

Exploring The Experiences Of Elderly Persons Cared For By Family Caregivers In Ghana

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Abstract: *The aging population is fast increasing and the growth rate is relatively high in developing countries. Majority of elderly persons are cared for by family caregivers, hence knowledge on elderly abuse, as they are cared for by family caregivers is significant. This study explored the abuse of elderly persons as they are cared for by family caregivers in Ghana. Twenty participants (elderly persons) between the ages of 60 and 95 years cared for by family caregivers were solicited. Three main types of elderly abuse namely; verbal, neglect and disrespect were identified. Elderly persons adopted coping strategies when being abused namely; reliance on God, avoidance attitude, social interaction and taking to occupation. The findings of the research recommends that policies aimed at socioeconomic empowerment of people in the communities such as Microfinance and Small Loan Centre will impact positively, especially on the lives of family caregivers. Additionally, to meet the UN Sustainable development Goals 3, 8, and 16, government and civil society should promote healthy ageing, economic wellbeing, and integrate the aged into the development process as an asset rather than a burden.*

Keywords: *elderly abuse; caregivers; care receivers, family caregivers.*

I. INTRODUCTION

In 2008, there were approximately 508 million people, 65 years or older in the world and by 2040 this number will increase to 1.3 billion (National Institute of Aging (NIA), 2009; National Institute of Health (NIH), 2009). Sixty-five per cent of the population over 65 years lives in non-industrialized or newly industrializing countries and the population growth in these countries is twice that of developed countries (NIA, 2009; NIH, 2009). Given this trend, it is expected that one billion people over 65 years of the projected world total, will live in today's developing countries (NIA, 2009; NIH, 2009).

Elderly persons in Ghana are considered as persons aged 60 years and above (Ghana Statistical Service, 2013). However, in high income countries where life expectancy is high and the age of retirement from active public economic activity is 65 years, an elderly is defined as a person aged 65

years and above (Ghana Statistical Service, 2013). The elderly is also known as the aged, with an associated concept of ageing that can be applied to an individual person or a total national population (Ghana Statistical Service, 2013).

As people age, they may live with their extended families or their siblings and are likely to receive support and care from them (Mba 2005). A lack of caregiving experience or inability to provide an appropriate level of care can put elderly persons at risk of abuse from their caregivers (Anetzberger, 2000). It has been found that stressed or overburdened caregivers are more likely to abuse the elderly, especially when the relationship is poor to begin with (Anetzberger, 2000). It has also been found that older adults are at much higher risk of being abused at the end of life, because many of the risk factors for abuse such as stress are acquired as the person's health status declines (Jayawardena & Liao, 2006).

Abuse of the elderly is increasingly being seen as an important problem and one that is likely to grow, as many countries experience rapidly ageing population (WHO, 2002).

II. LITERATURE REVIEW

AGEING

Ghana Statistical Service (2013) examined the characteristics of the elderly in Ghana based on the 2010 Population and Housing Census (PHC). Data and other information from the previous post-independence censuses (1960; 1970; 1984 and 2000) and other secondary sources were also used. The office concluded that the population trends of Ghana indicate that ageing will continue in the 21st century with females outnumbering males. Ghana Statistical Service (2013) believes that the ageing of Ghana's population has been rapid over the past two decades and will continue into the future, with increasing number of Ghanaians surviving to 60 years and beyond. Ghana Statistical Service (2013) indicated that the population aged 60 years and above increased from nearly 1 million in 2000 to 1.4 million in 2010 and is projected to rise to 6.3 million by 2050. The population aged 65 years and above will climb up to 4.3 million and that of the 80 years and above to more than 0.5 million by 2050 (Ghana Statistical Service, 2013).

Mba (2010) researched on population ageing in Ghana. His study utilized the 1960–2000 census results of Ghana, and the United Nations medium variant projection assumptions. Mba (2010) argued that the population of the elderly increased from 4.9 percent in 1960 to 7.2 percent in 2000. The researcher explained that the projected results indicate that by 2050, the aged population will account for 14.1 percent of the total population. He further argued that although Ghana can still be classified as a youthful population, reduction in fertility and mortality have resulted in increase in the absolute number of elderly population (persons aged 60 years and over). He concluded that with the proportion of the elderly population currently at 7.2 percent, Ghana has one of the highest proportions of persons aged 60 years and above in sub-Saharan Africa.

NATURE OF RELATIONSHIP BETWEEN THE ELDERLY AND THEIR FAMILY CAREGIVERS

Lafferty et al. (2013) investigated the support experiences of older people who have been abused in Ireland. The study examined older people's experiences of mistreatment and abuse. A qualitative research design was used and results indicate that family members who abused elderly persons were identified as an adult son in four cases, a spouse in two cases and an adult daughter in one case. One participant experienced abuse from her male and female adult offspring, and a neighbour was identified as the abuser in one case.

According to the findings of Charland (2006), majority of cases of elderly abuse go unreported making it a hidden problem within the communities in which we live. According to the researcher, there are many reasons why abuse goes undetected. Often, the abuser is a family member and

caregiver who is the sole lifeline for the dependent victim's basic needs (Charland, 2006). The researcher revealed that victims tend to minimize the seriousness of the abuse so as not to place the abuser at risk, or fearing institutionalization, or not to jeopardize their living arrangement. Charland (2006) indicated that there is a common belief that these types of issues are "family matters," and should be handled within the family itself. Also, the researcher believed that because the abuser is often times a member of the family, there is a tendency for other family members to cover up the situation. Also, there is a tendency for the victim to blame him or herself for the abuse or wants to protect the abuser from "getting in trouble."

TYPES OF ELDERLY ABUSE

A quantitative study, with descriptive-correlational characteristics conducted by Martins and colleagues (2014) identified forms of abuse and ill-treatment in elderly persons, as well as the determinants of these abuses. The overall objective of the study was to identify levels and types of abuse and maltreatment in the elderly and to analyse specifically the factors that most influence these maltreatments. The study sample composed of 135 persons of both sexes, aged over 65 and resident in their own or family households in the central region of Portugal. For the collection of data, they used a questionnaire which included a section with socio demographic and health characteristics. Also, they used the Family APGAR Scale and the Question to Elicit Elderly Abuse (QEEA) to assess maltreatment. Findings revealed that the more perceived and manifested types of abuse are at emotional levels. The study revealed that the least healthy elderly suffer more abuse at the physical level, unlike the healthier. Relative to family functioning, elderly persons with dysfunctional families are the ones who suffer more physical and emotional abuse and neglect.

In contrast to the findings of Martins et al. (2014) that the more perceived and manifested types of abuse are at emotional levels, Daniel et al. (2014) reviewed, synthesized and discussed existing literature and available research findings related to understanding elderly abuse and neglect in culturally diverse communities, particularly the Chinese immigrant community in Canada. They examined the conceptual understandings of elderly abuse, based upon the socio-cultural context and challenges faced by aging Chinese immigrants. Statistical information and research findings were summarized to illustrate the socio-cultural context that defines elderly abuse and neglect experienced by aging Chinese immigrants in Canada. A total of 515 articles related to elderly abuse and neglect in Canada were identified. According to the researchers, among these identified studies, Tam and Neysmith (2006) explored elderly abuse issues in a Chinese community in a large metropolitan area, from the perspectives of Chinese home care workers, who identified two main forms of elderly abuse: disrespect and social isolation.

FACTORS THAT MAY CONTRIBUTE TO ELDERLY ABUSE

Chane and Adamek (2015) studied factors contributing to elderly abuse in Ethiopia. The purpose of their study was to increase understanding of elderly abuse in Ethiopia by considering the perspectives of abused elderly persons. Fifteen Ethiopian elderly persons living in miserable conditions were interviewed for this study and the decline of their living conditions exposed them to abusive situations.

The research revealed that elderly abuse was the outcome of a combination of factors that are often interconnected: old age, physical health problems of the elderly, and disengagement from work. Moreover, death or burnout of support providers, geographical proximity of children or other support providers, illiteracy, and the physical appearance of elderly persons were identified as factors contributing to abuse. Physical disability, frailty, childlessness, and extreme poverty accentuated the risk for abuse (Chane and Adamek, 2015). Given the apparent influence of poverty-related factors on the occurrence of elderly abuse among the study's participants, the researchers indicated that policy initiatives are needed to enhance the economic well-being of elderly persons in Ethiopia (Chane and Adamek, 2015).

As supported by the findings of Chane and Adamek (2015), Bhattacharya et al. (2014) researched on what happens to the "hand that rocked the cradle," a study of elderly abuse in India. The study employed an inductive; multiple-case research design (Eisenhardt, 1989). Case studies were based on archival news reports, reports from National Crime Research Bureau and narrations of some of the victims. Poverty, culture, age, race, poverty, functional disability, and cognitive impairment were found to be the risk factors for reported elderly mistreatments in a study of a cohort of 2,812 elderly persons carried over a period of nine years. In the researcher's detailed literature review on elderly abuse, Fulmer (2002) found that frail and elderly (over 75 years) persons who had been diagnosed with depression or dementia were more likely to be mistreated.

COPING STRATEGIES ADOPTED BY THE ELDERLY

Kuria (2012) conducted a study on coping with old age related changes in the elderly. The study involved searching a number of pre-existing materials that gave background information about the topic and provided answers to the research questions. Kuria (2012) used systematic literature review as a method in order to be able to control the expected large volume of the literatures and got the materials well-structured in a manner that facilitated analysis of the data content. The researcher concluded that different types of coping strategies are being used by the elderly and these strategies are inter-connected and type of coping style chosen by the elderly depends on the body condition and target, though in many cases, same coping strategies work for a number of different problems. According to Kuria (2012), the elderly are found to rely more on existing resources and comfortable coping strategies such as avoidant attitude and getting busy with some simple tasks that could bring happiness when coping with stress, in order to keep on with

life whenever they are going through ageing process. Molaschi (1995) indicated that allowing elderly persons to get involved in activities that are moderately physical and attending social gathering with friends, relatives and neighbours facilitate health improvement and build their interest to live.

Coping with pain and heart diseases necessitate adaptive approach (Kuria, 2012). Most times, these problems are long term and the elderly are forced to adapt to continuous ill-feelings (Kuria, 2012). Dysvik (2005) stated that continuous efforts in keeping the weakened body in shape; having hope in life; taking care of the body system and engaging in social interaction with other elderly people have been proven to be successful in relieving old people of their stress temporarily. Elderly people with sight problem, hearing loss and bone-associated problems, such as osteoporosis, arthritis and bone weakness are reported to experience difficulty in movement. In some situation, movement is almost impossible and they spend much of their time in covering a short distance (Kuria, 2012). They try to cope by using walking-aided materials with adequate supporting roles from health care workers (Kuria, 2012). Coping with immune system related changes in the body is through moderate exercise, good standard of living, going through pharmacological therapy and adequate rest to restore back the lost energy (Herndler-Brandstetter, 2006).

Hsu and Tung (2011) researched on coping strategies and adaptation for the disabled elderly in Taiwan. Data were collected during face-to-face interviews with the physically disabled elderly in long-term care institutions and rehabilitation departments in middle Taiwan. The researchers explained that acceptance and action, venting and avoidance, and seeking support are the three types of coping strategies used by the disabled elderly. According to the researchers, coping strategies had different effects in different dimensions. Hsu and Tung (2011) indicated that acceptance and action reduce the difficulty in adapting in the health care and social environment.

In addition, Hsu and Tung (2011) indicated that disabled elderly who had evaluated a better self-management in health had less difficulty in adapting to health care and those having a spouse, more general social support and specific social support had less difficulty in family relationship.

Manfred and Pickett (1987) investigated perceived stressful situations and coping strategies utilized by the elderly. Questionnaires were administered and participants were first asked to describe a stressful event that they had experienced within the past month. Participants identified the coping strategies that they had used to deal with the stress. Their results suggested that the most frequently used coping strategy is prayer. According to the researchers, both those who suffered loss and those who experienced conflict perceived themselves as powerless and turned to a higher source with far greater power.

SUSTAINABLE DEVELOPMENT GOAL 3, 8 AND 16 ADDRESSING AGEISM

Loewe and Rippin (2015) explained that the United Nation (UN) system will play an essential role in implementing the new sustainable development agenda in which goal 3, 8 and 16 addresses ageism. Historically, the UN

has held a unique place in shaping the global multilateral system (Loewe and Rippin, 2015). The UN sets universal norms and standards, has unparalleled convening powers, possesses legitimacy and neutrality, creates global knowledge and has a comprehensive mandate coupled with in-country presences worldwide (Loewe and Rippin, 2015). Therefore, the UN has already played an important role in helping to achieve the Millennium Development Goals agenda on many levels (Loewe and Rippin, 2015). However, a universal sustainable development agenda with transformative ambitions presents unprecedented requirements to the international community, including the UN (Loewe and Rippin, 2015). Goal three ensures healthy lives and promotes well-being for all at all ages rather than preventing diseases or infirmity. Goal eight promotes inclusive and sustainable economic growth, employment, and decent work for all and is yet another exceptional opportunity to address ageism and explicitly stating that aging adults are included in the “decent work for all” and goal sixteen promotes peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Loewe and Rippin, 2015).

III. METHODOLOGY

Qualitative method was the research methodology employed. The purpose for using a qualitative design in this study is that the study aims to gather detailed descriptive data from elderly persons' experiences cared for by family caregivers.

This study was conducted at Adusa; a village located in the Ga West Municipality of Ghana within the Mayera Zonal area. The village is densely populated, with an estimated population of about one thousand, five hundred (1,500) people, which comprises of about three hundred (300) male adults, six hundred (600) female adults, two hundred (200) boys, and four hundred (400) girls (World Vision ADP Ga West, 2014). It is estimated that about one-third of the adult population are elderly people (World Vision ADP Ga West, 2014). The population of Adusa village is predominantly made of about sixty-five (65%) Ga's with the remaining percentage constituting other ethnic groups like Akan, and Ewe (World Vision ADP Ga West, 2014).

The target population for this study were elderly people cared for by with family caregivers in Adusa village. This comprised of both male and female elderly persons between the ages of 65 years and above. Community gate keepers such as the assembly man and opinion leaders such as the National Disaster Management Organization Director in the area, helped in identifying elderly participants to partake in the study. Participants were selected through convenience sampling. Purposive sampling, also known as judgmental, selective or subjective sampling, was the second non-probability sampling technique employed.

Twenty participants were selected for the interview because Green and Thorogood (2009) explained that the experience of most qualitative researchers is that in interview studies, little that is 'new' comes out of transcripts after you have interviewed 20 or so people.

THE RESEARCH INSTRUMENTS AND DATA COLLECTION PROCEDURES

An interview guide was used as the main instrument for data collection. Open-ended questions were asked and participants were probed in a way that elicited answers to all the questions with the aid of an interview guide. The interview guide was constructed in English, but the interview was conducted in the Ga and Twi languages (local Ghanaian languages)

The fieldwork was conducted between November and December, 2015. People identified directly confirmed their willingness to take part in the interview. Each interview lasted between forty-five minutes to an hour and was arranged at a time and location convenient for each participant. Each interview was digitally recorded using an MP3 recorder, a pen and a notebook with the consent of each participant.

IV. DATA ANALYSIS

Creswell's (2009) thematic analysis was used. Creswell proposed steps that should be followed in thematic analysis: the first is to arrange the data into different categories depending on the sources of information. The second is to collate and sift through the data to obtain a general sense of the information and to reflect on the overall meaning of the subject matter. Thirdly, a detailed analysis with a coding process should be initiated. Generally, coding refers to the process of organizing materials into chunks before meanings are given to them. The coding process was expected to generate description of the people as well as the categories or themes that emerged for analysis.

In line with the above thematic steps, information provided by participants during in-depth interviews were recorded and later transcribed. Following the completion of the transcription process, data that addressed the research questions were marked. Lists of items that had a reoccurring pattern were generated from the data and were reduced to categories in which segments of the data that share a common category or code were identified. Relationships formed between codes and themes and between different levels of existing themes were considered. Dialogues connected with each theme in support of increasing dependability through a thick description of the results were presented. Member checking was included as a means to establish credibility, as the researcher took final themes and supporting dialog to participants to elicit feedback.

V. FINDINGS

DEMOGRAPHIC DESCRIPTION OF PARTICIPANTS

Seven (7) males and thirteen (13) females between the ages of 60 and 95 were interviewed. The significant difference between the number of male participants as against female participants is not surprising, since the life expectancy of females is said to be higher than males (Appiah Kyei, 2013) and the Ghana Statistical Service points out that majority of

the elderly in Ghana are women. This also confirms Ghana Country Report on the Implementation of Madrid International Plan of Action on Ageing (MIPAA) (2012) that females outnumber males when it comes to life expectancy, therefore females are expected to live longer than males. Out of the 20 participants interviewed, ten (10) were traders, seven (7) were professionals and three (3) were farmers. The professionals included mechanics, a teacher, a traditional birth attendant, a military personnel and a driver. Five (5) out of twenty participants did not attend any school, two (2) participants were basic school leavers, middle school or form four leavers were eleven (11); two (2) dropped out of elementary school.

NATURE OF RELATIONSHIPS BETWEEN THE ELDERLY AND THEIR FAMILY CAREGIVERS

Care receivers shared varying relationships with their respective family caregivers. The varying relationships ranged from children, spouses and siblings, with their ages ranging from 30 to 45 years. According to the participants, majority of their caregivers are their children. Eighteen (18) care receivers out of twenty (20) participants have their children as their caregivers; the remaining were siblings.

The findings from the field indicated a poor relationship between care receivers and caregivers but this problem is however hidden.

POOR RELATIONSHIP

Majority of the care receivers interviewed vehemently refused to discuss the nature of relationship between them and their family caregivers. Sixteen (16) out of the twenty admitted that they are not treated with the respect they required, but refused to give details of what was actually happening, because they have nowhere to go and also have close family ties with caregivers. Care receivers perhaps have nowhere to go and also prefer to protect their caregivers from being exposed to appropriate authorities, due to the family ties that exist between them. This can be seen in the response below:

I can't talk about it, I have nowhere to go. I have to keep quiet and stay here, my caregiver is my daughter and it's her duty to look after me so I forget always the problems between us but am not treated with the respect I demand (Grandma Anita, 80yrs).

TYPES OF ABUSE

There are several types of elderly abuse. The types include financial, neglect, and verbal abuse. Three types of elderly abuse were identified from the study. The findings are presented below:

NEGLECT

This type of elderly abuse can take several forms such as paying little or no attention to the elderly, or failure to meet an elderly's basic needs. Neglect was found as a type of abuse the elderly experience. Some of the participants are sometimes neglected. Majority of the participants said that their

caregivers give the excuse that they are not earning any regular income and others also say they have to pay their children's school fees; hence, they are unable to look after the elderly as expected of them. This has made some of the elderly to look after themselves financially, by taking an occupation, while a few rely on philanthropists. The data below indicates its existence:

It's only God who takes care of me, I had three caregivers (two sons and a daughter) but I lost my two sons. The only caregiver (daughter) left, doesn't stay with me and hardly give me money. It is difficult for me. There is this policeman upon hearing I lost my two sons, gives me money every month, but I stay alone and do everything alone (Grandma Sarah, 70yrs).

DISRESPECT

The findings below indicate the existence of disrespect meted to the participants by their caregivers. Disrespect can either be a cause or a type of elderly abuse. Some of the elderly complained bitterly about it. Most of the participants are being disrespected not only by their caregivers but also people around them. Some of the participants are not paid attention to whenever they speak. Their presence is no longer recognised, as compared to the respect given to them in their youthful ages and they are treated as children. Below is a statement from a participant:

One of my caregiver (son) disrespects me a lot, today this problem, tomorrow that problem so I don't take his money any longer. I am quarrelling with him he treats me like a child (Grandma Charity, 80yrs).

VERBAL ABUSE

Verbal abuse is the commonest form of abuse identified in the study. This type of abuse is often perpetuated by caregivers of the elderly. The findings revealed that some elderly persons in Adusa village are verbally abused. They are spoken to anyhow by their caregivers. Some are also insulted. This makes them feel sad and creates an uncomfortable environment for them to live in. Below is a statement from a participant:

One of my caregivers (son) insults me so am quarrelling with him, I don't talk to him; I don't take money from him now (Grandma Charity, 80yrs).

FACTORS THAT MAY PROMPT ABUSE OF THE ELDERLY IN ADUSA VILLAGE

There are several factors that may prompt abuse of the elderly; these factors may be interconnected, however, the following were recorded as factors that prompt abuse of the elderly in Adusa village.

POVERTY

Poverty in Adusa has been a challenging problem. According to the participants, some caregivers are not gainfully employed, while care receivers are also not well to do. Therefore, both do not have enough money to meet basic needs of life. From the data gathered, it is obvious that poverty

has been a serious problem in Adusa. Some of the participants were unable to go to the hospital because caregivers claim they do not have money due to unemployment. Hence, some of the elderly persons have been denied money for their up keep. This can be seen in the statement below:

My caregivers (children) don't disturb me but its only money problems we face. Sometimes we don't even get money to buy food to eat because no work for them to do. At first they could buy clothes for me but now they don't because of money issues (Grandma Ophelia, 95).

FAILING HEALTH OF THE ELDERLY PERSONS

The physical condition of the elderly has also proven to be another cause of elderly abuse among the participants. An elderly person whose health is failing has to depend on a caregiver because, they need their caregivers to help them move around, bath and also pay medical bills. It seems to be a bother and a burden to some caregivers, making them react by treating the elderly person's in an unfriendly manner. The statement below explains it.

At first I was unable to visit the toilet because I couldn't see well but now I can see because my eyes have been treated. I do it on myself but my caregivers (children) don't like it at all, they treat me like a child when it happens (Grandma Ophelia, 95).

COPING STRATEGIES ADOPTED BY THE PARTICIPANTS

Majority of the elderly persons in the study who are being abused have adapted to a particular behaviour in order to lessen their plight. Below are their coping strategies;

RELIANCE ON GOD

Many of the elderly in the study are weak or frail unlike their youthful days, they depend more on God as a way of comforting themselves, since they are unable to perform functions they used to. In whatever problem they face, they have a strong belief that a God will intervene. In a participant own words:

At this age I rely only on God. Whether good or bad it's up to God to intervene for me. When there is something going on that I dislike, I look up to God. (Grandpa Fred, 95).

SOCIAL INTERACTION

Some of the participants find comfort spending time with their friends or age mates. The mobile ones visit their friends a lot in order to discuss problems and chat with them when they feel sad or neglected, which makes them become happy. Some of the elderly in Adusa find solace in their friends or cohorts; hence they prefer visiting them in their homes. Below is a statement that explains this theme:

When I feel neglected, lonely or sad, I visit friends, to chat with them (Grandma Olivia, 75yrs).

AVOIDANCE ATTITUDE

Avoidance attitude has been a powerful coping strategy for some of the participants; they claim they remain calm and quiet, since they consider themselves to be powerless at this stage. The statement below indicates the existence of avoidance attitude among the participants:

I become quiet and do not complain if my caregiver is doing something that I don't like (Grandma Olivia, 75).

Taking to Occupation

Some elderly persons in the study at Adusa village have taken to a new occupation, because they need money to meet their basic needs. The caregivers of some of the elderly seldom give them money. These types of occupation usually do not require more physical strength. This can be seen in the statement below:

Now I sell kerosene, although there is no big profit but I have to keep selling since it is enough to feed me, my caregiver doesn't give me money regularly (Grandma Olivia, 75).

DRINKING OF WATER

Drinking water is another coping strategy employed by the elderly in the study. Elderly persons who are denied food by caregivers or have no food to eat sometimes often drink water to survive. They drink water often in order to make up for the three square meals. The statement below supports this theme:

I drink water a lot sometimes when am hungry, since my caregiver (son) complains of me disturbing him (Grandpa Felix, 90yrs).

THE NATURE OF RELATIONSHIP BETWEEN THE ELDERLY AND THEIR FAMILY CAREGIVERS

The findings revealed that the caregivers of the participants are mostly their children and few of them are the care receivers' siblings. These findings confirm the work of Knodel and Chayovan (2012), which clearly document the primary role of the family, especially adult children in providing personal care to elderly members who can no longer carry out their activities of daily living on their own. Some of the elderly said their children are responsible for them because they raised them to whoever they are now and it's now their turn to reciprocate the care and affection to them till they die. This also confirms the work of Cross and Stewart (2007), who concluded that when you take care of your children now they would take care of you later.

However the relationship between the care receivers and caregivers is not that pleasing for the participants in the study. This poor relationship is somewhat hidden, since the care receivers have refused to talk about it and do not want other people to know how bad they are sometimes being treated. Majority of the participants refused to talk about the nature of their relationship with the excuse that the caregivers are their children and there is no need to report and also the caregivers are their only option. Care receivers' refusal to talk about the nature of relationship between them and their caregivers, confirms the findings of Charland, 2006 in his research on

elderly abuse, neglect, and exploitation. The researcher explained that majority of cases of elderly abuse go unreported, making it a hidden problem within the communities in which they live, because often the abuser is a family member and caregiver, who is the sole lifeline for the dependent victim's basic needs. He indicated that there is a common belief that these types of issues are "family matters," and should be handled within the family itself.

TYPES OF ABUSE THE PARTICIPANTS EXPERIENCE

Three main types of abuse were identified. They are neglect, disrespect and verbal abuse. Most of the participants seem to have been neglected. Their caregivers give the excuse that they are not earning any regular income and others also say that they have to pay their children's school fees. These have made some of the elderly to look after themselves by taking an occupation, while others rely on philanthropists. These findings confirm the works of Lafferty et al., (2013) and Martins et al. (2014) on the aged. Both groups of authors concluded that one of the more perceived and manifested types of abuse among the elderly is neglect. Ploeg et al., (2013) also described different types of abuse, including, neglect which elderly persons face often, in their daily lives.

Disrespect can be both a cause and form of abuse, and involves activities such as name-calling, or describing older adults as useless, threats, inappropriate talk of death, insufficient communication, restricting older adults' mobility, failing to provide a comfortable living environment, necessary personal care, and nutrition (Tam and Neysmith, 2006). The elderly in the study are being disrespected by not paying attention to whatever they say and calling them names. Their presence is no longer recognised. This confirms Tam and Neysmith's (2006) exploration on elderly abuse issues in a Chinese community. They concluded that disrespect is a form of elderly abuse. Walsh et al. (2007, 2010) and Ploeg et al. (2013) also researched on types of abuse of the elderly and concluded that disrespect is a form of abuse that elderly persons experience in their daily lives.

Verbal abuse is the third type of abuse experienced by the participants and it is the commonest form of abuse identified among the participants. The findings reveal that some elderly persons in Adusa village are verbally abused. They are spoken to anyhow, some are also insulted. This makes them feel sad and creates an uncomfortable environment for them to live in. This confirms the work of Walsh et al. (2007, 2010) and Ploeg et al. (2013). Both groups identified verbal abuse, being insulted as a problem elderly persons go through in their respective homes.

In addition the eight goal of the sustainable development addresses ageism and explicitly states that aging adults are included in the "decent work for all". Hence older people who are still active should be given the opportunity to work but should not be forced to go on retirement. This will make most active elderly people to be earning income and will overcome the consequences of neglect from caregivers. Also the problem of name calling which grossly shows disrespect can also be avoided as we address UN sustainable development goal sixteen which promotes just, peaceful and inclusive societies; by so doing, ageism will be seen as normal and caregivers will

not call them names or disrespect them.

FACTORS THAT MAY PROMPT ABUSE OF THE ELDERLY IN ADUSA VILLAGE

Two main factors were identified from the study, which prompt abuse of the elderly. They are poverty and the failing health of the elderly. Poverty has been a cause of abuse among the elderly interviewed.

Majority of care receivers complained that their caregivers are not employed and do not have any regular source of income to look after them. Besides, caregivers also have their children to look after. Elderly persons are sometimes unable to go to the hospital because caregivers claim they do not have enough money to pay medical bills. This confirms Chane and Adamek's (2015) conclusion that elderly abuse is the outcome of a combination of factors that are often interconnected, including extreme poverty. Bhattacharya et al. (2014) also concluded that poverty is a risk factor for reported elderly abuse.

The failing health of an elderly person is also another factor that may prompt abuse. Some of the elderly persons are abused due to their ill health. They have to depend on their caregivers and this becomes a burden to some of the caregivers. Some care givers maltreat the elderly because of the daily responsibilities bestowed on them. Elderly persons who have failing health need the assistance of caregivers more, as compared to elderly persons who are stronger. This finding supports the works of Chane and Adamek (2015), Lai (2011) and Fulmer (2002). They all concluded that physical health, health conditions and frailty were identified as significant predictors of elderly abuse and neglect.

COPING STRATEGIES ADOPTED BY PARTICIPANTS WHEN BEING ABUSED

When elderly persons in Adusa village are being abused they adopt several coping strategies in order to survive or make themselves happy. The strategies include reliance on God, social interaction, taking to occupation, avoidance attitude and drinking of water often.

Most of the elderly rely on God when being abused. They believe that God will intervene on their behalf. They depend on prayer and reading bible verses, since they claim they have nowhere to go and they cannot report their children to the police or any higher authority.

The findings confirm the work of Manfred and Pickett (1987) who suggested that prayer is a coping strategy of elderly persons. According to the researchers, both those who suffered loss and those who experienced conflict perceived themselves as powerless and turned to a higher source with far greater power beyond them.

In Adusa village, some of the elderly who are mobile visit friends when they feel neglected. They chat together in order to feel happy and they feel relieved. This is also confirmed by Dysvik (2005) who indicated that engaging in social interaction with other elderly people have been proven to be successful in relieving old people temporarily.

Findings from the study also reveal that most elderly persons stay away from their caregivers when they realize they

are being abused. Some of them decide to keep mute and avoid care givers when they are exhibiting behaviours they dislike. This attitude however prevents further quarrels and confrontation. The avoidance attitude of the elderly confirms the work of Hsu and Tung (2011) on coping strategies and adaptation for the disabled elderly in Taiwan. The researchers explained that avoidance is one of the three types of coping strategies used by the disabled elderly. Kuria (2012) also indicated that the elderly are found to rely more on existing resources and comfortable coping strategies such as avoidant attitude that could bring peace and happiness.

Some of the elderly who are healthy in the study have taken to new occupations, since their caregivers sometimes deny them of regular money for their upkeep, because of this, some of the participants who are not healthy are unable to visit the hospital regularly.

Taking to new occupations enables them to raise some money for their daily upkeep; however, it's obvious that the new occupation depends on the physical condition or health of the elderly person. Ten (10) out of the twenty participants are economically active. Their ages range from 60 to 75 years. This confirms the findings of Population and Housing Census report (2010) with the assertion that the economic activity status of the elderly is relatively high; almost 6 out of every 10 of elderly aged 60 years and above is economically active.

Elderly persons who are denied food sometimes for one or two reasons and also those who do not have food, often rely on water. They drink water often in order to make up for the three square meals in a day. Using water as a coping strategy to hunger, however confirms the assertion by WHO, (2016) that older persons are particularly vulnerable to malnutrition and the price of foods rich in micronutrients is expensive, which further discourages their consumption; hence, this will make them rely on less expensive food since caregivers complain of finance.

VI. CONCLUSIONS

The ageing population of Ghana is both a triumph and a challenge of our time (Appiah Kyei, 2013). Nonetheless, the elderly have the right to independence, respect, privacy, participation, care, self-fulfilment and dignity (Help Age Ghana, 2005).

This study found out that children are mostly caregivers of the elderly, however, a poor relationship exists between care receivers and caregivers and this poor relationship is hidden with the common belief that these types of issues are family matters.

The study also revealed three main types of abuse in Adusa village. They are neglect, disrespect and verbal abuse. Poverty and the failing health of the elderly were two factors identified in the study that prompt abuse of the elderly. However; when the study participants are being abused, they adopt several coping strategies in order to survive.

RECOMMENDATIONS ON POLICIES FOR THE ELDERLY

Considering the fact that poverty is a factor that prompts elderly abuse, policies and programs aimed at socioeconomic empowerment of people in the communities such as Microfinance and Small Loans Centre (MASLOC) will impact positively, especially on the lives of family caregivers which will help curb or reduce elderly abuse.

The study on elderly abuse indicates that Ghana's ageing population is fast increasing and the abuse of the elderly continues to exist, hence, government should facilitate the implementation of the National Ageing Policy by providing the needed support such as finance to the implementing agencies (i.e. Department of Social welfare and Department of Community Development) since this is a major document on ageing in Ghana.

Policies should aim at improving The National Health Insurance Scheme so that elderly persons between ages 60 to 69 years will be exempted from paying premiums as it is for the elderly above 70 years. Also the National Health Insurance Scheme should cover more old age related diseases such as dialysis for chronic kidney failure and appliances and prosthesis including optical aids, hearing aids and orthopaedic aids. Officers of the scheme should visit homes in order to register elderly persons who cannot make it to the centre.

Government should focus on creating awareness on old age issues such as diseases associated with the elderly. This can be done through capacity building and education of the populace.

RECOMMENDATION FOR THE POPULACE

Individuals in the family who are well to do are to make efforts in keeping healthy family ties by remitting family members who need financial assistance and also parents should maintain cordial relationships with their children and other relatives.

Family heads are to go an extra mile to maintain the extended family ties by organising socialisation programs such as family picnic particularly during festive occasions to promote solidarity among family members. Parents should be encouraged to socialise their children in the areas of respecting and supporting the elderly. This can be done by calling regular meetings at home.

Ghanaians should focus on caregiver education, including acquiring knowledge about ageing and diseases associated with old age. This can be done through reading books and journals and also seeking information from professionals such as social workers, nurses, doctors and counsellors.

Ghanaians are to cultivate the habit of saving. This boils down to having some form of insurance to secure the future.

SUSTAINABLE DEVELOPMENT GOAL 3, 8 AND 16 ADDRESSING AGEISM

The sustainable development goal three, states that government should commit to ensuring healthy lives and wellbeing for at all ages. Older people are more likely to

experience non-communicable chronic diseases (NCDs) such as hypertension, heart disease and dementia. As populations age, governments need to shift their focus to enable older people to manage their multiple health conditions by strengthening the pension scheme so that medical bills can easily be paid and also improving the National health insurance to enable it cover more old age diseases. National social protection systems that also benefit the aged should be implemented, and this could provide greater access to income security for older people. Goal eight which promote inclusive and sustainable economic growth, employment, and decent work for all is yet another exceptional opportunity to address ageism and explicitly stating that aging adults are included in the “decent work for all” goal. Hence older people who are still active should be given the opportunity to work but should not be sidelined. Goal sixteen promotes just, peaceful and inclusive societies; hence the populace should be educated on ageism in order for people to see it as normal.

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REFERENCES

- [1] Anetzberger, G.J. (2000). Caregiving: primary cause of elder abuse? *Generations*, 24 (2), 46.
- [2] Appiah-Kyei, L. (2013). Roles of elderly persons in contemporary Accra and conditions under which they succeed, available at: <http://ugspace.ug.edu.gh/handle/123456789/5833>.
- [3] Bhattacharya, S., Bhattacharya, S., (2014). What happens to the “hand that rocked the cradle”? A study of elderly abuse in India, *The Journal of Adult Protection*, 16 (3), 166-179.
- [4] Charland, J. (2006). Elder abuse, neglect, and exploitation. Blaine House Conference on aging September report. The University of Maine Centre on Aging Orono, Maine.
- [5] Chane, S., and Adamek, F. (2015). Factors contributing to elder abuse in Ethiopia, *The Journal of Adult Protection*, 17 (2), 99 – 110.
- [6] Creswell, J. W. (2009). A qualitative, quantitative, and mixed method approaches. Los Angeles: Sage Publications.
- [7] Daniel, W.L., Lai, D., Li, D. (2014). Understanding elder abuse and neglect in aging Chinese immigrants in Canada, *The Journal of Adult Protection*, 16 (5), 322 – 334.
- [8] Dysvik, E. (2005). Coping with chronic pain, *International Journal of Nursing Studies*, 42 (3), 297-305.
- [9] Eisenhardt, K.M. (1989). Making fast strategic decisions in high-velocity environments, *Academy of Management Journal*, 32 (3), 543-76.
- [10] Fulmer, T.T. (2002). Elder mistreatment, *Annual Review of Nursing Research*, 20 (1), 369-395.
- [11] Green, J., and Thorogood N. (2004). *Qualitative methods for health research* (2nd ed.). Thousand Oaks, CA: Sage.
- [12] Ghana Statistical Service. (2013). Population and housing census. Provisional 110 Reports. GSS, Accra.
- [13] Herndler-Brandstetter, D. (2006) Cytomegalovirus and the immune system in old age, *Institute for Biomedical Aging Research, Austrian Academy of Sciences*, 6 (2), 131-147.
- [14] Hsu, H., and Tung, H. (2011). Coping strategies and adaptation for the disabled elderly in Taiwan, *Geriatrics Gerontology International*, 11(4), 488–495.
- [15] Knodel, J., Chayovan, N., (2012). Inter-generational family care for and by older people in Thailand, *International Journal of Sociology and Social Policy*, 32 (11/12), 682 – 694.
- [16] Kuria, W. (2012). Coping with old age related changes in the body, (Unpublished master’s thesis) Arcada.
- [17] Lafferty, A., Treacy, M.P., Fealy, G. (2013). The support experiences of older people who have been abused in Ireland, *Journal of Adult Protection*, 15 (6), 290-300.
- [18] Lai, D.W. (2011). Abuse and neglect experienced by aging Chinese in Canada, *Journal of Elder Abuse and Neglect*, 23(4), 326-47.
- [19] Loewe, M. and Rippen, N. (2015). The Sustainable Development Goals of the Post-2015 Agenda: Comments on the OWG and SDSN Proposals.
- [20] Martins, R., João M., Andrade, A., Albuquerque, C., (2014). Abuse and maltreatment in the elderly. *Atención Primaria*, 46 (1), 206-209.
- [21] Mba, C.J. (2010). Population Ageing in Ghana: Research Gaps and the Way Forward, available at: doi: 10.1016/j.puhe.2015.05.016.
- [22] Mba, C.J. (2005). Population ageing and poverty in rural Ghana, available at: http://wikieducator.org/images/2/26/AGRIC_chuksmba.pdf.
- [23] Manfred, C., and Pickett, M. (1987). Perceived stressful situations and coping strategies utilized by the elderly, *Journal of Community Health Nursing*, 4 (2), 99-110.
- [24] Molaschi, M. (1995). Health and functional status in elderly patients living in nursing homes, *Institute of Gerontology, University of Torino, Torino Italy: Archives of Gerontology and Geriatrics*, 21 (3) 267-276.
- [25] National Institute of Aging, National Institute of health (NIA, NIH). (2009). An aging world, available at: http://www.nia.nih.gov/Research/information/Extramural_programs/Behavioural_and_Social_research/on-going-world.htm.
- [26] Ploeg, J., Lohfeld, L. and Walsh, C.A. (2013). What is ‘elder abuse’? Voices from the margin: the views of underrepresented Canadian older adults, *Journal of Elder Abuse and Neglect*, 25(5), 396-424.
- [27] Tam, S. and Neysmith, S.M. (2006). Disrespect and isolation: elder abuse in Chinese communities, *Canadian Journal of Aging*, 25 (2), 141-51.
- [28] Walsh, C.A., Olson, J.L., Ploeg, J., Lohfeld, L. and MacMillan, H.L. (2010). Elder abuse and oppression: voices of marginalized elders, *Journal of Elder Abuse and Neglect*, 23 (1), 17- 42.
- [29] Walsh, C.A., Ploeg, J., Lohfeld, L., Horne, J., MacMillan, H. and Lai, D. (2007). Violence across the lifespan:

interconnections among forms of abuse as described by marginalized Canadian elders and their care-givers, British Journal of Social Work, 37(3), 491-514.

[30] World Health Organisation. (2002). The world report on violence and health, World Health Organization, Geneva, Switzerland.

[31] World Health Organisation. (2002). Fact sheet, available at: <http://www.who.int/media centre/factsheets/fs364/en/>.

[32] World Health Organisation. (2016). Nutrition for older persons, available at: <http://www.who.int/nutrition/topics/ageing/en/>.

[33] World Vision ADP Ga west. (2014). Community Disaster Preparedness Plan (CDPP). Unpublished.

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