

UNIVERSITY OF EDUCATION, WINNEBA

A STUDY OF ELDERLY NEGLECT IN WINNEBA

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**A THESIS IN THE DEPARTMENT OF SOCIAL STUDIES EDUCATION,
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DECLARATION

STUDENT'S DECLARATION

I, Jacob Oppong Nkansah, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

SIGNATURE.....

DATE.....

SUPERVISOR'S DECLARATION

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba.

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DEDICATION

This thesis is dedicated in memory of my father, Mr. Emmanuel Kwadwo Nkansah.



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ABBREVIATIONS/ACRONYMS

ASA	America Statistical Association
CSG	Child Support Grant
GNPC	Ghana National Population Council
GSS	Ghana Statistical Service
NGO	Non -Governmental Organisation
UN	United Nation
UNFPA	United Nation Population Fund
WHO	World Health Organisation



ABSTRACT

In recent years, the issue of the elderly particularly in Ghana has become a major concern since the number of aged population is increasing in societies which are least prepared for the challenges that often characterise the aged. As a result, caring for the elderly has become a burden to family members especially, caregivers. Due to this, most elderly persons are left alone to fend for themselves. Some also depend on the assistance of voluntary caregivers for survival. These among others necessitated the need for a study to be conducted into the incidence of elderly neglect in Winneba. The study sought to examine the challenges the neglected elderly face in Winneba, examine the causes of elderly neglect and to find out how the neglected elderly cope with life in Winneba. A qualitative research approach with phenomenological design was employed for the study. The study used the purposive sampling technique to select a sample size of eighteen participants which comprised twelve elderly persons aged 65 years and above and six caregivers who provided care to these elderly in Winneba. The researcher adopted unstructured or one- on- one interview and focus group discussion as instruments for gathering data. In this study, the data was read and reread which helped in the interpretation and description of emerging themes and patterns. The study revealed that, most of the neglected elderly in Winneba lived in the uncompleted buildings and unhygienic accommodations. Most of them have not been to school before and thus affected their employment opportunities and income levels as they grow old. The neglected elderly received most of their support from voluntary caregivers. Some of them continued resort to begging and others engage in labour intensive occupation such as fetching of firewood in order to make ends meet. It was recommended that there should be a separate ministry created by the government solely to address the myriad challenges faced by the elderly in Ghana. Government should also create a fund that is “Aged Fund” to support the aged, who are vulnerable to neglect. This dream could be realized by deducting certain percentage of the District Assemblies’ Common Fund (DACF) into that fund. If possible, there should be a policy to establish social centers in each district in Ghana by the government with support from other interest groups such as HelpAge Ghana to address the challenges the elderly face.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Old age has sometimes been described as a “foreign country”, a place where people take new identities far removed from former bodies and capabilities (Savishinsky, 1991). Finding new identities in this foreign land are closely associated with traumatic events or troublesome phenomena which need to be studied. Some of these persistent social issues associated with aging is neglect. This is because, the human society which is mostly seen as an ideal place for nurturing and provide social support today is more than ever, becoming the site of some of the most persistent social problems (Andersen & Taylor, 2001).

It is worthy to note that population ageing is an inevitable consequence of the demographic transition, which leads to increasing proportion of the aged, and ageing in most countries of the world (UNFPA, 2002). According to the United Nations (2002), problems associated with population ageing gained international concern when the United Nations convened two World Assemblies on ageing in 1982 and 2002 in Vienna and Madrid respectively. These conferences acknowledged and illuminated the contribution challenges faced by the elderly - their role in promoting the spiritual, cultural and social sphere of life.

Surely, the fact that large numbers of people now live to reach old age; is one of the modern society’s greatest achievements. Yet, most people look forward to old age with anxiety, fear and apprehension. The roots of the problem are complex. This is because

modern science and technology have created a world in which there is an increase in the life expectancy of many people thereby creating a world in which the average individual will live his allotted years. However, it seems society has not been prepared to receive or provide for this large new group of older members. According to Atchily (1972), there are three major trends which have brought about the current situation. The first is related to the way population has grown, the second is related to increased urbanization and industrialization and the last is related to the increased pace of social change.

It is worth emphasizing that, older people are the fastest growing segment of the population world-wide (WHO, 2002), such that, today the number of persons aged 60 years or over is expected to almost triple within the next few decades, from 672 million in 2005 to nearly 1.9 billion by 2050 (United Nations (UN), (2005). By 2050, the number of older persons aged 60 and above in the world will equal the number of children aged 0-14 (Patton, 2007).

According to the United Kingdom Department of Health (2001), in the developed countries, such as United Kingdom (UK) and Northern Ireland, the number of people over the age of 80 years is expected to increase by almost 50%, and the number of people over 90 years is expected to have doubled by 2025. However, an important facet of the incidence of increases in the number of ageing population is observed to be that, each year millions of older adults are abused, neglected, or financially exploited (Acierno, Hernandex-Tejada, Muzzy & Steve, 2010).

It is significant to note that, since aging becomes a visible social problem primarily in industrial societies, there is pitiful little research data on social gerontology in the non-industrial nations of the world. In addition, the data for industrial nations are quite

variable, with the United States being by far the most widely researched (Atchily, 1972). According to the same report, for example, the proceedings of Seventh International Congress of Gerontology, held in 1966 in Vienna, show that half of all of the social gerontology research reports concerned the U.S. only. The other half was widely scattered over Western Europe with few from Eastern Europe and Japan. There was the absence of papers from Central and South America, the Middle East, Asia and Africa (Atchily, 1972). It is significant to note that even though Atchily reported this over 40 years ago, this situation has prevailed thus far and has resulted in inadequate research on social gerontology in Africa.

In addition, the increased pace of social change has also created the situation whereby caring for the elderly is now considered no more as a family responsibility. According to Quashigah and Lucy (2016), some years ago there was a golden age of aging. The old were few but held respect and authority in the community and in the family. This was because few people were literate and community traditions were orally transmitted by the elderly. However, the situation is far different today. Christianity, modernization and formal education have contributed to the decline of the elderly roles as well as a traditional societal care systems for the elderly. Most literate men and women crave for nuclear family and prefer to send their children to schools than allowing their aged parents to live with them to inculcate societal values to their children. Most importantly, some educated aged persons prefer to live on their own than to be sent to care homes.

It is worthy to note that Africa is the continent with the youngest population in the world (Kalasa, 2004). However, this does not mean that the population in Africa is not also in transition to the ageing process seen in other parts of the world. In fact, with declining

fertility and mortality rates, it is estimated that Africa will be one of the continents with the fastest growing of elderly population in the world during the period 1998 to 2050 (Kalasa, 2004). However, most African countries have weak societal care systems for the aged since African culture and traditions consider caring for an elderly relative as a family obligation. As a result, as the numbers of older people in Africa increase, the question of how to care for them becomes critical. This is because according to Amosun (1999), in Africa, issues concerning older persons differ from person to person, one country to another and from one culture to another.

In Ghana, the challenges faced by the growing elderly population have been documented by many authors (Mba, 2002; Geest, 2002; Mba, 2007; Apt, 2012). Interestingly, in Ghana, elderly persons aged 65 years and above constitute 4.7 percent of the Ghanaian population (Ghana Statistical Service (GSS), 2012), and this figure is noted to be among the highest in Africa (National Population Council, 2007). The proportion of the aged population (aged 60 and older) increased from 5.2 percent in 1960 to 7.2 percent in 2000 (Mba, 2007). The number of older persons in the general population is increasing rapidly in many African countries due to the dramatic gains made in life expectancy during the 20th century. The change in the proportion of the aged is as a result of the advancement in public health, medical and economic technologies over diseases and injuries (Kinsella & Philips, 2005). This proportion, however, declined to 6.5 per cent in 2010 (GSS, 2012). Currently, the population of the aged in Ghana is around 1,643,381 (GSS, 2013).

It is based on this trend of increasing elderly population that the United Nations in the year 2005 envisaged and recommended member states to put in place national policy frameworks to deal with ageing and old age related issues in order to ensure that the aged

lived a dignified and satisfying life. As a result, the Government of Ghana has consistently celebrated the United Nations day of the older persons popularly known as ‘Senior Citizens Day’ to duly acknowledge and appreciate the elderly for their contribution to the development of the country as part of the efforts to address their challenges. However, little efforts have been made by various governments of Ghana to address the challenges faced by the elderly.

In Ghana, it has been observed that most of the challenges the elderly face in their respective homes which include abandonment and loneliness have not been addressed. Geest (2005) has observed that in Ghana, an increasing aged population is taking place in societies which are least prepared for the challenges that often characterise the aged. Due to this, the changing traditional pattern of support for the elderly from the extended family system constitutes serious research concern (Mba, 2007). Especially, the labour of older people is neither sought nor desired. They are left primarily on their own particularly in terms of social contacts and life satisfactions. Adding to this challenge is the fact that preparation for “freedom” of later life is largely left to the elderly person alone.

In Ghana, it has been observed that as one grows older, the probability that death will occur increases, and at some point society sees no need to rely on the services of those who are about to die. This confirms the assertion made by Diana and Birren (1983) that on the social level, the aged are sometimes considered as incompetent to be moved aside to make way for the young. They are relegated to lower status and are deprived of their jobs and sources of income through forced retirement and are provided with few alternative roles which make them susceptible to neglect.

Available literature indicates that, the speed of population ageing in Ghana is likely to lead to an increase in incidence and prevalence of neglect (Mba, 2007). An ageing population poses a threat because families will now have fewer descendants available to care for the increasing number of surviving elderly persons. This is due to the fact that the economic and social environment are ill-equipped to manage the rapid demographic change occurring in Ghana, characterized by high levels of poverty, low pension coverage, inadequate social protection, and deteriorating traditional family support structures which make the elderly prone to neglect. Additionally, in the absence of universal social security, the processes of modernization and urbanization are beginning to erode the traditional social welfare system embedded in the extended family that caters for the welfare of the aged (Apt, 1996, Mbamaonyeukwu, 2001a; Mba, 2001).

In effect, the considerable evidence of the growing aged population in Central Region's urban areas such as Effutu Municipality, unequivocally presents a good test case, in terms of research attention regarding elderly neglect. The population of the Effutu Municipality is 68,592 with aged population (65+) of 3,319 and a dependency ratio of 61 and a percentage of 5 (GSS, 2010). Thus, the increasing number of the aged in the Municipality will mean that more elderly persons will depend on caregivers for their survival. This is because aging and dependency are linked by the fact that as individuals grow older; they become increasingly susceptible to a loss of independence. This motivated the researcher to conduct a study in Winneba to examine the challenges the neglected elderly face, the factors that pre-dispose the elderly to neglect as well as to find out how the neglected elderly cope with life.

1.2 Statement of the Problem

Caring for the elderly in Winneba has become an obstacle and stressful to family members especially to caregivers. Due to this, most elderly persons are left alone to fend for themselves. Many of these elderly persons are mostly seen on the campus of University of Education Winneba fetching fire wood to make ends meet. Such elderly persons are seen carrying heavy bunch of fire wood on their heads. Considering their ages, such jobs are going to weaken them which has health implications on them. In addition, some of these elderly live in isolation while others are seen on the streets begging to make ends meet. Old age which is expected to be the golden period of one's life and supposed to be characterised by tranquility, enjoyment and satisfaction appears to be full of disappointments and shattered dreams for the elderly.

Statistical evidence on the incidence and prevalence rates of elderly neglect is also lacking in Ghana, since elderly persons are reluctant to identify "caregivers" who neglect them for fear of retaliation and abandonment (Lachs & Pillemer, 2004). Thus, in Winneba, the issue of elderly neglect is not only under researched but also under reported. This is because there is paucity of research data on the experiences and subjective meaning of neglect among older adults in Winneba. In consideration of the above noted gaps, and looking at current trends, it can be said that, little attention has been given to research attempts that seek to investigate elderly neglect and this calls for the need to fill these gaps by studying the problem in Winneba where the issue seems to prevail.

1.3 Purpose of the Study

The purpose of the study was to examine the neglect of the elderly in Winneba Municipality.

1.4 Specific Objectives of the Study

The objectives of the study were to:

- i. explain the various challenges the neglected elderly experience in Winneba.
- ii. examine the causes of elderly neglect in Winneba.
- iii. find out how the neglected elderly cope with life in Winneba.

1.5 Research Questions

The research questions that guided the study were:

- i. What challenges do the neglected elderly experience in Winneba?
- ii. What are the factors which predispose the elderly to neglect in Winneba?
- iii. How do the neglected elderly cope with life in Winneba?

1.6 Significance of the Study

It has been argued that, a research work should be sufficiently significant to both academicians and policymakers. The results of the study will add to the body of academic knowledge that already exists in the field of elderly neglect. That is, it will help fill the gap created as a result of little attention being given to the problem of elderly neglect in Ghana.

The study will also be beneficial to people and institutes who work closely with the elderly or are interested in their wellbeing. They include care homes and politicians.

Furthermore, the results of the study will equip stakeholders such as Ministry of Gender and Social Welfare and other NGO's such as HelpAge Ghana. These stakeholders would be better informed about what the elderly go through so as to initiate appropriate policies to address their challenges. Knowledge of and insights into elderly neglect would also be used to direct community-based educational programmes for social welfare and health agencies which provide services to elderly persons who may have experienced neglect. This information on elderly neglect would enrich the knowledge base of advocates in the community, who in turn would be able to educate elderly persons to prevent them from being neglected.

This study will also engender research attitudes in both the researcher and research assistants who will be involved in the conduct of this study. That is, as a form of empirical study, it will lend itself to scientific ways of solving social problems.

Moreover, the study will serve as an avenue for analyzing socio-cultural phenomenon of elderly neglect since the study will tend to highlight the themes associated with the issue of elderly neglect in a scholarly manner.

1.7 Delimitation of the Study

The findings of this study therefore even though may have nationwide as well as continental characteristics, were explained within the scope of the study area. Thus, the study was also structured within the confines of the thesis study matter and area only.

1.8 Organization of the Study

This study was divided into six chapters. Chapter one looked at the background to the study, purpose of the study, research objectives and research questions, significance of the study, delimitation and the organization of the study and operational definition of terms. Chapter two delved into the related literature to support the research. Chapter three considered the research methodology, approach, design, data collection procedure, population, study area, research instruments, data analysis and ethical considerations. Chapter four dealt with data presentation, analysis and interpretation of research findings. Chapter five also discussed the major outcomes of the study and chapter six presented the summary, conclusion and recommendations.

1.9 Operational Definition of Terms

- i. **Elderly** in this context is defined as a person in Winneba who is 65 years old and above.
- ii. **Elderly neglect** is defined as a situation where a caregiver does not provide for an elderly's safety, or for his or her physical, social and/or psychological needs.
- iii. **Physical neglect** in this sense means failing to take care of an elderly's personal hygiene needs, such as food, sanitary environment and medical needs.
- iv. **Psychological neglect** means leaving an older person alone for long periods of time
- v. **Social neglect** means failing to provide social contact, activities, or information to the elderly.
- vi. **Caregiver** means a person providing care to a vulnerable adult as a result of family relationship; or a person who has assumed responsibility for the care of a vulnerable adult voluntarily, out of sympathy or by contract.
- vii. **Parent- Child Contract** means the reciprocity that exists between the older persons and their caregivers.
- viii. **Personal characteristics** have been defined as personal factors which result from the elderly themselves.
- ix. **Dysfunction family** is defined as a family with weak financial status and social relations.

CHAPTER TWO

RELATED LITERATURE REVIEW

2.0 Introduction

This chapter reviews the literature that is related to the study. The review focuses on theoretical framework and empirical related literature with regard to the research objectives. Themes that run through the reviewed related literature have been organised according to the following:

- i. Social theories of Aging
- ii. Conceptual framework
- iii. The meaning of aging
- iv. Demographic changes of elderly population
- v. The meaning of elderly neglect
- vi. Challenges of the elderly
- vii. Causes of elderly neglect,
- viii. Caring for the elderly
- ix. Coping strategies of the elderly

2.1 Social Theories of Aging

Several theories of aging have been propounded to explain the aging process of older persons in society as well as how these processes are interpreted by men and women as they grow old. This is because aging is an interactive process where the individual is affected by the environment while also influencing the environment in which he or she ages. Consistent with many research studies regarding aging, theoretical frameworks

which have been adopted to explain the phenomenon of elderly neglect in this context include; Cumulative Advantage/Disadvantage theory, Caregiver stress theory and Ecological theory (Burnight, 2011).

2.1.1 Cumulative Advantage/Disadvantage Theory

This theory was developed beginning in the 1960s by Derek Price and Robert Merton and elaborated on by several researchers including Dannefer (2000). According to this theory, inequalities have a tendency to become more pronounced throughout the aging process. A paradigm of this theory can be expressed in the adage "the rich get richer and the poor get poorer". Advantages and disadvantages in early life stages have a profound effect throughout the life span of the individual. However, advantages and disadvantages in middle adulthood have a direct influence on economic, social and health status in later life. This theory shows that the older persons who had the opportunity and the advantage in middle adulthood may not experience neglect. However, those who were disadvantageous in their middle adulthood may experience neglect in their later life. This demands review of the Caregiver Stress theory. This is so because, for most elderly people, neglect occurs when family members caring for them are not able to provide their reciprocal responsibilities.

2.1.2 Caregiver Stress Theory

The caregiver stress theory is noted to be one of the heavily relied upon theories used to explain the cause of elderly neglect. This theory contends among others that, neglect of the elderly occurs when family members caring for an older adult are not able to manage their caregiving responsibilities well (Wolf, 2000).

According to Burnight (2011), the caregiver stress theory fundamentally tends to view the victim as being very dependent on the caregiver who becomes extremely overwhelmed, frustrated, and abusive because of the continuous caretaking needs of the elderly who becomes the care recipient. Implicit in the caregiver stress theory is the notion that, caring for an elderly appears to be a difficult task which tends to elicit a heightened state of mind-body reaction to external stimuli which tend to induce fear and anxiety in the caregiver (Cockerham, 2007). This renders the elderly more vulnerable to neglect.

Critics of the caregiver stress theory are concerned that, it blames victims, and legitimizes abusers. For instance, Burnight (2011) observed among others that, “caregiver stress theory tends to blame the victims, and does not result in safety for the victim”.

It can therefore be discerned that, there is some perceived inadequacy in this theory in trying to explain the etiology of elderly neglect. That is, it tends to blame the neglected elderly rather than the caregiver. This presupposes that, interventions based on this theory are more likely to be skewed in favour of the caregiver. This study does not share the views expressed by proponents. This is because in spite of how dependent the elderly may be on their caregivers, their needs must equally be met by their caregivers. Thus the reciprocal relationship (parent- child contract) must be fulfilled and the inability of caregivers to fulfill this contract result to the breach of the contract. But, while this is an important consideration to be mindful of, it is also important not to overlook stress as a contributing risk factor (Burnight, 2011). As important as the caregiver stress theory is in explaining why caregivers neglect elderly persons, it is not the only theory. This demands further review of the Family Systems theory. This is so because, in Africa and in Ghana it

has been observed by the researcher that, caring for the elderly is considered to be a family responsibility and the family is increasingly being affected by the need to provide elderly care, and for many, the strains of doing so result in the neglect of older people.

2.1.3 Ecological Theory

In broad terms, the ecological model explores the interactions between the individual and contextual factors. This model mainly identifies elderly neglect as an issue which culminates in the complex interplay between the elderly person's personal characteristics, close interpersonal relationships, characteristics of the community in which the elderly person lives or works, and social factors such as, policies and social norms (Perel-Levin, 2008).

In effect, the personal characteristics of older persons such as barrenness, widowhood among others and other external or environmental factors such as the relationships which exist between the community and close relations are quite instrumental in the determination of neglect of the elderly. This posits that, in a situation where the personal characteristics conflict with that of the close relations and the community at large, there is that likelihood of neglect.

2.2 Deployment of Theories

The researcher adopted these theories in order to understand the etiology of neglect among older persons. The Cumulative Advantage/Disadvantage theory is used in this study because the researcher believes that older persons who have the opportunity by planning well in middle adulthood may not experience neglect in their later years. However, those who are disadvantageous in their middle adulthood due to insecure job,

lack of pension scheme among others may experience neglect in their later life. This called the need to review the Caregiver Stress theory. This is so because, for most elderly people, neglect occurs when family members caring for them are not able to provide their reciprocal responsibilities. This made the review of the Ecological theory crucial since the researcher holds the believe that elderly neglect as an issue culminates from the complex interplay between the elderly person's personal characteristics, close interpersonal relationships, characteristics of the community in which the elderly person lives or works, and social factors such as, policies and social norms.



2.3 Conceptual Framework

The conceptual framework utilises a model indicating an issue of neglect which culminates from the complex interplay as well as a unilineal relationship between the key variables.

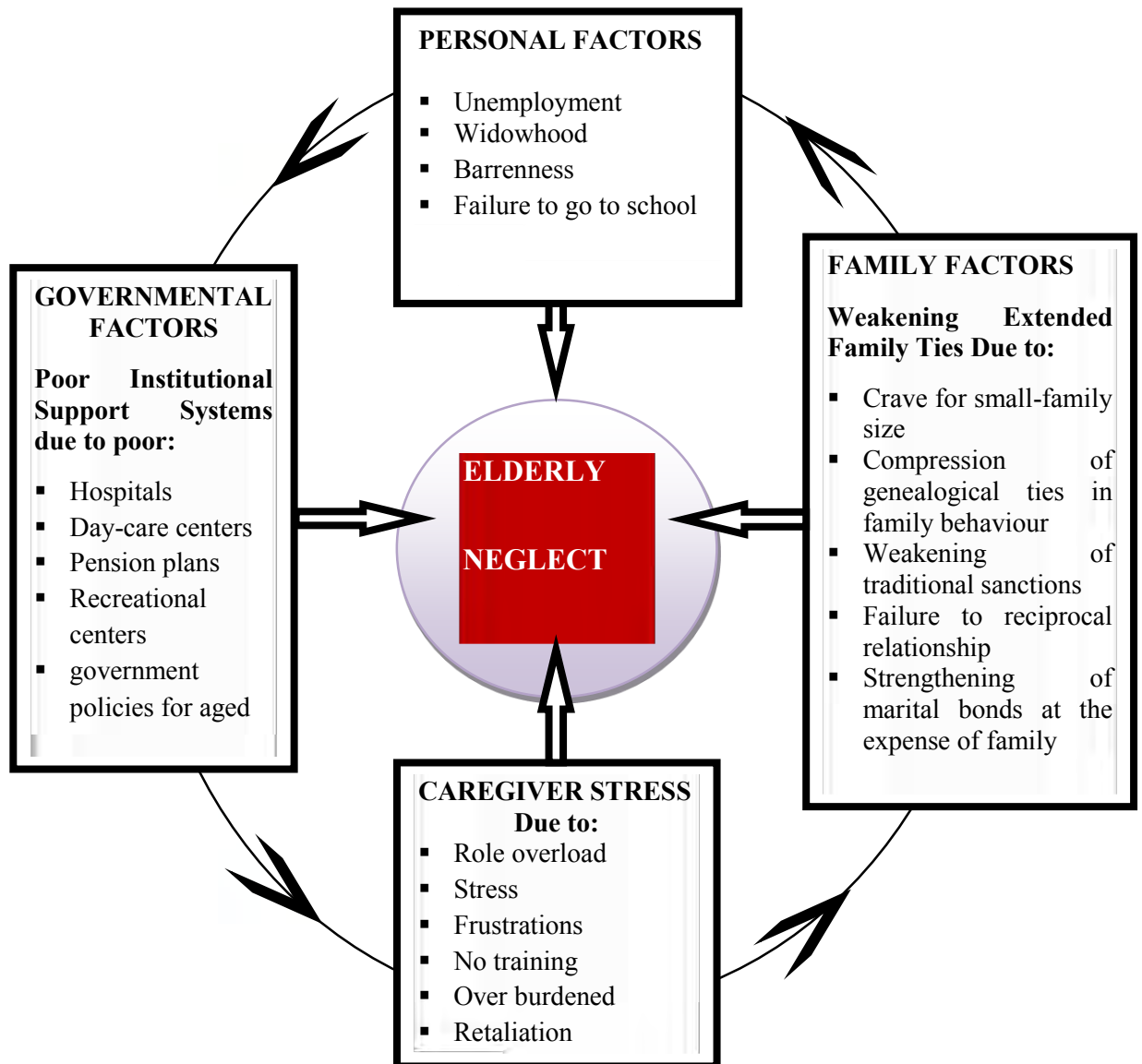


Figure 2.1: Conceptual Framework showing relationship between variables causing elderly neglect in Winneba

Source: Researcher's Own Construct

Figure 1 illustrates a conceptual framework which models a cyclical relationship between the variables and how they make the elderly to be vulnerable to neglect. The unilineal relationship is intercepted by some intervening associations, including unemployment, barrenness, crave for small-sized family; role overload, poor healthcare, poor community support system, weakening extended family ties among others. From the conceptual framework, it could be observed that vulnerability and the need for care by the elderly are brought about by personal factors such as unemployment, widowhood, lack of education or barrenness. The care the elderly receives also depends on the availability of institutional support such as hospitals, day care centers, and policies by the government or the state. When these support systems are available, the elderly will have their needs met. However, when government institutional support is absent, the elderly are likely to be neglected. In addition, caregivers also play a significant role in providing care to the elderly. The willingness of caregivers to offer support to the elderly will ensure that their needs will be catered for. But in the situation where caregivers become frustrated, stressed, overburdened with roles or lack training, the elderly suffers the consequences. The family as the basic social unit also provides major support to the elderly. When even state support is lacking but there are strong extended family bonds, elderly neglect is likely to be minimal. However, in the situation where there is compression of genealogical ties in family behavior, strengthening of marital bonds at the expense of the family, crave for small-family size and failure to reciprocate responsibilities, the situation of the elderly may be terrible.

2.4 Meaning of Aging

The definition of old age has varying connotations depending on the particular context in which it is used. United Nations experts of ageing prefer the term “ageing” to “elderly” since it provides a more adequate description of the continuing development and change during the later stages of the life span, rather than a fixed or static period of life (UN, 1982). In this study, the researcher will be using these terms interchangeably. In conducting this study, the researcher kept in mind this term, that is, ageing, which best describes this segment of the population beyond their middle year of life and encompassing several stages of life span with a vast range of differences. Still for practical reasons, statistical definition of old age is usually used in demographic studies, analysis and social policies relating to ageing (Agyemang, 2014). For example, the United Nations World Assembly on ageing held in Vienna 1982, defined old age as those who are 60 years of age and over (UN, 1982). Most developed countries have accepted the chronological age of 65 years as a definition for the 'elderly' or older person, but like many westernized concepts, this does not adapt to the situation in Africa. Currently, there is no United Nations standard for numerical criterion, but the UN agreed cut off for the elderly is 60 years (Glascock & Feinman, 1981). Although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. The common use of a calendar age to mark the threshold of old age assumes equivalence with biological age, yet at the same time, it is generally accepted that these two are not necessarily synonymous (Glascock & Feinman, 1981). Many times the definition is linked to the retirement age, which in some instances is lower for women than men. This transition in livelihood became the basis for the definition of old age,

which occurred between the ages of 45 and 55 years for women and between 55 and 75 years for men.

In Ghana, some people are more inclined to describe a person as old by his or her appearance, while others will simply go with the compulsory retirement age of 60 years (Apt, 1992). Others also allow the person concerned to describe himself, whether he is old/elderly or not. Others have a discriminatory categorization, arguing that a woman's looks tell how old she is and men are as old as they think they are.

More importantly, as the meanings attached to the concept "age" change, so do the experiences. For example, in traditional societies, old age and the elderly were conceptualized in terms of experiences and their role in the household, which sometimes extended beyond the family into the community (Agyemang, 2014). This is especially the case in African societies where the elderly are defined not only in terms of their chronological age but also of their experiences. Elderly people were respected for their wisdom and maturity. As such, they were often consulted to offer guidance and to make critical decisions within the family. However, in industrialized societies, this attitude is changing; elderly people are no longer valued with a social and cultural status. In modern society, age now has social, but mostly economic implications (Turner, 1989).

For the purpose of this study, being elderly has been conceptualized as a point in life where people are eligible for state pension. This life stage tends to have major impacts on all aspects of an individual's life. For individuals who were involved in the labour market, this stage marks the loss of financial independence and therefore dependence on the State through a provision like the state pension. This is however not to suggest that leaving the labour market results in a loss of financial independence. Some people may

have made the necessary arrangements prior to their retirement in order to ensure continuous financial stability when they are no longer part of the labour force.

It is significant to note that, elderly people's lives are influenced by biological ageing as well as social factors. One social factor is poverty, which can result from their lack of involvement in the labour market compelling them to survive on minimum wages (Arber & Cinn, 1991; Calasanti, Selvin & King, 2006; Krekula, 2007). While some elderly people may be forced to depend on others, such as the extended family members through remittances, as a result of their inability to earn money, for others the State pension becomes the only source of income. For others, this provision is complemented by the money they make through small projects.

Other problems and challenges associated with old age are only the result of the biological aspect of ageing. Biologically, the elderly may experience challenges that are reinforced and perpetuated through culture and institutions. The exclusion of people who have reached old age from the paid labour market through age based retirement, despite their physical and mental capabilities and sometimes even their willingness to continue working, is one of the problems and challenges. Thus, age segregation reinforces, in one way or the other, views of elderly people and old age as a stage at which people become slow, incapable of doing certain tasks and are dependents. This is despite the evidence that chronological age is a poor predictor of a person's intellectual capabilities, social behaviour and even ability to work (Calasanti et al., 2006).

It is therefore prudent that if nothing is done to reverse the current situation, younger men and women shall also suffer neglect as elderly people in the future, if they live long enough to grow older (Arber & Cinn, 1991; Calasanti et al., 2006; Krekula, 2007). Thus,

the fear of ageing may lead to younger people distancing themselves from issues surrounding old age. This is due to the perception that old age has come to symbolize a loss of social power and authority, among other things, a position into which no one can be fully prepared to step (Agyemang, 2014). Whatever the possible reasons for the silence regarding elderly people's issues, it is clear that much could be drawn from both elderly males and females in terms of how to challenge the social construction of old age, as a result of their experiences with regard to the position of the elderly.

2.5. The Dynamics of the Elderly Population at the Global Level

According to Kirkwood and Ritter (1997), the ageing process is considered to be a normal part of every life history of individuals. The ageing process includes structural alterations and functional decline in the body systems with consequent impairments and increased vulnerability to age-related diseases (Bolognesi, Lando, Forni, Ladini, Scarpato, Migilore & Bonnasi, 1999).

The population of older people worldwide is increasing dramatically (Darnton-Hill, 1995). According to the World Health Organisation (2002), by 2025 there will be a total of about 1.2 billion people over the age of sixty (60). According to the same report, by 2050 there will be 2 billion elderly population with (80%) living in the developing countries (WHO, 2002). In recent times, population ageing has been mostly associated with the more developed regions of the world (Malambo, 2005). It is reported that over half of the world's older people live in Asia. This is expected to rise from 53% in 2002 to 59% in 2025 in Asia alone (Malambo, 2005). Between 2002 and 2025 the number of elderly people above 60 years in the USA is expected to rise from 46.9 to 86.1 million

(Malambo, 2005). It is also estimated that between 1990 and 2025 the elderly population of Indonesia will grow more than 41% (Van Eeuwijk, 2003).

According to the WHO (2002), in countries with more than 10 million inhabitants, the highest proportion of people over 60 years of age will increase as follows; in the United Kingdom from 20.8% to 29.4% by 2025; in Italy from 24.5% to 34% and in France from 20.5% to 28.7% in the same period. This increase in the elderly population is partly as a result of advances in bio-technology that are increasingly benefiting individuals that in the past would have become disabled (WHO, 2004).

According to the World Health Organisation (2002), currently, in nine of the ten countries with more than ten million elderly inhabitants, the largest proportion of older people live in Europe while, seven developing countries will be among the ten countries with the largest elderly population in the world by 2025 (WHO, 1998). These countries include China (287.5 million), India (168.5 million), Brazil (33.4 million), Mexico (17.6 million), Bangladesh (17.7 million), Nigeria (11.4 million) and Indonesia (35 million) (WHO, 2002). It is worthy to note that as the population of the elderly in the world increases, concern for developing countries raises since most developing countries including African countries lack the capacity to absorb these people. The WHO (1998) also warns that as the population of the elderly continues to increase, the existing social security and the health care services will be strained, particularly in developing countries as a result, as the population of older adults' increases, the need to care for them remains crucial.

2.7 Demographic change in the Elderly Population in Africa and Ghana

The populations of sub-Saharan countries, including Ghana and other developing countries are referred to as young because they have high concentrations of the younger age groups with at least 40 percent aged less than 15 years (GSS, 2013). According to the same report, in a few countries such as Niger and Guinea, 50 percent of the population is aged less than 15 years. In contrast, only a small proportion of the national populations in sub-Saharan Africa - between three and eight percent- is aged 60 years and above (GSS, 2013).

In Ghana, the population of the elderly has increased seven-and-half times from 1960 (213,477 to (1,643,381) in 2010, constituting 6.7 percent of the total national population in 2010 compared with 4.5 percent in 1960 (GSS, 2013). According to the same report, over two-thirds of all the elderly (68.2%) are aged 60-74 years and approximately one tenth (9.6%) are very old (85 years and above). The population of the elderly females (918,378) is larger than that of their male counterparts (725,003); 56 percent and 44 percent of the female and male populations respectively (GSS, 2013). The population of the elderly females expanded more than that of elderly males and has a higher proportion in advanced ages, 75 years and above, than that of the males; an indication of a higher female life expectancy at birth. More than half (54%) of the elderly population compared with 49 percent of the total national population resides in the rural areas. But a higher proportion of the elderly women (47%) as compared with 44 percent of the elderly men reside in the urban areas (GSS, 2013). Forty three percent of the elderly population resides in three regions that are also the most populous regions in Ghana where 46 percent of the total national population also resides: Greater Accra, Eastern and Ashanti

Regions (GSS, 2013). Thus, adequate consideration has not been given to other subgroups of the population and this can easily lead to a neglect of the elderly and their needs.

It is worthy to note that the apparent lack of concern about the elderly population in Ghana and SSA may therefore be attributed to the small proportion that they constitute of the total national populations. It must again be noted that the conditions of the elderly in African region are not unique. Sub-Saharan African countries, like other developing countries, have not made as much progress in social and economic development before recording the unprecedented increase in the population of their elderly (GSS, 2013). Meanwhile, their traditional systems of elderly care and the economic and social roles of the aged have been undermined by processes of modernization and globalization (GSS, 2013). According to Ramashala (2000), the population of ageing is not accompanied by substantial socioeconomic development that can ensure the provision of some basic needs such as water and sanitation for the elderly as well as opportunity for participating in economic activity beyond the age of retirement.

Another reason that accounts for the apparent lack of concern for the elderly population is their living arrangements. Most elderly persons live with their extended family or their siblings. They are then part of the family of a relative (Dsane, 2010; Mba, 2005). By this type of living arrangements, the elderly receive support and care from their family members and others. Traditionally, it is expected that elderly people are cared for or reciprocated for all the care they gave to their children and others during earlier stages of their life. Consequently, public sector policies neglect the aged. Human development policies fail to address their needs adequately. Meanwhile, the support given to the elderly by their adult children and extended families has dwindled over the years (Dsane, 2010; Apt, 2002). According to Obiri-Yeboah (2002), the problems associated with the life of the elderly range from neglect to

poverty and poor health as well as lack of or limited access to social infrastructure, housing and amenities). According to the findings of Obiri -Yeboah's study, the conditions of some of the male elderly are compounded by childbearing in old age, with the attendant need of the elderly to pay school fees for their young children beyond the age of retirement when they experience reduction in their earnings. However, if the conditions of male elderly are compounded by childbearing in old age what happens to the female elderly since most of them would have reached their menopausal age? Will the same factors apply to the female elderly? Certainly not, and this must be investigated by conducting the study in Winneba to involve both males and female elderly who experience neglect and the factors which predispose them to be neglected.

It must again be stressed that, the conditions of the elderly in Ghana and the rest of the sub-Saharan African region are not unique. Sub-Saharan African countries, like other developing countries, have not made as much progress in social and economic development before recording the unprecedented increase in the population of their elderly. Meanwhile, their traditional systems of elderly care and the economic and social roles of the aged have been undermined by processes of modernization and globalization (GSS, 2013).

As noted above, the traditional systems of care for the elderly have been undermined by the processes of modernization. As children and other kin move to urban areas and other destinations, kinship ties become weak and obligations are not binding as lack of proximity and application of sanctions encourage irresponsibility towards the elderly and others (Nukunya, 1969; Badasu 2004; Opong, 2007). Moreover, public attempt at addressing domestic irresponsibility in the area of care for people has not targeted areas beyond child care or maintenance (GSS, 2013).

2.8 The Meaning of Elderly Neglect

Elderly neglect is often misunderstood since it has been identified as a category or type within the broader framework of elder abuse. There has been inconsistency surrounding the distinction made between abuse and neglect, with some writers not making the distinction at all and others making it in different ways (Anne & Duggan, 1998). Galbraith (1989) suggests that: the term neglect as a separate and distinct categorisation should be omitted from the elder abuse dialogue and should be considered as another form of abuse.

However, according to Fulmer and Gould (1996), no evidence exists to suggest that neglect should be accepted as a sub-type of abuse. One of the difficulties in establishing neglect is that of determining who is responsible for the older persons care needs. According to Breckman and Adelman (1988); Griffiths & Williams (1994), cultural norms in relation to family obligation may leave older peoples relatives open to an accusation of neglect, but legally, there are insurmountable problems in establishing that a family member owes a duty of care to the plaintiff, where the law imposes no such statutory or common law duty.

Fulmer and Malley (1987), have opined that, there is a general agreement that neglect involves the failure of an individual responsible for caretaking to respond adequately to established needs for care. Hall (1989) studied a sample of 288 cases of elder mistreatment validated by the Texas Department of Human Resources, and listed forty-three acts or situations appearing in validating the cases. Contrary to the expectation that life-threatening acts or conditions would dominate the reports, they found that the most common problems related to care of the person and the immediate living area, and

problems relating to lack of medical attention were the most commonly reported. The study emphasises the difficulty of operationalising the concept of neglect clearly but also points to the importance of recognising that there may be a core of deterioration or limitation of an elder person which then makes the more extreme forms of maltreatment easier for other people to commit. Lachs and Pillemer (2004) describe neglect as the failure of a designated carer to meet the needs of a dependent elderly person. Neglect can be active or passive and lead to any type of abuse. Neglect is active when the caregiver consciously fails to meet the basic needs of the elderly, e.g. failing to provide food, liquids, medication and services necessary for maintaining physical or mental wellbeing. In passive neglect, the caregiver does not intend to injure the dependent elderly person (Lachs & Pillemer, 2004). However, whether the neglect take the form of passive or active the elderly is always at disadvantage.

One of the much debated issues in defining neglect has been the inclusion of self-neglect as a category. Cases in which older people neglect themselves are fertile grounds for debates about the rights of individuals to autonomy, self-direction and self-determination and the protection of those who are legally incompetent to care for themselves. There are many questions raised as to the appropriateness of such measures given the inclusion of self-neglect as a category (Thobaben, 1989). Fulmer and Gould (1996) in their article on assessing neglect include self-imposed neglect in their schematic chart. However, in a further discussion they acknowledge that the issue is riddled with value judgements and has not been resolved for adults of any age in US society (Anne & Duggan, 1998). Some protocols in the UK include self-neglect in their definition. The policy and procedures manual on the mistreatment of older people from County Durham is one example

(Durham, 1994). However, Pillemer (1994) states that: studies are especially weakened by their inclusion of the category self-abuse or self-neglect. These oxymoronic terms are meaningless and should be discarded.

Neglect is again defined as the refusal or failure of responsible caregivers to provide a dependent older adult with assistance in daily living tasks or essential support such as food, clothing, shelter, health and medical care (WHO, 2002). This can also include desertion of a care-dependent older adult, also called abandonment. Thus, in spite of the contentious and varied definitions regarding neglect, it is clear that all the definitions regard neglect as the failure to reciprocate responsibilities by caregivers and that many victims are people who cannot help themselves and depend on others to meet their basic needs. According to Lachs and Pillemer (2004), elder neglect includes the act of withholding necessary nutrition, not providing adequate hygiene, or neglecting to offer physical aid or safety precautions. The implication here is that, if a caregiver deliberately or unintentionally fails to offer any kind of care expected of a person who is in trust relationship with an older person, such an act can be regarded as elderly neglect. Thus, neglect is when a caregiver does not provide for an elderly safety, or for his or her physical and/or psychological needs. Physical neglect can mean failing to provide an elder with adequate and necessary medication or physical therapy, not taking care of an elderly's personal hygiene needs, or forcing an elder to live in unsanitary or potentially harmful conditions. Psychological neglect means leaving an older person alone for long periods of time or failing to provide social contact, activities, or information.

It is worthy to note that many reported cases of elder abuse indicate neglect as one of the most common form of abuse that the elderly suffers (Andersen & Taylor, 2001).

According to Nursing Magazine (2006) in USA, nearly 50 percent of elder abuse cases are the result of neglect. In 1996, Congress ordered the National Elder Abuse Incidence Study; its findings suggested that 500,000 elderly Americans are abused, neglected and exploited by family members each year. Reports to APS agencies of domestic elder abuse also increased 150 percent between 1986 and 1996 (Nursing Magazine, 2006). This increase dramatically exceeded the 10 percent increase in the older population over the same period. Recent research in the USA has found the following:

- i. Five hundred and fifty five thousand and eleven persons aged 60 and older experienced abuse, neglect, and/or self-neglect (when a dependent adult does not obtain needed care) in a one-year period.
- ii. Recent research suggests only 1 in 14 domestic elder abuse incidents comes to the attention of authorities. Almost four times as many new incidents of abuse, neglect, and/or self-neglect were unreported as those that were reported to and substantiated by Adult Protective Services agencies.
- iii. Persons aged 80 years and older suffered abuse and neglect at a rate two to three times greater than their proportion of the older population.
- iv. Hard as it is to believe, the great majority of abusers are family members, most often an adult child or spouse.

The import of this evidence is that if developed countries such as USA with its sophisticated technologies and better welfare systems have been reporting higher number of elderly neglect cases then what will be the case of African countries including Ghana with their poor and ineffective welfare systems to care for the aged?

In addition, literature has revealed that developed countries such as USA (each state) has passed some form of elder abuse prevention laws and established a reporting system. Generally, Adult Protective Services (APS) agencies receive and investigate reports of suspected elder abuse or neglect.

2.9 Challenges faced by the Elderly

According to Hal and Larry (1992) and Vatuk (1980), ageing could be seen as a continuous process of change and that change comes with many problems and challenges. It exposes a person to increasing risk of diseases and disability, as the body becomes weak, frail, and not able to perform its tasks as it once did. Old age is feared in recent times; however, this was not always the case. In the good old days, life was not so complicated and family values were given more importance (Agyemang, 2014). According to the same report, the older generations used to hold very important position in the family tree and in society. They were the epitome of wisdom. Younger family members benefitted from the profound knowledge and experiences of their elders. The youth were thus, allowed to be seen in public gatherings but were not to be heard.

The scenario is changing nowadays, with senior citizens being considered as "non-productive" and a social and economic burden (Hal, 1992). For instance, in urban areas in India, the entire responsibility falls on the male child with whom the ageing parent resides. With the advent of the nuclear family system, the elderly tend to feel neglected when all the others remain busy with their own schedules (Agyemang, 2014). The experiences of the old are considered inappropriate in this advanced technology driven world and no one wants to pay attention to what they have to say. These challenges are

seen in the areas of finance, health, social and physical among others. These challenges have been discussed below:

2.10 Financial Challenges faced by the Elderly

People are expected to be less active economically in their old age. They are to continue enjoying from the lifetime savings of their youthful days. This is however not the case for all persons. Most elderly persons face grave economic challenges (Agyemang, 2014). While some are forced to engage in active economic activity to literally feed themselves, others are forced to sell off their property for their upkeep or to support their children who are still in school or under training (Agyemang, 2014). Many elderly persons live in poverty. A fair number lack adequate food, essential clothes and medicines, and perhaps even a telephone. One of every six of the elderly has incomes close to or below the poverty line (Agyemang, 2014). Only a small minority have substantial savings or investments (Johnson & Mommaerts, 2011).

On the contrary, if an elderly person has the financial resources to remain socially independent, having his/her own household and access to transportation and medical services to continue contact with friends and relatives, and to maintain his/her preferred forms of recreation, he/she is going to feel a great deal better about himself/herself and others, than if he or she is deprived of his/her former style of life (Johnson & Mommaerts, 2011).

According to Agyemang (2014), the economic challenges of the elderly may be linked to early forced retirements which often create a financial and psychological burden that retirees usually face without much assistance or preparation. Ghana's Social Security programme supports early retirement, which can come as early as age 55 years for men

and 50 years for women. Many workers who retire early supplement their pension by taking other jobs, usually of lower status (Agyemang, 2014). The more a person's life revolves around work, the more difficult retirement is likely to be (Johnson & Mommaerts, 2011). Retirement often removes people from the mainstream of life. It diminishes their social contacts and their status and places them in a situation where they play no role. Individuals who were once valued as sales people, plumbers, accountants, or secretaries are now considered non-contributors on the fringe of society (Agyemang, 2014).

2.11 Social Challenges faced by the Elderly

Elderly persons who are single are generally less well off than those who are married (Agyemang, 2014). The longer life span of women has left nearly 60% of women over age 65 without a spouse. Zastrow (2004) comments on the value of marriage for older persons:

They now have much more time for and are more dependent upon each other. Some marriages cannot handle this increased togetherness, but those that can become the major source of contentment to both partners... A good marriage, or a remarriage, provides the elderly person with companionship and emotional support, sex, the promise of care if he is sick, a focus for daily activities, and frequently greater financial independence. Sex roles often blur, and the husband actively helps in household chores.

The import of this shows that the elderly person's life is enhanced in prolonged social relationship, especially in marriage. According to Van der Geest (2001), there is a common misconception that older people lose their sexual drive and the attitudes of the younger generations frequently create problems for the elderly. A widow or widower may face stiff opposition remarrying from other family members. For example, most

Ghanaian children will prefer their widowed parent to remain single. Negative attitudes are often strongest when an elderly person shows interest in someone younger and who will become an heir if the older person dies (Agyemang, 2014).

Moreover, it appears attitudes toward sexuality in later adulthood are changing. The elderly also experience isolation and sometimes neglect by society. In the advanced world, most persons reduce their guilt by sending their old parents to care homes created specifically to care for the elderly. However, seldom do these children realise that although their parents or grandparents may get physical care in these institutions, their emotional needs of affection and love by their own, near and dear ones remain unfulfilled (Agyemang, 2014). This situation becomes worse in a developing country like Ghana where such care homes are inadequate and ineffective.

2.6 The Dynamics of the Elderly Population in Africa

According to Amosun and Reddy (1997), increasing the population of the aging has been predicted for African countries owing to the dramatic gains in life expectancy during the 20th century. The elderly population in Africa is currently estimated to be slightly over 38 million and projected to reach 212 million by 2050 (HelpAge, 2000). Although the AIDS epidemic is projected to reduce life expectancy in affected countries, the proportion of elderly population of Africa will continue to increase as a result of high mortality rates among the youth (HelpAge, 2000).

Over the next 30 years (2000-2030) the population of older people will double in many countries including the Democratic Republic of Congo from 2.1 to 4.9 million, Cameroon from 0.8 to 1.6 million and Uganda from 0.8 to 1.9 million (HelpAge, 2000). This shows that the rapid ageing population in Africa has become a reality. This rapid growth is

attributed to decreased birth rates and increased longevity, effective public health measures and advanced health care (Ahn & Kim, 2004). On the other hand, the projected increase in the absolute number of older persons is of greater importance, specifically in terms of changes in population structures and in particular as a result of the expected demographic, economic and social impact of the HIV/AIDS epidemics (Ferreira, 2004).

Also in the past, the home village provided physical and emotional security for the elderly (Nyanguru, Hampson, Adamachak, Wilson, 1994). In recent years, urbanization and industrialization of societies have led to the proliferation of the nuclear family structure which has further disintegrated the traditional extended family support system in Africa (Amosun & Reddy, 1997; Ferreira, 2004). Amosun and Reddy (1997) further argue that health care is often hindered in the elderly population by poor access to health services and limited use of preventive services. Thus, according to the WHO, (2002), as we enter the 21st century, global ageing will put increased economic and social demands on all countries.

According to Amosun (1999), in Africa, urbanization, and migration have forced most young people to cities in search of jobs. In addition, education has made it possible for most females to enter the formal workforce. The implications of these mean that, fewer people are available to care for old people when they need assistance. According to Eeuwijk (2003), urban growth and the ageing societies show a strong correlation. Eeuwijk (2003), further states that, the adverse aspects of urbanization in developing countries such as poverty and lack of primary education, have a direct harmful effect on the health status of the elderly. According to Ahn and Kim (2004), the elderly population has a high prevalence of chronic illness and has difficulties in taking care of themselves.

In some countries, people with poor functional ability are more likely to become institutionalized, which in itself can lead to dependence, particularly for the small minority of elderly people who suffer from loss of mental function (Kalache & Keller, 2000). The increase in the number of elderly people, therefore, provides a challenge for the African continent as a whole, as well as for individual countries (HelpAge, 2000) since the problem of elderly neglect differs in terms of culture and individual experiences. According to Ferreira (2004), the health care services in Africa are under-resourced and often inaccessible to older clients. In addition, the weak Societal Care Systems in most Africa countries compound the problem. Ferreira (2004) further suggests that indigenous solutions and strategies need to be developed in order to provide support and care of older Africans.

2.12 Physical/Health Challenges of the Elderly

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, and not merely the absence of diseases or infirmity (World Health Organization, 2006). Therefore good health is very vital in the life of every individual. It is an element of human capital in carrying out survival strategies or activities. Most elderly people with deteriorating conditions struggle, as they cannot engage in many activities. According to Kimmel (1974), in general, it is very difficult to separate the physiological, social and psychological effect of ageing from the effects of disease, since ageing and disease highly go together. Kimmel (1974) reiterated that individuals are as they are, and become more troubled by chronic diseases such as arthritis, heart conditions or high blood pressure. Studies from most developing countries, show that when elderly people are in good health, they continue to work while those who

are ill end up in poverty when support from household members is insufficient (Hai, 2003; Muruviwa, 2011). The elderly people's inability to access healthcare in Africa has been attributed to their low-income levels. In most cases, lack of access to healthcare in most developing countries has left the elderly vulnerable to sicknesses and diseases as they lack the means to pay for treatment that they need (Agyemang, 2014). Due to this, they have resorted to traditional medicine and faith based healing and informal health.

According to Twumasi (1975), most African countries have pluralistic medical system, with traditional and Western healers operating side by side. Since most elderly persons reside in rural areas, they tend to rely on traditional medicine to meet their health care needs. However, empirical evidence on access to health care services in a number of Ghanaian communities shows that rural dwellers have less access to health services than their urban counterparts (Apt, 1992; Banga, 1992). This therefore calls for the need to examine the factors which predispose the elderly to neglect and how the elderly cope with life.

2.13 Causes of Elderly Neglect

The likely causes of elderly neglect are noted to be wide-ranging (Brandl & Bonnie, 2012). These possible causes include, but not limited to; caregiver stress (Andersen & Taylor, 2001; Juma & Juma, 2006; Cockerham, 2007; Acierno, hernandex-Tejada, Muzzy & Steve (2010), weakening ties in traditional family system (Lasch, 2004), rural-urban migration (Ghana National Population Council (GNPC), 2007), poor community support (Arokiasamy, 1997) among others.

2.13.1 Caregiver Stress

There is considerable evidence in the literature that, many families are increasingly being affected by the need to provide elderly care, and for many the strains involved in carrying these responsibilities result in the abuse of the older people (Andersen & Taylor, 2001). It is noteworthy that, previous studies on elderly neglect and abuse tend to cite caregiver stress as the primary cause of elderly neglect and abuse (Brandl & Raymond, 2012). Mostly, these studies perceived elderly victims as dependent on the caregivers who become frustrated, angry and sometimes abusive or neglectful because of the continuous caretaking needs of the elderly (Wolf, 2000). The foregoing assertion posits that, caring for an older adult is highly stressful, and individuals who do not have the necessary skills, information, resources, and who are otherwise poorly prepared for the care-giving role may experience extreme stress and frustration which may lead to elderly abuse and consequently neglect (Wallace, 2002; Cockerham, 2007).

It is worth emphasising that, while previous studies on early elder abuse were limited to caregiver stress (Andersen & Taylor, 2001; Cockerham, 2007; Brandl & Raymond, 2012), other scholarly studies have also pointed out some methodological limitations that tend to skew findings of earlier studies. Overall, these studies tend to point out that perpetrators' perspective need to be interpreted with caution since they are known to lie, and justify their behaviour (Bancroft, 2002; Starke, 2007). Others hold the view that, caregivers are as diverse as the older adult in their care (Brandl & Raymond, 2012). Implicit in the foregoing assertions lays the notion that, possible causes of elderly neglect are varied and not necessarily an outcome of caregiver stress as many scholars such as Brintnall-Peterson (2012) tend to suggest.

2.13.2 Extended Family Ties

The family is the most important source of nurturing support (Andersen & Taylor, 2001). The role of the family as the basic unit of society is therefore noted to be a very vital ingredient in the accomplishment of social integration process of the elderly. But, the weakening of the traditional family structure from the extended family towards the craving for nuclear family poses a threat to the harmonious living of the elderly. As a result, the traditional values that associate old age and ageing with dignity, wisdom, knowledge, respect and obedience are giving way to disrespect (GNPC, 2007). In effect, the idea of elderly people looking to the family as refuge of love and decency in a cruel and heartless world (Henslin, 2004) has undoubtedly become a mirage for most elderly.

The situation on the ground points to the fact that, the family is generally incapable of providing comfort to the elderly. That is, ideally the family is often regarded as basic institution where the norms of behaviour are inculcated into the child about care and respect for old age. These societal values and customs are therefore passed on through the family system in which respect for one another is propagated. Nonetheless, it is evidenced that in current situations where several parents in traditional extended families have placed their career and success above that of the emotional needs of their elderly parents and children, they find no time for family interaction. This has affected the proper socialisation process in this regard. The seeming breakdown in the bond of relationship between parents and their children has resulted in the weakening of the traditional filial piety of individuals towards the elderly in most families (Leong, 1985). The arguments above shows that compression of genealogical ties in family behaviour has made people

to virtually disregard their traditional reciprocal obligations to relatives outside their nuclear family. This is likely to subject the elderly to neglect.

2.13.3 Social Isolation

Another possible cause of the social problem of elderly neglect has been noted to be social isolation (Juma & Juma, 2006) that results from the phenomenon of industrialisation and rural-urban migration. Ghana has for the past decade witnessed rapid urbanisation with majority of the active labour force migrating from the rural areas to the urban centers in search of better opportunities in life (GNPC, 2007). This social reality has created social distances between the working population and their relatives thereby increasing the number of the neglected and isolated older persons in several communities. This situation is likely to be prevailing in Winneba in the Central region of Ghana.

Mostly, older persons sometimes are responsible for nurturing children of migrants and working families. In many cases, remittances from migrant relations of these elderly persons are often inadequate and at times inconsistent, and this tends to worsen the financial situations of older persons concerned (Twum-Barima, 2014). This confirms the study by Henslin (2004) that as the issue of industrialization continues, the proportion expenses for the proper upkeep of the elderly people continues to increase which tends to alarm researchers.

2.13.4 Community Support Systems

The provision of the physical and emotional needs of the elderly is not solely the duty of the individual families, but is also a society's function (Arokiasamy, 1997). In a sense, caring for the elderly by the family system is generally in agreement with societal norms and sanctions. Thus, a community that values the elderly will have little problem in

getting their caregivers to look after them. A review of issues and debates about elderly abuse tends to suggest that, in today's rapidly modernizing societies, attitude towards the elderly in most communities in general tend to be largely negative (Twum-Barima, 2014). This is likely to cause the neglect of the elderly.

2.14 Other Factors that predispose the Elderly persons to Neglect

In addition to the above discussed causes, other factors which predispose the elderly to neglect have also been identified in the literature to include; cognitive impairment (Wigglesworth, Mosqueda, Mulnard, Liao, Gibbs & Fitzgerald, 2010); social isolation (Lachs & Pillemer 2004); lower household income (Acierno, 2009); and unemployment (Acierno, 2009). These factors have possible ramifications on the livelihoods of elderly persons. These factors have been explored in details.

2.14.1 Cognitive Impairment

The phenomenon of old age is expected to be the golden period of tranquility, enjoyment and satisfaction (Mba, 2007). However, it is also a period characterized by a myriad of health related problems (Cockerham, 2007). The reality is that, only few elderly persons in many societies including Winneba are able to escape the accumulation of chronic pathologies as they grow older. This is because according to Hickey (1980), old age at a developmental stage, has multiple pathologies that in turn result in multiple symptoms. More importantly, it is evidenced that, many health problems that the elderly face in this old age period result in functional, psychological and social disabilities (Arokiasamy, 1997; Hickey, 1980). These have consequences on the cognitive capacities and or functioning of the elderly persons. It is observed that, these functional disabilities result in depression, anxiety, hypochondria and suicidal ideation (Twum- Barima, 2014). These

cases are good predictors which predispose the elderly to the care-giver who in turn becomes stressed and frustrated as a result of difficulty in rendering care to the infirm elderly family member.

2.14.2 Lower Household Income

It is important to note that, another factor that predisposes the elderly to neglect has been cited to be the issue of reduction in the household income. This results from unemployment which characterised most elderly at this stage of their lives. Thus, when the elderly persons disengage from productive roles, their socio-economic worth is sometimes challenged. The import of this is that, economic aspects play important role in the lives of the elderly, thereby affecting their health, social relationships, living arrangements, community activities, and even political participation (Crandall, 1991).

Clearly, unemployment at old age also tends to predispose the elderly to neglect as it results in lower household incomes which make them dependents on caregivers. Thus, at the retirement age of 60 years, the daily socio-economic opportunities and competence of the elderly persons in Ghana tend to influence their incomes. This change in employment pattern negatively affects their economic status (Arokiasamy, 1997). The implication is that, most elderly persons become unemployed and loneliness begins to etch on their faces during the productive hours of the day in various societies including Winneba. They become dependent on other people for their upkeeps. This situation predisposes them to neglect.

2.15 Caring for the Elderly in Ghana

‘Caring’ according to Lindberg-Sand (1993) is a universal term. The caring perspective has its origins from humanity but also involves practical accommodation of basic human needs (Lindberg-Sand, 1993). The acts that determine caring are those done together with another person, healthy or ill, to achieve optimal health or quality of life (Anning, 2012). This section discusses the issues such as traditional system of elderly care in Ghana, the political economy of elderly care in contemporary Ghana, community based care for the elderly and quality of care for the elderly. This will help to provide an understanding of basic care of the aged.

2.15.1 Traditional System of Elderly Care in Ghana

Long before the missionaries arrived in Ghana, the country was divided into tribal communities and the very first provider of social welfare was the family (Dosu, 2014). Hence, one felt a sense of belonging and thus, everyone was being responsible for each other. Thus the spirit of weism was very strong within the community. Also, the family provided social support, both physically and mentally. Today, urbanization has declined the family ties which have put more pressure on the additional providers of social welfare (Dosu, 2014). In the case of the churches, the decline in the family ties has changed their role in society but substituted the family role when it comes to both mental and financial support (Lidzén, 2008). In traditional African societies, adults rely on children as security against old age. Other reasons for childbearing include wealth transmission through offspring and social status resulting from parenthood (Lidzén, 2008). As agrarian societies, traditional African societies also need children for farm labour and other domestic tasks (GSS, 2013). The desire for large family size attributable to these reasons

has persisted to contemporary times. There have been some transformations in the economies and societies of African countries. Nevertheless, children continue to be desired as economic resource (source of family labour) and security against old age by some parents. Adults with no biological children would normally foster children of their kin or of non-kin for similar reasons. Continual high fertility in Sub-Saharan Africa has been noted as a consequence of the economic and social value of children (Caldwell & Caldwell, 1990). The elderly in sub-Saharan Africa therefore enjoy both biological and social support and care from their children. The “parent-child contract” (the cultural value of reciprocity) ensured that children, having been cared for by both their biological and social parents would in turn provide all their needs during their old age. This is explained by an Akan saying that: *Se obi hwe wo ma wo se fifiri a, wo nso hwe no ma ne se ntutu*. Meaning, if someone helps you to grow your teeth, you also help him or her to lose his or her teeth. Traditional practices of elderly care ensured that children provide the needs of their elderly parents.

In their study of elderly expectation and perception of their needs, (Ethel, Zhou, Henry, Emmanuel, Kwame & Daniel 2014) found that 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, this shows that the domestic separation of the urban elderly from the traditional structure brings into the fore the changing image of the traditional family. In connection with this, Fortes (2001), Oppong

(2007) and Korboe (2002) contend that, conflict of loyalties is evident between the newer urbanized conjugal family and the extended traditional family. In a study of the views of Ghanaian youth on ageing Apt (2001), it became 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 not be a mistake to think that such separation is simply the outcome of the adoption of modern values and attitudes. It must be noted that in the Ghanaian context, respect is one major aspect of care that the elderly have been denied in contemporary times. This is noted by a study by Karlberg (2003) that focused on the views of the elderly themselves in Accra, Akropong and two villages. The issue of lack of respect for the elderly was noted by the interviewees in the villages and even in small towns.

2.15.2 The Political Economy of Elderly Care in Contemporary Ghana

There have been revelations that some elderly persons are cared for by domestic workers because their own children are unable to co-reside with them or provide care for them due to occupational and other demands. Dsane (2010) study in Teshie and Cape Coast respectively, confirm the study of Nyanguru et al. (1994), Mba (2004), Apt (2005) that non-family sources of care for the elderly are emerging due to the inability of children and extended family members to provide care for their elderly parents and relatives.

According to the sources cited above, domestic care workers and nurses provide care for some elderly persons in Ghana. This is because family obligations and occupational demands do not permit the children and relatives of the elderly to meet the moral duty of caring for the aged. Migration, especially the children living outside Ghana, has also rendered co-residence of the elderly with their children impossible in some cases (GSS,

2013). Consequently, an industry of care with workers from the labour market has been gradually emerging in response to these dynamics of inter-generational relationship.

2.15.3 Community –Based Care for the Elderly

Community-based rehabilitation is described as a strategy whereby resources for rehabilitation are made available in the community at an affordable and acceptable cost (World Program of Action Concerning Disabled Persons, 1992). It involves the transfer of knowledge about disabilities and basic rehabilitation skills to people with disabilities, their families and communities (WHO, 1994; Amosun, Hansford, Mji, Myezwa & Statham, 1998). There is recognition of the fact that a range of skills and expertise is required to meet the multiple needs of infirmed elderly persons. This requires the creation of a multidisciplinary team and the organization of regular meetings to plan treatment objectives and set realistic individual patient goals (Hawker, 1993). According to the UN (1999), older persons should benefit from family and community and have protection in accordance with each society's system of cultural values.

In America, nursing homes have become the primary institution-based setting for older persons with age related illness, accounting for 89% of all older persons in healthcare institutions, compared with 11% receiving services in hospitals (Bartels, Miles, Dums & Levine, 2003). In contrast, nursing homes for older people are culturally unacceptable in most African countries (Akanji, Oguniyi & Baiyewu, 2002). This is because caring for the aged is considered to be the responsibility of the family members. It is also argued that community-based care for the older adults allows them to continue living in their community (Ritchie, 2000). In addition, a study by Bartels et al (2003) in the USA showed that most of the elderly preferred to live in their own house with a spouse and not

to live alone with others in a nursing home. In attempts to maintain frail elders at home, the CBR concept has received attention in the UK since 1981 (Mehta, 2000). The model has demonstrated its effectiveness as a sustainable and alternative to institutional care, even in the context of social and economic instability (Do-Le, 2002). Hence, community care has emerged as a sustainable and developmentally sound approach in service provision for the elderly people.

However, Eisdorfer (1989) argues that with the rapid growth of the aging population and recent changes in the financing of health care, hospitals are unlikely to continue caring for the aged, but it is proposed that they must also transform themselves to provide an array of health and related services for their aging patients. In the spectrum of health care settings, the hospital is the most expensive way to deliver care. However, it remains the only place to deliver certain types of care. Nevertheless, a study by Bernabei, Laudi, Ganbassi, Sgadrai, Zuccaca, Ncor & Rubenstein (1998) in Italy on the integration of care for older people living in the community showed that social and medical care programs can provide a cost effective approach to reduce admission to institutions and functional decline in older people. A similar study by Mehta (2000) in Singapore reviewed that less than 2 % of the elderly live in institutions.

Therefore, it is the aim of community-based care for the elderly to establish a supportive environment in which the needs of elderly people are addressed at different levels. Government and all stakeholders should be involved in the planning and implementation of community education programs with an emphasis on health promotion and prevention of impairment. The needs of community elders are as diverse and multifaceted as the elders themselves (Ahn & Kim, 2004). Therefore, a comprehensive Community Based

Programme is needed on multidimensional aspects, including their physical, psychological, economic and social needs.

Based on the above analysis, there is a need for developing community-focused intervention programs using community resources that are directed towards the elderly population. These interventions will provide integrated health care and social welfare services that are of high quality, while keeping costs down. However, Ahn and Kim (2004) found in Korea, as it is the case in other developing countries, a different situation due to the fragmented services where clients receive primary care in one setting and social welfare service in another. Nevertheless, an integrated community-based health and social welfare services are essential for prolonging independence and functional status of the elderly in the community.

2.15.4 Quality of Care for the Elderly

Due to the increased burden of infirmities and disability associated with ageing, older persons require more care than younger persons do. This care is expensive and the cost is rising at a faster rate than healthcare costs for younger persons. In spite of these high expenditures, studies have shown that the quality of care received by older persons is frequently inadequate, especially for geriatric conditions (Reuben, Roth, Kamberg & Wenger, 2003). Although, the cost of health care is gradually rising beyond the means of many elderly people (Beenhakker, 1993), all over the world, family members, friends and neighbours still provide the bulk of support and care to older adults that need assistance (WHO, 2002). According to Beenhakker (1993), in developing countries the majority of elderly people are still living in rural areas, often far from health facilities and social support infrastructures that cater for their needs. The extended family and

community have played a role as the primary source of care for the elderly, but urbanization, modernization, political and social strains such as war, poverty and economic insecurity are changing these traditional support systems (Amosun & Reddy, 1997).

It is considered, in general, that elderly people living alone are a low-income group and they tend to be powerless. According to Ahn and Kim (2004), poverty and powerlessness create circumstances that predispose them to the highest incidence of social dysfunction, higher rates of morbidity and mortality and the lowest access to primary care and little or no access to primary preventive programs. In Sub-Saharan Africa, comprehensive social security programs do not exist and few people are in pension schemes (Twum-Barima, 2014). In Nigeria, the majority of older persons living in rural communities are self-employed and do not receive any retirement benefits (Akanji et al, 2002). A study by Baiyewu et al (1997) on the socio-economic status of the elderly in Nigeria found that only 6.4% of those aged 60 and older were receiving pensions, with 74% living below the poverty line.

2.16 Coping Strategies of the Elderly

Old age is often seen as a period in life which is associated with numerous challenges such as uncontrollable stress (Rodin, 1986). At this stage, older people are often coping with chronic illness and disability, the loss of friends and family members, and their own impending mortality. However, according to Paykel (1983), the elderly report fewer stressful life events than do the young. The types of hassles, or daily stressors, experienced also vary as a function of age (Lazarus & DeLongis, 1983). However, their

study was limited to find out how the elderly cope with stress only. Therefore, there is the need to look into how the elderly cope with the myriad challenges they face in life.

A study conducted by Sinethemba (2010) about the survival strategies of elderly women in female-headed households in Pretoria revealed that, strategies adopted (in the face of their neglect) in this area include: street vending through selling sweets, fruit, chicken heads and feet while some may support their parents by bringing home the Child Support Grant (CSG). According to the same study other elderly people (the majority of whom are women) are engaged in a community project called 'Clean and Green'. They clean the streets and plant flowers along the road to ensure the upkeep and beauty of the community.

There are also other survival strategies, which have been adopted by elderly women in this community as well. These strategies include, among others, the 'Kuyasa-Zinkqayini Project'⁵ whereby women bake bread and sell it to the community (Sinethemba, 2010). This is a government-supported project. However, the women involved in this project have not yet seen any improvements in their livelihoods because of the challenges of accessing funds from the government through the Department of Social Development. Apart from these projects, there are other strategies employed by women in this community to survive. Some women sell fruit and other goods such as chips, fish and juice inside school yards to both teachers and children. There are also taverns owned by some women in the community (Sinethemba, 2010). The money generated from these taverns is used to support themselves. Other women rent out rooms to people who come from rural areas to work in this area. These are the survival strategies adopted by the elderly in the area identified in the literature. What is not known is how the elderly in

Winneba cope with life. It is in this case that the researcher tries to probe further and deeper to find out what the neglected elderly do to ensure their survival and what this means to them.

2.17 Summary

The literature reveals the inconsistency surrounding the distinction between elderly abuse and elderly neglect. While some writers do not make the distinction at all (Breckman & Adelman, 1988; Griffiths & William, 1994; Fulmer & Gould, 1996; Anne & Duggan, 1998), others suggest that the term neglect should be separated and as a distinct categorization, be omitted from the elder abuse dialogue (Galbraith, 1989; Hall, 1989; Malley, 1987). Moreover, according to Apt (2006), in many African countries especially Ghana, neglect and isolation of older persons is increasingly surfacing at two levels: at the family level and at the societal level. However, the study of Apt was silent on the factors in the family and the society which predispose the elderly to neglect.

In addition, existing studies are inconclusive in terms of the causes of elderly neglect. This is because the causes are noted to be wide-ranging (Brandl & Bonnie, 2012). These possible causes include, weakening ties in traditional family system (Lasch, 2004), rural-urban migration (Ghana National Population Council (GNPC), 2007), poor community support (Arokiasamy, 1997) among others. In addition, it must be stressed that, many scholars and researchers cite caregiver stress as a major cause of elderly neglect (Wolf, 2000, Andersen & Taylor, 2001; Juma & Juma, 2006; Cockerham, 2007; Acierno et al, 2010). However, others tend to regard it as not a strong predictor (Leong, 1985, Arokiasamy, 1997, Burnight, 2011). Largely, such scholars tend to cite other causes of

elderly neglect as social isolation but their studies did not find out how the elderly themselves have contributed to their situation.

Moreover, the literature reveals that the conditions of some male elderly who are socially isolated are compounded by childbearing in old age, with the attendant need of the elderly to pay school fees for their young children beyond the age of retirement when they experience reduction in their earnings (Obiri- Yeboah, 2002). However, his study was silent on the factors which predispose the female elderly to be neglected. The focus of the study will involve both males and female elderly who experience neglect and the factors which predispose them to this social and psychological phenomenon.

The literature also reveals that traditional systems of care for the elderly have been undermined by several factors such as the processes of modernization. As children and other kins move to urban areas and other destinations, family bonds become weak and obligations are not binding as the absence of proximity and application of sanctions encourage irresponsibility towards the elderly (Nukunya, 1969; Opong 2007). The researcher agrees with this but however wants to conduct the study in Winneba Municipality which is an urban area to confirm, refute or find out the other factors which may undermine elderly care. Thus, this phenomenological study was designed to address these gaps in the literature.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The main purpose of the study was to examine the incidence of elderly neglect in Winneba. In this chapter, the research method that was used for the study is described. It included the study design, the research setting, the study sample, and data collection methods. This was then followed by an outline of the validation of the instruments and the data analysis procedure. Statement of ethical considerations was also presented in this chapter.

3.1 Study Area

The Effutu Municipality is one of the 20 administrative districts in the Central region of Ghana. It is situated between latitudes $5^{\circ}16'$ and $20.18''$ N and longitudes $0^{\circ}32'$ and $48.32''$ W of the eastern part of Central Region. The Municipality lies between the Gomoa East District to the western, northern and eastern flanks. On the southern flank is the Gulf of Guinea. The administrative capital is Winneba, a town renowned for its specialised major institutions of higher learning such as University of Education, Winneba and Winneba Nursing Training College. It covers a total land area of 95 square kilometers. Data from the 2010 Population and Housing Census indicates that the Municipality has a population of 68,597 which represents 3.1 percent of the population of the Central region. The municipality has fourteen settlements which are clustered around the Municipal capital, Winneba (GSS, 2013).

Winneba is traditionally known as ‘Simpa’ which was derived from the name of the leader of the Effutus ‘*Osimpa*’ who led the Effutus of the Guan ethnic stock from the Northern part of Ghana to the present location (GSS, 2013). The name Winneba originated from European sailors who were often aided by favourable wind to sail along the bay. From the use of the words ‘windy bay’; the name Winneba was coined. The town is one of the first communities in the country to come into contact with European traders. It served as a port where foreign goods were discharged and transported to the interior and major commercial areas such as Agona Swedru and Akim-Oda. Due to its role as a harbour town and a place of early European settlers, it became the administrative capital of the then Central Province of the Gold Coast (GSS, 2013).

The major economic activities in the municipality are fishing, wholesale/retail trade, services, manufacturing, salt mining (white gold). The fishing industry is very prominent in the coastal communities of Winneba, Akosua Village and Warabeba within the municipality. The Map of Winneba is shown by Figure 3.1.

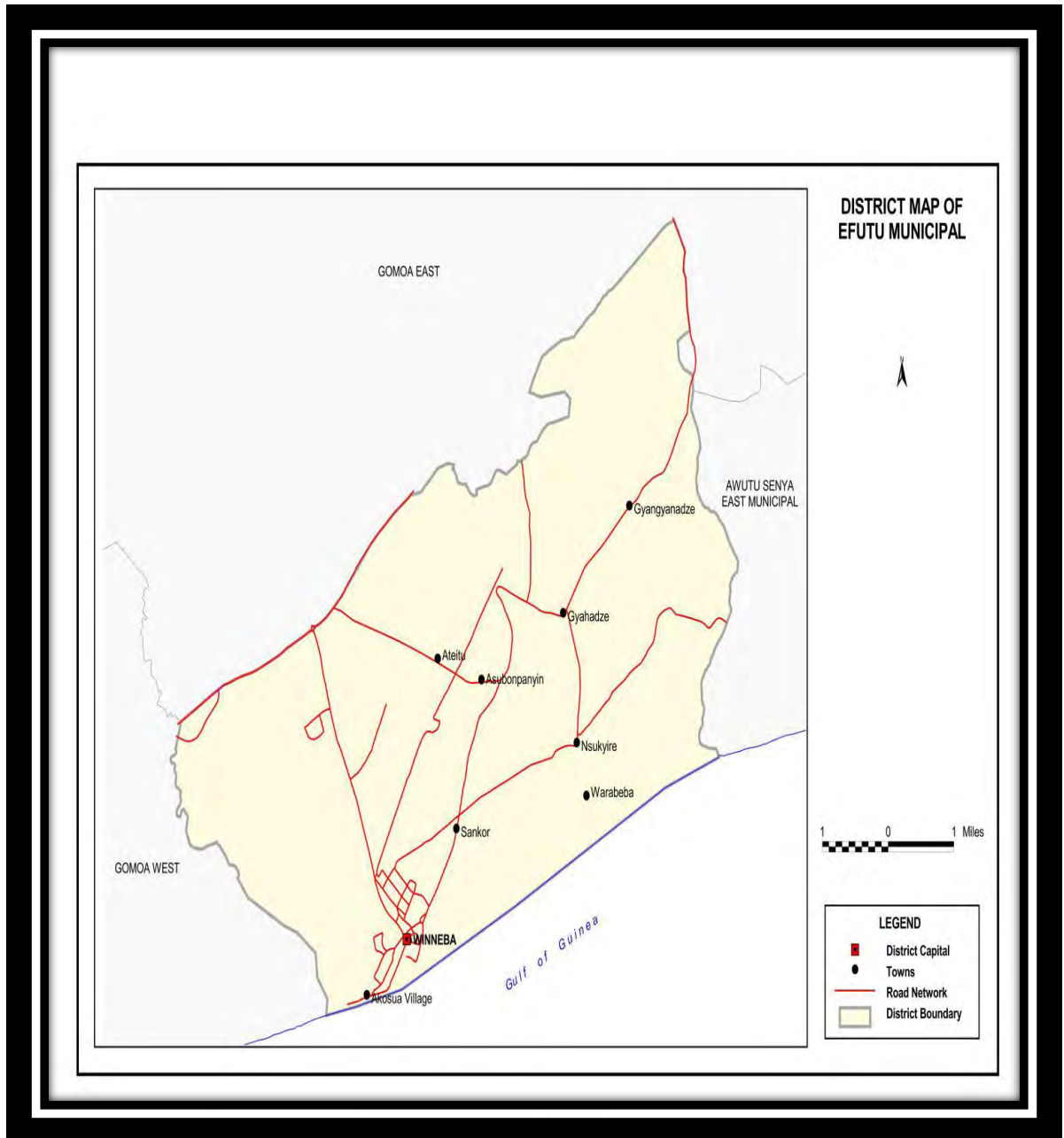


Figure 3.1: Map of Effutu Municipality

Source: Adopted from Ghana Statistical Service (GSS) (2012)

3.3 Research Design

A qualitative research approach with phenomenological design was employed for this study. Polit and Hungler (1987: p145) describe phenomenological studies as “capturing what people think, feel and behave in their naturalistic environments”. De Vos, Strydom, Fouche & Delpont (2005: p270) opine that “the phenomenological approach aims to understand and interpret the meaning the participants give to their life world or life setting of their everyday lives.” The term “phenomenology” is summarised by De Vos et al (1987), as an approach to human inquiry that emphasises the complexity of human experiences and the need to study that experiences holistically as it is actually lived. The researcher adopted phenomenological design because the researcher wanted to interpret and to understand the issue of neglect as lived and experienced by the elderly participants themselves. The intent of the researcher was not to oppose, observe, measure, predict or to generalize but to understand, interpret and report the issue of neglect as lived by the elderly participants. Thus the researcher adopted this design because the issue of elderly neglect as a concept was experienced differently by each participant, and therefore each participant’s life experiences were described differently during the interactive focus groups and one-on-one interviews during data collection.

3.4 Population of the Study

The population for this study was all elderly of Winneba in the Central Region of Ghana. The target population for the study was all elderly persons who were aged “65 years or more”, and resided in Winneba and caregivers who provided care to these elderly. Twelve elderly persons and six caregivers who provided care to the elderly were selected to provide information in order to understand the individual’s perception, opinions and

points of view as formed by their socialization, cultural and life experiences. The researcher ensured that the elderly participants met the following inclusion criteria:

- i. Able to speak Fante, Twi or English
- ii. Able to hear normal-volume conversation with hearing aids or without hearing aids
- iii. Able to understand the purpose of the study

In addition, the researcher ensured that the caregivers also met the following inclusion criteria:

- i. Assume the responsibility of providing care to the elderly either by contract, family relationship or voluntary
- i. Someone who could be identified by the elderly participant to be providing care to him or her
- ii. Someone who renders frequent support to the elderly

3.5 Sample and Sampling Technique

The study used the purposive sampling technique to select a sample size of eighteen participants which comprised twelve elderly persons aged “65 years +” and six caregivers who provided care to the neglected elderly. Creswell (2008) expatiates that in a purposive sampling, researchers intentionally select individuals and sites to learn or understand the central phenomenon. The standard used in choosing participants and sites is whether they are information rich. The researcher was able to identify the twelve neglected elderly through observation, interactions as well as the help of informants. Four of the neglected elderly were identified by the help of informants. The six caregivers were selected

because they only met the inclusion criteria. This was because those provided care to the other six elderly persons were passerby who were very difficult to be identified by the elderly themselves. Therefore, all the participants were intentionally chosen for the study to gain deeper insight into how the elderly have been experiencing neglect.

3.6 Instruments for Data Collection

The researcher employed unstructured or in-depth interview also known as one-on-one interview, Focus Group Discussion and observation as tools for gathering data. Greef (in De Vos et al., 2005: p286) describe the one-on-one interview as “a conversation with a purpose or an interactional conversation”. This purposive conversation focused on a specific topic to elicit information in order to understand the individuals’ perceptions, opinions and points of view as well as their life experiences. In this type of interview, the objective was to achieve a holistic understanding of the interviewees’ point of view or situation (Dawson, 2002). Researchers have to be able to establish rapport with the participant since they have to be trusted if someone is to reveal intimate life information. As a result, one-on-one interviews with the participants provided a flexible approach since it allowed the participants to talk freely about how each has been neglected as well as providing opportunity to the caregivers to express their experiences in their quest to care for the elderly. The one-on-one interviews also helped to “elicit in-depth information that was too sensitive to raise in the focus group discussions” (Polit & Hungler, 1987: p229). The one-on-one interviews ended when data saturation was reached.

In addition, the composition of the focus group was based on the homogeneity or similarity of the group members. According to ASA, (1997: p2) “bringing participants who are similar together in a focus group makes it easier for them to carry on a

productive and interactive discussion”. Focus group discussion helps participants to overcome inhibitions, especially if they know other people in the group as well as helping participants to ask questions of each other, lessening impact of researcher bias (Dawson, 2002). The researcher engaged in one section focus groups discussion made up of eight elderly persons to give everyone an opportunity to speak during the discussions. Discussion ended when data saturation was reached among the participants of the focus group.

In the observation, physical observation of their homes, what they wear, household appliances such as Television, electricity, radio, barrels for storing water, toilet facilities and bathhouses among others. The availability or otherwise as well as accessibility provide evidence of good living. In addition, the state of the living quarters or buildings was observed focusing on how the elderly move around their environment, the physical conditions of the houses, and their preparation of meals, eating times, visitation by friends and relatives and above all, the physical state of the elderly participants. Through this method useful first-hand information were gathered to support the interviews. These observations were important since they enriched the data collected and contributed in generating an in-depth understanding of the living conditions of the neglected elderly. This is because according to Creswell (2009), by adding observations to interviews, it improved significantly the validity of the data since such triangulation of methods has been proven to produce good research data.

3.7 Procedure for Data Collection

One section of focus group discussion and one-on-one interviews were conducted by the researcher and an assistant with elderly residents and caregivers in Winneba. The group discussion was conducted within a day in a conducive environment. The one on one interview was done after arrangement with the participants. Both the focus group discussion and one-on-one interviews were tape-recorded to supplement notes made during the interview. The audio-tapes were listened to repeatedly before being transcribed to facilitate analysis and to ensure accuracy of the transcribed data.

3.8 Data Analysis

The analysis of qualitative data is an active and interactive process where information is typically scrutinised, read and reread carefully in order to thematically analyse the data. (Polit & Beck, 2008: p508). In analysing data from this phenomenological study, broad themes were developed and discussed. In this study, the researcher followed the approach where the collected data were read and reread which helped in the interpretation and description of emerging themes and patterns.

3.9 Validity and Reliability of the Qualitative Study

Various constructs have been suggested as indicators of the validity of a qualitative research study. De Vos et al. (2005: p346) state that “the strength of a qualitative study that aims to explore a problem or describe a setting, process, social group or pattern of interaction will be its validity.” Validity is further enhanced by the in-depth description of the complexities of variables and interactions which will be so embedded with data from the research setting (De Vos et al., 2005: p346). This study was evaluated against the criteria proposed by Lincoln and Guba (1985): credibility, transferability, dependability,

and checking/confirmability. In ensuring the credibility of the study, the researcher engaged the participants in prolonged interviews and focus group discussions in order to unearth all the issues. The researcher also engaged in persistent observation with the aid of an observation guide. To ensure transferability, the researcher engaged in thick description of the issues affecting the elderly in Winneba by accounting detailed field experiences by making explicit, the patterns and social relationships that exist between the elderly and their caregivers and putting them in a context. In ensuring dependability, the researcher engaged in inquiry audit by giving the interview questions to the supervisor to examine both the process and product of the study. In ensuring confirmability, data interpretations and findings were shaped by the elderly members and caregivers from whom the data were obtained.

In addition, in order to avoid researcher bias and to ensure that the interview guides really measured what it was purported to measure, a pilot study was conducted in Agona Swedru in the Central Region of Ghana. The pilot study was conducted with five elderly participants who are 65 years and above and two caregivers who poses the same characteristics of the study group. This is because Hughes (1989) argues that because interviews are interpersonal, humans interacting with humans, it is inevitable that the researcher will have some influence on the interviewee and thereby, on the data.

3.10 Ethical Considerations

Permission to conduct the research study was sought and obtained from the participants. Voluntary or informed consent was explained to and obtained from each participant who volunteered to participate in the focus group discussions and one-on-one interviews. Confidentiality was ensured, since an audio tape-recording was used in the discussion

that transpired among participants of each focus group and one-on-one interview. All participants were made aware that the discussions were to be tape-recorded. In addition data collected on each audio tape was marked correctly and each data collection session was summarised and validated by the elderly participants and the caregivers who were involved in the study.

3.11 Summary

This chapter described the methodology used by the researcher to examine the incidence of elderly neglect in Winneba.



CHAPTER FOUR

PRESENTATION OF DATA

4.0 Introduction

This chapter presents the findings and analysis of the study. The purpose of the study was to examine the incidence of elderly neglect in Winneba. The data collected in this study were scrutinised and reread several times in order to help the researcher to familiarise himself with the content, gain deeper understanding, describe, and clarify points as experienced and expressed by the participants. Data were analysed by organising them into themes and patterns using colour codes. Thus, links between categories of data provided the basis for themes to emerge. The themes were conceptualised to effectively describe the information expressed by the elderly participants in Winneba. The transcribed data from the focus group discussions and one-on-one interviews were analysed in totality. Field notes were also scrutinised and incorporated into the transcribed data.

4.1 Bio-data of Participants

The sample characteristics of the elderly persons aim at providing the reader with significant information of the elderly. It begins with detailed description of socio-demographic characteristic of gender of respondents. Out of the twelve participants, seven were females and five were males. In addition, the ages of the participants ranged from 65 years to 120 years. Out of the twelve participants only one of them had basic education. Eleven did not have any formal education. There were two respondents who were still in marriage. Nine elderly persons were widowed. There was only one elderly person who was divorced. Out of the twelve participants, eight admitted that they had no

education in their life. Four elderly participants commented that they had little education but could not complete. The characteristics of the respondents have been represented by the tables below:

Table 4.1 Gender Distribution of Elderly Respondents

Gender characteristics	Frequency (N)	Per cent (%)
Male respondents	5	42
Female respondents	7	58
Total	12	100.0

Source: Field Data, 2017

Table 4.1 reports two categories within the demographic characteristics of respondents' gender. It is evident from the table that out of the twelve respondents, five of them were males representing 42 percent while seven of them were females representing 58 percent. The results show that majority of female elderly participants lived to experience neglect as compared to the male participants.

Table 4.2 Gender Distribution of Caregivers

Gender characteristics	Frequency (N)	Per cent (%)
Male respondents	1	10
Female respondents	5	90
Total	6	100.0

Source: Field Data, 2017

Table 4.2 reports two categories within the demographic characteristics of respondents' gender. It is evident from the table that out of the six respondents, one of them was a

male representing 10 percent while five of them were females representing 58 percent.

This shows that

Table 4.3: Age Distribution of Elderly Respondents

Age (in years)	N	%
65-69	2	17
70-79	3	25
80-90	2	17
90 and above	5	41
Total	12	100

Source: Field Data, 2017

Table 4.3 shows that a relatively high percentage of 41 were aged 90 years and above. The least reported age cohort was found to be those elderly persons aged between 65 and 69 and 80-90 years. Other age brackets recorded include 70-79 years which represent 25%.

Table 4.4: Educational Background of Respondents

Educational characteristics	N	%
Basic (Primary, JSS etc...)	1	8
No formal education	11	92
Total	12	100.0

Source: Field Data, 2017

Table 4.4 primarily displays result on two categories of educational background of respondents. It was evident from the table that only one respondent had basic education

which represents eight percent. Eleven of the respondents had no formal education. This represents 92 percent. This shows that most of the elderly respondent had no formal education which affected their employment status and consequently their income levels.

Table 4.5: Marital Statuses of Respondents

Marital statuses	N	%
Married	2	17
Widowed	9	75
Separated	1	8
Total	12	100

Source: Field Data, 2017

Table 4.5 indicates that an overwhelming percentage of 75 or nine respondents were “widowed”. This is equally followed by relatively significant proportion of about 17 per cent or two respondents who were found to be “married”. One respondent was found to be “separated” which accounted for the least marital status of a relatively smaller proportion of 8 per cent. The implication of this was that the elderly lack adequate social interaction and social intimacy.

Table 4.6: Categories of Caregivers

Caregivers	N	%
Family member	1	10
Voluntary passers-by	5	90
Contract caregivers	0	0
Total	6	100

Source: Field Data, 2017

Table 4.6 indicates that an overwhelming percentage of 70 or five respondents were voluntary caregivers. This is followed by relatively proportion of 10 percent or one respondent who was found to be a “family member”. None of the respondent was found to be a “contract caregiver” who accounted for the least category of zero percent. The implication of this was that most of the people who provided care to the elderly were voluntary passers-by who were difficult to be identified. This means that the care the elderly received from them were intermittent and unreliable.

4.2 Emerging Themes

Essential themes are the basis for the descriptive and interpretive dimension of the lived experiences of the neglected elderly. They are fundamental to the experience and understanding of the total phenomenological dimension. According to Van Manen (1990), emerging themes are aspects or qualities that make a phenomenon what it is and without which the reality of the phenomenon could not be identified. Due to this, the researcher engaged with the data in a meaningful way in order to identify the emerging themes. According to Richards (2009), striving for quality in data records occurred simultaneously throughout the collection and analysis focusing on accuracy, application of context, depth of description, usefulness, and a reflexive connection to the data. This made the researcher immersed in the data by revisiting the data and then repeating the process several times in order to describe the true picture as experienced by the elderly participants. The themes and patterns that emerged have been described in the ensuing sections. To protect the identities of the participants, numbers were assigned to them rather than using real names. Participants were assigned numbers 1-12 to reflect the twelve elderly who participated in the study.

Themes That Emerged on Challenges the Neglected Elderly face in Winneba?

In order to find out the various challenges faced by the neglected elderly in Winneba, the researcher asked the participants to share with him some of the difficulties they face as they go through their daily lives. From the responses from the focus group discussions and the one - on one interviews, all the twelve participants admitted that they face various challenges. This made participant 1 lament that *“Who doesn't have challenges? I have a*

lot of challenges". From the responses from the participants, the themes and patterns discovered have been discussed as follows:

Financial Challenge

Respondents spoke about how their lives have become miserable due to lack of money to settle their medical bills and to ensure their day to day activities. This was made evident because most of the participants admitted that they were unable to do any work which could generate income for them due to old age. Moreover, family members, especially children who were supposed to give them money are also jobless and have rather become burden on them. The participants share their life experiences in the following ways:

Participant one, a 72 year old woman opined that, because she lacks money and has no reliable source of income, life has become miserable for her. She admitted that, even though she has three children, none of them is taking care of her since they are also jobless. She said that, only one of her children shows concern for her plight by giving her little support but she is jobless. She later commented that one of her children is suffering from mental disorder and has become a burden on her. She revealed that, she tried to send them to school but they could not complete due to her financial predicaments. She opined that, her husband is a painter but as a result of old age, he is unable to do any rigorous work. Due to his age, most people refuse him contract and this has worsened their situation. She revealed that she and her husband together with their three grandchildren live on five Ghana cedis a day, but this happens only when they have money.

Participant five, a 120 year old female also lamented that, since the death of her husband she has been finding it difficult to cope with life especially in terms of finances. She complained that, she has no money and that; she has no one who will

provide her with money. She has four daughters who live with her in the same household. However since they are not having any secured employment they are unable to care for her. She commented that even though she tried her best to send them to school, they refused to go since they preferred trading. She complained that since she has no money, she has not been able to renew her national health insurance policy which expired five years ago. This has compelled her to rely on herbs recommended by neighbours. She complained that:

I was told to go to the hospital but my health insurance card has been expired for the past five years but I do not have money to go and renew it. In fact as for problems I am facing a lot.

Participant twelve is a 113 year old bed ridden man. He commented on the fact that, since he cannot do any work he faces financial challenges. He opined that he used to work as a security officer in Winneba hospital and as a result receives little pension from SSNIT on which he and his wife depend for their survival even though the money is insufficient. He admitted that he receives 200 Ghana cedis as pension monthly. This money is what has been keeping him alive. He lamented that even though he has children with his first wife; they live with their nuclear families and have refused to care for him.

Since I do not have work I do not have money. So money is my problem. We do not have money. Since I worked as a security man I receive little money from SSNIT, GHC 200. That is what we depend on for our survival. That has kept me alive. When the money gets finished we do not eat. Without this money I would have been dead by now.

He further opined that:

I will blame the government. The SSNIT people give me little money as my pension. The money is not enough. I will blame all the governments, Nkrumah, Busia, Acheampong, Rawlings and all the leaders we have had. They do nothing for the elderly. They have made life difficult for me. I am only waiting for my death.

The experiences from the lives of these elderly participants reveal how poverty has contributed to their neglect. Their experiences reveal the importance of pension schemes in the life of the elderly. This is because since some of these elderly worked with the informal sector in their active age, they did not enjoy pension after their retirement. But the elderly participant who receives little pension admitted that, he has been depending on the little pension money which has kept him alive. It is also evident that, some of the children of the elderly are unable to take care for them since the elderly refused to take good care of them during their active days. This has led to the situation where these children do not have work and are therefore incapable of looking after their parents in their old age.

Health Problems due to lack of Money

Health problems also emerged as one of the themes during the focus group discussions and the one on one interview with the elderly participants. All the 12 participants admitted that, they were facing infirmities of various kinds which had worsened their situation. Eleven of the respondents revealed that their health was deteriorating due to their inability to afford their hospital bills. Only one of the participants admitted that her sickness was as a result of her aging. The participants expressed their health challenges as follows:

Participant one, a 75 year old female accepted that she is sick and complained of waist pains. She noted that, even though her sickness worsens on daily basis, she had been unable to visit the hospital due to lack of money and the absence of a volunteer who will foot her hospital bill. This has worsened her plight. She confirmed that she is not aware

about any policy under the Health Insurance Scheme that takes care of the aged free of charge since she always pays for the medical bills. She lamented that: *Hmmm, I am sick. I don't go to hospital because I don't have money and I don't have anyone who will send me to hospital and pay for my hospital bills.*

Participant three, 75 year old woman revealed that, even though she has been using the little money she receives from some benefactors who are mostly passers-by, to visit the hospital; her health keeps on worsening since she cannot afford to buy drugs. Due to this, she has stopped visiting the hospital. She complained that: *I cannot walk properly I attended hospital and I was given drugs but now it has finished and I need to go to hospital again buthmmmmm.*

Participant four, a 75 year old man also expressed similar concerns by lamenting that:

Right now I am sick. Look at my hands. I find it difficult in carrying out my day to day activities. I do my own washing and cooking. I was told to go to the hospital but what should I use to go to the hospital.

The experiences of the elderly clearly show that, most of the neglected elderly are also suffering from infirmities. However, they are unable to seek treatment due to their inability to settle their hospital bills. The inability of these elderly to get support in carrying out their day to day worsens their health status. In addition, it is evident that the elderly are unaware of the government free policy for the aged.

Lack of Decent Accommodation

The absence of decent accommodation emerged as one of the challenges the neglected elderly faced in Winneba. This theme emerged when the respondents were asked to identify and share with the researcher the most pressing challenge they encountered. From the responses, there were concerns among eight elderly participants that, they lacked proper and decent accommodation and lived in wooden structures and that, they would be much grateful if such needs were addressed for them by the government or any Non-Governmental Organisation. Four of the participants accepted that they live in uncompleted buildings popularly known in the local parlance as “hwe so ma me”. Which literally means take care of it for me. This does not guarantee their permanent stay in such buildings since such buildings are not given to them on rental basis but on humanitarian grounds. All the participants accepted that, their health and life are at risk since they are always exposed to the bad weather conditions especially during raining season. Some of the participants expressed their experiences in the following ways:

Participant one is a 75 year old woman. She lamented that, she lives at the mercy of others. She noted that throughout her life she had been staying on the benevolence of others. She lamented that, she used to stay in someone’s house but she was ejected since she could not afford the rent. She explained that, she currently lives in an uncompleted building which was given by a sympathiser. She explained that, she lives in this room with her husband and her four grandchildren. She expressed worry that the room is dusty without electricity which poses threat to her life and health. She noted that she did not even know when they would be told to vacate the uncompleted building. She further

lamented that her family members do not show concern to her situation and none of them is ready to accommodate her.

Participant two, another 75 year old elderly woman also complained bitterly that her major problem is proper and decent accommodation. She observed that, she feels cold whenever it rains since the roof of her wooden building leaks. Since she has no family in Winneba, she does not have any family house to lodge in. She noted that, she used to stay with one of her grandchildren in this room but was advised to send the child to the mother due to the situation. This concern was equally shared by participant four when she lamented that:

After the demise of my husband I tried to put up these two rooms but as you can see I have not been able to complete it. As we are getting to the rainy season I am afraid. When it rains, the rooms leaks. It has no doors too but have no option than to sleep in the room as it is our security is even at risk but if I get money I will be fine and I can stop thinking about those things.

Moreover, it was observed that the environment of all ten elderly participants lacked facilities and amenities that enhance good living condition. Their homes lacked electricity supply, barrels for storing water, toilet facilities and bathhouses among others. This confirms the poor living conditions of the elderly. In addition, the state or the physical conditions of the living quarters or buildings was also poor (see appendix A). This has affected their health and welfare. In addition, it was observed that the physical appearance of the elderly looks unhealthy and miserable since they looked pale, plumpy and frail. Their clothes were not neat and some slept on dirty and torn mattresses (see appendix B).

From the experiences narrated by the respondents and the observation, there is an undeniable fact that the absence of proper accommodation with appropriate facilities has worsened the plight of the neglected elderly. This is because the elderly are being exposed to bad weather conditions and danger which have affected their health. These have contributed to the many ailments they face. It is also evident that their families have rejected them and this has compounded their accommodation challenges.

Inability to Determine the Choice of Food and the Lack of Nutritional Food

Another theme which emerged from the data was that the elderly found it difficult to have access to nutritional food and determine the food they wish to eat. This problem was prevalent because most of the elderly depended on benevolent people for their daily meal. Due to this, they do not have a choice in determining the kind of food they would have loved to eat. In addition, it was evident that, caregivers who are obliged to give the elderly food due to their family relationships do not provide the neglected elderly with the nutritious food. The participants expressed their sentiments in the following ways:

Participant two is a 75 elderly woman. She commented that, she receives her daily meal from students of University of Education, Winneba who stay in a nearby hostel. She opined that, the most regular food she receives from the students is rice without stew. She complained that, since she always receives rice from the students, she at times loses appetite for rice and wished she could have received a different type of food to enjoy. But since she has no option, she has to depend on the rice in order not to sleep with hunger. She lamented that she at times do not have food especially when the students are on

vacation. She opined that: *the students always give me rice and I eat rice everyday so at times I do not enjoy the food since I do not have appetite for it but I have no choice.*

Participants six and seven also expressed similar concerns respectively:

At times I do not get what I want to eat but I am compelled to eat because I do not have a choice. I cannot also force my grandchildren to give me what I want to eat (a 107 year old female).

I have problems with food. If I have money I would have had the best nutritional food to eat but in this time that there is no money what can I do? I sleep without food (a 110 year old female).

The experiences of the elderly show that, financial constraints have influenced the choice and kind of food they eat. This has resulted in a situation where they are unable to acquire well-balanced diet. Some of them sometimes sleep without food. All these have worsened their situations and have consequently affected their health.

Loneliness

Loneliness was one of the major concerns expressed by the respondents. Ten of the participants complained that, since they have lost their partners and do not have their children or family members living with them, they always feel lonely. Two of the respondents revealed that, they always feel happy anytime people come around and talk with them. Participant seven opined that she always played her Ludo game alone anytime she felt bored in the house. Participant three also lamented that: *Because of my sickness I cannot go anywhere so anytime I feel lonely; I come and sit here to be able talk to people who pass by.*

Another issue that emerged from the male elderly respondents was the lack of electronic gadgets. All the male respondents complained that, they do not have television and radio sets which they could use to entertain themselves. They expressed concern that, the absence of these electronic gadgets makes the environment boring and life uncomfortable for them. As a result of this, they feel lonely and do not want to stay in their homes. One of the elderly male respondents complained that: *I do not have television. I do not have radio. Always the environment is very boring. I always become lonely. I need radio and television at least to entertain myself and to prevent boredom.*

In order to find out how the elderly have been affected by their challenges, the researcher tried to find out from the participants how they feel to experience these challenges. Five of the respondents expressed their sentiments by commenting that:

“I always feel bad. I have been thinking always but I know God will help one day. Since I have three grandchildren I always think about them. Their mother is having mental problem so I always think and this has given me heart problems” (Participant 1, 75 year old elderly female).

I always think about this. I have been thinking and I always feel sad (Participant 2, 75 year old elderly female).

Hmmmm, my son, my help comes from God. As a widow I have no one to help me. It is only God who can help my situation. I always think and cry every day. As a human if you are facing challenges it is really difficult so I always think and cry every day. Since the death of my husband I have not had anyone to share my problems with, it is only God who is my helper (Participant 3, 120 year old elderly female).

Oh I always feel sad. I do think about it. I would have received money from any other source, I would have been happy but I do not have any hope anywhere (Participant 7, 75 year old elderly man).

I always think about it because as a man without job and money you will definitely feel worried. As a man of my age, without a place to even lay my head, I will definitely feel worried and think about it every day (Participant 8, a 65 year old elderly man).

The experiences of the elderly show the importance of family members in the life of the neglected elderly. The presence of members around the elderly played an active role in their daily lives. This removes boredom on their part which makes them happy and strong always. However, the absence of the family members especially the demise of a partner makes the elderly susceptible to neglect.

In addition, it is evident that the experiences of the elderly reveal the importance of electronic gadgets such as radio, television among others in the life of the elderly. This is because, in the absence of family members, the elderly could rely on these gadgets to entertain themselves. These gadgets could also play a significant role by keeping the elderly company which will remove boredom and stress from their lives which will prevent loneliness. However, the absence of these gadgets could make them feel bored especially when family members are not around.

Themes that Emerged on the Factors which predispose the Elderly to Neglect in Winneba?

In order to find out the factors which have predisposed the elderly to neglect, the researcher asked the participants about the causes of the problem they are facing. In addition, the researcher tried to find out from the participants how they have contributed to the situation they find themselves in. From the responses, it became evident that most of the elderly are neglected due to natural and personal factors. All the 12 participants accepted that, they contributed to their situation in one way or the other. It was evident from ten of the respondents that they have regretted for the way they led their lives in

their youthful days and wished they had the opportunity to start all over again. The themes and patterns that emerged from the responses have been discussed as follows:

Natural Factor

It was evident from the responses that, one of the major factors which have exposed the elderly to neglect is the death of their marriage partners. Out of the twelve respondents, there were eight widows and one widower. There were general complaints among the eight widows that, the demise of their husbands have worsened their plights. This is because their deceased husbands did not leave behind any estate on which they would depend. One widower also lamented seriously that, the demise of his wife has contributed to his neglect since he always felt lonely without his wife.

Participant five, is a 120 year old woman. She complained that, she has no one to share her problems with after the demise of her husband. She complained that her husband was her only comforter who shared her problems with but after his demise, life has become difficult for her. She noted that she has many children and grandchildren: Some live elsewhere while others always go out in search of jobs. Her grandchildren also go to school leaving her in the house alone. She expressed her only hope in God. She lamented that:

Hmmmm, my son, my help comes from God. As a widow I have no one to help me. It is only God who can help in my situation. I always think and cry every day. As a human if you are facing challenges it is really difficult so I always think and cry every day. Since the death of my husband I have not had anyone to share my problems with, it is only God who is my helper.

Lack of Proper Planning in Early Adulthood

One other issue that emerged as being responsible for the neglect of the elderly in Winneba was the lack of proper planning. It was discovered from the responses that, the male elderly in their youthful days relied on their private jobs and even turned down appointments offered to them by the government. This was due to the fact that their private jobs offered them enough money than government jobs. Four of the participants also observed that they were unable to give their children good education during their youthful days to enable them gain employment or secured jobs in the formal sector.

Another factor that resulted from the respondents was their failure to go to school during their youthful days. From the responses, it was revealed that, out of the twelve participants, eleven had no education. This was because there was consensus among the participants that their plight has been worsened since they did not go to school. Due to this, they were unable to secure a reputable employment from the formal sector to help them receive government remuneration including pension. All the participants realized the importance of education and wished they had the opportunity to start life all over again.

Moreover, findings from the study revealed that, most of the elderly in Winneba are being neglected due to their inability to acquire skills in any vocation in their youthful days. Seven of the elderly females who were interviewed lamented that they did not learn any trade in their youthful days since their parents were not willing to sponsor them. Two of the males complained that even though they learnt a vocation, such vocation is no more significant in the modern world and as a result, their services are no more needed in most firms. They expressed their experiences as follows:

Participant seven is a 75 year old man. He commented that, he has been neglected due to the lack of proper planning in his youthful days. He observed that, when he was an adult, he used to do his own private work as a carpenter and was receiving enough money. Since he was receiving money from his work, he did not care about his future. He further lamented that, he received government appointment to work but later turned down that offer because he thought the money he will be receiving may be comparatively less. He commented that, he has regretted the decision he took. He later opined that: *Hmmm, my son, I should have accepted that government offer. I believe by now I would have been receiving pension. In fact I did not plan well by then.*

This was also confirmed by one of the participants who lamented that:

I did not plan well when I was an adult. I should have ensured that my wards completed school. When I was an adult, I was not thinking about anything, I never thought life will be like this. My partner who was also helping me is dead. I should have looked for a government work so that I would have received pension by now (a 120 year old elderly female).

Participant eleven, a 113 year old man for instance, commented that, since he did not go to school, he was unable to secure any government job. He was employed as a security officer and as an undertaker since he was strong in those youthful days. He complained that:

I did not go to school during my youthful days. It was because of my physical strength that was why I secured an employment as a security man and an as mortuary attendant in Winneba from 1952. So you see, I did not get any proper work because I did not go to school.

He further suggested that he would have loved to go to school or learn a trade if he had another opportunity. He later appealed to people to take schooling serious.

He opined that:

I would have gone to school or learn a profession. So I always advise my grandchildren to be serious with their school if they have people who are willing to take them to school because I did not have such opportunity.

Participant eight is a 65 year old man. He complained that, when he was an adult, he learnt auto mechanics. During that time, he only learnt about how to service Bedford vehicles since those vehicles were highly patronized by Ghanaians. Since he did not learn how to repair other cars he has become jobless. He complained that, he has regretted for the decision he took during his youthful days and wish to get a new opportunity to learn about other cars so that he may be employed. He later opined that, since he has become redundant for some years now he has forgotten most of the things he even learnt about Bedford vehicles. He accepted that he does not know anything about the sophisticated cars that are emerging in Ghana recently and that he thinks he will forever remain jobless. From these experiences narrated by the elderly respondents, it is evident that, they face neglect due to their personal decisions such as poor planning in middle adulthood such as failure to go to school, failure to learn a well secured job, failure to give their children good education to be in gainful employment and their failure to work in the public sector in order to enjoy pension schemes. This shows that, individuals who are fortunate and are able to plan their life well may not suffer neglect in the later years but those who are unable to plan their life well may consequently suffer neglect.

Social Factors Resulting from Government Institutional Failures

One of the prime themes that emerged as one of the factors causing elderly neglect is the failure of state institutions to put up proper policies to strengthen social welfare centers for the elderly. This theme emerged because it seemed to run through all of the responses

given by the participants. All the twelve elderly participants expressed worry about the government's failure to address their challenges. They commented on why various leaders do not show concern about their plight. They noted that, they do not think governments of Ghana have better plans for them. They further complained that they do not have any hope that their situations will change since various government have not shown concern for their plight. Ten of the participants blamed the government to be the cause of their woes since the government has failed to provide and strengthen social welfare centers to care for their needs as well as failure of the government to establish Aged Homes or Day Care Centres for the elderly. Interestingly, in spite of their ages, 11 of the respondents cited the failure of government to provide them with jobs as one of the causes of their problems. This really shows the extent to which the elderly have been affected with financial challenges and how they expect the government to come to their aid. Some of the participants shared their experiences in the following ways:

Participant one is a 75 year old elderly woman. She blamed the government for the hardships she and her husband were facing. She again attributed her plight to the high cost of living in the country; she noted that since the prices of commodities keep on increasing she is unable to buy the commodities she needs. She confirmed by saying that *I hope there will be better plans for us one day*. She later observed that her husband is a painter but because he is old, people do not give him jobs. She further opined that: *If I have a job that I can do as an elderly woman I can earn money to support the family*.

Participant 5 is a 120 year old elderly female. She complained that, the government has contributed not only to the challenge that she faced but to all the challenges the elderly people in Winneba are facing. She expressed her worry by lamenting that:

Sometimes people in government come and write our names and assure us that they will bring us money but the money will never come. Those who are in charge keep the money to themselves so I have decided not to go and write my name again even when they come so I do not have any hope that the government will come to my aid. They do to all of us.

Participant seven is a 75 year old man. He blames the government for not coming to their aid. He expressed his concern that he has registered with the Livelihood Empowerment Against Poverty (LEAP) since 2008. He has kept evidence of the LEAP registration since 2008. He said that he was told to register with LEAP so that he would be given money as an elderly but since 2008, he had received no benefit from LEAP. He lamented that:

“My son look at this newspaper, I have kept it with me for the past 7 years. Look at this page, it is about the LEAP that the elderly were supposed to enjoy. Those who were leading the LEAP came here and took our details. As at now the money has not yet come but I believe it may come one day”.

The experiences of the elderly reveal that, their neglect is partly caused by the failure of governmental or social welfare institutions to provide the needed care to the elderly in Winneba. These include the inability of government to provide and strengthen social welfare centers to care for the neglected elderly needs. Such welfare systems include; failure of the government to create jobs for the elderly in Winneba and failure of the government to strengthen LEAP.

Extended Family Breakdown

The responses from the participants revealed how the breakdown of extended family ties has contributed to the neglect of the elderly. The responses from the participants revealed that there is weak support from external family members. The participants expressed

concern that, their family members do not show concern for their plight. Two of the participants observed that they are not natives of Winneba and as a result, they do not have any family members around. The other ten participants are natives of Winneba but do not receive any help from their extended family members. The experiences of the participants have been described as follows:

Participant one is a 75 year old elderly woman. She used to stay in Kumasi with her Aunt and led all her life there. She came to settle in Winneba when things became difficult for her in Kumasi. She came to settle home because she was thinking that her family members will help her but only to realise that the situation was different. She noted that her family does not care about her situation and that God is her only hope and helper. She complained that her extended family members have neglected her and she does not receive any support from them. She expressed concern that it has been her elder daughter who at times gives her little money but she too fetches firewood for survival. Even though she has 3 children, none of them has a well secured job. She stays with only one of her children who has a mental problem and because of her mental condition; some irresponsible men have capitalised on her situation and have impregnated her. Her other child, who lives outside Winneba, with her family, hardly visits her. She finds it difficult to cater for the three fatherless grandchildren since her extended family members are not helping her. She admitted that currently, she is staying together with three fatherless grandchildren from her daughter.

Participant two is a 75 year old elderly female. She is from northern Ghana and came to settle in Winneba when she was a young girl. She came to Winneba and stayed with her uncle who also passed on shortly afterwards. Since then, she has not been able to go back

to her hometown. All her family members are not in Winneba. She has only one sister whose situation is even worse than hers. She confirmed that she at times goes and shares some of the things she receives from sympathisers with her.

Participant one is a 75 year old elderly female. She admitted that, currently, she is staying together with three fatherless grandchildren from her mentally challenged daughter. Her other two children live outside Winneba with their family. They hardly visit her. She believes that, her children do not visit her because they also have their own family to cater for and more importantly their situation is not better than hers. She finds it difficult to cater for the three fatherless grandchildren since her other two children do not visit her to give her money to cater for them. She believes that, her children are unable to visit her because they are also poor and even live in people's uncompleted buildings.

Participant twelve is a 113 year old man. He came from Burkina Faso to settle in Winneba in 1956 when he was forty years. Due to this, his family members are not in Winneba. His wife also hails from a village in Gomoa in the Central region. Since 1956 he has not been able to go back to his hometown. Due to this, they do not have any family member in Winneba. He said that:

We do not have anyone who is here to help us. Our children do not even come to see us. So we are lonely here. I am also not from Ghana. Hmmmmmm I am only waiting for my death here.

Participant twelve is a 113 year old man. He has five surviving children but none of them is staying with him. He stays with his elderly wife. Four of his children are living outside Winneba. One of his children lives in Winneba but he hardly visits them. The other four children live in Accra and Tema with their family. He noted that, none of his children

visits him even though he is their father. He admitted that, one of his children who used to care for him has passed away. He believes that his children want to establish and build their own family that is why they hardly visit him.

The responses from the elderly participants show that, the elderly in Winneba suffer neglect because their children do not stay with them. This is also due to the diminishing importance of the extended family system and the strengthening of the nuclear family bonds. More importantly, members of the extended family do not show concern for the plight of the elderly and this has worsened their situation. Most of them also suffer neglect because their family members are not in Winneba.

Caregiver Stress

One major theme which emerged from the responses of the caregivers to be one of the causes of elderly neglect is the stress that most of them go through in their quest to provide care to the elderly. The caregivers expressed their experiences with the elderly in the following ways:

Caregiver six lives with her 120 year old grandmother. She lamented that, her grandmother always complains about the care she provides for her. Due to this, she at times leaves her alone in the house even though the grandmother is blind. She commented that her grandmother will complain of hunger even when she has finished eating. She complained that:

“After eating she will tell you have not given her food for days. She is also selective in the food I give her. She likes complaining and reporting unnecessary things to people who visit her. When you wash her clothes she will tell you it was not washed properly. She at times

hates to go to the hospital. She always sends me to pay her tithes even when the church tells her to stop”.

She further commented that caring for her grandmother is very tedious and stressful and as a result, she always becomes frustrated which force her to leave her grandmother alone in the house.

Intermittent Assistance provided by the Caregivers

Another issue that emerged from the participants’ responses was the failure of caregivers to provide the respondents with regular assistance. It was evident from the responses from the elderly participants that, most of the caregivers were not close family members of the elderly. Most of them were sympathisers who have taken upon themselves to assist them with the needed assistance. Since they were not obliged to care for the elderly, the supports they provide to them was not regular or consistent. This worsens their situations. This made participant 1 to comment that:

“Sympathizers at times show concern and give us gifts but it happens only when we become lucky. In fact it is not frequent”. This means that the elderly depended on voluntary caregivers who are not always available to offer regular support to them. This has the tendency to worsen their situation.

Thus, the findings from the respondents on the factors which predispose the elderly to neglect reveal that, the problem of elderly neglect results from an interplay of many causes. In effect, the personal decisions of the elderly and other external or environmental factors such as weak governmental policies, the relationships which exist between the community and close relations are quite instrumental in the determination of the neglect of the elderly. This shows that, in a situation where the personal decisions of the elderly

combine with the abandonment by close family members, weak community support systems, among others, there are the likelihood of neglect.

In view of this, the researcher made efforts to find the caregivers of the neglected elderly in order to understand their plight. The researcher interviewed six caregivers of the elderly respondents who met the inclusion criteria. The researcher tried to find out from the caregivers about their relationship with the neglected elderly, the type of assistance they provide for the neglected elderly, why they have decided to offer that assistance to the neglected elderly, and whether or not they are satisfied with the assistance they offer to the neglected elderly. In order to confirm this, the researcher also tried to find out from the elderly participants by asking them if they have anyone who has been helping them to overcome their problem, their relationship with the person, how frequently they receive the assistance and whether or not they are satisfied with the assistance they receive from the caregivers. From the responses, the following categories of caregivers who provided support to the elderly were identified. They include: family member, voluntary caregivers and passers-by. This is because from the responses, it was evident that five of the caregivers had no family relationship with the neglected elderly. Only one of them admitted that she is providing care to the neglected elderly because she is the granddaughter. The themes which emerged from their responses have been discussed as follows:

Provision of Voluntary Care to the Elderly

It was discovered from the responses of the caregivers that they have no blood relationship with the neglected elderly. Five of the respondents commented that they are

offering voluntary support to the elderly because they sympathise with their situation. They expressed their experiences as follows:

Caregiver one provides care to elderly participant one. She lives with participant 1 in the same neighbourhood and attends the same church with her. She has no biological or blood relationship with her but has taken her as her biological mother. She confirmed by saying that: *I have taken her as my everything*. She assisted elderly participant 1 in terms of food as well as paying the school fees of her two grandchildren. She commented that even though she does not have much, she ensures that she offers her support with the little that she gets. Aside the payment of the fees, she also offers financial assistance to her. She visits elderly participant 1 frequently to have conversation with her so that she will not feel lonely. She commented that:

I always encouraged her that things shall be well. I like them and I feel pity for their situation. Even though I don't have when I see people suffering I become sad. So I have decided to assist them in my own small way and that makes me happy". You see, your mother is not only your biological mother.

According to her, she receives criticisms from some of their neighbors for the help she provides to elderly participant 1. She further commented that:

Even at times when the grandchildren come to me people around criticize and insult me for allowing such children to come near me. They do not like the idea of me getting closer to them because of their poor living conditions but I ignore.

Caregiver two provides care to elderly participant 2. She lives closer to her home. She has no biological relationship with elderly participant 2. She opined that, at times she assists her in things she cannot do. She goes to the market to buy things for her. She

regularly visits her to have a conversation with her in order to keep her company. She intimated that: *She can give birth to me so if her biological children are not around then I have to offer that help as my personal mother. It is voluntary.*

This shows that, the relation between the neglected elderly in Winneba and the caregivers is not biological but rather voluntary. Thus, there is no family or blood relationship between the elderly and their caregivers and as a result the caregivers are not obliged to provide care to the elderly.

Difficulty in offering assistance to the Elderly

The caregivers also expressed their difficulty in the assistance they offer to the elderly members. It was evident from their responses that, they are unable to provide the needed support because they have personal challenges. Four of the caregivers noted that they have no jobs and as a result are unable to secure enough money. They expressed their sentiments as follows:

Caregiver one observed that she wished to do more for elderly participant 1 but since she has no job she is unable to offer the needed help. She lamented that:

Since things are not well for me I am not able to do enough. Even I have thought of sending one of her grandchildren to school but since I don't have enough money I have not been able to do it. No I am not satisfied. If I have I would have done more. I have a lot of plans for them. I wish I have more to offer them.

She further said she is dissatisfied with the assistance she offers to participant one and wishes to do more. Due to this, in her absence, she always informs participant 1 to go to her brother's wife to borrow so that she settles the bill on her return.

This view was also shared by caregiver two when she also complained that:

Me too I am sick. It is by God's grace that I am alive. So the little that I have I offer. At times I do not give her anything but I make sure I visit her every day and report to her biological children if she is in need. So I am not satisfied.

From the responses, it could be interpreted that, most of the voluntary caregivers in Winneba face personal challenges such as, lack of jobs, sicknesses and financial constraints. This shows that, they are unable to provide the needed support for the elderly. There is also the likelihood that they may stop the care they provide to the elderly when they are unable to address their personal challenges.

Satisfy with Caregivers Relationship since I have no Choice

All the elderly participants who were engaged in the focus group discussion and the one on one interview expressed their satisfaction with the little support they have been receiving from the voluntary caregivers. However, it became evident from their responses that they expressed satisfaction because they have no choice. Participant 1 commented that: *Yes I am grateful with the little assistance they offer me since I do not have any choice. So I thank them.*

These views were also shared by other participants. *What can I do? Do I have a choice? Even if I am not satisfied what can I say? Hmmmmm I do not have any choice* (participant 2, a 75 year old female).

"Yes I am satisfied. The reason why I am saying this is that if someone is taking care of you it will not be like you taking care of yourself"(Participant 5, a 75 year old female)

"Hmmm, what can I do because I do not have any helper so I can't complain? I have no option" (Participant 7, a 75 year old male elderly)

“We do not have anyone so how can we say we are satisfied” (participant 11, a 113 year old male elderly).

Their responses mean that, they are not satisfied with the support the caregivers provide them. But they are unable to complain for the fear of total abandonment by the caregivers. This shows that the elderly are not satisfied with the assistance they receive from their caregivers who are mostly voluntary sympathisers.

Themes that Emerged on how the Neglected Elderly Cope with Life in Winneba

In order to find out the coping strategies of the neglected elderly, the researcher asked the elderly participants to share with him on how they manage to do their day to day activities such as how they wash their clothes, how they manage to cook and how they sweep. The researcher also tried to find out from the participants on how they survive when the assistance they receive from caregivers are not forthcoming. In addition, the researcher tried to find out from the participants if they have hope that their situation will change. From the responses, two major themes emerged. Seven of the elderly respondents cope by depending on voluntary caregivers. Five of the participants also cope through their own personal struggle. All the twelve elderly participants expressed the hope that their situation can only change through the intervention of God. The themes and the patterns have been discussed as follows:

Voluntary Sympathisers

From the responses of the elderly participants on how they cope with life as well as how they manage to go about their daily activities, nine of the participants expressed the hope that their survival depends on voluntary sympathetic neighbours who live in the same

neighborhood with the elderly and passers-by who at times sympathise with their situation. The patterns have been discussed as follows:

Voluntary Sympathetic Neighbours

Three of the elderly participants opined that they depend on the mercy of their neighbours for survival. These neighbors are those who sympathise with their situation. They provide care to them by giving them food, clothes and money. Some of them at times visit them regularly to keep them company. The three elderly participants opined that in the absence of these neighbors, they sleep without food. They expressed their various experiences as follows:

Participant two, a 75 year elderly female lamented that, her survival depends on the students of University of Education, Winneba, who live in a hostel near her. She opined that, the students give her food such as rice and oil. She commented that she receives these items from the students when they resume and when they are leaving for vacation. She contended that anytime she heard the students were going on vacation, she panicked and became sad since she knows she will be hungry in their absence. She opined that: *Since I know I would not get any help when the students are on vacation, I try to manage the little food they will give to me until they report to school.*

Participant eleven, a 133 year old man also expressed his plight that aside the little pension money he receives every month, neighbours who sympathise with their situation provide them with little help in terms of food. He revealed that only neighbors who care offer help to him. He again commented that the help does not come frequently and in the absence of this, he sleeps without food because he thinks he cannot force people to help him. He intimated that: *We depend on sympathetic neighbors. Even now as you have met*

me, someone just gave us corn dough. This is what we will eat for the next week. It is not easy with life. This view was also shared by participant seven when she commented that: *People around sometimes offer me small help, I am not ok but I embrace it* (110 year old female).

Voluntary Sympathetic Passersby

It became evident from the responses that, four of the elderly participants depended on sympathetic passersby for survival. The participants expressed the view that they sometimes come out of the room to sit outside in order to catch the eye of people who pass by. Seven of the participants intimated that they are sometimes fortunate to receive money from such people who willingly offer them gifts. One of the participants described such people as “*God sent angels*” who always intervene when their situations become worse. However, three of the respondents revealed that, they are at times compelled to beg these passers-by before they offer help to them.

Participant 1, a 75 year old elderly woman commented that, her support comes from voluntary sympathetic people who pass by her house. Such people give her little money and cloth. She noted that, the current uncompleted building she occupies was given by someone who sympathise with her situation. She used to fetch firewood to make ends meet. She commented that, since she has no one to depend on, she always remains quite when help is not coming. She lamented that:

Since I know I do not have anyone to depend on I always remain quite. If I don't receive any assistance I have nothing to do than to sleep like that but by God grace we get something small to eat from sympathisers who pass by. Even yesterday I saw 5 cedis on the ground and I thanked God for that because I had no hope that I will get the money from the ground, you see my son this is all part of the help.

The responses from the participants mean that, the neglected elderly in Winneba's survival depend on voluntary sympathetic caregivers. Such caregivers do not provide this support frequently which worsens their plight. In the absence of the caregivers, the elderly do not have any hope.

Personal Struggle

It was also evident from five elderly respondents that they are able to survive their situations because they have devised their personal strategies to enable them acquire support from people. The patterns which emerged have been discussed as follows:

Begging

Three of the participants commented that since they lack money, they are forced to go out to beg for money. They intimated that, they are sometimes fortunate to get people to offer them food stuffs, money and clothes but these things do not keep them for long. Due to this, they are forced to go out to beg. They expressed concern that, considering their ages, they do not wish to go out to beg but circumstances compel them to do so. For instance, one of the elderly commented that:

At times I go and beg for what I will eat but it is not all times that I get help from those that I go to beg from. I am compelled to do this because we can't sit there and die of hunger.

Borrowing from Neighbours

Two participants also noted that they always borrow from neighbours. The respondents commented that, they always borrow things from nearby provision stores and settle the bill anytime they get money. One of the participants expressed the worry that people have

been refusing to give her things on credit because she is unable to settle her accumulated bills. Due to this, she sometimes sleeps without food. She opined that: *I sleep like that. I go hungry because even if you go and borrow they will not give the things to you on credit because they know you cannot pay.*

The hardships the neglected elderly in Winneba face have compelled them to devise personal survival strategies. They have resorted to begging and borrowing in order to survive. This is due to the fact that family members who are obliged to provide care to the elderly have failed to do so.

4.3 Summary

Based on the responses from the in-depth interview and the focus group discussions, the issue of elderly neglect among the elderly in Winneba is becoming an important policy issue. As the responses show, most of the neglected elderly in Winneba suffer from chronic poverty, live in poor and vulnerable conditions. In addition they suffer from poor health and lack of employment opportunities for themselves and for their children who are supposed to be their caregivers as well as their inability to determine the food they want, lack of nutritional food and the absence of pension benefits. Furthermore, most of the participants lack basic education. They also failed to learn a remunerated vocation in their early and middle adulthood, which could have given them the opportunity to free themselves from poverty. Due to this, many of them are financially incapable to meet their day-to-day needs. All the in-depth interviewees were of the view that the major problems facing them were lack of proper accommodation and poor health. The absence of financial resources makes treatment of their sicknesses a challenge. The absence of institutional support coupled with the breakdown of the traditional family system has

worsened their situation. These challenges have compelled the elderly in Winneba to rely on voluntary caregivers for their survival. Since the elderly are not satisfied with the support they receive from the voluntary caregivers, they are being forced to adopt various surviving strategies such as begging, borrowing and fetching of firewood which all have effects on their physical, economic and social wellbeing.



CHAPTER FIVE

DISCUSSION OF RESULTS

5.0 Introduction

This chapter discusses the results of the study. It also presents the phenomenological dimension of the study.

Research question one explored the challenges that the neglected elderly face in Winneba. From the findings of the study, it is evident that, neglect of the elderly manifest itself in various forms including food, medication and accommodation. In addition, neglect of older persons in Winneba is increasingly surfacing at two levels: at the family level and at the societal level. Some of the neglected elderly live in isolation. Their children hardly visit them. Some of the people who live in the same neighborhood do not show concern to their plight while others do. The findings also show that neglect of the elderly is evident in the urban centers. This confirms the study conducted by Kalberg (2003) and Apt (2000) that, neglect of the elderly are being noticed not only in villages but urban centers as well. The failure of family members to provide the elderly with the needed care has resulted to the numerous challenges the elderly in Winneba faced.

From the findings, it is clear that, all the neglected elderly encounter financial challenges since they do not have a secured source of income support. They rather depend on unsustainable or insecure income, or gifts from other sources. This is because, it was evident that, for all the 12 elderly participants, only one of them depended on sustained or secured income such as pension. This presupposes that, the neglected elderly do not have any social security such as investments or rent property to depend on. This situation has

lowered their standard of living thereby making majority of them becoming poorer and dependent. This supports the study conducted by Twum-Barima (2014) that, in Sub-Saharan Africa, comprehensive social security programs do not exist and few people enjoy pension schemes. This view is shared by Akanji et al, (2002) that, majority of older persons are self-employed and do not receive any retirement benefits. This is further confirmed by the findings by Baiyewu et al (1997) who conducted a study on the socio-economic status of the elderly in Nigeria that only 6.4% of those aged 60 and older were receiving pensions, with 74% living below the poverty line. The findings also agree with the study conducted by Johnson and Mommaerts (2011) that, only a small number of the elderly have substantial savings or investments.

The neglected elderly in Winneba suffer from hunger and nutritional food which have affected their health conditions. This is because some of them eat once a day and even the food they eat lack the adequate nutritional quality and quantity. This has led to the situation where most of them suffer illness. Unfortunately however, most of them are unable to visit the hospital due to their inability to secure money to settle their hospital bills. This confirms the study of Agyemang (2014), that, the elderly people's inability to access healthcare in Africa has been attributed to their low-income levels and that in most cases, lack of access to healthcare in most developing countries has left the elderly vulnerable to sicknesses and diseases as they lack the means to pay for treatment. This situation has rendered most of the elderly jobless since they lack the physical strength to undertake any business activity due to illness. This supports the studies of Hai (2003) and Muruviwa (2011) that, in most developing countries, when elderly people are in good

health, they continue to work while those who are ill end up in poverty when support from household members is insufficient.

It is significant to note that, ageing does not occur in a vacuum. It occurs in a context that includes not only the needs and resources of individuals, their patterns of activities and their relationships with others but more importantly, it includes attachments to their surroundings. Various studies have been conducted concerning the living arrangements of the elderly in Africa (Apt, 1985, 1991, 1992, 1994, 1995, 1996; Addo, 1972; Brown, 1984; Cox & Mberia, 1977). This presupposes that, one of the most influential factors in the lives of individuals is the environment in which they live. This may be particularly so to the elderly since they spend more time in the home as compared to many other groups in society. The findings from this study support their findings that poverty and inadequate incomes are often associated with housing deprivation among the elderly. The findings from this study show that, lack of hygienic accommodation pose a great challenge to the neglected elderly in Winneba. Most of the neglected elderly in Winneba live in uncompleted buildings and in unhygienic sanitary environments. This shows that, most of the neglected elderly do not own houses and therefore depend on others for their housing needs. This therefore has the tendency to affect their health, peace and security.

Research question two explored the factors which predisposed the elderly to neglect. The findings from the study show that, natural factors such as the death of partners and personal factors such as poor planning in middle adulthood, social factors such as poverty and the diminishing importance of the extended family system and governmental factors such as government institutional failures and caregiver stress are the causes of elderly neglect in Winneba. Moreover, most of the elderly in Winneba have contributed to their

neglect. This is because most of them failed to go to school or learn a secured trade in their early and middle adulthood. This has affected their employment status and income levels as they grow old.

Most of the elderly women have lost their partners as against the male elderly. It indicates that, females live longer than their male counterparts and males relatively enjoy social intimacy than the females. As a result, the female elderly is more likely to suffer neglect than the male counterpart. This according to Apt (2006, p. 128), was confirmed by a 74-year old widow, in a Ghanaian urban setting, who stated, with deep sorrow, that: *I did not know life would be so bad.*

The lack of proper planning in middle adulthood or poor preparation towards aging is a major factor to the neglect of the elderly in Winneba. Most of the neglected elderly failed to prepare towards their future. This is because most of them found themselves in the informal sector of the economy, and they were not able to prepare towards old age. They did not save or invest towards later life.

This has made them vulnerable and poor. This confirms the Cumulative Advantage/Disadvantage theory which contends that, inequalities have a role to play throughout the aging process and that the older persons who had the opportunity and the advantage in middle adulthood may not experience neglect while those who were disadvantaged in their middle adulthood may experience neglect in their later life. This also supports the findings of Geest (2005) that, success in becoming an elderly depends on the use of personal resources to initiate and maintain relationships. This presupposes that when an elderly laid a good foundation in his youthful times he or she would reap the results in the later years.

The findings of the study reveal that, poverty and lack of secured job facilitate the neglect of the elderly. The prevalence of poverty among older people in Winneba is also linked to education or literacy levels. This confirms the study conducted by Ahn and Kim (2004), that poverty and powerlessness create circumstances that predispose individuals to the highest incidence of social dysfunction, higher rates of morbidity and mortality, lowest access to primary care and little or no access to primary preventive programs. This also confirms the studies of Agyeman (2014) and Ramashala (2013) that, most elderly persons face grave economic challenges and are consistently among the poorest in all societies, and material security is therefore one of the greatest preoccupations of old age. This again supports the findings of Arber and Cinn, (1991), Calasanti et. al., (1993) Krekula (2007), that, one social factor facing the elderly is poverty, which can result from their lack of involvement in the labour market forcing them to survive on minimum wages which may compel elderly people to depend on others through remittances, as a result of their inability to earn money while others depend on the state as their only source of income. Thus, older people living in poverty find themselves socially excluded and isolated which affect not only their income and wealth but also contribute to poor housing, ill health and personal insecurity. This is supported by Sullivan et al. (2009) as cited in Agyemang (2014) that financial security affects one's entire lifestyle. Since it determines one's diet, ability to seek good healthcare, to visit relatives and friends, to maintain a suitable wardrobe, and to find or maintain adequate housing. This means that one's financial resources, or lack of them, play a great part in finding recreation and maintaining morale, feelings of independence, and a sense of self-esteem.

According to Arokiasamy (1997), provision of the physical and emotional needs of the elderly is not solely the duty of the individual families, but also a society's function. However, the findings reveal that poor institutional support systems such as the weakening of the social welfare systems, the inability of government to provide and strengthen social welfare centers to care for the neglected elderly needs, failure of the government to create jobs for the elderly and failure of the government to strengthen LEAP have all contributed to the neglect of the elderly in Winneba. The findings show that, community support systems are ineffective in Winneba and thus, the community shows little concern for the plight of the neglected elderly. This supports the study by Twum-Barima (2014) that, in today's rapidly modernizing societies, attitude towards the elderly in most communities in general, tend to be largely negative. In a sense, caring for the elderly by the family system in general must be in agreement with societal norms and sanctions.

The findings show that the breakdown of family ties due to the importance people attached to the nuclear family and failure of the extended family members to provide support for the elderly contribute to the neglect of the elderly. This confirms the study by GSS, (2013), Nukunya (1969), Badasu, (2004) and Opong (2007) that the traditional systems of care for the elderly have been undermined by the processes of modernization and that as family members move to urban areas and other destinations, kinship ties become weak and obligations are not binding as lack of proximity and application of sanctions encourage irresponsibility towards the elderly and others. This also support the Family System theory which contends that, in a dysfunctional family (a family with weak financial status and social relations), the expectation of other family members to provide

caregiving support services to the older person becomes a challenge since members do not perform their expected roles (Twum-Barima 2014). However, the findings suggest that, some of the elderly participants do not blame their children for their neglect. This confirms the findings of Geest (2005, p. 123) that, “while often complaining about poverty and loneliness , the elderly themselves did not like to be too openly critical of their children because that would publicise the latter failings and impose disgrace upon the parent perhaps they have failed to provide their children with proper education”.

The existing literature cites caregiver stress as the primary cause of neglect and as well reveal that many families are increasingly being affected by the need to provide elderly care, and for many the strains involved in carrying these responsibilities result in the neglect and abuse of older people (Andersen & Taylor, 2001 Wallace, 2002; Cockerham, 2007, Brandl & Raymond, 2012). However, findings from the study reveal that, possible causes of elderly neglect are varied and not necessarily an outcome of caregiver stress as many scholars such as Brintnall-Peterson (2012) tend to suggest.

Research question three also explored how the neglected elderly cope with life. The findings reveal that, the neglected elderly received most of their support from voluntary caregivers. Thus, the role of caregivers is very crucial in the wellbeing of the aged. They provide social and psychological support, financial support and housing support all geared towards the wellbeing of the aged.

However, the neglected elderly in Winneba are being cared for by voluntary caregivers who have no family relationship with them. This confirms the study of Nyanguru et al, (1994), Sackey (2004) Mba (2004), Dsane (2010) and Apt (2005) that, non-family sources of care for the elderly are emerging due to the inability of children and extended

family members to provide care for their elderly parents and relatives. This shows that, the reciprocity between the neglected elderly in Winneba and the caregivers is not biological but rather voluntary. Thus, the support the neglected elderly received from the voluntary caregivers are intermittent and unreliable. This is due to the personal challenges facing the caregivers such as lack of jobs. This presupposes that, the caregivers may halt the services they voluntarily render to the neglected elderly. Thus, the support the elderly receive cannot be reliable since these caregivers are not obliged to provide care to the elderly.

The neglected elderly expressed their satisfaction with the little support they have been receiving from the voluntary caregivers. However, it became evident from their responses that they expressed satisfaction because they have no choice. This confirms the study conducted by Lachs and Pillemer (2004) that, elderly persons are reluctant to identify caregivers who neglect them for fear of retaliation and total abandonment.

The hardships faced by the neglected elderly have compelled them to intensify their efforts to sustain themselves. The findings of the study show that, some elderly people continue to lead a hand-to mouth existence. Some of them continued to engage in labour intensive occupation such as fetching of firewood in order to make ends meet. Some also engage in begging and borrowing to sustain themselves. They used this either as their main source of income or to supplement their other sources of income. However, physically, they are not as strong as those in the active population to be engaging in intensive work. They engage in this in order to make ends meet since they have no reliable source of income from family members or from any other source. Others also are unable to do anything to improve their situations since they are physically incapacitated.

This confirms the study by Agyeman (2014) that at first, survival of the elderly was ensured by the combined efforts of the extended family, children, churches, charitable organizations, local village communities and, in some cases, the individuals own efforts. But, with time, resources have dwindled and this has overstretched people's capacity for philanthropy. This also supports the findings of Atim, Grey and Apoya (2001) that, in Ghana successive governments in partnership with both local and international bodies have put in place policies, programmes and other measures to ensure the wellbeing of the people but unfortunately elderly citizens of Ghana, despite these efforts, are still struggling to meet their needs.

The findings also show that some workers who worked in the public sector receive a monthly pension but these monies are always insufficient. This makes survival during retirement more serious for the elderly who were once farmers, artisans, petty traders, among others. Thus, the findings of the study show that, there is no, or very little, organised system for providing for the elderly in Winneba.

Another issue that emerged from the study was that, the responses from the elderly persons are contrary to the position of the disengagement theory of ageing that says elderly persons withdraw from all their roles and activities to pave way for the young and able-bodied. The findings rather, adhered to the positions of the activity theory, which posited that the elderly persons should continually be involved in their different social roles for them to avert poverty in old age. This is because the neglected elderly cited lack of jobs as one of the contributory factors to their neglect. However, they have long passed the working age and thus will not be able to do any hard work. This shows the extent to

which the elderly want their challenges to be addressed by the government and all stakeholders involved.

The discussion supports the Ecological theory which explores the interactions between the individual and contextual factors and mainly identifies elderly neglect as an issue which culminates from the complex interplay between the elderly person's personal characteristics, close interpersonal relationships, characteristics of the community in which the elderly person lives or works, and social factors such as, policies and social norms (Perel-Levin, 2008).

5.1 Summary

The neglected elderly in Winneba suffer neglect due to chronic poverty, their inability to go to school or learn a secured trade during their youthful days as well as their inability to plan for their future. The weakened extended family system coupled with the strengthening of nuclear family bonds at the expense of the extended family and institutional failures have worsened their situations. This has led to the situation whereby voluntary caregivers are unable to offer regular support to them. These situations have compelled the neglected elderly to devise strategies such as begging, borrowing and fetching of firewood for their survival. This is because, the elderly have no hope that their situations would be addressed since they do not have any one to rely on for support. They believe that it is only God who can help address their situations.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This section of the study summarises the findings of the research. This also indicates how the objectives of the study were achieved. Moreover, it provides useful policy recommendations that address the issues raised in the analysis to ensure the wellbeing of the neglected elderly in Winneba.

6.1 Summary of Findings

The research set out to study the incidence of elderly neglect in Winneba. It sought to find out the challenges the neglected elderly faced, the causes of their neglect as well as how the neglected elderly cope with life. A qualitative research approach with phenomenological design was employed for the study. The researcher used purposive sampling technique to select 18 participants who comprised 12 elderly participants of which seven were elderly women and five elderly men age between 65 years to 120 years and six caregivers who provided care to these elderly participants. The findings of the study are based on the objectives of the research. The study revealed that:

- i. Majority of the neglected elderly encounter financial challenges. It is evident that, most of them depended on unsustainable or insecure income, or gifts from other sources. This is because, among all the 12 elderly participants, only one of them depended on a small amount of income from SSNIT. All the eleven elderly participants did not have a secured income such as pension, return on investments or rent property.

- ii. The neglected elderly in Winneba suffer from hunger and this has affected their health conditions. At times some of them eat once a day and even the food lack the adequate nutritional quality and quantity. This has affected their health since nutrition is important aspect of health conditions to every individual.
- iii. Most of the neglected elderly in Winneba lived in uncompleted buildings and unhygienic accommodation. This shows that most of the neglected elderly do not own a house and therefore depend on other means for shelter. This therefore interrupts their health, peace and security.
- iv. Most of the neglected elderly have contributed to their own neglect due to their failure to institute proper planning measures in their youthful days. This is because most of the neglected elderly in Winneba did not go to school. They also failed to send their children to school or to learn a secured trade to enable them secure income to cater for the elderly. The elderly also failed to learn a secured vocation in their youthful days. All these have affected their income levels.
- v. Most of the elderly in Winneba suffer neglect due to government institutional failures such as the failure of the government to strengthen social welfare services in the Municipality.
- vi. The diminishing importance of the extended family system and the strengthening of the nuclear family bonds at the expense of the extended family have contributed to the neglect of the elderly in Winneba.
- vii. The neglected elderly received most of their support not from biological caregivers but from voluntary caregivers. This is because their children are not in

better financial position to cater for them since the elderly failed to send them to school or sponsor them to learn a trade.

- viii. The role of caregivers was very crucial in the wellbeing of the aged. They offered social, psychological, financial and medical support and provided them with accommodation all geared toward the wellbeing of the aged. However, the caregivers are not biological children but rather volunteers. Thus, there is no family or blood relationship between the elderly and their caregivers and as a result, the caregivers are not obliged to provide care to the elderly.
- ix. The neglected elderly were not satisfied with the assistance they received from their caregivers but could not complain for the fear of total abandonment. This is because the support the neglected elderly received from the voluntary caregivers are intermittent. This presupposes that the support they received cannot be reliable.
- x. Some of the neglected elderly in Winneba continue to engage in labour intensive occupation such as fetching of firewood to make ends meet. They used this either as their main source of income or to supplement their other sources of income.
- xi. It was evident that when the support the elderly get from caregivers does not come and their other sources of income also fail, they are pushed into begging and borrowing. This means that the elderly do not live on begging and borrowing per say, but they use them as a measure of last resort.
- xii. The study showed that begging and borrowing were things the elderly found difficult to do since it affected their pride and dignity. However, since they have no permanent source of income, they are compelled to do so.

6.2 Recommendations

In the light of the findings made, the following recommendations are given:

- i. The Effutu Municipality should create “Aged Fund” to support the aged, who are prone or susceptible to health, social, financial and or other challenges that could make them vulnerable to neglect. This dream could be realized by deducting certain percentage of the District Assemblies’ Common Fund (DACF), LEAP and taxes such as VAT to be paid into that fund. In addition, the general public, NGOs and other civil society groups could contribute to the “Aged Fund” as part of their social responsibilities to the society.
- ii. There should also be pension reforms by the government and SSNIT with more sensitization and incentives to cover those working in the informal sector especially persons who are self-employed in the Municipality. This will help people who work in the informal sector to receive pensions when they become old.
- iii. The Ministry of Gender and Social Protection should provide and advocate for community-based elderly facilities in the Municipality. These include Day Care Centers and Emergency Units to accommodate elderly members who are neglected and need immediate assistance. This will help provide an alternative to the weakened traditional social care system in Winneba.
- iv. The Health Insurance Policy should be reviewed by government where the age at which one can enjoy free or subsidized premium payment be reduced from 70 years to 65 years. This is because at age 65, everyone is expected to have gone

on compulsory retirement from active formal employment, even if he/she had an extended employment contract.

- v. The elderly in Winneba should be sensitized by the National Health Insurance Authority and National Commission on Civic Education on the health insurance packages that exist for the elderly in Ghana.
- vi. Government should provide televisions, radio and other appliances for the elderly to keep them in company in order to release boredom and prevent loneliness.
- vii. The Livelihood Empowerment Against Poverty (LEAP) money should be increased and be released on time to the elderly in the Municipality.
- viii. Issues concerning the elderly necessitate a review of curricula. As a result, Gerontology as a discipline should be included in the curricula by the Ministry of Education, Ghana Education Service and the Curriculum Research and Development Division (CRDD) to sensitise students on the need to prepare towards aging and to care for the aged in their respective homes and communities.
- ix. People in their middle adulthood should develop the habit of savings and investment and also adopt a healthy lifestyle in order not become a burden in their old age.
- x. If possible, there should be a policy to establish social centers in each district in Ghana by the government with support from other interest groups such as Help Age Ghana and religious institutions. This will serve as an avenue where the aged within the community will meet to entertain and educate themselves on issues of common interest. The place could also serve as experience and

knowledge sharing center for the youth and schools within the area as well as the general public since the aged are recognised as repository of knowledge, wisdom, culture and tradition. This would go a long way to preserve culture and improve their social interactions. Health personnel could also visit them regularly to screen and administer the appropriate medicine to them and make the necessary referrals when the need arises.

- i. Non-Governmental Organisations, the religious bodies and institutions and the family must be encouraged and supported by the government to continue to play their roles as sources of social protection for the elderly.
- ii. The elderly should also be encouraged by Government through the use of LEAP to engage in self-initiated projects such as the erection of kiosks in front of their homes to be used for trading. These will provide them with a means of livelihood and would minimize their dependence on the government and passers-by.

6.3 Conclusion

The study sought to examine the incidence of elderly neglect in Winneba. The study has established that the elderly in Winneba did not take up formal employment and therefore did not have any form of pension on which they could depend during old age. The only forms of social security and insurance against old age and poverty were supposed to be their children and extended family members. But unfortunately, without making investment whatsoever in their children's education, these elders cannot count on the financial support of their children, since these children living conditions are as bad as the parents they are to support.

The study therefore concludes that given the situation where the elderly do not have any stock of assets or business on which they can depend, and unwillingness of extended family members to provide a life line or serve as a safety net for these old people and the lack of government or institutional support for the aged, the destiny of the elderly in Winneba will continue to be in the hands of voluntary care givers and benevolent individuals who give them occasional support.

6.4 Limitations of the Study

The limitations encountered in this study have been fully recognized upon careful overview and observations after the completion of the study. Among the limitations include the following:

The study was done only in Winneba, a predominantly urban area in the Effutu Municipality with a qualitative research approach using phenomenological design. Therefore, results cannot be generalized for the entire central region or the whole country.

Further, it was noted that, some respondents were very reluctant to respond to the interviews questions during the focus group discussion. Particularly some were reluctant with the fear that their caregivers would be annoyed if they get to know later on what they reported. Also, some participants felt uncomfortable when responding to the interview questions especially in the presence of their caregivers. In order to overcome this, the researcher followed the participants to their homes and engaged them in one on one interview in their own convenient time.

Finally, language barrier was also another limitation encountered in this study. Most of the elderly respondents involved in the study were found to be indigenous Effutu and Fante speakers. This required translations of interview items into local dialect by the researcher. This was challenging as it caused some translational problem. The researcher therefore relied on the help of research assistants who were natives of Winneba to overcome this challenge.

Finally, financial resources needed to conduct this study in a more convenient manner, was difficult to secure. This is due to the fact that, it was difficult for me to raise adequate financial resources in printing research materials for the study. In addition, the plight of the elderly participants compelled the researcher to offer them a helping hand both in cash and in kind. But financial constraints prevented the researcher to carry out this help effectively and sufficiently. However, notwithstanding these limitations, the results of the study are reliable and valid since these constraints did not have any negative bearing on the findings of the study.

6.5 Suggestions for Further Study

- i. I recommend that research on informal care to the elderly be added to the list of research priority and niche areas in this country.
- ii. A study can be conducted to find out the implication of neglect on the elderly in the country.
- iii. A similar study could be conducted to find out the reasons behind the failure of governmental institutions to care for the elderly in Ghana.
- iv. I recommend that a study be conducted to find out the challenges faced by biological caregivers in their quest to care for their elderly parent

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APPENDIX A



Structures serving as accommodation for some of the elderly participants

APPENDIX B



A 75 year old elderly woman with her sleeping mattress



A 133 years old man with his wife looking pale and plumpy

APPENDIX C

UNIVERSITY OF EDUCATION, WINNEBA

INTERVIEW GUIDE FOR ELDERLY PERSONS IN WINNEBA

This Interview is designed to solicit opinion(s) on the incidence of elderly neglect in Winneba. I have chosen these research methods to gain knowledge and insight from elderly persons about the challenges they face, the factors which predispose them to neglect and how the elderly cope with this challenge. You are kindly requested to provide answers to enable the researcher contribute to knowledge in the field of study. Kindly be assured that your response(s) would be treated with utmost confidentiality. Please remember participation in the study is voluntary. This means that no one is forced to take part in the study. Should you wish to withdraw from the study, please feel free to do so.

Questions

1. Please can you tell me about your age?
2. Can you share with me about your marital status?
3. Please can you tell me about your educational background?
4. Please can you share with me about your employment status?
5. Can you tell me about the number of children you have
6. If yes how many of these children do you currently stay with?
7. Where are the rest of your children?
8. Can you share with me some of the difficulties you face as you go through your daily life?
9. Which of these areas you have mentioned do you feel you need help most and why?
10. What does it feel like to experience unmet needs in areas you have mentioned?

11. What do you think are the causes of the problem you are facing now?
12. Is there anything you did in your adulthood days which has resulted to the challenges you are facing now?
13. Will you blame yourself or anyone for the causes of the challenges you are facing now?
14. If you are given the chance to restart your life again which mistake would you have like not to repeat.
15. Do you have anyone who has been responsible for helping you to overcome this problem?
16. Who is the person to you?
17. Do you receive the assistance frequently as you always expect?
18. Are you satisfied with the assistance they give you? If yes, why if no, why not
19. In the situation when the assistance are not coming what do you do to survive?
20. Is there any other thing you will like to share with me?
21. Do you have hope that your situation will be better one day?

APENDIX D

UNIVERSITY OF EDUCATION, WINNEBA

INTERVIEW GUIDE FOR CAREGIVERS IN WINNEBA

This Interview is designed to solicit opinion(s) on the incidence of elderly neglect in Winneba. I have chosen these research methods to gain knowledge and insight from caregivers about the challenges they face in their quest to provide assistance to neglected elderly in Winneba. You are kindly requested to provide answers to enable the researcher contribute to knowledge in the field of study. Kindly be assured that your response(s) would be treated with utmost confidentiality. Please remember participation in the study is voluntary. This means that no one is forced to take part in the study. Should you wish to withdraw from the study, please feel free to do so.

Interview Questions

1. What is your relationship with the neglected elderly?
2. What type of assistance do you provide for the neglected elderly?
3. Why have you decided to offer that assistance to the neglected elderly?
4. Are you able to provide all the needed services for the neglected elderly? If yes, how and if no, why not?
5. Are you satisfied with the assistance you are giving to the neglected elderly? If yes, how and if no, why not?
6. What are some of the major challenges do you encounter in caring for the neglected elderly?
7. In your absence how do you think the neglected elderly cope?

APENDIX E

UNIVERSITY OF EDUCATION, WINNEBA

GUIDE FOR FOCUS GROUP DISCUSSION

This Interview is designed to solicit opinion(s) on the incidence of elderly neglect in Winneba. I have chosen these research methods to gain knowledge and insight from elderly persons about the challenges they face in their quest to provide assistance to neglected elderly in Winneba. You are kindly requested to provide answers to enable the researcher contribute to knowledge in the field of study. Kindly be assured that your response(s) would be treated with utmost confidentiality. Please remember participation in the study is voluntary. This means that no one is forced to take part in the study. Should you wish to withdraw from the study, please feel free to do so.

Questions

1. Please can you tell me about your age?
2. Can you share with me about your marital status?
3. Please can you tell me about your educational background?
4. Please can you share with me about your employment status?
5. Can you tell me about the number of children you have
6. If yes how many of these children do you currently stay with?
7. Where are the rest of your children?
8. Can you share with me some of the difficulties you face as you go through your daily life?

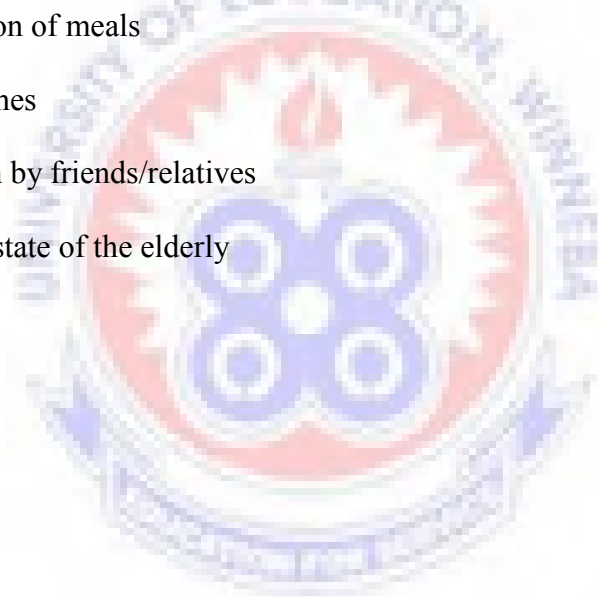
9. Which of these areas you have mentioned do you feel you need help most and why?
10. What does it feel like to experience unmet needs in areas you have mentioned?
11. What do you think are the causes of the problem you are facing now?
12. Is there anything you did in your adulthood days which has resulted to the challenges you are facing now?
13. Will you blame yourself or anyone for the causes of the challenges you are facing now?
14. If you are given the chance to restart your life again which mistake would you have like not to repeat.
15. Do you have anyone who has been responsible for helping you to overcome this problem?
16. Who is the person to you?
17. Do you receive the assistance frequently as you always expect?
18. Are you satisfied with the assistance they give you? If yes, why if no, why not
19. In the situation when the assistance are not coming what do you do to survive?
20. Is there any other thing you will like to share with me?
21. Do you have hope that your situation will be better one day?

APENDIX F

UNIVERSITY OF EDUCATION, WINNEBA

OBSERVATION GUIDE

1. Home environment
2. Facilities/amenities that enhance daily living
3. The state of living quarters/ building (physical conditions of houses)
4. Preparation of meals
5. Eating times
6. Visitation by friends/relatives
7. Physical state of the elderly



APPENDIX G

UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF SOCIAL STUDIES

CONSENT FORM

RESEARCH TITLE: A Study of Elderly Neglect in Winneba

RESEARCHER: Mr. Jacob Oppong Nkansah (UEW student No.: 8150140021)

Dear Sir / Madam,

I will be holding focus group discussions and individual interviews to examine the incidence of elderly neglect in Winneba. I have chosen these research methods to gain knowledge and insight from elderly persons about the challenges they face, the factors which predispose them to be neglected and how the elderly cope with this challenge. Responses from the focus groups and individual interviews will be tape recorded for my analysis and interpretation.

I will be present with a research assistant during the focus group discussions and one on-one interviews to hear the responses from all participants. The research assistant will assist with the tape recording of all discussions during the focus group and one on-one interviews. The recorded tapes will be marked clearly and stored securely by myself until I am ready to interpret and analyse the recorded information in order to write a research report which is a requirement of my studies.

Should you choose to participate, your identity will remain anonymous. Your participation is completely voluntary as long as you understand the reasons for the research and the methods I will be using. You may withdraw from the study at any time you may wish to do so.

I, (name).....agree to participate as a volunteer in a focus group and one-on-one interview on ELDERLY NEGLECT IN WINNEBA. I therefore present my consent for the focus group and individual one-on-one interview to be tape recorded for the purpose of interpretation and analysis by the researcher in order to write a research report. I may withdraw from the study at any time. I have the right to speak to other people before consenting to participate in the focus group discussions and individual one-on-one interviews. I have received verbal information on my participation in the focus group and one-on-one interviews to discuss how elderly persons are neglected in Winneba.

Signature of volunteer.....

Date.....