteristics of elderly persons in the study area.

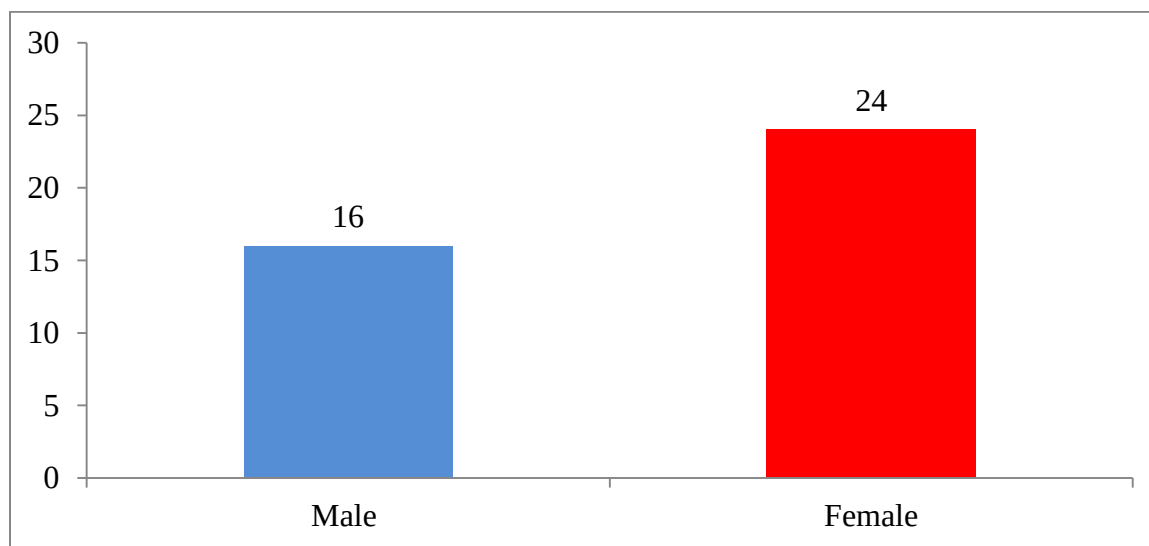
4.1.1. Gender Distribution

Gender distribution is an important characteristic of a population that is studied. It provides the researcher with evidence that is necessary to be considered for policy and innovation. For instance, gender differences can provide insightful information for the discussions on health and welfare of elderly persons. According to Lee, H. (2016),

“The importance of the differences between the needs of women and men was poorly recognized in research, innovation and development causing unwitting gender bias in how problems are understood and solutions decided upon. Now we have evidence, and can do better”

The quantitative data as shown in Figure 4.1 indicates the sex distribution of the respondents interviewed for the study. According to the study findings, 40 percent of the respondents were males whereas 60 percent of the population sampled were females. This finding is in agreement with the results of the 2010 Population and Housing Census of the Ghana Statistical service which stated the proportion of elderly females larger and older than that of males (GSS, 2013; pp 27).

Figure 4.1: Sex Distribution of Respondents



Source: Fieldwork, 2016

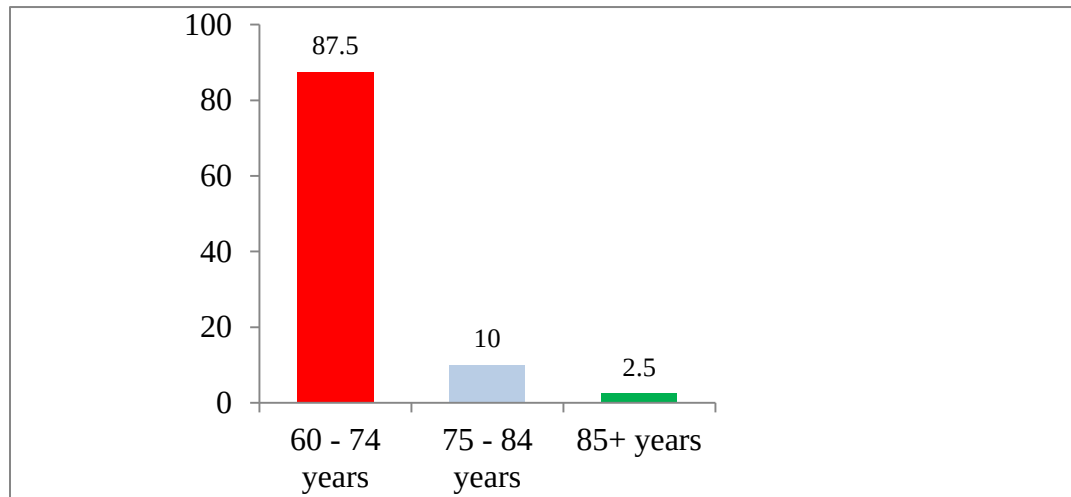
4.1.2. Age Distribution

The Ghana Statistical Service categorises ages of elderly persons into three as young old (60 – 74 years), old – old (75 – 84 years) and very old (85 years and above). The analysis of the age distribution of elderly persons also employed the GSS categorization. The study revealed that the young olds were in the majority representing 87.5 percent of the sampled population, this figure is in agreement with findings by Domfe & Aryeetey (2016); followed by the old-old (10%) and the least being the very old representing 2.5 percent of the sample. This findings is in agreement

with the 2010 Population Housing Census findings which indicated that a majority of the elderly population (68.2%) are 60 – 74 years old and one in every ten elderly person to be very old.

Figure 4.2 summarizes the proportion of the respondents in each age category.

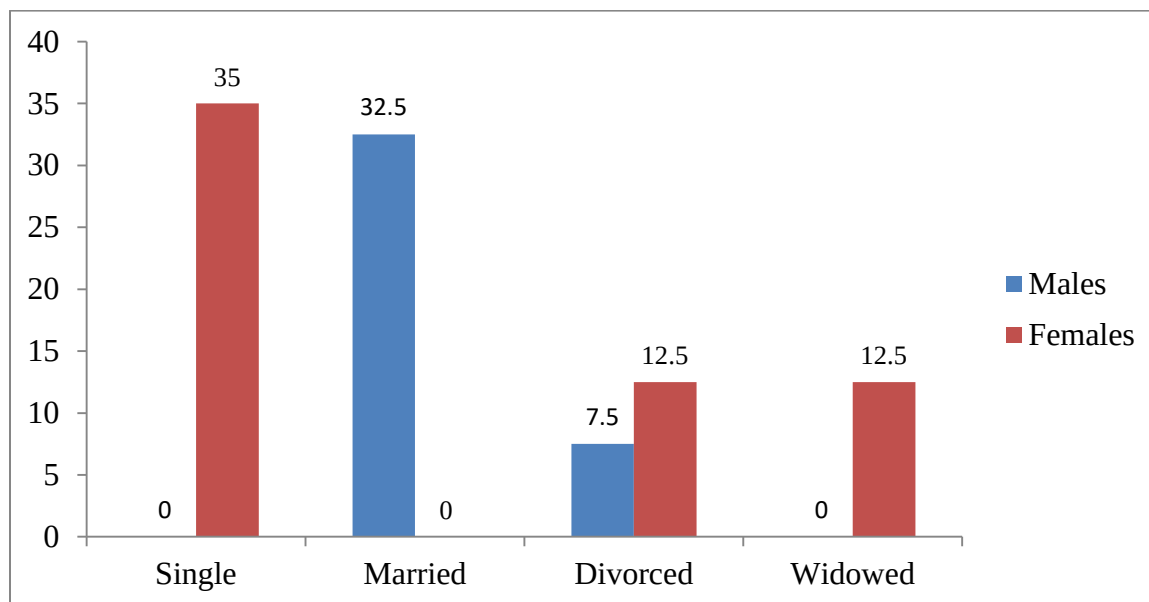
Figure 4.2 Distributions of Respondents According to Age



Source: Fieldwork, 2016

4.1.3 Marital Status

The quantitative data of the study indicated that a greater proportion of the respondents were single. The findings revealed all single respondents were females representing 35 percent of the sampled population; all married respondents (32.5%) of the sampled population were males. This is in agreement with Apt (2001) who noted that many older men remained married while women spent their later years as widows. In addition twenty percent (20%) of the respondents were divorced and of this number, 7.5 percent were males and 12.5 percent females. Figure 4.3 provides the summary on marital distribution of respondents.

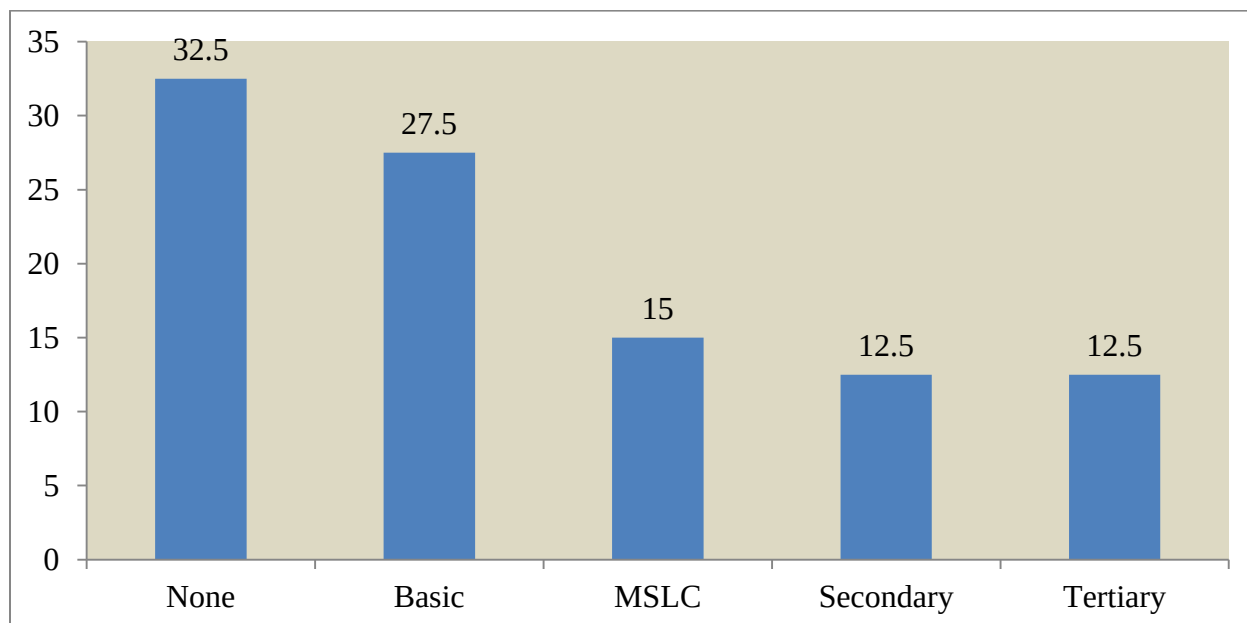
Figure 4.3: Marital Status of Respondents

Source: Fieldwork, 2016

4.1.4 Level of Education Attained

The study findings showed that 32.5 percent of the respondents had never been to school, 27.5 percent had basic education, 15.0 percent had attended middle school, and 12.5 percent had attended secondary and 12.5 percent had tertiary education. This finding is also in agreement with the 2010 National Housing Population Census which indicated a generally low literacy rate and educational status among the elderly with only a small proportion of elderly persons at the time of the census attaining tertiary level of education (GSS, 2013: pp 46). Figure 4.4 shows the level of education attained by respondents.

Figure 4.4: Level of Education Attained by Respondents



Source: Fieldwork, 2016

4.2 The Current Living Conditions of Respondents

4.2.1 Work Status of Respondents

In finding out the current work status of respondents, the study results indicate that a high proportion of the respondents (65%) were economically active with 35 percent not active. This is in agreement with the findings of the 2010 Population Housing Census provided by the Ghana Statistical Service that also indicate a relatively high proportion of elderly persons to be economically active. National statistics place the rate of economically active elderly persons at 58.5 percent (GSS, 2013: pp 63). Table 4.1 indicates the current work status of elderly persons.

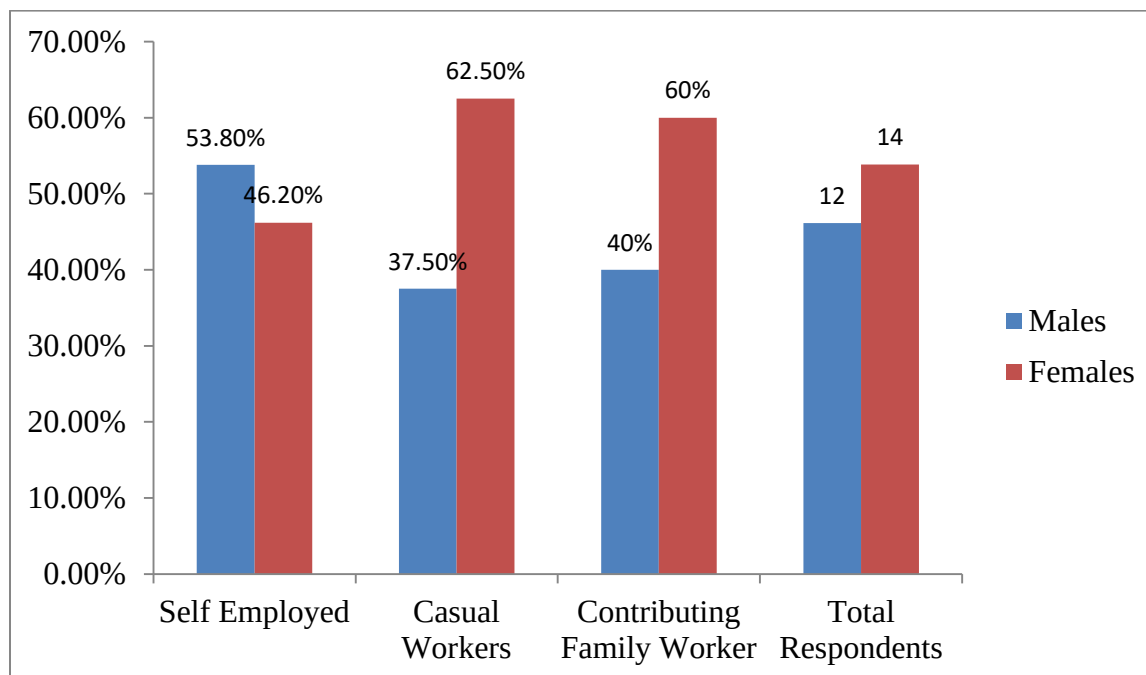
Table 4.1: Work Status of Respondents

Response	Frequency	Percent (%)
Yes	26	65.0
No	14	35.0
Total	40	100.0

Source: Fieldwork, 2016

The study further examined the type of activities respondents were engaged in. As indicated in Figure 4.5, 50 percent of the respondents were self-employed, 30.77 percent were casual workers and 19.23 percent were contributing family worker. For those who were self-employed, 53.8 percent represent male respondents while 46.2 percent represents female respondents. This finding is in agreement with the findings of the GSS on elderly persons that indicated that a higher proportion of elderly persons are self-employed (GSS, 2013).

Figure 4.5: Type of Economic Activity of Respondents



Source: Fieldwork, 2016

4.2.2. Source of Alternative Income

The study examined other source of income available to respondents and found out that 60 percent of the sample did not have any alternative source of income whilst 40 percent had additional source of income. Of the proportion of respondents who had additional source of income, 15 percent had income from operating provision stores, 12.5 percent from selling water, and 12.5 percent from selling products from their farms. Table 4.2 indicates the distribution of respondents' alternative source of income.

Table 4.2: Alternative Source of Income

Response	Frequency	Percent (%)
Operates a provision store	6	15.0
Sell water from poly tank	5	12.5
Sell product from farm	5	12.5
No other source of income	24	60.0
Total	40	100.0

Source: Fieldwork, 2016

4.2.3. How Work Affects Respondents

The research further inquired how the income generating activities of elderly persons affect them. The qualitative data revealed that the work respondents do affect them in so many ways and the following are some responses that were provided by respondents.

Mr. Dartey who sells provisions had this to say:

“This work does not affect me at all. In fact I hardly get time to go on jogging like the young boys here so it is a form of exercise for me and even makes me healthier as I am able to move about in selling my provisions”.

Madam Ayisibea who sells water had a different story to say:

“This work makes me talk too much and it is very stressful, sometimes those who come to fetch water leave the pipe running over so I have to keep an eye on them, shout at them when they come to fetch and play. My grandchildren do not even give me much trouble like these people. Moving up and down sometimes gets me tired and makes my limbs hurt.”

4.3 Household Composition and Patterns of Residence of Elderly Persons, and Factors that Account for Choice of Residence

4.3.1 Objective One

The first specific objective of the study was to examine elderly persons' patterns of residence and the factors that account for them to live on their own or with other generations. This was to endorse or dispute the first assumption outlined in the conceptual framework for this study; stating that the preferred living arrangement of elderly persons depends on the needs of the household membership; which is influenced by several factors including failing health, increasing expenditure levels, provision of care giving services for younger generation, for convenience, and for peace of mind.

4.3.2 Household Composition and Patterns of Residence of Elderly Persons

The first approach was to establish who elderly persons stay with and then examine factors that account for their choice of stay. The quantitative data indicated that a higher proportion of respondents (47.5%) lived with other family members, 17.5 percent of respondents were staying alone, 30 percent lived with their spouses and 5 percent live with their own children. Table 4.3 indicates pattern of residence of elderly persons.

Table 4.3: Patterns of Residence of Elderly Persons

Response	Frequency	Percent (%)
Living Alone	7	17.5
Living with spouse	12	30
Living with children	2	5
Living with other family members	19	47.5
Total	40	100

Source: Fieldwork, 2016

4.3.3 Factors that Account for Choice of Residence

Since the quantitative data indicated the pattern of household composition in the study area, the qualitative study was then employed to find out factors that account for the choice of stay of elderly persons. The following are some of the responses gathered on the field:

“I don’t want to stay with my children nor even family members including my siblings. I prefer to stay in my own home with my own things. I may go to my children when I am not feeling well or not able to do anything on my own, but as long as I can eat, keep clean, dress myself, I’ll stay here alone.” – **Sisi Yaa (Aged 64)**

According to Kwame Otu (**83 years**) “These days’ families move up and down a lot. If you go and live with them, it won’t be long and they would have to relocate to another place. I don’t like that up and down movement, so staying alone, I will have my peace of mind.”

Sisi Akosua had this to say:

“Living with your children sometimes brings so many problems, especially with your in-laws; I don’t want to be branded a witch. If their marriage is not working, my in-law might attribute it to me. So let me stay here and enjoy my old age”.

Whiles some respondents have indicated that their choice of living arrangement have been influenced by convenience and privacy, others were of the view that their preference was based on the support they need, companionship and their desire for an improved welfare.

Annor (**76 years old**), a respondent from the qualitative study had this to say:

“I get so much help from other members of this household, see I don’t have any problem here at all, I get so many children to send on errands but sometimes I go myself and that lady sitting over there is my daughter, she has delivered and came on a visit. Whenever my children are around like she is now, I feel very happy and feel sad the moment they want to leave. They give me company”

The responses of elderly persons from the above confirms Kooshiar et al., (2012) findings in the study of living arrangement and life satisfaction in older Malaysians which revealed that, the composition of members of a household where elderly persons live, significantly influenced their welfare. Older persons who live in compound houses are more likely to receive familial support from both relative and non-relative family members than those who live in self-contained houses (ibid).

As already discussed in Chapter two, sub-section 2.3.3 (Factors that account for choice of living arrangement), convenience and privacy are some of the factors that influence elderly persons’ choice of living arrangement. For instance, Sokolovsky, (2001) observed in a study on living arrangement of elderly persons and family support in less developed countries including Ghana that elderly persons who live in self-contained houses enjoy some level of privacy and independence than those who live in compound houses, however they are vulnerable to solitary living, lack of social, economic, physical and psychological support.

Sokolovsky’s view was supported by Sisi Oforiwaa, a 64 year old respondent who had this to say:

“I prefer to live alone as this gives me peace of mind, I don’t want to get hypertension. Eiiii, you will talk and talk aaaa with these grandchildren around”.

4.3.4. Health Status of Older Persons

Harper (1988) noted that health for the older person may be conceptualized as the ability to live and function effectively in society but not necessarily the total absence of disease. The study examined the interrelationship between living arrangement and the health of elderly persons. According to Verbrugge (1979) and Hahn (1993), there is interrelationship between co-residence and health status of elderly persons. They both noted that living with others might have positive effects on health (ibid).

The provisions of services to elderly persons such as preparing their meals, caring for them when they are ill and providing companionship has an effect on the lives of elderly person and therefore are significant variables in determining the welfare of elderly persons (Hahn, 1993).

In examining the effect of household composition on the health and limitations in activities of elderly persons in Adukrom, respondents were asked to state whether they have any chronic disease and the kind of chronic diseases they have suffered in the past 12 months before the study. The analysis indicated that 95 percent of the participants interviewed were having chronic diseases as at the time of the survey, while five percent (5%) indicated that they have no chronic diseases. Table 4.4 shows the proportion of elderly persons suffering from chronic diseases.

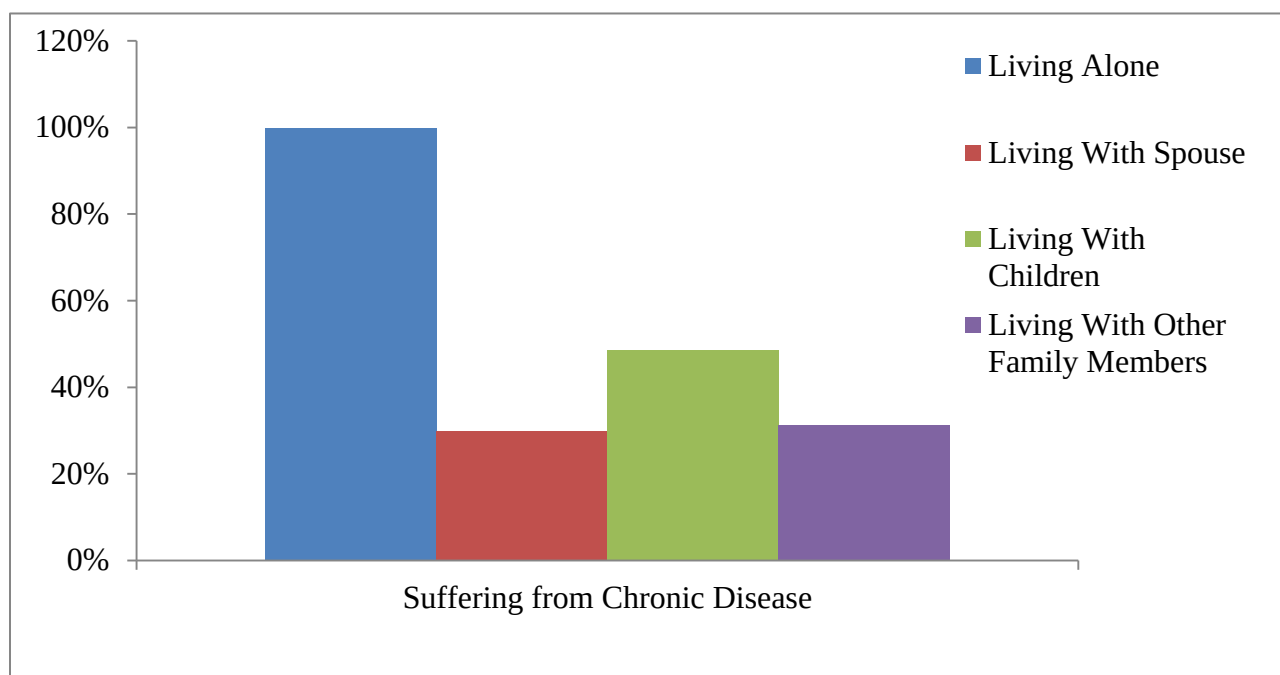
Table 4.4: Proportion of Respondents Suffering From Chronic Diseases

Response	Frequency	Percent (%)
Yes	38	95
No	2	5
Total	40	100

Source: Fieldwork, 2016

The study revealed that 51.4 percent of the thirty three (33) respondents who were co-residing with spouse or other family members at the time of the survey reported to be having various chronic diseases. On the other hand all other seven (7) respondents, representing 100 percent of those who were living alone reported having chronic diseases. Figure 4.6 indicates proportion of elderly persons by living arrangement and chronic disease suffered

Figure 4.6: Proportion of Elderly Persons by Household Composition and Suffering from Chronic Disease



Source: Fieldwork, 2016

This findings show that both independent and solitary living and co-residence have a strong linkage with poor health status. This result is in agreement with previous studies. For instance Murphy, (1997) revealed that, in the United Kingdom, the rates of long-standing illness were higher among those who were living alone than among those who were in other types of household.

When the researcher further probed how respondents felt about their general health condition on the scale of fair, very good, and good. The findings indicated that 37.5 percent considered their health to be fair; while 35 percent said their health was very good and 27.5 percent felt that their health was good. Table 4.5 shows the general subjective health conditions of elderly persons in Adukrom.

Table 4.5: General Health of Elderly Persons

Response	Frequency	Percent (%)
Very good	14	35.0
Good	11	27.5
Fair	15	37.5
Total	40	100.0

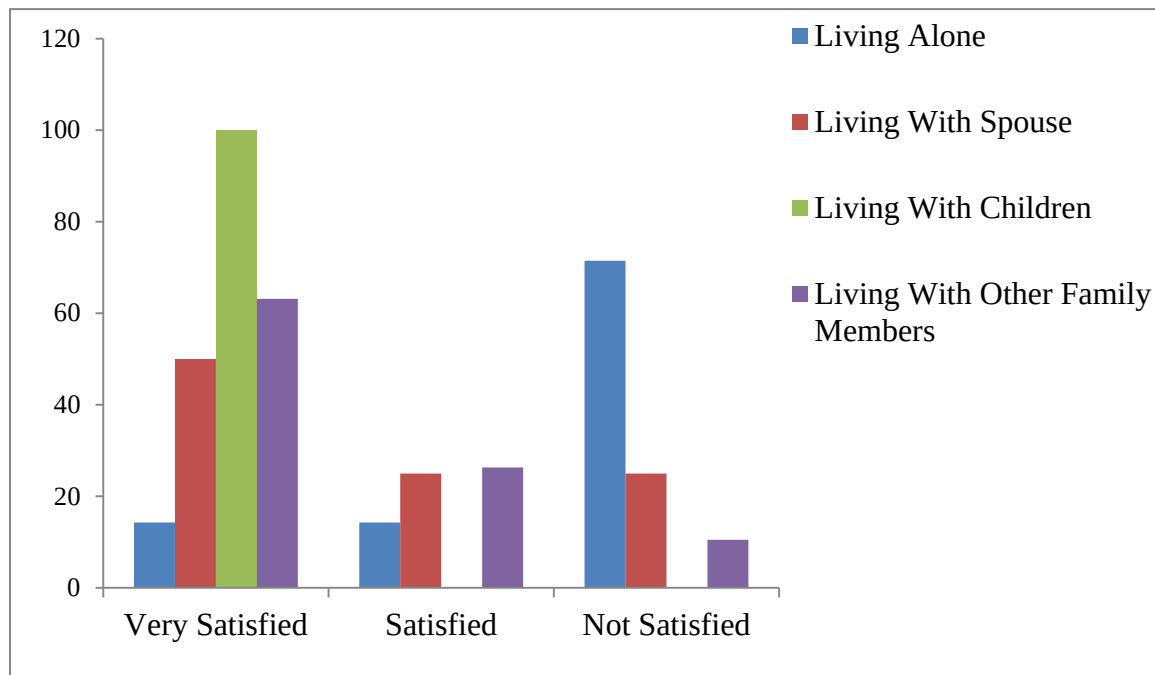
Source: Fieldwork, 2016

4.3.5. Level of Satisfaction in Relation to Living Arrangement of Elderly Persons

Respondents were asked to indicate how satisfied they were with respect to whom they lived with. They were to choose between being very satisfied, satisfied, and not satisfied. The findings indicated that of the number of respondents, who were living alone, 71.43 percent indicated lower level of satisfaction, 14.3 percent were satisfied and 14.3 percent indicated very satisfied; of the number of respondents, who were living with a spouse, 50 percent indicated a high level of satisfaction, 25 percent were not satisfied and the remaining 25 percent were satisfied. With respect to respondents who were living with their children, 100 percent indicated that they were very satisfied. For respondents who were living with other family members, 10.53 percent

indicated that they were not satisfied, 26.32 percent were satisfied, and 63.16 percent indicated they were very satisfied. Figure 4.6 shows the level of satisfaction reported by respondents.

Figure 4.7: Level of Satisfaction of Respondents



Source: Fieldwork, 2016

4.3.6 Key Findings of Objective One

The key finding in this study in relation to objective one justifies the modernisation theory that directed the focus of this study. Data from this study indicated that 47.5 percent of respondents were living with other family members, 17.5 percent were living alone, and 5 percent were living with their children; which as indicated justifies the modernisation theory. It was observed that mostly the youth of Adukrom due to urbanisation migrate to more urban cities like Koforidua and Accra in search of better working conditions, thereby leaving behind their aged parents. The elderly consequently have to stay with other family relations, and as can be seen from the

findings of the study, more respondents are living with other extended family relations. On the other hand, factors that have influenced elderly person's decision for a preferred living arrangement, as provided by respondents include having their own privacy, peace of mind and also enjoying fully their material and physical properties such as pensions, investments etc.

4.4. Access to Material and Non-material Needs of Elderly Persons and Sources of Support

4.4.1. Objective Two

The second objective of the study was to examine the patterns of access to material and non-material needs of elderly persons, other sources of support and who provides such needs. In order to examine the availability of material resources for elderly persons, responses were sought on various types of livelihood available to elderly persons, and if they receive remittances from other relatives and/or non-relatives. In terms of non-material supports for elderly persons, the researcher sought to find out the availability of social security support systems as options for the elderly, and the availability and functionality of National Health Insurance at Adukrom. Finally, the researcher also sought the kind of support elderly persons render to other members of the household they live in and the community at large.

4.4.2. Access to Material Needs for Elderly Persons

From the literature review, it was noted that rural people have a ready access to resources, such as natural and physical assets, which gives them the platform to construct livelihoods (Chambers & Conway, 1992). Heidhues et al (2003) also held the view that resourced poor farmers in developing countries have the opportunity to choose from a wide variety of survival strategies

involving both agricultural and non-agricultural activities. Since Adukrom is a rural setting, it was important to find out about the means of livelihood of elderly persons and the governmental and non-governmental support they received, if any.

4.4.2.1 Means of Livelihood for Elderly Persons

In understanding the means of livelihood for elderly persons, the findings revealed that 65 percent of respondents got their livelihood from an income generating activity, 22.5 percent got theirs from remittances from children and other family members, and 12.5 percent got theirs from their monthly pension allowances. Table 4.6 shows the means by which elderly persons got their livelihood at Adukrom.

Table 4.6: Means of Livelihood for Elderly Persons

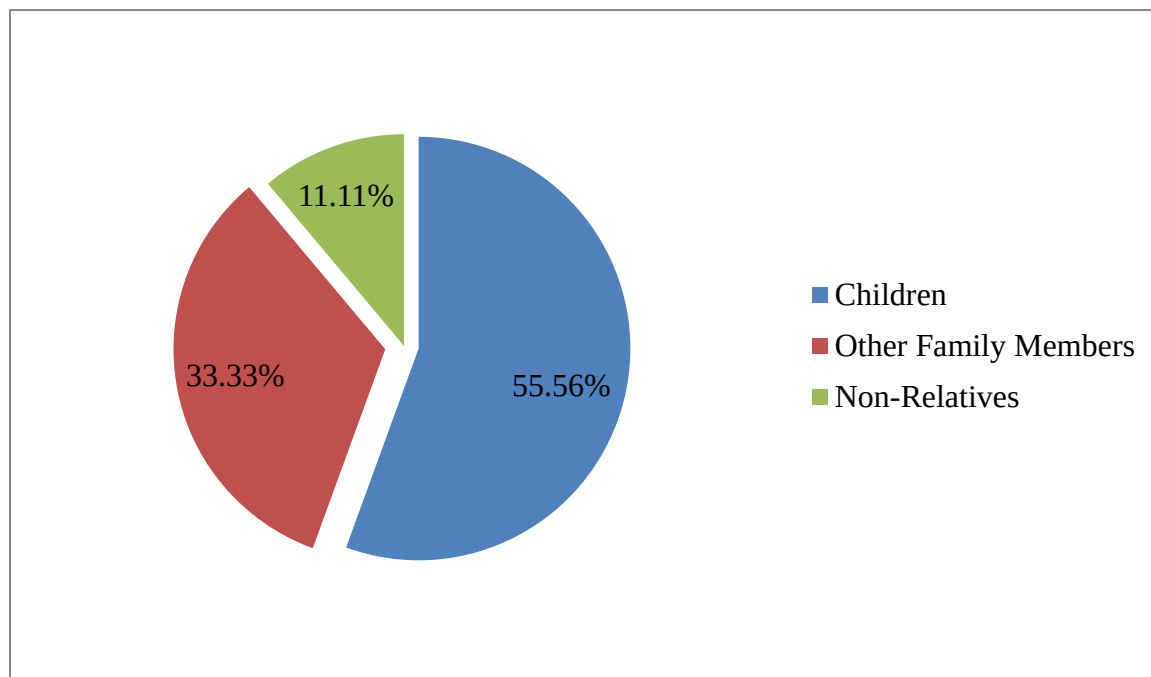
Response	Frequency	Percent (%)
Income	26	65
Remittance	9	22.5
Pension	5	12.5
Total	40	100

Source: Fieldwork, 2016

However, with respect to remittance, the researcher further examined the source to elderly persons in order to understand the trend of support. The study findings further indicated that children continue to be the primary source of remittances to aged parents confirming the general opinion that children are expected to support and take care of their aged parents as a sense of gratitude. About one in every two elderly person (55.56%) received remittances from their

children. While 33.33 percent receive remittances from other extended family members, 11.11 percent received theirs from a non-relative. Figure 4.7 indicates source of remittances of elderly persons in Adukrom.

Figure 4.8: Source of Remittance of Respondents



Source: Fieldwork, 2016

4.4.3 Access to Non-Material Needs for Elderly Persons

As already mentioned, social security is often mentioned as a likely contributor to the decline in elderly poverty as it ensures income security during old age and places recipients above the poverty line (Engelhardt G. V., & Gruber J. 2004). The welfare of elderly persons would likely be affected without such security systems as they would become susceptible to various shocks and risks including old age poverty (ibid).

As indicated by Kazeze (2007), poverty and lack of income were serious problems affecting the welfare of elderly persons in Malawi and as the majority of the aged never worked in the formal sector, they had no pension to help them in old age.

The study therefore sought to examine the availability of non-material need such as social security (pensions) options available to elderly persons including the functionality of the National Health Insurance Scheme, social network and support groups for elderly persons at Adukrom.

4.4.3.1. Availability of Social Security (Pensions) Options for Elderly Persons

The findings of the study indicated that 72.5 percent of respondents did not have any social security scheme while, 27.5 percent indicated that they had a form social security scheme. Table 4.7 indicates the proportion of respondents with/without social security.

Table 4.7: Distribution of Respondents with Social Security

Response	Frequency	Percent (%)
Yes	11	27.5
No	29	72.5
Total	40	100.0

Source: Fieldwork, 2016

4.4.3.2. Social Networks and Support Groups

Kasearu & Kulsaru (2010) defined social networks as relevant sources of support, help, advice, information, and form the basis of one's social capital. Elderly persons join social groups in their

communities in order improve their social network, ensure income security and reduce poverty. This study sought to examine the availability of social networks or support groups if any through both formal and informal forms. The quantitative data revealed that a smaller proportion of respondents belonged to associations. Respondents in the qualitative study indicated their reasons for belonging to an association and the support they receive from such associations.

Mr. Asamoah who had worked in a government establishment, receives pension benefits and as a result belong to the pension workers association at Adukrom. He had this to say:

“.... Yes I belong to the pensioners association and the only support that they provide us is that the association serves as a mouthpiece between us (elderly persons) and the government on issues concerning our monthly pension allowance”.

Sisi Adwoa, who had not been to school and operates a provision store, stated that:

“....the group that I belong to, we do monthly contribution and help other members in times of need such as funerals. Sometimes during our meetings, we invite people to come and give us talk on issues pertaining to our health”.

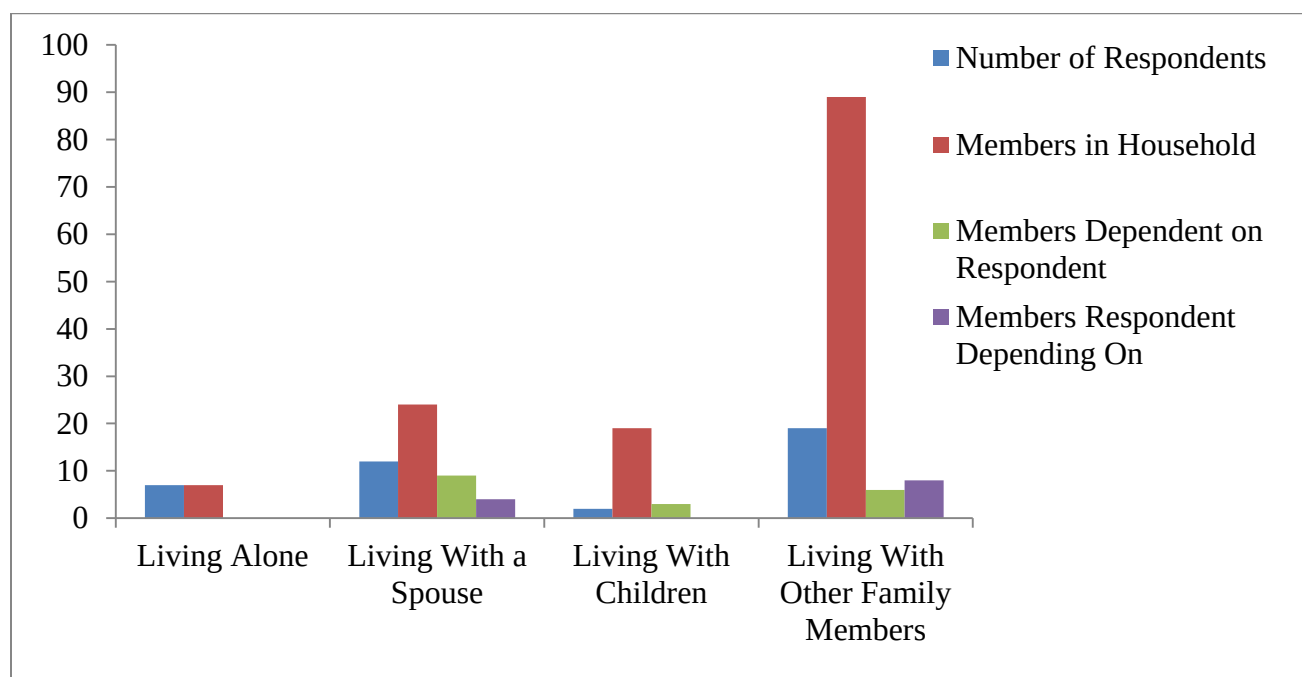
Another source of support provided by the government according to all forty (40) respondents in the quantitative study was the provision of National Health Insurance Scheme (NHIS). This confirms earlier study in the Akuapim North District where Ayisi (2013) noted that majority of the older persons interviewed had indicated benefiting from the NHIS.

4.4.4. Employment Status and Dependency by Household Composition

The second assumption of this study stated that the economic status and capacity of members of the household will determine the welfare of elderly persons. Therefore, the research sought to find out the economic status of members in the household. The quantitative data revealed that five (5) out of seven (7) elderly persons who were living alone were actively engaged in an economic activity. On the other hand, twelve (12) respondents were living with their spouses, thus making it a total household membership of twenty four (24); of this number, 7 members

were working whilst the remaining were not. Nineteen (19) respondents were living with other family members with a total of one hundred and twenty nine (129) members reported to be living in their households; of this number, ten (10) were gainfully employed whilst the remaining one hundred and nineteen (119) household members remained as dependants. Figure 4.8 shows the living arrangement of respondents and proportion of household members that were employed.

Figure 4.9: Employment Status and Dependency by Living Arrangements



Source: Fieldwork, 2016

The study revealed that majority of respondents who reported low level of hardship were living with their spouse in a household where one or more of its member was a paid worker, and supports the household financially, whereas respondents who reported high level of hardship were living in households with more membership but with a significant low number of members working to contribute income to the upkeep of the household.

Respondents in the qualitative study when asked to comment on the level of hardship faced and welfare satisfaction in the household provided the following responses:

Kwadwo Ayisi (**63 years**) who was living alone stated that

“....I am living alone here, there is no one depending on me and I use my pension to take care of my needs. It is enough for me so I cannot say I am facing any hardship. I can confidently say my welfare is okay”

Kwasi Osew (**66 years**) who was living with his spouse stated that

“...There is no hardship in this house, I am working and my wife is also working. We have enough to spend. We also save small small and sometimes use some of our sayings to assist paying tuition of my grandchild in Somanya but I will say my welfare is satisfactory”

Ama Asaabea (**83 years**) who was staying with other extended family relative was of the view that,

“....I am too old to work so I depend on other members here (household). Willie is in Accra and supports us sometimes. You cannot be calling him all the time, and days that I am not feeling well, I have to use herbal treatment although I could go to the clinic if I have money but....(Paused)...there is hardship in this house and my welfare is not that good.”

The findings is in agreement with the second assumption of this study, which states that the economic status and capacity of members of the household will determine the welfare of elderly persons; as generally, in households where there was at least someone working and contributing to the sustenance of household members, respondent had indicated satisfactory welfare.

4.4.5. Opinion on Child Support

The qualitative study further went to ask respondents whether they agree to the opinion that “a child should be expected to support and take care of his or her aged parents as a sense of gratitude for raising him/her”. Respondents were asked to indicate if they strongly agree, partly

agree, agree or disagree. The findings revealed that whilst 40 percent of elderly persons strongly agree, the same proportion (40%) of elderly persons partly agrees that children should reciprocate the effort of their parents when they age. However, 20 percent of respondents indicated that they disagree with the submission. Table 4.8 shows opinion of elderly persons on whether children should reciprocate the effort of their parents when they get old.

Table 4.8: Opinion on Supporting Elderly Persons in Old Age

Response	Frequency	Percent (%)
Strongly Agree	16	40
Partly Agree	16	40
disagree	8	20
Total	40	100

Source: Fieldwork, 2016

When respondents were further asked reasons why they agree or disagree with the opinion that children are to support elderly persons when they age.

Sisi Adwoa who in the qualitative study disagreed with the opinion that children should provide reciprocity support to elderly persons had this to say:

“It is your responsibility to take care of your children; they did not ask you to bring them to this world. If they do not reciprocate what you have done for them, then that’s fine. As for me, I don’t rely on my children. If they send me money, fine and if they do not, I cannot kill them, can I?”

Wofa Yaw also stated that:

You see, some children these days won’t take care of you when you get old, if you don’t take care of them when they are young. Others too, because of the financial difficulties and their concern about their own family (nuclear family), will not pay attention to you, but personally I don’t care. I depend on my pension allowance.

4.4.6. Key Findings of Objective Two

The study revealed that majority of respondents in the study area means of livelihood was from income they make from economic ventures they have invested in, a few had their means of livelihood from their monthly pension allowance, and others from remittances from both children and extended family members; a higher proportion of it coming from their children.

Secondly, a greater proportion of respondents did not have social security and consequently resort to social networks in the community. Apart from the support respondents get from their local social network, all respondents benefit from the NHIS.

Lastly, the study found out that although respondents suffer from varying forms of chronic diseases, the proportion of elderly persons suffering from chronic diseases was higher for those living alone than it was for those living with a spouse or other family members.

4.5 Scope of Implementation of Public and Private Services for the Elderly in the District and Gaps that Remain

4.5.1. Objective Three

Planning for persons above 60 years is very important since attention is required to be given to elderly persons to ensure their welfare. It means that those involved in planning for the aged should have substantial knowledge of their needs.

In the field, the qualitative data found out that elderly persons, and government officials (the Department of Social Welfare and Community Development) of the District Assemblies have little knowledge about the National Ageing Policy and the needs of elderly persons. The Ageing

policy has been in existence for 6 years and the Policy requires that the District Assemblies “initiate, plan and implement programmes for the elderly. At Adukrom, ten (10) respondents were aware of a policy for elderly persons (See Table 4.9).

At the District Assembly, the District Officer of the Department of Social Welfare knew about the statutory mandates of the Department towards the provision of services to people in the district in general, but had no idea of any policy for the aged. She had this to say:

“...well I know that the Department of Social Welfare is responsible for initiating programmes for the aged in the district but I don’t know of any Policy called the National Ageing Policy of Ghana”.

Table 4.9: Awareness of the National Ageing Policy

Response	Frequency	Percent (%)
Yes	10	25
No	30	75
Total	40	100

Source: Fieldwork, 2016

It is also significant to note that in terms of capacity, the District Planning Coordinating Unit of the Assembly is the unit that coordinates the planning process. The capacity of officers in the Unit to plan for the aged is therefore important. Findings from the research suggest that, the officers have not received any training on issues relating to the aged. They also don't know about the National Ageing Policy and have no idea of programmes for elderly persons. According to the Deputy Planning Officer of the Akuapim North District, he has not been given any training on planning for elderly persons, neither have the capacities of his staff been built on ageing issues. He said that,

“...I have not heard of the National Ageing policy and I don't even know the recommendation and inputs it has on planning. I have not also received any training on planning for the aged yet...”

When the issue of capacity of District Planning Officers was posed to the respondent from the National Development Planning Commission (NDPC), it was explained that the NDPC is not responsible for the recruitment and training of District Planning Officers. The District Assemblies do the recruitment based on the qualifications of the preferred applicants. The NDPC comes in to build the capacity of the Officers when they have been recruited. The NDPC respondent said that;

“...we provide orientation on the broad development framework policies that we have developed. We go to the districts to talk to them about the priorities government is looking at and what we expect of every priority that government is taking up in the medium term and that the framework is there to help them to plan. They are given orientation on planning issues but not on elderly persons...”

It was observed that the District Planning Coordinating Unit (DPCU) relies mainly on committees and departments such as the Social Services Sub-committee, Ghana Education Service, Ghana Health Service, etc in the district to come out with the plans for communities which in the long run will include persons over 60 years. As stated earlier, at the districts, majority (75%) of the respondents indicated that they do not know of the existence of any Policy for the aged. This indicates that the departments and committees plan without giving recognition to the recommendations from the National Ageing Policy.

4.5.2. Ways District Assembly Can Address Needs

In the qualitative study, when elderly persons were asked on the ways district assemblies can help to address the needs of elderly person, varied responses were given

Akosua Odi a 73 year old respondent had this to say:

“...My son, we have heard that the government is giving out cards to people like us to take bus free at other places, but for us here there is no bus so they (government) should do something for us maybe take up renewal of our NHIS free for us or pay all our medical expenses for us...”

Mercy Oforiwaa who is 67 years stated that:

“...The district assembly should provide foodstuffs, money etc for elderly persons living on their own or not having children. They are suffering ooooo, unlike us who sometimes get something from our children and family members...”.

Kwaku Ayisi (64 years) said:

“...As for me, I want government to build a clinic for us here that is specifically for the aged. I also want the district assembly to organize programmes for the elderly from time to time....”.

The above is indication that elderly persons in the Akuapim North District contend that the government has failed to provide social protection; a position confirmed in earlier study by Ayisi (2013) who further indicated that the lack of support had aggravated the suffering of elderly persons in the study area.

4.5.3. Key Findings of Objective Three

The study revealed that both elderly persons and government officials of the District Assemblies mandated to ensure the needs and welfare of elderly persons have little knowledge about the National Ageing Policy and their spelt out roles within its implementation plan. They also have no idea of programmes for elderly persons, and have not received any training on issues related to the aged.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0. Introduction

This chapter presents the summary of the study and the conclusion based on the findings. Policy recommendations deduced from the conclusion are suggested to strengthen the existing policy on the welfare of elderly persons.

5.1. Summary of Key Findings

5.1.1. Household Composition and Welfare of Elderly Persons

As an antecedent to finding the effect of household composition on the welfare of elderly persons in Adukrom in the Akuapim North District, the study began by examining the living conditions and demographic characteristics of elderly persons. It was observed that the living conditions of elderly persons in the study area was comfortably okay as majority of respondents lived in cement houses, with adequate lighting, water and toiletry facilities. In addition, there was a clinic in the community for elderly persons to attend when sick.

The findings of the study also indicated that although modernisation and urbanisation have been said to impact on the foundation of the traditional African extended family set up, making it pave way along with the development of society into a nuclear and individual one, most elderly persons in the study area continue to adore the extended family living arrangement as majority of them continue to live with and among extended family relations with about 47.5 percent of elderly persons in Adukrom living with other extended family members.

The study further revealed that although elderly persons would also prefer to live with younger generations, a significant proportion of them prefer to live on their own for reasons such as having their own privacy and peace of mind.

Although assumptions have been made that co-residence is based on the needs of elderly persons, the research revealed otherwise as elderly persons had indicated their financial support to other members of the family such as helping to pay tuition and educational expenses of their children and grandchildren. Elderly persons also render services to other members of the family. For instance, apart from providing financial support, they also provide guidance and counselling to members of the household. In reciprocity, respondents have revealed that, younger members of the household also provide them with physical to financial, social and psychological support. All these confirm that both the elderly and younger members of the household mutually benefit from each other.

Factors that have been reported to account for the welfare of people especially elderly persons are personal and social relationships, employment and financial security and, quality of political life. The study into the wellbeing of elderly persons within the different household compositional structure leads to diverse discoveries. It was found out that elderly persons living alone in their own homes and with additional source of income reported to be more comfortable. However, elderly persons living with their spouses, or other extended family members, with one or more member of the household working, reported during the study that they were happier and more comfortable compared to elderly persons living in household without any member working or contributing income for the sustenance of other members of the household including elderly persons.

5.1.2. Access to Material and Non-Material Needs

The second objective sought to examine access to material and non-material needs including the availability of social networks and other support services for elderly persons at Adukrom in the Akuapim North District. The study found out that 65 percent of elderly persons interviewed indicated that their means of livelihood was from an income generating activity whiles 22.5 percent received remittances as source of livelihood. The study further revealed that about two in every four elderly person who receives remittances got it from their children and one in every three from extended family members.

With respect to support services received from government and non-government organisations, respondents indicated that they did not receive any support from the government apart from the access to the National Health Insurance Scheme (NHIS). Although all elderly persons interviewed had heard about the Livelihood Empowerment Against Poverty (LEAP) programme, they indicated that the government has failed to provide them with this assistance, and that has aggravated their suffering.

However, in spite of the above mentioned challenges faced by elderly persons, as already mentioned, the study revealed that elderly persons who were living with other family members and one or more of the household member contributed income to the sustenance of other members of the household reported to be happier than their counterparts who were either living alone, living with their spouses or living with their children but did not had additional means of income. To them they enjoyed other support from their family members such as companionship. These findings are confirms that of earlier study in the district that “although modernisation and urbanisation have disrupted the inbuilt safety nets of the family that was in place for older

persons, the majority of elderly persons interviewed still rely on other members of the extended family for greater support” (Ayisi, 2013).

5.1.3. Implementation of Public and Private Services for the Elderly and Gaps

The Third objective sought to examine the implementation of public and private services for elderly persons. The study revealed that aside government officials who lacked adequate knowledge and information of policies on elderly persons, and neither had been trained on programmes relating to elderly persons to help address their needs, elderly persons themselves also lack such information as a small proportion of them were aware of the policy and as such did not know where to turn to when their Rights and welfare are abused.

5.2. Conclusion

The study established that the extended family set-up continues to be the dominant living arrangement for elderly persons in Adukrom. They also prefer this set up as they continue to receive care and support from other members of the household. The study also confirmed that in the absence of monthly allowance, and remittances, elderly persons in Adukrom in the Akuapim North District have been persistently active in the construction of their own livelihoods through self-income generating activities in order to combat poverty whilst relying on the support from their families for survival. In addition, elderly persons reported extreme satisfactory welfare in households where one or more member was gainfully employed.

Another notable revelation of the study is that, elderly persons do not receive any support from the government apart from the National Health Insurance Scheme (NHIS), and although elderly persons at Adukrom are aware that there are government assistance such as the Livelihood

Empowerment Against Poverty (LEAP) programme that helps cushion the aged against poverty in other districts, government has failed to provide them with this assistance thereby aggravating their suffering.

Finally, there exist gaps in the implementation of public and private services for elderly persons in the district. The limited knowledge and information on the needs of elderly persons might have contributed to the plight of elderly persons in the district.

The study therefore concludes that the perceived improvement in welfare of elderly persons emanates from the support elderly persons enjoy from their children, spouses, and other relative and non-relatives. Elderly persons that report of low level of satisfaction were from household where members were not gainfully employed and also from households where the income generated by the family was very small to address all the needs of the family members including elderly persons.

5.3. Recommendations

As noted earlier, in our traditional and cultural make up, it is the responsibility of younger generation and other family members to take care of their elderly persons. However, placing the responsibility of ensuring the needs of elderly persons with biological children of the aged will be disadvantageous for the elderly persons in the event that the younger generation are not employed or earning a reputable income. Government should formulate policies and programmes that would ensure employment for the youth so as to provide them with financial security to enable them take care of their aged parents and consequently ensure their welfare. In addition, majority of elderly persons in Ghana, age without a formal social security and tend to get poorer

in old age, government and non-government stakeholders should promote programmes that seek to provide social security for persons who are working in the informal sectors as have been done for those in the formal sector.

The study findings revealed that older persons need more social, psychological, emotional and physical support to impact on their welfare. These have been demonstrated by majority of elderly persons in Adukrom, as they have shown concern that the local government authority should as a matter of urgency provide them with services such as building a geriatric clinic for the aged, recreational and entertainment centres, financially supporting them by paying in full the renewal of their NHIS package and ensuring that Government extend LEAP assistance to elderly persons living in Adukrom; by so doing the welfare of elderly persons in Adukrom could be improved.

The gap in the scope of implementation of the National Ageing Policy is quite evident at the grassroots level, therefore government and all other relevant stakeholders mandated to carry out programmes and activities that would ensure the security and welfare of elderly persons in communities and Districts should be educated and trained to come up with programmes and activities to ensure the welfare of elderly persons.

5.4. Suggestions for Further Research

There are always limitations in any field of study. In order to achieve the purpose of examining the effect of household composition on the welfare of elderly persons in Adukrom, the research designed and adopted both quantitative and qualitative methods for the study. However, the study was constrained by inadequate quantitative data in terms of statistics on the amount of income earned per household. This could have helped to examine the level of income pertaining to each household. In effect, the study could not justify in financial terms the level of income of

households and how it affects the welfare of elderly people. Again, looking at the population size of elderly people in Adukrom, the sample size of forty (40) was very small for the quantitative data.

The above limitations serves as benchmark for future researchers to pursue extensive studies in the same and, or related topics. This study therefore suggest that, future studies be carried out using more statistical data, larger sample size and also to include other communities in the Akuapim North District so that the findings could best reflect the position of elderly persons in the District.

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APPENDIX 1

EFFECT OF HOUSEHOLD COMPOSITION ON THE WELFARE OF ELDERLY PERSONS

INTERVIEW GUIDE

Introduction

My name is Michael Abiaw, an MA Social Policy Student of the Center for Social Policy Studies at the University of Ghana. I am embarking on a research to ascertain the effect of household composition on the welfare of elderly persons at Adukrom in the Eastern Region.

This interview guide is designed to gather information for the purpose of academic research. Your opinion will be treated with a lot of confidentiality. The interview will take approximately 60 minutes. I therefore wish to seek your consent to commence my interview and also to record proceeding.

Thank You.

Personal Information

Name of Person Interviewed:

1. Age:
2. Sex:
3. Marital Status:
4. What is your current work status?
Full time employment ☐
Part time/casual employment ☐

Unemployed/ retrenched ☐

Unable to work because of disability/workcover ☐

Retired ☐

Other (please specify)

5. What is your main source of income?

6. What is your weekly, monthly, or annual income?

7. Do you think you are getting enough from your current employment?

Yes ☐ No ☐

8. Besides working are there any other thing that you do that give you an income?

Yes ☐ No ☐

Health

9. In general, how would you assess your health?

Excellent ☐

Very good ☐

Good ☐

Fair ☐

Poor ☐

10. Which of the following are you able to do on a daily basis?

a. Preparing meals ☐

b. Leaving home to purchase necessary items ☐

c. Taking care of financial matters ☐

- d. Using the telephone
- e. Doing light housework ☐
- f. Taking a bus ☐ ☐
- g. Taking medication as prescribed.
11. How does your health now restrict / permit you in performing these activities?
12. Have you suffered from any chronic disease in the past 1 year?
13. Yes ☐ No ☐
14. Name of disease?
15. Do you regularly go to hospital?
- Yes ☐ No ☐
16. What is the distance from your home to the hospital?
- Very Far ☐ Far ☐ Near ☐ Very Near ☐
17. How do you go to the hospital?
- In a car On foot
- Alone
- Accompanied
18. What are the challenges that you face in accessing health facilities and services?
19. When you fall sick, where do you seek medical attention?
20. Who pays for your medical expenses?
21. Are you assisted in taking your medication by any other person?

Yes ☐ No ☐

22. If Yes, who assists you?

OBJECTIVES OF STUDY

TO STUDY ELDERLY PERSON'S PATTERNS OF CO-RESIDENCE AND WHAT FACTORS ACCOUNT FOR ELDERLY PERSONS LIVING ON THEIR OWN OR WITH OTHER GENERATIONS.

23. Do you live with somebody in this household?

Yes ☐ No ☐

24. If yes what is your relationship with this person?

25. Who owns this house you are living in?

Self ☐

Spouse ☐

Child ☐

Other Family Member ☐

Others (Specify)

26. Who is the head of the household?

27. What is your relationship with the head of the household?

28. How many of your biological children are surviving?

29. How many of your children are living nearby?

30. Can you share with me reasons why you are staying in this household?

31. Type of housing you live in.

32. How many rooms are there in the house?

33. Is there electricity in the house?

Yes ☐ No ☐

34. Is there water in the house?

Yes ☐ No ☐

35. Do you have a room of your own?

Yes ☐ No ☐

36. What type of bed do you sleep on?

Mattress ☐

Mat ☐

Bare floor ☐

Other (Specify)

37. Do you sleep alone?

Yes ☐ No ☐

38. If no who do you sleep with?

39. Do you have a television?

Yes ☐ No ☐

40. Do you have a radio?

Yes ☐ No ☐

41. Who cooks for you?

42. Who does cleaning for you?

43. Who fetches water for you?

44. Are you comfortable with this place?

Yes ☐ No ☐

45. What are the reasons for staying in this household?

46. What are the challenges you are facing in this household

47. Are you satisfied staying in this household? Explain

48. How beneficial has staying here been for you and other members of this household?

For you

For other Members of the household

49. What is the preferred living arrangement you want and why?

**TO EXAMINE THE PATTERNS OF ACCESS TO MATERIAL AND NON-MATERIAL
NEEDS OF ELDERLY PERSONS AND THE SOURCES OF SUPPORT.**

50. Do you have any social security scheme?

Yes ☐ No ☐

51. If no why?

52. Do you have any relatives or family members who support you?

Yes ☐ No ☐

53. If yes what is your relationship with this family member?

54. What kind of support do you get from this person?

Monetary ☐

Material ☐

Medical ☐

Accommodation ☐

Others (Specify)

55. In the absence of this person that provides you with support, who do you fall on?

56. Do you belong to any association or network?

Yes ☐ No ☐

57. What are the services the association provide you as an elderly person?

58. Is there any assistance that you receive from the government?

Yes ☐ No ☐

59. If yes, kindly state how this is beneficial to you?

60. Besides your children, relatives and the government is there any help that you receive from other people or organisations?

Yes ☐ No ☐

61. Has the support been beneficial to you?

Yes ☐ No ☐

62. If No, what are the coping mechanisms for you?

63. Do you think of leaving your current place of residence to another?

Yes ☐ No ☐

64. If yes, why are you thinking of such a decision?

65. Do you think this would stop the challenges you are facing?

Yes ☐ No ☐

TO REVIEW THE SCOPE OF IMPLEMENTATION OF PUBLIC AND PRIVATE SERVICES FOR THE ELDERLY IN THE DISTRICT AND WHAT GAPS REMAIN IN THIS PROCESS.

66. Are you aware of any policy for elderly persons like you?
67. Are you aware of any association or committee for elderly persons in this community?
68. How active is this association?
69. Are there any services that address the needs of elderly persons in this community?
70. How effective are these services?
71. Which of these services are most effectively provided by the District Assembly?
72. Which of these services do you need most and why?
73. Please share with me specific examples of when these services have been most effective in meeting the needs of elderly persons.
74. In your opinion, how beneficial had these ways been to you?
75. Can you please share with me your opinion on if a child should be expected to support and take care of his or her aged parents, as the child should feel a sense of gratitude to the parents for raising him/her
76. Where do elderly persons without children live?
77. In your opinion, in what ways can the association/District enhance the way they address the needs of elderly persons in this community?
78. What aspects of the community or service system make it difficult for older people to remain connected and involved in their community?

79. Do you have any ideas about how the Government, District Assembly, service providers or community groups assist older persons to stay connected to the community and family/friends in other places?

80. Are you aware of any rights and entitlements available to older persons?

Thank you for your time