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van der Geest, S.

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Will families in Ghana continue to care for older people? Logic and contradiction in policy: Spaces and Practices of Care

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Will families in Ghana continue to care for older people?

Logic and contradiction in policy

Sjaak van der Geest

Introduction

During conversations with older (and younger) people in Kwahu-Tafo, a rural town in Southern Ghana, I sometimes brought up the topic of old people's homes as they exist in my own country, the Netherlands. The older people then asked what those homes looked like and I described them in as neutral terms as possible. Some of the older people rejected the idea of handing over the care of older relatives to 'strangers' but surprisingly most reacted positively, even enthusiastically. One older man, living without any relatives in his own house, responded:

That would be very, very good for Ghana. I for one if I had been taken to an institution to care for me, I would be happy. Because, when I get there, I will meet my classmates and friends. [Here] in the house, you will always find me alone, if my wife is not around. There will be no wife and so your partners [other residents] will be your 'wife' and everything. You will take the old people as your mates. ... If my wife is not strong and I feel lonely, I will prefer to go there. You are comforted, ... some happiness, games, crack jokes, and so on. You won't remember anything [you won't worry about anything]. But when you are alone, you will think [be troubled] all the time. If you are properly fed, breakfast, lunch and dinner, you won't feel anything.

But often, when the discussion continued, doubts began to arise: Ghana was too poor to run such homes for older people. Moreover, the homes would be overcrowded in no time as everybody would rush to live there. So, old people's homes did not seem a realistic option for a country like Ghana, however attractive they might seem to be.

This chapter explores what the future may be for older people in Ghana in this era of rapid globalisation. I will first present a rural ethnographic case study of how older people are currently cared for. Next I will look at Ghanaian policy on the welfare of older people and a few attempts to find solutions for the present challenges in the care for older people due to decreasing family support, migration and increasing longevity. Finally I will draw some cautious conclusions or rather raise questions about the future of care for older people in the country.

Ageing and care in Kwahu-Tafo

Between 1994 and 2006 I did anthropological research about experiences of growing old and receiving care in the rural town of Kwahu-Tafo, in the Eastern Region of Ghana. The research consisted mainly of open interviews or conversations with 35 older people. All conversations were recorded and transcribed. In addition, I paid short daily visits that gave me an idea of the daily life of the older people. I talked to relatives, friends and acquaintances, trying in this way to form a picture of how their condition had developed into what it was. Furthermore, I tried to take part in various activities of older people. I joined some older people who were still active on their farms, I sat and conversed with them in front of their houses or in the palm wine bars, I went with them to church and attended funerals where the older people played an important role. Another part of the study consisted of (informal) 'focus group discussions' with eight to twenty people on various issues related to ageing. These discussions were also

recorded and transcribed. During most conversations a co-researcher accompanied me to help with the language. Afterwards the co-researchers also discussed the contents of the conversations with me, adding their own views. The sharing of research activities is expressed by the term 'we' throughout this case study.

The study began with general questions: What does it mean to be old? How do older people view themselves? How do others see them? How are they cared for when they need help? What has changed in recent decades for them? From these general questions specific issues emerged that the older people themselves and people in their environment brought up during the discussions. These issues led to new questions and insights about for example respect, wisdom, witchcraft, money, building a house and sexuality. This chapter concentrates on two of such issues, loneliness and quality of care. But first a few words about reciprocity, because reciprocity is what care of older people depends on, as was repeatedly emphasised.

Reciprocity

The conversations and observations showed that the people in Kwahu-Tafo find that parents who really cared for their children (when they were young) are entitled to receive good care from their children when they have grown old. If they have not been good parents they forfeit that right. As one old cocoa farmer said, "I am old but very happy because I looked after my children and now they are feeding me ... Nothing worries me." We asked another elder why in some houses there are old people who look miserable and neglected. He replied: "If you lay a good foundation, you will reap the results, but if you failed to look after the people around you, they won't spend their money on you when you are old. Such miserable, old people are those who failed to work hard in their youth." A young woman declared that she would look very well after her old mother who had worked hard for her, but that she would not care at all for her old father since the man had done nothing for her when she was a child.

Migration and children's long-term absence, which has changed so much in the life of the town would, however, not affect the 'golden rule' of reciprocity as was repeatedly claimed. One woman said: "If the parents looked well after their children, no matter what will happen, the children will also care for their parents. Even if the children have travelled outside the town or outside Ghana, they will remit their parents. All depends on the care the parents gave to the children in their early years".¹

That does not mean, however, that this is always the case. Sometimes children are simply not able to provide proper care. Isabella Aboderin (2006) made similar observations in her study of older people in the urban environment of the capital Accra. In some other cases, parents who do not 'deserve' it do receive good care.

Divorce and separation, common phenomena at advanced age, should also be seen in the light of reciprocity. A woman may find that her husband invested insufficiently in his marriage and feels no obligation towards him when he becomes dependent. He has given very little during his active life and will give her nothing in the years to come. That unattractive prospect may make her decide to leave him and return to her own relatives. She will look for security from her children and her family of birth (*abusua*).

*Loneliness among older people*²

In popular language, having lived for a long time is almost tantamount to being wise. The old person has seen a lot of things; he has gained an understanding of how things work and has learned how to prevent misfortune. Such knowledge is more effective than physical strength. Old people take pleasure in stressing that point all the time: The youth depend on them because of their wisdom.

The most precious company to an older person is, as one elder said, that of a young person who comes to you and asks for advice. That type of visit is a true recognition of the

older person's wisdom and a convincing expression of respect. There is no greater pleasure for an older person than having such company, but there is also no greater disappointment than having none of it. Saying this, we are approaching the most pungent experience of loneliness.

Providing company to older people, especially to those who are not able to leave the house, constitutes an important aspect of care, which may have a profound effect on the older person's well-being. But the picture is diverse and ambiguous. During conversations old people sometimes stressed their loneliness and boredom but on another occasion when we found the same person in another mood, he tried to boast about his social importance by claiming that many people visited him.

Our tentative conclusion about the older people we interviewed was that those who were most dependent on others for company were most likely not to get that company. Older people who were mobile and strong were able to go out and visit their friends. But those who could not leave the house and had to wait until others visited them complained that people had forgotten about them. They hardly had any visitors to receive. The claim that older people were respected because of their knowledge of tradition and wisdom and that they were consulted for advice was not supported by our findings. The interviews and observations rather suggested that the present generation was hardly interested in the knowledge of the older generation. That knowledge had become redundant and/or irrelevant to them. What they needed to know to succeed in life in this time of globalisation was not something stored in older people.

Becoming dependent is a downward spiral. Those who don't go out gradually lose their social importance and become less and less interesting to visit. Being cut off from the information network that spreads through the community, they experience a gradual process of 'social death' before they die in the physical sense. Those who are less dependent, however, are also confronted with this lack of interest.

Visiting older people is in most cases no longer an act with intrinsic social value – a ‘pleasure’. Rather, it has become a moral duty one would rather not do. Ironically, it was only a foreign visitor who came to ‘tap’ their knowledge and wisdom. The growing loneliness of older and dependent people seems the clearest indication of their marginalisation and loss of social significance. The claim that older people are respected because of their wisdom and advanced age is a figure of speech, wishful and wistful thinking on the part of the older people and lip service on the part of the youth. ‘Respect’ is first of all politeness; it is shown more by the deferential words of the young about older people than by their actual behaviour.

If loneliness is the “unacceptable discrepancy between the amount and quality of actual social relationships compared with desired ones” (Perlman & Peplau, cited in Van Tilburg et al. 1998: 741) it is not difficult to determine which discrepancy is felt as the most painful by the older people in Kwahu-Tafo: the disinterest of the younger generation in their wisdom and knowledge.

Ironically, loneliness can occur in spite of on-going social contacts; loneliness is most painful in the ‘company’ of people. Older people in Kwahu-Tafo, who are surrounded by the noise and bustle of everyday life and who seem the centre of respectful attention, are denied what they regard as their deepest existential right: the listening ear of a younger person.

Quality of care for older people³

Care, both as a concept and as a practice, proved highly ambiguous. The evasiveness of care as a research topic stems from the fact that people are likely to say very different things about the care they give or receive, depending on the context in which the conversation takes place and the mood of the person involved. Embarrassment over the little care they receive from their children may induce older people to conceal that painful truth and to praise their children for their love and good help. One does not wash one’s dirty linen in the street, as the proverb

goes in many languages including Twi: *Yensi yen ntamago wɔ abɔnten*. Yet the opposite may also occur. When an old person is in a bitter mood, he may be rather inclined to make his plight known and publicly accuse his relatives of negligence. The likelihood of such a reaction will increase further if the old person expects help from the one he is talking to.

The relatives and those who are supposed to provide care are also likely to produce contradictory accounts. They too may prefer to hide their shame of failing to provide proper care for the older people. They may otherwise opt to show openly their poverty and lack of means and their inability to provide care, hoping to get help from the listener. It is even likely to hear contradictory claims and complaints within one and the same interview. And finally, frustrations about the limited care given by fellow relatives may incite some to accuse their family members unduly of negligence.

The English term 'care' has various shades of meaning. Its two basic constituents are emotional and technical/practical. The latter refers to carrying out concrete activities for others who may not be able to do them alone. Parents take care of their children by feeding them, providing shelter, educating and training them, and so forth. Healthy people take care of sick ones and young people of old ones. Technically, care has a complementary character, one person completes another one. 'Care' also has an emotional meaning; it expresses concern, dedication, and attachment. To do something with care or carefully implies that one acts with special devotion. The Twi term closest to 'care' is *hwɛ so* which literally means 'to look upon' or, more freely, 'to look after'.

Some of the most common activities for which older people need the help of others include: getting food, taking a bath, washing clothes, and going to the toilet. Helping them financially and providing company are tokens of care, which are also indispensable. Finally and, in the eyes of many, the most important type of 'care' is the organisation of a fitting funeral when the older person dies.

Our observations and conversations in the town of Kwahu-Tafo resulted in an extremely diverse picture of care for older people. Some of them lived in blissful circumstances, others were outright miserable. I remember one older lady who was always surrounded by her three daughters who cared for her in a way one can only dream of. When we visited her she usually started to sing church hymns, praising both the Lord and her three daughters. The other extreme was an old man, lying on the floor of a bare room, blind and deserted by his children who lived only a few hundred meters from him but never came to visit him. When we came to him he begged us for money and tobacco and complained about his situation. A woman, distantly related, who happened to live in the same house, gave him the most basic things to stay alive. Between these two extremes we saw care in all different measures and kinds.

As mentioned before, whether older people actually get care in good quality and quantity depends on what they have achieved during their active life. Those who have worked very hard and have taken good care of others, their children, their partners and other relatives, are most likely to receive care, attention and financial help. Getting good care in old age is foremost a matter of reciprocity. But, at the same time, reciprocity has only limited predictive power; people constantly deviate from the rules that they themselves formulate or are unable to provide adequate care because of poverty.

There is not much reason for romanticising the situation of older people in Kwahu-Tafo. With the hazards of present day life and the inability of many parents to give their children a safe foundation for a successful life, they may face considerable hardship in the last years of their lives. Minimal care will remain available to all older people, but a comfortable and pleasant old age will probably be reserved for a minority.

It is not unlikely that in a place like Kwahu-Tafo which is moving from a lineage-based community to a society of nuclear families and individuals, men will be the main

victims of this ‘calculating’ provision of care. Where men, during their active life, have shown to be little concerned about their children, they may expect the same lack of concern from their children in their old age. And where they have done little to support their wives they should reckon with the possibility that their wives will leave them.

Non-policy on welfare of older people

Welfare of older people is not a priority for Ghanaian politicians and policy makers. There is still a general assumption – or should we call it ‘wishful thinking’ – that Ghana is entirely different from ‘Western’ societies in terms of kin solidarity. In Ghana, they emphasise, families look after their ageing members and will continue to do so. Handing over this responsibility to outsiders or professionals in institutions, as has become a common practice in many ‘Western’ countries, is widely rejected in Ghana.

But politicians and opinion leaders are not unaware of the fact that the traditional family care is crumbling because of an economic, demographic and cultural transition. Government reports and articles in the popular press and on the Internet point out that Ghana is no more that ‘youthful’ country where older people are a small minority and are constantly surrounded by a host of younger relatives who both respect them and look after them.

Information from the Ghana Statistical Service shows that life expectancy at birth has increased to 60.7 years for men and 61.8 years for women and that life expectancy at the age of 60 has been estimated at 77.03 for men and 79.49 years for women. The 2010 Census results indicate that the population of persons 60 years and above has increased to 6.7 per cent of the total population.⁴

The same sources also point out that family care for older persons is going through a crisis. In fact, the alarm that is raised about this in government reports and popular media depicts conditions that are worse than I observed in my field research. I just emphasised the

wide variety in quality of care, ranging from impressive examples of high quality family care to cases of extremely poor and lonely older people. But a government report (Government of Ghana 2010) is even more pessimistic:

- The Majority of older persons have not had the means or the opportunity to contribute to pension schemes that would assist in old age. Gratuity, pension schemes and related entitlements only cover the few older persons who may have worked in the formal sector of the economy [and then primarily males, SvdG]. Small scale farmers, fisher folks, craftsmen and petty traders do not benefit from these schemes;
- The benefits resulting from formal social security systems are in most cases inadequate and continuously lose their purchasing power with inflation;
- Most people enter older age poor after a life time of poverty;
- Poor health and nutritional status inhibit older persons' participation in income generating activities;
- Many older persons are caring for those affected by HIV/AIDS which depletes any existing resources and limits their involvement in income generating opportunities;
- and
- Poverty alleviation programmes tend to discriminate against older persons.

Manifestoes of the major political parties going into elections in 2008 and 2012 announced what policy frameworks they had in mind for the older population of Ghana. The 'Livelihood Empowerment Against Poverty' (LEAP) programme was introduced by the NPP (New Patriotic Party) government in 2007, which the next government found prudent to continue. LEAP is described as "... the flagship programme of Ghana's National Social Protection Strategy that aims to create an all-inclusive and socially-empowered society through the

provision of sustainable mechanisms for the protection of persons living in extreme poverty, related vulnerability and exclusion.” The focus is on children, disabled, chronically sick and people with HIV/AIDS. Older people are also listed as beneficiaries but seem to benefit little from the programme.⁵ Older people *are*, however, entitled to free health care under the present National Health Insurance Scheme. To what extent that entitlement is indeed realised is not clear. Recently the Vice President of HelpAge Ghana stated that the National Health Insurance Scheme disregards the special geriatric health needs of older people: “The NHIS prescribes the same basic health care without taking into consideration the tertiary healthcare needs of older people especially in the area of non-communicable diseases such as retention of urine, incontinence, prostrate and colon cancers.”⁶

The most elaborate government report on its (intended) policy toward the improvement of welfare for older people, ‘National Ageing Policy of Ghana: Ageing with security and dignity’ (Government of Ghana 2010), lists all the key words and rhetoric provided by the Second World Assembly on Ageing in Madrid (2002), focusing on the alleviation of poverty and increasing the independency of older people. Most relevant is, however, the suggestions of the report on older people who are no longer able to work and fully depend on the care of the family. Particularly urgent is the question to what extent the old principle of economic and social reciprocity as basis for adequate care is still viable today. Will the family be able to continue its traditional care in a time where demographic and economic changes, and in its wake, drifting family values, lead to a very different society?

Aboderin (2006), having studied intergenerational support and care for older people in an urban context, reached similar conclusions to what I found in the rural context of Kwahu. She pointed out that filial obligations to the older generation are changing and middle-aged parents are gradually shifting their priorities from their ageing parents to their own children. She pleads for a “right balance of family and state responsibility for securing the welfare of

the growing older population, and ways in which family support systems can be strengthened” (p. 164).

Introducing a fair pension system that also covers the approximate 75 per cent of older people who never worked in formal employment (and – therefore – have not directly contributed to a pension) seems, however, a far cry in the 2010 government report.⁷ There is no indication that the government seriously considers such a step. The following text excels in vagueness and gratuity.

4.7.3 Government will vigorously pursue the implementation of the revised and new three-tier pension scheme including the establishment of systems and processes for capturing Ghanaians working in the informal economy into the scheme...

The report also does not contemplate providing institutional care for older people who have no means and no people to support them, those who are financially and – more importantly – socially indigent. The term ‘care institute’ – or a synonym – is not even mentioned as an option in the 2010 report.

The only ‘concrete’ suggestion in the report to improve the welfare of the most vulnerable older people is harking back to the values of the past when families are believed to really have cared for their older members. Assuming for a moment that that interpretation of the past is correct, one wonders if the authors of the report do not realise that values of the past cannot be simply transferred to another time with a very different economic and demographic structure. The following quote shows the ‘philosophy’ that policy makers seem to adhere to when they ponder about the improvement of livelihood conditions of the older generation.

4.6.2 Government will promote interventions that strengthen solidarity between generations especially in families and communities to ensure that Ghana is a society for all generations. Family and community solidarity will be strengthened and intergenerational ties at the family and community levels will be vigorously promoted. Public education on ageing including the promotion of positive images of older persons will be promoted to broaden the understanding of ageing, avoid generational segregation, strengthening solidarity among generations, promote mutual, productive exchange between generations and also achieve reciprocity between generations at the family and community levels

4.6.3 Effort will be made to uphold the traditional family structures and norms such that it will be able to provide the needed support for older relatives. The family will be encouraged to develop plans and incorporate in these plans strategies to support older people in the family. The family will be assisted to identify, support and strengthen traditional support systems to enhance the abilities of families and communities to care for older family members.

The authors of the report *are* aware that conditions have changed for families:

6.2.1 Presently, family structures are changing and traditional patterns of care are no longer guaranteed. Migration of the economically active population from rural areas to urban centres has resulted in many older people living alone in rural areas. Difficult economic situations and changing social values have made families either unable or unwilling to care for older relatives.

But the same authors seem to forget this observation the next moment when they jump again to unfounded moralistic exhortations:

6.2.2 The family will continue to remain the most important source of support of older people. The social welfare and social protection structures will increase focus, attention and resources for the family. Government will ensure that traditional values and norms inform national and district level policies with regard to family values and the care of older persons.

How is such a spectacular reversal possible?

6.2.3... Government will implement policies and programmes aimed at ensuring that the family and community change their attitude towards older relatives. The family and community will also be supported to avail themselves with education and training programmes targeted at improving caregiving to older persons. The family particularly will be made to seek continuous capacity enhancement to enable it to care adequately for older family members. Families and communities will further be required to liaise with the social welfare as well as at the district level and also establish durable partnership arrangements with key stakeholders who provide support to older persons.

The lack of vision is startling and the failure to see developments in their historical context naïve. The authors seem unaware of the social and moral complexities that led to the present crisis. Interestingly, they call for research to inform policy on the ageing population:

6.1.12 Universities and research institutions have a key role to play in shaping policy on older persons. The *paucity of data* [emphasis added, SvdG] has been identified as one of the major constraining factors for inadequate planning and programming for older persons in Ghana

A generous concession, but they seem unaware of the research that *has* been done.

Occasionally there is a reference to (mostly vague) statistical data, but more qualitative research that analyses the emic views and experiences of family members and older people regarding care and well-being of older people is totally ignored. The work by Apt (1994, 1996, 2002), Aboderin (2004, 2006), Van der Geest (1997, 2002, 2004), Darkwa (2000) and Dsane (2010), for example, seems unknown or are ignored by those who are supposed to design a policy for a better future for older people. The gap between research and policy rather than the paucity of research is the problem. There is no uptake of valuable existing research. The reasons behind this painful oversight remain unclear. Have the writers of the report failed to do their homework or have they ignored the existing literature on purpose? Did they find it irrelevant or its implications too cumbersome, too expensive?

Local initiatives and resistance

In the meantime, families, social and religious organisations and private entrepreneurs seek their own solutions to the crisis of elderly care, knowing that little can be expected from a government that does not even seem to know – or chooses to ignore.- what takes place on the ground.

Families try creative ways to overcome their dilemmas. Matching grandchildren and grandparents, as is described by Douglas Frimpong-Nnuroh (n.d.) in his research among older persons in Nzema society, is one such experiment. Relatives who have migrated to higher-

income societies try to compensate their absence at home by sending money to their aged parents or relatives to enable them to provide or ‘buy’ decent care. Cati Coe (2014: 161) in her book on the “scattered” Ghanaian family (referring to transnational families) also points at the ‘repertoire’ of reciprocal care that migrated parents organise by leaving their children with their grandmothers. Many families (no statistics are available) have such absentee relatives who make ‘distant-care’ possible through remittances.

Families that can afford it (often thanks to foreign remittances) are now increasingly ‘employing’ more distant relatives or non-relatives to provide care in the home of the older people.⁸ Sometimes they also hire medical personnel, often a nurse, who comes every so often, in addition to the live-in caregiver.

Organisations such as churches and NGOs experiment with day care centres in urban areas. As early as twenty years ago, I visited such a centre that was run by a Catholic organisation in Accra. The older people who attended the centre played games or did simple handicrafts and were given a generous lunch. Nowadays, more such centres exist, some also run by private entrepreneurs, but a reliable overview of the number and quality of such centres does not exist. A message from HelpAge Ghana in 2011 suggests that such centres may be facing several problems:

“The ageing population in the country is likely to be bored stiff as the only and first-ever ageing support centre in the country – HelpAge Ghana- has been temporarily closed down due to over population [due to an overwhelming demand for its services].⁹ The non-governmental, non-religious and non-profit making organization which has been operational since 1988 served as a recreational health care centre for retirees and other seniors who did not have anything or anyone to occupy their time with ... In an interview with The Globe newspaper, Vice President of HelpAge Ghana,

Edward Ameyibor, said the activities of the organization would have been more effective if they had more philanthropic support ... “We used to provide three square meals each day at the centres, but it got to a time they started complaining about the quality of food. Then we started preparing different kinds of meals but at the cost of 50 pesewas each day but that also didn’t work out ... we closed down the centre, not just because of the food but also because our facility didn’t have the capacity to handle the rising numbers of members.”^{10 11}

The statement of the vice-president echoes the comments in the introduction of this chapter about imagined old people’s homes in Ghana: too expensive and too popular to be viable. The crux is that the price of creating a residential infrastructure is prohibitive. Returning to the possibility of centres that provide 24-hour care to older people: the persistent silence about this option in policy documents and the outspoken rejection of this ‘Western’ phenomenon by moral leaders suggest that institutional care for older persons will not be a realistic and culturally acceptable solution for Ghana’s present crisis, as seems to be contended in most Sub-Saharan African countries.

A Catholic bishop (Sarpong 1983), for example, is quoted, “We must desist from creating ... such dead ends into Ghanaian life. For me, the day we adopt such a culturally humiliating system will be a gloomy one indeed. Let us continue to keep the aged in their homes with their children and grandchildren.” More recently, a Ghanaian blogger Dr. Kwame Osei, decries the decadent impact of ‘the West’ on Ghana. His long list of complaints includes the Western treatment of older people:

In the West it is quite commonplace for young people to disrespect their elders and for them to be placed in old people's homes when they become old. In Ghana this

disregard for our elderly is not AFRIKAN and is something that we MUST rectify if we as a people are to regain our dignity, principles and moral values (Osei 2010).¹²

At the same time, however, the earlier mentioned trend to hire non-relatives for home-based elderly care seems a development in the direction of formal professional care. Sarah Dsane (2013) described the ambivalence of Ga families towards elderly care by ‘strangers’; on the one hand they reject this option in strong terms but on the other hand two initiatives in Accra of care by outsiders do seem to attract some older people of families that are unable to provide the quality of care that their older relatives need and deserve. One of those initiatives is a residential home; the other is a home-care service by professional care-givers.

The Mercy Home Care Centre in Accra is an initiative of a Ghanaian couple living in Switzerland. They emphasize that the centre is not a commercial enterprise and that the payments made by families (370 Ghana Cedis per month, about 100 Euro) do not cover the costs of residence. The home started somewhere in 2012. When I visited the place, together with Sarah Dsane in October 2013, there were nine residents whereas there was room for thirty. One condition for acceptance is that families visit their older relative at least once a week. The four staff members (at the level of clinical health assistant or below) live in the building and are permanently available, seven days a week, day and night. When we talk to some of the residents, they admit that they did not feel happy at first, but now they show understanding for the decision of their children who were too busy to take properly care of them. Some residents only stay for a short period while their caregiver at home is not available. The centre is neat and simple and not meant for affluent people who will find it easy to hire professional help staying with them in their own house. It is unclear if this initiative will be sustainable.

The other initiative is Ripples Health Care (an NGO started in 2003), which is not a nursing home, but provides palliative care to terminally ill individuals in their own homes. It also offers care for the mentally and physically challenged. Although the older people are not mentioned as possible clients, they are included. I was not able to visit their office but the NGO has an elaborate and informative website. It also has its own training programme for caregivers. Both initiatives could be pioneering experiments with non-family care giving to older people.

It may be useful to point out that the tradition of keeping older people within the family is not typically Ghanaian or African; it used to be a global tradition. Less than a hundred years ago in the Netherlands (my home country), many older people lived with or near their children and grandchildren and performed all kinds of activities in and around the house. It would be a mistake to say that old people's homes belong to the 'Western' tradition; they are a recent phenomenon. Most of these institutions in the Netherlands started to be built about 75 years ago.¹³ It would also be a mistake to assume that Dutch people wholeheartedly choose for the option of institutional care. In most cases the decision is taken with regret and pain but regarded as the least harmful of several difficult options.

One can only speculate over the question whether the changes which took place in 'Western' societies will also occur in Ghana. I believe, they will eventually, in spite of the rhetoric to the opposite. The increased importance of paid employment, the growing mobility, the widening generation gap, the demographic changes and even the economic growth, which led to care institutions and formal care programmes in the Netherlands, can already be witnessed in Ghana.

Or will Ghanaian families, NGOs, churches or 'social entrepreneurs' – I do not expect much initiative from the Government – be able to come up with other options? In South Africa NGOs experiment with the model of assisted living congregate housing, where NGOs

acquire small neighbouring houses that each accommodate six to ten older people, who are able to lead a 'normal' (home-like) existence (co-residence), and benefit from care/help from co-residents (Ferreira 2013). They are not alone or lonely and have a parent organisation keep an eye on their welfare. There seems to be no stigma attached to such residence.¹⁴ Scarce descriptions of various forms of institutionalised care for older people are also reported from other African countries, such as Zambia (Sichingabula 2000a, 2000b), Zimbabwe (Nyanguru 1987; Mupedziswa 1998), Zambia (Report 2011)¹⁵ and DR Congo (Pype 2015).

Conclusion

My question was whether Ghanaian families would be able to continue providing day-to-day care to their ageing grandparents when they become dependent. Or will economic growth and improvement of medical care with the ensuing lengthening of life eventually lead to 'the development of formal care programmes' in Ghana? In the not too distant future, Ghanaians will become even more mobile, will have fewer children, will live increasingly in nuclear families and will grow older. In that same future families will find it more and more difficult to provide good care for their ageing relatives and will look for new alternatives of care.

The Ghana government seems to turn a blind eye to the economic, demographic and 'cultural' developments that have led to the present crisis in family care for older people. It is relying on rhetoric that allows it to ignore the responsibility it has towards its older and frail citizens. The report cited earlier reduces the crisis of care for older people to a moral problem that should be solved by re-educating families and seems unwilling to learn from the experiences in 'Western' societies that went through a similar transition less than a century ago. Unwillingness and inability to provide tangible and effective support to its ageing citizens is camouflaged with calls for a revival of traditional values. As mentioned before, the government's policy presents a stark contradiction with its own diagnosis of the problems that

care givers face but it also has political logic: by blaming families for neglecting their older relatives and calling for a return to the virtues of the past it tries to keep up the appearance of good governance.

Dsane's (2013) exploration of professional non-kin-based care for frail older people in Ghana seems to suggest that middle class and well-to-do families may find their own solution for this challenge. Initiatives to relieve the burden of care for the majority of poor families are, however, practically unknown.

I am not suggesting that Ghana – and for that matter other African societies – should rush out to adopt the 'Western' model of institutional elderly care. It seems even ludicrous to hold up the most advanced long-term care housing models in the world for the Ghanaian government to emulate. The aim of this chapter was rather to point at the unrealistic attitude of Ghanaian policy-makers and their – calculated(?) – lack of foresight. Experiences of countries that were confronted and had to deal with the consequences of demographic transition should be studied in earnest to develop a suitable and just policy for older people in Ghana.

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¹ Interestingly, Emily Freeman (2015) writing about rural Malawi, emphasises that older people's dependency on their children (which in Ghana is a sign of a successful life) is frowned upon: "Inability to care for oneself was universally referenced as a bad old age." Self-reliance rather proved success in old age.

² This section draws on Van der Geest 2004.

³ This section draws on Van der Geest 2002.

⁴ <http://www.ghanabusinessnews.com/2012/10/02/ghana-govt-to-present-bill-on-national-ageing-policy-to-parliament/>

⁵ Personal communication, Douglas Frimpong-Nnuro, on basis of his research In Nzema area.

⁶ <http://www.ghanabusinessnews.com/2013/04/19/nhis-neglecting-health-needs-of-older-people-helppage-ghana/> (accessed April 27, 2013).

⁷ Pensions for all older people are rare in Africa; they exist – in different forms and degrees -only in South Africa, Botswana, Lesotho, Mauritius, and Namibia (Scodellaro 2010).

⁸ This trend is common in Southern European countries where live-in migrant caregivers are hired by the family to look after their ageing parents (see Van der Geest et al. 2002). Hiring a private care-giver is regarded a better (less visible and therefore less shameful) option than sending the parent to a care institution.

⁹ HelpAge Ghana was not the "only and first-ever ageing support centre in the country"; several religious organisations had been experimenting day care activities at local levels.

¹⁰ <http://www.citifmonline.com/index.php>.

¹¹ In a comment Monica Ferreira, social gerontologist from South Africa, added: "The senior centre (or luncheon club) movement is very big in South Africa. Senior centres are run by NGOs and subsidised by the government based on membership. Typically, members arrive at about 10 a.m. Have tea and eat, engage in activities, such as handicrafts, or may listen to talks or play games. Men and women have separate pursuits; culturally, there is no mingling. Health education may be offered, or training in human rights. There may be counselling offered. Some centres offer basic health care and are even approved to dispense prescribed chronic medications. *The highlight is a cooked lunch* [emphasis added]... Apart from the pension, the centres are the government's main welfare programme for older people. Senior centres are the mainstay of formal welfare support to older people in South Africa." In his contribution to this volume, Jaco Hoffman (2015) points out that South Africa's old age pension is an important obstacle to institutional elderly care, since families fear losing the older person's pension when he/she moves out of the house to an institution.

¹² The literature about institutional care in so-called developing or low-income countries is confusing and contradictory. In Kinshasa, DR Congo, inhabitants of retirement homes feel excluded from society but now seem to obtain "a new kind of value" and 'social function', according to Katrien Pype (2015). In India, old people's homes are reported to become more common and acceptable, for well-to-do elderly as well as for older people who have no relatives to stay with (Mishra 2004; Hahn 2013). An Indian woman reacted however that it is still seen as failure on the part of children to fulfil their responsibility: "There is not a single example around me in my extended family or social network where the elders are living in an old age home... My Mom uses it to emotionally blackmail me... that may be she should just go and live in an old age home... (telling me, I don't care enough for her)." (personal communication from Indian anthropologist).

¹³ There were some charity homes for the destitute aged in the cities from around the sixteenth century onwards. They had, however, a very different character than the present old people's homes.

¹⁴ Personal communication, Monica Ferreira.

¹⁵ The Report (2011: 13) observed that the conditions in the nine homes for care of older people in Zambia “were deplorable, under financed and in most instances overcrowded. In addition, these old aged homes were very limited in number and could not cater for all the old people that needed care.”

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