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Exploration of Ghana's Older People's Life-Sustaining Needs in the 21st Century and the Way Forward

Abstract: This chapter investigates older people's needs in contemporary Ghana using the analyses of quantitative and qualitative data sets. The findings identified eight distinct patterns of needs, namely basic needs, care, and domestic help; sociability, emotional and affective support; information; counseling; spiritual needs, free bus rides, and rights. These needs highlight older adults' social and personal requirements regarding daily living and healthcare in their desire to age with dignity. Their provision may avert problems related to population ageing, including old-age dependency. These needs can be addressed through the following measures. First, the facilitation of the informational needs of older people is attainable through the introduction of initiation for adults and/or older people into the social structure and/or life course.

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Second, the provision of houses through the mediation of government on behalf of pension contributors, payable in installments. These may ensure appropriate adjustment to life in old age, albeit longevity. The life-sustaining needs of older people have existed since time immemorial. However, these needs are now taking a new dimension in the era of population ageing and increased life expectancy, economic hardship, and weakening extended family support system. We, therefore, argue that these require interventions at both the family and institutional or state levels or formal and informal levels, particularly needs satisfying programs and policies should be instituted by the government in addition to the existing ones.

Key words: Life-Sustaining Needs, Care, Protection, Age Discrimination, Initiation, Sensitization

Introduction: Social Change in Ghana, Population Ageing, Formal and Informal Care of Older People

A transformational factor in recent times is social change, which has occurred globally, including Africa and Ghana (Dovie, 2019a). According to Apt (2002) and Kpessa-Whyte (2018) social change is caused by modernization, urbanization, and globalization, necessitated by societal and familial changes, albeit inadequate formal support infrastructure (Aboderin, 2006; Dovie, 2018a), declined extended family support system (Aboderin, 2006; Doh et al., 2014; Dovie, 2018a; van der Geest, 2016); and increasing nucleation of the family (Dovie, 2019a). Functionally, the extended family support system still cares for older adults, its declining status notwithstanding, which is a preventive measure against government's fall in the provision of their social needs, namely social care, and healthcare. Ghiara and Russo (2019) have argued that it is widely agreed that social factors are related to health outcomes: much research has served to

establish correlations between classes of social factors on the one hand and classes of diseases on the other hand (p.7).

Ghana's older adult population is mainly attributable to changing fertility and mortality trends (Tonah, 2009). Ghana's ageing population has increased seven-fold over 50 years—from 213,477 to 1,643,381 in 2010 (GSS, 2010). The current percentage of Ghanaians above 60 years is 6.7%. This is one of the highest proportions of that age category in sub-Saharan Africa (GSS, 2013). The phenomenon of population ageing has two distinct dimensions to it; namely, first, women constitute a substantial proportion of older people in Ghana. Second, the fact that the vast majority of Ghana's older people live in rural areas, although the number of older adults in urban areas is also rising.

Population ageing refers to a rise in the average age of the population. Population ageing culminates from increased life expectancy and falling rates of fertility (Novak, 2006; UNECE and EC, 2015; Zaidi, 2015). It is a worldwide phenomenon with different pace and sequel among regions and countries (Holzman and Hinz, 2005). In consequence, as life expectancy increases, it causes a corresponding increase in the population of older adults (Hughes, Kroehler, and Vander Zanden, 2005). The life expectancy of humans has been constrained for decades; this notwithstanding, population ageing depicts the triumph of public health, the advancement in medicine and economic development over disease and injury.

Population ageing has profoundly influenced older people's conditions of life and their welfare problems. The increasing population of older adults has elicited a pressing problem that has emerged concerning taking care of older people (Dovie, 2019a). Particularly, as larger numbers of people survive into old age, the repercussion is an explosion in demand for care, albeit on a long-term basis. Longer life expectancy presently and in the future may lead to older

people needing support for longer years (Novak, 2006). This indicates, for instance, that it is anticipated that growing numbers of older people will suffer from chronic disorders that keep them from living independently (Moody, 2010). What then are the basic needs of this category of people?

Care broadly means ongoing assistance with a wide variety of functions ranging from periodic chores, housework, and transportation to 24-hour monitoring and help with ambulation, bathing and eating (Atchley and Barusch, 2004, p. 212). Care for older people is a widespread phenomenon. In some high-income countries, there is variable funding for social care; for example, Germany has a special tax to help fund this. In the United Kingdom (UK), social care for patients in institutions is means-tested, for example, above a certain level of assets, this is self-funded. The same is in the United States. Consequently, this is an issue facing all countries (Rosenthal et al., 2014). Care provision in contemporary times is a shared phenomenon for both younger and older generations, which may be needed more by the latter category of individuals. However, Kyomuhendo and Boateng (2019) note that older female adults are burdened with the care of generations due to the HIV/AIDS epidemic. Conversely, the neglect of older people (Dovie et al., 2018) may be responsible for the lack of care for them (Dovie, 2019a). All these have implications for life-sustaining needs and the requisite care, particularly for older adults.

Care provision to older people takes diverse forms, varying greatly among countries, and is changing rapidly. Yet, even within the same country, regional differences exist concerning elder care. Globally, older adults consume the most health expenditures than any other age groups. This indicates that comprehensive aged care may be very similar. There exist large proportions of global older people, especially in developing nations, as continued pressure is put on limiting fertility and decreasing family sizes. Traditionally, care for

older people has been the responsibility of family members within the extended family context. Increasingly in modern societies, state or charitable institutions provide care for older adults. This has been due to decreasing family size, weakening family support systems (Aboderin, 2006; Doh, Afranie and Bortei-Doku Aryeetey, 2014; Dovie, 2018a), greater life expectancy of older people, and geographical dispersion of families, among others. There may be the need for using programs for low-income older people in the low-income bracket. The social support needs of older adults increase with advancement in age. These social support needs' provision entails financial interventions, for example, Livelihood Empowerment Against Poverty (LEAP), housekeeping, and supportive services for older people who are marginally independent.

Early research on ageing has shown that the protection offered older people in the Ghanaian society has come under some pressures from modernization, urbanization and search for better livelihoods (Aboderin, 2006; Apt, 2002; Kpessa-Whyte, 2018; Mba, 2010). The life-sustaining needs of older adults are worth examining in this chapter especially in the context of rapid social change, increased life expectancy, population ageing, the decline in the extended family support system and a host of others. Life-sustaining needs in the context of this chapter refer to older adults' social needs that when met will enhance their ability to ascertain improved quality of life. This provides a preview of the situation at hand as well as the way forward in addressing them. This may, in turn, improve the social positions of older people in the 21st century.

Older people's care may range from taking care of a parent or an older person once a week to providing personal care such as bathing or feeding (Novak, 2006) on a daily basis. These needs can further be categorized into formal and informal care. Formal care may mostly be provided by the

state and informal care by the family and/or community. The provision of these needs necessitates a collaborative effort between the family and the state (Dovie, 2019a). Cash-for-care policies have the propensity to exacerbate existing inequalities in care, with negative repercussions for well-being in later life. The supply of needs, therefore, depicts the norms of reciprocity and beneficence. However, the family is strained, for example, by the participation of women in the labor market, thus reducing their capacities to meet these needs (Lloyd-Sherlock, 2004). It is also confounded by the weakening of the extended family support system in contemporary times. Further, population ageing and attendant longevity have consequences for the daily needs of older adults' in Ghana. Hence, the study's objective is to ascertain these needs in contemporary Ghana.

In the advanced world, formal care is predominant due to the existence of the requisite infrastructure (Rosenthal et al., 2014), whereas in the developing world including Ghana, informal care dominates in older adults care provision as a result of inadequate formal support infrastructure (Aboderin, 2006; Dovie, 2018a, 2019b). Movement into formal (private) residential care is pursued by people aged 80+ as well as people in the poorest quintile, women, single or widowed as well as people who have no children or those who have only one child (Evandrou, Falkingham, Maslovskaya and Vlachoutoni, 2012; Dovie, 2019a). Formal residential care tends to occur towards the later part of old age (Evandrou et al., 2012). It requires significant financial resources on the part of older people involved and their children and/or relatives. Formal care reception and/or solicitation is facilitated by highest education quality vis-à-vis impact on earnings over the life course and informal care receipt. As Evandrou et al. (2012) opine, informal care is obtainable in the context of the family structure. In Ghana, similar to most developing countries, the great majority of older people continue to live

with their children or other family relations, where they receive non-formal care.

Care can also be categorized into short and long-term care. Older people with long term care needs, half of those who lack family caregivers are in nursing homes compared to 7% of those with family care (National Academy of Aging, 1997, cited in Uhlenberg and Mueller, 2004, p. 139). It is worth reiterating the fact that older people do not only receive care from family members but also provide care (Bentson, 2004; Kpessa-Whyte, 2018) to developmentally disabled children, grandchildren and many more. Long-term care denotes a range of services designed to assist people with chronic conditions that compensate for limitations in the ability to function independently (Quadagno, 2014, p. 272). Typically, women are the primary caregivers of ill family members with disabilities, including older people (Dovie, 2019a; Quadagno, 2014). Women's salaries tend to be lower than those of men. They also have shorter social insurance contribution periods. The weakening of the extended family support system can expose Ghanaian older adults to high socio-economic pressures. Women's social insurance conditions are also reduced by breaks from the salaried world due to childcare (Bevrukov and Foight, 2004). Women are almost always the main providers of care, whether the responsibility falls to younger daughters, daughters-in-law, sisters, or some other relations. Women do predominate in paid care, either in institutions or working in private households (Lloyd-Sherlock, 2004).

Theoretical Framework and Literature Review

The conceptual framework that guides this study is informed by the application of exchange theoretical approach to the life-sustaining needs such as basic needs, care, and domestic help; sociability, emotional and affective support; information; counseling; spiritual needs, free bus rides and rights, the

situation of older adults. It adopts the theoretical premise that the individual uses experiences to predict the outcomes of similar exchanges in the present (Blau, 1964; Homans, 1961). Social exchanges are more than economic transactions, which entail psychological satisfaction and need gratification. Exchange theory espouses the fact that social life is a service of exchanges, which add to or subtract from an individual's store of power and prestige.

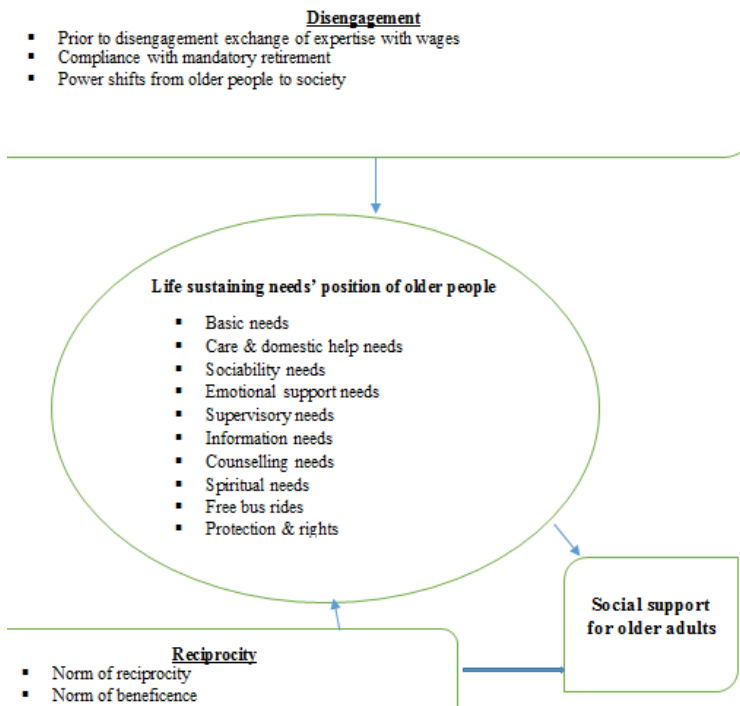
Older people with sources of power such as financial resources or interesting stories to tell find themselves in a better position of power, which in turn makes their relatives the dependent power position holders. Older people who possess little power are forced to pay a high price for visits by family relations with regard to familial obligations (Martin, 1971).

Further, older people gradually lose power until all that remains is a low capacity to reply. For instance, retired workers once exchanged their expertise for wages yet in old age they are required to comply with mandatory retirement, particularly formal sector workers in exchange for social security, retirement pensions, and medical care. In essence, there has been a gradual shift from older people to society (David, 1975). Similarly, the provision of their needs shifts to society, especially with the advancement in age vis-à-vis their increasing population and many more. This depicts compliance with mandatory retirement. The challenge in this context for the less powerful partner (e.g., older people) is that unbalanced exchange may become institutionalized, providing a basis for continuous imbalances. Social interaction and activity often decrease with old age because society enjoys distinct merit in the exchange relationship between older adults and society.

Social exchange finds expression in reciprocity. As a norm, reciprocity elicits the payment of goods or deeds with a

corresponding amount of goods or deeds to maintain a balance in relationships (Apt, 1996).

Figure 1 Conceptual Framework on the Position of Older People on the Basis of Needs



Source: Own elaboration.

For instance, parents take care of their children today so that they will, in turn, take care of them when they are old. However, in society, some people, for example, children and the mentally challenged are unable to repay what they receive. As a result, beneficence (David, 1984) elicits non-rational sentiments such as loyalty, gratitude, and faithfulness. The norm of beneficence is at play at both the personal and societal

levels of relationships. In this chapter, attention is directed at relationships at the societal level indicating that benefits from the government namely social security including other social services and instruments should increasingly be directed at older people per their positions of vulnerability. The norms of reciprocity and beneficence have increasingly remained interesting and valuable concepts with which to perceive older people's positions regarding needs and their subsequent provision pertains. These and the life-sustaining needs of older people are outlined in the conceptual framework (Figure 1).

Old age is often perceived as a gradual loss of physical and mental abilities with increasing difficulty to maintain mobility and independence, with implications for frailty (Halperin, 2019). Aged care is a process of caring for an older person in order that he/she may remain independent for as long as possible (Wagner, 1991). Aged care highlights the social and personal requirements of older people who need some assistance with daily activities and healthcare, but who desire to age with dignity (Kijong and Antonopoulos, 2011) and security. In consequence, the loss of mobility may constitute a severe cause of social withdrawal and physical impairment stressing the need for prevalence and rehabilitation forms of primary and secondary needs. However, ageing, and old age may expose older people to experiencing denial to appropriate health and social care.

Financial stringency is the main reason why middle- and lower-income economic level families cannot maintain their older relatives despite their best intentions. But, maintaining older people in the family implies additional expenditure for the cost of relatively expensive foods such as milk and fruits; the cost of drugs since older people often need multiple medications for long periods for multiple clinical disorders; (larger) accommodation for older people as well as those for group children. As Halperin (2019) notes, this has consequences for intergenerational reciprocity.

Aged care may encompass the fulfillment of life-sustaining needs, such as food, clothing, shelter, and requirements that are unique to senior citizens. It comprises services such as assisted living, adult daycare, long-term care, nursing homes or residential care, hospice care, family, or home care, including social services. Care needs can also be categorized into short-term, intermediate, and long-term as earlier stated. Long-term care is constituted by healthcare and social services needed by older adults, who have lost the ability to care for themselves due to chronic illness and/or condition. Chronically ill older people are already in need of long-term care. Fundamentally, long-term care is different from acute healthcare. The latter is the kind of care that is appropriate for condition(s) that culminate from a single cause, which can be treated by medical intervention (Dovie, 2018b). Chronic conditions that require long-term care do last for a long time and with a myriad of causes, namely Alzheimer's disease, dementia, and stroke, which result in permanent disability. Acute healthcare is an example of long-term care. However, the quality of long-term care may vary widely. Anum, Akotia and de-Graft Aikins (2019) found that older adults are prone to a greater extent to psychological dysfunctions namely loneliness, depression and lower quality of life, which is contrary to the emphasis placed on non-communicable diseases (NCDs) (e.g., diabetes, hypertension, strokes, arthritis) (Dovie, 2019a).

Older people in need of long-term care may be resident in different environments that range from a family residence to a nursing home or assisted living facilities. Older adults with severe chronic conditions often need assistance with activities of daily living (ADLs), irrespective of whether they live in the community or in an institution (Moody, 2010).

Formal and informal social support may play significant roles in providing the life-sustaining needs of older people. This may take the form of formal or state cash

transfers. Similarly, the family may serve as the platform on which the government transmits social protection for older people (Doh et al., 2014). This may be termed 'complementary social support.' This implies that despite the weakening of the extended family support system, it has remained a reliable and available source of social protection for older people.

Methods and Data Analysis

The research project began with some concerns and questions about older adults' needs in contemporary Ghana. The study used quantitative and qualitative datasets to investigate the social care needs of older people, while the questionnaire survey provided the necessary data for the development of an understanding of Ghana's older adults' repertoire of care needs. The qualitative (key) interview data provided an explication of questionnaire-based issues.

A total of 131 respondents were selected as adequate for the study. The proportion of individuals in the present sample reflects those of the population aged 15+ in Accra, using the mixed methods approach. This composition of the study sample was utilized because younger generations live with and participate in the care of older people in their respective residences and thus have knowledge of their needs inasmuch as the older adults themselves do. Hence, the specificity of this research is about the opinions of relatively young people (15+ and 59) over older people's needs (60 and 65+).

Adabraka is a town in the Accra Metropolitan Assembly, a district of the Greater Accra Region of Ghana. Adabraka's population is 36,510 (GSS, 2014). This mixed-methods study was designed to investigate older adults' social needs using questionnaire survey and key informant interviews.

The study adopted the convenience and purposive sampling techniques in selecting the respondents. For the quantitative data, respondents were selected from public formal, private formal and informal sector workers, and retirees. The sample is large enough to help address the research questions accurately. In all, 150 questionnaires were given out, and 131 were returned. However, the usage of the convenience sampling approach means that the results are not strictly statistically representative of the general population. In addition, five key informant interviews were conducted.

Research Instruments

Questionnaire

A questionnaire containing two sections was used in data collection. Section one was on the socio-demographic characteristics, such as age, educational level, and ethnicity. The second section explored issues of social care needs of older people. The questionnaire was created based on previous research, input from colleagues, and also the study's research interests. Examples of questions that have been previously used in published studies include questions about perceived older adult care needs (Doh et al., 2014; Dovie et al., 2018). After the initial pool of questionnaire was written, qualified experts were made to review it, especially for grammatical corrections and accuracy. The questionnaire was tested on a small sample of 30 individuals following the guidelines of (Perneger, Courvoisier, Hudelson, and Gayet-Ageron, 2015). Subsequently, a pilot test among the intended respondents was undertaken.

The survey questionnaire instrument's reliability was ensured in diverse ways, namely, facilitation by clear instructions and wording of questions. The questionnaire contained standardized instructions, namely, "please tick where appropriate." Also, trait sources of error were minimized through interviewing respondents at their

convenience. The validity of the survey data was attained following Nardi's (2006) guidelines. The validity of the data was obtained from face-to-face interviews.

The administration of the questionnaire took the form of face-to-face interviews, including self-administration. The face-to-face interviews were conducted in both English language and Ghanaian languages, namely Ga, Ewe, and Twi.

Interviews

Five interview participants were selected utilizing the purposive sampling technique. Purposive sampling was used because of its importance in the selection of participants who had specific characteristics such as sources of information. The interview themes that emerged were related to the perception of social care needs and suggestions for future studies.

The interviews were designed to gain an understanding of older adults' social care needs. The interviews lasted approximately 30 minutes. Initially, the researchers reminded participants about the aim of the study and that the discussion would be used to suggest future directions.

Each in-depth interview took the form of a semi-structured interview and was conducted individually in the participant's office or chosen the place. The interviews were audiotaped. Face-to-face interviews are endowed with the merit of providing pertinent information while allowing the researcher the opportunity to have control over the line of questioning (Neuman, 2004).

Data Analysis

Methodological triangulation was deployed to include the combination of methods to understand and explain (Greenstein, Roberts and Sitas, 2003) the social care needs of older adults. The answered questionnaire were cleaned and serialized for easy identification. A data entry template for the quantitative data was developed in the Statistical Package for Social Science (SPSS). Subsequently, the responses were entered into SPSS and were analyzed with selected descriptive statistics, namely frequencies and percentages.

Analysis of the qualitative data was undertaken along with six distinct steps. The first step involved the transcription of interviews, with the majority done alongside data collection (Bryman 2008). The second step entailed reading through all the data in order to obtain a general sense of the information; reflect on its overall meaning; ascertain the general ideas emanating from the participants (Creswell 2009). Accordingly, the transcripts were subjected to thematic analysis. Thematic analysis entails the process of encoding qualitative as well as textual information. Despite the strict procedural nature of coding and themes that emerged from constant immersion with qualitative data, Joffe and Yardley (2004) contend that thematic analysis is more exploratory. For the interviews, data analysis was first conducted by the researchers and subsequently by an independent researcher with experience in qualitative data analysis to increase confirmability and dependability. Both researchers ensured dependability by keeping a coding manual, which entailed original extracts from the interviews and definitions of the emergent themes (Johnstone, 2006).

Step three involved coding, comprising the review of transcripts and labeling their parts. The process of coding relates to the creation of analytical categories in relation to data; further different data were grouped based on sameness. The data were turned into fragments, for example, cut and

paste the chunks of data into a file; try to maintain track of origins of each chunk; this was done for doing this for all the transcripts; and finally, come up with a file for each category or code (Bryman 2008). Codes were developed based on emerging information to be obtained from participants. Each of the researchers read the scripts in detail, and then individually coded and categorized data from the same interview. Data from the interviews were coded by the researchers and across the entire interview data capturing diverse views. Through constant comparison, constant refining resulted in a list of themes (e.g., types of need) with their importance determined by frequency, the multiplicity of participants' views as well as uniqueness.

At step four, there was the generation of descriptions and themes that included a detailed rendering of information as well as the use of codes to generate a small number between five and seven themes or categories—types of life-sustaining needs. These themes appeared as major findings. Step five dealt with the interrelation between themes. It involved the use of narrative passage to convey the findings of the analysis; and conveyed interconnected of this case study, the themes analyzed for each case and across different cases. Step six, entailed obtaining meanings from each case while taking note of lessons learned from the study. The analysis was written up with the use of quotes from participants. Noteworthy is that pseudonyms were used for the interviewees to ensure anonymity and confidentiality.

Results

Socio-Demographic Background of Respondents

The study population comprised 57 males (43.5%) and 74 females (56.5%) aged between 15-60+ years. Approximately one-third of the respondents (35.1%) were married, 3.05% have lost their spouses, while 57.3% were single. Most of the respondents had some level of education and were constituted

by public formal, formal private, and informal sector workers. On the whole, the highest educational level attained by the majority of the respondents (68.7%) was tertiary education, while 3.05% had no formal education as evident in Table 1.

Table 1 Socio-Demographic and Economic Characteristics of Respondents

Variables	Frequency	Percentage (%)
Age Category		
18-19	4	3.05
20-24	52	39.69
25-29	14	10.69
30-34	20	15.27
35-39	10	7.63
40-44	7	5.34
45-49	9	6.87
50-54	5	3.82
55-59	6	4.58
60+	4	3.05
Marital Status		
Married	46	5.11
Divorced	6	4.58
Widowed	4	3.05
Single	75	57.25
Educational Background		
No formal education	4	3.05
Primary	1	0.76
Junior High School/Middle School	14	12.98
Senior High/Vocational/Technical	21	16.03
Business college	1	0.76
Tertiary	90	68.7

Occupation

Public sector employed	44	33.58
Private sector employed	43	32.82
Informal sector employed	44	33.58

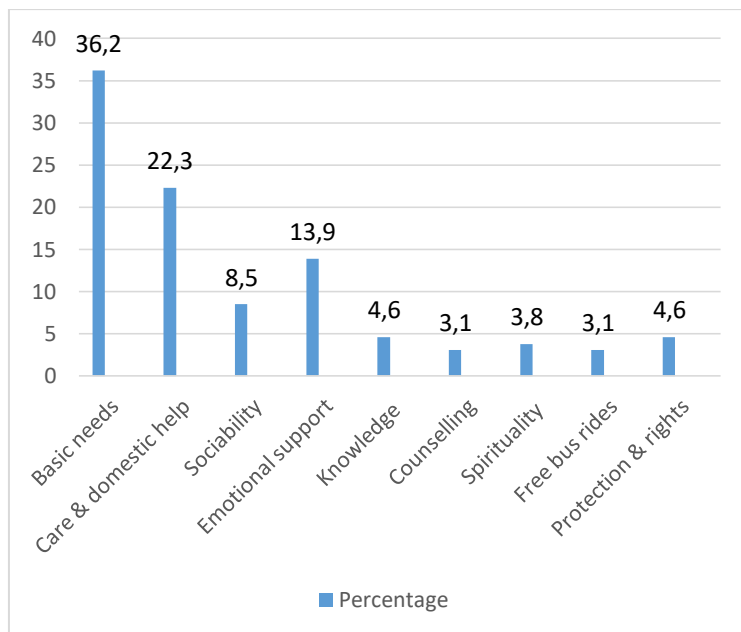
Source: Own elaboration.

Life-Sustaining Needs of Older Adults

The study identifies eight distinct patterns of needs for older adults. These are diverse, the fulfillment of which will boost their well-being as well as the quality of life. Older people's basic needs (36.2%) is constituted by nutrition, clothing, shelter, finances, healthcare, and supervision, including paid work. Finance, which in this context denotes financial support, as a source of legal tender, enables older people to be cared for regarding the provision of proper dietary requirements, clothing, and shelter. However, the nutritional status of older Ghanaians and the determinants of under-nutrition are issues that require rapt attention. Essentially, the determinants of poor nutritional status among older people may include inadequate household food security. As a result, the interview data revealed that: *“there is a need for financial support as well as taking older people to see the doctor at least every 3 months to check their health conditions on a regular basis”* (Interview with Martina). Supervisory needs for older people are based on the extent of their health conditions, including assistance with movements such as sitting, walking, getting up, among others. There are significant diseases in old age namely arthritis, osteoporosis, cancer, Parkinson's disease, Alzheimer's disease, dementia, cardiovascular diseases, peripheral vascular disease, impaired homeostasis, orthostatic hypotension that necessitate supervision. These may constitute life cycle risk factors in the form of orphanages, disability, sickness, unemployment, and old age. The fact that the basic needs of older people constitute approximately 36% of the total needs' patterns observed in this chapter implies that such

needs are essential. This, however, does not suggest that the other needs are insignificant. It is rather because the life of older people may slowly come to a standstill stop without them.

Figure 2 Life Sustaining Needs



Source: Own elaboration.

The need for care, physical and domestic help (22.3%) also pertain. Care needs are expressive of concern, dedication, and attachment. Cumulatively, these needs find expression in helping people in feeding, cleaning up, toileting, walking, moving about including their domestic space. In other words, care needs may range from personal care to home care. Care

may take the form of primary and secondary care. Family care is a primary source of care where older adults stay with their adult children. Secondary care, on the other hand, is in the form of care that older people receive in institutional homes, which in the Ghanaian context is in its nascent phase and is depicted by recreational or daycare centers for older people (Figure 2). These constitute the basis of care. Based on this, a policy on financial assistance to caregivers of older people will be in the right direction.

Sociability needs (8.5%) call for the availability and accessibility of good social relations, companionship, and visitation among the social networks of older people. Inasmuch as older adults need good social relations with their family relations and acquaintances, they also need to have such relations enhanced and/or transformed into one with strong ties of companionship consolidated by frequent visitations, particularly those who do not live with their children and relatives. This has become imperative, due to disengagement on their part from active service, culminating in a reduction in the strength of their social network. This implies that attaining a good social relation composition fulfills a social need that facilitates intergenerational social interaction. Also, older people's active engagement has the propensity to improve their well-being. They tend to thrive in contexts where love, understanding, and mutual respect exist.

Old age, also known as the third age, is a different phase in the life course, with which life-sustaining needs are expressed in emotional and affective support. By explication, the interview data summarizes emotional support need as follows:

“When accessed, it assists in lifting older people to higher levels with regard to going through or having trouble later in old age” (Interview with Mingle).

“It denotes having someone to rely on during trying moments in life, especially in old age” (Interview with Betty).

“Emotional support is reminiscent of the best parts of being in a relationship” (Interview with Nike).

“Affective support for older adults is related to speaking to and hearing them out, nearness to them as well as comforting them” (Interview with Vera).

Pertinent in the context of emotional and affective support are affection, love, and tolerance from children. In recent years, the link between affect and a conducive life in old age has been the subject with increased attention. Affective states such as flow and curiosity have the propensity to display positive correlations with old age, while the opposite effect is generated by negative states, including boredom and frustration. Hence, the goal of many societies is to provide older adults with emotional states that are conducive to leading a fulfilling life in old age. Significantly, emotional needs connote the provision of emotional support.

Information and/or knowledge transfer pattern denotes the fact that older people are a repository of wisdom, which could be transferred to younger generations. This suggests that older adults have a myriad of transformational experiences in life that they can bequeath to younger generations. Similarly, older adults need the requisite information in relation to what to do and how to do it on entering the phase of old age including what is happening around them and issues regarding pension income, healthcare, and formal support infrastructure. In the case of the latter, the National Pensioners' Association provides supplementation through the Pensioners' Medical Scheme (PMS). This need becomes very distinctive due to functioning in a different phase in life with its associated dynamic requirements and needs vis-à-vis the essential resources for a healthy lifestyle and well-being.

Older people need gerontological counseling or advice on what they should undertake to be able to lead a healthy life. Such a life-sustaining need depicts a short or long-term dimension to assistance given to older people to bring about

effective change that enhances their well-being. This suggests that there is a need for some specialist services for older adults situated within larger advocacy organizations. This is because overall, older people tend to remain marginalized regarding more general counseling services in society. Since older people spend more of their lives outside the labor market with limited participation therein, there is the need for guidance for learning in later life that must strongly support life-course transitions, to enhance the quality of experiences and well-being during old age. For instance, it is crucial to have guidance and counseling in relation to learning new roles concerning taking on significant caring roles, dealing with changes in health conditions, becoming a grandparent, or becoming dependent. This may be termed 'gerontological counselling'. This is needed even though older people have needs common to all other age groups, including the need for protection and rights. The informational and/or knowledge needs, as well as the guidance and counseling needs, resonate the significance of initiation among this age category.

Primarily, there seems to be a connection between old age and spirituality. This is because old age appears to have been perceived as denoting an end of life phase. This connotes the departure from the physical world in transition to the other world beyond the natural with supernatural touch and which requires prior preparation. This spiritual need though a prerequisite for all humankind, serves as a unique need for the older generation. Spiritual need, the interview data outlines is a need that older people prepare for by virtue of joining churches or mosques including other religious bodies and fraternities, where regular attendances and diverse shades of commitments are portrayed. Sometimes, they expect to be buried by the latter, if their offspring fail to do so.

Social needs, such as free bus rides, relate to the provision and availability of social facilities such as free boarding on state buses. Transportation needs as the interview

data shows find expression in, for instance, the Eban card to facilitate movement from one place to the other by older people. Eban card is a discount card that gives a discount on state buses to older adults. These peculiar needs have been necessitated by a reduction in the income sources of older people because of retirement and/or inability to work due to diverse reasons. This includes failing health conditions or the inability to stand for long in queues or sit for long or in the process of obtaining a given social service such as transacting business in the banking hall.

These life-sustaining needs highlight older people social and personal requirements regarding daily living and healthcare in their desire to age with dignity. Their provision may avert problems related to population ageing encompassing old-age dependency. These life-sustaining needs of older people, e.g., food, clothing, shelter, health, and protection, have been broadly defined regarding what things are socially anticipated.

Exploration of Measures to Address Older People's Needs

Providing older people's life-sustaining needs may require modes such as the institution of initiation of older people at old age into the life course to provide informational needs that will, in turn, ensure the appropriate adjustment of older adults. Assisting individual workers to acquire houses through government intervention in the acquisition process (62.3%) (see Table 2).

The act of initiation will ensure that older people are appropriately adjusted to life in old age. It will make them have prior knowledge of life after retirement. This is because some older adults are thrown into a state of anomie when they retire. Initiation into the social structure or the life course will perform functions such as help to prepare older adults towards life in old age, albeit, longevity guarding against the perception of ageing experience as a surprise. Programs to

inspire them towards that period comprise good retirement packages. It will serve the purpose of informing them early on about better lifestyles as well as staying healthy, nutritional facts and being productive. This facilitates adequate preparation for life in old age or retirement, including working after retirement or second careers. It may ensure comfortability after retirement as well as create awareness on the possible activities they can participate in to keep them in shape, and how older people can spend their wealth or pension resources in a more economically profitable manner. Initiation should be introduced at 50-59 years to enable older people to meet their requisite demands in all spheres of life. Initiation processes may teach what older adults are expected to do at a particular age. It may provide information on the changes that older people may experience including problems associated with old age and retirement while having a fair share of what they will be dealing with.

Table 2 Measures to Providing the Life-Sustaining Needs of Older Adults

Variables	Total (N=130)	Males (N=51)	Female (N=79)
Introduction of initiation			
Yes	108(83.1)	43(33.1)	50(50)
No	16(12.3)	6(4.6)	10(7.7)
Don't Know (DK)	6(4.6)	2(1.5)	4(3.7)
Government provision of public & civil servants with houses			
Yes	81(62.3)	36(27.6)	45(34.6)
No	46(35.4)	17(13.1)	29(22.3)
Don't Know (DK)	3(2.3)	3(2.3)	0(0)

Source: Own elaboration.

There is a need for proper and more in-depth sensitization regarding the importance of the extended family support system in satisfying the needs of older adults. This intimates the need to promote adequate social protection and care for older adults. The promotion and protection of the rights of older people will help provide the necessities they need at their old ages. It will raise a sense of awareness in the working class to be responsible for dealing with older people through the ratification of the convention on the rights of older people (CORP). The convention will protect older people against exploitation and harsh treatments from other people. In effect, older people must be given more rights as their population increases to ensure that they do not suffer unfairly as a result of the absence of laws that will give them more rights.

The Ghanaian society must be sensitized about the fact that older people can still be productive in society according to 36.2% of the respondents. Further, they can undertake jobs that are not so demanding, such as getting involved in a hobby that will earn them income, so they do not feel excessively dependent on others for their sustenance. Despite these, there are existing legislation and policies such as the 1992 Constitution and the national ageing policy that could be beneficial to older people. Thus, what is actually needed is effective and efficient implementation, monitoring, and evaluation of policies. This seems to suggest that as a nation, Ghana has good laws, legislation, and other legal instruments promulgated, yet the challenge pertains to effective and efficient implementation, monitoring, and evaluation of these mechanisms.

The acquisition of houses by individual workers through the intervention of government, payable through installment is worth exploring. It has the propensity to afford workers the means of owning houses even while living in government bungalows or organizational flats or rented

residences. The attainment of these and the others outlined above are reflective of the exchange theoretical ideology that alludes to the exchange of consolidated care provision for older adults for the expertise they once expensed through the process of reciprocity (David, 1984). However, there is a need for one to psyche him/herself up when young and get to know and understand that old age is inevitable. This is because adjustment initially takes place in the mind.

Discussion of the Facilitation and Provision of Life-Sustaining Needs for Older People

Older people in Ghana are predominantly non-institutionalized people in need of care, from the society and state. The results show that older Ghanaian adults have life-sustaining needs, the conditions of living notwithstanding. These needs entail basic needs (e.g., food, clothing, shelter, and healthcare), care and domestic help, sociability, emotional and affective support, information; gerontological counseling; spiritual needs, free bus rides, and protection needs. Free bus rides are here tagged as life-sustaining needs because when obtained, it ensures that pension incomes are not used on the same. Thus, preserving the said amount cumulatively for use on other necessities of life, considering the cost of living in Accra is relatively high.

Existing literature shows that for instance, the prevalence of under-nutrition is high in older African men (9.5–36.1%) and women (13.1–27%) (Charlton and Rose, 2001). This confirms the findings from other studies that older people are a repository of wisdom (Crampton, 2013; Tonah, 2009; van der Geest, 2002). Essentially, guidance and counseling (Dovie, 2018a) that engages with the learning of older people could, therefore, become more oriented towards these developmental tasks. This is consistent with the argument for the strengthening of the weakened extended family support system (Doh et al. 2014). Dovie (2019a) expands older people's social needs, especially the healthcare

dimension to encompass geriatric care needs, which comprises hospitalization, the absence of segregated care for older persons at health facilities including healthcare expenditures. In terms of care, and incipient institutional care regime constituted by the occasional, adult day-care center and residential archetypes, all of which provide a variety of care avail for older adults. Significantly, there are indications that family support no longer suffices in meeting the basic needs of older people (Aboderine, 2006; Dovie, 2018a), particularly in Accra.

The provision of housing needs can be attained through the mediation of the government on behalf of pension contributors, payable in installments. This may ensure appropriate adjustment to old age, post-retirement life, albeit longevity. These developments imply social development, a context in which economic growth is converted into socially desirable forms of goods, namely housing, healthcare including family welfare. Further, Moody (2010) argues that the biology of longevity, the economics of healthcare, and the right to lead a decent life influence older adults' need. Health promotion entails improved diet or increased exercise, which may reduce the onset of illness and hence, life expectancy (Dovie, 2018b).

Most Africans enter old age after a lifetime of poverty and deprivation, poor access to healthcare and diet that is usually inadequate in quantity and quality. Yet, in Ghana, nutritional interventions and mainstream poverty reduction strategies and targets are mostly directed toward infants and young children, including pregnant and lactating mothers. This challenge of the significant disregard of older people is reflected in the millennium development goals and fewer older adult-oriented policies comparatively in Ghana, which constitute a continuation of the former. This may be due to a myriad of reasons including the relatively small nature of the population of older adults, the younger population is more

vulnerable to poverty than the former, and finally, the traditional family system already provides for older people. Perhaps, this status quo pertains because of the functionality of the extended family system even in its declined state. This may depict the hierarchy of generational priorities. In contrast, studies, for example, Anum et al., (2019) contend that Ghana's older adult population is one of the highest in West Africa. Therefore, older people must be targeted in all cases in equal measure for all state interventions, since older adults' population is on the increase vis-à-vis changes in the traditional family support system (Aboderin, 2006; Apt, 2002; Doh et al., 2014; Dovie, 2018a). Similarly, Bruggencate, Luijckx, and Sturm (2018) note that with a growing population of older adults and the need for them to stay healthy and community-dwelling, satisfying social needs is essential. Above all, these should be done to safeguard the future of older adults. This has significant implications for resource distribution, which may mostly benefit older people regarding the meeting of their life-sustaining needs.

Noteworthy is that older adults continually contribute to the family's overall welfare through helping to raise, educate, and transmit time-honored indigenous wisdom and traditional values to the younger generation in their care while supporting with the performance of minimal housekeeping duties (Kpessa-Whyte, 2018). By contrast, the traditional form of providing care and support for older people depicts a "complex system that includes reciprocal care and assistance among generations, with older adults not only on the receiving end but also fulfilling an active, giving role" (Apt, 2002, p. 41).

These patterns of life-sustaining needs are of essence in relation to population ageing and increased life expectancy. For instance, Ghana's total population has been estimated to have a life expectancy of 65.75 years whereas life expectancy at birth for males is 64.5 years and 69.18 years for females

(CIA World Factbook, 2018). Meeting these life-sustaining needs may offer older adults the opportunity to enjoy life at least to the barest minimum. A better life should be constituted by specific components such as an increase in needs provision. There should be the widening of the distribution of life-sustaining goods namely food, shelter, clothing, healthcare, financial resources and protection; the provision of more jobs for older adults; and last but not the least, to the expansion of the range of economic and social choices available to older adults thereby culminating in their non-dependence entirely on significant others. In consequence, Apt (2002) observed that older people might enjoy old age if they access essential provisions such as adequate food, housing, and healthcare.

In demonstrating how some of the life-sustaining needs, namely rights, protection, informational, counseling, and shelter needs may be addressed, three distinct measures were outlined. First, the United Nations (UN) Convention on the Rights of Older People (CROP) in tandem with the complementarity of the International Plan of Action on Ageing adopted by the World Assembly on Ageing (Nizamuddin, 2002) will facilitate the well-being of older people tremendously. However, the former may entail the ratification of the CROP, which is beyond the scope of this chapter. It is worth noting that older adults have a legal right to receive in-kind services, such as home-care services for designated hours per week dependent on eligibility and levels of disability, and access to a day-care center.

In some societies, people attain recognition as adults by virtue of going through a more or less elaborate ritual of initiation. Initiation is mostly performed for boys, girls, or both which may qualify people to, for instance, marry (Omer-Cooper, 1996). Whereas the initiation of boys is constituted by instructions in all kinds of tribal lore with trials of strength and endurance, the initiation of girls is associated with some instructions on sexual and domestic life.

Initiation at adulthood may constitute a mechanism by which old individuals acquire and maintain wisdom or knowledge in relation to preparing towards life in old age. The initiation at this stage will serve as an age marker as well as depicting how age differences may be perceived. This will determine the age at which people can obtain information in relation to life in old age and the age at which to retire from employment. Initiation at adulthood may serve as a regulation of mechanisms regarding the relationship between different generational groups in terms of the transmission of valuable resources and social status in the social structure based on age. This makes age a salient feature of social classification. It also makes possible social stratification, initiation, or transmission from one stage to another in relation to knowledge, resources, and social positions. This suggests that structure exists at numerous levels and in many forms that range from institutionalized mechanisms of roles and resource allocation (Dovie, 2018a) to the underlying cultural systems of language, knowledge, and aesthetics. This signifies that social structure has a profound influence on the life course (Dannefer and Kelley-Moore, 2009; Tonah, 2009; UN, 2002).

Essentially, Ghana's cultural institution can have an initiation into adulthood and/or old age as one of its constituents with the purpose of creating awareness on what to anticipate in old age. This cultural school of initiation may create a strong sense of awareness among initiates. The program inherent in this school could be conducted under the authority of the district assemblies across the country. After completing the initiation school, the initiates may retain a sense of preparedness for life in old age. Both men and women can attend this school.

The phenomenon of initiation must also be constituted by a counseling component since Ghana lacks a nationwide counseling service delivery, also known as gerontological counseling, particularly for older adults. This will, therefore,

comprise information, advice, and guidance. This new service will cater to the specific needs of older people. Guidance for learning in later life needs to actively support life-course transitions, including an enhancement of the quality of experience and well-being during old age. In essence, where guidance and gerontological counseling about learning new roles relate to taking on significant caring roles, dealing with changes in health conditions, becoming a grandparent, or becoming dependent. Guidance and counseling that engages with the learning of older adults could become more orientated towards these developmental tasks. It is important to take into consideration issues of where and how they are accessed as well as sensitivity to older people's peculiar issues and needs. These measures are complemented by existing state-led interventions discussed below.

Respite care and services, on the other hand, benefit caregivers who may need to rest from caregiving chores to prevent requiring medical help due to excessive caregiver fatigue. Respite care is a type of care that is available if carers need a break, including 24-hour emergency respite cover (Moody, 2010). It requires information about the location and the specific types of aged care services available for older adults. It highlights a variety of health and aged care services, which focus on linking providers, namely hospitals, community services, family support, and aged care in rural and regional areas.

Existing State-Led Interventions

Some of the problems identified as encountered by older adults encompass poverty, poor nutrition, inadequate housing, and poor access to healthcare facilities, including other salient amenities. Existing documentary evidence illustrates that in recent times, there have been programs implemented and aimed at improving conditions of living and thus meeting some of the life-sustaining needs of older people. These

interventions consist of the national ageing policy, which has been promulgated with the bid to empower older adults. It specifies their rights and responsibilities. For example, the national pension scheme enables beneficiaries to receive some amount of money that facilitates the provision of their basic needs whereas the national health insurance scheme (NHIS) fosters older people's access to primary healthcare at a reduced or no cost at all dependent on the age in point. However, the scheme does not cover all illnesses, including surgical operations and hospital admission costs (Dovie, 2018c, Soussey, 2015). Further, the challenge for the older population in Ghana is that the retirement age for public sector workers is 60 years; while the NHIS provides free care to those aged 70+ years (NHIS, 2003). The National Pensioners' Association has the PMS instituted in response to such inadequate resources (Dovie, 2018b). First July in Ghana has been declared as 'Senior Citizens Day' symbolizing a national commitment to the well-being of older people (Mba, 2004).

Others are the Eban Elderly Welfare Card that provides older adults with easy access to social amenities, especially the provision of quick services to persons aged 65 years and above at hospitals, banks, and other public places at a discount of 50% (GOG, 2015). However, if the retirement age in Ghana is 60 years, then the provision of such services or needs should benefit people aged 60 years and above to avert the depicted age discrimination in policy terms (Dovie, 2018c). In addition, one of the six witches' camps in the northern part of the country, precisely the Bonyase Witches Camp in the Central Gonja District (Duodu, 2014) has been closed down. There is also a LEAP for non-pensioners. These constitute the formal social protection measures and informal support infrastructure instituted to facilitate older people's well-being. Yet, as earlier mentioned early on, these are delimited by their provisional age criteria, implying that these

formal measures could be expanded to include others, which have been discussed above.

Conclusion and Recommendations

The life-sustaining needs of older adults can be categorized into nine distinct patterns namely basic needs, care and domestic help, sociability, emotional and affective support need, supervisory need, knowledge; counseling; spiritual needs, free bus rides, and protection and rights. The fulfillment of these needs for older people may culminate in the adjustment to life in old age, including improvement in well-being. In effect, the government should institute and expand life-sustaining needs' satisfaction policies and programs. Preparing for old age may be undertaken at both individual and societal levels. For this course, individuals need to prepare adequately regarding both financial as well as preventive healthcare early towards old age. On the social front, small and gradual changes spread over a longer period is imperative. Given existing policies, significant increases may ensue in population ageing with regard to costs associated with a pension, health, and long-term care. Meeting these needs seeks to suggest that no one is left behind, including older adults in resource allocation and distribution in the country from a developmental viewpoint. This is consistent with Ban Ki-moon's statement that: the post-2015 development agenda offers a historic opportunity for the UN and its member states to strengthen the rights and roles of older persons in society as an integral part of our commitment to 'leave no one behind.'

Collectively, these remedies would improve the social positions of older adults in an era of declining extended family support system and increased life expectancy, actualized through the meeting of their life-sustaining needs. These, when attained, are reflective of the practicalisation of the norms of reciprocity and beneficence (see Apt, 1996; David, 1984 respectively for details), with implication for the

effectiveness of formal and informal social support by the family, the community, and the state.

Longer life expectancy now and in the future may lead to increasing numbers of older adults requiring support for more years. The needs of Ghana's older adults in the 21st century is indicative of the fact that traditional patterns or family-based care have undergone rapid change. The provision of these distinct needs significantly contributes to the satisfaction of older people's individual and life-sustaining needs.

It is concluded that there is a connection between needs, age discrimination, and the rights of older people. This may depict ageism, which refers to the stereotype, prejudice, or the discrimination older adults are exposed to. Age discrimination depicts the treatment of people differently based on age, as demonstrated in this chapter.

These have been tolerated in society, although they have the propensity to culminate into the violation of older people's rights. The lives of older adults can be changed by enabling them to lead lives full of dignity, particularly attainable through initiation and gerontological counseling, housing or shelter provision, and a host of others. In effect, these can be made a better platform for nurturing improved well-being with opportunities for growth, resulting in the strategic satisfaction of older persons' life-sustaining needs. Therefore, these serve to improve the social position of older people in the Ghanaian society in the long run. It also serves to provide life-enhancing services to older people in the 21st century. While all the life-sustaining needs of older people examined in this chapter are essential, the call for visiting patterns and emotional and affective support among others confirms the weakening nature of the extended family support system. Suffice it to say that considering family-focused legislation targeted at promoting necessary and reciprocal arrangements among family members will promote and

consolidate the provision of visitation, including emotional support for older adults.

Planning for housing for the aged population requires considering social and physical concerns. A continuous assessment of the health, work, household, care, economic, psychological, or emotional and social statuses of older people should constitute a definite prerequisite for the provision of these needs. Also, foster care and adoption services may be promulgated and rendered to the benefit of older people. Recreational centers need to have news about them reaching out to the masses through sensitization. The life-sustaining needs of older adults have existed since time immemorial. However, these needs are now taking a new dimension in the era of population ageing and longevity, economic hardship, and weakening extended family support system. These require interventions at both the family and institutional or state levels. Interestingly, family responses or support is abundant amid its weakening in contemporary times.

Nevertheless, impediments to meeting the life-sustaining needs of older adults entail financial constraints, the lack of political will as well as the absence of a focus on such needs. Yet, a myriad of actions have the propensity to overcome these impediments, namely a comprehensive information system development about the financial, physical, and social situation of older people in Ghana. This may serve as a crucial point of reference for assessing needs, drafting programs, and making rough cost estimates. More so, existing census data, organized to reflect the circumstances of older adults, may provide a good start. Other efforts may entail older people-specific surveys. In furtherance to this, the inclusion of older adults in national social protection frameworks may require starting with existing national strategies, such as the poverty reduction strategy paper for the poorest countries, or the medium-term expenditure plan for others, and doing “stress test” on the older adult. These strategies should then be

subject to extensive consultation with civil society with the reformation of an implicit social compact as a purpose. This also encompasses the mobilization of resources and finally, the formation of external partnerships to attain the provision of older adults' life-sustaining needs in the 21st century.

Since the government is not forthcoming with a consolidated aged care regime for older people, informal care needs to be invigorated to attain the same aim. Stated differently, based on current situational analysis, informal care may be better for meeting the life-sustaining needs of older adults in Ghana. With time, however, a new model of care called 'mixed care' may have to be created, combining formal and informal (familial) care for older people.

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