

UNIVERSITY OF GHANA

**AGEING IN CONTEMPORARY GHANA: A CASE STUDY OF THE AWUTU
BREKU DISTRICT**

BY

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DECLARATION

I declare that this work is an original work done by me under the supervision of Dr Peace Mamle Tetteh and Dr Fidelia N. A. Ohemeng. All references used in this study have been fully acknowledged.

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DEDICATION

To my family, Obaaku, Collins, Douglass, Joyce, George and Owura.

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LIST OF ABBREVIATIONS

UNO	United Nations Organisation
LEAP	Livelihood Empowerment Against Poverty
WHO	World Health Organisation
SSNT	Social Security and National Insurance Trust
GSS	Ghana Statistical Service
NHIS	National Health Insurance Scheme
AALF	Akrowa Aged-Life Foundation
NSPS	National Social Protection Strategy

ABSTRACT

Ageing in contemporary Ghana is not only an interesting research area but necessarily resonates with every human being. This is particularly so because ageing is a universal, inevitable and observable human occurrence. The concept of ageing and its dynamics react to changing circumstances in society. Research points to the fact that changing demographics impact on socio-economic situations and necessarily on different classes of society including the aged. International and national statistics portray an increasing proportion of the aged globally and Ghana in particular. Existing literature have examined various aspects of the subject matter. However, they hardly considered the multifaceted needs of older Ghanaians by examining the impact of social change especially on family structure on care giving patterns and the resultant changes in the lives of the elderly. This study, therefore, sought to fill this gap by exploring and documenting the lived- experiences, factors that enhanced sense of belonging and the support systems for the aged. In general, the study focused on identifying the challenges associated with ageing in contemporary Ghana. For practical purposes, a case study method was adopted to unearth the objectives of the study in Awutu Breku District of the Central Region of Ghana. Among other key findings, the study confirmed an increasing population of the aged, weakened informal support system and a limited formal support system, evidencing a gap in elderly welfare in Ghana. The data revealed that people understood ageing from biological, social and psychological perspectives. On the issue of sense of belonging of the aged, it was confirmed that the aged who maintained attachment with their families, participated in their community activities and belonged to other associations had a better sense of belonging compared with their colleagues who did not. The study sets a good foundation for examining the multifaceted needs of older Ghanaians within the context of social change.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

“The world stands on the threshold of a stunning demographic transformation. It is called global ageing and it promises to reshape virtually every dimension of the economy and society over the next few years” (Jackson et al., 2010).

Ageing is an inevitable and a universal phenomenon that has captured the interest of various researchers and continues to be prominent in social research. With varying degree of probability, individuals survive childhood, grow to maturity and become old in all society (Shanas et al., 2017).

Population ageing can be envisaged as a demographic characteristic of a country where by its older people (individuals who are older than 60 years) seem to account for the greater part of the population in a given society (Wacker & Roberto, 2011). Generally, it is presumed that the ageing population will increase by an unprecedented rate from the first and second decades of the 21st century (Hugo, 2010). The table below shows the global trends in ageing and evidence of an increase of the population aged 60 and above. With an estimate of over 2 billion increases in adult population by mid-21st century, researchers are now keen on this area of population dynamics (Plassman et al., 2007).

Table 1: Trends in Ageing Globally

Region	Percentage of population aged above 60 years				
	1950	1975	2000	2015	2050
Asia	6.7	6.6	8.6	14.8	24.4
Europe	12.1	16.5	20.3	27.3	33.6
Latin America/Caribbean	5.6	6.5	8.4	14.9	25.0
North America	12.4	14.6	16.3	24.7	27.0
Oceania	11.2	11.0	13.4	19.1	23.5
Sub-Saharan Africa	5.2	4.8	4.8	5.5	8.3
Ghana	4.1	4.5	5.2	7.2	11.9

Source: World population prospects, the 2010 revision (UN DESA, 2011).

In developed countries, government has mainstreamed the care of the aged into their policy formulations. There are public and private institutions directly responsible for the aged welfare (Wilinska, 2012). These services range from home visit by care givers to institutionalized Aged Homes for the elderly, for their holistic care provision, (Hellstrom and Hallberg 2001). The general care provided in these aged homes is said to be quite high and adequate, (Report Likker, 2016), although not all the literature available on the aged support this assertion (Bouding, 2013). The success of the policy has been accounted as the major critique of the policy as it has resulted in prolonging the lives of even the ageing population itself (Foster & Walker, 2014). Consequently, much more elderly people are living to even much more advanced ages, (85+) which put pressure on certain aspect of the economy like pensions, health, housing accommodation etc. for the elderly population as well as government (Bengston & Lowenstein, 2004).

In Africa and for that matter, Ghana, caring for the old has been at the extended family and community level (Nukunya, 2003; De-Graft Aikins & Apt, 2016; Van der Geest, 2016). In most African societies, family members and neighbours cared for their older people at home until their

last breath. This was made feasible primarily because African households were known to comprise between two to three generations of grand-parents, parents and children, uncles and other kin relations (Coe, 2017). There was a general custom that parents made extensive sacrifices for their children who must reciprocate when they were old by caring for their old parents, thus, enforcing the principle of reciprocity (Abanyam 2011). However, a change in the structure of African society has neutralized such privileges enjoyed by older people in most African societies. Social, economic and cultural changes which are in the form of migration, urbanization, education and high cost of living have all contributed to the near breakdown of the systems that sustained elderly people in a closely knit, age-integrated African society (De-Graft Aikins & Apt, 2016; Mba. 2010; Adinkra, 2015).

The rise of modernity has been viewed to not only result in economic change and advancement in technology but it has also impacted on the values of the society as well as its standard of living (Parsons & Bales, 1955; Goode, 1963 cited in Adeleke, 2014). Changes in society most of the time accompanies changes in the structure and function of the family (De-Graft Aikins & Apt, 2016). People usually respond to these socio-economic situations by forming family types that serve as an adaptation and a fit to the changing environment (De-Graft Aikins & Apt, 2016). Nuclearisation of the family has been a key result of this changing pattern and thus, replacing the extended family structure that guaranteed aged care and adequate support (Aboderin, 2004).

This change in the social structure to a large extent, as supported by extensive research has affected the aged with regards to their welfare (De-Graft Aikins & Apt, 2016; Van der Geest, 2016). A multi-dimensional approach is therefore needed in drafting and implementing policies to mitigating these impending social changes. It is from this background that informs the researcher to focus on this area of study.

1.1 Problem statement

At varying international fora, much concern has been expressed about the elderly, with profound suggestions made towards improving their living conditions. However, many African countries have not mainstreamed ageing within the context of current global development initiatives (Boudiny, 2013). Significant recognition of the population of the aged by governments is still limited even in the face of increased life expectancy (Van der Geest, 2016).

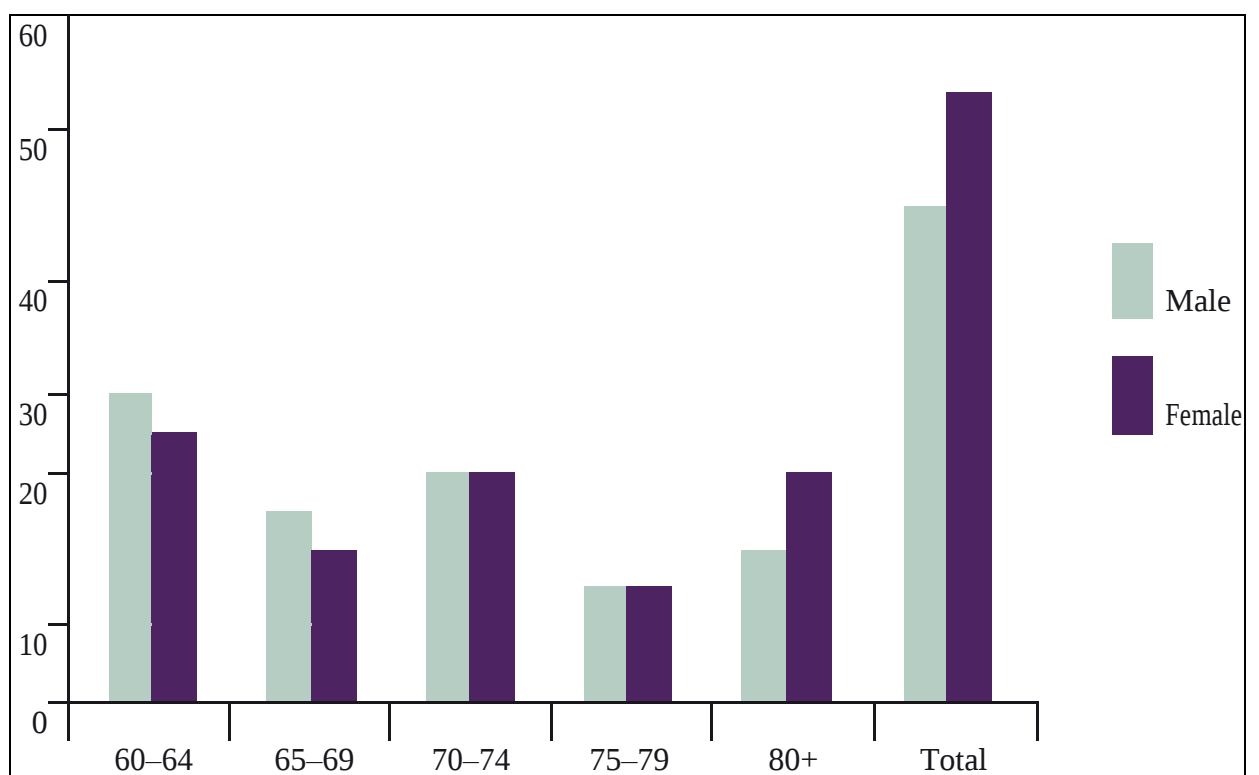
UN population sources posit that by 2050, persons aged 60 years and over will rise from the current figure of 45.7 million to 182.6 million. Out of this estimated figure, majority (51.6 million) will be living in developing countries with Ghana and Nigeria having the highest ageing of the population (World Population Prospect, 2010).

At the local level, the Ghana 2010 Population and Housing census report indicates that the cohort 60 years and above was almost 1.5 million which represent 6.7 % of the total population (6.0% men and 7.3% women). This increase is more than 220 per cent of that cohort since the country's independence. The statistics project further that, by 2050 that age cohort will increase to almost 6 million representing 14 per cent of the total population.

With the rising increase in the ageing population accompanied by the gradual breaking down of the traditional solidarity network because of on-going social changes from modernization, education, migration and globalization, the traditional family system which guaranteed elderly support is no longer reliable (Mba, 2009; De-Graft Aikins & Apt, 2016). Ghana government reports (2010) recognise these happenings yet, successive Governments have still not made adequate provision in the form of welfare policies in anticipation of future crises (De-Graft Aikins & Apt, 2016; van der Geest, 2016).

Older adults are, therefore, no longer automatically guaranteed the protection, support and qualities of life previously assured by virtue of their age and position in the family and are left with little or no means of support and care (Aikins et al 2016; De-Graft Aikins & Apt, 2016). The figure below shows the age distribution of older people in Ghana.

Figure 1: Age distribution of older people in Ghana



(Source: Badasu & Forson, 2013).

From the literature, a lot of studies have focused on population ageing and its implications in Ghana (Aikins et al, 2016); (De-Graft Aikins & Apt, 2016), Kyei (2013), Mba (2004; 2010) and Darkwa (2003) have studied the phenomenon in the context of Africa. According to these studies, the crises associated with ageing in Africa are just beginning to reveal their shape. As a result, they recommend to government and to all other stakeholders to make policies in

anticipation of future crises. Other studies (Apt, 1995; Apt and Greico, 1994; NPC, 2003; Okunola, 2002, cited in Adedokun, 2010); Tonah, (2009); Coe, (2017) and van der Geest (2016) have also examined the phenomenon with regards to its demographics and how the rapid growth of the ageing population affects the health sector. These studies recommend inter alia specialist care in geriatrics and hence direct Government to train the requisite human resource to meet this future demand.

Another study by Warker and Roberto, (2011) and Mba, (2010) enquired into the economic implications of social change on the aged in rural agrarian societies. A careful review of these studies reveals that to a large extent they did not look at the multifaceted needs of older Ghanaians. In effect, there are researches on the aged with regards to individual variables that include health, economics, demographics and social changes which includes modernization, economic interdependence and others. However, looking at these issues in a holistic manner to properly comprehend the aging situation has been limited. Thus, it literally seems as if researches on these issues in Africa and for that matter Ghana scratch the surface and address aspect of the issue without having a holistic data making results and conclusions extremely limited in tackling the ageing issue. This has also contributed to the lukewarm attitude of government since there is currently no strong intervention and evidence that will push the government to act. This was the bone of contention for this research. This study was therefore aimed at addressing the multifaceted needs of older people in Awutu Breku by examining the impact of social change especially on family structure and care giving patterns and the resultant changes in the lives of the elderly in the chosen district.

1.2 Research Questions

In order to interrogate the implications of modernity of the ageing process and the experiences of the aged, the study sought to find answers to the following questions:

1. How is ageing defined and understood among the people of Awutu Breku.
2. What are the lived experiences of the aged?
3. What factors enhance a sense of belonging among the aged in Awutu Breku?
4. What are the support systems for the aged?

1.3 Objectives of the study

The study sought to explore the implications of modernity on the aged in Awutu Breku. To meet these broad objectives, the study specifically sought:

1. To determine the definition and conceptualization of ageing among the residents of Awutu Breku.
2. To explore and document lived experiences of the aged.
3. To identify the factors that enhances a sense of belonging among the aged in the Awutu Breku.
4. To examine the measures, institutional and non-institutional support systems available to the aged and how these help them cope with the social change.

1.4 Significance of the study

Studies and literature on modernity and ageing in Ghana abound (Coe, 2017; De-Graft Aikins & Apt, 2016; Tonah, 2009, etc.). In as much as these studies touch on several aspects of modernity and ageing in Ghana, few studies exist on the implications of modernity on ageing. This study delves into the relationship between growing old in the light of increasing modernization within the family system in Ghana. The study teased out and brought to bear this rather less studied aspect of modernity and ageing in Ghana by adopting a qualitative method of study.

Older people constitute an important segment of the social strata of all societies. This implies that they play very key roles in society. However, they face a number of challenges which ranges from shelter, food, financial dependence, isolation, health, love, affection, belongingness, and many more. For them to function effectively and to positively affect the other parts of the social structure, these diverse needs must be met through a collaborative effort of the family and the Government.

Hence, results of the study will be highly relevant to society as it will provide more detailed description of the experiences facing the ageing group within the society and Ghana at large. The information will help the family strengthen their assessment of elderly sociological and physiological problem. Furthermore, the young or youth can assist or help the aged adjust to the negative experiences by providing family support.

Furthermore, the study will help in the formulation of new policies or review of the existing policies and intervention strategies for the aged in Ghana. Aside from throwing light on the overall health conditions among elderly population, the study also aims at contributing to

knowledge and raising awareness about the plights of the older population in Ghana. The study will awaken the public on the need to relook at the support (family, health care) for the aged. The final report becomes an educational resource for the academic field.

1.5 Definition of Key Concepts

The concepts requiring definition in this thesis is Modernity, family, and ageing. It is important to define and conceptualize these to guide both the researcher and reviewers.

1.5.1 Concept of Modernity

The term “modernity” has a long history and is very prominent in sociology. According to Giddens (1990) “modernity” refers to “modes of social life or organization which emerged in Europe from about the seventeenth century onwards and which subsequently became more or less worldwide in their influence”.

These concepts are closely linked and may be appropriate when referring to worldwide development. However, these concepts have a linkage with their different focus on present debates about social life and patterns of social development towards the aged particularly since Africa is now going through that process completed by the advanced countries. The result of modernism is thus, interference in the social milieu of the family which in the case of Africa, impact negatively on aged welfare.

1.5.2 Family

Another concept that requires definition is the “family”. The concept family means different things to a lot of people. According to Aakanksha (2017) the family can be defined as “a group of persons united by the ties of marriage, blood, or adoption, constituting a single household and interacting with each other in their respective social positions, usually those of spouses, parents, children, and siblings”. Under this definition, there was categorization of nuclear and extended family respectively. The nuclear family is probably the oldest family type and consists of two

unrelated married adults, usually a man and a woman and, together with their offspring, usually sharing a common space. The family can also be termed extended family which will comprise the grandparents, parents and their married, spouses, offspring, and possibly elderly dependents as well. A household has been said to comprise families possibly of different generation (Arnold-Cathalifaud, Thumala, Urquiza and Ojeda, 2008). In Africa and Ghana for that matter, there are three generational households, which comprise grandparents, parents and children with other siblings (Department of Social Development, 2002). Case and Deaton (2001), estimate that 60 per cent of all African households are three-generational households with children.

Thus, in this study, family will be conceptualised from the African perspective as constituting a three generational household.

1.6 Organization of the study

The thesis is organized in six chapters. Chapter one comprises general background information on the thesis, which looked at the ageing trend globally and the variations in how the advanced countries have social welfare policies for their aged citizens while the same cannot be said for African countries. The statement of the problem of the research followed with significance and originality of the study.

Chapter two deals with the theoretical framework and literature review. The literature focused on the conceptualization of ageing globally, the relationship between ageing and gender and how these affect policy formulations. The various support systems for the aged were also reviewed, with emphasis on institutional and non-institutionalized measures of support. Literature on Africa and for that matter Ghana indicated that, the family and community served as the major backbone of care services to the aged. With regards to the theoretical foundation underpinning

the study, several lenses were employed to understand the phenomenon. In all, the modernization theory which explains the phenomenon from the perspective of social change as a result of industrialization was employed, Social capital theory, and the concept of reciprocity which together explains the relationship and the circumstances under which individuals feel obligated to help relations was also explored to offer explanations for the phenomenon that the study undertook. Chapter three gives an anthropological narrative of the study area.

Chapter four focuses largely on the methods the researcher used in undertaking the study. The study was largely qualitative. In all twenty respondents were selected purposively and administered with an interview schedule for primary data. Secondary data were derived from journals, news articles and many more. Ethical considerations that were applicable to the study were informed consent, voluntary participation, anonymity and confidentiality which the researcher duly complied with.

Chapter five presented the study's findings. The researcher employed Thematic Network Analysis in analyzing the data. Discussions and interpretations of the results were grounded in the Modernization theory, the Social Capital theory and Reciprocity.

Chapter six which is the final chapter presented the summary of findings, conclusions and makes recommendations arising from the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter discusses the meanings and theories or concepts of ageing. Issues such as the lived experiences of the aged and whether or not they have enjoyed their ageing process was looked at. The literature again focused on factors that enhanced the feelings of belongings at this crucial stage in the elderly person's life. The support systems for the aged welfare were also reviewed in terms of formal and informal help they receive and finally, the coping mechanism adopted by the aged in the face of these transformations. A review of Ghana's ageing policy was also made to assess the extent to which institutional measures towards aged welfare has been accomplished. The summary and conclusions of this literature would form the basis for the field study and assessing the wellbeing of the aged.

The ageing population notably comes with many social, political and economic challenges. To better address these challenges, it is imperative to know first of all the public opinion about the aged as this key knowledge will be useful in understanding how attitudes of ageist behaviours such as discrimination and maltreatment of older people develop. This section is thus aimed at reviewing literature on both past and current global perceptions about the aged with emphasis on how these perceptions are formed in the first place, the factors that influence those perceptions and the consequence of those perceptions on the life of the aged person.

2.1 Definition of Ageing

Ageing is not a disease but the process of becoming older, a process that is genetically determined and environmentally modulated. Primary ageing results from an inborn genetic clock in combination with life-style. However secondary ageing is said to be caused by trauma and disease (Lingren, 2006). The body organs decline in functioning gradually after age 30. The immune system becomes less resistant to disease. Changes in the skin, hair, and body shape begin to occur” (Boudiny, 2013).

According to the National Ageing Policy (2010) and the *Madrid International Plan of Action on Ageing* (MIPAA, 2002), an aged or elderly person is someone aged 60 and above. In some cases, it is from 65 years and over. This definition encompasses both the traditional and the legal definition of who an elderly person is.

Thus, the description above of what ageing is normally places aged people in a special category of the population that require special treatment as a result of their vulnerability. Thus, in this thesis, older persons and aged persons are used synonymously because there is some vulnerability associated with that status.

A research team comprising Scientist and Clinicians met in 2002 in Greece to discuss the concept of ageing in relation to prolonged long life and related genetic and non-genetic markers. At the meeting, the conclusion that was arrived at was that Ageing is most likely one component of life, which first emerged in economically developed countries and results from a breakdown of self-organizing system and reduced ability to adapt to the environment (Pakulski, 2016). This is premised on the fact that most of the advanced countries started making provision for that stratum long before it became crises (Lehman, 2017). Ageing processes are defined as those that amplify the vulnerability of subjects, as they become older, to the factors that finally lead to

death (Victor, 2013). Old age comprises "the later part of life; the period of life after youth and middle age . . . usually with reference to deterioration" (Millennium Web Catalog, 2016).

From a universal point of view, old age has not been given a definition since it is very contextual. Most developed countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person because of the high life expectancy rate which keeps them in active economic activity until retirement at age 65 (WHO, 2013). On the other hand, in Africa, 60+ years has been denoted by World Health Organisation as beginning old age mainly because of the low life expectancy rate (WHO, 2013). However, it is probable that this definition would soon undergo transition as Africa is gaining grounds rapidly in life expectancy gains mainly due to increasing modernization, improved diet and improved health technologies (World Population Prospect, 2017). At the same time, the World Health Organization recognized that the developing world often defines old age, not by chronological years, but a change in social activities or role. Older persons themselves often define old age as a stage in which functional, mental or physical capacity is declining (Pakulski, 2016).

Glasscock (1980) conducted a research in the late 1970's in different areas of Africa on the definition of ageing. The study result placed the definitions of ageing into three main categories: "chronology; change in social role (i.e. change in work patterns, adult status of children and menopause); and change in capabilities i.e. invalid status, senility and change in physical characteristics. Results from this cultural analysis of old age suggested that change in social role is the predominant means of defining old age. When the preferred definition was chronological, it was most often accompanied by an additional definition". This somewhat contradict the findings in Nigeria where both young and old had same responses for the onset of chronological

old age (Togonu-Bikersteth, 1987; 1988). The results suggested similarities with that of the West.

Though a single definition, such as the chronological age or social, cultural and functional markers is commonly used by demographers, sociologists, anthropologists, economists and researchers, it appears that in Africa it is appropriate to combine these definitions, such as chronology and social. However, the challenge with this combined definition will be on how to incorporate a suitable multidimensional definition into the pensionable age concept (Who, 2002).

In Ghana, there are several conceptions of old age. We have the chronological, cultural and the social definitions (Nilson, 2016). A person's status in society can earn him respect as elderly irrespective of his chronological age being young, because it is assumed that it is the elderly that should have had that prestige. The proverb (S3 Akwadaa hunu ne nsa hohoro a, one mpanifo na 3didi) meaning when a young person works hard to accumulate wealth, he is accepted into the elderly fraternity is a confirmation of that belief (Kyei, 2013).

From a cultural perspective, the elderly in Ghana has so many perceptions. For instance, the status of a grandparent denotes elderly. According to Darkwa, (2013) the moment, one begets a grandchild; he or she is looked on as an elderly person irrespective of the person's age.

2.2 Classifications of the Aged.

According to Berk (2010), people experience different conditions as they age. Hence, he argues that instead of boxing all aged people together in one corner, gerontologists do recognize that there are disparities and hence put the aged into classifications or sub-groups. For instance, Weeks (2002) distinguishes two broad categories of the aged on the basis of their functional ability. These are the "young old" whose age range between 65 and 74. The second classification

(75 years and above), have very poor health and are extremely weak making it impossible for them to engage in daily activities. Another study by Forman et al (1992) categorizes the young old (60 to 69), the middle old (70 to 79), and the very old (80+). Even with these sub groups, there are variations. A further sub-grouping put the young old from 65 years to 74 years, middle-old (75–84), and oldest-old (85+) (Zizza, Ellison & Wernett, 2009). According to Victor (2002), delineating sub-groups in the 65+ population enables a more accurate portrayal of significant life changes and the provision of a much better and suitable tailor- made assistance.

The 2010 Population and Housing census statistics on the elderly in Ghana made use of this functional age brackets: 60- 74 (young-old), 75- 84 years (old-old) and 85+ years (very old) (Ghana Statistical Service, 2010). Retirees within the first functional group were deemed to be engaging in some economic activity. Women found within the last age classification were engaged in offering support to their family. Their experience and skill in reproductive health is very much sought for. Again, they help in raising children while the parents get the peace of mind to work. As regards the younger generation, the elderly undertake socialisation functions (Kyei, 2015). It is very unlikely that from 85 years and above, the elderly will be involved in any economic activity or social reproduction (GSS, 2010).

In a similar vein, a Nigerian report on the elderly (National Population Commission, 2004) identified three broad categories of the elderly: 60- 74 years (young-old), 75- 84 (old-old) years and 85+ years (oldest-old), or the very old. Persons in the first two broad age-groups were still quite active, particularly in the agricultural sector. The implication of these classifications suggests that just like the concept of ageing itself there are various classifications from diverse research finding.

2.3 Perceptions about the Aged

Perceptions about the elderly have always been broad. Some perspectives believe that older people should quietly exit the scene to pave way for the youth who are much more energetic to build the society, the disengagement theory. On the other hand, other school of thought believes that old age is a period of retirement or the golden years, the best years of life filled with relaxation and exploration of hobbies and passions. Still for others, old age is somewhere in between these two ideas (Johnson, 2011).

According to Kendig and Browning (2011), the quest for ageing well has been a deep concern for humanity since the primitive era and it is deeply embedded in individuals' consciousness and forms part of the collective ideas of social advancement. This idea seems to have much support from the literature as some studies on modern ageing have attempted to look into why there are so many plastic surgeries, anti-ageing pills and focus on exercises all in the hope of extending the ageing process (Hiller and Barrow, 2014).

Hummert (1990) posits that perceptions of ageing are generally multi-dimensional. They encompass both positive and negative characteristics (Hummert, 1990; McTavish, 1971; Heckhausen, Dixon and Baltes, 1989), and also reflect a mix between depictions of age-related changes and distorted views of older people (Kite, Stockdale, Whitley and Johnson, 2005). Digiovanna (2000) believes that the process of ageing well is associated with predictable biological changes that lead to systematic age differences in physical abilities and cognitive performance. To the extent that ageing perceptions reflect such biologically based differences in functioning, one might expect to see comparatively little variation across cultures. Age-related changes in socio emotional characteristics and social status, in contrast, appear to depend less on biology and more on motivational priorities (Fung, Rice and Carstensen, 2005) and societal roles

(Eagly, Wood and Diekmann, 2000). Perceptions of age-related changes in these characteristics may therefore show a greater extent of cross-cultural variation.

Previous researches have explored several potential explanations for intercultural differences in perceptions of ageing. Early studies that focused on socio-economic predictors found that higher levels of economic development and industrialization are associated with negative attitudes towards the aged and place them on a lower societal status (Simmons, 1945; Arnhoff, et al., 1964; Maxwell, 1970; Bengtson, Dowd, Smith, and Inkeles, 1975; Palmore and Manton, 1974). Modernization theory (Cowgill, 1972; 1986) explained such findings by arguing that a shift towards industrialized modes of production undermines the societal status of older adults, devalues their experience-based knowledge, breaks up traditional extended families through urbanization, and shifts control over the means of production from family elders to industrial entities (Cowgill, 1972).

Old age has also been described frequently by the numerous literatures as a pleasant time; children are grown, retirement from work, time to pursue interests (Berk, 2010). A number of retirees are eager to get involved in community and voluntary associations to promote their well-being. On the other hand, Minois, (1989) concludes from his research as far back as 1989 that in any social-economic activity in this our modern era, the young are preferred to the old, even in instances of volunteering, making the idea of getting old quite upsetting. In Western thought, old age is characterized with morbidity, sepsis and incubation to death.

2.4 Ageing from Societal Perspective

According to Minois (1989) the ambiguity of old age has been with human beings for quite a long time. As far back as the era of primitive society, there was contention between old age being considered as a source of wisdom and infirmity, experience and decrepitude and prestige and suffering.

Historical records have revealed a mixed picture of the position and status of old people, although there has not existed a "golden age of aging" (Hiller and Barrow, 2014). Some studies by Johnson and Thane (1998) rebut the long assertion that the elderly was much respected and valued. History continues to portray that there was never a period like that and that at all times there had been both positive and negative attitude towards old people. They were respected or despised, honoured or put to death based on the environment they found themselves (Minois, 1989).

In ancient times, a lot of people died before reaching the age 50. In view of that, people who lived into their 40's were treated with a lot of awe and respect. However, those who lived on to be frail were regarded as a burden and ignored or in extreme cases killed. Hiller and Barrow (2014) and Wang (2012), posit that older people were defined more by their ability to perform their tasks rather than their chronological years.

Thomas More and Antonio de Guevara who were 16th century utopians allowed no decrepit old people in their fictional lands (Minois, 1989). With More for instance, on the island of Utopia, when people were so old as to have "out-lived themselves" and are terminally ill, in pain, and a burden to everyone, the priests exhorted them about choosing to die, with the assurance that "they shall be happy after death." Those who chose to die did so by either starvation or taking

opium (Birren and Schaie, 2011). For instance, in de Guevara's utopian nation, there was a custom whereby people who were above 65 years were encouraged to practice self-immolation. This practice was seen as a “golden world” in which “people have overcome the natural appetite to desire to live” (Birren & Schaie, 2011).

Currently, there has been a mixed feeling on ageing as a concept in the world (Lodge, Carnell, & Coleman, 2016). Societal changes from communal interdependencies to self-sufficient and robust technological advances have had great impact on attitudes towards the concept of ageing (Lodge et al., 2016).

In advanced countries that have good welfare policies for the aged, research indicates that quite a large chunk of government budgets goes into these formal support systems. These interventions are so successful that they have resulted in the ageing of the aged population, making the population larger and hence deepening the financial burden on government (Bonker & Marzanati, 2010). Critics of these formal support systems have blamed the almost 100 percent success rate of the programme on the financial drain on government. The rise in the debt of many European states has drawn attention to the competing interest of the need to sustain public spending on pensions and health care versus the need to reduce budget deficits (Magnus, 2012). Many countries are consequently reconsidering their pension and health care provisions, which account for up to 40% of all government spending in these developed economies (Harper, 2014). These have caused automatic negative perception of the elderly to be people who are burdensome, dependent and useless (Lehman, 2017).

There is however some dissenting views about these negative perceptions (Arnold-Cathalifaud et al., 2008). Studies by Fernia et al., (2008) revealed that approximately 75% of children between

the ages of 8 and 9 had neutral or positive description of older people in the United State of America. Also, a study conducted in Taiwan by Yen et al., (2009) had similar result. Concurring with these findings, Tan et al., (2004) also gave a positive image or in a worst-case scenario, a neutral view of old people. Several other studies conducted across the globe, (Soderhamn et al., 2001; Kaempfer et al., 2002; Cummings and Galambos, 2003; Fitzgerald et al., 2003; Laditka et al., 2004; Moriello et al., 2005; Snyder, 2005; Brown et al., 2008; Hughes et al., 2008; Narayan, 2008; Voogt et al., 2008) had similar results with some adding that older people are perceived to be warm, sincere, kind and motherly (Cuddy et al. 2005; Barrett & Cantwell, 2007).

In traditional Africa communities, much premium used to be placed on the elderly partly because they have been around for a long time and that has credited them with wisdom. This translates into the aged playing advisory role with their rich experiences and encounter (Nilson, 2016). The Elders provide for their children who in turn provide for them in their old age, hence the social reciprocity concept (van der Geest, 2016). The more children one had, the more chances they were guaranteed of better care in their old age. That concept to a large extent has contributed to the large family size of African societies (Apt, 1994; De-Graft Aikins & Apt 2016; Dosu, 2014). Despite these large family sizes, no one was allowed to starve, not even orphans. As long as some members had food, all were invited, and it took the whole village to raise a child. This social welfare mechanism was supervised and guaranteed by the elderly (Mba, 2004).

People were perceived to be accomplishes if “old” and especially if the circumstances of their existence have impacted on other people (Christensen, Doblhammer, Rau and Vaupel, 2009; Lockenhoff et al., 2009). Again, the aged were regarded as the “middle men” between those living and the dead. Thus, they acted both as agents for the dead and the living by transmitting the cultural traditions to the younger generation. These roles earned the elderly much reverence.

Thus, because they supposedly possessed cursing and blessing powers, those who for one reason or the other could cater for themselves never lacked care (Zimmer and Dayton, 2003).

In Ghana, there is still high premium placed on old age as a symbol of knowledge, experience and repository of cultural values necessary for socialization of the next generation (Brown, 2015). Even though these values are slowly diminishing in contemporary society, they are still vibrant in the rural areas (Brown, 2015). In effect, old age was and still is with some glimpse and is seen as a very privileged achievement in society; it was considered an intriguing part of self-actualization resonant with Maslow's Hierarchy of Need in the society (Victor, 1994).

On the contrary, in recent times, all these views about the aged are gradually fading out (Nilson, 2016). Society has gradually found other substitutes for the roles they were supposed to play, and this has brought about new perceptions about the aged (Aberdeen and Bye, 2013). Professionals, technology, consultant, counsellors, the internet, solicitors, religious leaders and many more specialists are readily available and have made information readily accessible which implies that people have less use for the aged compared to what they lose in taking care of them (Crespo & Mira, 2014; Kalwijn, Pasini, & Wu, 2014; Zhu et al., 2013).

The Ghanaian elderly has had their fair share of negative societal perception. From a gender point of view, the females are viewed to be witches, particularly where their children happen to be going through life challenges, such as infertility, unemployment, death etc. (Nilson, 2016; Coe, 2017). In the northern part of Ghana, there used to be a witch's camp site set up solely to house alleged witches who were mostly elderly women who are vulnerable. It took the intervention of one minister, Nana Oye Lithur in the erstwhile Mahama government to close the site down in 2015 as part of efforts to deal with the abuse and discrimination against older

persons and older women, and for reintegration of the inmates into society (Daily Graphic, 2015).

There have been several instances where elderly women have been lynched because they are old, vulnerable, despised, burdensome and useless (Adinkra, 2015). These negative perceptions affect the care giving patterns for the aged (Baiyewu et al, 2015; Eboiyehi, 2015; Adinkra, 2015). A review of the literature on perceptions of the aged appears to be varied or inconsistent. The argument put forward by some researchers for this inconsistency are multi-dimensional.

2.5 Ageing and Gender

Gender disparity observed in life expectancy is a global phenomenon (Harper, 2014; Hiller & Barrow, 2014 and Loretto & Vicker Staff, 2013). In advanced nations, statistics indicate that women outlive their male counterpart by an average of 7 years (World Population Prospect, 2010).

Globally, women constitute the majority of the older population and their numbers increase as they advance in age and this gender imbalance has many implications for population as well as for the individual (Victor, 2016). The reason behind this imbalance has been explained as due to higher death rate among men at all ages than women (Harper, 2014). About 100 girls are born per 105 boys, yet the females begin to outnumber the males in their mid-years (30 and 40 years) (Vaupel, 2010). This has been considered to be a “health–survival paradox” whereby though most men are healthier and stronger, they die earlier than the women who are weaker and fragile (Kulick et al., 2014; Oksuzyan et al, 2008). Aside women having low mortality rates at the various ages, they appear to have higher rates in physical illness, frequent hospital attendance including hospitalization, and disability days than men (Regan & Patriddge, 2013). The reasons

have been attributed to both social and biological factors which interact to determine the prevalence of frail females and dead males although the relative importance of each specific mechanism is not well understood (Austad, 2006; Bonduriansky et al., 2008 and Oksuzyan et al., 2008). Males tend to believe their health is better than it actually is and do not seek medical care as frequently as females; they have fewer appointments with general practitioners but require emergency treatment more often (Oksuzyan et al., 2008). Females also seem to be better in surviving with health issues (Jeune and Vaupel, 1999). Males tend to engage in reckless behavior. This tendency has been assumed to be partly genetic in origin, having its basis in the different reproductive opportunities males face in comparison with females (Austad, 2006; Bonduriansky et al., 2008; Oksuzyan et al., 2008).

The female numerical advantage increases with age. A precise explanation of why women live longer than men still eludes scientists because it involves a complex interplay of biological, social and behavioral conditions (Wilinska, 2012). Greater exposure of males to risk factors such as tobacco and alcohol use and occupational hazard also has been cited as one source of higher male mortality rates (Van Wijngaarden, 2015). Some critics have argued that, if that assertion is true, then, the gap in life expectancy should have narrowed as women increase their tobacco usage as well as alcohol and participates now more than ever in the labour force (Lehman, 2017).

In Ghana, the 2010 Population and Housing Census reveal that, Ghana is not exempt from the female longevity paradox. The proportion of the female elderly population in Awutu Senya District (918,378) is larger than that of their male counterparts (725,003); 56 percent and 44 percent of the female and male populations respectively, which is a clear indication of higher life expectancy of the female population. Almost half (49.1%) of the females as compared with 8.8

percent of the males were widowed, yet another indication of higher female life expectancy. Although, it has been argued that females marry men who are older, and hence plausible for the men to die earlier than their female counterparts, (Victor, 2013), the fact still remains that the females have higher life expectancy.

It appears that little attention has been given to the impact of gender difference in ageing on males and females even though the statistics has several implications particularly, for the females who will be around for a relatively longer period (Department for International Development, 2000). The fact that women age longer than men implies that they are likely to be widows and with the loss of their earning income capacity will be in need of both family and formal support to live comfortably (HelpAge, 2010). As elderly woman in Ghana put it “we are poor, we are old, and we are women so no one wants us” (HelpAge International et al., 2000). Hardship and poverty will be a key battle for older women, since their opportunities for re-marriage are very small. Abandonment by husbands, and loss of inheritance rights on the death of a spouse, are also risk factors for older women (Beales, 2000). In addition, most women per the culture of developing countries, never engaged in paid work, which means they have no safety net to fall on in their old age when they have lost their reproductive capacity in the eyes of the society (Gorman & Heslop, 2002).

2.6 Formal and Informal Support for the Aged

Population ageing may be a human success story, the triumph of public health medical advancement and economic development over diseases and injuries that had limited human life expectancy for millennia. But the worldwide phenomenon of ageing also brought an acknowledgement by the United Nations (UN) of the many challenges regarding ageing and

national development, issues concerning the sustainability of families and the ability of states and communities to provide for ageing population (World Population Prospect, 2000).

Globally, elderly people face an array of vulnerabilities. Among these are lack of income, health, and the need for physical care. For decades, families have willingly looked after their dependent relatives, young and old (Okumagba, 2011). Family members have traditionally been the prime source of support for elderly people, and in many societies, this is still very true (van der Geest, 2016). Traditionally, African societies were characterised by cultural systems, which gave a high status to elderly people (Apt, 2002, De-Graft Aikins & Apt, 2016). The extended family structure continues to be of value to the African family system, despite the argument that the nuclear family is becoming more predominant. The transfer of resources in cash and in kind from children to ageing parents, family members, neighbours, and friends has been a backbone of traditional social protection systems (Coe, 2017). This resource transfer has prevented large numbers of elderly people from sliding into destitution (Barrientos, 2002). However, demographic and socio-economic transformations have threatened the extended family structure in recent times.

2.6.1 Informal Support Systems

The informal support provided to elderly people is carried out through the social network. These social networks often comprise family, friends, neighbours and the community at large. The family networks comprise persons who are linked through lineage. For instance, according to Gebre-Medhin (1989), in Eritrea, there is a sect known as the Enda. This sect comprises individual families which crystallise into extended family network that alleviates their social expenses in the absence of formal social welfare. Thus, traditional risk-sharing arrangements are

made within the extended families and mutual aid community associations (Habtom and Ruys 2007). Again, in Ethiopia, especially in the rural areas, the family structure is characterized by an extended network of relations. This has been and still is an important source of support in terms of provision of food, shelter and financing health expenditure of elderly members (Mengesha, 2002).

Several studies observe that younger generations across Africa are expected to support elderly generations because most children in Africa are used by their parents as social insurance in old age (De -graft Aikins et al.2016; Mba, 2010 & Tonah, 2009). Oduro (2010) confirms that in the instance where there seems to be no formal structures in the form of publicly-provided pension, one's child is or becomes one's insurance in old age and this is largely weaved into the concept of reciprocity. Kaseke & Olivier (2010) observe that traditional support systems are kinship-based, and they also see the extended family as an important social security institution, which provides support to its members in times of difficulties. Van der Geest (2002, 2016) emphasises that traditional social support systems are informed by the principle of reciprocity, which assumes the existence of a system of exchange between members of the extended family system. In several focus group discussions undertaken by several researches in Ghana, children were continually listed by all respondents that they considered their children as a great part of their asset if not the most important. Thus, support is given always on the assumption that it will be reciprocated directly and indirectly in the future. Most Ghanaians are willing to take care of their elderly parents for the purpose of filial responsibility; however, they are not able to do so due to financial inadequacy (Oduro, 2012).

A study in Eritrea indicated that about 80% of the people depend on the extended family for survival. Du Toit and Neves (2009) illustrated the “fluidity, porosity and spatially ‘stretched’

nature of African households” in South Africa. There were regular remittances in cash or in kind which circulated within the family and it particularly increased when members faced crisis.

2.6.1.1 Living arrangement

According to Beales (2000) and Mohammad (2010), the support the elderly receive from their social networks largely depends on their residence. Zimmer and Dayton (2003) indicate that in Sub-Sahara Africa, most elderly people live with their grandchildren to provide them with assistance in daily activities such as cooking, fetching water, etc particularly for the age cohort of old-old. As a result, a number of research prove that, these age range normally live with one kin group or another and even in rare instances when it cannot be so, the services of a paid carer is acquired (Coe, 2017).

As indicated earlier, in most developed countries, the day to day social and physical challenges of old people are addressed through institutional care provision which is available both privately and publicly (Bradshaw et al, 2012). Though this support system is operating on a minimal scale in the urban areas at a fee in Ghana, it faces acceptance challenge as it is shunned and considered a gross disrespect to put one’s elderly parents in the hands of strangers; the Ghanaian culture is not used to such practices (Van der Geest, 2016; Kwankye, 2013). Besides, because these aged homes are privately managed, it is relatively expensive and cannot be patronised by a majority of Ghanaians due to financial limitations.

2.6.2 Formal Support Systems

The term "social security" emerged in United States during the Great Depression, which caused the Social Security Act to be passed. It quickly gained acceptance and adaptation globally. Social welfare is used in a more restricted sense to mean a government program designed to prevent

destitution by providing protection against major personal economic hazards such as unemployment, sickness, invalidity, old age and the death of the breadwinner (Culhane et al, 2014). In this sense, social security is primarily an income maintenance program which, in addition to providing cash benefits, may be accompanied by constructive social services to prevent or mitigate the effect of these hazards (Kulik et al, 2014). The National Social Protection Framework document in Tanzania defines social welfare as “traditional family and community support structures, and interventions by state and non-state actors that support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, and to embrace opportunities for their development and for social and economic progress in Tanzania” (United Republic of Tanzania, 2008).

Ageing as a global issue received attention during the first World Assembly in Vienna, Austria in 1982. Since then, there have been several ageing related conferences and sessions that have been held to discuss this issue. These conferences have led to the adoption of international agreements and conventions on ageing to guide many country level interventions to provide support and improvement in the quality of life of the aged. Specific among these include the United Nations Plan of Action on Ageing, (1982), the United Nations Principles for Older Persons (1991) and the United Nations Proclamation on Ageing, (1992). These international conventions and laws have served as the basis for the development of national laws and policies to facilitate the full integration and participation of the aged in national development. These laws and policies do not only protect the rights of the elderly but also their dependents (WHO, 2014).

In Ghana, legislative instrument on social welfare policies for the elderly abound. Among them are the 1992 Republican Constitution of Ghana, the National Health Insurance Act 2003 (Act

650), the Ghana Shared Growth and Development Agenda 2010-2013), the National Ageing Policy (2010) and the National Social Protection Strategy.

Article 37(2) (b) of the 1992 Republican Constitution of Ghana declares the “state shall enact appropriate laws to assure the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled, the aged, children and other vulnerable groups in development processes”. Also, article 37(6) (b) states that the “state shall provide social assistance to the aged such as will enable them to maintain a decent standard of living”. Moreover, in 2010, the Government of Ghana responded positively to the constitutional review Commission’s recommendation that “the right of the aged to live in dignity, free from abuse be guaranteed in the constitution” (National Ageing Policy, 2010).

2.6.2.1 Health Support

Traditionally, the healthcare systems in most African countries were primarily in the area of traditional healers, popularly called herbalist. They relied extensively on herbs in curing their clients (Yiranbon et al, 2014). As a result of colonization, a Western biomedical system was introduced in Ghana as an addition to the traditional healthcare system (SEND-Ghana Report). Prior to Ghana’s independence, the state financed the health of civil and non- civil servants through taxation. Upon gaining independence, health was made free for everybody. However, it was not sustainable mainly because of the economic crises in the 1970s and 1980s. To mitigate the economic hardship, the government had no option than to reintroduce Cash-and-Carry system. Mensah et al. (2010) posit that many people could not pay for their hospital bills when that system operated.

A solution to the Cash and Carry system came in 2003 through the introduction of National Health Insurance Scheme. This mode ensured that treatment is provided first before payment. The NHIS is funded from 80 per cent tax revenue, financial donations, and internally generated funds (WHO, 2014).

The National Health Insurance Act (Act 650) of 2003 has premium exemptions for older people above 70 years. Additionally, exemption is provided for poor older persons who are 65 years and above, registered by the Livelihood Empowerment against Poverty (LEAP) and Cash Transfer Programme from the payment of registration fees and premium. This enhanced health package is helpful as elderly people are naturally prone to diseases.

2.6.2.2 Social Security and National insurance Trust (SSNIT)

According to Tibuahson (2003), Ghana had no formal social security until 1946. However, within that year a compulsory scheme was introduced for all workers in the formal sector to contribute and benefit upon retirement (Boon, 2007). The SSNIT pension scheme provides for three main benefits which cover old age pension, invalidity pension and survivors' lump sum. Under the old age category, a member is qualified for benefit if he has attained the retirement age of 60 for men and 55 for women, and has also contributed for at least 240 months. Kumado and Gockel (2003) discovered that the minimum pension payable to a beneficiary was 50% of an average of his or her three (3) best years' salary for a minimum contribution period of 240 months.

The SSNIT pension scheme has been reformed into a 3-tier pension scheme under the National Pensions Act, (Act 766). The changes have been the addition of two more tiers to the scheme.

The Second Tier is designed to pay a lump sum benefit to contributors on retirement. The third, however, makes it voluntary for workers- formal and informal to register with any private registered Trustees so that contributions can be made there and reclaimed during retirement. This reform is intended to reduce old age income poverty and vulnerability.

According to Darkwa, (1997) Social Security account for more than 40 per cent of the income of older people who have retired from formal work. Individuals who contribute to the system by paying payroll taxes during their working years automatically receive benefits when they reach the age of eligibility. A major challenge about this is that this package is mainly available to people in the formal sector, meanwhile, the majority of Ghanaian workforce is in the informal sector, which intimate that only a handful of the elderly in Ghana benefit from this package.

According to Help Age Report (2010) relatively small pension level can have significant impact on the elderly. In Bangladesh, for instance, increased empowerment and better family relationships were experienced through receiving social pensions. In Vietnam, a social pension scheme providing low benefits to a large number of beneficiaries was seen to reduce poverty (Help Age Report, 2010).

2.6.2.3 LEAP

Another Social protection scheme that is formal in nature is the Livelihood Empowerment Against Poverty (LEAP). This intervention package originated from the National Social Protection Strategy to provide basic livelihood security to all vulnerable groups comprising the elderly, children and the disabled. The interventions are in the form of provision of basic needs for food, education and healthcare. According to the LEAP Design Mission (2007) one has to be 65 years and above and also to be extremely poor in order to qualify for the cash transfer.

According to a UNICEF LEAP Briefing Paper (2013), the programme is to help the extremely poor to “LEAP out of poverty”. Most importantly, beneficiaries of LEAP are also exempted from paying premiums under the National Health Insurance Scheme (Osei, 2010). The monthly cash transfer ranges from a minimum of 15 Ghana Cedis per beneficiary per month to a maximum of 45 Ghana Cedis (UNICEF LEAP briefing paper, 2010).

In 2008, the Persons with Disability Act, 2008 (Act 715) was enacted with the sole aim of mainstreaming disability into the socio-economic development of Ghana and empowering them to contribute their quota to national development (Kwankye, 2013). Government has also developed a Strategic, Monitoring & Evaluation Plan to facilitate the implementation of these policies. Though the beneficiaries of these laws are specifically the disabled, to a large extent, older persons can also tap into these assistance packages by virtue of them being vulnerable which suffice as a disability of a kind (Kwankye, 2013).

Each of these policies has well-structured institutional framework to facilitate its implementation and yet, the institutions mandated for their implementation scarcely have their full funding support to be effective. The result is that the implementing organisations/institutions are often left weak, and even paralysed to the extent that they are unable to effectively drive the implementation of the policies. While these policies and programmes are wonderful steps towards addressing issues and challenges that confront the population of the elderly, it is not enough to have these policies merely written down without any force behind their implementation. Unfortunately, that appears to be the situation with most of the policies standing in the books in Ghana (Kwankye, 2013).

2.6.2.4 Non-Governmental Organisations

Non-Governmental Organizations (NGOs) constitute another form of quasi- help or support for the aged. In Ghana, both international and local Non-Governmental Organizations (NGOs) have prioritised the plight of the aged and have accordingly implemented support systems for them (Tonah, 2009). Such NGOs include HelpAge International, HelpAge Ghana and Akrowa Aged-Life Foundation (AALF). Beer (1994) establishes that in Ghana, HelpAge International started mainly by offering assistance to refugees but has later included the elderly in their scope. HelpAge Ghana continues to provide assistance to the aged in terms of accommodation, financial, material and moral support either directly or indirectly to aged groups in Ghana (Banga, 1993). With partnership with HelpAge international, the association is able to help the aged live in dignity.

The Akrowa Aged-Life Foundation (AALF) is another form of support for the elderly. This is purely a local initiative from Collins-Woode, a Ghanaian musician and currently a trained social and health-care officer. His experience with the Danish health care system for the elderly during his musical activities in Denmark led him to establish Akrowa Aged-Life Foundation (AALF) in Ghana to support the elderly. Akrowa Aged-Life Foundation (2011) supports over 400 vulnerable older people in six communities around Accra, the capital city of Ghana. Their form of care assistance include door- to- door medical assistance, cooking and light housekeeping, companionship and social activities, bathing, dressing and grooming, transportation to doctor's appointments, shopping and pharmaceutical support, among others.

In addition, women accused of witchcraft are offered support in restoring their rights to dignity, recognition, self-esteem and social status which they lost on the basis of outmoded socio-cultural practices which exposed them to various forms of isolation (AALF, 2011).

As earlier stated, in the olden days, survival was ensured by the combined efforts of the extended family, children, churches, charitable organisations, local villagers and, in some cases, the elderly's own efforts (Mba, 2010). However, with time, resources have declined and local people have overstressed their capacity for philanthropy. Elderly persons have therefore had to strengthen their effort to sustain themselves. To this day, some of the elderly people continue to lead a hand-to-mouth existence. Others, however, have moved on and have pursued long term livelihoods rather than short-term survival strategies. Governments over the years have sought to promote the wellbeing of the aged. Successive governments in partnership with both local and international bodies have put in place policies, programmes and other measures to ensure the wellbeing.

2.7 Other support systems

Besides the family, there are other social networks that also provide support base to the elderly. These are more of network associations such as professional associations, pensioners clubs, ethnic associations and religious associations and many more. These supports are to a large extent guided by the social capital theory.

Religious organisations may facilitate the social integration of individuals through their participation in activities. The religious community is conducive for facilitating the meeting of like-minded people with common experiences. According to Phillips, Chamberlain & Goreczny (2014), religion is an important part of the lives of many people, especially among the elderly. Religion serves as one of the coping mechanisms for the elderly to their plight. In addition,

religious involvement appears to play a moderating role with regards to quality of life among the elderly (Kodzi, Gyimah, Ezech & Emina, 2010). It has been extensively argued that the social interaction and support associated with religious participation affect the health and well-being of the members positively and that this is more important than the adherence to any religious doctrines by the members (Kodzi et al, 2010). Social support derived from religious communities enhances individual's ability to cope with stressful life events. Furthermore, the social aspects of life in a religious community, unlike other secular forms of social life, may facilitate adherence to preventive behaviour, especially among older people (Kodzi et al, 2010).

Hutchison (2011) stated that one of the informal resources is provided by religious and community groups, and that these resources include social and emotional support through group activities and community events. Most of the churches in Ghana have a policy that provides support for the elderly in the various communities (Hutchison, 2011). These support schemes can be financial, emotional and material. The elderly in the churches, especially in the orthodox churches, are visited once in a month when they can no longer attend church service. The elderly are given communion and sometimes financial support when they are visited. Currently, churches are providing services to families who look after their elderly persons, and these include food items and clothes every Easter and Christmas. As a result, the religious institutions have now added on a new role when it comes to both mental and financial support (Kodzi, et al, 2010).

As stated earlier, care of the elderly in Ghana is traditionally the responsibility of the members of the informal support system, which embodies a mechanism that includes the family, friends, neighbours and members of a collective society such as the village, the community, the ethnic

group or the clan (Mba, 2010). These associations attend meetings and contribute financially towards a fund. This fund is used to support each other physically, emotionally and financially in times of bereavement, outdooring and celebration of birthdays (Kaseke & Olivier 2008). Even though a person may belong to these groups, the elderly person only benefits based on active participation and financial contribution to the group, which is sometimes a huge challenge to the elderly because of their already financial handicap.

2.8 Review of Ghana's National Ageing Policy

At the global level, literature reviewed indicates that older people have been almost invisible in discussions of international development policy and practice. The reason behind this has been premised on the fact that the aged are “economically unproductive, dependent and passive”. They have been considered as best irrelevant to the developmental debate and at worst as a potential threat to the prospects for increased prosperity (Gorman & Heslop, 2002). Even in instances that ageing issues have been discussed at international policy level, it has not been linked to developmental questions per se but rather as a threat to development itself (Gorman, 2017).

In view of the above, the first international recognition of Ageing as a policy issue relating to development was held during the World Assembly on Ageing held in Vienna, Austria in 1982. However, after that there have been several ageing-related conferences starting from the 1994 International Conference on Population and Development, The Second World Assembly on Ageing held in Madrid in 2002, the Twenty Second Ordinary Session of the 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, nations committed themselves to initiating policy interventions that will address the challenges of older persons.

According to HelpAge, (2002) irrespective of these numerous conferences, it is only the United Nations Madrid International Plan of Action on Ageing (MIPAA) that is probably the key document in relation to older people and development policy at the international level. This group has projected a positive image of the aged and as a possible partner in development. This new developmental perspective on ageing is reflected in the Plan's agreement which recognises older people as partners in the development of their societies and therefore commits all government across the globe to include ageing in all social and economic policies, especially those aimed at reducing poverty (Gorman & Heslop, 2002).

Table 2: The Madrid Plan of Action

The Madrid Plan
The Madrid Plan committed Governments, including that of Ghana, to take three actions that could help address the challenges faced by the elderly. The first action seeks to commit governments to providing an enabling political environment that is supportive for enhancing the welfare of the aged and includes the following decisive measures: ○ The provision of housing and living environment; Care and support for caregivers; ● Preventing the neglect, abuse, and violence against the aged; and ○ Creating a positive image of aging. The second actions required from governments include advancing the health and wellbeing of the aged by doing the following: ○ Promoting the health and wellbeing of the aged throughout their lives; Providing universal and equal access to health care services; ○ Providing support for older persons living with HIV/AIDS; The training of healthcare providers and health professionals; Providing the mental health needs of older persons; and ○ Providing for older persons with disabilities. The third and final action involves governments providing developmental space for the aged by doing the following: ○ Advancing their active participation in societal development, work, and labour force; Rural development, migration, and urbanization; ○ Providing the aged access to knowledge, education⁴¹ and other related trainings; Building inter-generational solidarity; ● Eradicating poverty; and ● Providing income security, social protection, and social security for the elder

Source: The Ghana National Ageing Policy (2010:44)

At the domestic level, Ghana has ratified almost all the above mentioned international legislative instruments which seek to project a positive outlook of the elderly and to enhance the welfare of the elderly. The Ghanaian Government developed the national Ageing Policy (Ageing with Security and Dignity) and its accompanying Implementation Action Plan in October 2010, by

considering the guiding principles and priority directions of the Madrid International Plan of Action on Ageing as well as the African Union Policy Framework and Plan of Action on Ageing. After the ratification, successive government have attempted to include ageing in the National Development Policy Framework (Ghana Shared Growth and Development Agenda 2010–2013) as well as the National Population Policy. A valid outcome of these collaborative centres has resulted in a Constitutional Review Commission recommendation that “the right of the elderly to live in dignity, free from abuse” be guaranteed in the constitution (UNFPA, 2012). Also, the Persons with Disabilities Act (2006), though not age-specific, provides relevant contextual information that should help improve the circumstances and well-being of older people since the objective of the law is to protect the vulnerable groups which include the aged. The Act also provides for employment opportunities and tax incentives to employers and provisions for training and appropriate facilities at workplaces. Additionally, provisions have been made under the law to improve transportation and health care. The elderly is supposed to enjoy free transportation on public transport services and to achieve that much education has been carried out to sensitise the aged as well as the general public about this old age benefit.

With regards to health, Ghana’s National Ageing Policy recognises the various health conditions affecting older people. The Policy specifies that local communities will be strengthened to offer support in terms of healthcare delivery to the elderly, along with an expansion in palliative care services and its integration into a comprehensive health-care service for older people. To achieve the stated objective, the policy stipulates for adequate specialised training of students in geriatrics and gerontology. Incentives will be provided as an incentive to make the course attractive to students (Government of Ghana, 2010).

In addition, the aged who are above the age 70 are exempted from paying premiums under the National Health Insurance Scheme. Exemption is also granted to poor older people who are above 65 years and are beneficiaries of the Livelihood Empowerment Against Poverty (LEAP).

The Livelihood Empowerment Against Poverty is another social intervention targeted at vulnerable groups including the aged. This essentially is a Cash Transfer Programme, which provides conditional and unconditional cash grants to extremely poor people in Ghana (World Health Organisation, 2014).

Moreover in 2017, the Ministry of Gender, Children and Social Protection launched a comprehensive policy which is in line with the National Ageing Policy. The Elderly welfare Card Programme (Eban) according to the former minister for the ministry indicated that the programme is for people above 60 years. Under the programme, the elderly is supposed to receive priority access to social services in health, transportation and other services. Thus, under the programme, older persons receive 50 per cent discount on public transport fares to any destination in Ghana and they also receive priority access to services at the hospitals, banks, transport terminals and other social services that older persons might require" (Daily Graphic, 2017).

2.9 Implementation of Ghana's Ageing policy

It has often been said that Ghana has very good laws but has implementation challenges. A review of literature related to the implementation of the ageing policies drafted, indicates that very little has happened regarding implementing the National Ageing Policy as well as other legislative instruments targeted at improving the welfare of the aged (Gorman, 2017).

Until 2017, there was no focal person for the elderly even at the Ministry of Gender, Children and Social Protection which has been mandated with the welfare of the aged. What this meant was that there was no proper coordination between the elderly and policy implementers (WHO, 2014).

The Ghana Health Service which is the institution mandated to implement the health and nutrition component of the Policy appears not to have a clue as to how to implement the policies raised (WHO, 2014). Until early 2013, there was also no focal point for policies on older persons in the Ministry of Health or Ghana Health Service. Till today, there are no guidelines or standards on health care provision or rehabilitation services for older people from the Ministry. Again, the capacity of health service staff to provide geriatric care is limited both in number and skills, presently; there is only one geriatric doctor in Ghana (WHO, 2014). In addition, there are no public-sector training programmes in caregiving skills and medical care for older people (WHO, 2014).

The National Commission for Civic Education which is mandated by the 1992 Constitution to educate and sensitize the citizenry on civic matters has been obscure in educating the elderly on their right and entitlement. Till date, a large section of the aged, particularly those in the rural areas have no knowledge about some of these social interventions for them. Meanwhile studies continue to indicate that the majority of the aged are located in the rural areas (World Health Organisation, 2014).

A research by Amofah, (2013) reveals that the absence of a National Council on Older People is an apparent lack of commitment and interest in issues involving older people by all stakeholders. Financially, there is inadequate funding due to competition for scarce resources which usually

prioritize children, adolescents and women of reproductive age (Mba, 2010). Regarding the health insurance scheme, it does not cover male cancers, only breast and cervical cancers, with a limited coverage to biopsy and histology services. Moreover, the Social Security and National Insurance Trust which is targeted at the aged, is quite widely patronized by workers in the formal sector while significant number of workers are in the informal sector (Apt & Gricco, 1994).

Structural changes in the family have impacted the elderly negatively in the sense that they are no longer able to rely on the family for support. That burden most obviously requires government to step in with social welfare to play the vital role of cushioning those who are most vulnerable. Ghana's effort to decentralize social welfare delivery has not been backed with corresponding fiscal decentralization, making the implementation of planned programmes ineffective. Older persons are often denied access to employment opportunities and are often the first to be targeted during periods of retrenchment. The ability to contribute and benefit from formal social security programmes is limited to those in the formal sector and as a result most people enter old age without much social and income security. For those covered by social security systems, the values of their benefits are eroded by inflation and mismanagement thereby defeating the purpose (WHO, 2014).

2.10 Reflections on the Literature

The literature has revealed that ageing is a concept that can be operationalized in diverse ways based on biological, economic, social and contextual considerations. The number of old people in the world is generally increasing and females generally grow older than males. Modernity has affected how the elderly are cared for and treated in the society. In the Ghanaian society, the literature showed that there are forms of social support for its members from infancy to the latter

stages of life. The family and other social networks provided this support particularly to the elderly. In recent times, the social supports system is showing signs of cracks, making it difficult to think of a well-structured and formal support for the elderly. Most researchers agree that there is a break-down in the family support system due to urbanisation, migration, globalisation and education.

2.11 Theoretical perspectives

To understand the phenomenon under study, several theoretical lenses were used. The first perspective that was used in viewing the phenomenon is the Modernization Theory on ageing propounded by Durkheim and Cowgill (Eboiyehi, 2015). This theoretical perspective suggests that social change and modernization exposes the aged to several vulnerabilities as families become increasingly nucleated.

This theory assumes that developing nations can only progress if they follow the line of the developed nations or the West and encourages developing nation to leave behind their traditional lifestyle in favour of modern industrial or technological lifestyle. Modernisation results in technological advancement, industrialization, urbanization and the spread of modern education. There is also development of health technology which positively fosters longevity, resulting in prolonged retirement of the older population that is often accompanied by a noticeable loss of income and social prestige (Berquo & Xenos, 1992; Treas and Logue, 1986; Cowgill, 1974, 1986; Goode, 1963 cited in Mba, 2006). It is inferred from the above that the theory is linked to social change such as urbanization, decline in extended family system and rural-urban migration. The theory continues to argue that as society evolves from rural and agrarian to urban and industrial social systems, there will be changes in values, attitude and norms. As a result of this

change, most rural areas are now inhabited by school children and aged men and women breaking down the communal assistance arrangement (Gillion, Turner, Bailey & Latulippe, 2002). This structural change leaves older people with many challenges, which they did not experience prior to modernization. Again, modernization results in individualization which is not a feature of the African set up.

In short, the taking over of key roles of the elderly by institutions such as the educational, economic, health facilities etc. affects the relevant roles played by the elderly negatively (De-Graft Aikins & Apt, 2016).

Though structural changes are the most prominent theoretical framework used to explain the on-going changes in the situations of the elderly, some researchers have attributed the changes to the rising economic hardship faced by people (Aboderin, 2004; Nyambedha et al., 2003).

A study by a British historian Peter Laslett in 1976 to contest the universalist portrayal of “the aged” embodied in the modernization theory identified four aspects of the “golden age” myth: the first connection was made to social outcome of ageing to modernization. The assertion was that after modernization, older people’s social status inevitably changed. Secondly the universal respect that was accorded elderly people in traditional societies has declined. Thirdly, there were specific and valued economic roles for the elderly in traditional societies and finally, older persons were cared for by their relatives living in multi-generational households. The study accordingly challenged these assertions that modernization theory incorporated these myths into a formal theory of ageing making it look like it is universal. Thus, Laslett results debunked the long-held views about the golden age of familial elder care that has declined (Abel 2000; Williams 1973).

2.11.1 The Social Capital Theory

Another theoretical lens employed to underpin the study is the social capital theory. This theory suggests that the aged rely on the networks of relations and friends for support in times when they are most vulnerable. Social capital is about the value of social networks, bonding similar people and bridging between diverse people, with norms of reciprocity (Dekker and Uslaner 2002). According to Adler and Kwon (2002), the core intuition guiding social capital is that the goodwill that others have toward us is a valuable resource which is embedded in the structure and content of the actor's social relations. Naturally, where one has extended a favour, it creates a psychological debt which must be paid at one point in time. NatDekker and Uslaner (2001) posited that social capital is fundamentally about how people interact with each other. Where the focus is on external relations, it has been called 'bridging' (Woolcock 1998) or 'communal' in the sense that wider coverage of people have a direct link to receiving assistance from these pool of people in times of hardship. Alternatively, looking at it from internal relations has been termed 'bonding' or 'linking' (Oh et al. 1999).

As has been stated earlier on that one of the most effective ways to secure the future is through investment in the future which can either be financially (insurance, pension, properties etc) or through the building of a social network that can function as a safety net when one's livelihood is under threat (van der Geest, 2016). Both strategies to a very large extent are based on the principle of reciprocity. In the latter case, one receives back what one has given, though not exactly in the same kind. That is why in Africa, children are often considered as security for the future. Bourdieu (1996) has pointed out that returning the same gift is rather a denial of the type of reciprocity we are dealing with here. According to Taylor et al. (2013), the interval between giving and receiving can range from many years even to a whole life in relationships that are

characterized by deep trust and intensive interactions such as kinship groups. It is no wonder that in Ghana, familial bonds are deeply rooted in reciprocal norms. The credit that one has built up with others can be called social capital, the network of social relations one can draw on in times of need (Van der Geest, 2002).

CHAPTER THREE

PROFILE OF AWUTU SENYA DISTRICT

3.0 Location, Size and Population

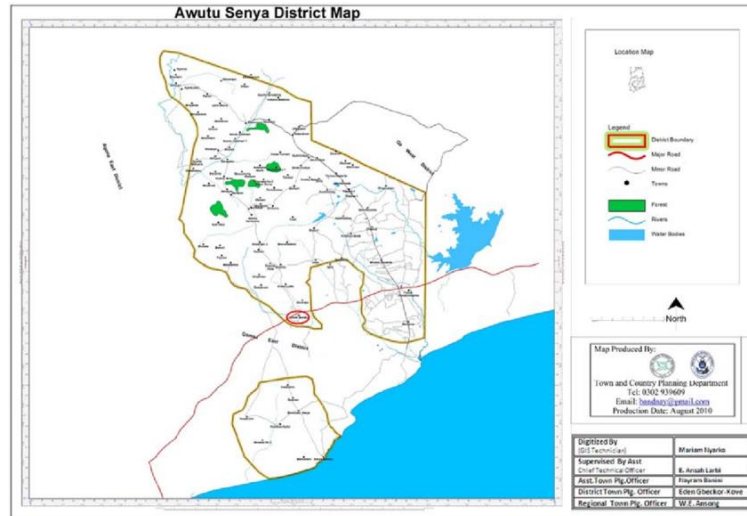
Awutu Breku is a town in the Awutu –Senya District of the Central Region of Ghana. It is bounded on the north by Obrakrawa and Brayenda and on the southwest by Penim. It takes less than an hour traffic-free drive from Accra, the capital on the Accra-Winneba highway to reach Awutu Breku. The town has many resources, and prominent people such as; Hon. G. Ander, MP & Dep. Minister of Communication, Hon Hannah Teteth, Former MP and Minister of Foreign Affairs, Michael Essen, Former Black star and Chelsea player and many more. The people of Awutu Breku are Guans and form part of the three Guan states in the Central Region: Efutu Breku (Simpa/Winneba), Obutu Breku (Awutu Breku) and of course, Awutu Senya (Senya Breku). All three states speak the Guan language with insignificant dialectical differences.

History posits that the Guans, including the Awutus, migrated from Central Africa (Mossi Region of Modern Burkina) around AD 1000 through Gonja into Ghana (Boahene, 1966). They continued southwards through the Volta Valley and created settlements along the Black Volta, Afram Plains in the Volta gorge, Akwapim Hills, before moving south into coastal plains. Oral history tells us that when the ancestors of Senya Breku reached their present location, they said to one another, *ani na ani so ani nya bo iye* (Brethren, let us rest here.) earning them the name *Sowunya* (rest) or Senya.

The 2010 population and Housing Census indicate that the population of the Awutu Breku is 86,884 which represent 3.9 percent of the region's total population. In terms of gender, females are more than the males. The males constitute 47.1 percent compared with 52.9 percent for females. The site from all indication is largely rural. The population of people living in the urban centres is 48 per cent compared with those in the rural areas (52 %). The population of the District is mainly youthful (41.7%) compared with a small number of elderly persons (6.5%). The total age dependency ratio for the District is 90.8; the age dependency ratio for males is higher (92.3) than that of females (89.3). The age-sex structure of the population in the District is typically youthful in nature (District Analytical Report, 2010). The likely future effect of this statistics is suggestive that the district will be experiencing a higher population growth particularly for women.

kenkey and fish known in the local language as *Ode na inu* is the chief food of the people of Awutu Breku. Several ritual dishes such as *npunpun* (served during Akumase), *mpoturɔba*, *ejamja*, *ito*, etc are prepared and served during occasions such as festivals and ritual performances. The figure below is the Map of the Awutu Senya District.

Figure 3.0: Map of Awutu Senya District



3.1 Physical Characteristics

It is worth discussing the physical characteristics of the area since it has a significant impact on agriculture in general because the Ewutus are largely into pineapple, sweet potato and vegetable farming on commercial basis.

The Awutu sub-district is largely lowlands in nature. However, isolated hills are found along the Senya-Winneba coastline. The District is endowed with several streams and two major rivers - Ayensu and Gyahadze - which have their respective sources at Woarabeba and Opram. Both settlements experience significant levels of flooding during the March-April rainy season. The rivers along the coastal plains are potentially exploitable for extensive vegetable cultivation. In view of that, a sizable amount of vegetables are harvested on Tuesdays and Fridays for commercial purpose.

3.1.1 Infrastructure

3.1.1.1 Roads

Ghana's First Class highway linking the capital city to the Central and Western Regions as well as La Cote d'Ivoire and other West-African countries runs westwards through the Awutu-Senya District. There are also relatively good feeder roads connecting the major towns to villages in the hinterlands. Throughout the year, these roads are motor-friendly. These conditions facilitate the transportation of goods and people to and from the District.

3.1.1.2 Electricity and water

All towns and villages along the main roads linking Kasoa, Awutu Breku, Jei- Krodua, Bawjiase, Senya Breku and Winneba are connected to the national electricity grid. However, villages located far from the main roads lack the facility. Access to potable water is rather a major socio-economic problem in the district. Apart from Winneba, Bawjiase and Obrachire, no other settlement has pipe-borne water. Most settlements therefore rely on rivers, streams, boreholes and wells provided by themselves or philanthropists.

3.2 Education and Health

There are public schools for the Basic level in virtually all settlements. PLAN Ghana, an international Non-Governmental Organisation (NGO) with interest in education and health for children has been operating in about 37 communities in the District since 1992. Its assistance to the communities has been provision of school buildings, school uniforms, scholarships for needy children and teaching and learning materials. The district has a number of tertiary institutions, both public and private. Some of these institutions are Winneba Community Nursing Training

College and University of Education. There are three major Secondary schools- Awutu Winton, Winneba and Obrachire senior High.

In the area of health, there are public clinics and Chip compounds within most of the communities. Winneba hospital serves as a referral point for serious medical conditions. PLAN Ghana also trains Traditional Birth Attendants and provides credit for women in small-scale enterprise. Another NGO, the Planned Parenthood Association of Ghana (PPAG), provides sexual reproductive health clinics for some villages in the Awutu Breku neighbourhood.

3.3 Economic Condition

The main occupation of the people of Awutu Breku is fishing but farming, building construction, dress making, hairdressing, trading, driving, mechanics and teaching provide other means of livelihood.

Agriculture is a leading economic activity in the District. Enclaves of commercial pineapple farms in the Awutu-Senya District have employed many young women and men in neighbouring communities and this is likely to lead to trickle-down effects both in the short- and long-terms. Kasoa (originally known as Odupong Kpehe) is the fastest growing settlement providing a potential market for agricultural produce, commercial activities, financial services, education and utility supplies. The town's population shot up from 2,597 in 1984 to 34,719 in 2000 indicating nearly fourteen-fold increase. The major facilitating factor is the town's nearness to Accra (the country's capital city) and existence of the Class One road linking the hinterlands of the Central, Western and Eastern Regions. These two conditions enhance intra- and inter-township trade. Kasoa however, has quite a number of growing environmental and social problems - -the most

striking being poor waste management practices, haphazard construction of buildings, unemployment and a rising crime rate.

Most inhabitants of the District (44.8 percent) engage in crop farming. The Awutu-Senya District is one of five districts in the Central Region that grow pineapples for commercial purposes. The four other districts are Komenda-Edina-Eguafo-Abrem, Abura-Asebu-Kwamankese, Upper Denkyira and Mfantseman. Within AESD, commercial pineapple farms can be found in areas surrounding Ahentia, Awutu Breku, Bawjiase, Bontrase, Ke-emuwor, Kwame Owettey, Ofaakor, Okyereko, Osae Krodua, and Tsotsoo.

In a household income and expenditure survey conducted in October 2002, the District Assembly discovered that the average annual income for households was £6,944,091. Average annual expenditure stood at £12,460,618, almost twice as great as income. The survey also indicated that as many as 73 percent of households depended solely on the income of household heads.

3.4 Security and law enforcement

All functionalist agree that social control mechanisms, such as the police and courts are necessary to keep deviance in check and to protect social order.

There is a police Station and a Magistrate court that keep deviance in check. However, one notable observation was that apart from criminal cases, most disputants who report civil cases at these formalised institutions were likely to opt for the cases to be settled in the house with opinion leaders. This observation is very much a distinct characteristic of rural settlements.

3.5 Religion

According to Haralambos & Holborn, (2008) religious beliefs of one sort or another are present in every known society, but their variety seems to be endless. Anxiety and tension tend to disrupt

social life. Situations that produce these emotions include life crises such as death, marriage, birth and puberty (Malinowsky, 1948 cited in Wallace, 2017). Structural functionalist notes that in every society, these life crises are surrounded with religious rituals. Thus, religion promotes social solidarity by dealing with situations of emotional stress that threaten the stability of the society.

Present in the community of Awutu Breku are all the versions of the known religions in Ghana, from the Christian faith to Islam etc.

Figure 3.0: Image of the Methodist church



CHAPTER FOUR

METHODOLOGY

4.0 Introduction

According to Patton, (2002) the purpose of a study guides its methodology. The general purpose of this study was to examine the demographic and socio-economic characteristics and wellbeing of the aged in Awutu Breku community. One of the specific purposes of the study was to assess the social, economic and psychological support the aged received in the context of their wellbeing. This chapter outlines the methods of research employed for this study and their justification. It also outlines and discusses the ethical and practical issues emanating from such research.

4.1 The choice of Study Area

This area was chosen for this study because of its unique youthful population. It has a significant portion of aged people in residence. Ghana's elderly population according to (GSS, 2013) is 1,643,381, constituting 6% of the entire population. Meanwhile, the same source indicates that the elderly in the district constitute 5% of the population in the district, which evidence that the district houses a significant portion of the elderly. Most obviously, the number is likely to even double a decade after the census. The elderly populations in the District are mainly farmers and fishmongers, and are predominantly Christians. Again, the area has been a rural community which is currently undergoing rapid urbanization challenges. The youth of the town as has been experienced all over Ghana are migrating to urban areas in search of better jobs leaving behind their parents who are weak because of ageing (Mba, 2009, Apt, 2014). Remittances from children to the aged parents at home are not regular due to the higher standards of life in the

urban areas coupled with high unemployment. Moreover, the respondents in residence have had a balanced knowledge of how the aged were cared for in the past and what is pertaining now in the face of modernization.

Moreover, although studies have been conducted on ageing in Ghana, Central region and for that matter Awutu Breku has not been fairly represented in these studies. The statistics indicate that Eastern Region dominate with 27 researches, followed by Greater Accra with 17 researches. Central region has recorded only one research so far, hence the justification for the research at the study site. The figure in appendix III shows the map of Ghana showing regional focus of aging research.

4.2 Research Design

The study adopted the qualitative approach. Creswell (2014) explained qualitative approach as a method of exploring and understanding the meaning individuals or groups ascribe to a social or human phenomenon. The approach was more appropriate in collecting and analyzing data to answer the research questions and thus achieve the objectives of the study. Specifically, the approach was employed in order to explore and gain deep understanding of the process of ageing, the lived experiences of the aged, factors enhancing a sense of belonging among the aged and the support systems available to the aged.

4.3 The Study Method

The study adopted the case study method. Case study researches often require in-depth examination of a social phenomenon through detailed data collection involving multiple sources of information (Babbie, 2007). The purpose of a case study may be descriptive, explanatory or

exploratory depending on the nature of the study and the research questions. Case studies often provide in-depth understanding of cases through detailed analysis. Usually, there are two types of studies which make use of case study research design: the single case study and the multiple-case study, or collective case study. A single-case study may be appropriate when the researcher focuses on an issue or concern and selects one case to illustrate this issue. On the other hand, in-depth study of several cases can yield explanatory insights, as when the researcher seeks to illustrate differences among cases within some context or surroundings (Yin, 1994; Stake, 1995).

After considering the types of cases and their focus, it was found very appropriate to adopt a single case study method for the study. Because the researcher wanted to focus on understanding the process of ageing in Awutu Breku and how the people in the selected area cope with the ageing process. Thus, a single-case study was found to be appropriate in helping to broaden our understanding on family changes corresponding to socio-economic conditions.

4.4 Population

Onwuegbuzie, Leech & Collins (2011) defined “population as the entire set of objectives and events or group of people, which is the subject of research and about which the researcher wants to determine some characteristics”. For the purpose of this study, the population comprised all persons in the age group of 60 years and above who are residents in the township. Numerically, the total number of these people as at 2010 was 2740 (GSS, 2013). With an annual population growth of 2.83% in the district, the projections are that the current population of those above 60 years in the district is approximately 3360. Therefore, the population for the study is 3360.

4.5 Sample Size

According to Creswell (1998), qualitative studies typically require smaller sample size because of the concept of saturation. Saturation occurs when adding more participants to the study does not result in additional information. Again, qualitative sample size may be best determined by the time allotted, resources available and the study objectives (Patton, 1990).

In view of the above, mainly as a result of resource and time constraints, 20 aged people ranging from the three aged classifications of 60–70, 70-80 and 80 and above were selected. Of the twenty respondents selected for the study, there were 7 males and 13 females. The gender disparity was mainly as a result of the fact that the females outnumbered their male counterparts in all the three age groups. Of the 3 age groups, 9 respondents were selected from among 60-70 years, 8 from 70-80 and 3 from those above 80 years. This selection was also based on the fact that as their years increased; it was difficult getting respondents in the old –old group.

4.6 Sampling Procedure

To yield information about the phenomena under study, two sampling procedures were used to select individuals from diverse family types (aged people who lived with their biological children, those who lived with just kin relations because their biological children had migrated to urban centres and in view of that received remittances, those who lived alone and finally those who had had no children). These included a purposive sampling procedure and Snowball. Purposive sampling was used to select most of the respondents and to make the sampling representative because the statistics did indicate women outlived the men within the selected age groupings, gender was factored in the selection process, the type of occupation whether the aged had worked in the formal or informal sector since it would impact the research greatly

particularly in respect to what support systems were available. Again, attention was given to selecting aged people who had their biological children living with them and those who had their children living apart. In some cases, it became difficult locating samples. As a result, snowballing was used by relying on some few people identified to locate others.

4.7 Sources of Data

This study used mainly primary sources of data. The data were collected through semi-structured interviews to solicit information from respondents. This included their biographic information, their understanding of the concept of ageing, their lived experiences, and the factors that enhanced their sense of belonging as well as the various institutional and non-institutional support systems available to the aged.

4.8 Data Collection Instrument

Data was collected through a semi-structured interview guide. Interviews are said to be one of the best ways of collecting qualitative data (Creswell, 2014). Specifically, the use of interviews in the current study enabled the collection of in-depth information from respondents. During the interview, I was able to probe further for deeper explanation and further understanding which helped in achieving the objectives of the study.

Interviews were conducted through the use of semi-structured interview guide which was the main research instrument. The guide was designed in two main sections-A and B. while section A collected information on the socio-biographic data of respondents, section B was designed to collect information that helped in answering the research questions. Section B was further

designed in 4 sub-parts with Part 1 collecting data on peoples' understanding of aging; part 2 collected data on sense of belongingness among the aged, part 3 collected data on factors leading to sense of belongings among the aged and part 4 found on coping mechanisms of the aged (see Appendix 3).

4.9 Interview procedure

Interview sessions were scheduled and carried out at participants' residence. The interviews were usually carried out around mid-mornings normally after 10 o'clock am and evenings after 4 pm. This is the time they were available. However, regarding respondents who still operated some form of economic activity, some of them allowed interviews to be carried out in their work places. In that case, conversations were always paused any time respondents had to attend to clients. All conversations were carried out in respondents' local dialect which was primarily Fanti. Although the researcher is fluent in the Fanti language, a native speaker was hired to be present during each of the interview sessions to assist in explanation of some concepts and questions to respondents and at the same time, explain responses and concepts to the researcher. As a result, it was easier probing further when a participant's response to a question necessitated a follow-up questioning because the researcher was also conversant in the Fanti language. Information from each interview was recorded on audiotapes with the consent of the respondents. In all, each interview lasted for about 45 minutes.

4.10 Data Management, Analysis, and Processing

Once the data were collected through interviews, the researcher analysed the data thematically. According to Gibbs (2007) analysis of data implies that there is transformation of the raw data

collected. Normally, the researcher makes an effort to process it through analytic procedures into a “clear understandable, insightful, and trustworthy and even original analyses”. Thus, the researcher attempted to extract meaning from the collected data and then built from particular to general themes (thematic analysis). In order to do this, the researcher first got a sense of the whole dataset by translating the minute part of the interview in Breku language into English with assistance from the research assistant, and subsequently, all the data were transcribed into English Language. The researcher then read thoroughly all transcripts, marking keywords. Notes were made in the margin. Then, the analysis focused on the identification of meaningful parts, which were used as the emerging themes from the findings.

In order for the researcher to gain a comprehensive and deeper understanding of the data, the transcribed text was divided into smaller segments of correlated meanings. For every single interview transcribed, significant statements that were made were listed. These were later grouped into larger units of information which helped to identify some meaningful units (themes) that emerged in every story.

4.11 Limitations of the Study

The limitations of this study draw from its being academic work that is time bound. Also, the study is not focused on the emergence of institutional care for the aged in Ghana.

4.12 Ethical considerations

Ethical considerations in research include “regulations, guidelines, and policies, as well as unwritten standards that govern responsibilities of researchers in the performance, observation, discovery, experimentation, development, and application of knowledge in diverse scholarly

activities” (Creswell, 2014). It often helps to balance, competing rights and interests, the right to knowledge and the needs and rights of potential subjects of a study (University of Rhode, 2011).

Before embarking on the data collection, approval was sought from the University of Ghana Ethical Committee which sees to it that issues regarding ethics are not breached. The letter (numbered ECH105/17-18) gave approval that no ethical issue was breached. Again, an introductory letter was taken from my department (Sociology Department, University of Ghana) to be presented to participant as an evidence of the source of the researcher.

The ethical considerations made in this study related to voluntary participation, informed consent, anonymity and confidentiality. It must be noted from geronthological studies undertaken in Ghana that showing respect to the elderly is a norm that all ethnic groups ascribe to and a decline in that regard currently has been one of the main concerns of the aged Karlberg (2003). This observation confirms that transformations are being noticed in villages as well, contrary to earlier studies such as Apt (2000) which found such transformations in urban centres only. Since the research was conducted in a transforming rural area, this knowledge was very useful particularly as the respondents were aged people above 60 years.

The researcher throughout the collection of data exhibited maximum respect towards the elderly since it is a key requisite in dealing with the elderly in Ghana. Before the selection of the participants for the research, the respondents were informed that the study was purely for academic purpose and that their participation was also voluntary. Thus, respondents who offered to participate understood the purpose of the research and willingly decided to participate. Participants were informed as well that, in the course of the study they had the option to withdraw anytime and that that decision would have no effect on their social lives. The

researcher also ensured that responses to the interview guide were anonymous. There was no column requesting for respondent's names in the interview guide.

4.13 Reflexive Assessment of the Research Process

I became interested in the aged because of fond memories of my grandmother with whom we lived for a greater part of my life. This, I would say, was the motivation for undertaking a study into how the aged fared under this dispensation of increasing nuclearisation of families-an outcome of modernization. As has been widely asserted, African households are made up of two to three generations (which include children, parents and grandparents). I grew up with my grandmother around and she basically played the motherly role since my mother was almost always out there making the money for the family. As she aged in years, the family had to provide her with dual care in terms of financial upkeep as well as daily living care until her death. This situation was a mirror of most of the households in the communities I grew up.

Embarking on this study from the conception of the research topic through the methodology to gathering and analyzing the data brought the researcher into moments of mixed lessons. Some of which are interesting, others frustrating, exhilarating and still others very educative. This feeling is consistent with that expressed by several academic scholars (Rimando et al., 2015, Dearnley, 2005; Nicholl, 2010).

Researcher exhaustion has been noted to be a key element in the smooth flow and achievement of successful data collection under qualitative research (Dickson–Swift, James, Kippen, & Liamputton, 2007; Fern, 1982). The implication of this researcher fatigue is that it can go a long way to affect the quality of data by either discouraging the researcher to probe further during interview sessions or by abandoning the project entirely. Researchers have to “be observant,

study, listen attentively and handle diverse personality types” (Fern, 1982; Kreuger, & Casey, 2009).

Challenges the researcher encountered during the research process were mainly in selecting the respondents as although any aged person above 60 years fell into the category. However, special requirements were also needed to qualify. Basically, the town is rural, and hence bears traces of the characteristics of a traditional society as posited by Durkheim. In view of that the presence of the researcher in the community was immediately noticed and the emotions and feelings of the researcher to a large extent depicted Sociologist George Simmel’s “stranger” who comes to stay and instead of leaving, gets accustomed to the neighbourhood. The three weeks data collection made news in the community that Government officials had visited the community and were interviewing the aged people about their plight with the view to meeting those challenges. In view of that every aged person wanted to be interviewed and that was quite challenging as not every aged person met the criteria.

Again, respondents with that notion tried to exaggerate their plight because they felt that would result in financial benefit. To overcome this challenge, the researcher had to use several approaches to handle this information in order to get viable data. Thus, several explanations had to be made to the respondents as to the background of the researcher as well as the purpose of the study. This exercise, therefore, extended the data collection period beyond the time as well as the budget allocation. Literature was brought to bear that this experience was not only limited to the researcher but has been recounted by other researchers such as van der Geest in his ethnographic studies of the Kwahu Praso people.

CHAPTER FIVE

DATA ANALYSES AND INTERPRETATION

5.0 Introduction

The study set out to find the challenges associated with ageing in contemporary Ghana, with Awutu Breku as the study site. This chapter consists of the analysis of data and the discussions of findings. It focuses on data collected from the field, which have been analysed and presented under themes. The data analysis addresses the research objectives and questions. The analysis and interpretation focused on themes such as the socio-demographic information of participants; Conceptualising ageing which includes sub-themes like discourse of decline, ageing being synonymous to wisdom and social construction. The support systems of the aged with formal sub themes focusing on LEAP, NHIS SSINT, etc and informal support systems focusing on sub themes on family, friends and network associations were also analysed.

5.1 Socio-Demographic Information of participants.

The demographic data of the participants is a necessary component of the analysis in order to ascertain if the participants selected were a representative sample of the population target (Lee, 2010). It shows the characteristics and nature of the study population and also predicts the quality of data obtained for the analysis (Lee, 2010). For this purpose, the age, occupational status, marital status, religious affiliation, number of children and their location were assessed. The participants for this study were elderly males and females between the ages of sixty and ninety-one years. The participants for the study were 20 in number, 8 males, and 12 females all resident in Awutu Breku.

The findings reveal that most of the participants of the study had had no formal education. Out of the 20 participants, only seven had had some form of formal education: they had completed middle school education. The remainder had not been to school at all. The marital status of the participants is as follows: seven participants were widows; three have been divorced for over fifteen years. For this study, single means people who have not undergone customary rites for marriage. In view of that two were singles (they had never married, they co-habited with their partners until their demise) and the rest of them (8) were married. All the participants except one had at least two children. However, in terms of living arrangement, only 5 had one or two biological children resident with them. They were all Christians, which largely meant that they all belonged to a faith-based group and are likely to receive support from the churches. With respect to occupation, 14 of them were engaged in some form of economic activity. Invariably, this suggests that the majority of the respondents would have fewer financial challenges, since they had at least some means of making money. Their jobs ranged from Lotto writing, farming, food selling, fish mongering, petty trading to babysitting. The remaining 4 fell in the age classification of oldest- old and hence had mobility and sight challenges, preventing them from engaging in any form of economic activity. This minority without any means of income suggest total dependence on their family.

5.2 Conceptualising the Concept of Ageing

The first objective sought the respondents understanding of ageing. The interviews indicated that the notion ageing is quite elusive in the sense that it connotes several interpretations which range from biological, social, cultural and psychological making it almost impossible to have a universally applicable definition. Several probing and interrogations with the respondents revealed that ageing can also be viewed from both the individual as well as the society's

perspectives. Thus, from the individual's point of view, the ageing process is more of a biological reality that is both natural and inevitable; however, for the society, ageing is much more a social construction which manifests itself in changes of roles and status. The higher responsibilities one has either at the family or societal level, the more it indicates to a large extent how long a person has lived. For instance, becoming an elder in a society indicates that one makes key decisions that affect not only the living but also generations unborn. Hence, the person selected must possess characteristics of a matured person. Also, other significant changes in status such as widowhood, being a grandparent or wealth status suffice for societal definition.

5.2.1 The Discourse of Decline

Biologically, respondents unanimously agreed that ageing implies a gradual physical weakening of the body, whereby the ability to do things that require strength is gone. Almost all the respondents indicated that there were a number of things that they have lost the strength and ability to do including some basic care for the body such as bathing. As a result, they mostly rely on neighbours and relations. For instance, most of them agreed they rely “*on relations around to run errands*”. With respect to the very old, the third age classification, i.e. people who are 80 years and above, they have to be assisted in providing basic care (such as bathing, cleaning of teeth, assisting them to the toilet) when the need arises.

An 85-year-old respondent said

...At first, I could go and fetch water for myself, but now am unable to. In very rare instances when I have to because my grandchildren are not around, it becomes a huge challenge as I just cannot carry it. Meanwhile, I could do that with very much ease in my youthful days.

Another respondent who is 91 years remarked that the weakening nature associated with ageing makes one almost useless.

I am a complete waste because I cannot do anything for myself. All I do is to be helped to be in a sitting position or a lying position, even food; I am not able to eat unless I am supported. I have to be fed by my daughter so ageing is wasting gradually and not being able to do anything about it.

The sadness displayed by the participants about their functional decline in their old age is consistent with several studies conducted across the globe to find out the perception associated with ageing. These findings posit that ageing comes with health and physical challenges which results in functional declines (Fealy et al, 2012; Gullette 1999; Vincent 2003 and Haber, 2001). It must be noted, however, that in most developing countries, the moment the family and the society do not receive any benefit in terms of contribution to their economic pull, the person will be regarded as old. And this has been viewed as a limitation in regards to defining old age as this does not seem to deal so much on the chronological (Gorman & Heslop, 2002). Interestingly, however, this view confirms the modernization theory which encourages active population not to spend vital productive time on old people as it will draw society backward in terms of development (Stephoe et al, 2013).

Medically, ageing has primarily been seen as a malfunctioning body that is in decline (Haber, 2001). It has often been viewed as a body of loss, caught up in its own gradual obliteration

(Gullette 1999; Vincent, 2003). This attrition in physical and functional capital characterizing aged people is often used to legitimize all the negative marginalization experienced by aged people (Vincent, 2003).

Again, findings from the data are consistent with studies conducted by Tsai et al., (2010); Niemela et al., (2011); Kim et al., (2014); Iqbal et al., (2012); Camacho-Soto et al., (2011). These studies discussed pains and aches associated with ageing and concluded that a number of factors do have bearing on the intensity of pains and aches experienced in old age, even though it is natural and very normal for the process to be accompanied with pains.

This universal weakening of the ageing person was the reason why as far back as the early twentieth century, grown up daughters were tasked with the care-scripts. Thus, according to Coe (2017), even though the preferred sex was often the male child, it was equally gratifying for families if the first child happened to be a daughter because, in the event of old age, the eldest daughter was the ideal, normative caregiver of an elderly person. This practice was not limited to only Ghana, but a study conducted in Peru by Leinaweaver (2010) indicates that the same process is employed in filling ‘the care slot’. Most middle-aged women in Ghana during the late twentieth century “filled the care slot, by providing daily care and household labour both to the elderly and to grandchildren (Coe, 2017).

5.2.2 Ageing wisdom and experience

One key theme which also emerged from the data was the linkage between ageing and experience. Almost all the respondents indicated that ageing comes with a lot of “experience” and “wisdom”. Basically, this assertion is premised on the fact that the aged have lived much longer and seen a lot of things, so they are in the best position to predict the likely consequence of a decision. Probably, this confirms the oral traditional assertion that in most communities, before the coming in of the Europeans, there was the concept of consulting an old lady for advice in very delicate and complicated matters. It is also in line with this key ideology that the modernization theory seems to challenge. These days, quite a number of people clearly live their lives independent of any occasional consultations with the aged on issues. There are established consultancies on a range of subject where one can exchange money for expert advice (Coe, 2017). People can equally have access to information from the internet (van der Geest, 2016). Again, formal education has also empowered the youth to become self-sufficient economically making them largely disdainful of supposedly ancient and archaic opinion from the aged (van der Geest, 2016; De-Graft Aikins & Apter, 2016). These alternatives provided largely by modernity through technology and education have made the elderly’s wisdom and its utilization somewhat ineffective. One elderly respondent’s view on this matter is as follows:

I have foresight, that is what you (as a youth) lack, what I can see from sitting under this tree, it is very much likely you will not be able to see that far even if you are put at the apex of this tree. Life teaches you so many lessons as you live through it challenges and that give you wide perspectives of both good and bad when you are faced with a challenging decision.

Their life journey has been a combination of success and failures and hence, based on rare accumulations of insight into particularly social life issues, they all agree that, that gives them an

urge over the youth in making prudent decisions (Van der Geest, 2016). In fact, one respondent intimated that she advised his son to take a particular wife that she (the respondent) had recommended but the son was hesitant initially but upon persuasion, the son listened and he is at the moment always thanking her for that foresight. The respondent was also equally happy because she lived with them and the daughter in-law treated her as if she were her biological mother.

When it comes to the old being regarded as wise, the literature seems to be inconclusive of the matter. While some studies appear to support the assertion (Mba, 2002; Apt 2009; Sarpong 1989 as cited in Brown 1999), other studies concluded otherwise. According to Osie (2005), the “wisdom” of the aged is just experience. Hence, he clearly disconnects wisdom from age on the premise that, there are students who are cleverer than their teachers. Similarly, there are children who are cleverer than their parents. He argued that wisdom is given only by God, and hence not gotten by virtue of being alive for a long time.

Again, from the social capital perspective others argue that it is normally the elderly who have accrued wealth who are regarded as “wise” as their social capital is likely to get them into decision -making positions (Lehman, 2017). Thus, where an individual has nothing to offer the community, he will be disregarded and relegated to the background (van der Geest, 2016).

This present study’s findings are however consistent with earlier studies which found the aged to be regarded as a symbol of wisdom. This finding could be on the basis of the location of the study area being a rural place. A study by Apt (2002) did indicate that the aged are more respected in the rural areas than the urban centres. This again goes a long way to illustrate that modernization actually places the aged at a disadvantage. Moreover, the presence of education

and other agencies that play the roles of the elderly in the communities have reduced the relevance of the elderly (De-Graft Aikins et al, 2016).

5.2.3 Social construction of Ageing

Another major theme which emerged as a concept associated with ageing is respect and recognition. About half of the respondents interviewed did indicate that their family members recognize them as symbol of respect and authority. A respondent said

.... My family members, especially, the youth contact me anytime they find themselves in trouble and they need a noble person to speak on their behalf. So far, I have never failed in resolving issues that I have been invited into.

Another respondent also said that he has been invited on several occasions to sit in dispute resolution cases.

The works of Miecher (2005) and van der Geest (2002) indicated that some of the roles of the elderly in the society included settling of disputes, advising the youth and so on, thus confirming the finding of this study. Moreover, a much recent study to find out the contemporary roles of the elderly in the wake of huge media emphasis on youth empowerment by (HelpAge, 2005) still indicated that the elderly primarily remained in charge of cultural roles in almost all societies. They officiated at almost all the life stage miles from naming ceremonies through to marriage and funeral celebrations. Again, the study revealed that they continued to retain their positions in chieftaincy and festival matters.

Thus, a conclusion on these social roles of the elderly normally suggest that in contemporary times, emphasis is being placed on the youth and increasingly, recommendations are being made to give more opportunity to the youth. However, there are some key slots that the literatures

suggest are the sole preserve of the elderly (Help Age Ghana, 2005). In that case, the modernization theory relegating the aged to the background is problematic.

5.3 Support systems for the aged

Supports for the aged are of two kinds. It can be from government and non-government source. Information gathered revealed that there are some support systems for the aged in the study area. While some of these support systems are initiated within the local communities, others are initiated from the central government or its agencies. Again, while some of the support systems are formal, others are informal. This section explains the kinds of support systems that are available and how these support systems work.

5.3.1 Formal Support systems

The interviews clearly indicated that a limited number of formal support systems existed for the aged. Interestingly, there were divided views on the awareness of the presence of these few support systems. Although the majority of the respondents were aware of the existence of these systems, few of the respondents denied any knowledge of these. However, even those who were aware of the existence of these support systems claimed that they were being denied access to these. Respondents, who indicated that they had benefited from the programs, complained about the irregular and for that matter unreliable nature of some of these social welfare schemes. Over the years, successive governments have blatantly refused to tackle the ever-increasing challenges of the ageing population (Kwankye, 2013; De-Graft Aikins & Apt, 2016). This is perhaps attributed to the fact that, Government continuously believes that the extended family is morally obligated to look after its elders, even in the wake of weakening familial bonds (Appiah-Kyei, 2013). The supports that were found to be available for the aged include Social Security Pensions

Scheme, National Health Insurance Scheme, Livelihood Empowerment Against Poverty, Elderly welfare Card Programm (Eban).

5.3.1.1 Social Security and National Insurance Trust

The SSNIT Pension Scheme is Ghana's foremost pension scheme since independence. It is a social insurance scheme primarily set up to offer protection to government, private and informal workers who proceed on either voluntary or involuntary retirement. While in active service, income earners contribute 17.5 per cent of their monthly salary to the pool which is invested and later upon retirement becomes their benefits as prescribed by the Pension Act 2008 (Act 766) which is the legal framework by which the scheme operates.

Out of the 20 respondents engaged in the research process, only 3 of them had worked in the formal sector and therefore could benefit from SSNIT since it is a retiring package designed for formal workers. This low number is a confirmation of the fact that large numbers of Ghanaians are in the informal sector where joining SSNIT is voluntary, a clear indication that large numbers of Ghanaian elderly will be without protection (Kwankye, 2013).

One of the respondents (a beneficiary of SSNIT) intimated that he supplements his pension's salary with an extra income gained from working as a Lotto writing operator (agent). He however commented that the pensioner's salary is not an income that can sustain anybody particularly if no economic activity is added. The other respondent who had no other business running, however, indicated that life is quite challenging because, the monthly allowance is really not sufficient looking at the numerous expenses he makes. *'I am diabetic, and so I spend almost all the money on drugs. In fact, if not for my children, I would have died from hunger and lack of drugs.'*

Although a number of the respondents who are SSNIT beneficiaries recognize the very importance of the SSNIT pension schemes in relation to their living standards as well as their family members, *“they stated that poverty is still the older person’s trap because the amount offered to majority of pensioners is way too meagre to serve them adequately”*. The respondents stated that, that stage in life is already saddled with a lot of economic and health challenges which put pressure on the income.

In line with the finding above, studies by Darkwa, (2002) and Apt, (2012) revealed that the package received by retirees is not sufficient for any meaningful living. Coupled with the many challenges, the study found also that there appeared to be a lot of bureaucracies associated with accessing the schemes upon retirement; these, the respondents indicated made the scheme very frustrating. In sum, the pension is not adjusted regularly to meet the effects of inflation and therefore does not sustain the intended level of consumption of the elderly at the time of retirement. This conclusion of the current study is in line with earlier studies conducted by Darkwa, (2002) and Apt (2012).

Again, the low number of respondents who worked in the formal sector goes to buttress the fact that the majority of Ghanaians are in the informal sector. This fact has been supported by large number of researches in that area (GSS, 2010). Though, the study site was rural and for that reason respondents were likely to have been in the informal sector, the same source indicates that Ghana’s economy is largely informal.

5.3.1.2 LEAP

The LEAP programme is an institutionalized support system available to people certified to be extremely poor and are above 65 years; persons with severe disabilities with no productive capacity and caregivers of orphans and vulnerable children. According to the National Social

Protection Strategy (NSPS) of the Government of Ghana (NSPS, 2007), this programme is one of government's commitment to achieving targets set in the Millennium Development Goals for developing countries. The Ministry of Employment and Social Welfare has been mandated to introduce this cash transfer to beneficiaries on monthly basis.

The majority of the respondents had no knowledge that there was such assistance from Government. Information on government policies is hard to come by particularly for the illiterate aged. However, those who also knew and wanted to assess the grant reported that they were denied because they were allegedly not qualified for being extremely poor. One respondent said:

I went to the social Welfare office a year ago to register for that benefit, but the staff there told me it is for aged people who are above 65 years and again have no support to the point that they cannot even afford two square meals a day. After that, I didn't bother to go there again.

Another respondent also had this to say;

When I went to the Social Welfare office to register, I was told my place of residence fell under a different zone so I should go and look for the Leap Office within that zone. I am old and don't have the strength to be roaming about, so I have abandoned the idea.

A beneficiary respondent, who showed some excitement in his comment however, did indicate that *“the money was actually very small and besides it is not able to support the basic needs; it is also not regular and hence very unreliable”*.

5.3.1.3 NHIS

The NHIS is a pro- poor policy introduced in Ghana in the year 2004 to help improve access to health. Under the policy, the aged (people that are above 70 years) and indigents (who are also

mostly poor aged) are exempted from paying premiums. Yet, they are enrolled on the policy and thus access health care free of charge (Blanchet et al, 2012).

Information gathered from the interviews indicated that this aspect of the policy (NHIS) is a major relief to the aged in Awutu Braku. The aged as indicated earlier, are saddled with financial challenges which would have made it almost impossible for them to access healthcare. However, they are able to access healthcare through this policy. In a statement confirming this, a respondent said

...The NHIS has really helped me a lot. Old age comes with many ailments that require frequent visit to the hospital. Had it not been that I visit the hospital free of charge, I don't think I would have been alive. My children look after me and they don't have good job.

Another respondent who doubles as a LEAP beneficiary and by virtue of that is exempted from paying premiums also remarked “*it is always a relief to know that I don't have to have money on me before I can visit the hospital. Whenever I feel unwell, I just go to the hospital for assessment.*”

This is supported by what Nguyen et al., (2011) found in their study in Nkoranza and Offinso. Their research concluded that the NHIS had generally improved particularly, the poor's access to healthcare drastically. Two years after the initiation of the policy, a total of 35% of the population had enrolled and the effect was better felt among the poor than among general population. Blanchet et al. (2012) also support this assertion in their research which concluded that on the average, individuals enrolled on the insurance scheme were significantly more likely to obtain prescriptions, visit clinics and seek formal health care when sick. The aged have often

been classified as being in the category of the poor due to their vulnerability, and therefore, will feature very much in the population that patronizes the NHIS.

On the contrary, one of the respondents intimated that she was not registered under the exemption clause even though she qualified.

I went to the NHIS office to register as an aged who is exempted from paying premiums but I was made to pay the registration fees on the basis that I do not qualify. It took a while for me to get the funds to register.

As a confirmation to this respondent, another also said that the insurance does not cover most of his drugs and sadly stated that he is waiting for his death painfully.

Literature available indicates that there is a disagreement as to whether the NHIS is a pro- poor policy. Researches undertaken by these various groups of people indicate that the policy is not pro poor (Asante & Aikins, 2008; GSS, 2009; Sarpong et al., 2010; Sulzbach, Garshong, & Owusu-Banahene, 2005). This view is then supported by respondents who have been unable to enjoy the scheme because of inadequate funds.

The state also has inserted provisions of care and protection of older persons in the 1992 constitution under the Directive principles of state policy. However, are the older people aware of these constitutive and legislative measures?

5.3.2 Informal support systems

It has been widely asserted that the African extended family structure takes responsibility for the needs and welfare of individuals who for one reason or the other cannot do so. Information gathered from the interview indicates that the elderly receives about 90% of their support from

their family members, friends and the community at large. This high per cent age can be attributed to the fact that a large proportion of the aged are not on any formal support system such as SSNIT. It also confirms the relevance of the social network theory.

5.3.2.1 Family and friends

Response from the interview indicated that almost all the respondents' needs and wants which ranged from social, psychological, financial etc. were provided for by their family and friends. In fact, even in instances where there was a formal support available, the aged had to be assisted by a relation to claim the benefit. This confirms that social network is the backbone of elderly welfare.

A 91-year-old respondent remarked:

My children and my grandchildren are my saviour. I simply have no idea what life would have been without them. As you can see, I cannot do anything meaningful for myself. Sometimes, I wish I will also die and join my ancestors because I have become a huge obstacle in their life. My daughter has stopped working just to take care of me. If she had not taken that decision, I doubt if I would have been alive today.

They all attest to the fact that they rely on their children a lot for almost every service. This makes life quite hard for those who either never had children of their own or for some reason, their children are not with them. The African cultural value has always been grounded in the theory of reciprocity and this finding confirms the views of van der Geest, (2016). To throw more light on this matter, a respondent who lost her only child to one of the childhood diseases, said:

I live alone and do everything myself because I have no one. Occasionally, some of my distant relatives pass by to inquire about my health. And I simply respond am

alright because I know they are only doing that for the sake of societal critique. How can I be alright in this my state alone? Do you think if my daughter had been alive she would have just passed by and left me here continuously without even fetching water for me? Loneliness is really killing me, and my greatest worry is actually on when I can no longer move around.

Several studies undertaken by Antonucci, Jackson, & Biggs, (2007); Katz, (2009); Koropecjy-Cox, (2002); Lowenstein, (2007); Silverstein & Bengtson, (1994) illustrate that social relationships characterised by reciprocity within the family forms the support base as well as the overall subjective well-being of the aged. Similarly, having a wide range of friends increases a person's social capital which is always a valuable resource convertible into money (Pinquart & Sörensen, 2000). Thus, having a wide pool of social network made up of family and friends impact positively on older people's lives. These provide for the aged needs in different ways and hence largely contribute to their subjective well-being which is a crucial indicator of successful ageing (Freund & Baltes, 1998). The result of these studies to a large extent is consistent with the findings of this study that having familial support in old age actually helps a lot in dealing with challenges.

Literature on the family' relationship with the aged have focused on how at every point the family has always risen to care for the elderly and the care given to a large extent is shaped by prevailing economic as well as political situation. In that sense, Abel (2000) and Williams (1973) assertion that there used to be a 'golden age' of family eldercare that is on the decline is not entirely accurate.

This, again to a large extent, brings to the fore how the concept of reciprocity operates in the sustenance of aged care in most communities in Ghana. Most households provide the greater

care of the aged in low income countries placing reciprocity in a key role in the absence of formalised structures. Thus, security in old age is woven into the fabric of reciprocity. Based on how well one lived his youthful days by extending a hand to his dependants, that act will be returned in old age (van der Geest, 2002).

5.3.2.2 Social network support

The aged on many occasions have joined some associations. While in some cases they join these associations with the explicit intent of getting some support, in other instances, they have no such intent. However, the researcher realized that, whatever the intent is for joining any association, members end up receiving some form of support from it (Bouding, 2013; Cramm & Nierboer, 2013).

These associations range from religious to secular. Examples of the religious organizations are prayer groups, churches or associations within the churches (such as men's fellowship, women's fellowship etc.). On the other hand, some examples of the secular associations include: pensioners club, political associations etc. It is evident that even membership of political parties provided a form of social network that turned out to support the aged in some ways.

The religious associations serve one of the three main functions. These functions ranged from medical through financial to social. Medically, they provide healings through their concerted prayer when a member is sick. A 72-year-old woman confirmed this in the following statement:

I hardly go to hospital when am sick. I am a member of a prayer group. The prayers from group members have proven very efficacious in times of sickness. Anytime, I am sick they pray for me to get healed. As a result, I don't go to hospital.

It is not just prayers to heal, the respondents also believed the concerted “*prayers from religious associations perform miracles that usually prevent them from lacking anything*”. The church and

its members are there to provide any form of social and financial support to the aged. This includes preparing their minds for the next world, visitation, etc. A respondent said:

...some of my church members usually come around to give me company. With them, I have people to sit down and chat with. Even beside that, the church has some appointed dates that executives/leaders go around to visit members. I have been a beneficiary of such visits on a number of occasions.

The church also provides financial assistance to members. A beneficiary stated that “the church has set a day aside purposefully for raising funds for particular groups in the church. These groups are mainly the vulnerable thus emphasis is on widows, orphans and the elderly, those above 60 years.

It can be inferred from the above that overall, being engaged in activities with other people greatly reduces stress and provides the aged some adventure to look up to on daily basis.

A review of literature related to the finding largely supports and confirms that membership of associations both religious to non- religious helps the aged to cope better (Fakier, 2014). Religious belief has been linked to a variety of positive mental and physical health outcomes (Harvey et al., 2016). Researches have examined the relationship between religious involvement and a wide variety of physical and mental health outcomes (Koenig, McCullough, & Larson, 2001). The conclusions have been that to a large extent, the relationships are generally positive in nature (Ellison, Hummer, Burdette, & Benjamins, 2010; Koenig, King, & Carson, 2012). On the contrary, some evidence of negative aspects of religious involvement and impact on health have been noted as well (Exline, 2002; Mitchell, Lannin, Mathews, & Swanson, 2002; Pargament, 2002; Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

Religion helps people allay the fear of the unknown, which goes a long way in reducing stress and anxiety associated with daily life (Abotchie, 2009). Koeing et al (2004) posit that religious or spiritual beliefs help patients to cope well with their ailment. Their study concludes that on the whole, religion offers greater social support, better psychological health and to some extent, better health for patients. In a similar vein, Powel et al. (2013) collaborates available studies outlining the benefits of religious associations. Their research concludes that religion reduces mortality rate, as it gives people a sense of hope.

According to Hutchinson (2011), most of the churches in Ghana have added on a new role in supporting their members, particularly the aged, with material, emotional and financial support. The very old are visited once every month and served with communion and are given a token for their upkeep. These findings remain consistent with the findings of this study. Thus, so long as people find themselves in groups and do contribute to the group in their active days, the group is always there to act as a safety -net for those who would find themselves in need, making social network very important in the social relations.

5.4 Coping mechanisms

Well-being and happiness in old age depends on harmonious adjustment with the social environment of which the elderly is an integral part (Fealy et al, .2012). The elderly population, just like any other strata of the population, come in terms with life by evolving strategies of personal adjustment which enable them to deal with emotionally disturbing situations or to cope with stressful situation. According to Lee et al. (1984), coping is a critical strategy that allows the older person to appraise his or her situation, assess needed skills and face critical and radically distinct life tasks. Generally, coping is an effort made towards eliminating or managing stressful situations so that physical, psychological and social functioning is ensured, and thus

culminating in a minimized social disturbance (Pakulski, 2016). Changes in the physiological conditions and consequent failing health, loss of income, alterations in familial roles and status are problems often encountered by the elderly, and they all do accordingly, adopt varied coping methods (Monat and Lazarus, 1997). Findings from the data revealed that respondents had varied coping strategies which ranged from relying on family members to engaging in economic activities.

5.4.1 Relying on family members

Information gathered from the interviews indicate that quite a greater number of the aged depend on their relations around to do the difficult task that requires physical strength. In response to coping with the physical decline, a respondent said:

I rely on my family to do the difficult task. My daughter does the cooking and I have my grandchildren around who do my errands as well. It used to be difficult for me to come to terms with that. But I have come to accept it and even I am grateful because that is the life of old folks like me.”

Another respondent who lived alone at age 62 because her only daughter worked in Accra remarked

I do everything for myself at the moment. The aspect of my life that I find challenging is getting water for my activities. I get the young ones around to do such errands for me in exchange for monetary favours. However, sometimes, I reflect on how my life will be like when am very old and cannot do some of these things for myself. The idea that I might not receive care from people sometimes scares me a lot, but my hope is in the Lord

Available literature supports the findings that generally, old people have a natural tendency to rely on young people for strength required activities (Lopez-Hartmann et al., 2012). Coe (2017),

reports that as far back as the 1860s, older people, particularly, the men, family heads and brothers married younger women so that they would care for them during their later days. In instances where such arrangement did not work out well because the wives either failed to perform their duties or run away from them, they relied on their slaves to undertake those duties and this happened in almost every part of Ghana. Some Christians who were even against the concept of keeping slaves were forced into procuring one for such purposes. In fact, this practice was not limited to Ghana alone; the same source makes mention of slaves taking care of their aged masters in the United States of America (Coe, 2017).

Current studies also continue to illustrate that this practice has continued and today, under new political, social and economic dispensation, kin members who for one reason or the other cannot provide the care themselves pay other non-kin to provide care for their relatives (Coe, 2017). Even though this practice has not been widely accepted, it might gradually find itself in society due to the ever-increasing migration and impact of urbanization (van der Geest, 2016).

A study by Chaudhary (1992), pointed out that many old people normally begin to feel that even their children do not look upon them with respect which they used to get earlier. And this feeling is probably as a result of the older person's reliance on their children. Another study by Singh Dhillon (1994) observes that overall social support and support from friends and family members lead to a better adjustment in old age. Essentially, this seems to be true among respondents who embraced the help willingly from their relations.

5.4.2 Joining networks Associations

Responses to how the elderly coped with loneliness primarily revolved around the individuals finding themselves in active groups of both secular and non-secular. Most of the respondents

interviewed, did indicate that they were involved in at least two associations, a religious and a non-religious association. Some even intimated that “*it is their declining strength which was preventing them from joining more because, as a member, one must attend meetings*”. They all lauded the benefits of being members as offering support both in kind and cash. A 90-year-old respondent who was angry that her church had pensioned her from the church remarked that

I was in every association both at church and in town. When I lost my beloved husband, I don't recall spending my own money on anything. Donations both in kind and cash flowed into my house and even a year after the death, I can still recall people giving me this or that as a token. Again, I had people to assist me with the funeral organization. I had on several occasions helped members in that condition so when mine was due, it was just a principle of reciprocity.

Another respondent also said

I am a member of the pensioners Association. I double as their secretary. That gives me something useful to occupy myself with and greatly reduce the boredom in my life after years of active service. Again, our meetings provide every member the opportunity to fraternize and share our problems. To give a typical example, I was worried that I couldn't sleep continuously for about 3 hours, when I discussed with my colleagues; they all told me it is part of the ageing process and that they too were experiencing it. That greatly calmed down my nerves.

Positive social connections have been studied to be of prime importance for individual wellbeing (Pavot & Diener, 1993, Bradshaw, 2012). Studies continue to prove that people who have close social relations display optimism about their future. Modern studies assert that social support constitutes a great part of coping for older people and that it acts as a buffer against the complexities involved in an equally complex world (Hushold et al, 2013). Participating in social activities is key to successful ageing (Rowe & Kahn, 1997; Brugiavi & Peace, 2016). A recent

study conducted by Huxhold, Fiori and Windsor (2013) revealed that informal associations reduce boredom, offer financial as well as emotional and social support to them.

However, a contrary view of this study was made by (Lorreto & Vickerstaff, 2013). The study concluded that these social networks are business oriented and thus charge exorbitant dues which members find difficult to pay. A typical example was raised in the religious settings where a lot of financial demands are made in exchange of blessing. Again, these networks largely operate under the guide of the social capita theory.

5.4.3 Engaging in Economic Activities

The interviews with respondents showed that largely, a number of the aged still worked until they were physically unable to do so. Their reasons for doing so were however diverse although, financial motivation was paramount in all. A 70-year-old respondent who operated a chop bar and acted as a supervisor remarked:

I have run this business for a very long time and I can say this has been my livelihood till this day. I have trained my daughter to take over from me and she is also doing very well. In fact, she has even expanded the business with the addition of extra menu. I come here because this is more of a home to all of us. We all eat our meals here and go to our house only to sleep. In all it reduces the boredom and gives me a feeling of being functional even at my age.

A lotto operator also stated thus:

I learnt this job when I came on retirement because I realized that depending on my pensioner's salary alone was not going to be enough. At the moment, I am even able to assist my children when they are faced with financial difficulty. There are some months that I can boldly say I don't even visit the bank because business had been good. I also double as the family head and act as the family's trustee for its properties. All these activities give me financial independence and also keep me very active.

The literatures available on elderly people suggest financial strain as one of the main challenges of the elderly (Kwankye, 2013). Even those who worked in the formal sector and are on the SSNIT pension's scheme are not exempted. A study by Darkwa (2010) confirmed that the pensioner's salary does not really give him or her any financial stability upon retirement.

In most instances, they were not able to save much in their youthful ages and hence become financially dependent on relatives and friends. This has been cited by some researchers as the basis for the justified labelling of elderly people to be economically unproductive, dependent and passive and thus very much "irrelevant to development and at worst a threat to the prospects for increased prosperity" (Taylor et al, 2013). As a result, most development policy in the post-war era excluded and marginalized people purely on the basis of their age (Kulik et al., 2014; Rachel et al., 2013; Lorreto & Vickerstaff, 2013).

A contrary angle that other related literature has looked at are the economic activities of the elderly. Extensive researches also indicate that elderly people who engage in what has been termed "the revolving door retirement" actually increase their financial portfolio to meet their diminished incomes. Beyond the extra income, it helps mental stimulation and social perks (Gorman, 2017). This view is also consistent with the findings that go beyond the financial gains; some other respondents intimated that being involved in an activity boost mental stimulation and reduce inactivity in their lives. Thus, where the aged are still able to contribute their quota to society, their relevance is still felt even in modern institutions.

5.5 Factors enhancing sense of belongingness among the elderly

As ageing sets in, it is only natural that the aged start to live lone life (Foster & Walker, 2014). Naturally, ageing keeps a person away from the company of family, friends and the community at large. The natural cycle of children growing and departing from the home to starting their own families also termed the “empty nest syndrome” occurs (Foster & Walker, 2014). The process of parting company with others (whether family or friends) makes the aged prone to loneliness. Although this process is never going to improve for the ageing person, the study identified some factors which when present, can improve the sense of belongingness of the aged. These factors and the relationship among them are presented in the next sub- sections.

5.5.1 Family Attachment

Parents who have lived with their children from infancy till maturity often develop some attachment and bonding with them. This bond is so strong that even when the children mature and build their own lives, they often have a natural tendency to visit and fraternize with their parents on regular basis (Gorman, 2017; Savikko, et al., 2005)). Mere communication alone sometimes cannot suffice the passion of seeing and interacting with parents. The same can be said about parents who also constantly feel the urge to see their children and interact with them. On the contrary, where children live with non-biological parents, this attachment is not well developed.

The main issue leading to the sense of belongingness is therefore the development and constant demonstration of attachment with family. From the interviews, it was realised that this attachment is not developed nor demonstrated in a vacuum (Kinsella & Philips, 2001). Where parents have bonded with their children while they were young, through the demonstration of love, discipline and friendship in the home, the love showed by parents to these children does not

expire; neither does it wane upon maturity. It only transforms and the children at their older ages turn to rather take control. And they will also reciprocate in proportion the measure of love and attachment as their parents did. In cases like this, at their later age, even when the children travel, they will always keep in touch through constant communication on the phones and especially visitations. An old woman said:

Although all my children are not here, because of the way they were brought up, the bond between us is so strong that they can't leave for long. They constantly come to visit me. It hardly passes two weeks that none of them visits me. Trying to find out if those occasional visits are enough, a respondent explained that, It's not as though they are with me here all the time. Anyway, you don't expect me to wish they are here with me even at their present age. They must also move on with their lives. But the way they treat me is enough to keep me happy because they have showed me love all this while and the fact that they will be there for me at any point in time gives me that sense of feeling belonged.

This is very contrary to a woman who said because of divorce, her children did not grow with her. She said:

I experienced divorce at a very early age when the children were young. They never enjoyed my company because the father will not allow them to come near me. I thought the children will come when they grow. But no, although, their father is no more to restrain them, the trend has not changed. I have no one around me and they hardly visit me although they send me money often.

It appears from the conversations that people and particularly the aged often have the desire to feel belonged and receive recognition for their contributions to the development of the family and that people normally feel loved, safe and valued in the company of their relatives.

Loneliness has been considered to be an extremely serious social and public health concern (Hawkley & Cacioppo, 2010). Most of the studies which have been conducted on loneliness reveal that in all about twenty to forty per cent of older adults feel lonely (De Jong Gierveld & Van Tilburg, 1999; Savikko et al, 2005; Theeke, 2009; Walker, 1993).

The reasons for these feelings of loneliness range from intense to mild once. Although, these studies did indicate that feeling of loneliness had nothing to do with social isolation per se, on some occasions, there is consistency in the neglect of key people the victims had bonded with (Savikko, et al., 2005). Thus, the victims either felt “left out”, “isolated from others” or “lacked companionship”, and that often-had negative consequences on the person. On other hand, where people continued to be in regular contact with their family members and interacted with them, the studies indicated, those group of people denied ever feeling lonely.

Thus, the findings of this study remain consistent with available studies that the aged who have high social bonds with their family members experience a smooth ageing process and the vice versa remains true.

The theory of reciprocity to a large extent is not only limited to monetary values but to all aspect of life (van der Geest, 2016; Mba, 2010). People who are likely to feel lonely in old age are those who did not share their lives with others. Hence, at the time that one is old and weak, there will be no relation with a sense of emotional obligation towards him or her (Mba, 2010).

5.5.2 Communal Activities

As people age, they become weak and “sometimes boring” as a respondent pointed out. This phenomenon has often times led to the rest of the community excluding them in a lot of communal activities like festivals, funerals and other celebrations where decisions concerning the welfare of the community are taken. Even in normal day- to- day conversations, many people

would not like to involve them. As to whether this is planned or unplanned, intentional or unintentional, it contributes to making the aged feel lonely. From the mutual disengagement perspective posited by Cumming and Henry, (1961) once a person is old, he or she should be disengaged from all activities and left in isolation. This process of disengagement is meant to benefit both ageing individuals and the wider society. By shedding responsibilities that are becoming increasingly burdensome or difficult to fulfil, individuals are given the space and freedom they need to confront their own none-too-distant death. From the point of view of the wider society, the process permits more capable individuals who are younger to take on responsibilities that would otherwise be performed less satisfactorily. Disengagement theory, in other words, provided a functionalist account of old age as a distinct stage in the life course with a distinct status (Zaidi & Howse, 2017; Popham & Hess, 2017).

It was thus revealed that the aged who have the opportunity to take part in communal activities usually have some sense of belongingness than their counterparts who do not. The opportunity to take part in such activities depend on several factors like their investment in social capital and financial status of the person, the health status of the person, love for the community, etc. A combination of these factors leads to different levels of engagement. One respondent captured this situation thus:

I am always here alone. Because of lack of strength, I am not able to even join most of the communal activities. But these are avenues you could meet old friends. Besides ... as someone who loves my community and its members so much...you are aware I definitely will not feel that much happy if am not able or not allowed to get involved in such activities.

This clearly shows that people who are alienated from such activities lack some sense of belongingness. To round up the argument, respondents with opportunities to engage in such

activities confirm that engagement has really improved their sense of belongingness. This was further confirmed by a respondent:

Although I am old [almost 80], I have never been left out in anything concerning the welfare of this community. I am usually informed or invited to any meeting or activity concerning this community. Even in cases I can't attend, they have often come to consult me for my ideas.

Trying to find out how engagement in these activities can lead to sense of belongingness, a respondent asked back, “Who will not be happy for such engagements?” He continued,

Yes of course, it means you are respected by your people. And if for nothing at all, the mere fact that you take part in such activities and do so successfully is a form of activity and indicates a fulfilling life.

He said he was consulted during the recent appointment and the installation of a new queen mother in the community. It is realised therefore that the involvement could have been prevented by the community or the person may redraw voluntarily because of reasons like weakening health. It is also realised that during such activities, while one's involvement brings him/her to the company of others and lead to social interaction, his/her contributions induce a feeling of fulfilment.

Studies looking into active and positive ageing posit that older people play vital role in contributing to and building their community because of “their skills, knowledge and life experience” (Luo et al., 2012; Kim & Sok, 2012 & Steptoe et al., 2013). In view of that some studies have looked at the mutual benefit both the community and the elderly receive from such joint venture. For the older person, “the focus has been on reducing loneliness, boredom, isolation and depression that continue to characterize their lives while the society also gets to

harness the skills and knowledge of the older people for the benefit of their communities, which would inevitably increase social and human capital” (Chaskin et al.; World Health Organisation, 2002 & Wheelock et al., 2008).

A research conducted by (Lawrence, 2002; Milligan et al., 2005) in the United Kingdom confirmed that older people “were recognised, specifically as a means of developing alternative public services and also involved in a lot of volunteerism” Thus, older people are willing to engage in altruistic activities for the benefit of others because those acts give them the fulfilment of being active citizens.

Many older people’s contributions to the society have been overlooked in social policy discussions. Elderly people, particularly, women hold the stead in the absence of the young once as they go out to work (Dennis, 1998). For instance, there is intergenerational reciprocity in the urban centres where female small-scale traders hand over their trading business to their daughters in Ghana (Apt et al., 1995). By doing this, the daughters who are younger and physically stronger can carry on the business to the next generation.

Again, older people play instrumental roles during hard times. For instance, a research undertaken on HIV and AIDS affected areas like Thailand, found that two thirds of adults who had died of AIDS lived adjacent to or with a parent at the terminal stages of the illness, and that a parent, usually a mother, acted as a caregiver for about half of them “(Knodel et al., 2000). Again, in Addis Ababa, studies indicate that grandparents have taken on the obligation for the raising of their orphaned grandchildren as a result of loss of their parents through AIDS (Gurmessa, 1999).

These studies support the findings of the study that where the aged are involved in the activities of the community they live in it creates a sense of usefulness and fulfilment which goes a long

way in reducing the boredom associated with old age as well as enforcing the concept of social network.

5.6 Lived experiences of the Aged

Key dimensions of a good later life for people have been considered to include health, financial security and social connections. Data gathered from the field did indicate that on the whole, life experiences ranged from health, psychosocial and finance. While some respondents were satisfied with some of their experiences, in other instances, they demonstrated unsatisfactory accounts. In this section, the researcher presents the findings of these lived- experiences.

5.6.1 Satisfactorily lived experiences

According to Erik Erikson's "Eight Stages of Life", the human personality is developed in an eight stage series that take place from birth till the individual's complete life. The period of old age is either "Integrity" or "Despair" depending on how the individual had lived. Those who consider their lives to be a failure in this phase feel that they have wasted their lives and will experience many regrets. These individuals will be left with feelings of bitterness and despair. On the other hand, those who feel proud of their accomplishments will feel a sense of integrity while those who were unsuccessful will be looking back with regrets.

In response to questions which sought the opinions of respondents on their life experience, a respondent provided the following:

It has not been an easy journey. I am 85 years and still counting, although my strength for physical activities has waned down drastically. I am able to do some basic things for myself. Most of my age mates are dead, those who are alive like me, most of them cannot do a quarter of the things I do. All my children are educated and working. They look after me very well and that has earned me a lot of respect in this town.

With respect to Health, another respondent said:

I cannot remember when last I woke up and never felt pain in my body. It is like every single day, there is an addition of the bodily pains I felt. My occupation has been farming and I understand from my colleagues who worked in the formal sector that their pains are not as severe as mine.

It appears generally that respondents, who had utilized their opportunities and had made provision for the future by investing in their children, overall had a better life. In old age most of them receive remittances from their children. Also, in terms of health, respondents who seemed to have been involved with physical labour activities as well as respondents who seemed to have been involved with risky behaviour like drinking alcohol seemed to have much more health complaints than those who did not.

Available literature on the health of the aged suggests that diseases are almost synonymous with old age (Urban et al., 2010; Camacho-Soto et al., 2011& Baldea, 2015). The increased incidence of diseases among the elderly has been attributed to a number of factors. The first could be as a result of degenerative process of ageing cells and organs. The second could be the effect of long-standing health damaging behaviour such as alcoholism and smoking, and finally it could be the result of older people responding to symptoms of diseases differently from younger people (Morrison, 2008).

To throw more light on the above, a study by Peto et al. (2000) to find out the effect of smoking on the health of some selected males and females in Britain revealed that lung cancer was more prevalent in old age for people who had smoked during their youthful days. The same applied to alcohol consumption and thus concluded that there was a direct linkage between activities

carried out in the youthful days and how complicated or simple one's ageing could be. Thus, people who had engaged in much more risky behaviours are likely to have a much-complicated ageing saddled with a number of diseases. A respondent who had consistently shaky hands attributed that to his excessive drinking during his youthful days.

Also, findings collaborate with existing ageing research which looked at factors which ensured successful ageing (Foster and Walker, 2015). People who had generally accomplished key tasks such as raising their children into responsible and successful adults expressed satisfaction in their old age. These “thriving boomers” also had less health issues as they could use the services of good hospitals and afford quality health care. Above all, they had a good positive outlook on their lives in general. Accordingly, the study posits that they received very good care provision either from direct relatives or in rare instances, from paid services (Foster and Walker, 2015).

5.6.2 Unsatisfactory Lived experiences

Respondents who were not happy with their positions and status had this to say:

I am old and weak, but I live alone yet I have no relation around to help me financially or in terms of care. My only daughter is very young and lives with her dad and she is in no position to bail me out of my predicament. In fact, some people regard me as a witch even though nobody has said that in my face.

Equally another male respondent had this to say:

..... At my age I still have to farm to keep myself from starving. I have a lot of children but they don't care about me. They don't even respect me and blame me for their own poor lives. They think I should have been there for them in their education. I have always been a farmer and have never had any financial breakthrough so putting them in apprentice job was the best I could.

It also looked very clear to the researcher that even in terms of the care provision, the elderly who had lived exemplary lives were shown much love within their kin groups. Majority of the respondents who were not so happy with the way things had turned out in their old age were not treated with love in instances when kin groups were even offering help. Whatever act of kindness a family member was showing appeared to be out of family obligation and not from genuine desire to assist.

A search in the literature on this finding indicates that generally, Africans operate on the principle of reciprocity. There are norms, mores and folklores that have been instituted to ensure that people live and organise their lives in a way that conform to societal standards (Ming-chang and Dzorgbo, 2012; Van der Geest 2008). One of the ways used to ensure that people abide by these norms is public naming and shaming (Aboderin, 2004; Appiah –Kyei, 2013). Thus, being cared for in old age by loving kin members is closely associated with an industrious and caring life. Even in a worst-case scenario, the care may be simple, if the children are poor, but some measure of care will however be guaranteed. Thus, to a large extent, desertion, misery and loneliness in old age, on the other hand, is the result of a perceived selfish and irresponsible life lived in the youthful days. Once again this makes the principle of reciprocity very key and fundamental to social relations (van der Geest, 2016; Ainkins & Apt, 2016).

A study conducted by a British centre for ageing better in 2015 collaborated this finding and thus labelled such people who are not satisfied in their old age as “alone and struggling” mainly because they are practically alone in their later life. Thus, seeds for a good later life or otherwise bad later life are actually sown earlier on in life.

5.6.3 Roles

One key theme that also emerged from the data was the concept of social ageing which encompass the social and cultural conventions, expectations and perceptions of the society about the ways in which people should act as they age. This is not necessarily biological aging which has everything to do with the organism's physical state as its ages. These changes occur as one grows older and enters into another stage of the human cycle (Adinkra, 2015; Essuman et al, 2018). Generally, as people grow older, the roles they perform and the expectation from their families and societies change. It was realized from the data that most of the elders undertook new social roles in the form of educational and socialization functions, involving protective, medicinal, healing and leadership (Appiah-Kyei, 2013).

It has been asserted by earlier philosophers such as John Lock and Aristotle that humans are born with a clean slate at birth. They do not have a mind of their own and that it is through socialisation that they get to learn the culture of their society. Although socialisation remains a lifelong process that is conveyed to individuals through the agents of socialisation such as the teacher, family etc., the roles played by the elderly cannot be underestimated. This study found that the elderly play major roles in socialisation. This function is understandable with regard to their relationship with their children and grandchildren. In this process, they extend their wealth of experience and knowledge to the younger members of the family through various mediums, mainly the use of folklores and folk tales (Appiah –Kyei, 2015, Essuman et al, 2018; Doh, 2017).

To throw more light on this, a respondent who lived with her daughter and grandchildren remarked *“She still teaches the grandchildren the proper ways of speaking the local dialect, the good and virtuous persons they have to be in the future, the kind of credibility, integrity, value, honour and responsibility they should develop”*.

Another male respondent focused on leadership role since he acts as the family head of his family. This statement was supported by almost all the male respondents in the study. As family heads, they were in charge of the family's asset. To demonstrate how they go about the distributions of these assets, this response was given:

“Our grandfathers left us with cocoa farm, oil plantation and a vast land. As the family head, I have contracted labourers to work on the farm at a fee and I have also rented out the land. At the end of every year, I organize a family meeting and render account of all financial proceedings and we share profit accordingly. Again, I organize all funerals and marriage ceremonies as well as representing the family in any other way when the need arises”

One gender difference that was observed from the interview regarding social ageing was that the females' roles still occurred around the home. To illustrate this, a respondent who had most of her children living outside Breku remarked: *“Anytime my daughters give birth, I go there to offer them help in terms of caring for the baby so that they can resume work after maternity leave”*

Other roles which the interviews brought to bear were in the field of protection and healing. Most of the respondents alluded to the fact that they were much older and hence closer to their ancestors who had mystical powers of warning the family against any impending danger. Hence, when they sensed anything like that, *“they made libation and did other things they were supposed to do to avert the disaster”*. Moreover, they had the power also to bless or curse. One of the respondents, who was bitter, said *“The youth no longer come to me for such blessings when they are starting a business and rather go to pastors for blessings”*.

The findings from this data are supported by literature on the roles of the elderly (Appia-kyie, 2013). HelpAge Ghana (2005) reports that the elderly continues to play varied roles in the family that promote kinship solidarity. At the community level, they play ceremonial functions.

The elderly is found to be very knowledgeable on health issues. The elderly often acts as care - givers and nurses as they provide remedies for many sicknesses among their family members and relatives. The aged on many occasions have some locally prepared home remedies and syrups in times when the children and other family members go through pain and illness (Adinkra, 2015; Aikins & Apt, 2016).

An eighty year old interviewee corroborated the medicinal and curative functions of the elderly. She said *“am able to prepare concoction which is able to cure barrenness. To buttress her point, she indicated that she stopped counting children named after her as most of her client named their children after her as a sign of appreciation”*

Large body of research has found on the roles played by the elderly and cite quite a number of roles that the elderly play in traditional Ghanaian communities (Tonah, 1993, van der Geest, 2003; Aboderin, 2004; Mba, 2009 etc). Among the roles, this research cites leadership roles, knowledge of herbs for curative purposes, settling dispute and providing advice on general matters. Generally, people go through the mill before being accorded those privileges as an elder in the community; it is a position one earns by merit. Hence, the more successful one is and hence independent in old age, the more one is accorded the respect associated with old age.

The modernization theory suggests that in the face of increasing modernization, the aged would be relegated to the background. However, findings from the data have proven otherwise as some roles are still in the hands of the aged. It can be assumed that this is so for a number of reasons:

some roles in the culture of Ghanaians will be the sole preserve of the aged and since the research was conducted in a predominantly rural area that could account for the inconsistency.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

Ageing is a universal human phenomenon with varying cultural, economic and political implications in human societies. In Ghanaian societies, the aged played many useful roles. However, today, as a result of modernisation and forces of social change, the aged have become an issue for social discourse and academic research.

This study set out to investigate the multifaceted needs of older people in contemporary times through a careful examination of the impact of social change, especially on family structure and care giving patterns, and the resultant changes in the lives of the aged in Awutu Breku. To understand the phenomenon, the study set to find out how residents in Awutu Breku defined and conceptualized ageing, to explore and document the lived-experiences of the aged and to examine the measures, both institutional and non-institutional support available to the aged and how these helped them to cope.

The study recognized that on the whole there had been an upward gain in life expectancy globally, with Africa recording the highest mainly as a result of general improvement in the standard of life. On the contrarily, the two to three generational households that guaranteed aged welfare has also been affected by modernization resulting in changes in the living arrangement of many households of the aged.

The study employed qualitative method, by using a case study design to do an in -depth study of the phenomenon. On the whole, twenty respondents who fell in the age classification of young

Old (60-70), middle old (70-80) and oldest old (above 80) were purposely selected. In selecting respondents, attention was given to a number of indicators such as whether respondents lived alone, among family or biological children as well as their occupation during their youthful ages. Semi- structured interview guide composed of five parts was used as the main tool for collecting primary data on the phenomenon. The data collected were recorded with consent from the respondents, and later transcribed and analysed based on the emerging themes. Secondary data were gathered from extensive review of other sources comprising books, journals, articles, and information on websites that had policies on the aged.

6.0.1 Findings

Below are the various themes that emerged from the data analysis

6.0.1.1 Popular conceptualization of Ageing

The data revealed that people understood ageing from biological, social, and psychological perspectives. From the biological point of view, people associated ageing with functional decline in physical abilities. This often is the reason why most elderly people rely on relations around. Thus, the care provided to the elderly is generally, in daily activities such as cooking, provision of water and in the case of the older old, in eating, bathing, etc.

From the social perspective, the aged are respected because of their perceived wealth in knowledge and experience. This gives them a social capital which places them in good social standing for settling disputes and for consultation on a wide range of issues.

6.0.1.2 Lived experiences of the aged

Life experiences of the elderly ranged from those who were happy with the way their lives had turned around. Essentially, those who had planned for their later lives had invested well in their

lives during their youthful days particularly by giving their children education. The welfare of the children then determines to a large extent the financial status of the elderly. This finding collaborated with the theory of reciprocity which underpinned the study.

Also, even though the ageing process is naturally fraught with diseases, it appeared from the data that people who had engaged in damaging health behaviour such as alcoholism and physical draining labour had much more complaints regarding their health.

Generally, respondents who showed frustrations in their later life intimated they had challenges that prevented them from executing their roles in their youthful days and that translated into the type of care they received. No family member feels any sense of obligation towards them. This also coincided with the theory of reciprocity that has been practised in inter-generational households in Ghana.

6.0.1.3 Factors enhancing sense of belonging among the aged

The findings indicate that on the whole, the ageing process is saddled with loneliness because isolation and separation is sometimes natural with ageing. Despite this universal assertion, the study discovered some factors which when present can improve the aged sense of belonging. The first factor was attachment to family. It was observed that where parents had lived with their children and had bonded with them, even when they left home to start their own families, they still maintained good contact with their parents through constant communication as well as regular visit. These actions gave parents the assurance of being supported when the need arose and also gave them something to look forward to in their life. On the contrary, where parents had not bonded with their children either because they had had no children or due to some circumstances beyond their control, this was likely to result in the feeling of loneliness.

This finding to a large extent is supported by available literature that posit that good family ties often have the capacity to reduce depression in old age and is deeply grounded in norms of reciprocity (van der Geest, 2002, 2016).

The next factor that was discovered to enhance the aged sense of belonging related to their level of integration in the community. Flowing from the social capital theory, it was realised that where the aged was involved in his or her community's activities, it gave them a sense of purpose and relevance. People who have some good to offer their communities continued to be pivotal in decision -making even if they are not mobile. As long as they can reason, their opinions are sought after on issues. People in such category displayed less loneliness and in fact felt a sense of belonging to their community. On the other hand, those who had nothing to offer the community felt isolated which increased their frustrations in their old age. Extensive studies conducted support this finding.

6.0.1.4 Support systems for the aged

The study brought to bear that the aged received institutional as well as non –institutional support. On the whole, about 90 % of the age d's needs are provided by the family, friends and community. This makes both reciprocity and social capital very important because to a large extent, kin commitment towards the aged is based on what role the aged played in his or her functional years. In view of this, even where children were not physically present, they commercialised their obligations by recruiting family members to play their roles for them and remitted money home regularly alongside regular communication via the mobile phone.

Again, the study revealed that on the whole a limited formal support exists for the aged. The Social Security and National Insurance Trust is available for people who had worked in the

formal sector and had made contributions towards it. This insurance is largely limited to few beneficiaries because Ghana operates largely on informal economy. Under health, there is the National Health Insurance Scheme which has replaced the “Cash and Carry” system. Again, the aged who are above 65 years are exempted from paying premium to benefit from the health package. The livelihood Empowerment Programme is also available to help the extremely poor people with a cash transfer of 60 cedis a month and since the aged are classified as vulnerable, it suffices as a formal support. These social interventions, the study recorded, were woefully inadequate and did not sustain the aged. Beyond that, the study found that most of the elderly were not even aware of this limited support system to even assess them.

6.1 Conclusion

In sum, present generation, as a matter of moral obligation, owe the past generation a duty to honour, value and ensure better living conditions for our older citizens because of their sweat and toil for us. Ghana’s population no doubt is gradually ageing as clearly shown by the 2010 census reports (GSS, 2013). This ageing population definitely has major implications for all sectors of the economy because it forms an aggregate of the population that government must respond to in terms of meeting their needs. Unfortunately, however, matters relating to the aged seem not to be of prime national importance because all governments still believe that the family serves as a safety net for the aged. Meanwhile, day- in- day out, the glue that holds the extended families together continues to be widely affected by migration, urbanization and other factors making it almost impossible for the families to continue offering the help that sustained the aged. The limited policies available for the aged unfortunately remain in theory mainly as a result of financial incapability, committed human resource and public ignorance of the right of the aged.

As more people, particularly women are gaining higher life expectancy because of improvement in diet, medicines and general standard of life, practical measures should be put in place to ensure that the elderly can continue to grow in an age -friendly environment so that the present generation can continue to harness their potentials for the nation's growth and development. To achieve this, government must strengthen all the constitutionally established institutions to coordinate and supervise population ageing programmes in Ghana.

6.2 Recommendations

This study was undertaken under the notion that a relationship existed between modernity and ageing in Ghana and that the relationship was negative. This hypothesis was assessed under a number of theoretical perspectives which included the modernisation theory, social capital theory and the concept of reciprocity. Based on the data collected from the field, the following key conclusions were drawn; the population of the elderly is increasing and because of improvement in living standard, it has resulted in the lengthening of life. There has been a change in the structure of the family. The two to three generational households in Ghana are gradually giving way to individualism and nuclear family types mainly as a response to social and economic changes. Meanwhile, social welfare policies that should be in place to cushion the aged in the face of these structural changes are mainly dysfunctional.

Flowing from these conclusions above, this study recommends the following to tackle the problem or the gap identified by the study.

6.2.1 National Budgetary provisions

Government must include implementation and coordination of all policies on ageing into its national budget so that funds can be set aside for the purpose of injecting them into ageing -

related activities. As it stands now, there are good policies, but these policies are on paper mainly because of financial incapability. This, if done, will go a long way to widen the coverage for social protection schemes for all the senior citizens.

6.2.2 National old-age pension schemes

The Ghana Statistical Service data indicate that the majority of Ghanaians are in the informal sector either as petty traders, farmers, artisans, self-employed etc. Although the National Pensions Scheme makes provision for workers in the informal sector through the new Pensions Act, (Tiers two and three) it is also voluntary. The majority of Ghanaians are, therefore going to end up in old age without insurance. This obviously calls for an urgent need for a much more sustained dissemination of the provisions of the National Pension Scheme to cover more people and to prepare them in advance for their old age just like those in the formal sector.

6.2.3 Health care

Old age comes with an increasing decline in health and this will necessitate frequent visit to specialist health care services for treatment. Yet, the special geriatrics needs of older people have been ignored as the National Health Insurance Scheme provides for only general services. In view of that the Ministry of Health and the Ghana Health Service should incorporate geriatric care into their programmes so that health workers will be trained to acquire skills in geriatrics. In addition, the age for premium exemption under the National Health Insurance Scheme should be reduced to 65 to allow a greater coverage of the scheme.

6.2.4 Community and family care

The fact that the family is the major support base for the elderly in Ghana in the absence of social welfare is not a secret. As long as Ghana continues to be a developing country, the indications are also that the family and community will also remain the elderly's safety-net in times of vulnerability. There is therefore the need to support and promote community-based care to ensure that better services are provided to the ageing population. Though it has been suggested by the Government report (2010) that inter-generational values that projected positive image of the elderly and grounded in filial piety should be preached to the current generation so that they will keep the tradition on, other practical support should be made available to the family and community to help them execute their so called moral obligations. Hence, sustainable employment opportunities should be made available especially in the rural areas where majority of the aged are resident. Special policies should be made in terms of job creation for women since they are the key care givers of the aged. This will not only reduce the rate of migration, but also, equip the youth with the requisite resources to enable them discharge their responsibility towards their ageing relations as well as their nuclear families.

6.2.5 Learning from experiences of older populations

“Learn all you can from the mistakes of others. You won't have time to make them all yourself.”
Alfred Sheinwold.

Ghana as well as most developing nations has the opportunity to learn from countries that have experienced population ageing. Though this study is not recommending wholesale application of the concepts and policies in Ghana mainly because of cultural differences, policies such as The Long Care Insurance Policy enacted in Japan, Institutional Homes for the aged in UK and other

useful policies being practised by ageing populous nations could be looked at. Knowledge from these experienced countries would assist in developing good programmes which can be adapted to support the elderly.

6.2.6 Directions for future research

It is useful to explore the same questions and objectives in urban areas for comparative purposes. Also, it is suggested that future studies should expand the methodology and scope which may possibly yield interesting significant and generalizable results.

REFERENCES

- Aakanksha G. (2017). Family Kinship. *Britanica Encyclopedea*, the Catholic Encyclopedea A
- Aboderin, I. (2004). Decline in material family support for older people in urban Ghana, Africa: Understanding processes and causes of change. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 59(3), S128-S137.
- Aboderin, I. (2004). Modernisation theory on aging revisited: Current explanations of recent developing world and historical shifts in material family support for older people. *Ageing and Society*, 24, 29–50
- Abubakari, A., & Yahaya, A. I. (2013). Fosterage and Educational Inequality in Rural Dagbon, Northern Region of Ghana.
- Adeleke, J. O. (2014). Living with modernity: challenges of ageing in a transitional Nigerian Society. *Nigerian Journal of Applied Behavioural Sciences*, 2, 245-254.
- Adinkrah, M. (2015). *Witchcraft, Witches, and Violence in Ghana*. Berghahn Books.
- Agbényiga, D. L., & Huang, L. (2012). Impact of the organizational networks on the roles of NGOs in eldercare: Perspectives from Helpage Ghana day centres. *Ageing International*, 37(3), 338-355.
- Appiah-Kyei, L. (2013). *Roles of Elderly Persons in Contemporary Accra and Conditions under which they Succeed* (Doctoral dissertation, University of Ghana).
- Apt, N. A., & Gricco, M. (1994). Urbanization, caring for elderly people and the changing African family: the challenge to social policy. *International Social Security Review*, 47(3-4), 111-122.

- Arnold-Cathalifaud, M., Thumala, D., Urquiza, A. & Ojeda, A. (2008) Young people's images of old age in Chile: Exploratory research. *Educational Gerontology*, 34(2), 105-123.
- Arrighi, G. (2009). China's Market Economy in the Long Run. In H. F. Hung (Ed.). *China and the Transformation of Global Capitalism* (pp22-49). USA: The Johns Hopkins University Press
- Atchley, C. R. & Barusch, S.A. (2004). *Social Forces & Aging. An Introduction to Social Gerontology*. (10th ed). Thomson Wadsworth.
- Austad, S. (2006). Why women live longer than men. *Gend. Med.* 3, 79–92
- Aikins, A. D. G., & Apter, N. A. (2016). Aging in Ghana: Setting priorities for research, intervention and policy. *Ghana Studies*, 19(1), 35-45.
- Baiyewu, O., Yusuf, A. J., & Ogundele, A. (2015). Depression in elderly people living in rural Nigeria and its association with perceived health, poverty, and social network. *International psychogeriatrics*, 27(12), 2009-2015.
- Berk, L. (2017). *Development through the lifespan*. Pearson Education India.
- Berquo, E. & Xenos, P. (1992). *Family Systems and Cultural Change*. New York: Oxford University Press
- Blanchet, N. J., Fink, G., & Osei-Akoto, I. (2012). The effect of Ghana's National Health Insurance Scheme on health care utilisation. *Ghana medical journal*, 46(2), 76-84.
- Boahen, A. (1966). A new look at the History of Ghana. *African Affairs*, 65(260), 212-222.
- Bonduriansky, R., Maklakov, A., Zajitschek, F., & Brooks, R. (2008). Sexual selection, sexual conflict and the evolution of ageing and life span. *Functional ecology*, 22(3), 443-453.
- Bönker, F., Hill, M., & Marzanati, A. (2010). Towards marketization and centralization? The changing role of local government in long-term care in England, France, Germany and Italy. *The provision of public services in Europe. Between state, local government and market*, 97-118.

- Boudiny, K. (2013). 'Active ageing': From empty rhetoric to effective policy tool. *Ageing and Society*, 33(6),
- Bradshaw, S. A., Playford, E. D., & Riazi, A. (2012). Living well in care homes: a systematic review of qualitative studies. *Age and ageing*, 41(4), 429-440.
- Brugiavini, A., & Pace, N. (2016). Extending health insurance in Ghana: effects of the National Health Insurance Scheme on maternity care. *Health economics review*, 6(1), 7.
- Chou, R. J. A. (2010). Filial piety by contract? The emergence, implementation, and implications of the "family support agreement" in China. *The Gerontologist*, 51(1), 3-16.
- Cicirelli, V. G. (2006). *Older adults' views on death*. Springer Publishing Company.
- Coe, C. (2017). Negotiating eldercare in Akuapem, Ghana: care-scripts and the role of non-kin. *Africa*, 87(1), 137-154.
- Comas-Herrera, A., Wittenberg, R., & Pickard, L. (2010). The Long Road to Universalism? Recent Developments in the Financing of Long-term Care in England. *Social Policy & Administration*, 44(4), 375-391.
- Cramm, J. M., & Nieboer, A. P. (2013). Relationships between frailty, neighborhood security, social cohesion and sense of belonging among community-dwelling older people. *Geriatrics & gerontology international*, 13(3), 759-763.
- Creswell, J. W. (2014). *Research design: qualitative, quantitative and mixed method approaches* (4th ed). Thousand Oaks, CA: Sage
- Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The age structure of contemporary homelessness: evidence and implications for public policy. *Analyses of social issues and public policy*, 13(1), 228-244.

- Darkwa, O. K., & Mazibuko, F. N. M. (2002). Population aging and its impact on elderly welfare in Africa. *The international journal of aging and human development*, 54(2), 107-123.
- De-Graft Aikins, A., Kushitor, M., Sanuade, O., Dakey, S., Dovie, D., & Kwabena-Adade, J. (2016). Research on Aging in Ghana from the 1950s To 2016: A Bibliography and Commentary. *Ghana Studies*, 19(1), 173-189.
- de Graft Aikins, A., & Apt, N. A. (2016). Aging in Ghana: addressing the multifaceted needs of older Ghanaians. *Ghana Studies*, 19, 35-201.
- Aikins, A. D. G., & Apt, N. A. (2016). Aging in Ghana: Setting priorities for research, intervention and policy. *Ghana Studies*, 19(1), 35-45.
- Doh, D. (2017). Towards active ageing: A comparative study of experiences of older Ghanaians in Australia and Ghana.
- Eboiyehi, F. A. (2015). Perception of old age: its implications for care and support for the aged among the Esan of south-south Nigeria. *Journal of International Social Research*, 8(36).
- Essuman, A., Agyemang, F. A., & Mate-Kole, C. C. (2018). Long-term care for older adults in Africa: Whither now?. *Journal of the American Medical Directors Association*, 19(9), 728-730.
- Evans, R. (2010). Children's caring roles and responsibilities within the family in Africa. *Geography Compass*, 4(10), 1477-1496.
- Fakier, K. (2014). 11 The community work programme and care in South Africa. *Socio-economic insecurity in emerging economies: Building new spaces*, 133.
- Fealy, G., McNamara, M., Treacy, M. P., & Lyons, I. (2012). Constructing ageing and age identities: a case study of newspaper discourses. *Ageing & Society*, 32(1), 85-102.

- Forman, D. E., Berman, A. D., McCabe, C. H., Baim, D. S., & Wei, J. Y. (1992). PTCA in the Elderly: The “Young-Old” versus the “Old-Old”. *Journal of the American Geriatrics Society*, 40(1), 19-22.
- Foster, L., & Walker, A. (2014). Active and successful aging: A European policy perspective. *The Gerontologist*, 55(1), 83-90.
- Giddens, A., Duneier, M. and Appelbaum, R. P. (2002). *Introduction to Sociology (4th ed.)*. New York: W. W. Norton & Company Ltd.
- Gillion, C., Turner, J., Bailey, C., & Latulippe, D. (Eds.). (2002). *Social Security Pensions: Development and Reform*. Geneva: International Labour Office.
- Gorman, M. (2017). Development and the rights of older people. In *The ageing and development report* (pp. 21-39). Routledge.
- Gorman, M., & Heslop, A. (2002). Poverty, policy, reciprocity and older people in the South. *Journal of International Development*, 14(8), 1143-1151.
- Hacihasanoğlu, R., Yildirim, A., & Karakurt, P. (2012). Loneliness in elderly individuals, level of dependence in activities of daily living (ADL) and influential factors. *Archives of Gerontology and Geriatrics*, 54(1), 61-66.
- Haralambos, M., & Holborn, M. (2008). *Sociology: Themes and perspectives*. HarperCollins UK.
- Harold, G., Msc, S. M., & Linda, K. G. (1993). Religion and anxiety disorder: An examination and comparison of associations in young, middle-aged, and elderly adults. *Journal of Anxiety h'mnierr*, 7, 321-342.
- Harper, S. (2014). Economic and social implications of aging societies. *Science*, 346(6209), 587-591.

- Harvey, I. S., Story, C. R., Knutson, D., & Whitt-Glover, M. C. (2016). Exploring the relationship of religiosity, religious support, and social support among African American women in a physical activity intervention program. *Journal of religion and health*, 55(2), 495-509.
- Huxhold, O., Miche, M., & Schüz, B. (2013). Benefits of having friends in older ages: Differential effects of informal social activities on well-being in middle-aged and older adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(3), 366-375.
- Kendig, H., McDonald, P., & Piggott, J. (2016). Introduction: A multidisciplinary approach to ageing. In Kendig H., McDonald P., & Piggott J. (Eds.), *Population Ageing and Australia's Future*.
- Kim, S. Y., & Sok, S. R. (2012). Relationships among the perceived health status, family support and life satisfaction of older Korean adults. *International journal of nursing practice*, 18(4), 325-331.
- Kleinspehn-Ammerlahn, A., Kotter-Grühn, D., & Smith, J. (2008). Self-perceptions of aging: Do subjective age and satisfaction with aging change during old age?. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 63(6), P377-P385.
- Koenig, H. G., George, L. K., & Titus, P. (2004). Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of the American Geriatrics Society*, 52(4), 554-562.
- Kulik, C. T., Ryan, S., Harper, S., & George, G. (2014). Aging populations and management. *Academy of Management Journal*, 57(4), 929-935.
- Kwankye, S. O. (2013). Growing old in Ghana: health and economic implications. *Postgraduate Medical Journal of Ghana*, 2(2), 88-97.

- Lehman, H. C. (2017). *Age and achievement* (vol. 4970) Princeton University Press.
- Liedtke, P. M. (2001). The future of active global ageing: challenges and responses. *The Geneva Papers on Risk and Insurance. Issues and Practice*, 26(3), 410-417.
- Lopez-Hartmann, M., Wens, J., Verhoeven, V., & Remmen, R. (2012). The effect of caregiver support interventions for informal caregivers of community-dwelling frail elderly: a systematic review. *International journal of integrated care*, 12.
- Loretto, W., & Vickerstaff, S. (2013). The domestic and gendered context for retirement. *Human relations*, 66(1), 65-86
- Luo, Y., Hawkey, L. C., Waite, L. J., & Cacioppo, J. T. (2012). Loneliness, health, and mortality in old age: a national longitudinal study. *Social science & medicine*, 74(6), 907-914.
- Macionis, John J. (2012). *Sociology* (14th ed.). Boston: Pearson
- Madrid International Plan of Action on Ageing (MIPPA) (2012). *Ghana Country Report on the Implementation of the Madrid International Plan of Action*. Accra: MIPPA.
- Magnus, G. (2012). *The age of aging: How demographics are changing the global economy and our world*. John Wiley & Sons.
- Martin, P., Kelly, N., Kahana, B., Kahana, E., Willcox, B. J., Willcox, D. C., & Poon, L. W. (2014). Defining successful aging: A tangible or elusive concept?. *The Gerontologist*, 55(1), 14-25.
- Mazzucato, V. (2008). Transnational reciprocity: Ghanaian migrants and the care of their parents back home. *Generations in Africa: connections and conflicts*, 111-133.
- Mba, C. J. (2006). The Health Condition of Older Women in Ghana: A Case Study of Accra City. *Journal of International Women's Studies*, 8(1), 171-184.

- Mba, C. J. (2010). Population ageing in Ghana: research gaps and the way forward. *Journal of Aging Research*, 2010,
- Mckee, K. (1997). James E. Birren and K. Warner Schaie (eds), *Handbook of the Psychology of Aging*, Academic, San Diego, California, 4th edn, 1996, 416 pp., hbk no price, ISBN 0 121 01260 3, pbk£ 12.99, ISBN 121 01261 1.-. *Ageing & Society*, 17(3), 353-371.
- Minicuci, N., Biritwum, R. B., Mensah, G., Yawson, A. E., Naidoo, N., Chatterji, S., & Kowal, P. (2014). Sociodemographic and socioeconomic patterns of chronic non-communicable disease among the older adult population in Ghana. *Global health action*, 7(1), 21292.
- Morrison, V. (2008). Ageing and physical health. *Handbook of the clinical psychology of ageing*.
- Mullan, P. (2002). *The imaginary time bomb: Why an ageing population is not a social problem*. New York: IB Tauris.
- National Academy of Sciences, USA. (2006). *Ageing in Sub-Saharan Africa: Recommendations2 for Furthering Research*. Bethesda, MD: National Academies Press.
- National Council for the Elderly (1994). *Proceedings of Round Table - Theories of Ageing and Attitudes to Ageing in Ireland*. Dublin, Ireland: National Council for the Elderly.
- Navarro, A., & Boveris, A. (2007). The mitochondrial energy transduction system and the aging process. *American Journal of Physiology-Cell Physiology*, 292(2), C670-C686.
- Nelson, T. D. (Ed.). (2004). *Ageism: Stereotyping and prejudice against older persons*. MIT press.

- Nguyen, H. T., Rajkotia, Y., & Wang, H. (2011). The financial protection effect of Ghana National Health Insurance Scheme: evidence from a study in two rural districts. *International Journal for Equity in Health*, 10(1), 4.
- Nkansah, J. O. (2017). *A study of elderly neglect in Winneba* (Doctoral dissertation, University of Education, Winneba).
- Obioha, E. E., & T'soeunyane, P. S. G. (2012). The Roles of the Elderly in Sotho Family System and Society of Lesotho, Southern Africa. *The Anthropologist*, 14(3), 251-260.
- Ojagbemi, A., Oladeji, B., Abiona, T., & Gureje, O. (2013). Suicidal behaviour in old age-results from the Ibadan Study of Ageing. *BMC psychiatry*, 13(1), 80.
- Oksuzyan, A., Juel, K., Vaupel, J. W., & Christensen, K. (2008). Men: good health and high mortality. Sex differences in health and aging. *Aging clinical and experimental research*, 20(2), 91-102.
- Olsen, T. S., Dehlendorff, C. & Andersen, K. K. (2009). The female stroke. In Jeune, B. & Vaupel, J. W. (eds) *Validation of Exceptional Longevity* (Odense Univ. Press, 1999).
- Onwuegbuzie, A. J., Leach, N. J., & Collins, K. M. (2011). Innovative qualitative data collection techniques for conducting literature reviews/research syntheses. *The SAGE handbook of innovation in social research methods*. Sage, Thousand Oaks, 182-204.
- Pakulski, J. (2016). Facing the challenges of an ageing society. In Kendig, H., McDonald, P., & Piggott, J. (Eds.). (2016). *Population Ageing and Australia's Future*. ANU Press.
- Phillips, J. E., Ajrouch, K. J., & Hillcoat-Nallétamby, S. (2010). *Key concepts in social gerontology*. Sage.
- Pillay, N. K., & Maharaj, P. (2013). Population ageing in Africa. In *Aging and health in Africa* (pp. 11-51). Springer, Boston, MA.

- Powell, J. L. (2014). Risk, welfare, education and youth. *International Letters of Social and Humanistic Sciences*, 7, 22À30.
- Popham, L. E., & Hess, T. M. (2017). Age Stereotyping and Views of Aging, Theories of. *Encyclopedia of geropsychology*, 105-112.
- Rechel, B., Grundy, E., Robine, J. M., Cylus, J., Mackenbach, J. P., Knai, C., & McKee, M. (2013). Ageing in the European union. *The Lancet*, 381(9874), 1312-1322.
- Romoren, T. I. (2004). *Last years of long lives: the Larvik study*. Routledge.
- Scott, T. L., Masser, B. M., & Pachana, N. A. (2015). Exploring the health and wellbeing benefits of gardening for older adults. *Ageing & Society*, 35(10), 2176-2200.
- Shanas, E., Townsend, P., Wedderburn, D., Friis, H. K., Milhoj, P., & Stehouwer, J. (2017). *Old people in three industrial societies*. Routledge.
- Skinner, M. W., Cloutier, D., & Andrews, G. J. (2015). Geographies of ageing: Progress and possibilities after two decades of change. *Progress in Human Geography*, 39(6), 776-799.
- Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110(15), 5797-5801.
- Taylor, R. J., Chatters, L. M., Woodward, A. T., & Brown, E. (2013). Racial and ethnic differences in extended family, friendship, fictive kin, and congregational informal support networks. *Family Relations*, 62(4), 609-624.
- Tsai, M. C., & Dzorgbo, D. B. S. (2012). Familial Reciprocity and Subjective Well-being in Ghana. *Journal of Marriage and Family*, 74(1), 215-228.
- United Nations Department of Economic and Social Affairs, Population Division (2010). *World population prospects*. UN:Geneva

- Van der Geest, S. (2016). Will families in Ghana continue to care for older people? Logic and contradiction in policy. *Ageing in sub-Saharan Africa: Spaces and practices of care*, 21-42.
- van der Geest, J. D. M. (1997). Coping with old age in a changing Africa: Social change and the elderly Ghanaian [Review of: NA Apt (1997)-]. *Tijdschrift voor Gerontologie en Geriatrie*, 28.
- Van der Geest, S. (2002). Respect and reciprocity: Care of elderly people in rural Ghana. *Journal of Cross-Cultural Gerontology*, 17(1), 3-31.
- Van Wijngaarden, E., Leget, C., & Goossensen, A. (2015). Ready to give up on life: The lived experience of elderly people who feel life is completed and no longer worth living. *Social Science & Medicine*, 138, 257-264.
- Vaupel, J. W. (2010). Biodemography of human ageing. *Nature*, 464(7288), 536-542.
- Victor, C. R. (2013). *Old age in modern society: A textbook of social gerontology*. Springer.
- Wellard, S. (2012). Older people as grandparents: how public policy needs to broaden its view of older people and the role they play within families. *Quality in Ageing and Older Adults*, 13(4), 257-263.
- Wallace, W. (2017). *The logic of science in sociology*. Routledge.
- Wilińska, M. (2012). Is There a Place for an Ageing Subject? Stories of Ageing at the University of the Third Age in Poland. *Sociology*, 46(2).
- World Health Organization. (2014). *Ghana country assessment report on ageing and health*. Geneva: WHO
- Yiranbon, E., Lulin, Z., Antwi, H. A., Marfo, E. O., Amoako, K. O., & Offin, D. K. (2014). *Evaluating the Consequences of Ageing Population on Healthcare Cost to Ghana using*

- Inflation-Adjusted Expenditure and Demographic Factors. *International Journal of Academic Research in Accounting, Finance and Management Sciences*, 4(2), 282-290.
- Yiranbon, E., Lulin, Z., Antwi, H. A., Marfo, E. O., Amoako, K. O., & Offin, D. K. (2014). Exploring the expectation and perception of socio-economic needs of the elderly in Ghana: An Empirical Analysis. *International Journal of Academic Research in Business and Social Sciences*, 4(7), 80.
- Zizza, C. A., Ellison, K. J., & Wernette, C. M. (2009). Total water intakes of community-living middle-old and oldest-old adults. *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences*, 64(4), 481-486.
- Zaidi, A., & Howse, K. (2017). The policy discourse of active ageing: Some reflections. *Journal of Population Ageing*, 10(1), 1-10.

APPENDIXES

Appendix 1: Ethical clearance



UNIVERSITY OF GHANA

ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No.

21st February, 2018

Ms. Vida Yamoah Saa
Department of Sociology
University of Ghana
Legon

Dear Ms. Saa,

ECH 105/17-18: AGEING IN CONTEMPORARY GHANA: A CASE STUDY OF AWUTU BREKU DISTRICT

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date:	20/08/18
On Agenda for:	Initial Submission
Date of Submission:	15/01/18
ECH Action:	Approved
Reporting:	Quarterly



Please accept my congratulations.

Yours Sincerely,

Rev. Prof. J. O. Y. Mante
ECH Chair

CC: Rev. Prof. M. P. K. Okyerefo, Department of Sociology, University of Ghana.

Appendix 1I: Interview Guide

DEPARTMENT OF SOCIOLOGY

UNIVERSITY OF GHANA

I am a student of university of Ghana pursuing a Master of Philosophy Degree in Sociology. I am conducting a research on the topic “Ageing in contemporary Ghana. I kindly request you provide me with the needed information through this interview. Your responses will be used for academic purposes and you are assured of the needed confidentiality.

SECTION A: BIODATA

1. Gender
2. Age
3. Occupation (current, former or both)
4. Marital status
5. Education (highest level)
6. Place of residence
7. Religious affiliation
8. Parent (number of children and their sex)

SECTION B

Part one: Understanding Ageing

1. Do you understand ageing?
2. If yes, explain the concept.

Part two: Lived experiences of the aged.

1. What are the lived experiences?

Part three: Factors enhancing sense of belongingness among the aged

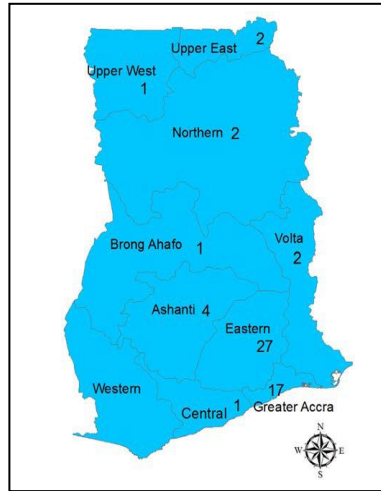
1. Do you feel lonely at times?
2. At what times do you feel lonely and what makes you feel lonely?
3. What do you think is the cause of the loneliness?
4. Are you adequately taken care off? If yes, to what extent and if no, to what extent?
5. Do you feel rejected by relations? To what extent.
6. Do you feel sense of belongingness by friends and relatives? To what extent?

Part four: Coping mechanisms

1. How do you cope with?
 - a) The changing roles associated with aging
 - b) With rejection by relatives as a result of ageing (if any)
 - c) Loneliness.

THANK YOU

Appendix III: Map of Ghana showing regional focus of aging research



Source: De-graft Aikins et al. (2016, p.175)