UNIVERSITY OF CAPE COAST

SOCIAL SUPPORT SYSTEMS FOR THE AGED IN THE BAWKU MUNICIPALITY

BY

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Candidate's Declaration

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature:..... Date: 29/01/09.....

RICHARD AKUMBAS AYABILLA

Supervisor' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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ABSTRACT

The global ageing population is increasing in number and in proportion, although at different rates in different parts of the world. Ageing involves biological, psychological, economical and social change throughout the life cycle of an individual. The social status of the aged in a given society reflects the political, economic and traditions of that society.

In Ghana, family-based support systems for the aged were very effective in the past. However, there are concerns on the effectiveness of it and the Social Security and National Insurance Trust (SSNIT) to adequately support the aged.

The main objective for this study was to assess the existing social support systems for the aged in the Bawku Municipality. The purposive and snowball sampling techniques were used to select 286 aged persons for interview. In addition, Executives of the Government and SSNIT pension Associations and the Municipal Director of SSNIT were interviewed.

Ninety percent of the aged did not benefit from any formal pension scheme and depend on agriculture for their livelihood. The main sources of livelihood were incomes from self-engaged economic activities (44%) and remittances from children (42%). They depended on their children for psychological and social support. The aged in Bawku would also not want to stay in a home for the aged even if it was free. The aged still have faith in the ability of their children and other family members to take care of them. Therefore, the family should be supported in order that they would be able to take care of their aged relations.

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DEDICATION

I dedicate this work to my late father, Ayabilla Ayore, who completed God's creation in me.

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CHAPTER ONE

INTRODUCTION

Background

Ageing is the increase in the proportion of 'old' people in the total population. The 'old' people as used in this context have two dimensions: biological ageing which is the increase in the chronological age of an individual and the social construct of ageing such as retirement age (Messkoub, 1997; Kinsella and Philips, 2005). The process of getting old involves biological, psychological, economical and social change throughout the life cycle of an individual (McPherson, 1983). It is an inevitable, universal, irreversible and complex phenomenon with biological changes as well as cultural and societal conventions. The aged or old in this study as in the Population Reference Bureau (Kinsella and Philips, 2005) refers to people aged 65 years and above.

Ageing as a biological change is associated with physical changes, such as the greying of the hair, wrinkling of the skin, decline of muscle tone and the changing shape of the individual caused by the redistribution of fat. Among women, the end of ovulation and reproduction are additional signs of old age. In modern society, some conscious efforts are usually made by some people to hide or disguise the biological signs of old age through the application of such devices as hair dye, hair implant, face lifts, and liposuction (a cosmetic operation in which excess fatty tissues are removed from under the skin).

The psychological aspect of ageing is concerned with the behaviour of the aged, personal development, feelings and reactions to situations. Erikson (1963, as quoted in Belsky 1999), has asserted that at the development stage what the individual goes through prepares him/her for the demands of later life. Erikson (1963) believes that if someone looks back in his/her life and is satisfied with his/her accomplishment, he/she will have the sense of integrity. However, if he/she looks back and his/her life looks 'wasted' he/she will have the sense of despair. To Freud (1946), the behaviour at old age is stable and predetermined by the genetic make up and experiences an individual goes through in his/her early years. Therefore, Freud belongs to the school of thought that believes that the socialization an individual goes through determines his/her psychological state in later life. However, Belsky (1999) stated that the aged defy generalization and stereotyping and that individuals might even go through the same socialization but they may not exhibit the same psychological state.

The economics of ageing is at both the macro and micro economic levels. According to Messkoub (1997), as a population ages there is an over spending on social security pension and health needs of the aged, and that the increases in claims of the aged puts a strain on government budget and funds that would have been used on development projects are used to settle claims. In an increasingly aged population, there is a corresponding increase in needs and claims for the inactive (aged), while there is a decrease in the active population.

At the micro-economic level (families or households), resources are used in meeting the needs of the aged. According to Denziger et al. (1982) (as quoted in Messkoub (1997), the aged do not only save to finance their

consumption at retirement but that they spend less on goods and services at retirement, thus saving significantly more than the non-aged at all levels of income. This further buttresses the point that the aged cannot be generalized.

The socio-cultural aspects of ageing are concerned with the relationships the aged have with their society, culture, class and the family. The social status of the aged in a given society reflects the political, economic, traditions and beliefs of that society. Any changes in these things affect the status and characteristics of the aged. According to Gruman (1978), at the beginning of the twentieth century when there were no social security or welfare programmes, retired workers depended on their savings and families or charity for their needs and survival. However, during the depression and mass unemployment of the 1930s, countries such as the United Kingdom adopted retirement policies to increase labour demands for younger workers. It was also meant to encourage the older workers to retire because it was argued that it was better to pay retirement benefit than pay unemployment benefit to the young (Messkoub, 1997). By the close of the century, social security and welfare services had been introduced to take care of the needs of the aged across continents.

In general, there is no chronological threshold to old age. However, in modern society, a chronological figure has been used for qualification to benefit from national policies. For instance, in the United States and most developed nations, 65 years has been arbitrarily used as the mark of old age. The *Older American Act*, which was passed by Congress in 1965, provided benefits in some programmes for people aged 60 years and above (Weeks, 1999). This national figure is the age at which the individual benefits from Government funded programmes such as Social Security, Medicare and other

social services. In Ghana and other developing nations, the retirement age is 60 years while the age at which one benefits from government-funded programmes for the aged vary from country to country. For instance, the policy on health exemption in Ghana is for those aged 70 years and above. The National Health Insurance Scheme also exempt people aged 70 years and above from paying health insurance premiums (National Health Insurance Act, Act 650 of 2003).

Ageing and challenges

The global ageing population is increasing in number and in proportion, although at different rates in different parts of the world. According to Kinsella and Philips (2005), the global aged population increased more rapidly in the last decade of the twentieth century than any period in the past. In 1950 the global aged (65 years and above) population was 130,670,000 and in 2004 it had increased to 461,000,000 (Weeks, 1999; Kinsella and Philips, 2005). In terms of proportion, it had increased from 5.18% in 1950 to 6.82% in 2000 (Weeks, 1999). In 1990, 26 nations had their older population being at least 2 million and by the end of 2000, 31 nations had reached that 2 million mark and it is projected that more than 60 countries will have their older population of at least 2 million in 2030. In percentage terms, it had increased from 9% to 10% globally, but for the developed world, it increased from 17.7% to 19.4%. It is estimated that by 2050, the population of the aged will hit 2 billion with the percentage increasing from 10% to 21%, thus more than double the current figure. For developing countries, the aged population will quadruple (Kinsella and Philips, 2005). For Ghana, the aged

population (65 years and above) was 212;740 in 1960 and 998,940 in 2000, (Central Bureau of Statistics, 1960; Ghana Statistical Service, 2002).

This increasing number of the aged drew attention from governmental and international organizations at the global level and in late 1969, the first question on the role of the aged in socio-economic development of nations was asked at the United Nations General Assembly. Thereafter, questions were used by members of the United Nations General Assembly to address the concerns of the aged every year until 1976 when the first ever resolution was passed by the General Assembly (Resolution 31/113) on the need to address the opportunities and challenges of the aged (World Health Organisation, 2006).

In response to subsequent resolutions, the United Nations General Assembly organized the first ever international conference on the aged in Vienna, Austria in 1982. The conference came out with a declaration known as the Vienna International Plan of Action for the Aged (World Health Organisation, 2006).

In furtherance to the Vienna International Plan of Action for the Aged (1982), 1999 was declared the year for the aged and in 2002, the United Nations convened its second conference on the aged in Madrid, Spain, and was attended by 159 nations (World Health Organisation, 2006). The theme for that Conference had three priority areas, namely older people and economic development, advancing health and well-being into old age, and ensuring an enabling and supportive environment for the aged.

In the second international conference, emphases shifted from mere demographic and economic issues of ageing to that of rights of the older people to participate in the economic, social, political and cultural activities in

their societies (Kinsella and Philips, 2005). October 1st of every year was also to be celebrated as a day for the aged. However, in addition to the United Nations day for the aged, Ghana has declared July 1st of every year as the day for the aged. Issues of the aged, though increasingly demanding and challenging, HIV/AIDS, terrorism, floods and hurricane have shifted attention of leaders including the aged themselves away from addressing the challenges of the aged. Even in these disasters and emergency situations the aged are also hard hit yet the needs of women and children are segregated while that of the aged are aggregated with the larger population (HelpAge International, 2005).

With the Millennium Development Goals 4 and 5, which respectively talk about reducing infant mortality by two-thirds by 2015 and improving maternal health, life expectancy is expected to increase. As a result, the aged population in the society is bound to increase. This will be exacerbated by decreases in fertility.

Statement of the problem

Ghana's population has increased steadily since the 1940s. The trend of Ghana's population from 1948 to 2000 is shown in Table 1. Ghana's total and aged population have been increasing in both numbers and proportion. For instance, in 1948, Ghana's population was 4,111,680 increasing to 18,912,079 in 2000. This increase is more than quadruple. On the other hand, Ghana's aged population (65 years and above) also increased from 111,015 in 1948 to 998,940 in 2000. In terms of proportions, the aged population was 2.7% of the total population in 1948. But in 2000 it had increased to 5.3% of the total population.

Table 1: Ghana's aged population (65 years and above), 1948 to 2000

Year	Total Population	Aged population	Percentage aged population
1948	4,111,680	111,015	2.7
1960	6,711,037	212,740	3.2
1970	8,559,313	311,496	3.6
1984	12,296,081	493,359	4.0
2000	18,912,079	998,940	5.3

Source: Awusabo-Asare, (1990); and Ghana Statistical Service, (2002a)

Factors that contribute to the increase in the aged population are increase in longevity and declining fertility. Longevity is partly because of reduction in infant, child and maternal mortalities.

The Social Security and National Insurance Trust (SSNIT), is a contributory social security scheme type, which implies that pension allowances and/or salaries are contribution-related. The pension one receives is directly related to the contributions he/she made while working. Therefore, the higher the income levels of people the higher the contributions they will make to the scheme and the higher the pension allowance and/or salary they are paid. To Kinsella and Philips (2005, p. 29) "the precariousness of old age security can be seen in stagnant and declining real pensions in traditional economies". This is evident in the recent agitations by public sector workers for them to be placed on the Cap 30 Pension Scheme or for a review of the SSNIT package to make it more supportive of the economic well-being of the

aged. In response to workers agitations, the Government set up a Presidential Commission on Pension in 2005. The Commission in its interim report to Government came up with a three-tier pension scheme. But what remains unanswered is what happens to the aged who are not on salary. It is also not clear whether the proposed three-tier scheme will meet both the financial and social needs of the aged. However, to make the SSNIT pension scheme effective does not lie only on the review of the SSNIT pension scheme but also on the review of public sector workers salaries since the scheme is contributory and/or income related.

According to Apt (1981), most Ghanaians are willing to take responsibility of the care of their aged parents. However, the young people complain of their financial inability to care as much as they would wish for their aged relatives. Modernisation puts pressure on the young wage earners to concentrate on their nuclear families with very little left for the care of their aged parents who may be at a distance or inaccessible for personal care. This is amply demonstrated in a proverb in Kusaal which states that as parents take care of their children to grow teeth, so must they take care of their parents to lose their teeth. Therefore, there is the need to investigate the social support systems available to the aged in Ghana.

Also the main source of support to the aged comes from among themselves; and that the support the aged receives from relatives is not adequate (Brown 1984). With the breaking down of the family system, children seemingly no longer serve as social security for the aged. Cantor and Little (1985) also state that most research on social support confirms the notion that the aged view the informal support system as the most appropriate source of social support to them. Therefore, the aged turn first to the informal

networks for assistance. With the breaking down of the extended family system, the formal support systems are now the obvious rather than an option. This study, thus deals with the support systems that exist for the aged in the midst of all the above challenges.

Objectives of the study

Generally, the study was aimed at assessing the socio-economic support systems available for the aged in Ghana, using Bawku Municipality as a case study.

The specific objectives are to:

- Examine the nature of the socio-economic support systems for the aged;
- Assess the available socio-economic support systems for the aged;
- Assess the implications of the social support systems for the aged; and
- Come out with ways of improving social support systems for the aged.

Hypotheses

The following hypotheses are tested:

- There is no significant difference between aged males and females with respect to their marital status;
- There is no relationship between marital status of aged persons and the socio-economic support system they get;
- There is no significant difference between the sex of the aged and the socio-economic support they get.

Rationale for the study

Since independence, governments have put in material and financial resources towards reducing infant, child and maternal mortalities. These efforts are aimed at improving infant, child and maternal health, which contribute to increasing the life expectancy of Ghanaians. In recent times, the Government of Ghana has committed more resources in executing programmes such as Expanded Programme on Immunizations (EPI) and Community Health Improvement Programmes (CHIPs). All these are aimed at reducing fertility and increasing life expectancy and to achieve the Millennium Development Goals related to health. The outcomes of these programmes are the result of the increase in life expectancy from 45 years in the 1960s to 58 years in 2004 (Population Reference Bureau, 2004). Thus, there is an increase in the number of the aged.

Apt (1981) and Brown (1984, 1995) state that there is a seeming break down of the traditional extended family system, which used to serve as a support system for the aged. They also state that the young wage earners complain that they are not able to take care of their aged parents, as they would wish. There is increasing nucleation of the Ghanaian family (Apt, 1981 and Brown 1984 and 1995). Therefore, the lump sum and pension monthly allowances paid to pensioners by the Social Security and National Insurance Trust (SSNIT) is dependent on the salaries pensioners earned while they were working. Since the salaries of public sector workers in Ghana are generally low, the lump sum and pension allowances given to pensioners are generally low.

While policies addressing the consequences of overall ageing at the country level must first be defined in general terms based on national trends, it

may often be the case that ageing proceeds at a markedly unequal pace in different parts of a country. Accordingly, related issues are more urgent in some areas, ethnic groups, or socio-economic categories than in others, suggesting in-country priorities. For instance, both fertility and mortality tend to be lower in urban areas of developing countries than in rural areas. In the absence of other influences on the age structure, therefore, ageing would be generally more advanced in urban areas. In reality, however, urban populations are not necessarily more "aged" than rural ones. The reason lies in another factor, namely rural to urban migration. Migration is usually age-selective. The adult age group supply migrants (Kinsella and Philips, 2005).

Due to migration, populations in rural areas tend to have higher proportions of older people. Thus, the age structure is skewed towards an "aged" pattern. In this context, issues related to rural ageing will often need to be addressed as a priority, even in countries where the process of overall ageing will take many more decades to display all its effects. In any event, different measures of urgency between urban and rural ageing issues exist and therefore there should be different priorities and interventions, because the form taken to address the issues also differs significantly. Urban and rural support networks differ in their breadth and functions, health needs and facilities differ, so do housing conditions and constraints, social institutions and so on.

Different settings are characterized by different ageing patterns and by different economic and socio-cultural conditions relevant to the evolution of livelihood systems. Those conditions in turn affect both the nature and extent of ageing-related issues (Marcoux 2001). It is therefore, useful to consider separately a 'macro' level of intervention by government budget orientations,

institutional policies and a local-level policy development. Based on the specific forms of ageing in a given setting and on socio-cultural characteristics of the local population, perceptions and the capacity to deal with challenges of aging will differ. Since women live longer than men, women will continue to be the majority of the world-aged population in this 21st century (Kinsella and Philips 2005). Therefore, the challenges and problems faced by the aged in this 21st century would be more of challenges and problems of aged females than males.

More aged men are married than aged women and more aged women are widowed than aged men (Kinsella and Philips 2005; Himes 2001). Therefore, marriage decreases with old age while, the proportion widowed increases.

A study to expose the dynamics of living arrangements after retirement for salary workers and more especially those who never worked in salaried establishments is important for planning and for policymaking.

Non-governmental organizations such as HelpAge Ghana are calling on the government to come out with a policy for the aged. There is, therefore, the need to conduct a study of this nature to unearth the socio-economic support systems and to examine their effectiveness to the needs of the aged.

In Ghana, the only known government policy aimed at alleviating the plight of the aged is the health exemption package for those aged 70 years and above. Therefore, this policy does not cover the aged who are less than 70 years. The majority of aged Ghanaians have never engaged in formal salary work. These issues deserve some explanations as to how the aged are socially and economically supported.

Conclusion

In this study, ageing refers to people aged 65 years and above. It involves the increase in the proportion of 'old' people in the total population. The 'old' people is a concept which describes two dimensions: biological ageing which is the increase in the chronological age of an individual and the social construct of ageing such as retirement age. The process of getting old involves biological, psychological, economical and social change throughout the life cycle of an individual (McPherson, 1983).

The economics of ageing is at both the macro and micro economic levels. As population ages there is an over spending on social security pension and health needs, which result in the increase of claims of the aged. At the micro-economic level (families or households levels), resources are used in meeting the needs of the aged.

The socio-cultural aspects of ageing are concerned with the relationships the aged have with their society, culture, class and the family. The social status of the aged in a given society reflects the political, economic, traditions and beliefs of that society. The social dynamics of society affect the formal and informal support systems available to the aged.

In Ghana, there is a decline in real pensions offered by SSNIT. In an attempt to address the inadequacies of the SSNIT pension scheme, a Three-Tier Pension Scheme is in the offering. However, to make pension schemes effective lie on the review of salaries, since the pension schemes are contributory and/or income related. Government need to also look at the other segment of the aged population who did not engage in any public sector work and for that matter did not contribute to any pension scheme.

Different settings are characterized by different ageing patterns and by different economic and socio-cultural conditions relevant to the evolution of livelihood systems. A study to expose the dynamics of living arrangements after retirement for salary workers and more especially those who never worked in salary establishments is important for planning and for policymaking.

CHAPTER TWO

TRENDS IN AGEING AND SUPPORT SYSTEMS

Introduction

The world aged population experienced the highest growth rate in the last decade of the 20th Century and is expected to continue to grow especially as children of the baby boom after the 2nd World War in 1945 enter the aged group.

Developing countries are experiencing the highest increase in proportions of their aged population to the aged in the 21st century. The developed world tends to rely on the formal support system for the needs of their aged than the informal system which was broken several decades ago. The developing world which used to rely on the informal support system for not only the aged but the entire population is losing the informal system, yet it has not been able to design and implement an effective formal support system to replace the failing informal system to cater for the needs of the aged

A successful ageing life of an individual is where that individual even in old age is able to be involved in the control and management of the resources of the society and being able to meet his/her basic needs.

This chapter focuses on the existing related literature on ageing trends and support systems available to the aged. It also covers the theoretical issues and concepts on ageing as well as existing related literature on how the aged are able to cope with the demands of ageing.

Global trends in ageing population

The world-aged population has grown very rapidly in the last decade of the 20th century. For instance, the world's aged population (65years and above) was 130,670,000, in 1950 but by 1990 it had risen to 325,774,000, an increase of 149.3%. In 2000, the world's aged population was 415,704,000 and in 2004 it was 461 million. In terms of proportions, in 1950 the world's aged population was 5.18% of the total population and in 2000 it had increased to 6.82% (Weeks, 1999; Kisenlla and Philips, 2004).

The proportion of the aged population in the developed world is far above that of the proportion of the world's aged population to the total world's population. The developed world's aged population was 8% of its total population in 1950 and 14% in 2000 but that of the World was 5% in 1950 and 7% in 2000. By contrast, the proportion of the less developed world's aged population is below that of the world: 4% in 1950 and 5% in 2000 (Weeks, 1999; Kisenlla and Philips, 2005).

Europe will remain the oldest region in the world in this 21st century. The less developed world especially sub-Saharan Africa will remain the youngest owing to its high birth rates. However, Sub-Saharan Africa will experience an increasing proportion of its aged population as a result of the successes being recorded in the area of the fight against respiratory, parasitic and infectious diseases and infant, child and maternal mortalities (Weeks, 1999).

Worldwide, the aged population is growing faster than the total population. For instance, in the 1960s, the world's aged population grew at a rate of 2.1% while the total population grew at the rate of 1.8%. In 2000, the world's aged population grew at the rate of 2.4%, while the total world's

population grew at an average of 1.4%. For the developed world, the aged population grew at a rate of 2.1% in 1960 while the total population grew at the rate of 1.2%. In 2000, the aged population of the developed world grew at 1.6% while its total population grew at 0.3%. The evidence seems to suggest that growth rate for the total population of the developed world is declining rapidly (Kinsella and Philips 2005; Weeks 1999).

In less developed countries, the total population growth rate is declining gradually while that of the aged population is increasing. In 1960, the total population growth rate was 2.1% and this fell to 1.7% in 2000. However, the aged population increased by 2.2% in 1960 and 3.1% in 2000. Ghana's aged population (65 years and above) has the same trend with that of the World. For instance, it increased from 111,015 in 1948 to 998,940 in 2000. In terms of proportions, the aged population was 2.7% of the total population in 1948. But in 2000 it had increased to 5.3% of the total population

The world-aged population is increasing both in number and in proportion. Whereas, in 1990 only 26 nations had aged population (65 years or older) numbering about 2 million, by the close of the century, the number had increased to 31 countries. It is estimated that the number of nations with at least 2 million aged populations in 2030 will be more than 60 (Kinsella and Philips 2005; Marcoux 2001)

Whereas, the percentage of the world aged population in 2000 was 6.8%, more than 20 countries in Europe and America had their aged population being more that 10%. For instance, Italy with the world's oldest population has 19.1% of its population aged 65 or older. Greece, Germany, Spain, Sweden, Belgium and Bulgaria each record an aged population between 17 and 19 percent of their total populations (Kinsella and Philips 2005).

Current demographic trends in developing countries

Ageing has emerged as a global phenomenon in the wake of the now virtually universal decline in fertility and, to a lesser extent, of increases in life expectancy. Ageing in the developed countries is already well advanced and will continue, with serious consequences on pension schemes. It is also gaining importance in developing regions, where a number of countries have started worrying about the medium or long-term implications of the ongoing or incipient fertility decline for their age structures (Marcoux, 2001).

United Nations (1998) population projections state that the proportions of the total populations of all regions are expected to change in favour of the age group 60 years and above. The differences among regions are considerable at the present time. In 2000, for instance, there was a clear 15-point gap between the percentages for the least developed and more developed regions. The gap is expected to reach 20 points in 2050 (Marcoux, 2001).

Within Africa, the Southern Africa region has the continent's highest percentage of older inhabitants, with 6.2% of its population aged 60 years or older. Within Southern Africa, South Africa has the highest proportion, with 6.8% of its population being 60 years or older (Kinsella and Philips, 2005). Middle Africa records the least growing aged population (Toshiko, 2006; Marcoux, 2001). However, with the general reduction in fertility and increase in life expectancy across Africa, the other regions sooner than later will experience what Southern Africa is experiencing now.

Marcoux (2001) indicated that the economics of ageing in developing countries must be examined in the context of broader demographic changes, of which ageing is only one aspect. What is needed is a balanced, comprehensive view of the implications of those changes. The decline of fertility (which is the

main factor in ageing) causes not only an increase in proportions of older people, but also conversely reduces the proportions of younger people.

Population ageing of the kind that raises serious and much discussed economic and social issues in the more developed countries is still a distant prospect in most developing countries. Population ageing is an inevitable prospect, but its degree of urgency varies widely. In examining its implications for public policy and action by civil society, one must at least distinguish a typology of country situations and assess the specific needs of each type.

Age dependency: trends and transitions in developing societies

The young ones, older people or/and people who are not engaged in productive economic activity tend to burden the economy as the consumption needs of economically non-productive members of the society reduce the overall capacity for savings and investments, hence the tradition of calculating an "age dependency ratio". However, it must be noted that the generalisation of population based on their ages is misleading and therefore the emphasis on age dependency ratio should be on the non-productive segment of the population. In recent decades, the most significant change in age structures in developing countries has been the reduction in the proportions of young people (Kinsella and Philips, 2005). The proportion aged 0-14 has been declining in all developing regions since 1970s. It will continue to decline, and the resulting reduction in numbers will be roughly as large as the increase in numbers of older people (Marcoux 2001).

Table 2: Projected percentages of population aged 0-14 in the world and major regions and country grouping for 2000 and 2050

Region	2000	2050	Change (%)
World total	29.7	19.6	-34.0
More developed regions	18.2	15.3	-15.9
Less developed regions	32.5	20.2	-37.8
Least developed countries	42.1	23.9	-43.2
Africa	42.5	24.0	-43.5
Asia	29.9	18.9	-36.8
Latin America	31.5	20.0	-36-5

Source: United Nations (1999)

Between 2000 and 2050, the world population 0-14 years will experience change of -34.0%, Africa will experience a change of -43.5% in its youthful population within the same period, becoming the region to experience the highest reduction (Table 2).

In Africa, two main situations will occur. In the Eastern, Middle and Western sub-regions, the overall ratio of 42.5% is expected to keep declining throughout the period and reach a minimum towards 2045-2050 (Toshiko 2006; Marcoux 2001). Currently, there is a high but declining young dependency ratio and a low but rising aged dependency ratio. In Northern and Southern Africa, age dependency is low now and also declining, but will reach minimum level sooner, especially in Northern Africa where old-age dependency will rise substantially faster than in the rest of the region (Marcoux 2001).

Ageing: A "window of opportunity" in developing societies

As young population dependency decreases, old-age dependency increases due to reduction in birth rates and increase in longevity of the population. However, the increase in the aged dependency is at first slower than the decrease in young dependency ratio and the result is a decline in the overall age dependency ratio, which is important in development perspective. Therefore, the difference in the ratio could be viewed as a "window of opportunity" which should be exploited by policy markers and implementers. In effect, during the decline in juvenile dependency, countries benefit from a reduction in the relative burden of the younger generations in terms of consumption and investment needs, while the burden of the elderly has not grown enough yet to offset that reduction (Marcoux 2001).

The reduction in the total burden of dependents per person in the active age groups [Demographic dividend], in turn, opens opportunities to invest in economic and human development (Marcoux 2001). This is why the period during which the age dependency ratio declines is described as a "window of opportunity". The favourable period is expected to last for decades, at least 40 years in sub-Saharan African countries. As dependency ratios were very high at the start of the period, the relative drop and the opportunity margin opened by that drop will be very large.

During the transition towards increasing dependency ratios, the composition of the dependent population will shift from a majority of young to a majority of older people. This obviously implies changing needs and therefore requires adaptations in social investment programmes as well as in the management strategies of both governments and private corporations. For instance, the overall costs of education for the society will obviously decline

during this process. On the other hand, the additional health costs of ageing will be undeniably large due to the contrast between costly curative methods required by old-age pathologies and less costly preventive strategies (e.g. immunizations) required by young people (Marcoux 2001).

Ageing in Africa

African gerontologists have urged social welfare policy makers to take cognisance of self-organised intergenerational help systems already present on the continent, and to make public sector finance available to support these systems (Charlton 1999). Kalache (1999) identified the following as critical concerns to the survival of the aged in Africa: food security, social security, indicators of malnutrition, urbanisation, nutrition transition and emergence of chronic diseases. On food security he agued that drought, famine, civil strife, poverty, and more recently the devastating effects of the HIV/AIDS epidemic in some parts of Africa contribute to food insecurity in the continent.

Currently only two countries in Africa, South Africa and Namibia, provide a non-payment formal economic support for older citizens. In South Africa, nearly 90% of old blacks receive a non-contributory, means-tested state old-age pension which is paid monthly. The social pension contributes substantially to household budgets, and pension monies are used collectively to support kin (three generations commonly co-reside in households), with food being the major expenditure item (Kalache 1999).

Social support

Care giving to the aged can be either formal or informal. Formal care or support comes from paid professionals and pubic and private services set up

to provide services such as home nursing, home help or counselling (Messkoub 1997). Relatives, friends and neighbours provide informal care to the aged. Informal care is extremely important but difficult to quantify because many activities such as washing, cooking and other household activities may not be recognized by the giver or receiver as "Support" or "Care" (Stoyle 1994; Kinsella and Philips 2005).

Family members are the major providers of informal support to the aged, especially daughters and daughters-in-laws. According to Messkoub (1994) and Kinsella and Philips (2005), older people receive financial and other support from adult children and that support is seen as reciprocal. That in countries where there are well-established pension programmes, many older adults rather give support and care to their children and grandchildren. Even in areas where there are no well-established pensions and the aged never worked in formal jobs but invested in capital ventures and other long-term projects, they tend to offer support to their children and grandchildren. However, some older people in less developed countries are less likely to provide financial assistance to younger people. This may be as a result of the fact that very few aged in the less developed countries engaged in formal jobs at the time they were young and some did not also have resources to invest in capital ventures. Therefore, very few of them have social security pensions and regular incomes to support themselves and their children and grandchildren.

Social policy support mechanisms

The literature identifies four formal models of social policy and welfare delivery namely residual, institutional, occupation-based and structural. These models are translated into policies and service delivery

mechanisms and the differences among these mechanisms are in the level of state intervention.

At one end of the formal support spectrum is the residual support model, where there is minimal government intervention in the needs of the aged. Government only provides some basic benefits and remedial services to the aged aimed at alleviating their plight and assisting them live a less stressful ageing life (Messkoub 1997).

The institutional social support is the system whereby institutions or departments are set up to assist the aged. The government uses legislative instruments to back whatever assistance it gives to the aged. This type of support is not comprehensive enough to meet the needs of the aged. However the support system is explicitly stated.

The occupational-based support system refers to the social support systems offered to individuals by government and/or organizations as a result of their occupations in life. The emphasis here is not on the support given but the fact that there are different arrangements and/or packages for different occupations. For instance, in Ghana there are different pension schemes for Supreme Court judges, the armed forces and other workers.

The social support model that is very comprehensive among the formal support systems is the structural model. Under this model the government provides comprehensive services to the aged. This is applicable to the developed world where there is a structured comprehensive services in aged homes. Under this policy, the state and other formal bodies provide for all the needs of the aged. This model involves funds and paid personnel to execute the daily needs of the aged (Messkoub 1997).

Another social support system is the informal social support system provided by families or households, friends and other organizations such as religious groups. This system varies greatly among families and organizations and among countries.

The family social support is the most popular informal support system especially in developing countries. According to Stoyle (1994), the family provides love, affection, respect, security and the sense of belongingness, which enhances the emotional well-being and promotes the self-esteem of the aged. The aged in turn also help busier younger relatives by attending to their children thereby showing that they are still useful and needed by the society. As the aged approach the end of their lives, the children in the family give them the feeling that the family is growing and that life goes on even after their death.

Messkoub (1997), states that the family social support system imposes a high cost and responsibility to the female members of the family as they are the principal care providers to the aged. But with the emergence of industrialization, urbanization, migration, secular education and modern development trends, the family is losing its ability to cope with the social support it used to provide. A World Bank (1994) assessment revealed that modern trends pose challenges to the family as a social support unit to the aged. The World Bank report suggested that there should be mandatory formal programmes (pension and social security) by governments to provide social support to the aged.

The aged who do not have any family contacts rely on friends for love and companionship (Stoyle 1994). Some aged lose contacts with their friends who could offer them love and companionship as a result of illness, disability

and/or death. For instance, if aged people offer each other love and affection and one gets a stroke and is hospitalised, the other may not be able to be in touch as a result of his/her own reduced mobility and that may lead to withdrawal and depression by both of them. The aged, after losing their friends, find it difficult making new ones, because of the time they take to grieve over a love one and the fact that their reduced mobility reduces their chances of meeting new people.

The other informal social support available to the aged is offered by non-governmental organisations. According to Stoyle (1994), religious organisations/bodies offer both social and spiritual support to the aged. A number of religious societies and groups have elaborate programmes where they pay regular visits to the aged and people indisposed in their religious group and also give regular rationing to the aged and destitute in their midst (e.g. St. Vincent de Paul and Legion of Mary societies in Catholic Churches). They also offer regular prayers for the aged in their societies.

Ghana's social and welfare services

In Ghana, there are very few laws and no comprehensive national policy to cater for the needs and welfare services of the aged, although the laws on retirement and pension affect the aged. The 1992 Republican Constitution states in broad terms that there should be programmes to address the needs of the aged. The needed legislation and infrastructure to operationalise the 1992 Constitution on a specific programme for the aged is yet to be made effective.

According to Brown (1992), a National Commission on the aged was established to advise government on matters relating to the aged in 1982.

Even though there is no specific policy for the welfare of the aged, government departments such as social welfare and community and rural development, public health and adult education cater for the needs of the elderly.

The social security and pension schemes are also government policies, which cater for the aged. The Social Security Act, (Act.127 of 1965), and the Social Security Decree, 1972 (N.R.C.D. 127) enjoin all workers whether in the public or private sector to be covered by the social security fund. Under this scheme, workers are required to contribute 5% of their salaries while their employers contribute 12.5% of their salaries making 17.5% to the fund. Workers, therefore, are entitled to the following package from the Social Security and National Insurance Trust policy:

(a) A superannuation or old-age benefit;

(b) An invalidity benefit; and

(c) A survivor's benefit.

These benefits are intended to take care of the retired aged worker and his/her family dependents for the rest of his/her life. Since these benefits are determined to a large extent by the salary levels of workers (17.5% of worker's salary) the low levels of salaries in the public sector meant insufficient benefits to retired workers, more especially since the benefits are not often adjusted to meet realities at every point in time.

In February 1965 when the Social Security bill was introduced in Parliament, the government by then stated that: "We require the assistance of our workers so that they continue to work till, and, if possible, after superannuation to ensure carefree, comfortable and happy old age, instead of living like parasites on the all too meagre income of some relations..."

(Government of Ghana, 1965, pp. 1083). The statement underscored the submission of government on the plight of retired aged workers and the resolve to improve the lot of the aged by then.

However, in February 1991 a new pension scheme was introduced to cater for the needs of workers. The Social Security Law (PNDC Law 247 of 1991) is applicable to all workers of establishments and self-employed persons. Under this law, unlike the previous one, pension payments are reviewed accordingly whenever there is general salary review.

Under the Social Security Law (PNDC Law 247), various benefits are payable to policy holders. These are:

(a) Old age/Retirement pension: Under this package, policy holders may benefit from full pension or reduced pension. To obtain full pension, policy holders should have reached the pensionable age of 60 years and must have made a minimum contribution of 240 months in aggregate to the scheme. To qualify for reduced pension, a contributor must have attained age 55 years and above but less than 60 years and must have made a monthly contribution of 240 months or 234 months in aggregate under the transitional period (before June 2005). All pensioners under the law could earn a pension right between 50% and 80% depending on the number of monthly contributions made. Pensioners who make the minimum monthly contribution of 240 months to the scheme have a pension right of 50%. Any additional monthly contribution attracts 0.125% per month or 1.5% for additional 12 months (PNDC Law 247).

After fulfilling the conditions for old age/retirement pension by Scheme Holders, they are entitled to the product of the best of their 3 years average salary and their pension rights earned. Whether beneficiaries qualify for full or

reduced pension, one could choose to collect 25% of his/her 12 years pension as a lump sum (PNDC Law 247).

(b) Return of contribution: This is opened to those aged between 55 and 60 years but have not made the minimum contribution of 240 months. Under this package, scheme holders are entitled to a lump sum of their total contributions plus interest using the prevailing interest rate.

(c) Invalidity Pension: To qualify for this package, a contributor should have made a continuous contribution of 12 months within the last 36 months and must have been declared permanently invalid, incapable of any normal gainful employment by a qualified and recognized medical officer, and certified by a Regional Medical Board on which SSNIT Medical Officer is represented. Then he/she benefits from the invalidity pension package.

(d) Survivors' lump sum: This benefit is paid to dependants of policy holders under two conditions: when a member dies before retirement and when the member while on pension/retirement, dies before attaining age 72 years. Under this benefit, when a member dies having satisfied the minimum monthly contribution of 240 months in aggregate, a lump sum of the earned pension of the deceased member for a period of 12 years plus interest at the prevailing Treasury Bill Rate is paid to his/her dependants (PNDC Law 247).

If a member dies prior to satisfying the minimum monthly contribution of 240 months in aggregate, 50% of the average of the best 3 years salary pension for a period of 12 years will be paid at the current value using the prevailing Treasury Bill Rate. On the other hand, if a member is on pension but dies before age 72 years, a lump sum payment based on the present value of the unexpired pension is paid to his/her dependants (PNDC Law 247).

The pension scheme appears comprehensive, but it is a contribution scheme, and therefore, leaves out the elderly who did not have the opportunity to contribute to the pension fund earlier in life. Some Self-employed persons who mostly have irregular and/or undetermined wages are unable to contribute 17.5% of their incomes every month to the fund.

Another organized government support system for the aged was the health exemption policy whereby children below five years and the aged 70 years and above benefit from free medical treatment in government hospitals. This policy was incorporated into the National Health Insurance Scheme (National Health Insurance Act, Act 650 of 2003).

The problem with this policy is the difficulty of its implementation in private hospitals and the fact that the retirement age in Ghana is 60 years while the policy age is placed at 70 years. Persons who retire but are not yet 70 years are in limbo. This is a situation of government retiring someone on the assumption that, that person is old and yet refuses that person a policy for the aged.

However, in recent times government has shown some commitment in creating awareness of the plight of the aged in Ghana. For instance, 1st July has been declared as the day for the aged. This gesture is not only aimed at honouring the aged, but also as a way of tapping the rich experiences of the aged.

Family support systems

The absence of a national policy on the aged by successive governments has been based on the assumption that the family network is capable of handling the problems of individual ageing (Brown 1992). In the

traditional extended family system, there is division of labour by sex and age, which allows for inter-dependence. This inter-dependence formed the strength of the family support system. To Brown (1992), the care of the elderly was the responsibility of families by providing comfort and support in times of anxiety, loneliness and helplessness to its aged members. However, the emerging social change has eroded the strength of the family support system as a result of the separation of generations through migration.

The responsibility for the care of the elderly has shifted from the extended family to the nuclear family with significant roles being played by spouses and children. Also siblings have the responsibility of providing food or money, running errands and occasionally paying medical bills, supplying clothing and providing emotional satisfaction to their parents (Brown 1984 and 1992).

According to Brown (1992), one main feature of the family support system is the provision of a befitting burial to the dead, especially death at old age, the last obligation of one's own children and relatives. However, the greatest weakness of the family support system is that it is informal.

Whereas most Ghanaians are willing to take care of their aged parents, young people often complain of their financial inability to care for their aged relatives as much as they would wish. The effect of modernisation is the pressure on the nuclear family of younger wage earners to provide for themselves with little left for aged parents who may be at a distance (Apt 1981). The new generation of the elderly are more likely to have less help and less security from their children than the earlier generations of the elderly. According to Brown (1992), the present situation is as a result of people

having few children and that the few children are not even available to offer support to their aged parents due to migration.

Support from voluntary associations

Voluntary associations have also been responsive to the needs of the aged (Brown 1992). Organisations such as Hope Society and St. Vincent de Paul Society of the Catholic Church, men's and women's fellowships of the protestant and spiritual churches as well as other voluntary organisations such as HelpAge Ghana, the Red Cross Society, Boys Scout and Ghana National Association of Teachers (GNAT) all provide both social and material support to the aged in Ghana.

HelpAge Ghana was established in 1989 with the aim of improving the quality of life of the elderly especially those experiencing poverty, loneliness and isolation. HelpAge Ghana is a member of HelpAge International, and therefore collaborates with HelpAge International and other governmental and non-governmental agencies to provide practical programmes for the aged at the community level.

Among the programmes are a week long activities every year to educate the general public and create awareness of the presence and problems of the elderly and zonal programmes which enable members to volunteer with leaders in 11 zones to undertake home visits to the aged. Other Associations such as Ghana National Council for ageing, the Union of Retired Persons, the Senior Citizens Clubs, the Veterans Association of Ghana (VAG) and Ghana Government Pensioners' Association are all organizations formed for and committed to the welfare of the aged (Brown, 1992).

Conceptual and theoretical issues

The adoption of socio-economic support systems for the aged has been examined in terms of the population and individual ageing model which was developed by J. R. Weeks. However, the major setback of this model is the assumption that the aged is a homogeneous group that must necessarily depend physically or economically on society as they age (Weeks, 1999). However, this assumption cannot be wholly true as some families and communities rely on the aged for the effective running of their families and communities. Because of this setback, the population and individual ageing model was rejected for this study.

Other researchers have employed Kinsella and Philip's (2005) successful ageing model as the theoretical foundation of studies on socio-economic support systems (both formal and informal) for the aged in order for them to live a fulfilling old age life. This model was appropriate for this study because it looked at the aged as individuals rather than a group and did not necessarily assume that the aged would depend physically or economically on society as they aged. A further assumption of the model is that the aged would need different support systems for them to have successful ageing, which could include the aged providing useful and active services to society to make them feel beneficial to society. Detailed explanations of the models are presented below.

Population ageing and individual ageing model

The Population Ageing and Individual Ageing Model (Weeks, 1999) states that population and individual ageing are influenced by certain factors such as decline in mortality and fertility, physiological changes and social

interpretation of the aged. The factors that influence ageing may pass through a social context to affect the ageing population (Weeks 1999).

Retirement, living arrangements and family relationships all have an impact on the aged population. The social impact of the aged is the ultimate physical and economic dependency that will be brought to bear on the entire population as well as the issues of who controls the resources of the society.

The main issues in this model are the concept of ageing (individual and population), the social context under which ageing takes place, the age and sex structure of the older population and the social impact of ageing. Individual ageing is either the physiological changes or the social aspect of ageing which deals with stereotyping and status of older people. Population ageing is increase in number of older people as a result of a decline in mortality or increase in the proportion of older people caused by decline in fertility. As ageing takes place in a social context it affects the age and sex structure of the population and the end result is its social impact on population which is translated into physical and economic dependency and control of resource at the community level (Figure 1).

The weakness of this Model is that, it presumes that every aged individual must necessarily depend on the society for his/her economic or physical needs. However, with a well-planned life and good investments and interventions, the individual even at old age may be a breadwinner to his/her family members including his/her children's families. In some cases the aged are so productive that society even has to depend on them for its proper functioning. In fact, according to Belsky (1999), the aged may consume less and save more in retirement than any age group. Therefore, this model is not appropriate for assessing the socio-economic support systems for the aged.

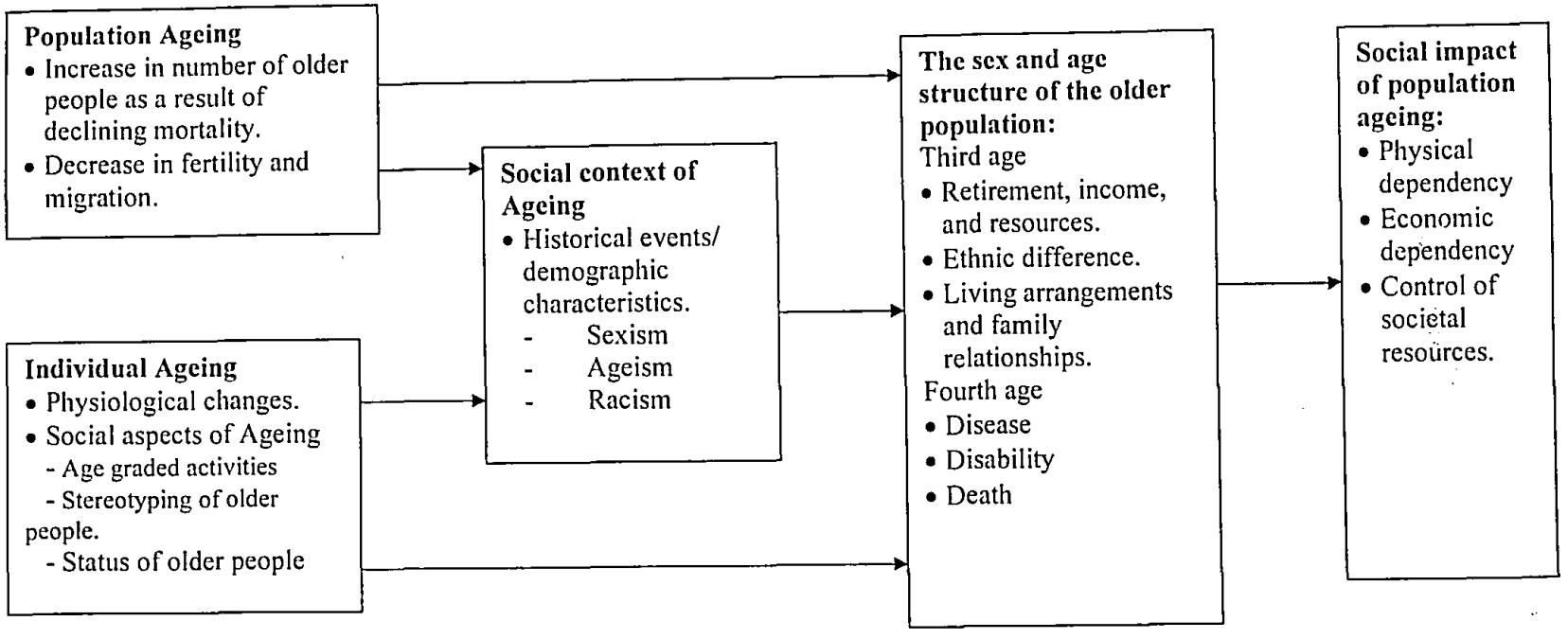

Figure 1: Population and individual ageing and changes in society model

Source: Weeks (1999:31)

Successful Ageing

The successful ageing model looks at ageing not as "the mere addition of years to one's life, but the addition of life to one's years" (Kinsella and Philip 2005 p. 34). People usually grow old in a given social and economic setting and each particular setting has an effect on their feelings, self-esteem, value and place in the family or society. Social settings explain why some old people remain active and healthier than others do.

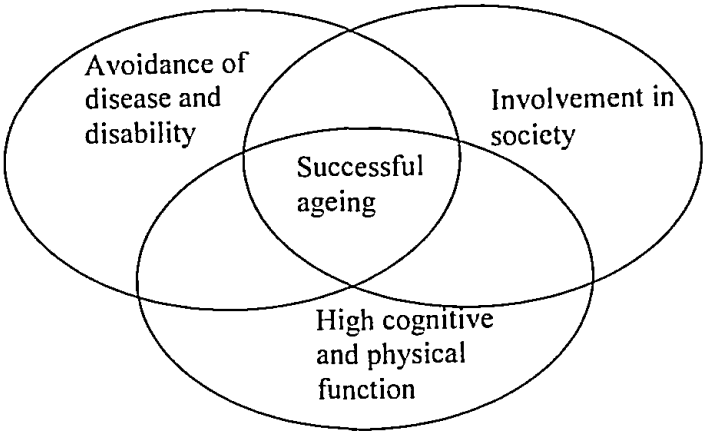

Figure 2: Successful ageing model

Source: Kinsella and Philips (2005:34)

The issues of coping and adaptation in later life, which will make a successful ageing is the maximization of desired outcomes and the minimization of undesired outcomes. Successful ageing is viewed as a confluence of three functions: decreasing the risk of disease and disease related disability; maintaining physical and mental functioning; and being actively engaged in life (Figure 2).

The model states that, successful ageing involves productive ageing, which is as a result of the involvement in and/or contribution of the aged

directly or indirectly to society. Another component of healthy ageing is the avoidance of diseases and disability through improved life styles and the prevention and management and treatment of diseases. The third component is active ageing, which involves the high cognitive and physical functioning of the body.

The strengths of this model are that it looks at the aged as an individual with individual coping and adaptation strategies. The model also accounts for the social and economic environment under which the aged person goes through in life. The weakness of the model is how to determine the specific contributions of each social, economic and environmental condition to the successful or otherwise of the aged.

Since this Model places the aged in the context of the socio-economic and environmental settings, it fits well into the Madrid International Conference declaration on the aged (Kinsella and Philips 2005). This Model looks at older people and economic development, advancing health and ensuring an enabling and supportive environment. Therefore, the model was chosen as the conceptual framework for the study, since it seeks to find out what successful ageing is. The application of this model shows how the aged are able to take advantage and cope with modernisation, and intermittent break of peace and also fulfilling the conditions for successful ageing.

Conclusion

Ageing involves both an individual and population levels and therefore involves increase in number of older people because of decline in mortality or decline in fertility. Individual ageing has physiological and social dimensions.

Globally, the aged is increasing in numbers and in proportions. With the increase, the aged are confronted with the challenges in living successful lives. Therefore, the aged require some support be it social, economic or environmental to be able to overcome these challenges. Inherent in these challenges are opportunities which could be exploited by the society to a greater benefit of all.

Support systems could be formal or informal networks or mechanisms used to alleviate or assist the aged to live successful lives in later life. Formal support systems are well-structured mechanisms, while informal support systems are unstructured socio-economic networks, which the aged access to support their lives. The unstructured socio-economic networks are failing and since there are no institutional bodies to enforce them, attention should be shifted to the formal support systems that are enforceable in the court of law in case of non-compliance by any body or institution.

The population and individual ageing model that looks at ageing vis-à-vis the socio-economic and environmental influence on the aged, aggregate the effect on the aged as though they were a homogeneous unit with similar reaction rates. While the successful ageing model factor in the individual capabilities, coping and adaptations abilities to situation and conditions. Therefore, in dealing with issues of the aged, especially on offering support in whatever form to them, the individual aged needs should be assessed and the appropriate one(s) offered to him/her.

CHAPTER THREE

METHODS OF DATA COLLECTION AND ANALYSIS

Introduction

This study was conducted in the Bawku Municipality in the Upper East Region of Ghana. In gathering data for the study, both primary and secondary sources were used. The primary sources of data were from the 286 aged from the twelve urban/zonal councils of the Municipality and the executives of the pensioners association of the aged that had been in formal employment, and the Municipal Director of Social Security and National Insurance Trust (SSNIT). The secondary sources of data were from books, journals, and Government reports and the internet.

The tools that were employed to solicit primary data for the study were questionnaire (open and closed ended), interview guides and observations. Non-probability methods were used to select the respondents for the administration of questionnaire because it was felt that it was the most appropriate under the circumstance. Specifically snowball method was used to select respondents for the questionnaire while the purposive method was used to select participants for the interview.

All data gathered were recorded, transcribed, coded and analysed manually and with the use of Statistical Product for Service Solutions (SPSS) and Microsoft excel. The detailed write up of the methods of data collection and analysis of this study is presented below.

The study area

The area for this study is the Bawku Municipality, one of the nine Municipalities/Districts in the Upper East Region of Ghana. It is located approximately between latitudes 11^0 111 and 10^0 401 North and longitude 0^0 181W and 0^0 61E in the north-eastern corner of the region. The Municipality has a total land area of about 121,505 square kilometres It is bounded to the west by Bawku West District, to the south by the Garu-Tempane District, to the east by the Republic of Togo and to the north by the Republic of Burkina Faso.

The population of the Municipality, the then Bawku East District Assembly was 307, 917 in the *2000 Population and Housing Census*, which included the population the Garu-Tempane District, which was created in 2004.. The total population of Bawku Municipality after the creation of the Garu-Tempane District Assembly is estimated to be 188,254 (Liedib, E., Personal interview, June 21, 2006).

Bawku Municipality is located in the Sudan savannah at the north-eastern corner of Ghana bordering two West African countries thus, Burkina Faso to the north and Togo to the east (Figure 3) and has both urban and rural population characteristics. According to the *2000 Population and Housing Census*, Bawku Municipality was 20.5% urbanized.

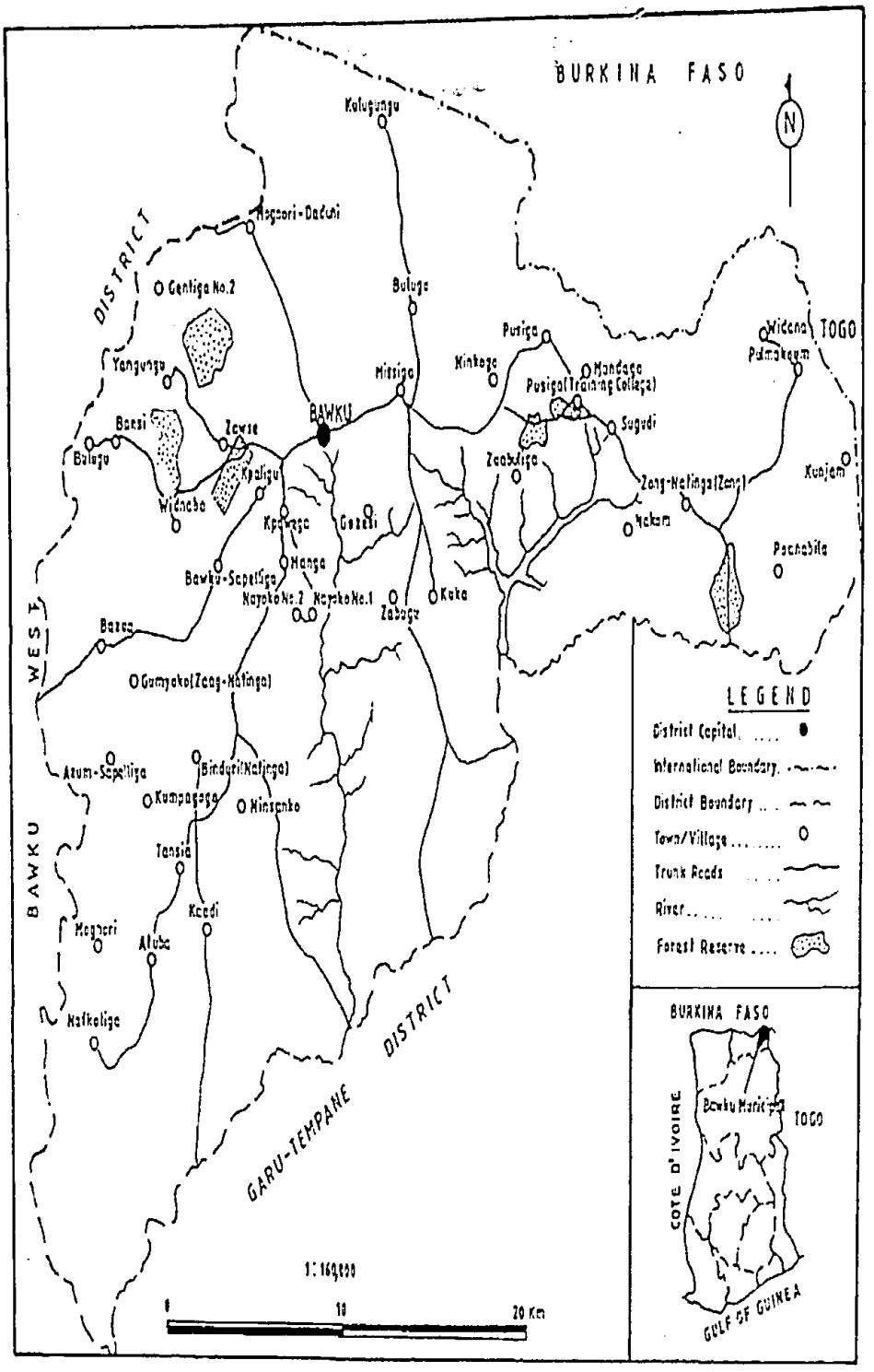

Figure 3: A map of the Bawku Municipality

Over 80% of the urban population of Bawku is engaged in trading, whiles about the same proportion of the rural population are engaged in agriculture (Liedib, E., Personal interview, June 21, 2006). The capital of the municipality, Bawku, is noted for its business activities. Owing to its strategic location, international trading takes place in Bawku. Traders in Bawku interact with people from the French speaking countries of Togo, Burkina Faso, Niger, and Nigerians more than people from other parts of the country. Small-scale private business activities especially buying and selling are the norms. In fact, well-being was seen in engaging in business. Until recently very low premium was placed on education as opposed to a very high premium placed on trading or other business activities.

Sources of data

Data For the study was collected from some selected aged persons in the Bawku Municipality using questionnaires, In-depth interviews and observations. Data was also gathered from the Municipal Director for Social Security and National Insurance Trust (SSNIT) through an In-depth interview. The study also made use of secondary data from journals, books, Internet sources and other publications.

Sample frame and size

The estimated population of Bawku Municipality at the time of the survey was 188,254. The aged population of Bawku Municipality was estimated by the Municipal Planning Officer to be 1057 (Liedib, E., Personal interview, June 21, 2006). Giving the size, all the people in Bawku

Municipality aged 65 years and above as at June 2006 were targeted for this study. The formula for the determination of sample size when the population is more 10,000 was used to determine the sample size for this study (Fisher et al 1991).Therefore, the sample size of the study was 286. The main factors that were considered in the determination of the sample size were fair representation, cost, time, and resources available.

Sampling techniques

Bawku Municipality under the present local government system is divided into 12 Zonal Councils, namely Bawku, Bansi-Zawse, Binduri, Kardi, Bazua, Mognori, Kulugungu, Pusiga, Nakom-Zuabuliga, Widana, Sugudi-Mandaago and Kuka-Zabugu Zonal Councils.. Each Zonal Council was allotted a quota of respondents based on the 2000 Population and Housing Census Report (Ghana Statistical Service 2002). Forty-four (44) respondents were selected from Bawku zonal council while 22 respondents each were selected from the other eleven zonal councils making 286 respondents.

Considering the nature and distribution of the target population, purposive and snowball sampling techniques were employed to select respondents from each cluster (zonal Council). One respondent from each of the zonal councils were first identified with the help of the chiefs, Assembly members and opinion leaders in the various communities. In a house where there was more than one aged person, the oldest person was chosen for the administration of the questionnaire. In turn, the respondent recommends other aged persons within their zonal council for the study. The aged in each zonal council know each other since they are of the same age cohort. This process

continued until the sampled size of 286 was attained. The executives of the Pensioners Association and the Municipal Director of the Social Security and National Insurance Trust (SSNIT) were purposively sampled for in-depth interviews.

Design of research instruments

The questionnaire used comprised both close and open-ended questions and was intended to elicit information on the social support systems, their participation in community and social work and for them to suggest ways to improve the existing social support systems for the aged. The questionnaires were made up of four modules (A, B, C and D). Module A sought to find out the socio-demographic characteristics of respondents. These included their sex, age, relationship to the head of household, educational level, marital status, religion, ethnicity, occupation, disabilities and household facilities. It also collected household data of respondents. Module B elicited information on all the support systems that existed for the aged. It looked at the main sources of support to the aged, the adequacy of both the physical and economic support systems and the social and psychological support systems available. Module C concentrated on their participation in the socio-politico-economic activities in the community. Module D, dealt with suggestions and ways of improving social support systems for the aged (Appendix1).

Administration of instruments

To administer the questionnaire, four (4) research assistants were given a day's training. Each item on the questionnaire was explained and possible

interpretations, translations and explanations of all the items into Kusaal, Hausa and Bisa were discussed. The administration of the questionnaires was on one-on-one basis, with the questionnaires read out to respondents. This method was adopted because most of the respondents were illiterate. It was also to ensure that there was uniformity in understanding the questionnaires. The administration of the questionnaires started in August and ended in October 2006.

In all 286 respondents were interviewed as planned. Where respondents were not ready to respond to the questionnaires, assistants booked an appointment and went back later to administer. In cases where selected respondents were too weak to respond, other respondents were chosen to replace them. However, some respondents did not respond to some items (very few items though) with the simple reason that they did not have answers to those items.

An in-depth interview guide was developed and used to elicit responses from the executives of the Pensioners Associations and the Municipal Director of SSNIT. All proceedings in the discussions and interviews were recorded, transcribed and analysed.

Challenges encountered on the field and limitation to the study

Some fundamental challenges were encountered in the course of the data collection and collation at the field. In spite of that, much effort was put in place to minimise their effect on the validity and reliability of the findings of the study.

The specific challenges that were encountered in the field were that the aged always wanted to give stories of their youthful working experiences vis-à-vis their current lives. Some of them thought it was an opportunity for them to share their experiences with the youth especially those who did not have people around them. They could answer the questionnaire up to a point and break to give stories.

This was detected the very first day and the assistants were told during the overview of the day's activities to be guided by the principles and purpose of the research and never to be swayed away by the interest of the aged. In most cases, the aged were appealed to tell their stories after the administration of the questionnaire which however, increased the average time spent per person. In all cases, the researcher made sure that they did not divert attention aimed at getting accurate responses for each item on the questionnaire. Accessibility was also a major challenge especially as the study was conducted during the rainy season. In some areas, the researcher had to wade across rivers in order to administer questionnaires. Therefore, any time it rained, the researcher concentrated on the urban and rural areas that had no river(s) and dealt with those areas that one need to cross river(s) a day or two after a major rain, when conditions had improved.

The study depended on the information provided by the respondents through their responses to the questionnaire and interview guide. As the case may be in all social surveys involving the use of questionnaires and interview guides, nevertheless, the best techniques were employed to ensure the validity and reliability of the study by cross checking some of the responses with some

items on the questionnaire which were themselves a check mechanism and through literature and observation.

In addition, the study was limited to the Bawku Municipal Assembly. Non-probability sampling methods were used to select the respondents for the study. Therefore, care must be taken when generalising the findings from this study.

Nevertheless, the findings provide an insight into the socio-economic support systems available to the aged. The result should be interpreted with caution and should serve as an opportunity for further research into this emerging and important area which everybody will pass through and may offer some support to society or will require society to assist him/her to live a successful aged life.

Methods of data analysis

The questionnaires were edited during and after the administration in the field, coded and analysed using SPSS. The data were crosschecked for completeness of the content and for internal consistency in responses. The Statistical Product for Service Solutions (SPSS) version 12.0 for windows and Microsoft Excel were used to generate frequencies, tables, charts, figures and cross tabulations. The data were analysed and presented in tables and diagrams. It involved means, percentages, cross tabulation, frequencies, figures and charts.

The qualitative data that was gathered from the in-depth interviews were recorded, transcribed and analysed manually.

Conclusion

The Bawku Municipality is cosmopolitan in nature at the centre of the capital characterised by business activities (buying and selling) and rural in nature at the outskirts with farming being the main stay economic activity. Respondents for the study were selected from clusters (zonal Councils) of the Municipality. The socio-economic characteristics of the people of the study area were both urban and rural. The rural population mostly engaged in agriculture while the urban population engaged in commerce and business specifically trading activities.

The main tools employed to solicit responses were questionnaire, interview guides and observations. Non-probability sampling methods of snowballing and purposive sampling were used to select respondents.

All the data gathered from the questionnaire were edited during and after the administration, coded and analysed using SPSS and Microsoft Excel. While data gathered from the interviews were recorded, transcribed and analysed manually.

CHAPTER FOUR

SOCIO-ECONOMIC PROFILE AND HOUSEHOLD LIVING ARRANGEMENTS OF THE AGED

Introduction

The socio-demographic characteristics of the aged to a very large extent determine the socio-economic support available for them. If an aged individual were married, widowed or never married aged would determine the socio-psychological and economic needs offered or needed. Couples serve as a source of socio-psychological and economic support system for each other within the family set up. Where the aged lives in homes with their children or close relations they also serve as a source of support.

Sex, age, educational level, religious affiliation and occupation of the aged, determine the type, kind and quantum of support available or the support he/she needs in order to live a fulfilling old age life.

The household living arrangements of an individual is very crucial in determining the quality of life and comfort he/she is exposed to. The inherent living arrangements of the aged have in-built structures that as a whole and individual units offer support to them. The profiles of individuals also predispose them to easy accessibility or otherwise to support systems.

The presence of social amenities at the household level by themselves serves as sources for support to the aged. For instance in houses where there are radios and television sets, even if there are no people around, the aged could entertain themselves with those amenities.

A very important profile of the aged that largely determines the physical support the individual needs to live a successful aged life is impairment and or disability of the aged. For instance, physical and visual impairments will affect the mobility of the aged and therefore, will require relations to run errands for him/her.

Socio-demographic characteristics of the aged

Two hundred and ninety-one (291) aged took part in this study with 286 of them responding to questionnaires while 5 others were interviewed. Among the respondents, 155 (54%) of them were males while 131 (46%) were females (Figure 4).

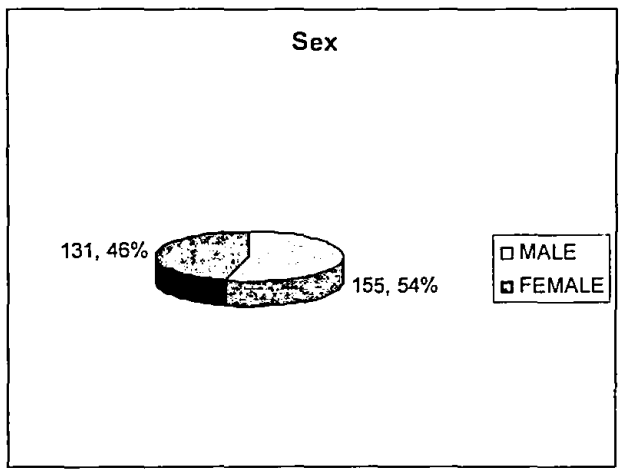

Figure 4: Sex of the aged

Source: Fieldwork, 2006

Age distribution of the aged

With regard to age, 32% of them were between the ages of 65 and 69 years, while 13% of them were from the age group, 75-79 years. Among the

aged females, 39% were in the 65 to 69 age group and 10% of them in the 75 to 79 year group being the age group with the least percentage. For the males, the highest percentage of those who took part in the study came from the 70 to 74 age group which registered a percentage of 29, while the male age group with the least percentage were those aged 85 and above which recorded 14%.

In contrast, the females in the 65 to 69 age group recorded the highest percentage of 39, while for the males it was those in 70 to 74 age group which recorded the highest percentage of 29 (Table 3).

Table 3: Age distribution of the aged

Age	Male		Female		Total	
group	Freq	%	Freq	%	Freq	%
65-69	40	25.8	51	38.9	91	31.8
70-74	45	29.0	32	24.4	77	26.9
75-79	24	15.5	13	9.9	37	12.9
80-84	25	16.1	17	13.0	42	14.7
85+	21	13.6	18	13.7	39	13.6
TOTAL	155	100.0	131	100.0	286	100.0

Source: Fieldwork, 2006

Relationship of aged to heads of households

Sixty-nine percent of the aged were heads of their household. It was observed that most of the household heads were more of nominal heads rather than real heads. This is because it was visibly seen that some could not do anything and did not earn any income to support their families. But the fact

that they were fathers of the active heads and with the patriarchal family arrangements, they were still deemed and indeed held themselves as heads of the households. Another 22% of them were parents/parent in-laws of heads of households with 9% being spouses of heads of households (Figure 5).

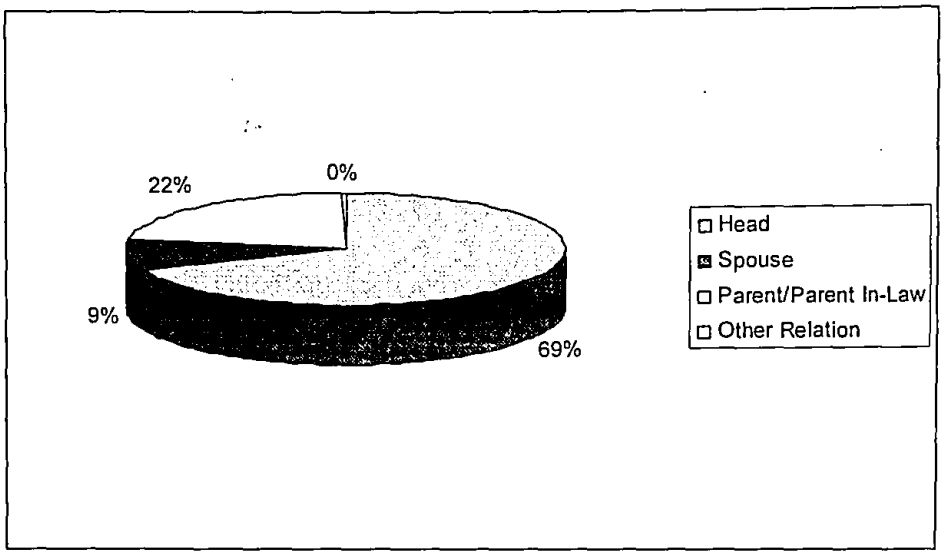

Figure 5: Relationships of the aged to heads of households

Source: Fieldwork, 2006

Educational levels of the aged

Nearly 90% (251) had no formal education, 5% (13) of them have had some Arabic education, while 3% (8) each had some form of adult/non-formal and middle school education. One percent reported having tertiary (Polytechnic and University) education (Figure 6).

The results of the educational levels of the aged reflect the situations at the time they grew up when formal education was not easily accessible. Educational institutions at that time were located in capitals of administrative districts /colonial centres and areas where there were missionary activities and these were Yendi, Navrongo and Tamale. Without formal education, the aged

had very little opportunities to engage in formal jobs which qualified them for pension at retirement (Figure 6).

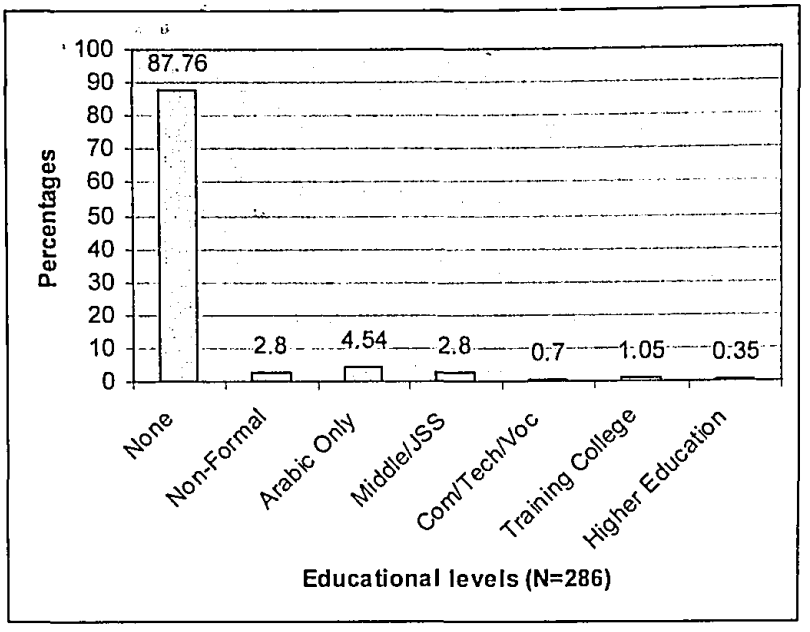

Figure 6: Educational levels of the aged

Source: Fieldwork, 2006

Marital status of the aged

Fifty-seven percent (162) were married, while 40% (115) were widowed and 1% (4) divorced (Table 4). Seventy-seven percent of females were widowed while only 9% of males were widowed; 88% of the males were married compared with only 20% of females (Table 4). It emerged that older men are more likely to be married while older women are more likely to be widowed. This is because men tend to marry women younger than them and even where they marry their colleagues, when their wives die they remarry. But most women who are widowed especially those who have children either

find it difficult to remarry or they decide to remain single in order to take care of their children and or grand children.

According to Kinsella and Philips (2005), the marital status of adults has health implications. Those who are married are more likely to be healthier than those who are not married as a result of the socio-economic support they offer each other. Marital status has implications for financial standing and the individual's social support networks as well.

Those who are married increase their networks and relations by the social contracts they enter into, thus putting them ahead of the unmarried people. Older widowed men tend to lose their support network, while older widowed women maintain their support network after the death of their spouses through their associations with their daughters and daughter-in-laws where some are baby sitters. In some cases, aged women could stay with their married daughters at their daughters' matrimonial homes.

Table 4: Marital status of the aged

Marital status	Sex				Total	
	Male	%	Female	%	Total	%
Never Married	2	1.3	1	0.8	3	1.1
Married	136	87.7	26	19.8	162	56.6
Separated	0	0	2	1.5	2	0.7
Divorced	3	1.9	1	0.8	4	1.4
Widowed	14	9.0	101	77.1	115	40.2
Total	155	100	131	100	286	100

Source: Fieldwork, 2006.

Table 5: T-test on the significant differences in sex and marital status of the aged

Sex	Number	Mean	Standard Deviation(SD)	Df	T	Sig.
Male	155	2.2968	0.9058			
				284	-15.998	0.000
Female	131	4.3359	1.2441			

Source: Fieldwork, 2006

Degree of freedom (df) = n-2 ⟹ 286-2 = 284

A null hypothesis was formulated to test the decision on the marital status of the aged between males and females. The independent t-test with two-tails was used to test the mean differences between males and females at a confidence level of 95% (Table 5). A test value of -15.998 and a significant level of 0.00 imply that more males than females are likely to be married in old age.

The mean score for both the males and females were 2.2968 and 4.3359 respectively, while the standard deviations were 0.9058 and 1.2441 for males and females. Since the t value (-15.998) is less than one, it is concluded that there is no significant differences between marital status of males and females at that age.

Religious affiliations of the aged

Forty-five percent (126) of the aged practice African Traditional Religion, whiles 38% (110) were Moslems or Ahmadis, and 17% (48) of them were Christians (Figure 7). Religious institutions offer the individual support systems because there are formal and informal mechanism and in some cases

hierarchies and laid down procedures for interaction. Religious institutions also have in-built units or organisations that address the specific needs of its members especially the vulnerable.

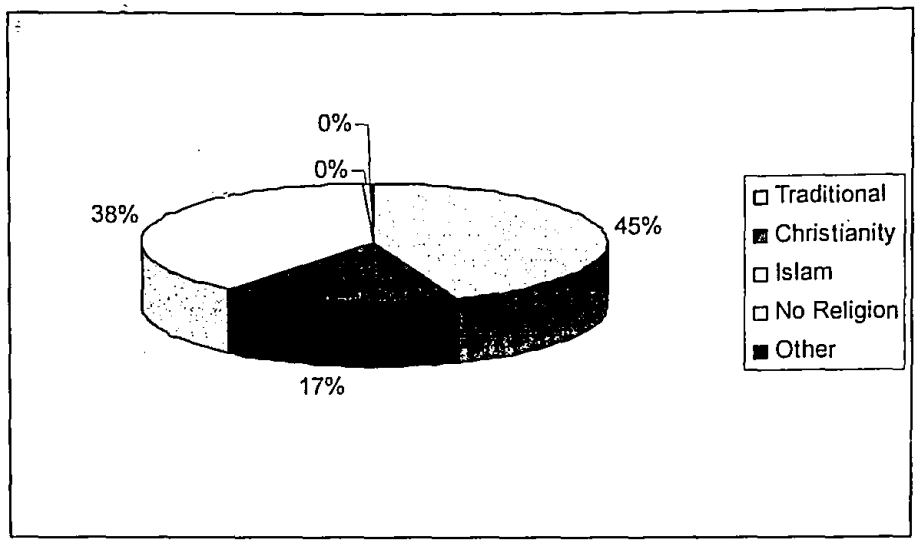

Figure 7: Religious affiliations of the aged

Source: Fieldwork, 2006

Ethnic affiliations of the aged

The ethnic distribution of respondents consisted of Kusasis (65%), Bisas (12%), Moshes (7%), Mamprusis (7%) and other ethnic groups (9%). These other ethnic groups include Dagombas, Hausas, Yoruba, Gurenes and Bimobas (Figure 8). In the 2000 Population and Housing Census report the Kusasis accounted for 47.6%, Bisas 15.4%, Bimoba 8.3%, and Mamprusis 3.7% (Ghana Statistical Service, 2005). This however, included the Garu-Tempane District's population figures.

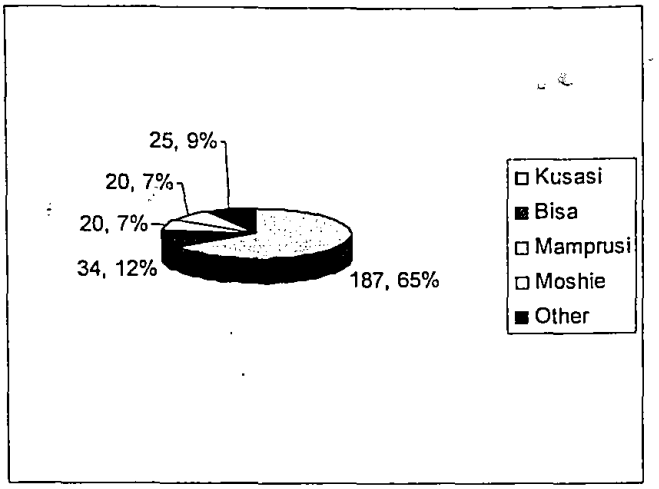

Figure 8: Ethnic affiliations of the aged

Main occupations of the aged

The main occupation of the aged, which served as a source of their livelihood, was agriculture and involved 64% (186) of the respondents. The rest were too weak to do anything on their own and depended solely on family members, relations and philanthropists for survival. About 12% were engaged in trading to cater for their daily needs (Figure 9).

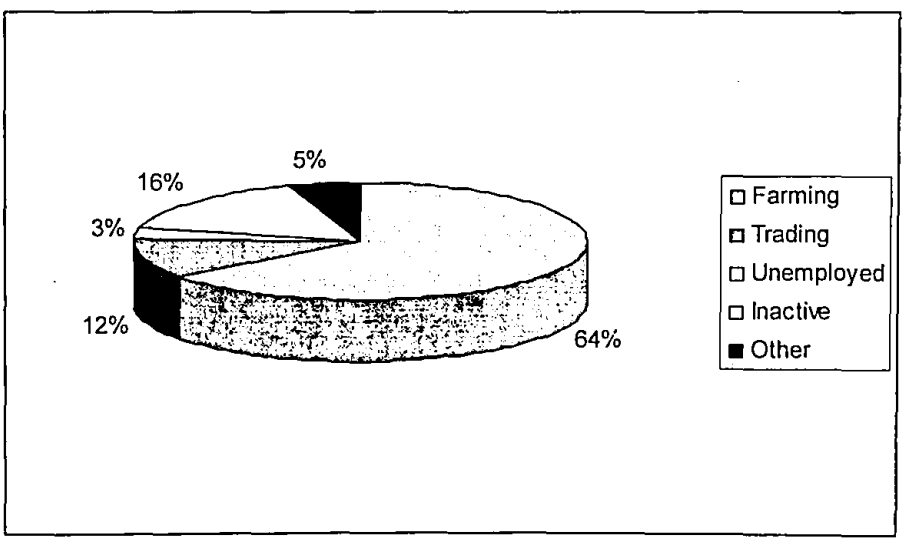

Figure 9: Main occupations of the aged

Source: Fieldwork, 2006

Disabilities/Impairments among the aged

Impairments and disabilities of the aged were observed and also indicated by the aged themselves. However there was no scientific measures adapted to test or assess the severity or otherwise of impairment or disabilities. Those who were partially/totally blind constituted 61% (48) of the aged. More males (69%) than females (53%) had partial /total blindness. The next disability was partial/total loss of limb which was 18% (14). More females (25%) than males (10%) reported loss of limb. Most of the aged complained of pains in their knees and other joints and that it was difficult for them to use their limbs properly, while others had paralysis as a result of strokes. Eleven percent (11%) had problems with hearing, while 1% each had signs of cured leprosy and amnesia (Table 6).

Table 6: Disabilities/Impairments of the aged

Impairment/Disabilities	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Partial/Total						
Loss of Limb/Paralysed	4	10.2	10	25.0	14	17.7
Partial/Total Blindness	27	69.2	21	52.5	48	60.7
Partial/Total Deafness	3	7.7	6	15.0	9	11.4
Amnesia	1	2.6	0	0	1	1.3
Leprosy	1	2.6	0	0	1	1.3
Others	3	7.7	3	7.5	6	7.6
Total	39	100.0	40	100.0	79	100.0

Source: Fieldwork, 2006.

Toilet facilities at household levels

The aged were also asked of the type of toilet facilities they had at their households to determine the sanitation facilities they had and the distances they travel to use such facilities. Only one had flush toilet/water closet in his house. While 16% (45) of them had access to public KVIP at their neighbourhoods, 8% (23) use pit latrine at their households, and 76% (216) reported free range (Figure 10) as their toilet facilities. The situation of the toilet facilities has implications for the mobility and health needs of the aged.

For instance those who used the free range and had partial/total loss of limb/paralysed did not move far away from their houses. Those who were also partial/totally blind needed some assistance to be able to move far away from their houses. Cases where the aged with these conditions who did not get assistance to move a bid far away from their houses, meant that their surrounding were littered with faeces which attract environmental and health hazards.

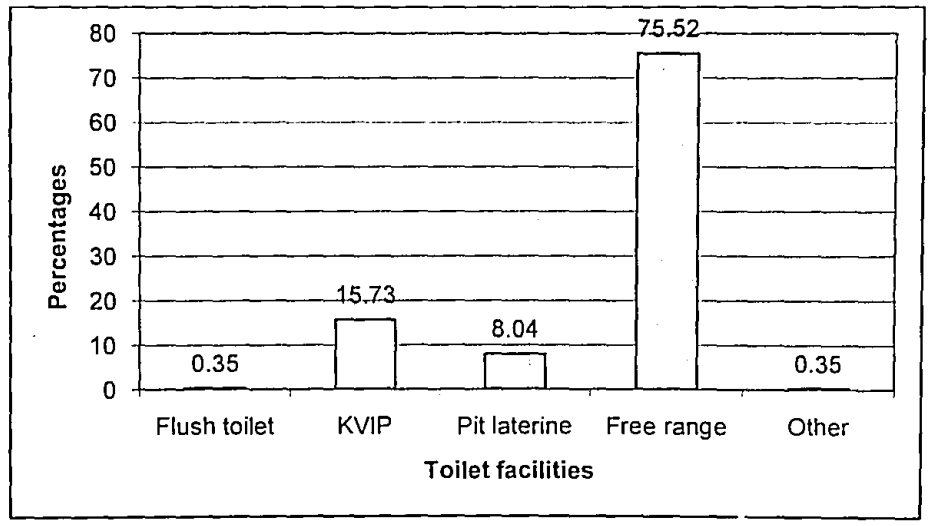

Figure 10: Toilet facilities at household levels

Source: Fieldwork, 2006

The floor material of the houses of the aged

The floor materials of households of respondents were 52% (148) cement/tile/terrazzo. About 46% (132) had floors made of natural materials (earth/sand/clay). Others had their floors partly earth and partly cemented (Figure 11). From the result, 48% of the aged had their floors not cemented and that meant that they were exposed to dusts during the dry season and in the rainy season too, their yards became wet/waterlogged which promoted a conducive environment for mosquitoes and other insects to breed. Thereby promoting the spread of malaria and other air/water borne diseases.

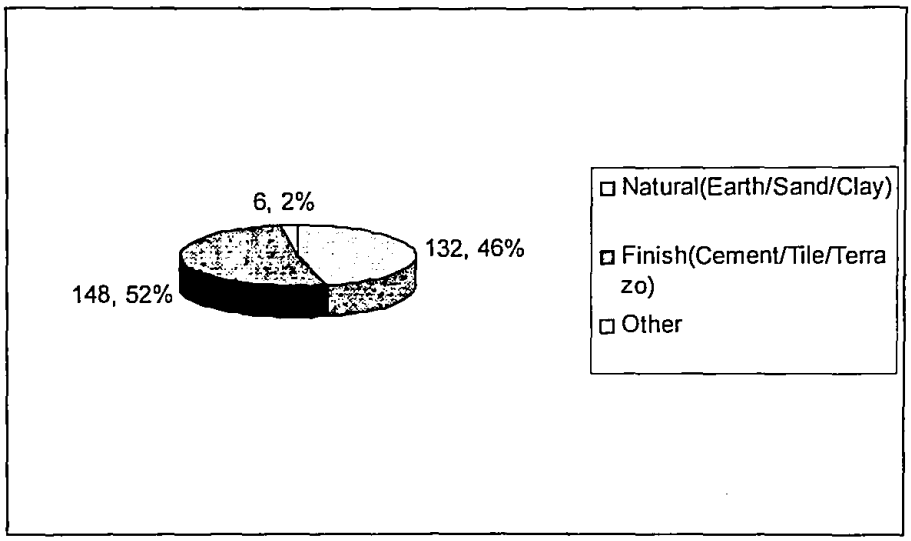

Figure 11: Floor materials of houses of the aged

Source: Fieldwork, 2006

Roofing materials of the houses of the aged

Seventy-three percent (73%) of the roof of houses of the aged was a mixture of thatch and zinc. It is very common to find these types of roofs in the Bawku Municipality. Rooms for human habitation were roofed with zinc

while those for other purposes including animal pens were usually roofed with thatch. About 19% (55) of the aged had their entire houses roofed with zinc/tile and 8% (23) had their entire houses roofed with thatch (Figure 12).

Houses in the Bawku Municipality with their entire rooms roofed with thatch are indications of high poverty levels. In fact not only is the thatch not effective in roofing houses because of the weather, but that thatch is becoming expensive to maintain yet those who cannot afford zinc had to use it thereby further impoverishing themselves and increasing the need for support.

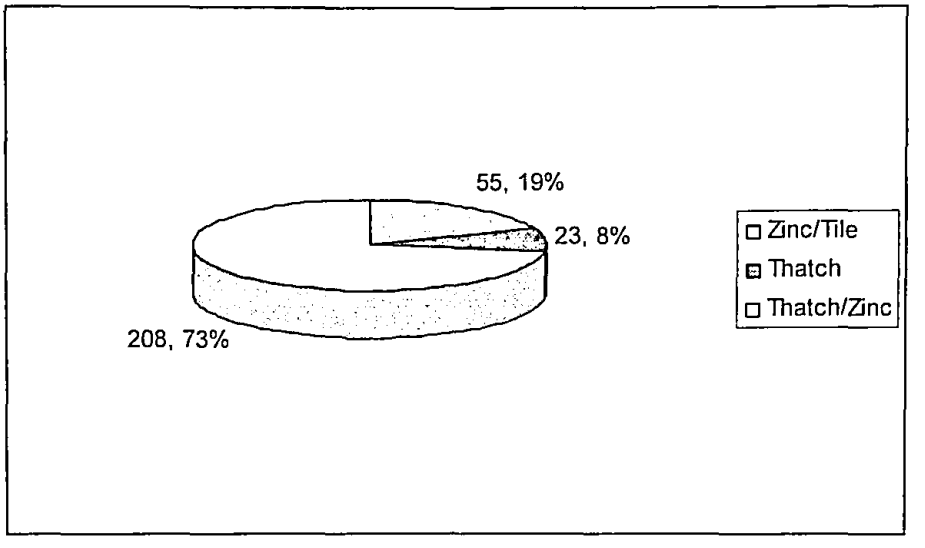

Figure 12: Roofing materials of the houses of the aged

Source: Fieldwork, 2006

Amenities in the homes of the aged

The aged were asked about the amenities that they had in their homes. Respondents of 192 (67%) households had functioning radios. This is an indication that the aged at least had access to information both at the local and national levels. More males (42%) had radios than females (26%). Sixty-three percent said they use bicycles as their means of transport. Bicycle is the

commonest means of transport in the Municipality, with almost every other house in Bawku Municipality owning a bicycle. Donkey carts were present in 32% (94) of the households (Table 7). It is the means by which goods from rural areas are conveyed to Bawku market.

Table 7: Facilities in households of aged

Social amenities	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Electricity	38	13.3	31	10.8	69	24.1
Functioning Radio	119	41.6	73	25.5	192	67.1
Functioning TV	15	5.2	17	5.9	32	11.2
Functioning Refrigerator	7	2.5	11	3.9	18	6.3
Functioning Bicycle	106	37.1	73	25.5	179	62.6.
Functioning Motor Cycle	30	10.5	21	7.3	51	17.8
Functioning Donkey Cart	53	18.5	41	14.3	94	32.9
Functioning Car/Vehicle	7	2.5	4	1.4	11	3.8

Note: There were multiple responses (N=286)

Source: Fieldwork, 2006

Only 24% (69) of the respondents had electricity in their homes. This is a reflection of the distribution of electricity in the Municipality. In fact, it is only the township and a few large settlements such as Pusiga, Mognori and Widana, which have lights. Even within the township, there are some parts of the town which could be described as urban poor settlements which have no

electricity. Due to the absence of electricity, there were no functioning television sets and refrigerators in some households (Table 7). This result meant that the aged didn't have the opportunity for their children to get information from the television and passed it unto them. The absence of refrigerator also meant the aged had no access to cool water during the hottest season of the area in March.

Access to land

Land is a fixed asset and very indispensable in predominantly farming communities, and may be either held in trust by chiefs/landlords/family heads or owned individually.

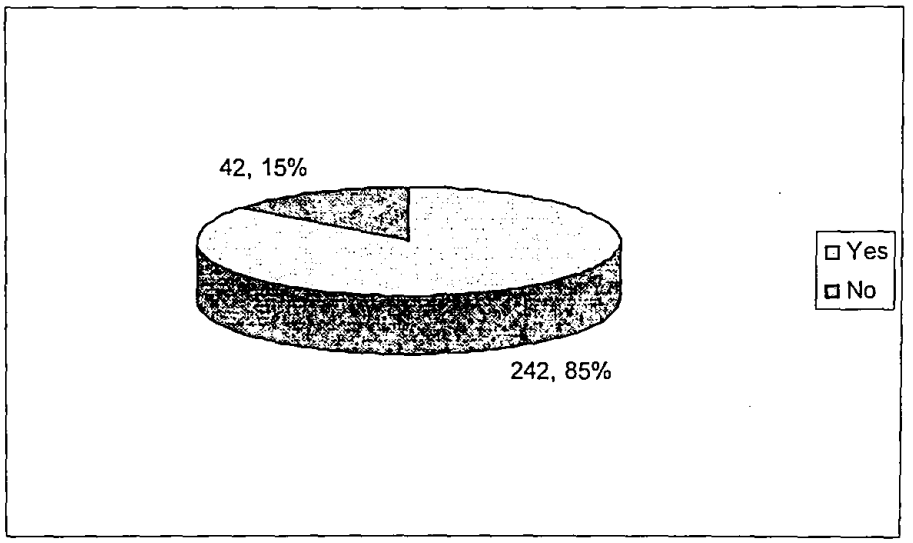

Figure 13: Aged access to land

Source: Fieldwork, 2006

As many as 85% (242) of the aged in the Bawku Municipality said they had access to land. The high percentage is as a result of the system of inheritance that exists in the north and Bawku in particular. All properties

especially lands are usually held in trust for the family by the aged who are family/clan heads. From Figure 13, only 15% (42) did not have access to land. This category of the aged without access to land is those mostly in the centre of Bawku Municipality where land has now become scarce even for building.

Aged who farm on their lands

Of all those who had access to land, 96% (236) farmed on it, either by themselves or by their children in trust for them. Four percent of those who had access to land do not farm on it. When asked why they did not farm on it, they indicated that there were small parcels, which were located at the centre of town, and therefore they could not do any farming on them, because the policies of the Municipal Assembly do not allow people to farm in the centre of town. They also said those lands were meant for construction of houses in the future for them and their children.

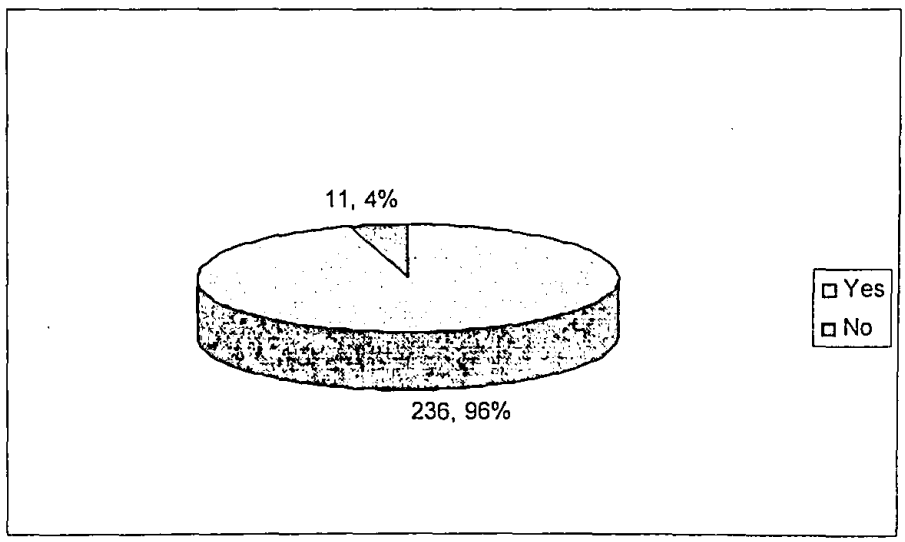

Figure 14: Aged who farm on their lands

Source: Fieldwork, 2006

Discussion and conclusion

Available literature indicates that there is growing longevity among the populations of the world, Ghana inclusive (Kinsella and Philips 2005). With 32% of the aged in this study coming from the age group 65-69 years, more people are entering the aged class, thus confirming the literature. This, coupled with longevity of the population calls for comprehensive and well thought out plans meant to address not only the current numbers and situations the aged faces, but to be able to handle the large numbers that will enter the aged class in the near future.

It was also revealed in the study that 69% of the aged were heads of households. Although the aged indicated that they were heads of their households, they were more of nominal than active heads. They were heads because of the patriarchal arrangements in the area which make elderly males automatic heads of households.

From the study, 57% of the aged were married. Among those married, 88% of them were males. While 40% of the aged were widowed, Seventy-seven percent (77%) of that number were females. Since couples serve as a source of support to their aged counterparts, especially female couples who performed household chores for their husbands, it meant that males are getting more support than females. All the literature on socio-demographic characteristics of the aged stipulates that more of the aged are widowed with a greater number of them being females.

Agriculture was also the main occupation for the aged. Sixty-four percent (64%) of the aged engaged in agriculture with 85% of them having

access to land. This result emanates from the fact that the aged had very little education and the area of the study is also predominately a farming area.

The most common impairment among the aged was partial/total blindness, which recorded 61%. More males (69%) had visual impairment than females (53%). This impairment (blindness) is age related and most of them though could seek medical treatment to restore their sight, sometimes are reluctant for the fear of operation/treatment or even think that they do not need the eyes for any serious work again or for the cost of the treatment before the introduction of the National Health Insurance Scheme.

This throws a challenge to our health institutions to intensify their public campaigns and education policies so that a lot more aged would be able to avoid some impairments and where they failed to prevent they would appreciate the need to seek for treatment of illnesses that can easily be expertly handled in our health institutions. When this is done and the impairments of the aged lessen, some of the activities (household chores) they would need assistants because of their impairments would be minimised. On the whole, the socio-demographic characteristics of the aged did not depart from the trends that exist in the literature.

CHAPTER FIVE

SUPPORT SYSTEMS FOR THE AGED

Introduction

In non-industrial, non-urban societies the aged are part of the household network and support system of their kin and community. The relationships of the aged to their kinsmen involve their roles as parents, grandparents and spouses and members of the family in turn offer them social support to promote their physiological and psychological well-being therefore enabling them to carry on with their roles. Social support to the aged can take many forms such as material and service support, and expression of love. Whatever form a social support may be, its aim is to help the aged deal and cope with the changes and demands of ageing (Brown, 1995 and 1999).

Every segment of the population requires one support or another. However, the degree and levels of support depend to a large extent the strengths and weaknesses of the individual. Therefore, as people aged and in some cases reduce in their abilities to do the things they used to do or develop impairments, it is only proper and imperative that they are offered some assistants to lessen their difficulties.

This chapter deals with the sources of livelihood, residential patterns of the aged, and those who offer economic support to them. It also looks at those who attend to their household chores/needs, run errands, serves as sources of information and institutions and persons that can best take care of the aged.

Sources of livelihood for the aged

Out of the 286 respondents, 48% said their main source of livelihood is remittances from their children, followed by incomes generated from their self-engaged economic activities, which was 40% (212) of the respondents (Table 8). In terms of gender, 54% of the females and 44% of males depended on remittances from their children for their livelihood.

Table 8: Main sources of livelihood for the aged

	Male		Female		Total	
Sources of livelihood	Freq	%	Freq	%	Freq	%
Self Engaged	132	42.6	80	36.5	212	40.1
Pension	22	7.1	3	1.4	25	4.7
Children	137	44.2	118	53.9	255	48.2
Extended Family	1	0.3	2	0.9	3	0.7
Friends	12	3.9	9	4.1	21	4.0
Other	6	1.9	7	3.2	13	2.5

Note: There were multiple responses (N=286).

Source: Fieldwork, 2006.

This result confirms the earlier finding that women have more networks than their male counterparts do. From the above, children and mothers are more linked to one another than fathers do to their children. In each case, they (children) were the major source of livelihood for both males and females. For the males, their self engaged economic activities accounted

for 43% of their livelihood, while that of the females was 37%. Therefore, males were more active economically than females. The traditional arrangements favours men and even where they are weak by virtue of the fact that they are family heads, the children would farm or undertake economic activities on their behalf.

Table 9: Calculation of chi-square (χ^2) to test the null-hypothesis on the socio-economic support systems for the aged and their sex

Cell Number	Observed (o) Livelihood	Expected (e) Livelihood	o-e	$(o-e)^2$	$\frac{(o-e)^2}{e}$
1	132	124.23	7.77	60.37	0.486
2	22	14.65	7.35	54.01	3.687
3	137	149.43	12.43	154.51	1.034
4	1	1.76	0.76	0.58	0.330
5	12	18.17	6.17	38.07	2.095
6	6	7.62	1.62	2.62	0.344
7	80	87.77	7.77	60.37	0.688
8	3	10.45	7.45	55.50	5.311
9	118	105.57	12.43	154.51	1.464
10	2	1.24	0.76	0.58	0.468
11	9	12.83	3.83	14.67	1.143
12	7	5.38	1.62	2.62	0.487
Total					17.537

$\chi^2 = \frac{\Sigma(0-e)^2}{e} \Longrightarrow \chi^2 = 17.537$

: . χ^2 calculated =17.537

Degree of freedom (df) =(r-1) (c-1)

Df = (6-1) (2-1) ⟹ df = (5) (1) ⟹ df = 5

With 5 degree of freedom and at the significant level of 0.05, the

$\chi^2_{0.05}$ critical value =11.071

Since χ^2 calculated (17.537) is greater than $\chi^2_{0.05}$ critical value (11.071) we reject the Null-hypothesis (Ho). Therefore, there exist in reality some differences in the social support systems for males and females and this is supported by the sources of the livelihood of the aged.

Sources of livelihood for the aged vis-à-vis their marital status

The marital status of the aged did not show any differences in the sources of their support. Except those who never married, the married, separated, divorced and those who were widowed all had their main source of support as remittances from their children made up of 47%, 50%, 80% and 54% respectively. For those who had never married their main source of livelihood was from their pension (82%).

Incomes from self engaged economic activities for the aged were the second important source of economic support for them. Just as in the sources of support for the aged based on their sex, the sources of support for the aged based on their marital status, the extended family relations offered the least support to the aged. The age group of the aged also showed a similar pattern as the sex and marital status (Table 9 &10).

Table 10: Main sources of livelihood for the aged by marital status

Source of livelihood	Marital status				
	Never married	Married	Separated	Divorced	Widowed
	%	%	%	%	%
Self engaged	7.4	45.3	0.0	20.0	37.8
Pension	81.5	0.0	0.0	0.0	1.6
Children	11.1	47.0	50.0	80.0	54.4
*Extended f.	0.0	0.0	25.0	0.0	1.0
Friends	0.0	4.0	25.0	0.0	4.2
Other	0.0	3.7	0.0	0.0	1.0
Total	100.0	100.0	100.0	100.0	100.0

Note: There were multiple responses (N=286).

* Extended f. =Extended family

Source: Fieldwork. 2006.

Testing the null-hypothesis

The null-hypothesis: There is no relationship between the marital status of aged persons and the socio-economic support they get.

The Cramer's V method was used to test the null-hypothesis.

Calculation using the Cramer's V method to test the null-hypothesis is as follows:

$V = \sqrt{X^2 / N(K-1)}$

Where: K is the smaller value of the number of rows and columns

N=the sample size and X^2 is the chi-square

Therefore, where X^2= 486.35

N= 286

K= 5

V= $\sqrt{486.35/286(5-1)}$

V= $\sqrt{486.35/1144}$

V= $\sqrt{0.425}$ → V=0.652

From the result there was a moderate relationship between the marital status of the aged and the socio-economic support they got.

For the sources of livelihood for the aged in terms of their ages, those were in the age group of 85 years and above depended mostly (59%) from their children. They received no support from the extended family and rather had some support from other sources which included charity. Children were the main sources of support for all the aged persons across age groups, thus 44%, 46%, 47% and 55% for the age groups 65-69, 70-74, 75-79 and 80-84 respectively.

The next major sources of livelihood for the aged were from their self engaged economic activities. Their self engaged economic activities accounted for 45%, 41%, 40%, 34% and 27% respectively for their livelihoods for the age groups 65-69, 70-75, 74-79, 80-84 and 85+ age groups (Table 11).

Table 11: Main sources of livelihood for the aged by age groups

Source of livelihood	Age group				
	65-69	70-74	75-79	80-84	85+
	%	%	%	%	%
Self engaged	44.8	41.8	40.3	34.3	27.9
Pension	4.4	5.5	2.8	4.5	6.6
Children	44.3	45.9	47.2	55.2	59.0
Extended family	0.0	0.7	0.0	3.0	0.0
Friends	3.8	4.1	5.6	1.5	4.9
Other	2.7	2.0	4.1	1.5	1.6
Total	100.0	100.0	100.0	100.0	100.0

Note: There were multiple responses (N=286).

Source: Fieldwork, 2006

Residence of the aged

It was revealed that 55% (157) of the respondents were staying in their own houses, whilst, 28% (79) stayed in their spouses' houses. Those found in their spouses' houses were female respondents who stayed in their husbands' houses.

Also 14% (40) of the aged stayed with their children, and were mostly widows. Even where they lived in their husbands' houses with their male children, they (male children) became the household heads after the death of fathers.

The observed pattern is similar to that of other studies (Brown 1995 and 1999) where 50% of the aged stayed in their own houses. The difference is among those who stayed in their spouses' houses. In Brown's studies, only 12% stayed in their spouses' houses as against 28% (79) in this study. However, this difference is expected because, Brown's study was conducted across the country in both patriarchal and matriarchal societies which have different living arrangement, whereas this study was conducted in patriarchal society, where all female spouses are required to stay in their male spouses' houses (Figure 15).

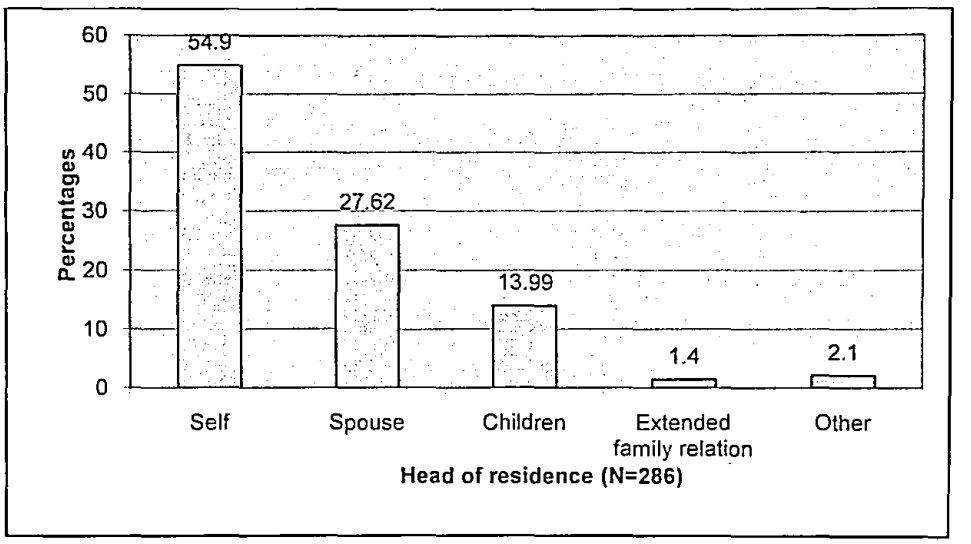

Figure 15: Residence of the aged

Source: Fieldwork, 2006

Residence of supporter(s) of the aged

From the study, 80% (229) of the respondents co-resided with those who offered them socio-economic support (Table 13). The age group that had the highest percentage (33%) of their socio-economic supporter(s) staying

with them was those between the ages of 65 and 69 years old. The age group with the least percentage (12%) of their supporter(s) staying with them was those aged between 75 and 79 years old.

For the males, 31% was the highest percentage of those who had their socio-economic supporter(s) staying with them. This percentage came from the age group 70 to 74 years old compared to 14% been the least percentage of those offering socio-economic supporter(s) staying with them, which is the age group 85 years and above. In fact, the age group 85 years+ are the older old. For the females 43% of them, those in the age group 65-69 lived with their socio-economic supporter(s), while 10% from the age group 75-79 years was the least percentage (Table 12).

Table 12: Those whose economic supporter(s) stay(s) with them

Age group	Economic supporter					
	Males		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
65-69	31	24.8	45	43.3	76	33.2
70-74	39	31.2	23	22.1	62	27.1
75-79	18	14.4	10	9.6	28	12.2
80-84	20	16.0	11	10.6	31	13.5
85+	17	13.6	15	14.4	32	14.0
Total	125	100.0	104	100.0	229	100.0

Source: Fieldwork, 2006

The aged whose socio-economic supporters did not stay with them were asked about the way they received support: regularity and timeliness. From the result, 61% (35) of the aged said, because their socio-economic supporters did not co-reside with them, the support they got from them delayed. Fourteen percent of them said they seldom receive support because of the distance, while 9% said the assistances they got were not adequate (Figure 16).

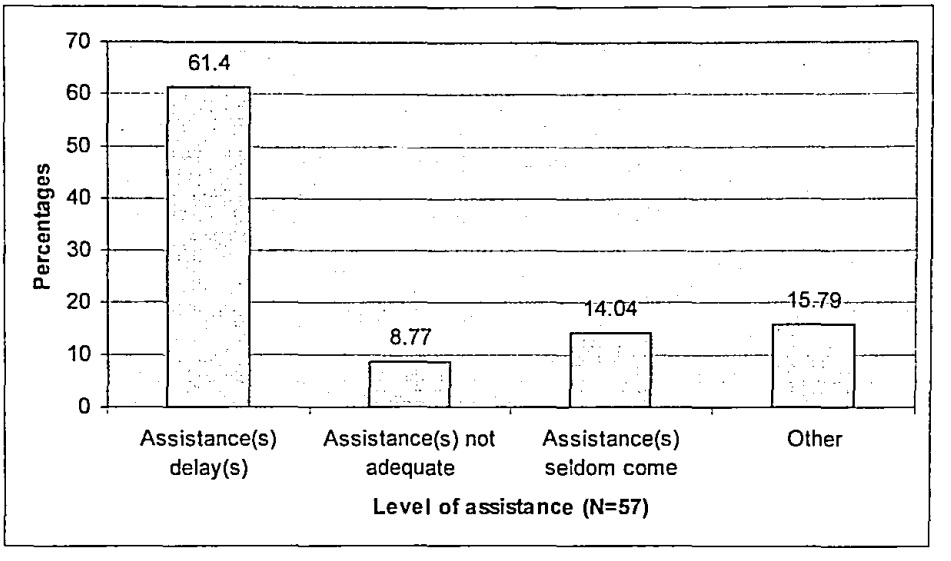

Figure 16: Economic supporter not residing with the aged

Source: Fieldwork, 2006

Providers of household chores of the aged

Forty-one percent of the married aged said their cooking needs were provided for by their spouses and three percent done by their children. In terms of gender, 71% of the married male aged said their spouses catered for their cooking needs, while only 3% of the married female aged said their male spouses provided for their cooking needs. About 34% of the females provided

their own cooking needs while only 4% of their male counterparts provided their cooking needs (Table 13). The results reflect the practices that exist among patrilineal societies where gender roles are defined with females assigned to household chores including cooking.

Table 13: Providers of the cooking needs of the aged

Service Provider	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Self	7	4.3	41	33.6	48	16.8
Spouse	115	70.1	3	2.5	118	41.3
Children	17	10.4	32	26.2	49	17.1
Daughter-In-Law	15	9.1	23	18.8	38	13.3
Grandchildren	3	1.8	5	4.1	8	2.8
Extended Family	7	4.3	18	14.8	25	8.7
Total	164	100.0	122	100.0	286	100.0

Source: Fieldwork, 2006

Thirty-four percent of the aged said their spouses catered for their washing needs, while 25% (71) said it was their children. The trend was not different from that of the cooking needs in terms of gender. Thirty-three percent (33%) of the aged who were married said it was their spouses, which catered for their washing needs.

Fifty-nine percent of the married males depended on their spouses for their washing needs while 3% of married female couples depended on their spouses for their washing needs. Forty percent of the females and 5% of the males did their washing by themselves (Table 14).

Table 14: Providers of the washing needs of the aged by sex

Provider	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Self	8	5.1	51	39.8	59	20.6
Spouse	93	58.9	4	3.1	97	33.9
Children	35	22.1	36	28.1	71	24.8
Daughter-In-Law	10	6.3	9	7.0	19	6.6
Grandchildren	6	3.8	10	7.8	16	5.6
Extended Family	6	3.8	18	14.1	24	8.4
Total	158	100.0	128	100.0	286	100.0

Source: Fieldwork, 2006

With regard to their cleaning needs, 31% (89) of them said it was their children who did all the cleaning for them, while 30% (86) of them said it was their spouses who did all their cleaning for them. Seventeen percent said their Daughters-in-law provided their cleaning needs for them (Table 15). The results from the providers of household chores to the aged suggest that apart from their spouses, their children are very helpful in meeting their daily basic household needs. Wives provided more support to their spouses than husbands.

Table 15: Providers of the cleaning needs of the aged

Provider	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Self	14	9.1	34	25.6	48	16.8
Spouse	82	53.6	4	3.0	86	30.1
Children	43	28.1	46	34.6	89	31.1
Daughter-In-Law	5	3.3	25	18.8	30	10.5
Grandchildren	3	2.0	6	4.5	9	3.1
Extended Family	6	3.9	18	13.5	24	8.4
Total	153	100.0	133	100.0	286	100.0

Source: Fieldwork, 2006

Table 16: Providers of the food needs of the aged

Service Provider	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Self	95	61.3	28	21.3	123	43.0
Spouse	20	12.9	14	10.7	34	11.9
Children	35	22.6	74	56.5	109	38.1
Daughter-In-Law	0	0.0	1	0.8	1	0.4
Extended Family	5	3.2	12	9.2	17	5.9
Charity	0	0.0	2	1.5	2	0.7
Total	155	100.0	131	100.0	286	100.0

Source: Fieldwork, 2006

Forty-three percent of the aged said they took care of their food needs, 38% (109) relied on their children and 0.7% (2) on charity. These are people (those who relied on charity) who do not get support for their basic needs from their family members but relied on the mercies of other people to meet their basic needs (Table16).

Fuel needs included kerosene, petrol and firewood. On fuel needs, 30% (86) provided their own fuel needs, while 29% (83) and 29% (82) of them relied on their children and spouses respectively. More males (48%) than females (4%) depended on their spouses for their fuel needs. On the other hand, more females (44%) than males (17%) depended on their children for their fuel needs (Table 17).

Table 17: Providers of the fuel needs of the aged

Provider	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Self	40	24.9	46	36.8	86	30.1
Spouse	77	47.8	5	4.0	82	28.7
Children	28	17.4	55	44.0	83	29.0
Daughter-In-Law	6	3.7	4	3.2	10	3.5
Grandchildren	4	2.5	3	2.4	7	2.4
Extended Family	6	3.7	12	9.6	18	6.3
Total	161	100.0	125	100.0	286	100.0

Source: Fieldwork, 2006

Providers of medical needs for the aged

According to Weeks (1999), the fourth stage of ageing is associated with disease, disability and death. Therefore, the medical needs of the aged are not only important but also imperative. Therefore, the study sought to find out those who provided medical care to the aged. Among the respondents, 46% (131) said their children provided for their health care needs. Two out of five (41%) paid for themselves and for 7%, their spouses were responsible for their health needs. Extended family members accounted for 4% of their health needs.

Table 18: Providers of medical needs of the aged

Service Provider	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Self	88	57.1	30	22.7	118	41.3
Spouse	8	5.2	11	8.3	19	6.6
Children	55	35.7	76	57.6	131	45.8
Daughter-In-Law	0	0.0	2	1.5	2	0.7
Grandchildren	0	0.0	1	0.8	1	0.3
Extended Family	1	0.7	10	7.6	11	3.9
Friends	2	1.3	0	0.0	2	0.7
Charity	0	0.0	2	1.5	2	0.7
Total	154	100.0	132	100.0	286	100.0

Source: Fieldwork, 2006

For the males, 57% relied on themselves for their health needs and their children catered for 36%. With the females, 58% of them depended on their children for their medical needs and only 23% of them depended on themselves (Table 18).this result show that more males (57%) depended on themselves for their health needs than females (23%), while more females (58%) also depended on their children than males (36%).

From the study, 94% said their health needs were provided for either by themselves (41%), their children (46%) or spouse (7%). Thus, the results indicate that the care of the aged has shifted from the extended family to the nuclear family (Table 18).

Transportation needs of the aged

A major dimension of ageing is the loss of physical mobility (Kinsella and Philips, 2005, Weeks, 1999). Results indicate that 41% of them depended on their children to attend to their daily need, while 51% are still mobile. More males (58%) than females (43%) were still active (Table 20). Only 27% of the age group 85 years and above and 40% of the age group 80-84 were mobile, while 60%, 55% and 62% for the age groups 65-69, 70-74 and 75-79 respectively were mobile. Therefore, the older old are immobile than the other age groups.

Another aspect of life of the aged, which is linked to mobility, is the running of errands for them, since physical movement is associated with movement and errands. From the data, 59% (170) of the respondents said their children ran errands for them and 4% said their extended family relations ran errands for them. Only 27% of them were able to move around (Figure 17).

Table 19: Providers of transportation needs of the aged

Service Provider	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Self	91	58.3	56	43.1	147	51.4
Spouse	3	1.9	6	4.6	9	3.2
Children	57	36.5	61	46.9	118	41.3
Daughter-In-Law	2	1.3	1	0.8	3	1.0
Grandchildren	1	0.6	3	2.3	4	1.4
Extended Family	2	1.3	3	2.3	5	1.7
Total	156	100.0	130	100.0	286	100.0

Source: Fieldwork, 2006

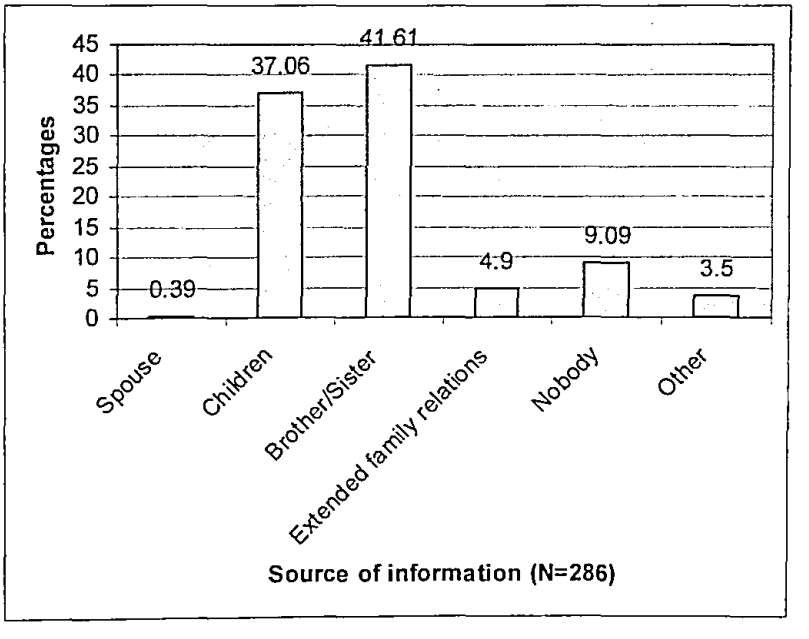

Figure 17: Those who run errands for the aged

Source: Fieldwork, 2006

Support for the aged from society

A key component of the theory of population and individual ageing is physical and economic dependency of the aged. According to Weeks (1999), the ultimate outcome of ageing is dependence on society for both physical and economic assistances. The aged were asked about the assistance they receive from the society for their basic needs. Only 15% (44) said they receive cash assistance as much as they would need to satisfy their basic daily needs. With regard to medical assistance, 72% (205) receive much less medical assistance than their daily health requirements, but 28% (81) of them said they receive as much medical assistance as they need for the day. This result speaks for itself because according to Weeks (1999) and Kinsella & Philips (2005) ageing is associated with disease, disability and death. Therefore, the daily health needs of the aged are necessities.

Therefore, the unmet health needs of the aged would result in improper management of diseases, which would ultimately lead to high incidence of disability and untimely early death. Eighty-one percent said they received support for their household chores as much as they would need (Table 20).

Sixty-two percent of the aged said they received much less support from the society to be able to meet their basic food requirements, while 39% (110) received much support and as such were able to meet their basic food requirement. Only 16% said they had the adequate support in terms of moving around to carry out their basic activities.

Therefore, where the transportation needs of the aged are not met, the aged themselves had to exert the little energies they had to perform their basic activities such as walking and other household activities. During the study,

observations revealed that some of the aged were frail and weak and therefore needed some physical support to carry out their basic activities and could result in exhaustion, diseases, disability and death.

From the result in Table 20, the aged generally receive less support for their necessities. Except in the area of household chores, the other support areas where the entire society needs to assist them showed that less support was given, as they would need. This result confirms earlier findings that the Ghanaian society is gradually and rapidly being nucleated (Brown 1995 and 1999). That explains why the aged are adequately supported on their household chores, which is provided at the nuclear family level than other necessities, which are provided by the society, is not adequate.

Table 20: Measure(s) of support for the aged

Kind of support the aged get	As much as they would need		Much less than they would need	
	Freq.	(%)	Freq.	(%)
Cash	44	15.4	242	84.6
Medical	81	28.3	205	71.7
Clothing	134	46.9	152	53.1
Food	110	38.5	176	61.5
Transportation	47	16.4	239	83.6
Household chores	232	81.1	54	18.9
Total	648	100.0	1068	100.0

Note: There were multiple responses (N=286).

Source: Fieldwork, 2006

Pension support for the aged

Only 9% (25) received any form of pension support (Figure 18). This result reflects the educational level of the aged and the type of work they engaged in during their active working lifetime.

As observed in Chapter four, only those who had formal education could get formal work, which could qualify them for pension. In Bawku, Arabic instructors in the English and Arabic schools are on government pay roll, which qualifies them for pension. As pointed out, social support is not only necessary but also critical if there is going to be a successful and life fulfilling ageing of the individual and the population.

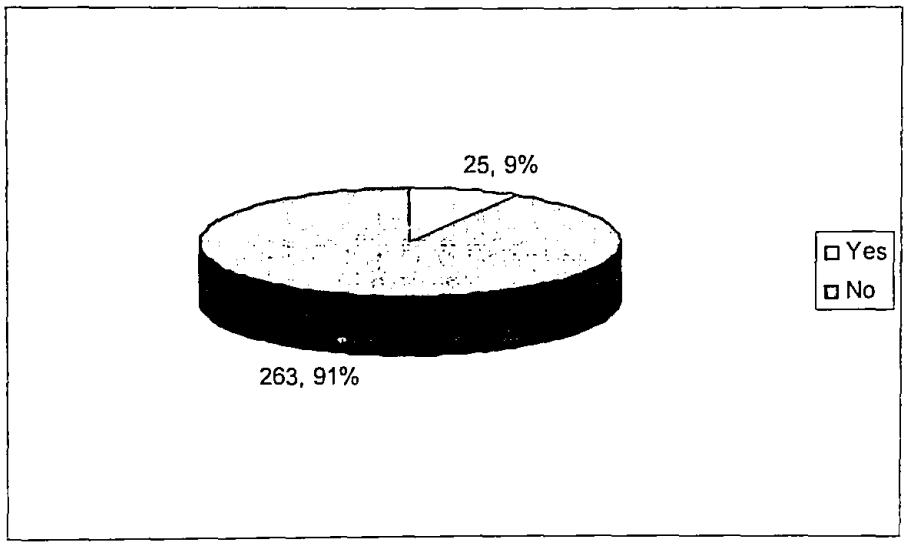

Figure 18: Aged on pension

Source: Fieldwork, 2006

On the type of pension the aged benefited from, 56% (14) of those who were on pension were on government pension popularly called Cap 30, while 44% (11) of them were on the Social Security and National Insurance Trust (SSNIT) pension (Figure 19).

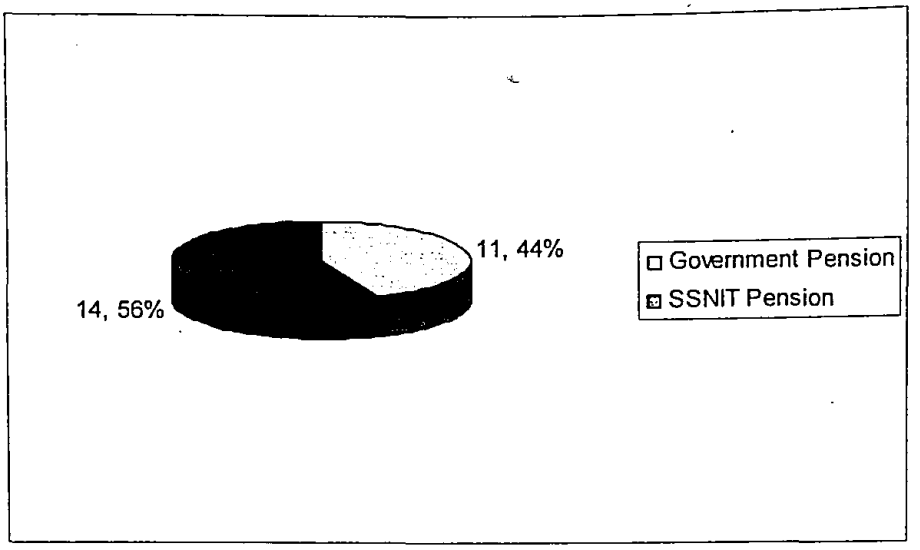

Figure 19: Type of pension for the aged

Source: Fieldwork, 2006

The aged who were on pension were asked to rate the financial support they receive from the pension scheme. Of that number, 48% (12) indicated that the support they received was inadequate, while 24% (6) each said it was fairly adequate or very inadequate. Only one person said it was adequate (Figure 20). The rate of support one receives from a pension scheme especially the contributory pension scheme such as the Social Security and National Insurance Trust (SSNIT) is dependent on one's contributions during his/her working life. Since most of the aged were not highly educated to be engaged in blue collar and/or skilled jobs, their remunerations were low and as such, their contributions to the pension scheme were very low. That explains why the pension benefits were rated low.

According to the Municipal Director of SSNIT, the least pension monthly allowance to pensioners was fifteen Ghana cedis (US $ 16), while the highest pension allowance was four thousand seven hundred Ghana cedis

(US $ 5,089) as at May 2006 (exchange rate courtesy ISSER, 2006). The Municipal Director was, however, of the view that the SSNIT Act needs to be amended to take care of certain implementation difficulties such as registering formal sector workers and the difficulty in paying benefits to policy holders and/or their dependents.

In depth interview with the executives of the Pensioners' Association clearly unearthed the fact that pension allowance was income/salary related and therefore their members who had highly paid jobs at their working life time are better off than those who had low salaries at the time they were working. They therefore called for a general overview of workers' salaries and pension allowance.

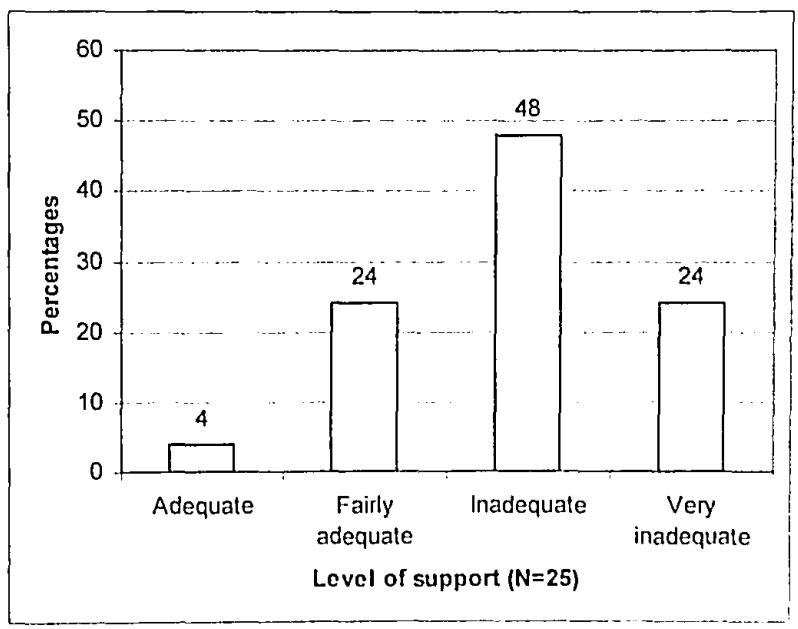

Figure 20: Rate of pension support for the aged

Source: Fieldwork, 2006

Psychological and social support for the aged

The study also set out to access the psychological and social support the aged receive. Psychological and social supports were defined as interpersonal networks that offer mental and personal assistance to people. The result indicated that 60% (171) of the aged turn to their children when they are in distress for consolation, while 15% (43) said it was their spouses. Another 13% (36) turned to their extended family members with 7% (19) indicating that they had nobody to turn to when in distress (Figure 21). From the result, the aged largely depended on their nuclear family, specifically their children for psychological and social support.

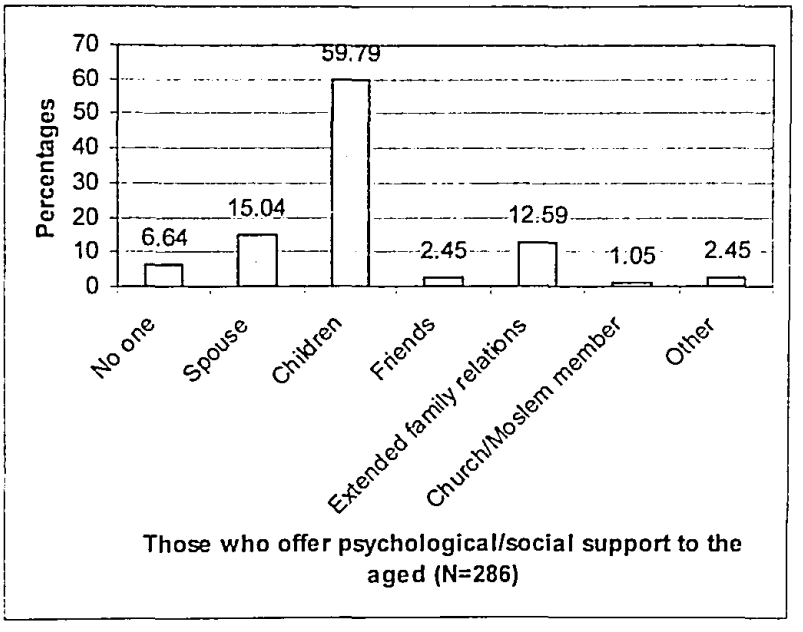

Figure 21: Psychological and social support for the aged

Source: Fieldwork, 2006

Information on social issues

Respondents were asked of their sources of information at the household, family, community and the national levels. The result showed that 59% (169) of them obtained information on social issues from their children, 15% (43) from their spouses and 12% said nobody gave them any information on social issues at the household level (Figure 22).

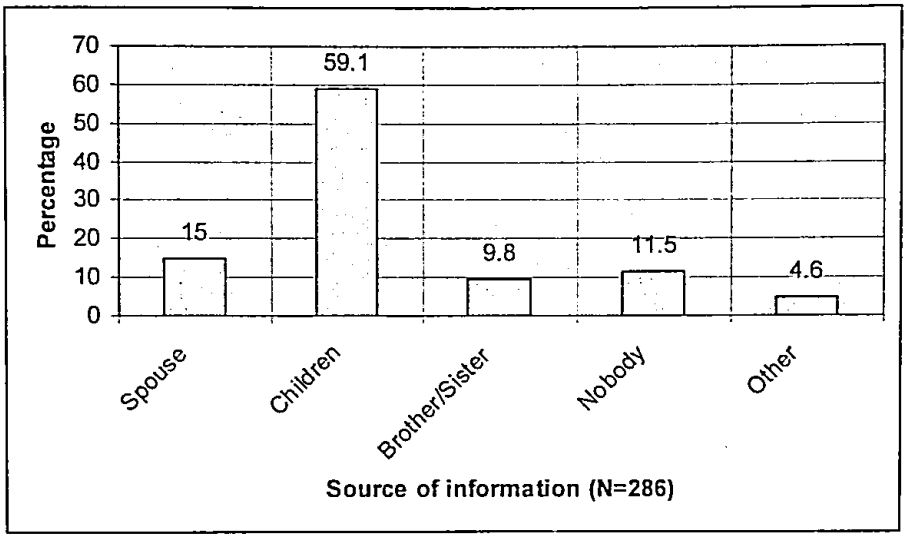

Figure 22: Sources of information on social issues at the household level

Source: Fieldwork, 2006

On the sources of information on social issues at the family level, siblings served as one of the main sources (42%). Thirty-seven percent of sources of information came from their children and 9% (26) said nobody gives them any information on social issues at the family level (Figure 23). Whereas at the household level children served as the main source of information, at the family level siblings served as the main source of information.

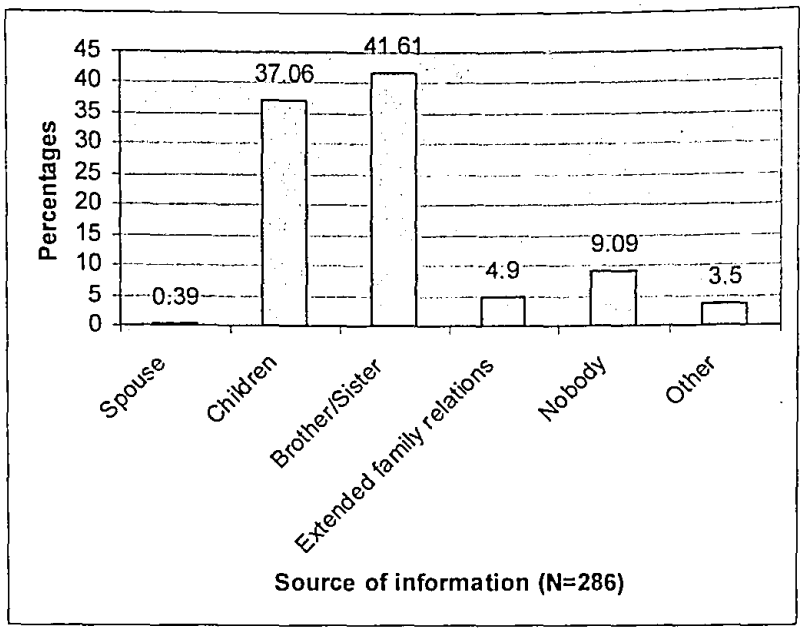

Figure 23: Sources of information on social issues at the family level

Table 21: Sources of information on social issues at the community level

Source	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Spouse	1	0.7	1	0.8	2	0.7
Children	10	6.6	20	16.3	30	10.9
Brothers/Sisters	22	14.5	18	14.6	40	14.5
Chief	23	15.1	10	8.1	33	12.0
Extended Family Relation	9	5.9	8	6.5	17	6.2
Assembly Member	34	22.4	13	10.6	47	17.1
Member of Parliament	4	2.6	3	2.4	7	2.5
Nobody	13	8.5	24	19.5	37	13.5
Other	36	23.7	26	21.1	62	22.6
Total	152	100.0	123	100.0	275	100.0

At the national level, the main source of information on social issues to the aged was the Member of Parliament, which recorded 17% (45) of the respondents (see Table 22). Nearly half (48%) of the respondents said they did not receive information on social issues at the national level. The people who served as sources information to the aged were parliament (17%) and children (13%) (Table 22).

Whereas Assembly Member served as the main source of information on community issues, the Member of Parliament emerged as the main source of information on national issues.

Table 22: Sources of information on social issues at the national level

Source	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Spouse	1	0.7	1	0.9	2	0.8
Children	14	9.7	19	16.2	33	12.6
Brother/Sister	7	4.9	3	2.6	10	3.8
Chief	1	0.7	1	0.8	2	0.8
Extended Family Relation	2	1.4	1	0.8	3	1.2
Assembly Member	9	6.2	8	6.8	17	6.5
Member of Parliament	33	22.9	12	10.3	45	17.2
Nobody	60	41.7	65	55.6	125	47.9
Other	17	11.8	7	6.0	24	9.2
Total	144	100.0	117	100.0	261	100.0

Source: Fieldwork, 2006.

Role of the elderly in communities

The involvement of the aged in the community is very important in that it determines the control of resources, which is translated into the lifestyles and living standards of the aged. The theories of population ageing as postulated by Kinsella and Philips (2005) and Weeks (1999) put emphasis on the active involvement of the aged in the control of resources in their communities as a way of ensuring successful ageing.

One of the major roles of elders in communities is ensuring social harmony through the settling of disputes. Seventy-one percent of the aged took part this traditional roles in the communities, while 29% (83) of them said they did not get involved in settling disputes in the community (Table 23). The result indicates that the aged were seen to be carrying out one of their traditional roles. The in-depth interviews indicated that most of them, if not all, had become family or community heads and therefore it was incumbent upon them to ensure harmony in their communities. To them, dispute settling was no longer a choice for them, but a duty they have to carry out. It was also observed that those who indicated that they were not involved in dispute resolutions were those who were either too old to actively resolve any conflict or those who were alone.

The study also looked at the roles the aged played in the guidance and counselling needs of their people. The results showed that 59% (168) of the respondents said they guided and counselled members of their own communities as against 41% (118) who said they did not guide and counsel members of their communities (Table 23). This result has some links to the settling of disputes since after settling of disputes, the aged may need to

counsel the parties involved. However, the aged tended to settle more disputes with the community members than guide and counsel them to prevent recurrence. The result indicates that, the aged settled disputes and do not follow up to guide and counsel them not to get involved in the cases that brought about the disputes. It is important to note that, the aged could also offer guidance and counselling services to community members who are not involved in any conflicts but on people faced with socio-economic and political issues.

The aged were also asked whether they were involved in communal activities. The result indicated that as many as 64% (182) were involved in communal activities such as attending funerals (78%) and meetings (72%). The involvement of the aged in community meetings would serve as a source of wisdom and counsel for the young ones when they have to take decisions on very critical issues.

Table 23: Involvement of the aged in community activities

Activity	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Active politics	43	15.0	26	9.1	69	24.1
Settling Disputes	120	42.0	83	29.0	203	71.0
Guidance and Counselling	95	33.2	73	25.5	168	58.7
Communal Activities	112	39.2	70	24.5	182	63.6
Community Meetings	124	43.4	82	28.7	206	72.0
Attending Funerals	130	45.5	94	32.9	224	78.3

Source: Fieldwork, 2006

Note: There were multiple responses (N=286).

The result conforms to the traditional set up in the study area where the aged are supposed to be the custodians of the tradition and, therefore, should be at the forefront of funeral rites even though they may be frail and weak. Furthermore, as the aged lose their cohorts or close associates to their cohorts through death, they end to show their sympathies to the affected families.

Ways of improving existing social support systems for the aged

The respondents were asked to make suggestions as to the bodies/persons that should provide socio-economic support to the aged. From Table 24, 36% (262) of the aged suggested that the government should provide support to the aged, while 19% (137) said it was the responsibility of children to provide the needed support to their aged parents.

Supporting their suggestions, the respondents argued that since they spent all their time and energies working and serving the government and their children, it was only fair that when they are old, those they spent their time and energies serving should in turn serve them. One of the interviewees in advocating strongly for children to offer the needed socio-economic support to their aged parents quoted a Kusaal proverb that since they took care of their children for their teeth to grow, they also had the responsibility to take care of them to lose theirs.

An emerging phenomenon was the operations of non-governmental organisations (NGOs) in the country. Out of the 286 respondents interviewed, 100 suggested that NGOs should be established to address the needs of the aged. They said there were too many NGOs addressing various issues, but there was yet to be one addressing the specific needs of the aged.

According to Brown (1995 and 1999), Ghanaian elderly were of the view that the central government had the best chance of providing their needs and they would therefore prefer the government to provide support for them. In the same study, however, Japanese elderly thought their children had the best chance of providing them with their needs. The difference in the findings of Brown (1999) between the elderly in Ghana and Japan was attributed to the socio-economic circumstances of the elderly in the two countries. Ghanaian elderly lack the basic financial needs for daily living and would therefore expect the central government to provide that, while Japanese government was regarded as the main agent responsible for the welfare services to the elderly and therefore they expected their children to provide them loving care and affection. The situation has not changed and that explains why the aged think that the government should provide them with the needed support.

Table 24: The agents to support the aged

Agent	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Spouse	26	6.2	14	4.4	40	5.5
Children	65	15.6	72	22.8	137	18.7
Family members	60	14.4	52	16.5	112	15.3
NGOs	61	14.6	39	12.3	100	13.6
Government	152	36.5	110	34.8	262	35.7
Religious Bodies	31	7.4	20	6.3	51	7.0
Other	22	5.3	9	2.9	31	4.2
Total	417	100.0	316	100.0	733	100.0

Note: There were multiple responses (N=286).

When asked to indicate what could be done to make the family more effective in supporting the needs of the aged, 30% (124) said Ghanaians needed to be educated on the needs of the aged so that family members would be made conscious of their needs and attend to them. Twenty-six percent said credit facilities should be made available and accessible to every body so that the relations of the aged could generate income to be able to support them. Twenty-four (24%) percent of the aged also said job opportunities should be created and made available to the entire population so that people will be able to generate incomes in order to offer support to the aged.

Table 25: Ways of making the family more effective in supporting the aged

Ways	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Educating people about the needs of the aged	70	31.1	54	27.3	124	29.3
Making credit facilities available to the aged/families	54	24.0	65	32.8	119	28.1
Providing employment to the people	57	25.3	42	21.2	99	23.4
Providing relieves/aids to families with the aged	22	9.8	18	9.1	40	9.5
Other	22	9.8	19	9.5	41	9.7
Total	225	100.0	198	100.	423	100.0

Source: Fieldwork, 2006

The data basically mentioned the need to educate families to live up to their responsibilities toward the aged (30%), making employment opportunities available to people thereby empowering them financially to be able to take care of themselves (24%) and their dependents (Table 25). These suggestions seem to negate the proverb the aged used as the basis for their children to take care of them. However, when the aged were asked about it they said the proverb would become practicable if their children were economically viable.

Table 26: Ways government should support the aged

Suggested Government Support	Male	Female	Total
	%	%	%
Provide financial support to the aged	43.7	48.5	45.9
Provide food aid to the aged	21.2	25.4	23.1
Provide clothing to the aged	2.0	2.3	2.1
Provide free medical treatment to the aged	9.9	11.5	10.7
Provide farm inputs/implements to the aged	15.9	6.9	11.7
Other supports	7.3	5.4	6.4
Total	100.0	100.0	100.0

Source: Fieldwork, 2006

The aged were also asked to make specific mention of actions/roles the government, community, the family and the aged themselves could do to support aged persons. On the specific roles of the government, 46% (129); 23% (65) and 12% (33) of the respondents said the government should provide

financial support, supply food, and provide farm inputs/implements respectively (Table 26). The results from the study show the level of commercialisation of the economy and the fact that in a highly commercialised economy nothing can be done without money. This is because one would have expected the aged to be asking for basic necessities of life such as food and not financial support.

On ways the community should employ to support the aged, 30% (76) of the respondents each said the community members could organize to weed the farms of the aged and provide food and clothing needs. It is worth noting that the aged themselves did not even expect the community to provide them with clothing, only 2% (4) respondents expected that to happen.

Table 27: Ways suggested for the community to support the aged

Suggested community support for the aged	Male	Female	Total
	%	%	%
Weeding the farms of the aged	33.3	27.1	30.4
Providing food to the aged	12.1	20.3	16.0
Providing clothing to the aged	0.8	2.5	1.6
Providing services to the aged	31.8	28.8	30.4
Other supports	22.0	21.2	21.6
Total	100.0	100.0	100.0

Source: Fieldwork, 2006

Twenty-nine percent (29%) of the aged said family members should provide them with their food needs; 22% (54) said family members should

perform household chores for them, while 17% (42) said families members should provide financial support to them (Table 28). These findings put the family at the forefront of providing the basic survival needs of the aged. Indeed, the family is still seen as a major supporting unit of the aged.

Table 28: How should families support the aged?

Family support for the aged	Male	Female	Total
	%	%	%
Provide food to the aged	30.7	29.6	29.1
Provide clothing to the aged	4.7	11.3	7.6
Provide financial support to the aged	18.1	16.5	16.7
Perform household chores for the aged	15.8	21.7	21.5
Provide the aged with their medical needs	13.4	7.0	10.0
Other	17.3	13.9	15.1
Total	100.0	100.0	100.0

Source: Fieldwork, 2006

The aged suggested that they themselves needed to do something to support their colleagues and themselves. Thirty percent suggested that the aged should undertake some farming activity to support themselves while 25% (62) said they were too old and weak to do anything to support themselves. Some 18% (45) were of the opinion that the aged should provide guidance and para-counselling services to fellow colleagues and the youth (Table 29).

Table 29: Ways by which the aged suggested they could support themselves

Activities to support themselves	Male	Female	Total
	%	%	%
Undertake some farming activity	44.2	16.2	30.3
Engage in petty trading	0.8	21.0	9.4
Provide guidance and para-counselling services to fellow aged and the youth	17.8	21.0	18.4
Cannot do anything	17.8	27.6	25.4
Other	19.4	14.3	16.4
Total	100.0	100.0	100.0

Source: Fieldwork, 2006

Opinions about home for the aged

The Ghanaian aged is apprehensive of the idea of staying in a home for the aged. From Table 30, 68% (194) of the aged said they would not like to stay in a home for the aged even if their families could not adequately support them. Only 32% (92) of them said they would agree to stay in a home for the aged if their families failed to support them. More males (36%) than females (14%) were of the opinion that they would not stay in a home for the aged even if their families were not able to cater for them.

During the interviews, all the aged said staying in a home for the aged will be the last resort and that, they would stay there on condition that they had no body and were assured of their basic necessities. It is worthy of note that

almost two-thirds of the aged would not stay in a home for the aged even in the midst of their families' inability to cater for them.

Table.30: Opinions about staying in a home for the aged

Response	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Yes	52	18.2	40	14.0	92	32.2
No	103	36.0	91	31.8	194	67.8
Total	155	54.2	131	45.8	286	100.0

Source: Fieldwork, 2006.

The aged were asked to give reasons for agreeing to stay in a home for the aged. Among the assigned reasons were; they needed support to be able to live and because they believed that in a home for the aged, they would be better catered for and that because they had no one to take care of them. Out of the 92 respondents who said they would stay in a home for the aged, 73% (67) of them said the need for support was the main reason, while only 7% (6) said because they had no one to cater for them. Therefore, the main reason for the aged to stay in a home for the aged was the need for support for their livelihood. More males (18%) than females (14%) were of the opinion that they would stay in a home for the aged in order to access support. All those who had never married were among those who agreed to stay in a home for the aged.

There were many and varied reasons why the aged would not want to live in aged homes. Among the reasons were that they could take care of themselves and therefore there was no need to live in a home for the aged. They would not leave their families/houses for another play. That their children would not agree for them to leave the traditional house and live elsewhere. That it was against their traditions for an elderly person to leave his/her home.

Twenty-eight percent (28%) of the aged who said they would not stay in a home for the aged assigned their unwillingness to leave their families or houses to another place as the reason for their decision. This is an indication that the aged are attached to their families/houses. While 24% (46) said, their children would not agree for them to leave and go and stay elsewhere called a home for the aged. The aged decision not to stay in a home for the aged as assigned is a perception about the opinion of their children, which should have been left for their children. Twenty-three percent also stated that abandon one's home for a home for the aged was something against their culture and tradition.

However some of the aged felt they were capable of taking care of themselves and therefore would not stay in a home for the aged. The number though small (13% of those would not stay in a home for the aged) shows that stereotyping any group is not only inappropriate but also misleading and wrong. For instance, people stereotype the aged, as people who are weak, frail and financially handicapped and therefore cannot take care of themselves. This study has shown that there are some aged who are strong and financially sound and can independently take care of themselves.

Discussion and conclusions

From the study, the main source of economic upkeep of the aged was remittances from their children and this was similar to earlier findings by Brown (1995, 1999) about the aged in Ghana. To Brown, there are two schools of thought with regard to the role of the family in the upkeep of the elderly. One school of thought argues that there has been a substantial breakdown of the traditional extended family support system. The other school argues that in spite of the gradual disruption of the family structure and the weakening of family relationships in recent years, the main source of maintenance of the elderly in Ghana continues to be the extended family system. In this study, the main source of livelihood of the aged was remittances from their children and the self-engaged activities of the aged themselves. Forty-eight percent (48%) and 40% of their sources came from their children and self engaged activities respectively.

The study also revealed that 61% of the aged whose economic supporter(s) did not co-reside with them said that the support they got delayed while 23% of them said the assistances were either inadequate or seldom comes. This finding was similar to those found out by Brown (1999) and Apt (1981) that Ghanaian children would like to take care of their aged parents but are not able to do it the way they would wish because of distance and their income levels.

The following were the main findings on the provisions of household chores of married aged persons. It was found out that the spouses of the aged provided for their household chores. However, it was skewed to the advantage of male spouses. For instance, 71%, 59% and 54% for the cooking, washing

and cleaning needs respectively of the male married aged were provided for by their spouses, while only 3% each for the cooking, washing and cleaning needs of the married female aged were provided for by their spouses.

The aged themselves provided for their food, fuel and transport needs. Forty-three, 30% and 51% of their food, fuel and transport needs respectively were provided for by the aged themselves. These results indicate that even in their old age they still provide their basic household chores; especially married females aged who provide their basic household needs and also provided that of their husbands.

The main source of the provision of the medical needs of the aged was from their children (46%). For the errands of the aged, 59% of them said their children were those who ran errands for them.

On the whole except household chores and clothing needs of the aged, all the other needs of the aged were not given the support as much the aged would need. Eighty-one said they got the support they would need for their household chores and 47% said they received support for their clothing needs.

Only 32% of them agreed that they would stay in a home for the aged if they were provide with one. Two out of three said they would not stay in a home for the aged even if they were provided with one. The main reason for their unwillingness to stay in a home for the aged was that they would not want to leave their homes or families.

Government proposed three-tier social security scheme need to be fasten and given a legal backing so that it would enhance the existing social security available to the few working class at their old age. Government need

to institute a non-contributory social security scheme to cater for the larger majority of the aged who never engaged in any formal salaried work.

Government policy on Livelihood Empowerment Against Poverty (LEAP) programme could be expanded to include all the aged who are not having any formal support, which would ultimately take care of the aged who never worked in any formal salaried sector. This would enable the aged to acquire their basic daily needs. Communities should also strengthen their support system by reengineering their communal spirits to weed the farmlands of the aged. This suggestion is because the aged in northern part of the country have access and control of land and therefore, they could get their basic food requirement if the community members offer them the needed help on their farmlands.

It was also realised that children offered psychological and social support to the aged. Sixty percent said in time of psychological and social support they turned to their children for such support. Therefore, home stay assistance to the aged is preferred to assistance in an "artificial" environment in a home for the aged.

CHAPTER SIX

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

Introduction

Ageing as the increase in the proportion of 'old' people in the total population is associated with the processes whereby an individual's chronological years increase (Kinsella and Philips, 2005).

It is associated with physical changes, such as the greying of the hair, wrinkling of the skin, decline of muscle tone and the changing shape of the individual caused by the redistribution of fat. Among women, the end of ovulation and reproduction are additional signs of old age.

The psychological aspect of ageing is concerned with the behaviour of the aged, personal development, feelings and reactions to situations and therefore the development stages an individual goes through prepares him/her to the demands of later life.

According to Messkoub (1997), as population aged, there is an over spending on social security pension and health needs of the aged. The increase in claims of the aged can put a strain on government budget and funds as what would have been used on development projects would be used to settle claims. In an increasing aged population, there is a corresponding increase in needs and claims for the inactive (aged), while there is a decrease in the active population.

The socio-cultural aspects of ageing are concerned with the relationships the aged have with their societies, cultures, classes and families. The social status of the aged in a given society reflects the political, economic and traditional aspects of that society. In the beginning of the twentieth century when there were no social security or formal welfare programmes, the aged and or retired workers depended on their savings and families or charity for their needs and survival. However, during the depression and mass unemployment of the 1930s, countries such as the UK adopted retirement policies to increase labour demands for the younger workers. It was also meant to encourage the older workers to retire because it was argued that it was better to pay retirement benefits than pay unemployment benefits to the young (Gruman, 1978; Messkoub, 1997).

In Ghana, the informal support systems were very effective in catering for the needs of the aged, but in recent times, there are concerns on the effectiveness of the family system to adequately support the aged (Apt 1981; Brown 1999). Formal social security agitations started after the Second World War by veterans and that resulted in the introduction of the present SSNIT scheme in 1972 to forestall a similar situation with salaried workers. However, there are concerns about its effectiveness in catering for the needs of retired workers. The National Health Insurance Scheme exempts people aged 70 years and above from paying health insurance premiums (National Health Insurance 2003, Act 650). This makes the policy discriminatory in that it does not include the aged below 69 years.

Summary of findings

The study came out with the following findings:

- About 87% of the aged were illiterate. They never had any formal education including non-formal education.
- Forty percent of the aged were widowed, of whom 89.6% of the proportion widowed (102) were females.
- Around 64% of the aged engaged in agriculture for their livelihoods. This made farming the main occupation of the aged. Even though some of the aged appeared too weak and frail to do any effective farming, however, the traditional arrangements make children farm some portions of the family land for the landlord whether he was strong enough to do so or not.
- Fifty percent of the aged had some impairment and 61% of those impairments were observed to be partial blindness or blurred vision.
- Eighty-five percent of the aged had access to land in the Bawku Municipality. This high percentage was expected because, both male and female aged were highly respected in their various communities thereby giving a greater chance of accessing land for farming.
- The main sources of livelihood were self engaged economic activities and remittances from their children. Sixty-two percent of those who depended on their own economic activities were males while 39% were females. There was not much difference in terms of gender in those who depended on their children for livelihood. It was 54% for males and 46% for females.
- Eighty percent of those who offered economic support to the aged resided with them. This result confirmed earlier findings by Apt (1981) and Brown (1995 and 1999) that proximity was a critical factor in care giving.

- Spouses of the aged attended to the household chores needs for themselves. Married female aged cooked, cleaned and washed for their husbands. In some cases, their children also ran errands, took care of their food, fuel and transportation needs.
- Over 80% of the aged said they received adequate support for their household chores from their family members and neighbours. Since they mostly carried out their households by themselves, they needed very little help and the little they needed was given them.
- Ninety-one percent of the aged did not receive any formal support in the form of pension. This reflected the educational level of the aged and the type of work they engaged in during their active working lifetime. Without education, the only salaried work left was that of labourer work which was limited in supply and not preferred to agriculture.
- About 60% of the aged would turn to their children for social and psychological support in times of psychological trouble or distress. Children offered the aged the needed socio-psychological support for them to be able to manage stresses and psychological imbalances.
- The aged took part in funerals (78%), settled disputes (71%) among community members, provided guidance and para-counselling services (58.7%), and participated in community meetings (72%). There was active involvement of the aged in community activities. Therefore, there was successful ageing since the ingredients of successful ageing were involvement and control of resources, which was seen in the results of the study.
- Ninety-two percent suggested that government should provide some support to the aged. They suggested that government should offer them

financial support than their own children. Indeed, the aged see government as the agency/institution that is best placed and has the capacity to support them.

- The aged also proposed that the public/family members should be educated on their needs so that they would live up to their responsibilities toward them.
- One major way by which the community could be effective in offering support to the aged is for community members to offer support in kind by weeding the farmlands of the aged.
- Sixty-nine percent of the aged would not want to stay in a home for the aged even if it was made available at no cost.
- The aged were unwilling to live in a home for the aged because their children would not agree for them to leave the traditional home and that it was also against the culture and tradition of the communities in which they lived for them to leave the traditional homes for which most of them especially the males were family heads.

Policy implications

The study found out that the aged received less financial, transportation, food and medical support from the society. Some policy changes must be made in order to ensure that the aged meet their daily basic needs. To make the Social Security and National Insurance Trust (SSNIT) more effective to the needs of the aged, government needs to back the proposed three-tier social security policy with legislation and immediate implementation. It is also important for government to consider a policy to introduce a non-contributory pension scheme for the aged who contributed

their due to the state especially farmers but did not engage in formal salaried paid work.

The result from the study also indicated that the aged do not receive medical needs as they require and since ageing is associated with diseases and impairments, it is imperative that their conditions are properly managed so that it does not lead to limitation in performance and disability. Government policy on the aged under all forms of health exemptions should be reviewed. First the aged should be allowed to benefit from health exemptions including the payment of premiums for health insurance schemes at the age of 65 years instead of the current age of 70 years and above. Since age 65 is locally and international recognised as the beginning of the aged years. For those between the ages of 60-65 years, though they are on retirement, the assumption is that they are still strong to work and fend for themselves. Though this argument is untenable, it is understandable if the policy does not include them.

The study also found out that carrying out education to family members on the needs of the aged should be the main tool of strengthening the family system. It takes a policy decision to make it part of the formal curriculum or even a non-formal structure like the national orientation aspect of the Ministry of Information and National Orientation for it to be taught. This when done, will strengthen the family system and the youth to live up to their responsibilities toward the aged.

Recommendations

Considering the findings that came out from the study, the following recommendations were made to strengthen the existing and or carve out socio-

economic support systems for the aged. The aged should be trained and empowered so that their involvement in alternative dispute resolution would be enhanced, thereby decongesting the formal court system.

The study also established that majority of the aged do not want to stay in a home for the aged. It is recommended that government and other institutions take advantage of the opinions/convictions of the aged and strengthen the family by assisting families, which have older people so that the family becomes effective in their support of the aged. Specifically families with the aged should be given old age allowances. This could be roped into the Livelihood Empowered Against Poverty (LEAP) programme.

It was also established that the aged would not stay in a home for the aged because their children would not agree. It is recommended that children reciprocate the investment their parents made by educating and training them coupled with the trust parents have in them by refusing to stay in a home for the aged by taking up the responsibility to cater for them. All children should see the responsibility of taking care of their parents as an obligation.

It is also recommended that non-governmental organisations (NGOs) and or community-based organisations (CBOs) should be established to advocate for the basic needs of the aged.

Further research

The study looked at the existing social support for the aged and ways of improving the systems. It is recommended that further studies be conducted on:

- Children as a support system for the aged and

- Care givers opinion on the existing support systems for the aged.

Conclusions

The global ageing population is increasing in number and in proportion, although at different rates in different parts of the world. For Ghana, the aged population (65 years and above) was 212,740 in 1960 and in 2000 it had increased to 998,940 (Ghana Statistical Service, 2002a; Central Bureau of Statistics, 1960).

Apt (1981) and Brown (1984) state that, there is also a seemingly break down of the traditional extended family system which used to serve as a support system for the aged. They also state that the young wage earners complain that they are not able to take care of their aged parents, as they would wish. This study affirms the findings of Apt (1981) and Brown (1984 and 1999) which points to the increasing nucleation of the Ghanaian family.

This study sought to examine the existing socio-economic support systems for the aged in the Bawku Municipality. The generalisation of the findings in this study to other aged in the country is limited by the sample size, however it offers an in-depth insight and knowledge into the socio-economic systems available to the aged in Ghana and the aged own assessments of the support they receive from the society.

The aged do not get adequate support for their basic needs such as food, clothing, medical, financial and transportation. The aged expect the government, communities, families and themselves to work to improve the existing support systems.

The study found out that most of the respondents do not want to stay in a home for the aged. Therefore, the family system should be strengthened to make it more effective to be able to cater for the basic needs of the aged. As a result, any assistance that would be offered to the aged should be done through the families of the aged.

There is a call by the aged for the rest of the population to be offered education on their needs so that the public would appreciate the needs of the aged and therefore will be prepared to offer them the needed assistance for them to live successful ageing lives. As people are advocating for civic education to be incorporated into our formal school curriculum, issues on the needs of the aged should not be left out.

Finally, strengthening the socio-economic support systems for the aged especially the informal support systems is no longer a choice. Parents have faith on the ability of their wards to take care of them in their old age, more especially their socio-psychological needs, and children dare not fail them.

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APPENDIX 1

QUESTIONNAIRE FOR THE AGED

University of Cape Coast

Department of Geography & Tourism

Social support for the aged in Bawku Municipal Assembly

This is a Master of Philosophy (Geography) study aimed at assessing the socio-economic support systems available to the aged in Bawku. This study is purely an academic work and respondents are assured of complete anonymity, as all information given will be treated with the utmost level of confidentiality.

SOCIAL SUPPORT FOR THE AGED IN BAWKU MUNICIPALITY

HOUSEHOLD AND INDIVIDUAL SCHEDULE

IDENTIFICATION

Numeration Area: _____

Electoral Area: _____

Zonal Council: _____

Household Number: _____

INTERVIEWER VISIT: 1 2 3

Date: _____ _____ _____

Interviewer's Name: _____

Result* [ ]

Date and Time of next visit: Date: _____ Time:_____

Result* Codes:

1. Completed
2. Aged not at home
3. Postponed
4. Refused
5. Partly Completed
6. incapacitated
7. Other _____ (specify)

Field Editing (Researcher):

Signature_____

Date: _____

Data Keyed by:

Initials: [ ] [ ] [ ]

Date: _____

Now I would like to ask about the household in which you usually live.

(Please tick where appropriate)

14.What is the main source of drinking water for members of this household?	a) 1=Pipe Water [ ] b) 2=Well Water [ ] c) 3=Surface Water [ ] d) 4=Rain Water [ ] e) 5=Other (specify) _____
15.What type of Toilet facilities do you have in this household?	a) 1=Flush Toilet [ ] b) 2=KVIP [ ] c) 3=Pit toilet Latrine [ ] d) 4=Bucket/Pan [ ] e) 5=Free Range [ ] f) 6=Other (specify)_____

16. What is the main floor material of the house?**(interviewer circle code by observation)**	a) 1=Natural floor (earth/sand/clay) [ ] b) 2= Finished floor (cement/titles terrazzo) c) 3=Other (specify)_____
17.What is the main roof materials of the house? **(interviewer circle code by observation)**	a) 1=zinc or titles [ ] b) 2=Thatch [ ] c) 3=Thatch and zinc [ ] d) 4=Other(specify) _____
18. Does your usual household have: 1.Electricity? Functioning; 2 Radio? 3.Television? 4.Refrigerator? 5. Bicycle? 6. Motor cycle? 7. Donkey Cart? 8. Car/Vehicle?	 1=Yes [ ] 2=No [ ] 1=Yes [ ] 2=No [ ] 1=Yes [ ] 2=No [ ] 1=Yes [ ] 2=No [ ] 1=Yes [ ] 2=No [ ] 1=Yes [ ] 2=No [ ] 1=Yes [ ] 2=No [ ] 1=Yes [ ] 2=No [ ]
19. Does you family have access to land?	1=Yes [ ] 2=No [ ]
20. If YES, does your family farm on it?	1=Yes [ ] 2=No [ ]

MODULE B: SUPPORT FOR THE AGED

21. What is/are the sources of your livelihood? (Give percentages)

a) Self-engaged economic activity [ ] [ ] [%] b) Pension [ ] [ ] [%]

c) Children [ ] [ ] [%] d) Extended family relation(s) [ ] [ ] [%]

e) Friends [ ] [ ] [ ] [%] f) Charity [ ] [ ] [%] g) Other (specify) _____ [ ] [ ] [%]

22. Who owns the house you are living in at the moment?

a) Self [ ] b) Spouse [ ] c) Children [ ]

d) Extended family relation [ ] e) In-law [ ] f) Other (specify) _____

23. Do those who provide you economic support stay with you in the same house?

a) Yes [ ] b) No [ ]

24. If no, how does that affect the way he/she/they are taking care of you?

a) _____

b) _____

c) _____

25. Who regularly attends to your daily household chores/needs? **Please**

indicate using the codes below

	Self	Spouse	Children	Extended Family Relation	Friends	Charity	Other (Specify)
Cooking							
Washing							
Cleaning							
Food							
Fuel							
Medication							
Transportation							

26. Who undertake errands for you to market and to friends? [ ] [ ]

CODES for Questions: 25, 26.

1=Self

2=Spouse

3=Children

4=Extended Family Relation

5=Friends

6=Charity

7=other (specify)

Please indicate which of the following is closest to your situation with regard to the support you get.

I get	As much as I would like	Much less than I would like
27. Cash assistance		
28. Medical assistance		
29. Clothing		
30. Help with household chores (washing, cleaning, cooking)		
31. Food		
32. Transportation		

33. Are you on pension? a) 1=Yes [ ] b) 2=No [ ]

34. If yes, under what type of pension scheme are you?

a) Government pension [ ] b) SSNIT pension [ ] c) Other (specify)_____

35. If on Pension, how will you rate the economic support you get from the pension scheme?

a) Very adequate [ ] b) Adequate [ ] c) Fairly adequate [ ]

d) Inadequate [ ] e) Very inadequate [ ]

We have been talking about your personal needs and the support you get in these areas. Let us discuss other areas.

36. When you are troubled or unhappy, who are you most likely to talk to about your feelings? [ ]

1=No one

2=Spouse

3=Children

4=Friends

5=Extended family relation

6=Church member/ Moslem colleague

7=other (specify)_____

37. Who talks to you about social issues at the?

a) Household level _____

b) Family level _____

c) Community level _____

d) National level _____

MODULE C: PARTICIPATION IN COMMUNITY AND SOCIAL WORKS

Please indicate whether you take part in the following activities in the community by ticking

38. Taking part in active Politics	1=Yes [ ]	2=No [ ]
39. Settling disputes	1=Yes [ ]	2=No [ ]
40.Guiding and Counselling people in the Community	1=Yes [ ]	2=No [ ]
41. Taking part in Communal Activities	1=Yes [ ]	2=No [ ]
42. Attending Community Meetings	1=Yes [ ]	2=No [ ]
43. Attending Funerals in the Community	1=Yes [ ]	2=No [ ]

44. Do you belong to any voluntary organization?

a) 1= Yes [ ] b) 2= No [ ]

45. If yes, what are they and what do you do in the organization?

	Organisation	**Activities**
a)	_____	_____
b)	_____	_____
c)	_____	_____

MODULE D: SUGGESTIONS TO IMPROVE UPON THE SOCIAL SUPPORT SYSTEM(S) FOR THE AGED

46. Who in your opinion should provide support for the aged in Bawku?

a) _____

b) _____

c) _____

d) _____

47. What in your opinion can be done to make the family more effective in supporting the aged?

a) _____

b) _____

c) _____

48. What can be done by the following to support the aged in Bawku?

a) The Government _____

b) The community_____

c) The family_____

d) Yourself_____

49. Which of the following do you think can best support the aged in Bawku? (You can choose more than one) a) Spouse [ ] b) Children [ ] c) Other family members [ ] d) Government [ ] e) Non-governmental organizations [ ] d) Other (specify) _____

50. If the family cannot support you, will you agree to go and live in a home for the aged?

a) 1= Yes [ ] b) 2=No [ ]

51. If yes, give reasons

a) _____

b) _____

c) _____

52. If no, give reasons

a) _____

b) _____

c) _____

APPENDIX 2

INTERVIEW GUIDE FOR THE EXECUTIVES OF THE PENSIONERS' ASSOCIATION

University of Cape Coast

Department of Geography & Tourism

Social Support for the aged in Bawku Municipality

A. Introduction

I am Richard Akumbas Ayabilla, a student of the University of Cape Coast, pursuing Master of Philosophy (Geography). This study I am conducting is mainly for academic purposes. You are therefore assured of the highest anonymity and confidentiality of whatever information you give out for the purposes of this study.

B. Support systems

What formal and informal support do you need in order to live a successful aged life? Ask basic needs.

- Where do you get your social and economic support? (From, Pension/Self, Spouse, Children, Extended relations, friends, Charity)
- Who do you stay in the same house with?
- Who regularly attends to your needs? (Such as food, clothing, medication, transport)
- What assistance do you need in order to carry out your household chores? (Such as physical, financial)

- Do you adequately get the assistance you need? (e.g. cash, medication, food, clothing and transport)
- Do children still serve as social security to the aged? (What ways do they or not serve as security to their parents)
- When you are troubled and unhappy, who do you turn to for consolation? (Spouse, children, friends, other relations,)
- Is your family adequately providing you with your socio-economic needs? (Who usually comfort you and shear your burden with you in times of trouble and unhappiness)
- Are you on pension? (Do you take monthly pension allowance)
- How adequate is the pension allowance you get? (Is the pension able to meet all your basic needs

C. Participation in Community activities

Do you feel part and parcel of your community in all fields of endeavours?

- Do you take part in all the activities of the community? (Are you involved in all the activities of this community?)
- What are the things you take part in?
- What input do you make in the running of the community? (Do you contribute as to how this community is run?)

D. Ways of improving the social support for the aged

What do you think are the ways by which we can improve upon the social support systems for the aged in Bawku to live a successful aged life?

- Who are supposed to take care of the aged in Bawku? (Yourself, children, extended relations, community, government)

- In your opinion what can be done to strengthen the family to make it more responsible to the needs of the aged?
- What can be done to alleviate the plight of the aged in Ghana? (By yourself, family, community, government)
- Should we begin to think about a home for the aged? Why?

APPENDIX 3

INTERVIEW GUIDE FOR THE MUNICIPAL DIRECTOR OF SSNIT

University of Cape Coast

Department of Geography & Tourism

Social Support for the aged in Bawku Municipality

A. Introduction

I am Richard Akumbas Ayabilla, a student of the University of Cape Coast, pursuing Master of Philosophy (Geography). This study I am conducting is purely for academic purposes. You are therefore assured of the highest anonymity and confidentiality of whatever information you give out for the purposes of this study.

B. Social Security and National Insurance Trust (SSNIT) pension scheme

What conditions should a contributor fulfil before he/she enjoys pension under the SSNIT pension scheme?

- What age should a contributor attain in order to qualify for pension?
- How many months' contributions should a contributor make before he/she qualifies for pension?
- Under what other conditions could a contributor enjoy pension under the scheme?
- How long does it take a beneficiary to claim his/her pension?

C. Pension package under the SSNIT pension scheme

What is the pension package for contributors who have attained the pensionable age?

- What pension package is there for those who have attained the pensionable age and have contributed to SSNIT?
- What of those who have attained the pensionable age but have not contributed the minimum months required for pension?

D. Beneficiaries and sustainability of the scheme

- How many people are benefiting the SSNIT pension scheme in Bawku?
- In your opinion, what can be done by the aged themselves, families, communities and government to meet the needs of the aged?