Exploring Culturally-Relevant Interventions For The Care Of The Elderly In Apam, Ghana

F. Akosua Agyemang

Fredwill Godwill Amissah

Department of Social work, University of Ghana, Legon, Ghana

Abstract: The world's elderly population is exploding and its ripples are being felt in sub-Saharan Africa. Meanwhile, what is worrying is that this elderly explosion is happening at a time where there has not been enough resources and commitment from successive governments to ensure the well-being of its elderly population, leaving them susceptible to the vicissitudes of life. The main objective of this study was to explore the possible interventions that can be employed in the bid to ensure the promotion of the wellbeing of the elderly in Ghana. Apam, a peri-urban coastal town in the Gomoa West District of the Central Region of Ghana was selected as the research site. A qualitative research approach was adopted and data was collected from 20 elderly participants. The study revealed that religious affiliation is an important mechanism by which the elderly cope with the challenges they encounter. Interventions such as social protection schemes for the elderly persons, therapeutic recreation and setting up day-care centres as well as appropriate housing arrangements for seniors should be put in place to meet the wide range of challenges that the elderly face.

Keywords: Elderly, Interventions, Care, Elder friendliness, Cultural relevance, Social capital, elderly persons, Ghana

I. PREFACE

Globally, the population of persons 60 years and above is rising at a rate of 3.2% each year, and this trend is expected to continue for the next few years (Ghana Statistical Service [GSS], 2013); and as predicted by the World Health Organisation (2002) "we soon will have more elderly people than children and more people at extreme old age than ever before". The significant improvement in healthcare, coupled with the reduction in diseases and low death rates, following the flourish of science and technology, has led to people enjoying longer life span (Ayete-Nyampong, 2015).

Similarly, Africa is also expected to have a proportional rise in the number of elderly persons 60 and above (Ayete-Nyampong, 2015). The number of elderly persons in Ghana has also been increasing at a faster rate than it is happening in the developed parts of the world; and the country is tipped to witness the most rapid rise in the population of older adults in the West African sub-region (Ayete-Nyampong, 2015). Meanwhile, research worldwide has proven that as one advances in years, his or her socio-economic conditions

change (Agyemang, 2014). According to Agyemang (2014), the "reduced capacity for income generation and growing risk of serious illness increase the likelihood of the elderly to fall into poverty, regardless of the individual's original economic status, unless comprehensive and effective social policies are put in place". This study therefore, looked at the plausible interventions that could be enacted to enhance the quality of life of elderly in Ghana and help them to live satisfying lives, taking into consideration their living conditions, coping mechanisms and the various issues that affect their well-being.

II. LITERATURE REVIEW

This chapter attempts to analyze the family support and care of the elderly, and how social change has impacted care of the elderly. The summary and conclusions of this literature would form the basis for the field study.

MEANINGS AND CONCEPTS OF AGEING

The ageing process is a natural, irreversible and inevitable phenomenon which is beyond human control. It, basically, is the process of becoming older; and entails the accumulation of changes in an organism or object over time. In humans, ageing refers to a multidimensional process of physical, psychological, and social change (Bowen and Atwood, 2004).

TRADITIONAL MODEL OF ELDERLY CARE IN GHANA: FAMILY SUPPORT

In traditional societies, the extended family has always served as the basic unit for meeting the needs of the elderly persons. In a study conducted a little over a decade ago, it was ascertained that elderly persons in Ghana were most likely to live with and depend on their relatives for support. This can be attributed to the reverence that was accorded elderly persons given their wealth of experience as well as their perceived proximity to the spiritual world (Nukunya, 2003). An elderly person needs to feel safe, remain close to other people and believe that his life continues to be meaningful (Dosu, 2014).

SOCIAL CHALLENGES

NEGLECT AND ISOLATION

The extended family, in Ghana, has always been the safety net of the poor and other vulnerable populations, like the elderly, in the absence of a comprehensive national social security system. Several scholars have observed the increasing nucleation of the extended family system in contemporary times which have led to the neglect of the needs of the elderly persons and their subsequent isolation in society. Not only have the youth migrated to economically advanced areas, but remittances to the elderly persons are not forthcoming, and pattern of visits are few and far between. This leads to the gradual loss of their sense of social belongingness and significance. It has been further observed that rather than elderly parents being integrated members of the family with economic activities revolving around them, "they have become economic appendages to their children's families" (Apt, 1995). According to the 2010 Population and Housing Census, the living arrangements of the elderly suggest that "less than a tenth (8.3%) of the elderly may receive care and support from an extended family member they stay with and the proportion who stay alone ranges from 9 percent of the 65-69 year-olds to 11.4 percent of the 75-79 year-olds" (GSS, 2013).

HEALTH CHALLENGES AND PSYCHOLOGICAL ISSUES

As the elderly age, a lot are faced with the hardship of reminiscing about their past and being unsatisfied by it (Figueroa, 2013). Mba (2010) also noted that the elderly population is consistently increasing with its associated health challenges. He argued that people enter into old age with severe health issues than they were exposed to in their youthful age or adulthood (Mba, 2010). Some disease conditions that are common to the elderly Ghanaians are high blood pressure, heart attacks and arthritis (Apt, 1995).

FINANCIAL CHALLENGES

Generally, poverty level in Ghana has seen 11.5 percent reduction and is now pegged at 28.5 percent but the proportion of people who are extremely poor has shot up to 18.2 percent, indicating an increase of about 3.2 per cent (GSS, 2013). According to the ILO report in 2014, only 17 percent of the elderly Ghanaian have secure pension and that implies that more than 80 per cent of the working population in Ghana is in the informal sector where there are no pension benefits Since statutory pension arrangements are restricted to formal sector workers, most people enter old age without much social and income security, and are at risk of becoming poor in their old age (Ministry of Employment and Social Welfare [MESW], 2013).

MOBILITY ISSUES

Rantanen (2013) points out that, "diseases and the consequent impairments and functional limitations increase the risk of mobility decline, in old age, resulting in a situation where the person becomes practically home-confined" or even bed-ridden. The WHO's *International Classification of Functioning, Disability and Health* provides a broad description of mobility, including both indoor and outdoor movement as well as the use of assistive devices and transportation (WHO, 2001; cited in Webber, Porter and Menec, 2010).

HOUSING/ HOUSING ARRANGEMENTS

Shelter is a basic need of every human being; the young and the elderly persons alike. According to Ferreira (2013) there are two forms of housing, namely: general housing and specialist housing; where general housing independent dwelling places and specialist housing refers to institutions and facilities where needed care and support is provided. The economic and social capital of the elderly may determine their access to shelter and their living arrangements. Ferreira (2013) notes that, while some elderly people have wide range of housing options to choose from, others may have few as a result of socio-economic reasons. A study by Faulkner et al. (2002) revealed the link between housing and psychological well. The study showed that the level of wellbeing depends on the type of tenure; that is, whether the house is owned by the individual, or it is rented, in addition to the features of the home and the surrounding environment (Faulkner et al. 2002).

GENDER CONSIDERATIONS AND THE RURAL-URBAN DICHOTOMY

The gender dimension as well as the rural and urban demographic differences in ageing must be taken into consideration when examining the living conditions of the elderly. In Ghana, elderly women outnumber elderly men (MESW, 2013). Females make up 56 percent of the elderly population as compared to 44 percent of the male elderly

population, suggesting that women live longer than men (GSS, 2013). However, there are more economically-active elderly males than elderly females (GSS, 2013); implying that there may be higher incidence of economic dependence and poverty among the elderly females than males. Elderly persons in Ghana are showing gradually signs of loneliness, poverty and neglect, and the impact is stronger among elderly women who are overburdened with widowhood rites and responsibilities, social and cultural discrimination (such as witchcraft accusations), and in recent times the care of HIV/AIDS orphans and people living with AIDS (MESW, 2013).

INTERVENTIONS THAT ARE CRUCIAL TO THE WELL-BEING OF ELDERLY PERSONS

Rowe and Khan, 1997; cited in Kiyak & Hooyman 2005. One's ability to provide for one's self and have a say in whatever goes on in one's life leads to a positive perception of one's self which is essential for increasing one's self-worth. In other words, the way an individual values himself or herself is very much dependent on whether they are able to provide for themselves. Maslow (1943) in his hierarchy of needs suggested that, one's self-worth is either determined by what one thinks about themselves or what others think about them. Therefore, it is important to find means to help individuals create a positive self-image at old age given that positive self-worth towards oneself is a contributing factor to the development and maintenance of good psychological health (Collins and Symer, 2005).

THERAPEUTIC RECREATION

Recreational therapy involves bringing people, disabled or not, to a place of higher functioning by taking them through purposeful leisure and recreation in order to improve their overall health and wellbeing (Bell, 2010). According to the American Therapeutic Association (2004), recreational therapy is designed to restore, repair or rehabilitate a person's level of functioning and independence in life activity and also to promote health and wellness. Several activities such as dance, music, arts and craft have proven to have a therapeutic effect.

RECREATIONAL THERAPY THROUGH ARTS AND CRAFT

Expressive art therapy is the use of creative arts as a form of therapy to explore people's emotions, manage addictions, and improve their self-esteem. It must be noted that there have been numerous studies on the effects of arts as a recreational therapy; for example in the Philippines (Guzman et al, 2010).

DANCE MOVEMENT THERAPY (DMT)

A study conducted by Bräuninger in 2014 revealed the importance of dance therapy on the elderly such as improved mobility, psychological health, social contacts as well as reduction of isolation. The study also revealed that dance therapy not only reduces the risks of falls but also averts suicidal thoughts.

TOURISM AND PHYSICAL EXERCISE

Research has established the link between travel and quality of health (Webber, Porter & Menec, 2010); and there is also considerable volume of literature on remaining physically active and ageing well.

SOCIAL PROTECTION SCHEMES

Across space, there is a clear correlation between economic factors and the overall wellbeing of the elderly population. Draper and Harpending (1994) argue that, "a closer look at older adults in a wide range of societies reveals that economy, material wealth and settlement patterns are important intervening variables. In societies with a secure economic base, adults are able to care for their elders while maintaining themselves and their children".

DAY CARE CENTERS FOR THE ELDERLY

Available literature points out that, if Day Care Centers are properly operated, they will provide an avenue for the older adults to commune with others, access medical care, enjoy recreation and a good meal as well as get the chance to listen to health talks (Zaney, n.d.).

HOUSING FOR SENIORS

It has been observed that, suitable housing is a basic necessity for most elderly persons since is plays a key role in contributing to their physical and psychological well-being (Figueroa, 2013; Faulkner et al. 2002).

RESEARCH METHODOLOGY

This research was conducted in Apam, a coastal town located in the Gomoa West District of the Central region of Ghana. It doubles as the district capital and lies 68 km from Cape Coast and 69 km from Accra. Apam is bordered on either sides by Gomoa Ankamu, Mumford and Abrekum. Available data from the 2010 population and housing census puts the total population of the town at 23,558; of which 10,434 are males and 13,154 are females (Ghana Statistical Service, 2014). Out of this number, the proportion of people elderly persons 60 years and above is 1,241.

The choice of Apam was inspired primarily by my acquaintance with the seeming precarious living conditions of some elderly persons in the town. More importantly, although Apam constitutes one of the oldest settlements in the Ghana with a significant proportion of the elderly in their total populations, who face various socio-economic and health problems, there has not been any study on the town with regards to how the livelihoods and living conditions of the elderly there.

Participants were identified using the snowball techniques and their experiences were sourced using in-depth interviews. Primary data for this study was gathered through in-depth face-to-face interview and non-participant observation. A semi-structured interview guide was designed based on the research questions and the objectives of the study. The

interviews were conducted in Fante at Apam. Averagely, the interview sessions lasted for about thirty minutes (30 minutes). All the interviews were tape-recorded with the permission of the participants and notes were written alongside. The audio recordings were later transcribed into English. The interviews were supplemented with observation of the living conditions of the elderly persons as well as the environments within which they live. The secondary data were sourced from already existing literature and other relevant articles that have been published online.

The methodological approach adopted for this study was the qualitative research method. Qualitative research is "an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The target population of the study comprised men and women who are elderly persons sixty (60) years and above in Apam. The study population was made up of men and women who are elderly persons sixty (60) years and above Apam in the Central Region.

In this study, purposive sampling technique was used to select participants. The mode of selection was criteria-based, and the participants were chosen because they had "particular features or characteristics that will make possible detailed exploration and understanding of the central themes and puzzles that the researcher wishes to study" (Ritchie & Lewis, 2003).

In all, twenty (20) participants were selected for the study. The sample comprised nine (9) males and eleven (11) females.

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.

LIMITATION OF THE STUDY

Due to time limits, a relatively smaller sample size was used. Hence, the study failed to include caregivers and elderly adults who are nearing retirement to take their views on what constitutes the appropriate means of caring for the elderly as well as on the interventions that they feel would be most appropriate when it comes to the issue of caring for elderly persons.

III. THEORETICAL FRAME

The research draws on some social theories on aging to provide a framework for the study. These theories are the social capital and buffer theories.

SOCIAL CAPITAL THEORY

The concept of social capital has been in use for well over a century. However, it is only until recently that it has gained popularity. First used by Lydia J. Hanifan in 1916 to emphasize the role community participation plays in improving acadmic performance. The term was further exponded by Putnam in 2000. Despite the volumes of literature devoted to the subject, there is no single, unversally-agreed on definition. The major underpinning of the social capital theory is the argument that social relations are valuable assets that can be tapped for broader gains. It is grounded on the notion of trsust, norms, informal networks and reciprocity.

The researcher used this theory to explore the level and extent of social support available to elderly persons in Apam, and the role it plays in their survival or coping mechanisms. However in the absence of such networks, the researcher wants to know how these elderly persons can be linked to support from wider social institutions.

THE BUFFER MODEL OF SOCIAL SUPPORT

The buffer theory, which was developed by John Cassel and Sidney Cobb in 1976, hypothesizes the link between social support and a person's well-being (Cohen & Pressman, 20041987; cited by Ofori-Dua, 2014). It conceptualized social support as an "external source of emotional, informational and instrumental aid" (Auslander & Litwin, 1987; cited by Ofori-Dua, 2014). Therefore the level of support available to an individual from his or her social networks reduces the impacts of shocks and stressful life events on the individual. Cohen and McKay (1984) surmise that psychosocial stress will have "adverse effects on the health and well-being of those with little or no social support, while these effects will be lessened or eliminated for those with stronger support systems" (cited in Ofori-Dua, 2014). Hence, the buffer theory implies that social support reduces the impact of "generally deleterious and sometimes life-threatening effects of stressors" on people and leads to a pleasant or whole life experience (Ofori-Dua, 2014).

The buffering theory is a relevant framework that establishes the correlation between social support and the living conditions of people. It is, therefore, used in this study to highlight the quality of life of the elderly persons who have support from their social networks as well as those who do not.

IV. RESULTS AND DISCUSSIONS

SOCIO-DEMOGRAPHIC INFORMATION ON PARTICIPANTS

Their ages ranged from sixty to eighty-four for the elderly persons men, and sixty to eighty-five for the elderly persons women. The participants for the study were twenty in number, comprising nine males and eleven females, who reside in Apam.

The findings revealed that nine out of the twenty participants had no formal education. Out of the remaining nine who had some formal education, four had basic school

experience, two reached middle school but could not complete and five completed middle school education. Five of the participants were married, one was single, one was in a relationship, and thirteen of them were widowed; with nine being women. The number of children the participants had ranged from two to nine. The children played a crucial role in the income generation sources of these elderly parents as fifteen of the participants disclosed that they received some income from their children. Out of this fifteen, eight solely rely on stipends from their children, whilst seven have other sources in addition to their children. Out of the remaining five who are not remitted by their children, one participant has no reliable source of income and lives off the benevolence of others; three are self-employed and generate income from their casual work; and one depends on pension benefits together with his work as a licensed chemical seller for income.

DISCUSSION OF FINDINGS

Parallel to the rise in the global population of the elderly, challenges that come with ageing are increasing and unending. The findings of this study corroborates already existing research which reveal that challenges in old age range from financial, health, social, to psychological challenges.

Financial challenges that the elderly people face in Apam, according to the findings, were the inability of elderly people to meet their basic needs with respect to food, medical as well as their duties toward their extended family nuclear families due to lack of funds. The elderly persons in Apam, have a very insufficient income base since most of the participants either depended on insufficient pension fund, relatively small monies they received from their children while almost at the same time expending those funds on medical care and meeting their basic needs. Others attributed financial challenges to wastefulness during their youthful years, overbearing parental and skip-generation parental duties, and insufficient savings, among others. The elderly persons face financial problems mainly due to the lack of planning for retirement and old age. This entails the poor saving attitude and that leaves them with very little or no money to depend on for the number of years they live after retirement.

The various challenges are intricately connected to one another to contribute to the misery of the elderly persons. The lack of finances coupled with poor health status does not allow them to engage in income-generating activities, and cause them to estrange themselves from family and friends. Reduced economic opportunities and deteriorating health renders elderly people vulnerable to poverty since they can no longer care for themselves properly. For those elderly in the informal sector who do not retire, but engage in menial jobs like selling of iced water, iced blocks, charcoal as well as small scale laundry, their operations are crippled by the lack of enough capital to expand their business and acquire the needed materials to keep their business running.

Supporting existing research that the extended family has lost its capacity as the safety net of the elderly persons (Nukunya, 2003; Okumagba, 2011), it was ascertained that the family is unable to provide for the needs of their elderly members but has retained its role as the provider of emotional and psychological support especially in times of bereavement. Meanwhile, Children continue to play important roles in the lives of their elderly parents. They sustain their elderly parents with money and other material resources necessary for survival, when necessary. This means for elderly parents who have a stable pool of funds to rely on, remittances from children provide additional support but for those who do not have, it tides them over. Therefore, this implies that, for the elderly persons whose children are not employed, or those who have no children or other persons to depend on, their lives are characterized with destitution and famish. Hence, those elderly will find it difficult to meet their food needs on a daily basis; in consonance with the findings of Agyemang (2014).

Nonetheless, it must be noted that, remittances from children to their elderly parents are usually intermittent and insufficient, and to a large extent dependent on their income level, as the findings revealed. As a result, they may be unable to provide a steady supply of money to their elderly parents. Therefore, the elderly can no longer depend solely on their children for income security in old age. Rather worrying is the fact that most of these elderly are not entitled to pension benefits since they did not contribute to the scheme when they were working, and that means they enter old age without much social and income security and are at risk of becoming poor. Therefore, this confirms the assertion that "most people enter olde age poor after a life time of poverty" (MESW, 2013). According to the findings, these financial challenges that the elderly face further produce some negative psychological effects on the elderly like depression, frustrations and a feeling of worthlessness. This, then, affirms the observation by Wheeler (2014) that old age brings about depression and anxiety.

Furthermore, the elderly face various challenges with regards to housing and accommodation, mainly as a result of lack of funds. They are usually unable to afford decent housing, with the requisite sanitary outfits such as toilet facilities and bath houses A high proportion of the Ghanaian elderly reside in dwellings with limited access to sanitation facilities and amenities (GSS, 2013: vi). The elderly may have to rely on public toilets, which are often poorly manageed; especially those facilities in the rural areas and in remote parts of the capital cities and can attract diseases from these insanitary toilets, adding to the list of ailments they battle against. Likewise, those who use a makeshift bathhouse made of concrete blocks that have been arranged in the form of a square and double as place of convenience are at risk of fatal injuries or death in the event where the structure collapses.

As if that is not enough, elderly people suffer some health challenges as they advance in years. According to the findings, elderly people encounter health problem as diabetes, urinary incontinence, eye problems, joints and knee pains, arthritis, rheumatism, malaria and fever. These health conditions affect their mobility as they are unable to carry out their daily routines. The unfortunate incident, however, is the failure or reluctance of the elderly persons to seek medical care at the hospital or any health center amidst the numerous health conditions they face. This is partly because of the massive refusal to sign unto the NHIS as well as renew their membership when the card expires with the claim that they

barely fall sick. However, the elderly people, as the findings reveal, attributed the cause of their health challenges to the debilitating effects of ageing as well as the irresponsible eating and drinking habits in their youthful years. This confirms the claim of Mackenzie (2012) that ageing comes with loss of strength and physical decline. In addition, as the elderly age, a lot are faced with the hardships of reminiscing about their past and being unsatisfied by it (Figueroa, 2013). Also, some are unsatisfied with their physical appearance. They can become vulnerable when they are no longer able to perform many of the daily activities they used to perform. Wheeler (2014) observes that the incapacitation and inability of the elderly persons to carry out their daily routines as a result of failing health can affect their self-esteem. These thoughts can lead to depression and mental health problems. Therefore, in order to assist elderly people to maintain their overall health and sense of wellbeing it is important to help them feel needed with efforts to enhance their self-esteem (Mandel, 2014). A positive sense of self-worth will not only stave off some of the negative effects of aging, but also help them live a happy life and have fulfilling interpersonal relationships (see Mandel, 2014).

Moreover, elderly people according to the findings face social problems like neglect and isolation in society. From the findings, almost all of the participant acknowledged the fact that there has been a great change in their relational ties with friends, extended family members and neighbours. Financial constraints have prevented the elderly persons from playing active roles in their families and have also reduced the extended family's capacity to provide the needed support for their members. Hence, leading to narrowing down of kinship obligations and the weakening of the family ties, just like Nukunya (2003) and Abotchie (2013) had noted. Similarly, most of the participants according to the findings reported that they have no friends or limited friends around them because they do not want problems for themselves, or because their financial and health status would not permit them to keep those ties which demand constant visits. The findings also reveal that elderly people gradually lose interest in friendship and have poor relationship with other external relations apart from their immediate family; as surmised by the disengagement theory.

Moreover, the feminization of the elderly population in Ghana, makes elderly women very vulnerable. Females make up the greater proportion of the elderly population of Ghana because they live longer than their male counterparts (MESW, 2013), so they are mostly widowed. Nine out of the ten elderly women interviewed were widowed which not only makes them susceptible to poverty, loneliness and neglect but also likely to suffer gender-related discrimination such as are witchcraft accusations and cruel widowhood rites; and that exacerbates their predicaments in old age. This may be true for all elderly widows across the country, especially those in the remotest parts.

Finally, it is important to note, however, that participants devise various means to cope with the financial and emotional challenges that they face as elderly people. One of these crucial means that came up from the study is their reliance on religious groups, especially the church for support and participation. The participants expressed their unrelenting faith in God as a means of dealing with the numerous challenges that they face as elderly persons. Based on their religious inclinations, they believe because God exists they are not lonely and that their individual needs would be met, eventually. As a result, majority of the participants declared their continued involvement in church activities as well as the quality of their relationship with the members, and how that buffers them against economic and social risks.

Taking into consideration the various problems that the elderly Ghanaian is likely to face, as seen from the findings, one of the most culturally-appropriate interventions will be recreational therapy through arts, craft, dance and tourism. This can help surmount problems of loneliness and isolation, poverty, and health issues. From the findings, participants agreed to partake in activities that involve the exertion of energy since it can be beneficial to their physical and psychological health. Therapeutic recreational activities such as arts and crafts can be developed for the elderly. The elderly, particularly the women, can be taught to make local artifacts and crafts such as 'Kente', beads or pottery wares, among many others. This will bring them a great deal of satisfaction and self-worth (Heenan, 2006) and help them generate income through sales of the items. Similarly, their social lives will be enriched as they form new social networks to replace lost ones. This in the long run will enable them age actively and successfully, and give them a sense of purpose. In addition, dancing is therapeutic as it brings about emotional satisfaction as well as improve their physical health and strength. Dance as therapy can be considered as important intervention for the wellbeing of the elderly it as reduces cognitive limitations and improve social life and participation, which prevents isolation and social withdrawal (Brauninger, 2014). In addition, as established earlier, there is a link between travel time and quality of health (Webber, Porter & Menec, 2010); and there is also considerable volume of literature on remaining physically active and ageing well. Excursions improve psycho-emotional wellbeing and bring about vitality and interest in life. Hence, excursions to sceneries as well as physical exercise such as health-walks can be organized regularly for the elderly so that they can remain fit and healthy. These activities are since the various cultures in Ghana endorse physical activity and eschew slothfulness, so this intervention is feasible and may be appropriate for all categories of elderly persons except the frail, oldest old who may be bed-ridden.

Further, with regards to the interventions to meet the financial challenges of elderly persons, it was clearly seen that all twenty participants highlighted financial assistance as the only help they would need from government or other non-governmental agencies in order to maintain an optimum standard of living. Some excerpts from the interviews put it as follows:

I will need help financially. (Opanyin Dadzie, 78 years)

The only problem I have is money-related. (Opanyin Kofi, 80 years)

Social protection schemes that have to donwith cash transfers for the elderly will be the best intervention that will see to the financial needs of elderly persons. When such schemes are put in pace, or when already-existing ones are improved to cover elderly persons across the country, it will

tide them over and help improve their lives. The benefits of LEAP to the poor elderly cannot be overemphasized (MoGCSP, 2013) In this light, when LEAP beneficiaries are properly targeted and coverage extended to reach the very poor elderly people in the remotest parts of the country, they could equally invest these sums into expanding their income-generation ventures, meet their food and medical needs where necessary, as well as fulfill their commitments to their extended families and salvage their social status and image.

Another important intervention is the establishment of non-residential facilities for elderly persons, and as highlighted earlier, research suggest that this is permitted by the sociocultural context of Ghana as compared to residential facilities (Zaney, n.d.).This assumption was confirmed by the findings of this study as most participants rejected the idea of being taken to residential facilities on grounds that they would not only be separated from their relatives especially their grandchildren, but also denied of the ability to perform the traditional roles they play in their families and societies, which improve their social status. However, like the findings disclosed, majority of the participants agreed to the opportunity to meet with their peers regularly for the purposes of social interaction. This supposes that non-residential facilities such as Day Care Centres for the elderly would be most appropriate since that will create avenue for the elderly persons to meet on a regular basis, and will go a long way to strengthen the social networks of the elderly persons and will buffer against stress, loneliness and isolation that has been brought about by their declining social interaction and involvement that is often brought about by ageing. Most importantly, considering that some perform skip-generation parenting roles as well as occupy important positions in their family and other associations they may belong to, they can return home after every session to continue their roles as elders of households and the community which is crucial to their well-being; just as (Zaney, n.d.) and Ayete-Nyampong (2015) suggested. It will also give them the opportunity to access medical check-ups, counselling services and create room for intellectual stimulation as the elderly can discuss pertinent issues that are of concern to them, and this will improve their mental health. In similar vein, day care facilities for the elderly persons will be a viable ground where therapeutic recreational activities such as dance lessons, arts and craft, creative arts can be undertaken.

In response to housing needs of most elderly in Ghana, as the findings revealed, there need for the setting up of elderly-friendly housing facilities cannot be overemphasized. It has been established that, suitable housing is a basic necessity for most elderly persons since it plays a key role in contributing to their physical and psychological well-being Atchley, 1991; Faulkner et al. 2002; Figueroa, 2013). People's housing needs and preferences change with the occurrence of disabling conditions. The onset of disability in old age makes life unbearable for the elderly and renders them unable to go in and out of their own houses, emphasizing the need for elderly-friendly facilities with the necessary sanitary facilities and amenities. These houses should suit the various categories of the elderly persons irrespective of their age and level of disability, not hampering the ability of caregivers and other attendants who see to the wellbeing of the elderly persons to access it too.

V. CONCLUSION AND RECOMMENDATION

The research has revealed that there is no significant assistance that the elderly receive from the government, except for those who receive some stipends as pension benefits; but that would be readily accepted by the elderly persons. Statutory retirement benefits are limited to those in the formal sector who contributed to the fund during their active years, and even for them, it is largely insufficient. Those who have no such entitlements only have their children and social networks to depend on. Meanwhile, in current times, children cannot be relied on for constant support since remittances are sent intermittently depending on their financial standing at particular periods of time. Also, members of the extended family have become increasingly interested in the welfare of their respective immediate relations due to unfavourable economic reasons brought about by the effects of modernization, and, thus, the elderly members of the family cannot expect to be at the receiving end of any goodwill from their distant relations. However, the extended family still upholds its role as the provider of emotional and psychological support through intermittent visits, and, in this light, cushions the elderly against some life stressors.

It was also revealed through the study that the survival activities of the elderly demand much capital investment. It was found out that the elderly usually do not retire after they have clocked age sixty, but engage in some minor work, as their health and strength will allow them, in the bid to earn some money for their upkeep. However, their efforts are crippled due to the lack of capital to either start or expand their business, or purchase working materials. Unlike what the disengagement theory posits that the elderly withdraw from societal roles and interactions, although the quality of interaction and involvement of the elderly persons in society is altered, it was found that withdrawal does not happen in entirety as the elderly rather replace lost roles with new ones that help them remain active and functional in society. Some do engage in income-generating activities, join religious and professional association such as Pensioners' Board, as others assume traditional political roles within the family. And as the buffer model postulates, those with support from their social networks have less socio-economic risks.

Where once ageing was just a matter of concern for those countries in the developed parts of the world, it is no longer the case; since it has gathered considerable momentum in developing countries too, in recent years. Following the rapid increase in Ghana's elderly population alongside the breakdown of the extended family system, as a result of on-going social changes that have been ushered in by modernization, education, migration, and globalization, the traditional family arrangements have waned and its capacity to provide for the needs of the elderly has been weakened. For how long will we as a nation look on as our senior citizens who have contributed their quota to the development on this country wallow in poverty and live in precarious, deplorable and undignified conditions? It is important, therefore, to take

the necessary action steps to ensure that the appropriate interventions that will make the elderly age successfully, with dignity and security are given thorough consideration. Hence, to face these problems squarely, interventions such as social grant cash or transfer schemes for the elderly persons, therapeutic recreation through arts and dance; sight-seeing, physical exercise; day care centers as well as suitable, elderly-friendly housing arrangements for seniors; should be put in place to meet the wide range of challenges that the elderly face.

REFERENCES

[1] Apt, N. (1995). Ageing in Ghana. In Apt, N. A., Bester, F. C. & Insley, M. I. (Eds.), Effective Response to Ageing in Africa by the Year 2000 (pp. 47-61). Accra: African Gerontological Society Workshop Report.

[2] Apt, N.A. (2000). Rapid Urbanization and Living Arrangements of Older Adults in Africa. Paper prepared for the Technical Meeting on Population Ageing and Living Arrangements of Older Persons: Critical Issues and Policy Responses. Department of Economic and Social Affairs, United Nations Secretariat, New York.

[3] Arkorful, G. (2015). Sources of social support for the elderly in Teshie townshie. (MPhil. Thesis).

[4] Atchley, R. C. (2000). Social forces and aging: An introduction to Social Gerontology (9th Ed.). Belmont, CA: Wadsworth Inc.

[5] Australian Bureau of Statistics. (2002). Social capital and social wellbeing: Discussion document Retrieved from www.oecd.org/innovation/research/2380806

[6] Ayete-Nyampong, S. (2015). Aging in Contemporary Ghana. Paper & Ink Media.

[7] Baffoe, M. and Dako-Gyeke, M. (2013). "Social Work and Social Problems in Ghana: Implications for Sustainable Development", International Journal of Development and Sustainability, Vol. 2 No. 1, pp. 347-363.

[8] Bell, G. (2010). "Self-Determination Theory and Therapeutic Recreation: The Relevance of Autonomy, Competence, and Relatedness to Participant Intrinsic Motivation". All Dissertations, Paper 559.

[9] Bräuninger, I. (2014). "Dance movement therapy with the elderly: An international Internet-based survey undertaken with practitioners". Body, Movement and Dance in Psychotherapy, 9:3, 138-153, DOI: 10.1080/17432979.2014.914977.

[10] Collins, A., & Symer, M. (2005). "The resilience of self-esteem in late adulthood". Journal of Aging and Health, 17(4), 471–489.

[11] Creswell, J. (2009). Research Design. Qualitative, Quantitative and Mix Methods Approaches. Los Angelese: Sage.

[12] Divyal, P., Williams, G., Dkhimi, F., N'diaye, A, Sante, A. F., Arhinful, K. D., & Mladovsky, P. (2014). "Enrolment of older persons in social health protection programs in West Africa– Does social exclusion play a part?". Social Science and Medicine.

[13] Dosu, G. S. (2014). Elderly Care in Ghana: Human Ageing and Elderly Service. Department of Social and Pedagogical Work, Degree Thesis, Arcada.

[14] Draper, P. & Hardenping, H. (1994). Cultural Considerations in the Experience of Aging: Two African Cultures. University of Nebraska, Lincoln: Anthropology Faculty Publications.

[15] Figueroa, J. (2014). Quality of Life: Reaching Self-Actualization. Available at https://jessicagfigueroa.wordpress.com/2013/04/13/quality-of-life-reaching-self-actualization/

[16] Ghana Statistical Service. (2013). The Elderly in Ghana: 2010 Population and housing Census.

[17] Ghana Statistical Service. (2014). District Analytical Report: Gomoa West. 2010 Population and Housing Census.

[18] Heenan, D. (2006). Art as therapy: An effective way of promoting positive mental health? Disability and Society, 21(2), 179–191.

[19] Högström, M., Nilsson, R., Hallstedt, P-A., & Share, P. (2013). What is social pedagogy? A new way of working with older people in Sweden. In K. Lalor and P. Share (Eds).Applied social care: An introduction for students in Ireland (3rd Edition). Dublin: Gill and Macmillan.

[20] Hooyman, N. R. & Kiyak, H. A. (2005/2011). Social gerontology: A multidisciplinary perspective. (9th ed.). Upper Saddis River, NJ: Pearson.

[21] Kalula, Z. S. (n.d.). Prevention of Falls in Older Persons: Africa Case Study. A WHO Global Report on Falls among Older Persons.

[22] Mackenzie, P. (2012). 'Normal changes of aging'. InnovAIT, Vol. 5, No.10, pp. 605-613. African Conference

[23] on Ageing, 18–20 August 2004, Johannesburg, South Africa.

[24] Mba, C. J. (2010). Population ageing and survival challenges in rural Ghana. Journal of social development in Africa, 19(2), 90-112

[25] Ministry of Employment and Social Welfare. (2013). National Ageing Policy: 'Ageing with Security and Dignity'. Government of Ghana. Available at http://mogcsp.gov.gh/mdocs-posts/national-ageing-policy-ageing-with-security-and-dignity/

[26] Nukunya, G. K. (2003) Tradition and Change in Ghana: An Introduction to Sociology. Accra: Ghana Universities Press.

[27] Obiri-Yeboah, D. A. (2000). A study of retired workers and other staff associations in Ghana (PhD thesis). Institute of African Studies, University of Ghana.

[28] Ofori-Dua, K. (2014). Extended Family Support and Elderly Care in Bamang, Ashanti Region of Ghana. (Doctoral thesis). Retrieved from http://ugspace.ug.edu.gh/handle/123456789/7320

[29] Zaney, G. D. (n.d.). Promoting a Healthier, Secure Ageing. Available at http://www.ghana.gov.gh/index.php/media-center/features/1966-promoting-a-healthier-secure-ageing