

# STUDYING OLDER PEOPLE IN GHANA

Closing Reflections

SJAAK VAN DER GEEST

ABSTRACT: This reflection discusses six contributions to a special issue on the care and well-being of older people in Ghana. Special attention is given to reciprocity as a key to successful aging, to the complementarity of quantitative and qualitative research, to gender, to performance in the ethnographic encounter, to the social relevance of these studies, and to the problem of access to literature.

KEYWORDS: Older People, Ghana, Reciprocity, Quantitative and Qualitative Research, Gender, Policy

This special issue is a welcome and timely addition to our limited knowledge of the living conditions of older people in Ghana and the care and support they do or do not receive. Seidu Alidu, Ernestina Dankyi and Antoinette Tsiboe-Darko provide a very useful and clear overview of the legal framework and policy endeavours related to the welfare of older people in Ghana and raise several critical questions. Kojo Ayernor explores how ethnicity and gender affect support in old age and the consequences these factors have for health and well-being. George Domfe and Ellen Bortei-Doku Aryeetey focus on household composition and its impact on the well-being of older people. Deborah Atobrah draws our attention to active aging as a new paradigm for improving the quality of life of older people. Cati Coe looks at a new, emergent occupation: the professional carer of the elderly who fills the gap in families that are unable to provide the traditional home care for their older relatives. Ama de-Graft Aikins, Mawuli Kushitor,

190

GHANA STUDIES / Volume 19
ISSN 1536-5514 / E-ISSN 2333-7168
© 2016 by the Board of Regents of the University of Wisconsin System







Olutobi Sanuade, Samuel Dakey, Delali Dovie and Joanna Kwabena-Adade finally provide an overview of research and publications on Ghanaian elderly and outline the need for further research.

In these closing reflections, I intend to discuss a few points that the authors make in their respective contributions. I do so mainly from the perspective of my own background as an anthropologist but also with due respect for other disciplines and methodological approaches. But let me first mention a few things about my own involvement with older people in Ghana.

My decision to study aging in Ghana in the beginning of the 1990s was preceded by nearly five years (1969–1973) of anthropological study at the University of Ghana and my own qualitative research in Kwahu Tafo, a rural town of about 6000 inhabitants. My first research project dealt with conflicts and tensions in one local abusua; the second was about ideas and practices around sex and birth control in the entire town community. My turn towards aging, twenty years later, had several autobiographical reasons. First of all, I had grown older myself and hoped to better understand my own "declining" lifecycle by listening to the life stories of older Ghanaians. Equally important was the aging of my own mother in the Netherlands, who was no longer able to live on her own due to the onset of Alzheimer's. Her children—including me—were faced with the difficult decision of looking for a care institution, as the most common—but also painful—solution to secure the well-being of elderly parents who need round-the-clock care and support. There exists a somewhat romantic idea in my society that families in Africa and other parts of the so-called developing world have a 'warmer' and more humane solution to this dilemma: relatives keep their old parents with them and continue to care for them till they die. Having lived in Ghana for a couple of years, I was somewhat sceptical about this rosy picture, but decided to explore it more carefully.

Apart from these personal motives, there were several more 'objective' reasons for my conducting qualitative research among older people in Ghana; for example, the demographic transition the country was passing through. How did this transition affect the lives of older people? What effect did the growing out-migration of the younger generation have on the well-being of the older generation? And what consequences did poverty and the limitations of health care have for their health? Similar questions could be raised about the shifting priorities of the young from care for the elderly to care for their children; about the absence of old age allowances, care institutions, and an effective policy for older people; and the low participation of older people in the national health insurance scheme.







My research touched upon only a fraction of all these questions; my aim was to present an emic description of how older people in that rural town experienced and managed their lives and how they were cared for by their relatives and other relevant persons. I hoped, however, that this perspective would also speak to some of the questions mentioned in the previous paragraph. Returning to the 'romantic' image of elderly care in—for example—Ghana, I can say that my conclusions about the living conditions of older people in that Kwahu community were extremely varied. Among the 35 elderly people whom I followed over a period of about ten years, I found cases that completely matched the very high standards of care imagined in the 'romantic' vision, but I also encountered cases of extreme misery, desolation and loneliness. Let me give two examples that illustrate this enormous contrast.

Nana Yaa Amponsaa (her real name) is about ninety years old when I meet her. She tells me her life story. She grew up in Kwahu Tafo where she started farming. Later on she became a trader. She bought maize which she sold in bigger towns. She married three times and each time moved in with her husband, in three different places. After her third divorce she decided to quit marriage and returned to Kwahu Tafo. She continued farming until a very old age. She had five children, three of whom—all daughters—were still alive. I had four long conversations with her and visited her numerous times to greet her and have a chat.

When I enter the house, she starts singing a church hymn to welcome me. One of her three daughters is preparing the meal, helped by a grand-child. The old lady enjoys my visit and is willing to talk about anything, even delicate topics like love and sex, and death. Her daughters are usually near her and are extremely attentive to her needs and well-being. When I ask her if there are beautiful things in growing old, she responds: "It is a blessing from God. You have given birth and if you are there with your children and grandchildren it makes you happy. When God calls you, you go. It is a gift of God to grow old". I then ask her if she has any complaints about old age and she answers: "As an old person, you can't work the way you like to work. That is why I need a stick to walk. You are not healthy enough to do hard work. My only complaint is: whatever you are doing, you cannot do it as well as when you were young. What you have to do is to pray to God".

Four years later I visit Nana Amponsaa with a journalist for Dutch radio who is making a documentary about growing old in Ghana. When we appear in the doorway there is a light panic. I suspect that the old lady is not ready for a visit. The oldest daughter hurries to make her mother presentable and after ten minutes Nana Amponsaa appears wearing a fancy transparent blouse. She is blind and her daughter leads and supports her. A normal conversation is not possible, however. She does not answer any of our questions but repeatedly starts praying. She thanks the Lord that she is







still alive, surrounded by caring children and that we are visiting her. Then she begins to sing that the Lord rose from the grave three days after his death. The daughter and other people in the house join her in the singing. It is an interview where the literal text is not very relevant; it is an invitation to look behind the text and I see a fragile but happy elderly woman, surrounded by three caring daughters, numerous grandchildren and others.

One year later, in 2001, Nana Amponsaa died. In July 2002 I visit the family to convey my condolences and pay my funeral contribution. One of the daughters recounts what happened during her mother's last days. About a week before she died she stopped eating and drinking. The family informed the relatives living outside of Kwahu Tafo that the end was near. A granddaughter, who is a nurse, came to help in the care-giving. She died peacefully, in every respect a good death, *owuo paa*. Her body was brought to a mortuary where it stayed for more than three months to give the family time to prepare a fitting funeral. On the day of the funeral her body was laid in state in the Presbyterian church. When I leave the family they give me a t-shirt in memory of Nana Amponsaa, which was worn by people at the funeral. Under her picture on the back of the shirt I read "Aged 113," a final gift of about 15 years to her long life from her generous daughters.

Agya Tano<sup>1</sup> is an old blind man. His clothes are in rags, and he spends his days sitting in his doorway with a pipe in his mouth, or lying on a mat on the floor of his empty room. His children, some of whom live nearby, seem to have deserted him. Whenever I visit him he begs me for tobacco, shoes, a coat, food and money. The only person who takes care of him is an old lady who happens to stay in the same house. He calls her his sister but the exact relationship is more remote. Agya Tano regards himself as an old man because he cannot do anything. He cannot go out, he cannot farm, he can hardly get up. He says "You can only eat the food which is given to you. Sickness makes people grow old. Because of sickness I am an old man. If people do not hold me, I cannot go anywhere". In the past, he says, young people took good care of the old, but nowadays it is different. His own sons live around the comer but he has not seen them for about six months, he complains. The 'sister' joins in the conversation: "When I was young I saw my mother's mother. She was very, very old. She would be carried from the room and washed outside. Sometimes she was brought outside and her room was swept and tidied before she was carried back to the room. But nowadays children don't do that". "Why don't children do that nowadays?" I ask. "Asasaa. Laziness. They don't want to work."





<sup>1.</sup> Tano is a fictitious name to protect his and his family's anonymity—for obvious reasons. In nearly all other cases I have used the older people's true names because they requested me to do so. They wanted to be remembered and their names in my publications would contribute to the fulfilment of that wish (van der Geest 2003).



Agya Tano's wife left him a long time ago, when he became ill. Desertion in old age is quite common. Women often retreat to their family of origin when their husbands are no longer able to support them. Their own family holds more security for them than a destitute and disabled husband. During his active life, Agya Tano was a musician and he is very knowledgeable about cultural traditions such as poetry and music, but nobody is interested in his stories. People never visit him, he says. As a visitor, I am an exception. At the end of our first conversation I ask: "What do you do from morning till evening?" "I sit here for some time, then I go to my room to lie down."

During my research almost everyone assured me that reciprocity is the key to a happy and successful old age. The proverb about how the care for the teething child is paid back to his/her old parents when they start losing their teeth was repeatedly quoted. The assumption that Nana Amponsaa was being 'rewarded' for being a good mother and that Agya Tano was being 'punished' for neglecting his duties as a husband and father seems logical. But reciprocity is not an iron law. Circumstances may prevent children from looking after their caring elderly parents or reward 'bad' parents in spite of their shortcomings. But such extreme cases of a happy and miserable old age are unlikely to occur in this form in my own society. Legislation and social services will relieve the burden of care for loving relatives and mitigate the misery for the elderly 'misfit'. Comparing elderly care-giving in two very different societies proved an instructive exercise that both raises questions and produces suggestions. But let me now select and discuss a few themes that struck me in the contributions to this special issue.

# Figures and Experiences

Two articles (Domfe and Aryeetey; Alidu et al.) are mainly based on secondary sources and three (Ayernor; Domfe and Aryeetey; Alidu et al.) focus on quantitative data. Measuring quantity and frequency is crucially important in social science reports and is particularly welcomed by policy-makers. In anthropology, however, quantification is badly neglected, which renders much of the research useless in the eyes of many, in particular policy-makers. What, after all, is the significance of detailed observations in one small community if we do not know how widespread these findings are over a much larger population?

Conversely, anthropologists complain that the figures in quantitative research are difficult to interpret and that statistics may obscure or distort the truth. Obviously, solid research on older people, for example, should







preferably transcend the 'conventional' disciplinary boundaries and combine quantitative and qualitative approaches. Let me clarify this by looking at some assertions in the three articles mentioned previously.

In their exploration of the effects of the LEAP program (Livelihood Empowerment Against Poverty), Seidu Alidu and co-authors report the growing registration figures for LEAP between 2009 and 2015. But what do these figures really tell us? We do not know the local micro politics that lead (or do not lead) to registration; how the administration of registration is done; and most of all, if registration actually leads to the financial support that is promised in the texts of LEAP. Policy reports have a social life with a political agenda. In the worst case, written words may simply replace activities that did not take place at all. Small scale qualitative research may help us to get a better understanding of what LEAP registration entails in the daily life experiences of older people and their households. If combining qualitative and quantitative research within one project is not possible for whatever reason, authors could look for complementary data in the existing literature. Alidu and co-authors are aware of this dilemma and are cautious in their conclusions. It is significant that the only pertinent conclusion they draw does not refer to what happens in actual life situations but to a restriction in the written rules of LEAP: that poor elderly between 60 and 65, who are excluded from registration, should also be allowed to benefit from it.

The same applies to the (low) registration of older people in the National Health Insurance Scheme (NHIS). Agnes Kotoh (2013) describes in detail how conflicting interests between politicians, insurance personnel, health workers and household members lead to surprisingly low registration rates and high rates of non-renewal. Such insight into what happens 'behind the scenes' is indispensable for understanding figures of seemingly irrational and self-defeating human behaviour.

Similar comments can be made about the other two contributions. Kojo Ayernor analysed secondary data from a country-wide survey among more than 5000 households with the aim of measuring the impact of ethnicity (e.g. patrilineality versus matrilineality) and gender on the support and care that older people receive. By making a distinction between structural and functional support, he shows that the availability of potential support does not necessarily lead to actual support. An important observation, but the reader may want to know the causes or reasons for this not to happen. Smaller in-depth case studies and open conversations with the elderly and their relatives would help to make sense of this puzzling observation. After all, older people and their environment are not voiceless study objects but





reflective subjects who can speak and explain why they do what they do and what is happening to them.

Explaining unexpected significant statistical associations is a common practice in survey-based social science studies. From psychologists we have learned, however, that human beings—including scholars—can produce explanations for anything, however inexplicable it may seem. It stands to reason that such off-hand explanations may be speculative. Their effect may serve more to reassure the author than to plausibly account for what is happening behind the numbers. Experience-based examinations of the 'facts' would be a more secure way to solve the 'puzzle'.

The contribution by George Domfe and Ellen Bortei-Doku Aryeetey contains or quotes much intriguing quantitative data that deserves closer qualitative examination. One such surprise observation is that 77% of Ghanaian households do not have a person of 60 years or older living with them (source: Ghana Living Standards Survey, GLSS). Another states that households without an older person are economically better off. A third remark is that Islam is more "welfare enhancing" for older people than other religions. Would it not be possible—excuse the repetitiveness of my comments—to 'decipher' these statistical findings through existing or follow-up qualitative studies?

My purpose is not to criticize these three contributions. On the contrary, I found them informative, enlightening and thought-provoking. I use them to plead for more interdisciplinary research (as Ama de-Graft Aikins and co-authors do in their bibliographic overview), in particular for the cross-fertilization of qualitative and quantitative (Q&Q) studies. The same plea for Q&Q studies could have been made by using the qualitative contributions of Deborah Atobrah and Cati Coe as my starting point.

## **Gender and Reciprocity**

Gender is another important and fascinating point for discussion. Three contributions refer to the more vulnerable position of older women compared to older men (Ayernor; Atobrah; and Domfe and Aryeetey). Ayernor 'expected' (in his hypothesis 4b) lesser well-being for women in patrilineal societies (but did not find a statistically significant relation). Atobrah emphasizes the strength of older women in an apparent reaction to the common assumption that women are worse off than men at an older age. Domfe and Aryeetey conclude that cultural and religious practices obstruct the progress of women (and should be removed). The assumption—or reported empirical evidence—that older women find themselves in an inferior position seems widespread.







I wonder if this holds true for Ghana. In my own research in Kwahu, where reciprocity was continuously cited as the determining factor responsible for a happy (or miserable) old age, mothers and grandmothers were usually better cared for than fathers and grandfathers, thanks to their devoted care for their children during the active period of their lives. I vividly remember the young woman who categorically declared that she would look very well after her old mother who had always worked hard for her, but that she would not care at all for her old father since the man had done nothing for her when she was a child. Ayernor suggests the same in his hypothesis 4a: "Women in comparison to men will report better health and well-being outcomes as they tend to receive more support in old age". This hypothesis was not, however, upheld statistically. In an article on care and reciprocity, I concluded:

... men will be the main victims of this calculating type of care and respect. Where men, during their active life, have shown to be little concerned about their children, they may expect the same lack of concern from their children in their old age. And where they have done little to support their wives they may reckon with the possibility that their wives will leave them. (van der Geest 2002: 29)

My guess is that the truth of this observation for a wider population depends more on the concept and practice of motherhood than on matrilineality versus patrilineality. But guessing is not what the public expects from us. More research—inspired by the 'law' of reciprocity—is needed to investigate the gender differences in well-being among older people. Ghana could be a starting point for such research. In such a study, we should also take notice of contradictory evidence that points to witchcraft accusations and the exclusion of elderly women, as reported, among many others, by Crampton (2013).

Deborah Atobrah's emphasis on the potential of women's agency, instead of on their victimization, points in the same direction, but reciprocity and care do not play a role of significance in her essay. Her point goes further and posits that older women have a cultural role of continued participation in social, cultural, religious and civic affairs. The 'old lady' (aberewa) to whom the elders in Akan society go to consult when they withdraw from their meeting could be seen as a symbolic personification of that female power and wisdom. In more general terms, however, I observed women's power and agency as a form of 'covert gynocracy', a term suggested by Phil Bartle during his research in another Kwahu town. "The ability of women to wield political power is hidden by the overt ideology of subordination to men: fathers, husbands, and uncles . . . [The] outward show of respect and







courtesy of women for men defuses potential conflict and protects the economic and social position that women substantively enjoy" (Bartle 1980: 1).

### **Performative Complexities in Research**

I must now return to my earlier discussion about survey-type research where the author is the coordinator of a team of interviewers but is not present at the interviews and—perhaps—never even sees the people that are interviewed. In a survey, there is usually—and understandably—little room for reflection on the social situation in which the interview takes place. But that situation, as we all learn in methodology classes, has a tremendous influence on the outcome of the interview. Doing an interview is not simply about data gathering; it is also a social event involving mutual performances by both the researcher and the respondent. A research encounter is not so different from other encounters in daily life. People fashion situations and play 'roles' in order to make a particular impression on others during such encounters. By carefully monitoring bodily appearance and information giving, actors try to create the impression that they want to give to the other. What to reveal about one's personal life and what to conceal constitutes a crucial part of this performance. If the author has not witnessed this mutual performing, he/she is hindered when it comes to describing the research, interpreting the answers and drawing conclusions. Of course, the degree of performativity varies with the topic of the interview; intimate personal questions will lead to more impression management and role playing, maybe even to the extent of politely lying in response to impertinent questions (Bleek 1987).

The topic of old age will also produce such performances, as I experienced during my research. When I asked an old man how people in the house interacted with him, he emphasized that they respected him very much. One of the most outspoken signs of respect, he said, was that they asked his advice for problems they encountered and often requested him to tell them about his experiences in the past or about the history of the family. I asked him who had approached him that day for advice or information about the past. No-one had come. What about yesterday? No-one. In fact, nobody ever came to ask him questions; the young were not interested. He would take all his knowledge and wisdom with him (to the grave). Within one minute, the initial answer had turned into its opposite. Why? By admitting that people never asked him for advice, he would have had to admit that he was not the respected elder that he wanted to be in my eyes. But as I continued my questions, he probably realized that lying about his life was both awkward and counter-productive during







our—friendly—conversation and thus he changed his performance. All researchers dealing with older people—and for that matter, all other kinds of people—should take this performative complexity into consideration, in qualitative but also in quantitative research. In the latter case, this could perhaps be done by having regular reflective meetings with interviewers about the social and emotional reactions that come up during interviews.

### **Policy and New Developments**

Many anthropologists, including me, are inclined to focus on traditional ideas and practices and turn a blind eye to phenomena and developments that are relevant today and in the future. This one-sided attentiveness is a form of exoticism, an interest in *other* ways of life, in people and phenomena that are distant in historical and cultural respects. Within anthropology there is, however, a strong counter-movement that calls for *relevant* research. MacClancy's (2002) edited book *Exotic No More* is an example of this counter-movement. The aim of the book is to reverse the trend of 'irrelevant' exoticism and to "reemphasize the public value of the discipline" (p. 2).

All articles in this special issue heed the call for paying attention to developments that are relevant today and thus contribute to the improvement of fair and decent policies serving the well-being of the older generation. By unravelling legislation and policy and emphasizing the agency of older people, they point at ways to enhance the living conditions of the elderly. Cati Coe's essay on the ambiguous position of the professional 'elder carer' is particularly relevant in this respect. Moral leaders and conservative politicians are failing to take the demographic, economic and cultural changes seriously and refuse to look at new options to confront the present crisis in elderly care. The professional carer is one such option, invented by entrepreneurial citizens who do recognize the signs of the present era. Coe has had countless discussions and conversations with people involved in the training and work of theses carers and shows the numerous obstacles that still lie ahead before the care of older people can be safely and effectively undertaken outside of the traditional family context. The policy relevance of this article will therefore be considerable.

#### Access to Literature

Access to the data of previously conducted research on the elderly is a sine qua non for both academic researchers who build on work done before them and for policy-makers who want to found their programs on







what the elderly and their care-givers need. The Ghanaian Government's (2010) national policy document on the elderly remarked in one of its recommendations:

Universities and research institutions have a key role to play in shaping policy on older persons. The paucity of data has been identified as one of the major constraining factors for inadequate planning and programming for older persons in Ghana. Universities and research institutions will undertake studies, surveys and research in specific areas of policy on older persons. Universities and research institutions will further assist MESW [Ministry of Employment and Social Welfare] and DSW [Department of Social Welfare] to build a library and database on older persons' issues through information/data that will be gathered through various research activities and initiatives including those that will be commissioned by Government, non-government agencies and development planners. (Article 6.1.12)

The irony of this useful recommendation is that the authors of the government report have themselves overlooked or neglected the existing literature on older people in Ghana. They seem unaware of the research that has been done. Occasionally there is a reference to (mostly vague) statistical data, while more qualitative research that analyses the emic views and experiences of family members and older people regarding care and well-being is entirely ignored. It painfully demonstrates the opposite of what they recommend. This paradox—to put it mildly—shows that existing literature is not only difficult to access, but also that the literature that *is* accessible is simply not accessed. It is true that library facilities in Ghana are limited compared to those in 'Western' universities, but the facilities that *are* available are poorly utilized. Librarians and library users are not well informed about the new library technologies and the existence of free data bases that would enhance the access to literature.<sup>2</sup>

The contribution by Ama de-Graft Aikins and co-authors is therefore particularly welcome. It is a solid response to the call of the 2010 Ghanaian Government's report on the elderly, and their overview of publications will benefit scholars and hopefully also policy-makers. The majority of the full texts of the publications listed in their overview are now available in the repository of the Regional Institute for Population Studies. Finally, it is promising that 16 of the 115 publications are Master's and PhD theses from Ghanaian universities, indicating that the care and well-being of older





<sup>2.</sup> Personal communication with Jos Damen, librarian, Institute of African Studies, Leiden, the Netherlands.



people is becoming a more prominent field of research for the coming generation of Ghanaian scholars.

University of Amsterdam

## **Acknowledgements**

Thanks go the older people in Kwahu Tafo, to Patrick Atuobi, Yaw Obeng Boamah, Benjamin Boadi and Zoe Goldstein who helped me in various ways with the research and writing of this brief reflection.

#### References

- Bartle, Philip F.W. (1980). Modernisation and the decline in women's status: Covert gynocracy in an Akan community. Unpublished manuscript. http://cec.vcn.bc.ca/rdi/index.htm
- Bleek, Wolf (1987). Lying informants: a fieldwork experience from Ghana. *Population & Development Review* 13(2), 314–322.
- Crampton, Alexandra (2013). No peace in the house: Witchcraft accusations as an 'old woman's problem' in Ghana. *Anthropology & Ageing Quarterly* 34 (2), 199–209.
- Government of Ghana (2010). *National Ageing Policy of Ghana: Ageing with security and dignity*. Accra: Government of Ghana, Ministry of Employment and Social Welfare.
- Kotoh, Agnes M. (2013). *Improving health insurance coverage in Ghana: A case study.*Leiden: African Studies Centre.
- MacClancy, Jeremy (Ed.). (2002). *Exotic no more: Anthropology on the front lines*. Chicago: University of Chicago Press.
- van der Geest, Sjaak. (2002). Respect and reciprocity: Care of elderly people in rural Ghana. *Journal of Cross-Cultural Gerontology* 17(1), 3–31.
- van der Geest, Sjaak (2003). Confidentiality and pseudonyms: A fieldwork dilemma from Ghana. *Anthropology Today* 19 (1), 14–18.



