

Caring for the Aged: The Role of Caregivers in the Lives of Some Neglected Elderly in Winneba in the Central Region of Ghana

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Abstract

A qualitative research approach with phenomenological design was employed for the study. The study used the purposive sampling technique to select a sample size of eighteen participants comprising twelve elderly participants and six caregivers who were providing care to the selected elderly participants in Winneba. The researchers adopted one-on-one interview, observation guide and focus group discussion as instruments for gathering data. The study revealed that the role of caregivers was very crucial in the wellbeing of the aged. They offered social, psychological, financial and medical support and provided them with accommodation all geared toward the wellbeing of the aged. However, the caregivers are not biological children but rather volunteers. Thus, there is no family or blood relationship between the elderly and their caregivers and as a result, the caregivers are not obliged to provide care to the elderly. The elderly received most of their support not from biological caregivers but from voluntary caregivers. This is because their children are not in better financial position to cater for them since the elderly failed to send them to school or sponsor them to learn a trade. The elderly were not satisfied with the assistance they received from their caregivers but could not complain for the fear of total abandonment. This is because the support the neglected elderly received from the voluntary caregivers are intermittent. This presupposes that the support they received cannot be reliable. It was recommended that the Ministry of Gender and Social Protection should provide and advocate for community-based elderly facilities in the Municipality. These include Day Care Centers and Emergency Units to accommodate elderly members who are neglected and need immediate assistance. This will help provide an alternative to the weakened traditional social care system in Winneba. Non-Governmental Organisations, the religious bodies and institutions and the family must be encouraged and supported by the government to continue to play their roles as sources of social protection for the elderly.

Keywords

Aged, Caregivers, Elderly Care, Voluntary, Sympathisers

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1. Introduction

Due to the increased burden of infirmities and disability associated with ageing, older persons require more care than younger persons do. This care is expensive and the cost is rising at a faster rate than healthcare costs for younger

persons. In spite of these high expenditures, studies have shown that the quality of care received by older persons is frequently inadequate, especially for geriatric conditions [1]. Although, the cost of health care is gradually rising beyond the means of many elderly people all over the world, family members, friends and neighbours still provide the bulk of

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support and care to older adults that need assistance [3]. According to Beenhakker, in developing countries the majority of elderly people are still living in rural areas, often far from health facilities and social support infrastructures that cater for their needs [2]. Amosun and Reddy assert that the extended family and community have played a role as the primary source of care for the elderly, but urbanization, modernization, political and social strains such as war, poverty and economic insecurity are changing these traditional support systems [4]. It is considered, in general, that elderly people living alone are a low-income group and they tend to be powerless. According to Ahn and Kim, poverty and powerlessness create circumstances that predispose them to the highest incidence of social dysfunction, higher rates of morbidity and mortality and the lowest access to primary care and little or no access to primary preventive programmes [5].

In Ghana, long before the missionaries arrived, the country was divided into tribal communities and the very first provider of social welfare was the family [6]. Hence, one felt a sense of belonging and thus, everyone was being responsible for each other. Thus the spirit of weism was very strong within the community. Also, the family provided social support, both physically and mentally. Today, urbanization has declined the family ties which have put more pressure on the traditional providers of care [6]. Thus, in most traditional societies in Ghana where adults rely on children as security against old age is gradually fading. Other reasons for childbearing which included wealth transmission through offspring and social status resulting from parenthood is gradually losing its significance. Although as agrarian societies, traditional African societies also need children for farm labour and other domestic tasks and that the desire for large family size attributable to these reasons has persisted to contemporary times [7]. However, there have been some transformations in the economies and societies of African countries. Nevertheless, children continue to be desired as economic resource (source of family labour) and security against old age by some parents.

According to Caldwell and Caldwell, the elderly in sub-Saharan Africa therefore enjoy both biological and social support and care from their children. The “parent-child contract” (the cultural value of reciprocity) ensured that children, having been cared for by both their biological and social parents would in turn provide all their needs during their old age [8]. This is explained by an Akan saying that: *Se obi hwe wo ma wo se fifiri a, wo nso hwe no ma ne se ntutu*. Meaning, if someone helps you to grow your teeth, you also help him or her to lose his or her teeth. Traditional practices of elderly care ensured that children provide the needs of their elderly parents. In a study of elderly expectation and

perception of their needs found that support of the elderly in kind was the traditional practice in rural Africa; support of the elderly in cash is increasingly becoming a requirement of urban life in Africa [9]. However, low wages and employment insecurity work against the ability of urban African offspring to meet the income requirements of their parents [10]. Clearly, this shows that the care the elderly are supposed to receive from their children is gradually fading. This supports the study of Apt, that young families would not be living with their elders much longer, as 81 per cent of the respondents in her study were of the opinion that this arrangement was not feasible at the present time [12].

As a results of this, there have been revelations that some elderly persons are cared for by domestic workers because their own children are unable to co-reside with them or provide care for them due to occupational and other demands. Dsane study in Teshie and Cape Coast respectively, confirm the study of Nyanguru *et al.*, Mba, and Apt, that non-family sources of care for the elderly are emerging due to the inability of children and extended family members to provide care for their elderly parents and relatives [13, 14, 15, 12]. According to the sources cited above, domestic care workers and nurses provide care for some elderly persons in Ghana. This is because family obligations and occupational demands do not permit the children and relatives of the elderly to meet the moral duty of caring for the aged. Migration, especially the children living outside Ghana, has also rendered co-residence of the elderly with their children impossible in some cases [7]. Consequently, voluntary of care of the elderly has been gradually emerging in response to these dynamics of inter-generational relationship. It is upon this backdrop that the researchers tried to find out the role of caregivers in the lives of some neglected elderly in Winneba. Specifically the researches tried to find out the relationship that the care givers have with the elderly, the difficulties they face in their quest to offer support to the neglected elderly and whether the elderly are satisfied with the kind of assistance they receive from the caregivers. The findings of this study therefore even though may have nationwide as well as continental characteristics, were delimited and explained within the scope of the study area. Thus, the study was also structured within the confines of the thesis study matter and area only.

2. Theoretical Perspective and Literature

Several theories of aging have been propounded to explain the aging process of older persons in society as well as how these processes are interpreted by men and women as they grow old. This is because aging is an interactive process

where the individual is affected by the environment while also influencing the environment in which he or she ages. Consistent with many research studies regarding aging, theoretical frameworks which have been adopted to explain the phenomenon of elderly neglect in this context include the Caregiver stress theory [16].

The caregiver stress theory is noted to be one of the heavily relied upon theories used to explain the cause of elderly neglect. This theory contends among others that, neglect of the elderly occurs when family members caring for an older adult are not able to manage their caregiving responsibilities well [17]. According to Burnight and Mosqueda, the caregiver stress theory fundamentally tends to view the victim as being very dependent on the caregiver who becomes extremely overwhelmed, frustrated, and abusive because of the continuous caretaking needs of the elderly who becomes the care recipient [16]. Implicit in the caregiver stress theory is the notion that, caring for an elderly appears to be a difficult task which tends to elicit a heightened state of mind-body reaction to external stimuli which tend to induce fear and anxiety in the caregiver [17]. This renders the elderly more vulnerable to neglect. Critics of the caregiver stress theory are concerned that, it blames victims, and legitimizes abusers. For instance, Burnight and Mosqueda observed among others that, “caregiver stress theory tends to blame the victims, and does not result in safety for the victim” [16]. It can therefore be discerned that, there is some perceived inadequacy in this theory in trying to explain the etiology of elderly neglect. That is, it tends to blame the neglected elderly rather than the caregiver. This presupposes that, interventions based on this theory are more likely to be skewed in favour of the caregiver. This study does not share the views expressed by proponents. This is because in spite of how dependent the elderly may be on their caregivers, their needs must equally be met by their caregivers. Thus, the reciprocal relationship (parent- child contract) must be fulfilled and the inability of caregivers to fulfill this contract result to the breach of the contract. But, while this is an important consideration to be mindful of, it is also important not to overlook stress as a contributing risk factor [16]. Thus the researchers adopted this theory in order to understand the etiology of neglect among older persons for most elderly people, neglect occurs when family members caring for them are not able to provide their reciprocal responsibilities.

Moreover, there is considerable evidence in the literature that, many families are increasingly being affected by the need to provide elderly care, and for many the strains involved in carrying these responsibilities result in the neglect of the older people [19]. It is noteworthy that, previous studies on elderly neglect and abuse tend to cite caregiver stress as the primary cause of elderly neglect and

abuse [20]. Mostly, these studies perceived elderly victims as dependent on the caregivers who become frustrated, angry and sometimes abusive or neglectful because of the continuous caretaking needs of the elderly [17]. The foregoing assertion posits that, caring for an older adult is highly stressful, and individuals who do not have the necessary skills, information, resources, and who are otherwise poorly prepared for the care-giving role may experience extreme stress and frustration which may lead to neglect [21, 18]. It is worth emphasising that, while previous studies on early elder abuse were limited to caregiver stress [19, 18, 20], other scholarly studies have also pointed out some methodological limitations that tend to skew findings of earlier studies. Others hold the view that, caregivers are as diverse as the older adult in their care [20]. The literature also reveals that traditional systems of care for the elderly have been undermined by several factors such as the processes of modernization. As children and other kins move to urban areas and other destinations, family bonds become weak and obligations are not binding as the absence of proximity and application of sanctions encourage irresponsibility towards the elderly [22]. The researchers agree with this but however wants to conduct the study in Winneba Municipality which is an urban area to confirm, refute or find out the other factors which may undermine elderly care. Implicit in the foregoing assertions motivates the researchers to find out the roles of caregivers in the lives of some neglected elderly in Winneba. Specifically the researches tried to find out the relationship that the caregivers have with the elderly, the difficulties they face in their quest to offer support to the neglected elderly and whether the elderly are satisfied with the kind of assistance they receive from the caregivers. Thus, this phenomenological study was designed to address these gaps in the literature.

3. Methodology

A qualitative research approach with phenomenological design was employed for this study. The intent of the researchers was not to opposed, observe, measure, predict or to generalize but to understand, interpret and report the issue as experienced by the participants. The target population for the study was all elderly persons who were aged “65 years or more”, and resided in Winneba and their caregivers. The study purposively sampled 18 participants comprising 12 elderly persons aged 65 years or older and 6 caregivers who were providing care to the elderly. The researchers sampled 6 caregivers for the study because most of these caregivers were voluntary passers-by and that they were unable to be identified by the elderly. The researchers ensured that the elderly were able to speak Fante, Twi or English and able to hear normal-volume conversation with hearing aids or

without hearing aids and able to understand the purpose of the study. The researchers were able to identify the twelve neglected older adults through observation, interactions as well as the help of informants. In addition, the criteria for the selection of the caregivers by the researchers included the following: assume the responsibility of providing care to the elderly either by contract, family relationship or voluntary or anyone who is identified by the elderly participant to be providing care to him or her or renders frequent support to the elderly.

The researchers adopted one-on-one interview and Focus Group Discussion as tools for gathering data. In order to ensure the trustworthiness of the instruments and the data the study was evaluated against the criteria proposed by Lincoln and Guba: credibility, transferability, dependability, and checking/confirmability [23]. In ensuring the credibility of the study, the researchers engaged the participants in prolonged interviews and focus group discussions in order to unearth all the issues. The researchers also engaged in persistent observation with the aid of an observation guide. To ensure transferability, the researchers engaged in thick description of the issues affecting the elderly in Winneba by accounting detailed field experiences by making explicit, the patterns and social relationships that exist between the elderly and their caregivers and putting them in a context. In ensuring dependability, the researchers engaged in inquiry audit by giving the interview questions to the supervisor to examine both the process and product of the study. In ensuring confirmability, data interpretations and findings were shaped by the elderly members and caregivers from whom the data were obtained. The researchers also observed the home environment of participants for facilities and amenities that enhance the activity of daily living conditions of the elderly such as electricity supply, barrels for storing water, toilet facilities and bathhouses among others. The availability or otherwise as well as accessibility suggested to the researchers the nature of the living conditions of the older adults respondents and the extent of support he or she receives either from family members or benevolent sympathisers in the area of activities of daily living.

Focus group discussion and one-on-one interviews were conducted by the researchers with older adults' residents in Winneba. The one section focus group discussion was conducted within a day in a noise free environment with the elderly participants. The researchers also conducted the one - on- one interview with the care giver participants at their own convenient time. Both the focus group discussion and one-on-one interviews were tape-recorded, and the audio-tapes were listened to repeatedly before being transcribed to facilitate analysis. Field notes from observations were also scrutinized and reported which ensured accuracy of the

transcribed data. In analysing data from this phenomenological study, broad themes were developed and discussed. Confidentiality was ensured, since an audio tape-recording was used in the discussion that transpired among participants of each focus group and one-on-one interview.

4. Findings and Discussion

4.1. Bio-data of Participants

The sample characteristics of the elderly persons and their caregivers aim at providing the reader with significant information of the elderly. Out of the twelve participants, seven were females and five were males. In addition, the ages of the participants ranged from 65 years to 120 years. Out of the twelve participants only one of them had basic education. Eleven did not have any formal education. There were two respondents who were still in marriage. Nine elderly persons were widowed. There was only one elderly person who was divorced. Out of the twelve participants, eight admitted that they had no education in their life. Four elderly participants commented that they had little education but could not complete. The researchers made efforts to find the caregivers of the neglected elderly. The researchers interviewed six caregivers of the elderly respondents who met the inclusion criteria. The researchers tried to find out from the caregivers about their relationship with the neglected elderly, the type of assistance they provide for the neglected elderly, why they have decided to offer that assistance to the neglected elderly, and whether or not the elderly are satisfied with the assistance they received from the caregivers. In order to confirm this, the researchers also tried to find out from the elderly participants by asking them if they have anyone who has been helping them to overcome their problem, their relationship with the person, how frequently they receive the assistance and whether or not they are satisfied with the assistance they receive from the caregivers. From the responses, the following categories of caregivers who provided support to the elderly were identified. They include: a family member, voluntary caregivers and passers-by. This is because from the responses, it was evident that five of the caregivers had no family relationship with the neglected elderly. Only one of them admitted that she is providing care to the neglected elderly because she is the granddaughter. The themes which emerged from their responses have been discussed as follows:

4.2. Provision of Voluntary Care to the Elderly

It was discovered from the responses of the caregivers that they have no blood relationship with the neglected elderly. Five of the respondents commented that they are offering

voluntary support to the elderly because they sympathise with their situation. They expressed their experiences as follows:

Caregiver one provides care to elderly participant one. She lives with elderly participant 1 in the same neighbourhood and attends the same church with her. She has no biological or blood relationship with her but has taken her as her biological mother. She confirmed by saying that: *"I have taken her as my everything"*. She assisted elderly participant 1 in terms of food as well as paying the school fees of her two grandchildren. She commented that even though she does not have much, she ensures that she offers her support with the little that she gets. Aside the payment of the fees, she also offers financial assistance to her. She visits elderly participant 1 frequently to have conversation with her so that she will not feel lonely. She commented that:

I always encouraged her that things shall be well. I like them and I feel pity for their situation. Even though I don't have when I see people suffering I become sad. So I have decided to assist them in my own small way and that makes me happy". You see, your mother is not only your biological mother.

According to her, she receives criticisms from some of their neighbors for the help she provides to elderly participant 1. She further commented that:

Even at times when I get to her people around criticize and insult me for allowing such children to come near me. They do not like the idea of me getting closer to them because of their poor living conditions but I ignore.

The findings reveal that, the neglected elderly received most of their support from voluntary caregivers. Thus, the role of caregivers is very crucial in the wellbeing of the aged. They provide social and psychological support, financial support and housing support all geared towards the wellbeing of the aged. However, the neglected elderly in Winneba are being cared for by voluntary caregivers who have no family relationship with them. This confirms the study of Nyanguru et al., Mba, Dsane and Apt, that, non-family sources of care for the elderly are emerging due to the inability of children and extended family members to provide care for their elderly parents and relatives [14, 15, 13, 12]. This shows that, the reciprocity between the neglected elderly in Winneba and the caregivers is not biological but rather voluntary. Thus, the support the neglected elderly received from the voluntary caregivers are intermittent and unreliable. This is due to the personal challenges facing the caregivers such as lack of jobs. This presupposes that, the caregivers may halt the services they voluntarily render to the neglected elderly. Thus, the support the elderly receive cannot be reliable since these caregivers are not obliged to provide care to the elderly.

4.3. Difficulty in Offering Assistance Leading to Dissatisfaction

The caregivers also expressed their difficulty in the assistance they offer to the elderly members. It was evident from their responses that, they are unable to provide the needed support because they have personal challenges. Four of the caregivers noted that they have no jobs and as a result are unable to secure enough money to enable them offer their assistance to the elderly. They expressed their sentiments as follows:

Caregiver one observed that she wished to do more for elderly participant 1 but since she has no job she is unable to offer the needed help. She lamented that:

Since things are not well for me I am not able to do enough. Even I have thought of sending one of her grandchildren to school but since I don't have enough money I have not been able to do it. No I am not satisfied. If I have I would have done more. I have a lot of plans for her. I wish I have more to offer her.

She further said she is dissatisfied with the assistance she offers to participant one and wishes to do more. Due to this, in her absence, she always informs participant 1 to go to her brother's wife to borrow so that she settles the bill on her return. This view was also shared by caregiver two when she also complained that:

Me too I am sick. It is by God's grace that I am alive. So the little that I have I offer to her. At times I do not give her anything but I make sure I visit her every day and report to her biological children if she is in need. So I am not satisfied.

From the responses, it could be interpreted that, most of the voluntary caregivers in Winneba face personal challenges such as, lack of jobs, sicknesses and financial constraints. This shows that, they are unable to provide the needed support for the elderly. This made the caregivers expressed difficulty in caring for the elderly. Due to this, there is the likelihood that they may stop the care they provide to the elderly when they are unable to address their personal. This supports the caregiver stress theory that neglect of the elderly occurs when family members and voluntary care givers providing care for an older adult are not able to manage their caregiving responsibilities well [17]. This also supports the findings of Burnight and Mosqueda that victims are always being very dependent on the caregiver who becomes extremely overwhelmed, frustrated, and abusive because of the continuous caretaking needs of the elderly who becomes the care recipient [16].

From the responses of the elderly participants who were engaged in the focus group discussion it became evident that they were not satisfied with the little support they have been

receiving from the voluntary caregivers. Interestingly, it became evident from their responses that they have no choice than to depend on the little support they receive from the voluntary caregivers. Participant 1 commented that: “*Yes even though I am grateful with the little assistance they offer me, I am not okay but I do not have any choice but I thank them*”.

These views were also shared by other participants. *What can I do? Do I have a choice? Even if I am not satisfied what can I say? Hmmmmm I do not have any choice* (participant 2, a 75 year old female). Other elderly participants also expressed their concerns as follows:

“Yes I am satisfied. The reason why I am saying this is that if someone is taking care of you it will not be like you taking care of yourself” (Participant 5, a 75 year old female)

“Hmmm, what can I do because I do not have any helper so I can't complain? I have no option” (Participant 7, a 75 year old male elderly)

The responses of the elderly participants mean that, they are not satisfied with the support the caregivers provide them. But they are unable to complain for the fear of total abandonment by the caregivers. This shows that the elderly are not satisfied with the assistance they receive from their caregivers who are mostly voluntary sympathisers. Although the neglected elderly expressed their appreciation with the little support they have been receiving from the voluntary caregivers, it became evident from their responses that they appreciated because they have no choice. This confirms the study conducted by Lachs and Pillemer that, elderly persons are reluctant to identify caregivers who neglect them for fear of retaliation and total abandonment [11].

4.4. Caregiver Stress Leading to Intermittent Support

One major theme which emerged from the responses of the caregivers is the stress that most of them go through in their quest to provide care to the elderly. The caregivers expressed their experiences with the elderly in the following ways:

Caregiver six lives with her 120 year old grandmother. She lamented that, her grandmother always complains about the care she provides for her. Due to this, she at times leaves her alone in the house even though the grandmother is blind. She commented that her grandmother will complain of hunger even when she has finished eating. She complained that:

“After eating she will complain that you have not given her food for days. She is also selective in the food I give her. She likes complaining and reporting unnecessary things to people who visit her. When you wash her clothes she will tell you it was not washed properly. She at times hates to go to the

hospital. She always sends me to pay her tithes even when the church tells her to stop. In fact she is difficult to stay with”.

She further commented that caring for her grandmother is very tedious and stressful and as a result, she always become frustrated which force her to leave her grandmother alone in the house. This supports the view of Cockerham, that implicit in the caregiver stress theory is the notion that, caring for an elderly appears to be a difficult task which tends to elicit a heightened state of mind-body reaction to external stimuli which tend to induce fear and anxiety in the caregiver which renders the elderly more vulnerable to neglect [18].

Another issue that emerged from the elderly participants' responses was the failure of caregivers to provide them with regular assistance. It was evident from the responses from the elderly participants that, most of the caregivers were not close family members. Most of them were benevolent sympathisers who have taken upon themselves to assist them with the needed assistance. Since they were not obliged to care for the elderly, the supports they provide to them was not regular or consistent. This worsens their situations. This made participant 1 to comment that:

“Sympathizers at times show concern and give us gifts but it happens only when we become lucky. In fact it is not frequent”. This means that the elderly depended on voluntary caregivers who are not always available to offer regular support to them. This has the tendency to worsen their situation.

Caregiver two provides care to elderly participant 2. She lives closer to her home. She has no biological relationship with elderly participant 2. She opined that, at times she assists her in things she cannot do. She goes to the market to buy things for her. She regularly visits her to have a conversation with her in order to keep her company. She intimated that: *She can give birth to me so if her biological children are not around then I have to offer that help as my personal mother. It is voluntary.*

This shows that, the relation between the neglected elderly in Winneba and the caregivers is not biological but rather voluntary. Thus, there is no family or blood relationship between the elderly and their caregivers and as a result the caregivers are not obliged to provide care to the elderly.

5. Implications, Conclusion and Recommendations

The study sought to examine the role of caregivers in the lives of some neglected elderly in Winneba in the central region of Ghana. The findings reveal that, the neglected elderly received most of their support from voluntary

caregivers. The role of caregivers is very crucial in the wellbeing of the aged since they provide social and psychological support, financial support and housing support all geared towards the wellbeing of the aged. The neglected elderly in Winneba are being cared for by voluntary caregivers who have no family relationship with the elderly. This implies that, the reciprocity between the neglected elderly in Winneba and the caregivers is not biological but rather voluntary as a result the support the neglected elderly received from the voluntary caregivers are intermittent and unreliable.

In view of this, it is recommended that the Effutu Municipality should create "Aged Fund" to support the aged, who are prone or susceptible to health, social, financial and or other challenges that could make them vulnerable to neglect. This dream could be realized by deducting certain percentage of the District Assemblies' Common Fund (DAFC), LEAP and taxes such as VAT to be paid into that fund. In addition, the general public, NGOs and other civil society groups could contribute to the "Aged Fund" as part of their social responsibilities to the society. Moreover, the elderly should also be encouraged by Government through the use of LEAP to engage in self-initiated projects such as the erection of kiosks in front of their homes to be used for trading. These will provide them with a means of livelihood and would minimize their dependence on the government and passers-by.

The study also revealed most of the voluntary caregivers in Winneba face personal challenges as a result they expressed difficulty in caring for the elderly. The implication of this is that they are unable to provide the needed support for the elderly. In connection to this, it is therefore recommended that Non-Governmental Organisations, the religious bodies and institutions and the family must be encouraged and supported by the government to continue to play their roles as sources of social protection for the elderly. The Ministry of Gender and Social Protection should provide and advocate for community-based elderly facilities in the Municipality. These include Day Care Centers and Emergency Units to accommodate elderly members who are neglected and need immediate assistance. This will help release the burden of voluntary caregivers and also provide an alternative to the weakened traditional social care system in Winneba. The study revealed that the caregivers go through stress in their quest to provide care to the elderly. The implication of this is that they are likely to become frustrated which force them to totally abandon the elderly. It is therefore recommended that The Ministry of Gender and Social Protection, National Commission on Civic Education among other stakeholders should provide education and training to emerging domestic caregivers on their roles to care for the elderly either they

have assumed the roles on contact or voluntary basis.

The study therefore concludes that given the situation where the elderly do not have any stock of assets or business on which they can depend, and unwillingness of extended family members to provide a life line or serve as a safety net for these old people the destiny of the elderly in Winneba will continue to be in the hands of voluntary care givers and benevolent individuals who give them occasional support.

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