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## **Woes of the Elderly: The Lived Experiences of Some Selected Older Adults in Ajumako in the Central Region of Ghana**

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### **Abstract**

In recent years, the issue of the elderly, particularly in Ghana, has become a major concern since the number of aged population is increasing in societies which are least prepared for the challenges that often characterize the aged. As a result, caring for older adults has become a burden to family members who always provide social care to these older adults. Due to this, older persons are left alone to fend for themselves. Some also depend on the assistance of benevolent sympathisers for survival. These among others necessitated the need for this study to be conducted to find out the challenges of these older adults in Ajumako. A qualitative research approach with the phenomenological design was employed for the study. The study used the purposive sampling technique to select a sample size of twelve participants who are aged 65 years and above in Ajumako. The researcher adopted one- on- one interview, observation guide and focus group discussion as instruments for gathering data. The study revealed that most of the older persons in Ajumako lived in uncompleted buildings and unhygienic accommodations

and environment. It was also revealed that some of the older adults also faced loneliness and economic hardships. It was recommended that there should be a separate ministry created by the government solely to address the myriad challenges faced by older adults in Ghana. The Ajumako-Enyan District Assembly should also create a fund that is "Aged Fund" to support the older adults. This dream could be realized by deducting a certain percentage of the District Assemblies' Common Fund (DACF) into that fund. If possible, there should be a policy to establish social centers in each district in Ghana by the government with support from other interest groups such as HelpAge Ghana to address the challenges the older adults face in the district.

**Keywords:** Lived Experience, Older Adults, Challenges, Dysfunctional Family

### Introduction

Population ageing is an inevitable consequence of the demographic transition, which leads to an increasing proportion of the aged, and ageing in most countries of the world (UNFPA, 2002). Surely, the fact that large numbers of people now live to reach old age; is one of the modern society's greatest achievements. Yet, most people look forward to old age with anxiety, fear, and apprehension. This is because an important facet of the incidence of increases in the number of an ageing population is observed to be that, each year millions of older adults face various challenges such as abuse, neglect and financial exploitation (Acierno, Hernandez-Tejada, Muzzy & Steve, 2010).

Older adults are expected to be less active economically in their old age. They are to continue enjoying from the lifetime savings of their youthful days. This is however not the case for all persons. Most elderly persons face grave economic challenges (Agyemang, 2014). While some are forced to engage in active economic activity to literally feed themselves, others are forced to sell off their property for their upkeep or to support their children who are still in school or under training (Agyemang, 2014). Many elderly persons live in poverty. A fair number lack adequate food, essential clothes and medicines, and perhaps even a telephone (Johnson & Mommaerts, 2011).

In a study conducted by Agyemang (2014), one of every six of the elderly has incomes close to or below the poverty line and only a small minority have substantial savings or investments (Johnson & Mommaerts, 2011). On the contrary, if an elderly person has the financial resources to remain socially independent, having his or her own household and access to transportation and medical services to continue contact with friends and relatives, and to maintain his/her preferred forms of recreation, he or she is going to feel a great deal better about himself or herself and others, than if he or she is deprived of his or her former style of life (Johnson & Mommaerts, 2011).

Good health is also very vital in the life of every individual. It is an element of human capital in carrying out survival strategies or activities. Most elderly people with deteriorating conditions struggle, as they cannot engage in many activities. According to Kimmel (1974), in general, it is very difficult to separate the physiological, social and psychological effect of ageing from the effects of disease, since ageing and disease highly go together. Kimmel (1974) reiterated that individuals are as they are, and become more troubled by chronic diseases such as arthritis, heart

conditions or high blood pressure. Studies from most developing countries, show that when elderly people are in good health, they continue to work while those who are ill end up in poverty when support from household members is insufficient (Muruviwa, 2011).

Africa is the continent with the youngest population in the world (Kalasa, 2004). However, most African countries have weak societal care systems for older adults since African culture and traditions consider caring for an elderly relative as a family obligation. As a result, as the numbers of older people in Africa increase, their plights also keep on increasing and the question of how to care for them becomes critical.

The overarching situations of older adults evident in most countries in Africa is not different in Ghana. In Ghana, the challenges faced by the growing elderly population have been documented by many authors (Mba, 2002; Geest, 2002; Mba, 2007; Apt, 2012). Interestingly, in Ghana, elderly persons aged 65 years and above constitute 4.7 percent of the Ghanaian population (Ghana Statistical Service (GSS), 2012) which is noted to be among the highest in Africa (National Population Council, 2007). Currently, the population of the aged in Ghana is around 1,643,381 (GSS, 2013).

Interestingly, Geest (2005) has observed that in Ghana an increasing older population is taking place in societies which are least prepared for the challenges that often characterise the aged. Especially, the labour of older people is neither sought nor desired. They are left primarily on their own particularly in terms of social contacts and life satisfactions. Adding to this challenge is the fact that preparation for “freedom” of later life is largely left to the elderly person alone. Also according to Twumasi (2014), most African countries including Ghana have pluralistic medical system, with traditional and Western healers operating side by side. Since most elderly persons reside in rural areas, they tend to rely on traditional medicine to meet their health care needs. However, empirical evidence on access to health care services in a number of Ghanaian communities shows that rural dwellers have less access to health services than their urban counterparts (Apt, 1992; Banga, 1992).

It is based on this that the United Nations in the year 2005 envisaged and recommended member states to put in place national policy frameworks to deal with ageing and old age related issues in order to ensure that the aged lived a dignified and satisfying life. As a result, the Government of Ghana has consistently celebrated the United Nations day of the older persons popularly known as ‘Senior Citizens Day’ to duly acknowledge and appreciate the elderly for their contribution to the development of the country as part of the efforts to address their challenges. However, little efforts have been made by various governments of Ghana to address the challenges faced by the elderly.

In Ajumako for instance, caring for older adults has become an obstacle and stressful to caregivers who are always family members. Due to this, most elderly adults are left alone to fend for themselves. Such older adults are seen carrying heavy bunch of fire wood on their heads to sell in order to make ends meet. Considering their ages, such jobs are going to weaken them which has health implications on their health. In addition, some of these older adults live in isolation while others are seen on the streets begging to make ends meet. As a result, old age which is

expected to be the golden period of one's life and supposed to be characterised by tranquility, enjoyment and satisfaction appears to be full of disappointments and shattered dreams for some of these older adults in Ajumako.

Statistical evidence on the incidence of the challenges facing older adults is also lacking in the district. This motivated the researcher to conduct a study in Ajumako. The purpose of the study was to examine the challenges of the older adults in Ajumako as experienced by them. Specifically this study sought to find out the physical and social challenges older adults experience in Ajumako. This study will be beneficial to people and organizations who work closely with the elderly or are interested in their wellbeing such as care homes and politicians. Furthermore, the results of the study will equip stakeholders such as Ministry of Gender and Social Protection and other NGO's such as HelpAge Ghana with the needed information regarding the challenges the aged face in recent times. The study will help these stakeholders to be better informed about what the older adults go through so as to initiate appropriate policies to address their challenges. Knowledge of and insights into the challenges that older adults faced in Ajumako would also be used to direct community-based educational programmes for social welfare and health agencies which provide services to older persons.

## **Method**

### **Sample and Data**

A qualitative research approach with phenomenological design was employed for this study. The intent of the researchers was not to oppose, observe, measure, predict or to generalize but to understand, interpret and report the issue as lived by the older adult participants. The target population for the study was all elderly persons who were aged "65 years or more", and resided in Ajumako. Twelve elderly persons aged 65 years or older, 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 were purposively sampled. The researchers were able to identify the twelve older adults through observation, interactions as well as the help of informants. The researchers adopted one-on-one interview, Focus Group Discussion as tools for gathering data. 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 researcher 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.

### **Procedure**

One section focus group discussion and one-on-one interviews were conducted by the researchers with older adults' residents in Ajumako. The one section focus group discussion was conducted within a day in a noise free environment. The researchers also conducted the one-on-one interview with the 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. 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.

### Data Analysis

In analysing data from this phenomenological study, broad themes were developed and discussed.

### Results

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 characteristics of the respondents have been represented by the tables below:

**Table 4.1: Gender Distribution of Older Adult Respondents**

Gender characteristics	Frequency (N)	Per cent (%)
Male respondents	5	42
Female respondents	7	58
<b>Total</b>	<b>12</b>	<b>100.0</b>

**Source: Field Data, 2019**

Table 4.1 reports two categories within the demographic characteristics of respondents' gender. It is evident from the table that out of the twelve respondents, five of them were males representing 42 percent while seven of them were females representing 58 percent. The results shows that majority of female elderly participants lived to experience challenges as compared to the male participants.

**Table 4.2: Age Distribution of Older Adult Respondents**

Age (in years)	N	%
65-69	2	17
70-79	3	25
80-90	2	17
90 and above	5	41
<b>Total</b>	<b>12</b>	<b>100</b>

**Source: Field Data, 2019**

Table 4.2 shows that a relatively high percentage of 41 were aged 90 years and above. The least reported age cohort was found to be those older persons aged between 65 and 69 and 80-90 years. Other age brackets recorded include 70-79 years which represent 25%.

**Table 4.3: Educational Background of Respondents**

<b>Educational characteristics</b>	<b>N</b>	<b>%</b>
Basic (Primary, JSS etc...)	1	8
No formal education	11	92
<b>Total</b>	<b>12</b>	<b>100.0</b>

**Source: Field Data, 2019**

Table 4.3 primarily displays result on two categories of educational background of respondents. It was evident from the table that only one respondent had basic education which represents eight percent. Eleven of the respondents had no formal education. This represents 92 percent. This shows that most of the elderly respondent had no formal education which affected their employment status and consequently their income levels.

**Table 4.4: Marital Statuses of Respondents**

<b>Marital statuses</b>	<b>N</b>	<b>%</b>
Married		
Widowed	2	17
Separated	9	75
	1	8
<b>Total</b>	<b>12</b>	<b>100</b>

**Source: Field Data, 2019**

Table 4.4 indicates that an overwhelming percentage of 75 or nine respondents were “widowed”. This is equally followed by relatively significant proportion of about 17 per cent or two respondents who were found to be “married”. One respondent was found to be “separated” which accounted for the least marital status of a relatively smaller proportion of 8 per cent. The implication of this was that the elderly lack adequate social interaction and social intimacy.

In order to find out the various physical challenges faced by the older adults in Ajumako, the researchers asked the participants to share with them some of the difficulties they face as they go through their daily lives. From the responses from the focus group discussions and the one - on one interviews, all the twelve participants admitted that they face Economic Challenge. All the twelve older persons spoke about how their lives have become miserable since they lack

money to run their daily activities. This was made evident because most of the participants admitted that they were unable to do any work which could generate income for them due to old age. In addition, family members, especially children who were supposed to care for them by assisting them with money are also jobless. One participant share his life experiences by lamenting that:

*“Since I do not have work I do not have money. There is no one assisting me financially. So money is my problem. I do not have money. Since I worked as a security man before retirement I receive little money from SSNIT, GH¢ 200. That is what we depend on for our survival. That has kept me alive. When the money gets finished we do not eat. Without this money I would have been dead by now”.*

Another theme which emerged during the focus group discussions and the one on one interview with the older adult participants in Ajumako is Health Challenges. All the older adult participants lamented that, they were facing infirmities of various kinds. They also accepted that these infirmities had worsened their situation since they are unable to seek medical attention due to lack of financial support. None of the elderly participants admitted that their infirmities was as a result of old age. One participant expressed that:

*“I have been sick for days. Right now I am sick. Look at me. Can’t you see I am sick? I am very sick. . I wish to go to the hospital but what should I use to go to the hospital. There is no money. I wish I have money to go to the hospital”.*

The absence of hygienic accommodation and environment emerged as one of the challenges older adults faced in Ajumako. From the responses, there were concerns among eight elderly participants that, they lacked proper and decent accommodation and hygienic environment. Four of the participants accepted that they live in uncompleted buildings and insecure wooden structure. This does not guarantee their safety in such buildings since such buildings can easily collapse on them. All the participants accepted that, their health and life are at risk since they are always exposed to the bad weather conditions especially during raining season.

Moreover, it was observed that the environment of all ten elderly participants lacked facilities and amenities that enhance good living condition. Their homes lacked storing water, toilet facilities and bathhouses, electricity supply, barrels for water among others. This confirms the poor living conditions of the older adults. In addition, the state or the physical conditions of the living quarters or buildings was also poor. This has affected their health and welfare. In addition, it was observed that the physical appearance of the older adults looks unhealthy and miserable since they looked pale, plump and frail. Their clothes were not neat and some slept on dirty and torn mattresses and even walk barefooted.

Another theme which emerged from the data was that the older adults found it difficult to have access to a well-balanced diet and determine the food they wish to eat. This problem was prevalent because most of them depended on benevolent sympathisers for their daily meal. Due to this, they do not have a choice in determining the kind of food they would have loved to eat.



Loneliness was one of the major concerns expressed by the older adults. Nine of the participants complained that, since they have lost their partners and do not have their children or family members living with them, they always feel lonely. Two of the respondents revealed that, they always feel happy anytime people come around and talk with them.

Another issue that emerged from the older adult respondents was the lack of electronic gadgets. All the male respondents complained that, they do not have television and radio sets which they could use to entertain themselves. They expressed concern that, the absence of these electronic gadgets makes the environment boring and life uncomfortable for them. As a result of this, they feel lonely and do not want to stay in their homes. One of the participant intimated that:

*"I always feel lonely. I have been thinking always. I don't have any gadget like radio to keep me in company. I intentionally come and sit outside my house in order to see people who are passing by. At least they will greet me"* (Participant 1, 75 year old elderly female).

In order to find out how the elderly have been affected by their challenges, the researchers tried to find out from the participants how they feel to experience these challenges. One of the respondents expressed her sentiments by commenting that:

*"I always feel bad. It has not been easy for me at all. I always think about it at this stage of my life. Life has not been fair to me at all"* (Participant 1, 75 year old elderly female).

## **Discussion**

Research question one explored the physical challenges that older adults face in Ajumako. From the findings of the study, it is evident that, challenges of the elderly manifest itself in various forms including food, medication and accommodation. From the findings, it is clear that, all the older adults encounter financial challenges since they do not have a secured source of income support. They rather depend on unsustain or insecure income, or gifts from other sources. This is because, it was evident that, for all the 12 older adult participants, none of them depended on sustained or secured income such as pension. This presupposes that, the older adults do not have any social security such as investments or rent property to depend on. This situation has lowered their standard of living thereby making majority of them becoming poorer and dependent. This supports the study conducted by Twum-Barima (2014) that, in Sub-Saharan Africa, comprehensive social security programs do not exist and few people enjoy pension schemes. This view is shared by Akanji et al, (2002) that, majority of older persons are self-employed and do not receive any retirement benefits. This is further confirmed by the findings by Baiyewu et al (1997) who conducted a study on the socio-economic status of the elderly in Nigeria that only 6.4% of those aged 60 and older were receiving pensions, with 74% living below the poverty line. The findings also agree with the study conducted by Johnson and Mommaerts (2011) that, only a small number of older adults have substantial savings or investments.

The findings of the study revealed that, the prevalence of poverty among older adults in Ajumako is also linked to education or literacy levels and lack of social security and investments. This confirms the study conducted by Ahn and Kim (2004), that illiteracy and poverty create circumstances that predispose individuals to the highest incidence of social dysfunction. This also confirms the studies of (Agyeman, 2014; Ramasha, 2013), that, most elderly persons face grave economic challenges and are consistently among the poorest in all societies, and material security is therefore one of the greatest preoccupations of old age. This again supports the findings of (Arber & Cinn, 1991; Calasanti et. al., 1993; Krekula, 2007), that, one major challenge facing the elderly is poverty, which can result from their lack of involvement in the labour market forcing them to survive on minimum wages which may compel older persons to depend on others through remittances, as a result of their inability to earn money while others depend on the state as their only source of income. Thus, older people living in poverty find themselves socially excluded and isolated which affects not only their income and wealth but also contributes to poor housing, ill health, and personal insecurity. This is supported by Sullivan et al. (2009) as cited in Agyemang (2014) that:

*“Financial security affects one’s entire lifestyle. It determines one’s diet, ability to seek good healthcare, to visit relatives and friends, to maintain a suitable wardrobe, and to find or maintain adequate housing. One’s financial resources, or lack of them, play a great part in finding recreation (going to movies, plays, playing bridge, social gatherings such as funerals, etc.) and maintaining morale, feelings of independence, and a sense of self-esteem”.*

The older adults in Ajumako suffer from hunger and nutritional food which have affected their health conditions. This is because some of them eat once a day and even the food they eat lack adequate nutritional quality and quantity. This has led to a situation where most of them suffer illness. Unfortunately, however, most of them are unable to visit the hospital due to their inability to secure money to settle their hospital bills. This confirms the study of Agyemang (2014), that, the elderly people’s inability to access healthcare in Africa has been attributed to their low-income levels and that in most cases, lack of access to healthcare in most developing countries has left the elderly vulnerable to sicknesses and diseases as they lack the means to pay for treatment. This situation has rendered most of the elderly jobless since they lack the physical strength to undertake any business activity due to illness. This supports the studies of Hall (2003) and Muruviwa (2011) that, in most developing countries, when elderly people are in good health, they continue to work while those who are ill end up in poverty when support from household members is insufficient.

It is significant to note that, ageing does not occur in a vacuum. It occurs in a context that includes not only the needs and resources of individuals, their patterns of activities and their relationships with others but more importantly, it includes attachments to their surroundings. Various studies have been conducted concerning the living arrangements of the elderly in Africa (Apt, 1985, 1991, 1992, 1994, 1995, 1996; Addo, 1972; Brown, 1984; Cox & Mberia, 1977). This presupposes

that one of the most influential factors in the lives of individuals is the environment in which they live. This may be particularly so to the older adults since they spend more time in the home as compared to many other groups in society. The findings from this study support their findings that poverty and inadequate incomes are often associated with decent housing deprivation among the elderly. The findings from this study show that the lack of hygienic accommodation poses a great challenge to older adults in Ajumako. Most of the older adults in Ajumako live in uncompleted buildings and in unhygienic sanitary environments. This shows that most of the older adults do not own houses and therefore depend on others for their housing needs. This has a tendency to affect their health, peace, and security.

Research question two also sought to find out the social challenges of older adults in Ajumako. According to Arokiasamy (1997), provision of the physical and emotional needs of older adults is not solely the duty of the individual families, but also a society's function. However, the findings revealed that poor institutional support systems such as the weakening of the social welfare systems, the inability of government to provide and strengthening social welfare centers to care for older person needs, failure of the government to create jobs for the elderly and failure of the government to strengthening LEAP have all contributed to the challenges of the elderly in Ajumako. The findings show that community supports systems are ineffective in Ajumako and thus, the community shows little concern to the plight of older persons. This supports the study by Twum-Barima, (2014) that, in today's rapidly modernizing societies, attitude towards the elderly in most communities, in general, tend to be largely negative. In a sense, caring for the elderly by the family system, in general, must be in agreement with societal norms and sanctions. The findings show that the breakdown of genealogical ties due to the craving of nuclear family size and failure of the extended family members to provide support for the elderly contribute to the challenges older persons faced. This confirms the study by (GSS, 2013: Nukunya, 1969: Badasu, 2004: Oppong, 2007) that, the traditional systems of care for older persons have been undermined by the processes of modernization and that as family members move to urban areas and other destinations, kinship ties become weak and obligations are not binding as lack of proximity and application of sanctions encourage irresponsibility towards the elderly and others. This also supports the Family System theory which contends that, in a dysfunctional family (a family with weak financial status and social relations), the expectation of other family members to provide caregiving support services to the older person becomes a challenge since members do not perform their expected roles (Twum-Barima, 2014). However, the findings suggest that some of the older adult participants do not blame their children for their challenges. This confirms the findings of Geest (2005, p. 123) that, "while often complaining about poverty and loneliness, the elderly themselves did not like to be too openly critical of their children because that would publicise the latter failings and impose disgrace upon the parent perhaps they have failed to provide their children with a proper education".

## Conclusion

Majority of older persons in Ajumako encounter financial challenges. It is evident that most of them depended on an unsustainable or insecure income or gifts from other sources. This is because, among all the 12 older adult participants, only one of them depending on a small amount of income from SSNIT. All the eleven participants did not have a secured income such as a pension, return on investments or rent a property. The older persons in Ajumako suffer from hunger and this has affected their health conditions. At times some of them eat once a day and even the food lack adequate nutritional quality and quantity. This has affected their health since nutrition is an important aspect of health conditions for every individual. Most of these older persons in Ajumako lived in uncompleted buildings and unhygienic accommodation. This shows that most of them do not own a house and therefore depend on other means for shelter. This, therefore, interrupts their health, peace, and security. Most of these older adults in Ajumako do not live with their children and spouses since they are widowed and others have separated with their partners. Due to this, they lack adequate social interaction and suffer social intimacy. This lead to frequent stressful conditions and breakdown of health conditions.

Most of the females' older adults have lost their marital partners as against their male counterparts. This indicates that older female adults feel isolation and loneliness as compared to male counterparts in Ajumako. In the light of the findings made, the Ajumako-Enyan District 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 a certain percentage of the District Assemblies' Common Fund (DACF), 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.

There should also be pension reforms by the government and SSNIT with more sensitization and incentives to cover those working in the informal sector especially persons who are self-employed in the District. This will help people who work in the informal sector to receive pensions when they become old. The Health Insurance Policy should be reviewed by the government where the age at which one can enjoy free or subsidized premium payment be reduced from 70 years to 65 years. This is because, at age 65, everyone is expected to have gone on compulsory retirement from active formal employment, even if he/she had an extended employment contract. The government should provide televisions, radio and other appliances for the elderly to keep them in the company in order to release boredom and prevent loneliness.

The Livelihood Empowerment Against Poverty (LEAP) money should be increased and be released on time to the older adults in the District. If possible, there should be a policy to establish social centers in each district in Ghana by the government with support from other interest groups such as HelpAge Ghana and religious institutions. This will serve as an avenue where the aged within the community will meet to entertain and educate themselves on issues of common interest. The place could also serve as experience and knowledge sharing center for the youth and schools within the area as well as the general public since the aged are recognised as the repository of knowledge, wisdom, culture, and tradition. This would go a long way to preserve the culture and

improve their social interactions. Health personnel could also visit them regularly to screen and administer the appropriate medicine to them and make the necessary referrals when the need arises.

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