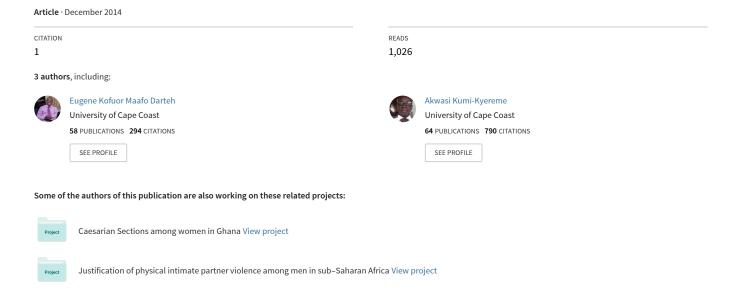
## "If your parents help you grow your teeth; you help them lose theirs": Family Support for the Aged in Yamoransa, Ghana





# "If your parents help you grow your teeth; you help them lose theirs": Family Support for the Aged in Yamoransa, Ghana



### Eugene Kofuor Maafo Darteh<sup>1</sup>, Bismark Nantogmah<sup>1</sup> & Akwasi Kumi-Kyereme<sup>1</sup>

#### **Abstract**

Using the hierarchical compensatory model of social care, the study assessed the material and instrumental family support available to the aged in Yamoransa. A cross-sectional survey design was employed to collect data from 153 respondents aged 60 years and above using the simple random sampling technique. It was observed that the traditional system of support for the elderly was still functional with families providing the aged with both material and instrumental support. The results also showed that females receive more assistance on material support than males; but males receive more instrumental support than females. Both males and females intimated that the support they received was inadequate. To ensure a reliable care system for the elderly family and community members should reinforce the Ghanaian tradition of filial piety.

Keywords: Family; Social support; Aged; Yamoransa; Ghana

#### Introduction

Population ageing is an inevitable consequence of the demographic transition, which leads to increasing proportion of the aged, and ageing in most countries of the world (UNFPA, 2002). By 2050, the number of older persons aged 60 and above in the world will equal the number of children aged 0-14 (Parton, 2007). In Ghana, the proportion of the aged population (aged 60 and older) increased from 5.2 percent in 1960 to 7.2 percent in 2000 (Mba, 2007). The change in the proportion of the aged is due to the advancement in public health, medical and economic technologies over diseases and injuries (Kinsella & Philips, 2005). This proportion, however, declined to 6.5 per cent in 2010 (GSS, 2012). The United Nations based on this realisation recommended member states to put in place national policy frameworks to deal with the ageing and old age related issues in order to ensure that the aged lived a dignified and satisfying lives (UN, 2002).

Problems associated with population ageing gained international concern when the United Nations convened two World Assemblies on Ageing in 1982 and 2002 in Vienna and Madrid respectively (UN, 1983, 2002). These conferences acknowledged the contributions and challenges faced by the elderly - their role in promoting the spiritual, cultural and social

<sup>&</sup>lt;sup>1</sup> Department of Population & Health, Faculty of Social Sciences, University of Cape Coast

sphere of life. Despite these contributions, they are faced with numerous problems.

The challenge of social support for the aged is a growing concern in contemporary times due to the increasing proportion of the aged population in all societies of the world (UNFPA, 2002). The extended family formed the basis for the provision of social support to the aged in Ghana (Tawiah, 2011; Abodrin, 2004). However, this support is dwindling in the face of urbanisation and increasing numbers of the aged (Abodrin, 2004; Apt, 1996).

The challenges facing the elderly in Ghana have been documented by several authors (see Tawiah, 2011; Mba, 2007; Mba, 2002). As part of the efforts to address these challenges, the Government of Ghana has consistently celebrated the United Nations day of the older persons popularly known as 'Senior Citizens Day' to duly acknowledge the elderly for their contribution to the development of the country.

Regardless of the above activities in Ghana, Geest (2002) has observed that increasing aged population is taking place in societies which are least prepared for the challenges that often characterise the aged. The changing traditional pattern of support for the elderly from the extended family system to the nuclear family system constitutes serious research concern (Akinyemi, 2009; Makoni, 2008; Mba, 2007).

Before the introduction of formal social security systems in Ghana, there were already working traditional mechanisms put in place by Ghanaians to address problems of the aged, the disabled, the sick, dependent widows and children, and even victims of natural disasters (Boons, 2007; Asare-Danso, 1997).

The extended family system extended to three or four generations and consisted of grandparents, brothers and sisters and their children, and grandchildren (Banga, 1993; Brown, 1990). Here, the younger family members subordinate to the aged in order to tap their wisdom. Also, in the spiritual realm the elderly serve as a link between the community and the ancestors and this is essential to the attainment of the social integration in traditional families in Ghana (National Population Council, 2007).

According to Assimeng (1999) and Brown (1992), members of the extended family are obliged to provide food, clothing, errand services and emotional satisfaction and encouragement for the aged. This is not peculiar only to the traditions and customs of Ghanaians. Ekpenyong (1995) indicates that in Nigeria their children, sons' wives and the extended family members previously cared for the elderly.

Boon (2007) points out that in traditional Ghanaian society; care giving is a reciprocal activity involving children, spouses, mothers, and the elderly parents. Whilst adults cater for the aged and children, the aged and children, the aged in turn advice the adults and socialise children. Oppong (2006) has indicated that parent-child ties, descent groups, and kin networks serve to incorporate and provide security to the elderly. Although, the

traditional family has a built in mechanism for caring for the elderly population due to urbanisation, there are signs of a break-up of this structures in favour of the nuclear family (Mba, 2007).

Rural-urban migration creates social distance between the aged who stay at home and the youth migrants who could have provided the support needs of the aged in order to prevent them from being neglected and isolated in Ghanaian communities (NPC, 2007), Brown (1990) adds that migration of the youth to urban areas to seek greener pastures make the traditional culture to disintegrate since youth tend to seek advice from their peers instead of the elderly.

In both developing and developed countries, the concerns of the elderly include among other things, household management and childcare so that younger adults can work outside the home (WHO, 2002). Migrants in Ghana abuse this concern of older people; this is because older people who take the responsibility in caring for children of migrants receive inadequate and at times irregular remittances, which worsen their economic conditions (NPC, 2007). What is more worrying about the issue of migration is that the elderly are denied the traditional care that they would have had from the youth (Brown, 1990). This has brought old age into disrepute because old age is no longer associated with respect. Respect is accorded to people who possess wealth, which is now needed for the maintenance of traditional institutions and family care (Oppong, 2006). This study therefore assesses the material and instrumental family support systems available to the aged in Yamoransa.

#### **Conceptual framework**

The conceptual framework adopted for the study is the hierarchical Compensatory Model of Social Care developed by Canter (1979) and used by Asharaf (2007). The model demonstrates a concentric social interaction between the elderly on one hand and the family, community, social and government agencies on the other hand. At the center of this model is the elderly, who receive wide range of support from informal to formal support systems. The immediate social care system to the elderly is the kin (primarily informal), who provide basic assistance, including activities of daily living.

Next is the support of friends and neighbours (secondary informal system) who provide similar support to the elderly. The elderly also gain support from quasi-formal service organisations e.g. religious organisations (formal tertiary) and voluntary social agencies (formal). The latter determines policies and legislation pertaining to the aged on issues of social security, which acts as buffers to the inner care systems. The outermost care system, political institutions (formal) enact and implement social policies that benefit the elderly. None of these systems single handedly supports the aged, they are however mutually supportive to the elderly people.

Asharaf (2007) emphasises that though the support systems range from informal to formal, the informal care system is more accessible and constitute a broad base of social care to the aged throughout the world. The aged substitute assistance from the formal systems for the informal systems when the informal systems are not able to provide care. This model of social care provides a comprehensive illustration of the various supports systems-informal to formal care available to the aged (see Figure 1).

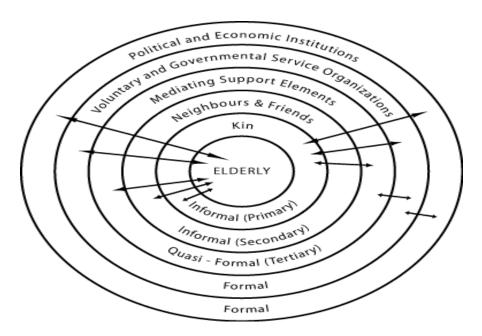


Figure 1: Hierarchical compensatory model of social care

Source: Canter (1979) cited in Asharaf, (2007)

#### **Study setting**

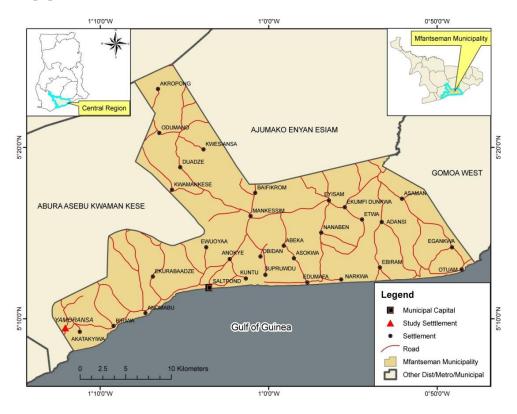
Yamoransa is located in the Mfantseman Municipality of the Central Region of Ghana (see Figure 2). The municipality covers an area of about 612 square kilometers with 168 settlements. This municipality is divided into four levels of functional administrative hierarchies, namely Saltpond, the administrative capital at the first level, Mankessim at the second level, Anomabo being the third level and Yamoransa at the fourth level.

Yamoransa was selected for the survey because it is one of the poorest settlements in the region and has a large proportion of the aged population. Also, among the four levels of the functional administrative hierarchies of the municipality, it occupies the fourth level (Mfantseman District Assembly, 2006).

The residents are predominantly petty traders and farmers. The crops cultivated in the inland areas include plantain, pineapple, oil palm, maize and cassava. The community faces numerous challenges including

the use of traditional implements for farming, lack of agricultural extension services and difficulty in accessing credit facility.

Yamoransa has a total population of 5,288 in 2010, with 46 percent as males. The population 60 years and above is estimated at about 6 percent of the population of the area.



**Figure 2: Map of Mfantseman municipality showing Yamoransa** Source: Geographic Information Systems Unit, Department of Geography and Regional Planning, UCC (2011).

#### **Data and Methods**

Data was derived from a survey conducted in Yamoransa. The study targeted the aged population (age 60 and older) in the community. A study conducted by the Department of Population and Health of the University of Cape Coast (2010) in Yamoransa showed that the community had a population of 5,288 with 407 of them aged 60 and above. The age categorisation used for the elderly included the "Young old" (Age 60 to 69), the "Old old" (Age 70 to 79) and the "Oldest old" (Age 80 and older).

Forty percent (163) of the population of the elderly was sampled for the study. The respondents were randomly selected from the total 407. Subsequently, these individuals were visited in their homes and interviewed. A total number of 153 respondents who were reached during the survey were used for this study. Data for the study was collected from the aged using an interview schedule. Research assistants were carefully selected and trained to assist with the data collection that lasted for two weeks. Field assistants made follow-ups to respondents who were not readily available to be interviewed.

The interview schedules that were returned from the field were examined for consistency in order to serve as a quality control measure. The data obtained was entered into Statistical Product and Service Solutions (SPSS) Version 16 software for analysis and STATA version 12 was used for data analysis. The Chi-square test was used to test the hypothesis of the study. The choice of this test tool was on the basis that it is used to test the association between categorical variables (Heckard & UTTS, 2004). The independent variables used for the Chi-square test were demographic characteristics of respondents including sex, age and marital status whilst the dependent variables were; foodstuff, money and clothing (Material support) and cooking, washing and sweeping (Instrumental support).

#### **Results**

#### Socio-demographic characteristics of respondents

About 42 percent of the respondents were males and 58 percent were females (see Table 1). Among the respondents, the young old (60-69) constituted 58 percent of males and 48 percent of females; with the old old (70-79) making up 36 percent of males and 43 percent of females. Thirty-three percent of the respondents had never had any formal education. More than 90 per cent of the respondents were Christians and 5 per cent were Traditionalists. Tables 1 further shows that about 66 percent of males and 33 percent of their female counterparts were married. About 43 percent (23% of males and 56% of females) were widowed. The main economic activities of the respondents were farming and trading. Seventy-one percent of the males were involved in farming whilst 77 per cent of the females were engaged in trading.

Table 1: Background characteristics by sex

Background	Males	Females	Total
characteristics	(n=64)	(n=89)	(n=153)
Religious affiliation			
Christianity	85.9	95.5	91.5
Traditional	7.8	2.2	4.6
Others	6.3	2.3	3.9
Marital status			
Married	65.6	32.6	46.4
Divorced/ Separated	10.9	9.0	9.8
Widowed	23.5	56.2	42.5
Never married	0.0	2.2	1.3
Age Groups			
60-69	58.0	48.3	52.3
70-79	35.9	42.7	39.9
80+	6.3	9.0	7.8
Ever attended school			
Yes	50.0	20.2	32.7
No	50.0	79.8	67.3
Current Occupation			
Farming	70.8	21.5	42.5
Trading	10.4	77.0	48.7
Other	18.8	1.5	8.8

#### Family material support for the elderly

Material support was one of the main broad forms of support provided by the family to the elderly. Material support included foodstuff, money and clothing. Table 2 shows percentage distribution of family material support received by the elderly. Thirty-nine percent of the males and about 53 percent of the females received foodstuffs whilst 55 percent and 60 percent of the males and females respectively receive money (see Table 2). In all cases, more females than males received material support. However, there was no significant difference in the material support received among males and females.

The oldest old received more family material support than their other counterparts. For instance, about 67 percent of the oldest old receive family material support in the form of foodstuffs whilst 47 per cent of the young old did same. Also, 83 percent of the oldest old receive material support in the form compared to 59 percent of the young old (see Table 2).

Sixty percent of respondents who were widowed compared to 39 percent of those still in marriage received assistance in the form of foodstuff. Another 27 percent of the separated/divorced received foodstuff. Similarly, more of the widowed (69.2%) than those who were married (49.3%) received support in the form of money. Perhaps, the widowed

received more support than those who were still in marriage because their children were more sympathetic to them after the death of their spouses. The results of Table 2 further revealed that less than half of those who were married (45.1%) received support in the form of clothing. By contrast, about 68 percent of those who were widowed and 60 percent of those who were separated/divorced received support on clothing. Overall, the results suggest that widowhood "attracts" support from members of the family. A Chisquare statistic test revealed that a significant difference exists in respondents' marital status with regard to their received support on foodstuffs (see Table 2).

Table 2: Family material support received

Characteristics		Type of support		
	<b>Foodstuff</b>	Money	Clothing	
	$\mathbf{X}^2$	$\mathbf{X}^2$	$\mathbf{X}^2$	
Sex	2.824	0.369	0.034	
Males	39.1	54.7	54.7	
Females	52.8	59.6	45.3	
Age of respondent	2.340	4.443	4.105	
60-69	47.5	58.8	52.5	
70-79	42.6	50.8	54.1	
80+	66.7	83.3	83.3	
Marital status	8.536**	8.429**	9.659**	
Married	39.4	49.3	45.1	
Separated/divorced	26.7	53.3	60.0	
Widowed	60.0	69.2	67.7	
Never married	50.0	0.0	0.0	
Ever attended school	1.485	0.925	0.928	
Yes	40.0	52.0	50.0	
No	50.5	60.2	58.2	
Occupation	1.475	2.688	2.688	
Farming	41.7	58.3	58.3	
Trading	49.1	54.5	54.5	
Others	30.0	30.0	30.0	

\*\*\* p<0.001 \*\*p<0.05 \*p<0.010

#### Family instrumental support for the elderly

Instrumental support was another broad form of support provided by the family system to the elderly. This support was in the form of services such as cooking, washing, sweeping. Table 3 shows family instrumental support received by respondents. Eighty-one percent of males and 61 percent of females received support for cooking with another, 83 percent of males and 65 percent of females receiving support for washing (see Table 3). More males benefitted more from instrumental support than females. A chi-square test on instrumental support received by the aged showed a significant difference between sex of the aged and the support they received on cooking (see Table 3). However, when asked about the adequacy of the support received, 61 percent of males and 75 percent of females indicated that the support they received was inadequate (data not shown). Eighty-three percent of the oldest old compared to 64 percent of the young old

received instrumental support in the form of cooking. Also, more of the oldest old (83%) than the young old (78%) received instrumental support in the form of sweeping (see Table 3).

Table 3: Family instrumental support received

Characteristics		Type of suppo	ort
	Foodstuff X <sup>2</sup>	Money X <sup>2</sup>	Clothing
			$\mathbf{X}^2$
Sex	7.406**	5.819*	6.841**
Males	81.2	82.8	85.9
Females	60.7	65.2	67.4
Age of respondent	2.841	1.007	0.494
60-69	63.8	70.0	75.0
70-79	83.3	73.8	73.8
80+	66.7	83.3	83.3
Marital status	19.634***	15.452***	923.540**
Married	76.1	80.3	84.5
Separated/divorced	20.0	40.0	33.3
Widowed	73.8	73.8	76.9
Never married	50.0	0.0	0.0
Ever attended school	0.258	1.599	0.398
Yes	72.0	66.0	72.0
No	68.0	75.7	76.7
Occupation	0.640	6.047**	3.521
Farming	70.8	81.2	81.2
Trading	63.3	60.0	65.4
Others	70.0	80.0	80.0

<sup>\*\*\*</sup> p<0.001 \*\*p<0.05 \*p<0.010

Table 3 also reveals that more married elderly people (76%) than those who were separated /divorced (20%) received support for cooking. More than 80 percent of those who were still in marriage received services in the category of washing. Less than half of those who were separated /divorced (40%) received family services on washing. There were marked differentials in the instrumental support the elderly received in the category of sweeping as regards their marital status. For instance, more than two-thirds of the elderly who were married (84.5%) received support on sweeping. On the other hand, few of those who were separated /divorced (33.3%) received family services on sweeping. A chi-square test showed a significant difference between respondents' marital status and support received (see Table 3). One of the reasons that could account for this variation might be the availability of spousal instrumental support for those who were married.

#### **Discussion**

The model of social care provides a comprehensive illustration of the various supports systems available to the elderly – the family, community, social agencies and government agencies. The study focused mainly on the immediate social care system to the elderly – the kin (primary

informal). These family members provide the basic assistance including activities of daily living to the elderly.

Evidence from the study showed that there were more females in the older age cohort, for instance, there were more females than males within the cohort of the 'old old'. This result is consistent with Apt's (2007) assertion that the ageing society is a female society because the life expectancy of women is greater than that of men.

According to Gorman and Heslop (2002) the majority of older people in the developing countries live in labour intensive rural and urban livelihood environments. The study found out that about 74 percent of the elderly were involved in some form of economic activity with the main economic activities being farming and trading. The results also supports Nam's (2009) claim that most people remain engaged in the society when they become old and even if they retire from job, they substitute some other type of activity from which they derive satisfaction.

Family members provide the elderly with basic assistance including activities of daily living (Canter, 1979). The results of the study revealed that the elderly received some material support - foodstuff, money and clothing with more females than males receiving material support. The study also reveals that the elderly who were widowed received more material support in the form of foodstuff and money than those who were separated/divorced or living with their spouse. A chi-square statistic test revealed that a significant difference exists in respondents' marital status with regard to support received. Perhaps, the reason for more of the widowed than those still in marriage receiving support could be attributed to the sympathy children have for the widowed after the death of their spouses.

More of the oldest old than the young old received family material support and instrumental support than their younger counterparts. This could be as a result of health status. At age 80 and above most of these aged people will be incapable of doing much for them.

More males than females received family instrumental support in the form of cooking, washing and sweeping. The variations in instrumental support received between male and female respondents were supported by chi-square statistic test which showed that a significant difference exists in respondents' sex with regard to the support they received on cooking. Despite the high level of instrumental support received by the elderly, a sizeable number of them are engaged in various economic activities. There was a statistically significant difference in respondents' marital status with respect to their received support on cooking. One of the reasons that could account for variation may be due to spousal instrumental support for those who are still in marriage. On the other hand, the spousal instrumental support would be lacking among widows and the separated/divorced.

#### Conclusion

The study investigated the material and instrumental family support for the aged. The traditional system of support for the elderly is still functional with families providing the aged with both material and instrumental. There are significant differences between family instrumental support and sex of respondents and marital status. To ensure a sustainable care system for the elderly it is recommended that family and community members should reinforce the Ghanaian tradition of filial piety. This will help to secure the livelihood of the elderly especially the widowed.

#### References

- Aboderin, I. (2008). Advancing health service provision for older persons and age-related non-communicable disease in sub-Saharan Africa. A report presented at a conference on African research on ageing, Abuja, Nigeria. Retrieved July 16, 2011, from <a href="http://www.instituteofageing.uct">http://www.instituteofageing.uct</a>.
- Akinyemi, A. (2009). Old age expectation as a factor influencing high demand for children among the Ijesas of south-western Nigeria: Does number of children influence old age support? *African Population Studies*, 23, 61-77.
- Aboderin, I. (2004). Decline in material family support for older people in urban Ghana, Africa: Understanding processes and causes of change. *Journal of Gerontology: Social Sciences*, *59B* (3), S128-S137.
- Apt, N.A. (2007). The extra burden of ageing women in a poor economic environment. Paper prepared for international conference on Population Ageing, Brussels. Retrieved March 30, 2011, from <a href="http://www.platformpopdev.be">http://www.platformpopdev.be</a>
- Apt, N.A. (2007). Who is caring for the aged in Ghana? Bold, 1 (4), 5-10
- Asare-Danso, S. (1997). *Cultural studies (Religion and social life) for post secondary students* (Rev. ed.). Kumasi: Holy Spirit Publications.
- Asharaf, A.S. (2007). Perceived ageing and its bearing on informal care in Kerala, India. *Bold*, 18 (1), 2 -17.
- Assimeng, M. (1999). *Social structure of Ghana: A study in persistence and change* ( 2<sup>nd</sup> ed.). Accra: Ghana Publishing Corporation.
- Banga, E.H. (1993). The emerging image of the aged in Accra, capital of Ghana. *Bold*, *3* (4), 11-17.
- Boon, E.K. (2007). Knowledge systems and social security in Africa: A case on Ghana. *Tribes and Tribals, Special Volume 1*, 63-76.

- Brown, C.K. (1992). Ageing and family care in Ghana: A study in caring relationships. Report submitted to the Rockefeller Foundation Under its Research program on Population Policies and Programs in sub-Saharan Africa.
- Brown, C.K. (1990). Ageing and old age in Ghana. *International Exchange Center on Gerontology, Tampa, FI*. Retrieved December 22, 2010, from <a href="http://www.eric.ed.gov">http://www.eric.ed.gov</a>
- Ekpenyong, S. (1995). The structural adjustment programme and the elderly in Nigeria. *Int. J. Ageing Hum. Dev.* 41(4): 267-80.
- Geest, V. S. (2002). Respect and reciprocity: Care of elderly people in rural Ghana. *Journal of Cross-Cultural Gerontology*, 17, 3-31.
- Ghana Statistical Services (GSS). (2012). 2010 Population and Housing Census: Summary report of final results. Ghana Statistical Services, Accra: Ghana.
- Government of Ghana (2010). *National ageing policy of Ghana; Ageing with security and dignity*. Ministry of Employment and Social Welfare. Accra: Ghana.
- Greene, V. (1983). Substitution between formally and informally provided care for the impaired elderly in the community. *Medical Care*, 21 (6) 609-619.
- HelpAge International. (2008a). *Older people in Africa: A forgotten generation*. London: HelpAge International.
- HelpAge International. (2008b). How supporting older people with social protection will help achieve the millennium development goals. London: HelpAge International.
- HelpAge International. (2005). MDGs must target poorest say older people; supplement to ageing and development. London: HelpAge International.
- Kinsella, K., & Philips, D. R. (2005). Global ageing: The challenge of success. *Population bulletin*, 60, 1.
- Makoni, S. (2008). Ageing in Africa: A critical review. *J Cross Cult Gerontol*, 23, 199-209.
- Mba, C.J. (2010). Population ageing in Ghana: Research gaps and the way forward. *Journal of Ageing Research*, 2010, 2090-2212.
- Mba, C.J. (2007). Gender disparities in living arrangements of older people in Ghana: Evidence from the 2003 Ghana Demographic and Health Survey. *Journal of International Women's Studies*, *9*,153-166.
- Mba, C.J. (2006). General health condition of older women in urban Ghana. *Bold*, 16 (2) 9.

- National Population Council. (2007). Ghana country report on the implementation of the Madrid International Plan of Action on Ageing (MIPAA). National Population Council. Retrieved May 22, 2010, from <a href="http://www.npc-ghana.org">http://www.npc-ghana.org</a>
- Oppong, C. (2006). Familial roles and social transformations: Oder men and women in sub- Saharan Africa. *Research on Ageing*, 28 (6), 654 668.
- Parton, S. (2007). The social support systems and quality of life indicators of Jewish seniors living in Milnerton and surrounds. Retrieved November 9, 2010, from <a href="http://www.scholar.sun.ac.za">http://www.scholar.sun.ac.za</a>
- Tawiah, E.O. (2011). Population ageing in Ghana: a profile and emerging Issues. *African Population Studies*. *Vol.* 25 (2), 623 645.
- United Nations. (2009). *World Population*. New York: United Nations. Retrieved December 28, 2010, from <a href="http://www.un.org">http://www.un.org</a>
- United Nations. (2002). Report of the second world assembly on ageing. New York: United Nations.
- United Nations. (2000). *The United Nations principles for older persons*. New York: United Nations. Retrieved August 19, 2011, from <a href="http://www.unescap.org">http://www.unescap.org</a>.
- United Nations. (1983). Vienna International Plan of Action on Ageing. New York: United Nations. Retrieved August 11, 2011, from <a href="http://www.un.org">http://www.un.org</a>
- United Nations Population Fund. (2002). Population ageing and development; Operational challenges in developing countries. *Population and Development Strategies Series, 5*. Retrieved August 13, 2010, from http://www.unfpa.org/publications
- World Health Organization. (2002). *Active ageing: A policy framework. A policy framework.* Geneva: WHO.