

Exploring the Expectation and Perception of Socio-Economic Needs of the Elderly in Ghana: An Empirical Analysis

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Abstract

Elderly care, or aged care, is the fulfilment of the special needs and requirements that are unique to senior citizens. Because of the wide variety of elderly care found globally, as well as differentiating cultural perspectives on elderly citizens, cannot to be limited to any one practice. Our study evaluates the socio-economic situation of older people in Ghana, as they move into their retirement year. It analyses a comprehensive range of variables that capture the economic status of the elderly, including income, poverty rates, food consumption, housing consumption, nutrition measures, household production, and leisure. Further the study focuses on providing a solid assessment of the economic status of elderly people using comprehensive measures. It also specifically addresses questions regarding the social program participation decisions of the elderly and how public transfers impact their welfare. Following proposal for further studies in existing literature, this study explore the expectations and perception of socio-economic care needs of the elderly in Ghana using Kano's service quality model as a tool to determine the expectations gap in the current services available for the elderly in Ghana. The study concludes that social welfare has typically had a low priority and the contribution of the family to welfare has largely been neglected. As a consequence, policy-making on how better to harness the energies and resources of the family and the community to resolve the social needs of individuals and groups has barely commenced. Traditional domestic arrangements had intergenerational support built into them;

modern arrangements are in the process of destroying this key social welfare feature. Recognizing that this is the case raises the question of how to design intergenerational support back into mainstream social relations so that the elderly are not marginalized and put at risk by the urbanization process.

Key words: Ghana, Elderly Care, Socio-Economic Needs, Perception, Expectation, Integrated model

Introduction

Elderly care, or aged care, is the fulfilment of the special needs and requirements that are unique to senior citizens. This broad term encompasses such services as assisted living, adult day care, long term care, nursing homes, hospice care, and home care. Because of the wide variety of elderly care found globally, as well as differentiating cultural perspectives on elderly citizens, cannot to be limited to any one practice (Ekpenyong, et al, 2007). For example, many countries in Asia use government-established elderly care quite infrequently, preferring the traditional methods of being cared for by younger generations of family members. Elderly care emphasizes the social and personal requirements of senior citizens who need some assistance with daily activities and health care, but who desire to age with dignity (Chawla, 2006). It is an important distinction, in that the design of housing, services, activities, employee training and such should be truly customer-centered. It is also noteworthy that a large amount of global elderly care falls under the unpaid market sector. The form of elderly care provided varies greatly among countries and is changing rapidly (Brown, 2004). Even within the same country, regional differences exist with respect to the care for the elderly (Brown, 2004). However, it has been observed that the global elderly consume the most health expenditures out of any other age group, an observation that shows worldwide eldercare may be very similar. We must also account for an increasingly large proportion of global elderly, especially in developing nations, as continued pressure is put on limiting fertility and decreasing family size (Ekpenyong Oyeneeye, and Pell 2007). Traditionally, elderly care has been the responsibility of family members and was provided within the extended family home (Dorjahn, 2009). Increasingly in modern societies, elderly care is now being provided by state or charitable institutions. The reasons for this change include decreasing family size, the greater life expectancy of elderly people, the geographical dispersion of families, and the tendency for women to be educated and work outside the home (Cox and Mberia, 2007). Although these changes have affected European and North American countries first, they are now increasingly affecting Asian countries as well. In most western countries, elderly care facilities are residential family care homes, freestanding assisted living facilities, nursing homes, and continuing care retirement communities (CCRCs). Like the rest of the world, the Ghana is an aging society. According to the Ghana Statistical Service's Housing and Population Census, about 1 in 12 Ghanaians were 60 or older in 2010, with 1 in 8 projected to be in this category by the year 2030. The rapid aging of Ghana raises significant concerns about what is in store for its current and future old-age population (Azu, 2007). The increasing importance of the older population is also reflected in public policy debates about social security for the older population, public transport system, health systems and others that play an important role as a safety net for the low-income elderly. In 2010, Ghana rolled out a comprehensive national elderly care policy to support the existing family arrangements towards effective welfare of the senior citizens. A careful examination of policy based on a sound assessment of the economic well-being of the elderly showed significant challenges currently affecting elders in the various parts of the country (Adamchak, 2005). One of the

regions in Ghana where ageing challenges has been identified is the Brong Ahafo Region. While the national ageing policy has in no small way contributed to refocusing Ghana, elderly care effort, evidence on the ground shows that its impact has been largely unsubstantial. One of the key defects of the policy on elderly care in Ghana is that the elders themselves are not involved in the design and implementation. It is only by knowing the expectations and perception of elders about their socio-economic wellbeing that effective policies can be put in place to guide their action and inactions. Our study evaluates the socio-economic situation of older people in Ghana, as they move into their retirement year. It analyses a comprehensive range of variables that capture the economic status of the elderly, including income, poverty rates, food consumption, housing consumption, nutrition measures, household production, and leisure. Further the study focuses on providing a solid assessment of the economic status of elderly people using comprehensive measures. It also specifically addresses questions regarding the social program participation decisions of the elderly and how public transfers impact their welfare. Following proposal for further studies in existing literature, this study explore the expectations and perception of socio-economic care needs of the elderly in Ghana using Kano's service quality model as a tool to determine the expectations gap in the current services available for the elderly in Ghana

The Historical and Cultural Context: Ageing and the African Family

Historically, African communities had a well-articulated caring structure that preserved the quality of life of older persons, but this was linked to the low probability of survival of large numbers of older persons. The situation is changing, albeit, gradually; early mortality no longer limits the number of surviving elderly persons and traditional respect and caring structures are now facing substantial social challenge (Habte-Gabr, Blum and Smith, 2007; El-Badry, 2008; Adamchak, 2005; AGES, 2005; Vatuk, 2006). The literature on informal support systems characteristic of the African model frequently forewarns of the weakening of African traditional family structures. Much of the literature cites the modern nuclear family's inability to continue its caregiving roles in the context of the current monetized urbanizational life, as women increasingly join the labour force. The impact of world economic trends on family living standards is likewise projected as paving the way for extended family exclusivity (Mosamba, 2004; Shuman, 2001; Apt, 2002, 2006). The family's capacity to cushion older members depends essentially on three variables: its social and economic situation; whether it falls within the ambit of a social security system and the actual nature and structure of the family (Chawla, 2006).

When elderly Nigerians were asked "what sorts of things give the most status today" (Ekpenong, Oyeneye and Pell, 2007), the general agreement was that money, character and education (in that order) were most important. Only a few respondents mentioned the traditionally accepted norm, namely, children and family. The majority of Nigerian elders are said to be pessimistic about modern circumstances in Nigeria and about the present and future situation of older persons. In the final analysis, the conclusion drawn by the authors was that even though elderly Nigerians continue their traditional roles, those roles are now less important in an increasingly materialistic society. Elderly Temne of Sierra Leone, also in Western Africa, summarize the situation in their reflective assessment of themselves as "a short-changed generation" (Dorjahn, 2009, pp. 272-275). In this reflection, they meant that they had "paid their dues" when they were young but their turn for a pay-off was begrudged by social change. As to the Samia of Kenya, in Eastern Africa, Cattell (2009, p. 233) observes that the influence of elderly Samians has been "devalued, displaced, replaced and a significant

basis of their respect has been eroded". Many elderly Samians identified education as the crucial element in this change and emphasized that it had reduced respect for them, the support and care given them and the seeking of advice from them. Now, one needs new knowledge, which old people, especially women lack (ibid, p. 236).

The writing is already on the wall. In many African countries, neglect and isolation of older persons is increasingly surfacing at two levels: at the family level and at the societal level. A 74-year old widow, in a Ghanaian urban setting, stated, with deep sorrow, "I did not know life would be so bad" (Apt, 2006, p. 128). Increasingly, the indicators are of a trend away from the traditional perception of an obligation to the elderly and the practice of caring for them: When your elders take care of you while you cut your teeth, you must in turn take care of them while they are losing theirs (a Ghanaian proverb). Similar value orientations operate in other African countries. In South Africa, *ubuntu* stands for human respect, dignity, trust, equality, togetherness, mutual responsibilities and mutual assistance. A Ubuntu community is built on strong and caring families and neighbourhood. In Kenya, *harambee* stands for togetherness, mutual responsibilities and mutual assistance, pulling resources together to build family and community. In Rwanda, *urukwavu rukaze rwonka abana*, literally meaning "an old hare suckles from the young", expresses the cultural concept of intergenerational support (Marzi,2004, pp. 3-7).

Traditional inclusivity of the Elderly

By tradition, older people in Africa are not excluded from the process of productive and social participation. In a typical African household, each person has a role to play, whether young or old. The elder plays an important role in the social upbringing of the young and thereby becomes the educator and guiding spirit behind many initiatives of the young, psychologically a very satisfying role. (Caldwell, 2007) As one entrusted with family land, property and family wealth, the elder is consulted in administrative matters and is always consulted when important decisions are to be made: a role that is linked to their closeness to ancestors. Consequently, the Shona of Zimbabwe refers to the old as "ancestral spirits". In this role, the elders officiate in marriage, birth and death ceremonies, and act as adjudicators to ensure that peace and harmony prevails within the greater family (Cattell, 2009).

This social arrangement enables the young and the old to engage in productive intercourse, and intergenerational experiences are shared; the young have something to learn from the old and the old person is given a helping hand. Daily encounters between generations place the elderly person in a strong position that is useful, challenging and ego-building. This domain of kinship network, within which the older person resides under traditional circumstances, acts as a protective environment, an economic and psychological social security system. Jomo Kenyatta, in his book *Facing Mount Kenya* (1965), stresses the African seniority principle and societal inclusivity of elders: As a man grows old, his prestige increases according to the number of age grades he has passed. It is his seniority that makes an elder almost indispensable in the general life of the community. His presence or advice is sought in all functions. In religious ceremonies, the elders hold supreme authorities (Ekpenyong, et al, 2007). The custom of the people demands that the elder should be given his due respect and honour. On the isolation of older persons, Kenyatta (ibid.) makes the following observation, reflecting African moral and political thinking: Nobody is an isolated person. First and foremost, he is several people's relative and several people's contemporary.

The seniority principle, however, needs to be qualified. In the African ideology, old age is accompanied by certain roles and responsibilities that are bound to the elder's life experience

and accumulated wisdom. Thus, the respect and honour attached to being old continues as long as the elder is responsive to traditional expectations. Accordingly, old age in the Kikuyu society of Kenya is defined functionally as the ability to contribute actively to the labour and leadership obligations of "adulthood" (Cox and Mberia, 2007). In other words, the individual who has learned nothing from his life experience to enhance the life of others younger than himself forfeits the respect and honour reserved for elders. The Akans of Ghana and the Yorubas of Nigeria have many proverbial images describing this type of culturally deficient elderly who has nothing of his past to enhance the life of future generations.

Support of the elderly in kind was the traditional practice in rural Africa; support of the elderly in cash is increasingly becoming a requirement of urban life in Africa. However, low wages and employment insecurity work against the ability of urban African offspring to meet the income requirements of their parents, as compared to their rural counterparts' ability to meet the need requirements of the rural elderly (Korboe, 2002). Clearly, the domestic separation of the urban elderly from the traditional structure tells us something about the changing image of the traditional family. Conflict of loyalties is evident between the newer urbanized conjugal family and the extended traditional family (Fortes, 2001; Opong, 2001; Korboe, 2002).

In a study of the views of Ghanaian youth on ageing (Apt, 2001), it was evident that young families would not be living with their elders much longer, as 81 per cent of the respondents were of the opinion that this arrangement was not feasible at the present time. It would, however, be a mistake to think that such separation is simply the outcome of the adoption of modern values and attitudes, as there are obvious infrastructural and structural factors involved in this change of practice. Urban housing conditions provide a good part of the explanation for these changes.

In the rural Ghanaian context, the provision of accommodation for all social categories is unproblematic; shortage of land is not a factor and simple additional dwellings are constructed of local materials as the need arises. Urban accommodation typically requires cash payment and is frequently subject to the landowner's limitation on the number of persons entitled to inhabit a property (Cattell, 2009). These factors taken together, place pressures on families, especially where family size is large, to subdivide into component units (rural urban). Such subdivision, in turn, adversely affects the internal budgeting arrangements of the conjugal family in respect of its ability to meet traditional welfare obligations. It is not only the budgeting capabilities of the conjugal family that are affected by subdivision. Such subdivision also has consequences for the arrangement of various personal service and care arrangements within the extended family (Apt, 2001). For example, the traditional functions performed by older persons in respect of child care are negatively affected by domestic separation. Similarly, the caring services extended to the elderly within the traditional household become more problematic, sporadic and, on occasion, even impossible, when elderly people become geographically separated from kin, even within the same area of a city (Apt, 2003) or are forced to live with caregivers in an unfriendly urban environment. The Kenya case study below illustrates the latter example (Tout, 2009).

The reciprocity that existed between generations in the traditional extended family has thus been disrupted by urban life; in the process, the elderly, who were previously valued for their services, increasingly occupy the unenviable position of being viewed as useless consumers of scarce resources and uncooperative. When old people living in rural areas have no option but to migrate to the city to live with relatives there, it is not an easy situation for either side. It can be quite traumatic for the old person (HAG, 2009) and stressful for the

relative. Nevertheless, although signs of an imminent crisis concerning the social welfare of the old in Africa are already visible, currently, in most sub-Saharan African countries, owing to the lack of a comprehensive social security system for all, the family continues to be the dominant source of care and support for older persons

Materials and Methods

Instrument Design and Data Collection

We adapted but modified items or indicators of socio-economic expectations needs of elderly people from existing studies such as from previous empirical attempts at determining the sociocultural needs of elderly people in Sub-Saharan Africa. We designed a questionnaire based to determine perception and expectation as well as degree of importance of each elderly care service and need. We measured all construct items on a five-point Likert-type scale (1-disagree strongly,5-agree strongly). The questionnaire first collected data about the background, religion and 29 other questions on socio-economic needs of the elders as recorded in the literature. We tested for validity of content of the questionnaires by rigorously pre-testing on appropriate sample (within the population but outside the final sample) to refine the wordings.

We sampled 500 representative elders from the Brong Ahafo Region of Ghana using stratified sampling process. This is a very diverse universe stratified sampling is used were the population is divided into several groups that are more similar and then items are selected from each strata as a sample. The strata are a subjective choice of the researcher based on his experience and judgment by using simple random sampling. Primary data were collected from the elders using the integrated Kano and RAND study questionnaire. The strata to whom the questionnaire were administered included

- 50 Elders classified as public sector employees earning pension
- 50 Elders classified as former private sector workers with social security
- 50 Elders who were self-employed but have retired from work
- 50 Traditional Peasant Farmers
- 50 Elders who have never being employed
- 50 Elders still working for a living
- 50 Elders with disability
- 50 Elders with chronic disease
- 100 Others

The researchers were very particular about getting representation from both male and female respondents as well as those within different age brackets of between 60-70 years, 71-80 years, 81-90 years, More than 90 years. In the end a total of 474 responses were collected even though. The remaining respondents did not return the questionnaire even after several days of follow up on them. This gave the research a 94.8% rate of response. This high rate of response can largely be attributed to the fact that most of the questionnaires were self-administered to the respondents. When the data was collected it was cleaned and prepared for reliability test before further analysis was done.

Analysis of Data

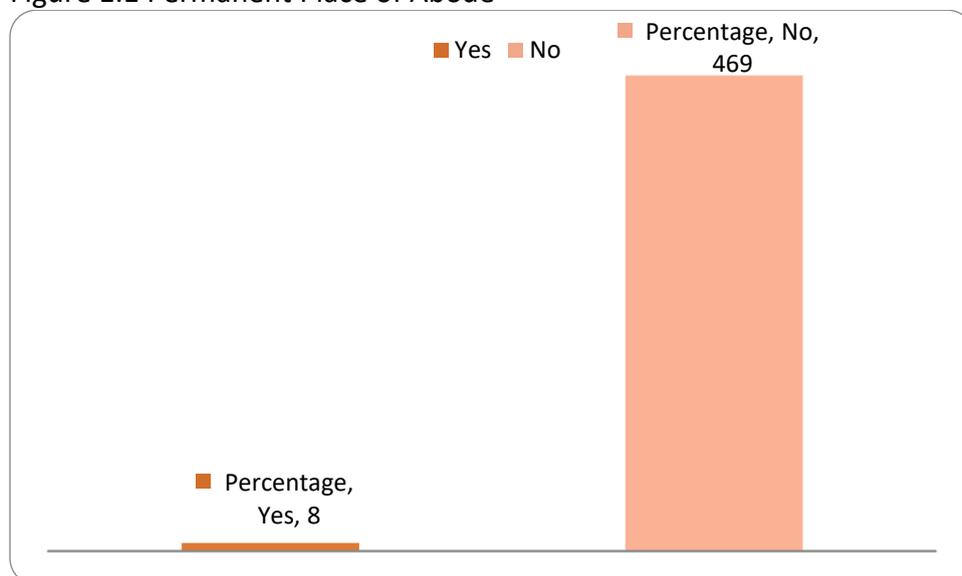
We determined the appropriateness of the data for factor analysis by employing Kaiser–Meyer–Olkin measure of sampling adequacy (KMO-MSA) and Bartlett’s Test of Sphericity. We recorded a KMO value of more than 0.60 and a significant value for the Bartlett’s Test of Sphericity. We performed Varimax rotation and principle components analysis for factor analysis. We eliminated all the factors that had factor loadings lower than 0.50 after which

we conducted the Cronbach’s alpha reliability analysis. We ensured that all measure of sampling adequacy exceeded the Cronbach’s alpha reliability value threshold level of 0.60 and large and significant Bartlett’s Test of Sphericity. We eliminated 1 item of the initial 30 since it had a factor loading lower than 0.50. We thoroughly verified the basic assumptions i.e. the constant variance and normality and these did not affect the results.

Next conducted frequency distribution analysis for the background information to determine the trend among the responses. This was followed by a determination of elder’s expectation and perception of each of items that was investigated. The mean values of elder’s perception and expectation of socio-economic needs of the elderly were further tested for significance of differences to determine the importance of the expectation gaps if any were determined at a 99% confidence level. All analyses were carried out in STATA version 11. The results as recorded have been presented in the next section.

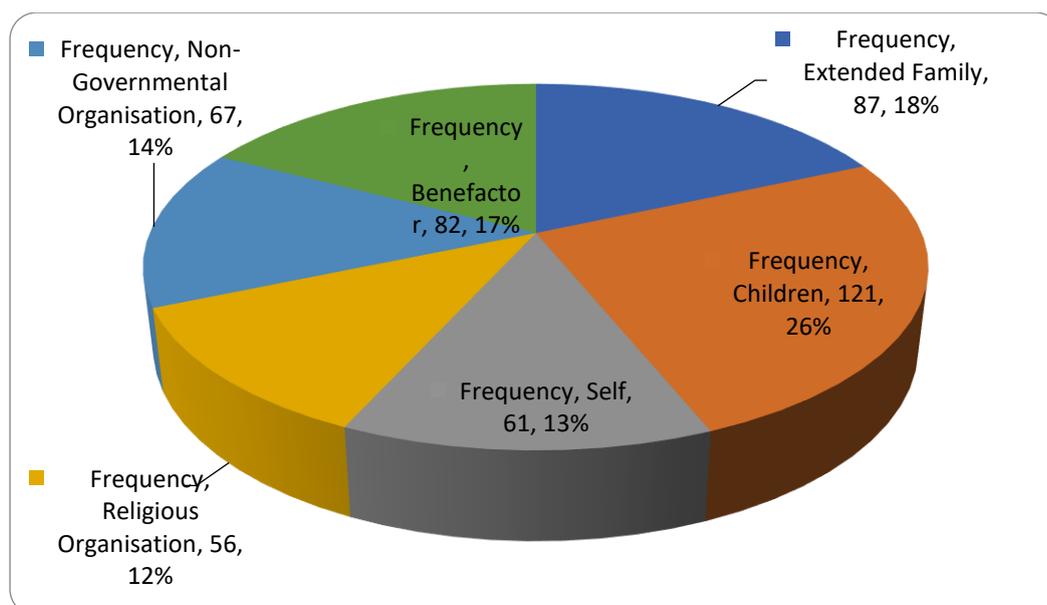
FINDINGS

Figure 1.1 Permanent Place of Abode



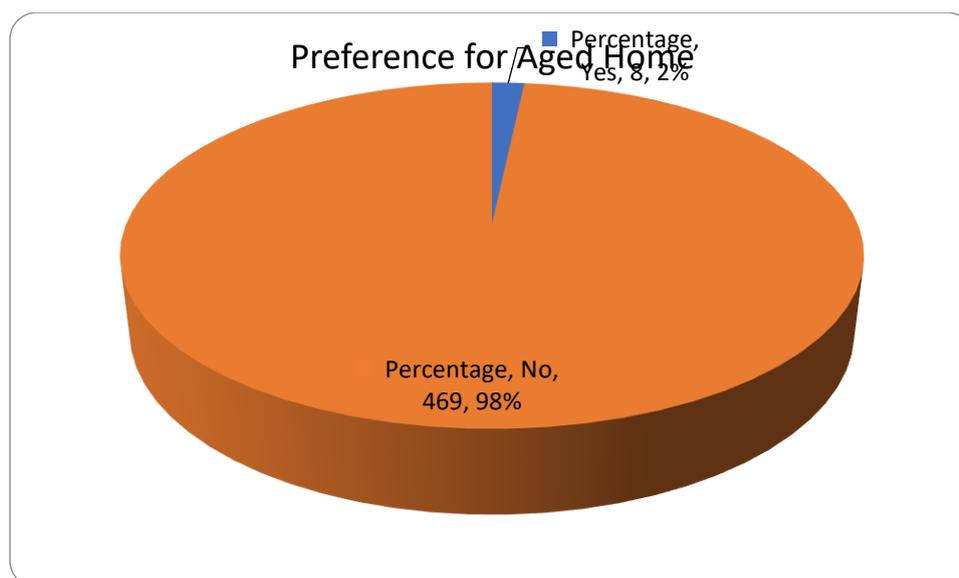
The place of abode of the elders is an essential issue which was first investigated among the respondents. According to Maslow, shelter is a physiological need hence occupies the apex of the need hierarchy. With good shelter many elders will be saved from diseases and other traumas they go through in the life. The analysed data collected from the respondents suggest that shelter is not a major challenge for the elders in Ghana. This is because only 8 of the 474 respondents said they did not have a permanent place of abode. The permanency of shelter is considered by the WHO as a functional prerequisite for the effective elderly care management all over the world and the case in Ghana appears to be a good example. This may largely be because of the fact that family member are responsible for the shelter of each other hence the preponderance of the family use concept which shield elders who are unable to build for themselves.

Figure 1.2 Responsibility of Welfare



The general welfare of the elders was examined in figure 1.2. This question wanted to find out whether there was a particular person responsible for the daily upkeep of the elders and the sustainability of their welfare services. Significantly, the information shows that the welfare of the elderly in Ghana is distributed over several individuals and organisations. This typifies the collectivist nature of the Ghanaian society. The results show that 18% of the elders said that their welfare lies solely in the bosom of their extended family members while 26% said their own children are responsible for their entire welfare. A total of 13% of the respondents said that they are responsible for their own upkeep while religious organisations are taking care of at least 12% of the respondents. Finally, benefactors are taking care of 17% of the elders that participated in this research. As to whether the degree of welfare services offered by them is enough for them was a question most of them avoided but from information collected in other sections, it is clear that they will wish for more. However, the evidence in this section is that very few elders in Ghana have been left on their own as far as basic welfare is concerned. Again, the important role of religious institutions and non-governmental organisations has been cited in the analysis, hence making them strategic stakeholders in this endeavour.

Figure 1.3 Preferences for Aged Home



In the western world the phenomenon of aged home is one of the most common issues that dominate the care of the elders in the community. The difficulty in getting people to look after the elders even if they have a recognisable home or place of abode makes it difficult for them to be left alone. When asked as to whether they will prefer to live in an elderly or aged home, only 2% of the respondents were in favour of this. Ask further to indicate the reason for this the respondents said that they do not see it as a practice of their culture. In the same way that the older generation devoted time and attention to the younger ones in the past, they demand time and attention when they are old. This particular information obstructs any future attempt to introduce elderly homes in Ghana and other West African countries, The cultural demands places barriers such that the elders do not want to give ear even to the advantages of living in an elderly home. It is the same reason that explains the reason why up till today, there is only one elderly home in Ghana that is still struggling to survive

Table 1.1 Expectations and Perception of Socio-Economic Needs

Expectations of Socio-Economic Care Services	Expectation	perception	Expectation Gap	R ²	F	Sig.
Expect family to provide shelter	4.30	3.20	1.10	0.4	4	0.001
Expect family to provide Food	4.30	3.20	1.10	0.6	7	0.001
Expect family to provide Clothing	4.20	3.10	1.10	0.8	4	0.001
Expect family to provide Water	4.30	3.07	1.23	0.3	5	0.001
Expect family to provide Washing	4.25	3.02	1.23	0.6	5	0.001
Expect family to provide Time	4.24	2.97	1.27	0.3	3	0.001

Location and design of bathrooms are comfortable for me	4.23	2.92	1.31	0.5	0.0	P<0.001
Location and design of entrances are comfortable for me	4.22	2.87	1.35	0.7	0.0	P<0.001
Arrangement of Room and Beds are comfortable for me	4.21	2.82	1.39	0.4	0.0	P<0.001
Design of kitchen is comfortable for me	4.20	2.77	1.43	0.3	0.0	P<0.001
Location and height of needed items are comfortable for me	4.19	2.72	1.47	0.3	0.0	P<0.001
Lighting is comfortable for me	4.18	2.67	1.51	0.7	0.0	P<0.001
Expect family to provide personal security	4.17	2.62	1.55	0.3	0.0	P<0.001
Expect family to provide financial security	4.16	2.57	1.59	0.7	0.0	P<0.001
Expect family to provide Health and well-being	4.15	2.52	1.63	0.6	0.0	P<0.001
Expect family to provide Safety net against accidents/illness and their adverse impacts	4.14	2.47	1.67	0.4	0.0	P<0.001
Expect family to provide Friendship	4.13	2.42	1.71	0.3	0.0	P<0.001
Expect family to provide Intimacy	4.12	2.37	1.75	0.3	0.0	P<0.001
Social Security and Pension Scheme	4.11	2.32	1.79	0.3	0.0	P<0.001
Financial Package for Elderly	4.10	2.27	1.83	0.3	0.0	P<0.001
Recreational Facility or Elderly in Locality	4.09	2.22	1.87	0.3	0.0	P<0.001
Ease of Access to Transportation Facilities by Elderly	4.08	2.17	1.91	0.3	0.0	P<0.001
Ease of Use of Public Transport Facilities by Elderly	4.07	2.12	1.95	0.3	0.0	P<0.001
Assistance from Drivers and Passengers when travelling	4.06	2.07	1.99	0.3	0.0	P<0.001
Financial Assistance from Religious Group	4.05	2.02	2.03	0.4	0.0	P<0.001
Spiritual Support from Religious Group	4.04	2.97	1.07	0.3	0.0	P<0.001
Social Support from Religious Group	4.03	2.92	1.11	0.3	0.0	P<0.001
Ease of Integrating into Community	4.02	2.87	1.15	0.7	0.0	P<0.001

Good Attitude toward the elderly from family	4.01	2.82	1.19	0.3 8	0.0 0	P<0.0 01
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The information in table 1.1 shows the expectations and perception of elders as far as their socio-economic wellbeing is concerned. In the first nnnnn, the elders on a scale of 5 points have indicated high expectations of socio-economic care from the community. This has been consistent in all the 29 category of items that have been indicated. Carefully selected from Maslow's hierarchy of needs, the information shows that elders have high expectation of society to take care of their physiological needs which are the physical requirements for human survival. There is high expectation of society to take care of their safety needs. Safety and Security needs include personal security, financial security, health and well-being and safety net against accidents/illness and their adverse impacts. From the results, there is an indication that after physiological and safety needs are fulfilled, the elders also desire love and belonging, interpersonal needs and feelings of belongingness.

If there is any deficiency within this level of need due to hospitalism, neglect, shunning, ostracism, etc can impact the elders' ability to form and maintain emotionally significant relationships in general, such as friendship, intimacy, family etc. In terms of evaluation of what currently pertains the data shows the existence of high, positive and significant expectation gaps from the elders. This means that the elders do not think they are getting what they desire in terms of physiological needs, love and belonging and safety need etc. This may be largely because most of them are always left on their own during the day as their children move in search of support for the family., This is where recreational facilities and centres is most needed in communities so that the elders could have the opportunity to stay and entertain themselves as often as possible but these facilities are equally non-existing.

DISCUSSIONS OF FINDINGS

Thus far, national Governments in Africa have not tackled head on the issue of how to develop an appropriate social welfare policy for Africa. Social welfare has typically had a low priority and the contribution of the family to welfare has largely been neglected. As a consequence, policy-making on how better to harness the energies and resources of the family and the community to resolve the social needs of individuals and groups has barely commenced.

Traditional domestic arrangements had intergenerational support built into them; modern arrangements are in the process of destroying this key social welfare feature. Recognizing that this is the case raises the question of how to design intergenerational support back into mainstream social relations so that the elderly are not marginalized and put at risk by the urbanization process.

The impoverishment of Africa means a deterioration of living conditions, particularly of women who bear the triple responsibility of raising a family, working to bring home wages and upholding community structures. Africa has the largest number of old people who are forced by economic and family circumstances to work well beyond the age of 65 (International Labour Organization, 2003; Brown, 2004; Okraku, 2005). The problems of survival that they face leave them little opportunity or energy to develop measures of their own for qualitative living. In this respect, tax breaks for those taking care of older relatives, housing designs that permit multigenerational living, and social facilities, for example, day centres that can be used as

meeting places or clubs by older persons, are worth considering. Each of these simple measures can play a part in sustaining an environment conducive to inter-generational solidarity. Most importantly, the resource constraints experienced in Africa make it imperative that networks of policy makers and researchers be formed to develop continental policies on ageing. Networks are key to reducing research costs and to ensuring the efficient and inexpensive transmission of new policy approaches and developments.

CONCLUSIONS AND RECOMMENDATIONS

The following recommendations are specially aimed at improving the living standards of older persons in Ghana. Firstly there is the need to strengthen the capability of older farmers. Since older people constitute an increasing portion of the rural agriculture labour force, economic policies should aim at enhancing their farming performance. Equitable access to financial resources and services should be provided. They will need credit and extension services and assistance in adopting improved farming practices and technologies that are suited to their capabilities. Such technologies should be simple, operationally safe, labour saving, without requiring expert skills, inexpensive and capable of enhancing the profitability of farming. Training will be a necessary precondition for technological innovation. There should be an increase of opportunities for continued participation of both urban and rural elderly persons in productive work. Efforts should be made to encourage older persons to engage in self-employment, which would not only enable them to do things at their own pace but would also encourage them to introduce innovations for productivity and profit. In addition, the provision of opportunities for job training and continued education would enhance their self-employability. Retraining programmes should therefore be initiated to re-educate the elderly and update their knowledge of modern techniques and skills so that they can continue in their present occupation or take up a new one.

Secondly there should be efforts to promoting rural development. Integrated rural development is seen as the key for alleviating the impact of the ageing population on the rural economy. Its main aims are:

- To improve productivity;
- To stem the flow of youth migration to urban areas;
- To strengthen the capabilities of the rural labour force, including older workers.

In order to achieve these objectives, policy programmes should include: availability of farm loans; revision of price policies for agricultural products; provision of special training in new agricultural techniques and marketing procedures; better utilization of cooperative systems; and higher levels of investment in rural areas. Thirdly there is the need to reactivate village industries and enterprises. In connection with increasing the job prospects and improving the sources of income of older persons, there is a need to reactivate small-scale village industries and enterprises in which the ageing can be more involved. For example, production centres for traditional handicrafts could be set up to be run and self-managed by the ageing to provide for the manufacture of basket work, pottery and various leather articles. These activities, often involving production at home on a piece-rate basis, could be promoted by improving women's access to simple tools that they can own or rent.

The establishment of income-generating projects targeted at older persons should be an important element in the employment strategy. The financing of such small economic undertakings can take several forms: (a) a no-interest and no-collateral assistance programme

administered by the Government to help older workers; (b) the allocation of a lump sum from social security funds to workers upon retirement to provide the capital necessary for self-employment ventures; and (c) special government-subsidized community funds to finance development projects and assist destitute and disabled older persons to become self-supporting. There is also the need to encourage participation in rural cooperatives. Cooperative ventures can play a key role in strengthening the capacity of the ageing to contribute to rural development by providing equipment, technical assistance, marketing access, and managerial and other inputs for farming and small non-farm activities.

However, the successful participation of poor, ageing farmers in cooperative ventures will depend very much on the concurrent implementation of education and training programmes, input of managerial expertise, access to modern production tools and, in some cases, land reform. Another measure is to provide education and training. A continuous and progressive education and training programme, aimed at developing older person's awareness, favourable attitudes, leadership skills and management abilities, vocational competence and business management, should receive support from both local and external institutions. The well-being of older people, particularly women, is directly related to social and environmental circumstances and their ability to cope with those circumstances. Older women in general in sub-Saharan Africa face hardships that are directly linked to their economic condition. The main reasons for economic hardship are partly cultural and partly owing to the fact that existing pensions and social security schemes cover a small proportion of the female population. With inadequate and decreasing family support attributable to migration patterns in the region, the vulnerability of older women should become an important matter for technical assistance programmes in the future.

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