

Chapter 10

The Toilet: Dignity, Privacy and Care of Elderly People in Kwahu, Ghana

Sjaak van der Geest

In the years 1994, 1995 and 1996 I carried out anthropological fieldwork among elderly people in a rural town of Ghana, Kwahu-Tafo.¹ The aim of the research was to understand the meaning of old age in a rapidly changing society. I was particularly interested in the type of care elderly people enjoyed when they became dependent. One afternoon, my research colleague Samuel Sarkodie and I paid a visit to an elderly lady, Maame Safowa.

Maame Safowa, about 65, is blind. Her blindness started three years ago. She has had thirteen children, four of whom have died. All the children are staying outside Kwahu-Tafo except one daughter. Her husband is a farmer at the Afram Plains, about fifty kilometres away, and does not stay with her either. She lives in the same house with her husband's sister who takes care of her most of the time. Her sister-in-law must be about 70. She still goes to farm and looks very energetic. When we arrived at her house the blind lady was just taking her bath. The husband's sister told us that we should come back after some time. When we returned, Maame Safowa was waiting for us. We had asked her about her condition while the sister-in-law was taking her meal with some grandchildren in the kitchen and listened to our conversation. At times she interrupted to give an answer or to add her comments.

We (W) asked Maame Safowa (S) what her main difficulties in life were, as she had to cope with both old age and blindness. The following conversation ensued:

S: I find it difficult getting food, putting on my dress and visiting the toilet, but if the children are around, I don't have too much difficulty... If I don't receive money, it also becomes difficult to find food to eat. I don't even know when my clothes are dirty.

W: What can you do yourself?

S: I can do my own washing, I bath myself when they give me water. I can also grind pepper.

W: Does your child who lives in Kwahu-Tafo help you?

S: In the past she was helping me but now she only helps me when she likes to do so. This started when she quarrelled with me over some money somebody gave her for me. She used some of it for herself without my consent.

When the sister-in-law joined us, we asked her if she was the one who looked after the blind lady. She answered yes. We then asked her who gave her money to do so. She answered: 'I don't really know who exactly is responsible for her. When someone gives her money, or when I myself get some money or when she receives something from her children, I use it to take care of her... The husband is in his village. When he comes, he gives me money for her... She is not my relative, it is my brother who is married to her and she herself has her relatives.'

We turned again to the blind lady and asked her if her grandchildren helped her. They were very young [meaning: no they do not], she replied. Whenever her sister-in-law went to her farm, she was alone in the house with a young woman, Georgina. 'She responds to my calls.'

After our conversation we went to see that young woman (G) who lives in the same compound and sells some daily necessities from a table in front of the house. She is married to a grandson of the sister-in-law. We thought she might have additional information about the way the blind lady was treated in the house.

W: Do you also take care of Maame Safowa?

G: Yes. I do. Anytime I cook food, I give her some to eat, I take her to the toilet and if she wants something, I pick it for her. If there is nobody in the house, I take care of her. I am always in the house.

W: Can you tell us the kind of relationship that exists between Safowa and her husband's sister, who is looking after her? Is the relationship strained or is it cordial?

G: The relationship is somehow cordial but the husband's sister always complains that Safowa has many children and grandchildren and none of them is prepared to come and stay with her and look after her. So sometimes she gets annoyed when Safowa wants to send the husband's sister's grandchildren for an errand. But because Safowa is blind, she can't see when the husband's sister gets irritated and squeezes her face. Safowa has so many children, eleven, but they don't care what their mother will eat. They don't bath her, nor do they wash her clothes or cut her finger nails. All these responsibilities have been pushed on the husband's sister and those in the compound. All her children do, is to occasionally bring her money, without asking who will take care of her.

W: Do the children bring her money?

G: As for money, they give her some. Most of the children are working, some in Akosombo, others in Kumasi. But for them to come and stay and care for her is what lacks.

W: Do you know how often they bring her money?

G: As for the husband, he is not able to send enough money, sometimes, 1,400 cedis (then about 1.4 dollar) per three months. But the children do manage to send her enough money, some send as much as 5000 cedis (about 5 dollar). One of the children, who sometimes gives his mother money, is a head teacher in a nearby village.

W: Whom do they give the money to, the mother or the sister-in-law?

G: They give the money to their mother and the children sometimes give some to their aunt.

W: Does Safowa give the money to her sister-in-law to cater for her?

G: Safowa only gives money to her when the sister-in-law complains about not having money to cook or buy fish for their meals. When someone gives money to Safowa and the sister-in-law happens to see it, Safowa will also give some to her.

W: What does she use the rest of the money for?

G: The sister-in-law only cooks in the evening for Safowa, so Safowa uses the rest of the money for breakfast and lunch, by sending someone to buy food from the market for her.

A few days later we paid a second visit to Maame Safowa. We had chosen a time that the sister-in-law was not around so that she would not feel inhibited by her presence:

W: Your sister-in-law was around when we first interviewed you. We would now like to know from you whether the presence of your in-law permitted you to say what you actually wanted to tell us.

S: It is true, if she is around, there are certain things I cannot say. She knows that my children are not in Kwahu-Tafo to take care of me because of their work for the government. This has made me dependent on her, which should not have happened.

We asked her what would happen if the sister-in-law died. She replied that she did not care and then added a proverb: 'Even a madman has relatives who care for him.'

The conversations with and about Maame Safowa show the complexity of care arrangements for elderly people in an arbitrary community in rural Ghana. Children are expected to take care of their old parents but in actual life things often turn out differently. In the case of Maame Safowa, the children are largely absent and it is the people who happen to stay in the same house with her, who take the main responsibility, be it with mixed feelings. Such situations were common, as I found out during my research.

Fieldwork

The research involved interviews – conversations may be a more appropriate term – with (initially) 29 elderly people. All conversations were taped and transcribed. Some people were interviewed only once, others twice or more often. One old man was interviewed about ten times and visited daily. Apart from the interviews, I often went to greet the old people informally and had brief conversations with them. These more casual visits enabled me to make observations about the daily life of elderly people and the attitudes of other people in the same house. Most of these observations were recorded in a diary, which I kept during the six and a half months of my fieldwork.

In addition, I discussed old age with other people including opinion leaders such as teachers and church members as well as with other key informants. Focus group discussions were held with young people and groups of middle-aged men and women. In three schools in the area, students filled in a questionnaire

expressing their views on old people or completed sentences on the same issue. Some students wrote essays about the elderly or made drawings of them.

The research was entirely qualitative. I tried to arrive at a deeper understanding of what it meant to be old and dependent. That understanding was gradually acquired by the method of participant observation. I sat and conversed with elderly people and their relatives and friends. With some of them I went to farm, to church or to funerals. What resulted was an extremely diverse picture. As it turned out, some of the elderly enjoyed their old age. They lived comfortably, together with children and grandchildren, in their own house. They were well fed and had company throughout the day. Others were miserable, lonely, poor and hungry. Most of the elderly people I met, found themselves somewhere between these two extremes.

Reading through my field notes and the interview transcriptions, I tried to discover some common underlying themes in these diverse experiences of old age. In this essay I focus on care, in particular the help old people receive to visit the toilet – perhaps an unusual topic for an anthropological discussion but a fundamental element of daily well being.

The Town and its People

Kwahu-Tafo with its approximately 5000 inhabitants lies 150 km from the capital Accra. Most of the inhabitants are – at least partly – engaged in farming and trading. What they grow is mainly for their own consumption or sold on the local market. People complain that the soil has become infertile and produces only cassava and corn. Most cocoa trees in the area died during the drought of 1983.

Kwahu-Tafo has electricity (though only a minority can afford to wire their houses) and piped water (though people mostly rely on the old wells) and hosts a large number of schools and churches. There is also a clinic run by Catholic missionary sisters.

The toilet facilities in Kwahu-Tafo are rather poor. There are four public toilets, each with twelve squatting holes (six for each sex). Two of them have been closed, one for about three years and one four months ago, both due to maintenance problems. What remains are just 24 public facilities for the entire town. It means that some people have to walk about 10 minutes to reach a public toilet (to and fro twenty minutes). For the elderly, it may be even more.

In addition there are semi-public toilets in two schools, which can be used by both teachers and pupils. The number of private latrines (almost all bucket latrines) is unknown. The sanitary inspector estimates their number at sixty. Finally, there are about ten private pit latrines and ten water closets, one in the chief's house, the others in the Catholic mission and the teachers bungalows of the Technical School. Toilets, it should be noted, are only needed for defecation. For urinating, most people use their bathroom; there is no house without a bathroom.

It is impossible to say how many people are in fact using the public toilets. Estimates vary from one third to 80 per cent of the population, which in absolute figures would be 1,000 to more than 4,000. The number of people who do not use

toilets at all but are easing themselves in the 'bush' at the edge of town or on the way to their farm, is equally unknown. Some people defecate into a plastic bag and dump the bag somewhere out of sight.

If we take a conservative estimate of 40 per cent of people visiting the public toilet, it means that every day, about 2,000 people use 24 holes, almost 90 per hole per day. Taking into account that both toilets are closed from about 9 pm to 5 am, one must conclude that the holes are occupied every five minutes. On the average both public latrines would receive about 1000 per day. When I discussed this with the caretaker of one of the latrines he estimated a number of only about 200 to 300. He based his calculation on his income per day. This suggests that even less than one third of the population does in fact visit the public toilet. Where the others ease themselves is not at all clear.

Visiting a public toilet is not 'free.' The caretaker of the toilet takes 20 cedis (about one dollar cent) from each visitor. In that way the old coins that have lost nearly all their value are still useful (the same amount is charged for a bucket of water from the public tap). The caretaker of one public toilet I visited was sitting in a small kiosk and had a pile of cut newspapers in front of him. He handed each customer one sheet and received 20 cedis. If they brought their own paper, he said, they would pay only 10 cedis. Each day he had to pay 3,000 cedis to the sanitary inspector. He could keep what he earned above that amount. Funerals and other busy days were favourable for his business.²

My choice of Kwahu-Tafo as research site was rather arbitrary. The main reason was that I had carried out research there 21 years before and could build upon my data from that time. I also hoped to renew ties of the past.³

The Kwahu, who are the original inhabitants of the town, are a subgroup of the Akan, a people of about seven million who live in the southern part of the country.⁴ Their language Kwahu is a dialect of Twi. It should be taken into account that the Akan are matrilineal. Most Akan will consider their marriage bond less important than their membership of the matrilineage, the *abusua*.⁵ Marriage is a temporary affair whereas the *abusua* is permanent. The greater weight of the *abusua* can be detected from many phenomena in Akan society. Marital partners are unlikely to stay together in one house if their maternal homes are nearby. In that case, both partners usually prefer to live with their own folks and carry out their marital duties from separate residences. Customary wedding ceremonials have little social significance and in most cases are attended by only a handful of people. Payments and gifts are limited. Divorce is common and easy and can be initiated by the man as well as by the woman. On average, a person will experience one to two divorces in his/her lifetime.

In a sense, the interests of the conjugal family are opposed to those of *abusua*. It is felt that a woman who is totally committed to her husband, does so at the expense of the *abusua*. The *abusua* looks somewhat askance at a 'successful' marriage. 'Interference of relatives' is one of the most common reasons for divorce (cf. Bleek, 1977).

Strictly speaking, the husband is an outsider in his own nuclear family since he belongs to another *abusua* than his wife and children. Unless he is well-to-do, he is likely to remain somewhat at the margin of family affairs such as the upbringing of

the children and the maintenance of the family. These ideas partly account for the uneasy situation in which Maame Safowa found herself, as she, contrary to common practice, was completely 'at the mercy' of her in-laws.

Marriage, someone told me with a bit of cynic exaggeration, is a necessary evil. If people could have children without getting involved with a partner from another lineage, they would probably prefer not to marry. As a matter of fact, many do not and prefer to engage in less formal relationships. Many women 'stop marriage' (*gyae awadeè*) when their reproductive task has been completed. *Mabrè awadeè* (I am tired of marriage) is a common expression. It is not surprising, therefore, that marriage is considered a less secure ground in old age. Women often prefer to return to their lineage of origin when they grow older. For them the *abusua*, where their children and other relatives belong, is a place where they are more assured of good care. Out of 24 elderly people whose marital status I checked, I found that ten had divorced or lived in permanent separation, six were widowed and eight were still married.

Old Age

Officially, old age is a positive concept. The statement *manyin* (I am old) literally means 'I have grown.' It is an active form of the verb, not a passive state of being. It suggests: 'I have come to full maturity, now I am a complete human being, I have reached the full potential of the human person.' *Manyin* is not said, normally, as a complaint or an excuse or a confession, but as a proud claim, telling the other that he finds himself in front of an important person whom he should respect. One title of respect used for elderly people is *Nana* (grandparent), which is also used for the ancestors, but the most popular term which elderly people apply to themselves is *òpanyin* (elder). The *òpanyin* is honourable, civilised, kind, composed, wise. Countless proverbs and local sayings confirm this high appreciation of advanced age. The *òpanyin* represents the beautiful image of old age. He (or she) receives what is most highly regarded in Akan culture: respect. *Òpanyin* is an honorific term. An *òpanyin* can be a man or a woman, though most will think of a man when the word is used. An *òpanyin* is an ancestor 'to be'; people will remember him after his death because of his good deeds and wisdom.

Nana Agyei: 'The *òpanyin* has lived in the house much longer than you. You came to meet him. "*Òpanyin*" is a big word. He is a person who knows what is going on. He must receive respect and obedience.' I asked him what shows that a person is an *òpanyin*. He answered:

It is mostly the wisdom you give to the young and also how you respect yourself (*wo bu wo ho*). When you respect yourself, the young will also respect you and fulfil your needs. I remember I met a young man recently who willingly gave me some money because he explained he liked me. Many young people do that to me as you did just now. [I had given him some money for *kenkey* (food).] I think all that depends on how I respect myself. An *òpanyin* does not drink and misbehave and he shows a lot of respect to the young.

There are mainly three virtues of the *òpanyin*, which grant him this respect: wisdom, self-restraint and his dedication to the family. Wisdom, knowledge, life experience and the ability to foresee what is going to happen and to give people advice are the qualities of the old man and woman. The fact that one has lived for a long time means that one has seen a lot of things and has begun to see how they are connected. Life experience, in other words, teaches how the events follow one another. The *òpanyin* is, on the basis of that understanding, able to predict the future and advise people on how to act in order to prevent trouble. *Òpanyin* Frempong: 'If you are old, you can always predict, because you have experience.' When I asked him to define an *òpanyin*, he said:

- F: An *òpanyin* is someone who through his experience in life, has gained a lot of wisdom and knows what is good and what is not good.
 S: What are some of the qualities of an *òpanyin* which may not be present in a young person?
 F: It is wisdom. Especially the ability to think carefully about things before doing them. The young don't have those qualities they just get up and do things.

The wisdom of the elder is referred to in a large number of proverbs, one of them being: *Òpanyin nni biribi a, òwò abatwè* (If the elder has nothing, he has elbow). It means that an *òpanyin* may be very poor, he has at least wisdom.

Wisdom, the ability to foresee, implies power. An elderly person can bless (*nyira*) and curse (*nmome*). That is why they say: *Òpanyin ano sen òbòsom* (The mouth of the *òpanyin* is stronger than a god). In a discussion with some young men, one of them said:

We think that the old have a certain blessing because of their mere age, so when you respect and honour them they will bless you. It will be forever on your life. In much the same way, when they curse you, it will also be forever. We all like blessings, so if you respect and honour them and get closer to them, they develop a love for you and they will reveal to you some of their hidden treasures.

The second virtue refers to the good manners of the *òpanyin*, which all boil down to self-restraint. He controls his emotions, he does not get angry (*òpanyin bo mfu*) and does not shout at people. The ability to check himself shows itself foremost in the way he deals with information that is given to him and in his ascetic attitude. His careful dealing with rumours is expressed in many proverbs. Nothing shows so well that one is still a child as when one cannot hold one's tongue. The *òpanyin* is indeed the opposite of a child.

The *òpanyin's* self-restraint reveals itself also in his attitude towards food and other material pleasures. Greediness does not befit him. One proverb says: *Òpanyin mene nsono* (The elder eats his own intestines), which means that he can forgo food. If there is not enough food in the house, the *òpanyin* will give his part to the children. He has eaten enough in his life.

The third virtue is his love for the family. His gentleness and wisdom are directed first of all to the *abusua*. It is the *abusua*, which benefits from the *òpanyin's* life experience and civilised manners. He may have travelled a lot but at

his old age, when he reaches the stage of *òpanyin*, he will come home and spend his days with the members of the family. He will give them good advice on all kinds of problems and promote peace and unity among them. He will mediate in conflicts. 'There is nothing left for him to do than guarding the people in the house,' according to one elder. That is why they say: *Òpanyin ntu kwan* (the elder does not travel).⁶

Depending on others at that stage of one's life is not a shame or a sign of failure, but rather proof of one's importance and success in life. It is not something one considers as loss of control over one's own life; it demonstrates that one has built up social capital. As Stucki (1995) in her study of elderly people in Asante writes, an *òpanyin* is someone who has accumulated both wealth and followers (the two are not unconnected). Such successful elderly people *enjoy* their 'dependence;' it is care that their followers lavishly pour on them.

As I have argued at several occasions (van der Geest, 1997a, 1998c), that extremely positive imagery of old age is more an ideal cherished by the elderly than an idea accepted and put into practice by the community. Outward respect is generally allotted to the elderly, simply because they are old, but, at the same time, many do not enjoy the pleasure and satisfaction which the title *òpanyin* promises. For many, being old and dependent is a condition fraught with feelings of pain, defeat and disillusion. Words of respect are not always matched by deeds. Being old in itself does not guarantee constant affection and support by the younger generation. Reciprocity is the key to an honourable and comfortable old age. Only those who have been successful in accumulating enough material and social capital, may count on the realisation of the ideal of *òpanyin*. Most of the others face the ambiguity of old age: outward respect and secret neglect.

Harsh economic conditions for the young and large-scale emigration add to the problems of the elderly (Apt, 1996). Their children may find it almost impossible to provide their parents with the constant support they feel they should. How to harmonise the rule of respect for the elderly with the reality of poverty and reciprocity constitutes an awkward dilemma. The solution, as I have written elsewhere, is 'pretence': 'a public language of respect which does not only draw the attention away from embarrassing situations, but also provides some comfort: the painfulness of neglect is reduced by the fact that it is not exposed. Both young and old collaborate in this act of pretence. Managing old age is their common task' (Van der Geest, 1997a, p. 24).

Care

I expected that care activities would represent the easiest part of the research. Old age may be a complex concept giving rise to philosophical and psychological ruminations full of euphemisms and symbolic parlance. Care seemed a rather unambiguous affair, an observable fact. When the research began to take shape, however, it soon became clear that care, both as a concept and as a practice, was highly ambiguous as well.

'Care' has many shades of meaning. Its two basic constituents are emotional and practical. The latter refers to carrying out concrete activities for others who may not be able to do those by themselves. Parents take care of their children by feeding them, providing shelter, educating and training them, and so forth. Healthy people take care of sick ones and young people of old ones. Technically, care has a complementary character, one person completes another one. 'Care' also has an emotional connotation, it expresses concern, dedication, attachment. Care, according to the philosopher Mayerhoff (1971), is to help a person being himself or, in the case of a child, to help it grow and actualise itself. Depending on its context, one aspect may dominate, indeed overrule, the other. In 'health care' the term has assumed an almost entirely technical meaning. In personal relationships ('I care for you'; 'I don't care') the reverse applies. The Kwahu term closest to the English 'care' is *hwè so*, which literally means 'to look upon' or, more freely, 'to look after.' *Hwè so* conjures up both the practical aspects of caring and the accompanying sentiments of respect and affection.

Ghana has no public or private institutions for care of elderly people. Such care has traditionally been the domain of children, partners, and the *abusua*, the lineage. The conditions under which these relatives take care of their elders change rapidly however, due to a changing economy, poverty, and increased mobility, among others (cf. Apt, 1996).

The easiness of care as a research topic stems from the fact that people are likely to say very different things about the care they give or receive, depending on the context in which the conversation takes place and the mood of the person involved. Embarrassment over the little care they receive from their children may induce elderly people to conceal the painful truth of their disappointment and to praise their children for their love and good help in front of the researcher. One does not wash one's dirty linen in the street, as the proverb goes in many languages including Twi: *Yènsi yèn ntoma go wò abònten*. But the opposite may also occur. When an old person is in a bitter mood, he may be rather inclined to make his plight known and publicly criticise his relatives for their negligence. The likelihood of such a reaction will further increase if the old person expects help from the one he is talking to (and a foreign anthropologist definitely falls into that category).

The relatives and those who are supposed to provide care are also likely to produce contradictory accounts. They too may prefer to hide their embarrassment about failing to provide proper care for the elderly, or they may opt to openly show their poverty and lack of means and their inability to provide care, hoping for help from the one listening. It may even lead to contradicting claims and complaints within one and the same interview. And finally, frustrations about the limited care by fellow relatives may incite some, rightly or wrongly, to accuse their family members of negligence, as we saw in the case of Maame Safowa.

Concrete activities of care given to elderly people include provision of food, bathing, washing clothes, help to visit the toilet, nursing when they fall sick, and countless chores such as sweeping and running errands. Other activities which are carried out in support of the elderly are: keeping them company and sending them money or consumables for their upkeep. Finally, organising a fitting funeral is the most decisive form of care which the *abusua* is supposed to provide for its elderly

members.⁷ This article will focus on the least known of all these care activities: help in using the toilet.

The Toilet

There are several plausible explanations for the fact that so little is known about how elderly people – and people in general – make use of toilet facilities. The most important one is probably that the toilet is literally something which has been removed out of sight because it is dirty. The anthropological treatment of the toilet and – to be more precise – human defecation reflects that cultural taboo. Toilets and defecation practices do not appear on the pages of ethnographic accounts. Mary Douglas's famous dictum that 'dirt is matter out of place' also proves its right in anthropological handicraft. Consciously or not, anthropologists almost universally avoid the topic.

At the same time, however, the topic is crucial in any discussion on care and well being among elderly people. First of all – and obviously – having easy access to a toilet constitutes a *sine qua non* for well being. One cannot feel at ease, if one cannot comfortably ease oneself. A second factor emphasising its relevance lies in the term 'comfortably.' Comfort for the elderly is closely linked to feelings of being respected. Honour and respect are in jeopardy, when the old person's intimate world is invaded, as may happen in awkward toilet situations.

The toilet presented itself to me as a researcher when I listened to the stories of the elderly about their daily worries. The scarcity of private toilets seemed to me a problem, in particular for elderly inhabitants of the place. Firstly, because they had to go quite a distance to reach the toilet while several of them walked with difficulty having problems holding their bowels. A second reason, why the public toilet could turn into a stressful experience for the elderly, was the lack of privacy in the toilet. Visitors to the public toilet had to squat in one common room, with only minor divisions between each other. That lack of privacy, I thought, would clash with the social position of the elderly.

Kaye (1962, pp. 93-94) reported some years ago that adults tried to avoid going to the toilet at the same time as children. 'for fear they will see their genital organs and subsequently refer to them abusively.' Everywhere, even where toilets provide more privacy, there is a tendency to refer different categories of people to different toilets: men apart from women, higher staff apart from low personnel in an organisation, teachers apart from pupils. I expected that the presence of young people in the same toilet room as the elderly would cause the latter to feel uncomfortable and threatened in their status.

One day I raised the issue with some friends. The discussion which ensued lasted the whole afternoon and covered topics such as dirt and cleanliness, respect and privacy, and the phenomenon of public toilets (cf. Van der Geest, 1998b). That discussion increased my awareness of the shame and unease surrounding the use of toilets for elderly people but it also made me more cautious about my own cultural dispositions with regard to privacy, dirt and toilet.

The Daily Toilet

For people in Kwāhu-Tafo a daily visit to the toilet is both requirement and proof of good health, but the emphasis lies with the former. Faeces are dirt that gathers in the belly and should be removed as soon as possible. Dirt that is not rid in time, starts to ferment and causes heat, which seeks its way out of the body. Many health problems are seen as the result of this heat: fever, head ache, stomach ache, ulcers, boils, piles, skin rashes, and excessive phlegm, to mention only a few. To miss the toilet for one day is usually regarded as a danger to one's health and is referred to as constipation (*ayamtim*). Laxatives and self-employed enemas are commonly resorted to in order to combat this 'constipation.' Osei (1978, pp. 43-44), a Ghanaian medical sociologist, calls the Akan aetiology an 'abdominal theory of health and illness':

The ability of the body to resist a disease agent allegedly depends on the proper functioning of the abdominal organs, especially the stomach; for *òyareè biara firi yafunu mu* ['every illness originates from inside the abdomen'] ...

He continues:

... the Akan desire and care for regular free bowels is virtually a ritual. That is why the enema syringe could be found in every Akan household and rectal suppositories of all types are the commonest medicines known and prescribed even by laymen.

'Free the bowels first,' is the motto of one of his informants, because with clean bowels one does not fall sick and does not need medicine.

A regular visit to the toilet also guarantees a healthy appetite; room has been made for new food. One of the elderly people used the following proverb to make his point: *Wo poma na wo to a, na egye* (If you load your gun well, it gives a loud bang). The proverb, as I understand it, emphasises the healthy alternation between eating and defecation.

It is not only necessary to go to the toilet every day, it is also advisable to do so early in the morning. When I asked a woman for the reason she answered: 'Before you put in new food, it is better to take the old one out.' Another person remarked that someone who does not go to the toilet in the morning, should consider himself a sick person (*Sè wonkò tiafi anòpa a, woka ayarefoò ho*). That rule seems to be taken less strictly by the elderly however. Several of them start the day at a later and more relaxed time, avoiding the 'rush hour' at the public toilet, but they too support the idea that one should first empty one's bowels before putting in new food. One old man: 'I feel bad (*mayè basaa*) when I don't go in the morning, as if I am sick.' When I asked an old lady how she had started the day, she replied: 'I went to toilet before I had my breakfast. When I have my breakfast before going to toilet, I fall sick.' 'Shit fears the sun' (*Ebin suro owia*), explained an old man, 'when you lie in your bed, you don't feel like going to the toilet, but as soon as you get up and see the sun, you are forced to go.'

During two days in 1994 we followed the activities of 16 elderly people from hour to hour. Nearly all of them got up early in the morning, around five o'clock. Seven of them had visited the toilet immediately after rising, five had not. For the remaining four the information was not clear.

Toilet and Care

Elderly people try as long as possible to remain independent in their use of the toilet. Agya Mensah, an elderly blind man, has his own toilet in the compound of his house. His son has tied a 25 metre long rope from the old man's room to the toilet enabling him to find his own way to the place. Two elderly neighbours have the permission to use his toilet as well. Mercy Ofori, who is also blind and has one leg amputated, manages to find the toilet in her house and help her self.

Most elderly people I interviewed had access to a private toilet, either in their own house or in their neighbour's. I know of only two elderly women who definitely used a public toilet at some distance from their house. Some said it depended on the place where they happened to find themselves whether they would use a private or public facility.

The first 'care' in toilet use for the elderly concerns finding a suitable private toilet nearby in case one does not have one oneself. Having access to a private toilet is some kind of privilege. With a few exceptions, all private toilets are bucket latrines, which are emptied only once a week. The buckets quickly get filled up, so house owners limit the number of users drastically. Often only close relatives, sometimes just the adult ones, are permitted to use the toilet. Allowing an elderly neighbour to one's toilet is indeed a considerable favour.

Kwaku Martin, nearly blind, told me that his wife or one of the tenants helped him to the toilet, which is at about 25 metres from his room. 'They are my left hand to the toilet,' he said. I did not ask him for 'details,' but he probably meant that they helped him to clean himself after using the toilet, since it is the left hand which does the dirty work.

If someone is unable to walk, he will be given a chamber pot. The urine will be thrown away near the house while faeces will be deposited in the private toilet or taken to the public toilet at the outskirts of the town and thrown away behind the toilet on the dunghill (*sumina*). The pot will be covered by a cloth when this is done in daylight. When we discussed the meaning of respect with an elderly man, he singled out the act of collecting an old person's chamber pot as an exemplary way of showing respect.

When I asked Nana Ntiriwaa, an elderly lady, who would help her to the toilet if she could no longer walk (she still visits the public toilet) the answer was simple: my children (and grandchildren) of course, because they are my children.

One of the elderly in this research, a woman, suffered from dementia. In the night she often emptied the chamber pot over the floor of her room, driving her granddaughter to despair. Every morning she cleaned the floor of her grandmother's room with Dettol.

Maame Korkor is partly paralysed after a stroke and bed-ridden. Her daughter, a teacher, who is staying with her in the same house, takes care of her and helps her to use the bedpan. I (S) had the following discussion with the daughter (D):

D: We give her a bedpan in the bed.

S: And when she finishes does she call someone from the house?

D: Yes, when she finishes she would call me and I come and take the bedpan away.

S: Does someone clean her after she has gone to toilet?

D: She does it herself.

S: She has toilet paper?

D: Yes.

S: Can she call anybody in the compound to take it away?

D: No, not everybody.

S: Not everybody but who does she call?

D: At times when I am not in, she sends to call a neighbour who is an old friend of hers.

Other people's help while using the toilet is surrounded by ambivalent feelings. It causes unease and embarrassment. What one used to do all by oneself, now needs the presence of a second person. It disturbs the old routine and causes an infringement on one's privacy. It is unpleasant. *Ōpanyin Dei*, who is blind, used a proverb to explain his uneasiness: Eating with the back of your hand does not taste as well as eating with the palm (*Sè wonsa akwi bèyè wo dè a, ènte sè wonsa yèm*). There is nothing like going to the toilet on your own. He added an example: 'Suppose, a child takes an elderly person to the toilet. It is impatient. The elderly man walks slowly and needs to rest a few times, but the child wants to go and play with his friends. It asks you to walk a bit faster...' Nana Ntiriwa who is still able to visit the public toilet without anyone's help, remarked: 'I hope that I can keep doing so till I "go".'

At the same time, elderly as well as young people reject the idea that there would be anything embarrassing in being helped to go to toilet. It is normal when one grows old. Moreover, as we heard Nana Kwaku Agyei say, such help is an ideal chance for a child to show its affection and respect. One of the elderly: 'It is unpleasant work, but it is the duty of a child to take care of the urine and faeces of the elderly parent. The one who does so, will receive more praise than the one sending money.' In his words lies the promise of blessing which the elders are able to grant to those who do well to them.

That task of caring becomes more difficult when incontinence occurs. Incontinence is generally regarded as the most painful and humiliating consequence of growing old. It was suggested a few times, but in indirect terms, that it would be better for such a person to die. In the rare stories I heard about the practice of euthanasia, it was always incontinence that had been the decisive factor. But there are also cases of incontinence where a child or partner took care of the sick elderly. One of them was Mary Adoman who helped her husband, who had been incontinent for over two years until he died. My research colleague Patrick Atuobi (P) had this short conversation with her (M):

- P: How was your husband going to the toilet?
 M: In a bedpan, after which I cleaned him, put on his clothes and placed him in a chair or in bed.
 P: Did someone help you?
 M: No, I did it alone, but sometimes my six-year-old daughter would help me.
 P: Was he worried about you doing all this?
 M: Yes.
 P: How did you know?
 M: Because sometimes he did not want to take his food to avoid going to the toilet.
 P: Did he feel ashamed?
 M: Not really, but he was worried because the relatives were not helping me.
 P: What would have been your feelings if someone else had done it?
 M: I knew my husband would have been ashamed if someone else were to do it and I also would have been disturbed. [...] Before his death he called me and thanked me for the dedication I had shown to him.

Atuobi described another case where a 60-year old woman takes care of her old father who is incontinent. The woman complained that none of her sisters was helping. That her brothers failed to assist her did not disturb her apparently. Atuobi:

She told me how two of her sisters, who paid a visit to their father, left the room when the father suddenly eased himself in his bed while they were conversing. She was left alone to do the cleaning. The sisters expressed their surprise about the way she was able to cope with the situation. [...] One of her children brought her a box. When she opened it, it was full of disposable gloves. The child is a medical doctor. [...] The daughter's husband said he was disturbed about the plight of his wife, but there was nothing she could do because it was her duty to take care of her father. He said, the care of an incontinent person should be the responsibility of the children, especially if the parents took good care of them, but relatives also must assist.

During a conversation among some young people, one of them, a woman, said: 'I will never entrust the care of my parent to anyone. Even if I have to break stones, I will do it myself (*Sè meredwa òbòò mu mpo a, mennyae maphwè m'awòfòd*).'

Interestingly, one old man remarked that the word 'incontinent' would never apply to a rich person (*ènto wo da*). 'If you have money,' he assured, 'you can buy medicines and won't get sick [incontinent]. Moreover, those with money are always surrounded [and helped] by people. They are always respected' (cf. Van der Geest, 1997b).

Dignity, Privacy and Dirt

Ambivalence dominates the reactions of both young and old people to questions about toilet use and care of the elderly. On the one hand, loss of privacy during defecation is seen as a threat to the dignity of an elderly person; on the other hand,

people argue that there is nothing wrong with it, as it is a normal consequence of growing old.

In this brief essay, three degrees of privacy infringement have been described. The first one was the old person's visit to a public toilet. Several people gave as their opinion that elderly people should not go to a public toilet. It does not befit their social status. One man of 76 said it was not good for an elderly person to use the same toilet room as younger people: 'If these children see your private parts, they don't respect you.' The moment comes, according to *Òpanyin Dei*, that an elderly person should stop going to the public toilet. A visit to the public toilet diminishes his dignity in the eyes of the young. He himself, however, is constantly compelled to use the public toilet because his sister's bucket latrine is full most of the time. Some young people suggested that it would be a good idea to build special (public) toilets for the elderly! However, others argued that there was nothing wrong with an elderly person going to a general public toilet. Patrick Atuobi wrote about his meeting with some youngsters:

When I asked them whether their respect for older people was reduced when they met such a person in the public toilet, they denied this. All the young people expressed surprise at the question. They did not imagine why the respect for an old person should be reduced because he attended a public toilet.

Visiting a public facility has been a very old custom. People are used to it and have developed ways to respect one another's privacy in spite of close physical proximity. In the public toilet people ignore one another and no one's privacy or dignity is in danger. My expectation that an old person's respectability suffers from visiting a public toilet was partly the result of the strong emphasis on privacy in my own culture. 'Partly,' because, as we have seen, some of the people we talked to did maintain an elderly person should make use of a private toilet. In fact, most do.

The second 'degree' of privacy infringement takes place when an elderly person is assisted during his use of a toilet or bedpan. For the one offering the help, ignoring the elderly person during defecation is not always possible. In that case, the social technique of pretending not to see should be replaced by its opposite: sharing the intimacy of the elderly person. This is only possible, according to several, if the care provider is closely attached to the elderly, through marriage, kinship or friendship. Being confronted with the old person's defecation does not lead to disgust on the side of the helper and loss of dignity on the side of the elder, if this feeling of closeness and trust exists. The faeces of the other become familiar, almost as if they belong to the helper him- or (more likely) herself.

In the case of incontinence, the presence of another person is most painful and disturbing. The situation puts the relationship between care giver and care receiver to the test. If their relationship has not matured, either between a couple or between a parent and his/her children, this condition will cause great stress and lack of respect. A man who has not 'invested' much in the relationship with his wife, during the time he was healthy and strong, will probably be deserted by her, even before he becomes totally dependent. That principle of reciprocity works also for the children. They will be reluctant to provide assistance and try to shift the task on

someone else. The one who will eventually do the job, will do so with aversion and cause feelings of shame and extreme discomfort in the elderly patient.

Dirt in absolute sense does not exist, according to Mary Douglas (1970, p. 12), 'it exists in the eye of the beholder.' Another person's faeces are less 'out of place' if that person is less 'out of place,' if there is intimacy and affection between care receiver and care provider. An elderly person's faeces can evoke both aversion and tenderness.

Notes

- 1 The research was carried out with the help of many people. Most prominent was the assistance given by my Ghanaian co-researchers Kwame Fosu, Samuel Sarkodie, Patrick Atuobi, Anthony Obeng Boamah and Michael Buabeng. Benjamin Buadi and Yaw Darko Ansah typed most of the research material. I am also deeply indebted to Monica Amoako, Martin Asamoah, Marek Dabrowski, Grzegorz Kubowicz and *Abusua Panyin* Daniel Osei Yeboah for various kinds of help. Last but not least I should thank the old people some of whom volunteered to speak about the most intimate details of their lives. Somewhat contrary to anthropological custom, all names of people and places are real. This has been done at the request of the elders themselves. I dedicate this article to the memory of Maame Safowa who died one year after she told us about her worries.
- 2 For descriptions and discussions of toilet facilities in rural and urban communities in Ghana, see: Frantzen, 1998; Van der Geest and Obirih-Opareh, 2000.
- 3 Seeing old friends again made my stay in the town gratifying but it also turned the research into a complex social adventure: expectations which I often failed to fulfil. Friendship, on the one hand, is a prerequisite for anthropological fieldwork, but it also clashes with some of its basic objectives (cf. Van Binsbergen, 1979).
- 4 Other Akan groups include the Asante, Fante, Akyem, Akuapem, Bono and several other smaller groups. Some of the important studies of Akan culture are those by Rattray (1923, 1927, 1929), Danquah (1944), Field (1960), Fortes (1969), Arhin (1979) and Oppong (1982). Studies dealing with Kwahu society include Bleek (1975, 1976, 1977), Bartle (1977) and Miescher (1997).
- 5 *Abusua* is the matrilineage. The term may be used in a very wide sense, to include all the people who are believed to originate from one - mythical - female ancestor. The Kwahu discern 12 such large *mmusua* (plural). Here the term is used in its restricted sense: meaning the group of matrilineally related people who function in - or are supposed to function - as a co-operate group, sharing social responsibilities and liabilities.
- 6 For more discussion on the concept of *òpanyin*, see Van der Geest, 1998c.
- 7 For a more elaborate account of the various care activities carried out for elderly people, see Van der Geest, 1998a.

References

- Apt, N.A. (1996), *Coping with Old Age in a Changing Africa: Social Change and the Elderly Ghanaian*, Avebury, Aldershot.
- Arhin, K. (ed) (1979), *Brong Kyempim: Essays on the Society, History and Politics of the Brong People*, Afram Publications, Accra.

- Bartle, P.F.W. (1977), *Urban Migration and Rural Identity: An Ethnography of a Kwawu Community*, Ph.D. Thesis, Legon, University of Ghana.
- Bleek, W. (1975), *Marriage, Inheritance and Witchcraft: A Case Study of a Rural Ghanaian Family*, African Studies Centre, Leiden.
- Bleek, W. (1976), *Sexual Relationships and Birth Control in Ghana: A Case Study of a Rural Town*, Ph.D. Thesis, University of Amsterdam.
- Bleek, W. (1977), 'Marriage in Kwahu, Ghana', in: S.A. Roberts (ed), *Law and the Family in Africa*, Mouton, The Hague/Paris, pp. 183-204.
- Busia, K.A. (1951), *The Position of the Chief in the Modern Political System of Ashanti*, Oxford University Press, London.
- Danquah, J.B. (1944), *The Akan Doctrine of God*, Butterworth, London.
- Douglas, M. (1970), *Purity and Danger. An Analysis of Concepts of Pollution and Taboo*, Penguin, Harmondsworth.
- Field, M.J. (1960), *Search for Security: An Ethno-Psychiatric Study of Rural Ghana*, Faber and Faber, London.
- Fortes, M. (1969), *Kinship and the Social Order*, Routledge and Kegan Paul, London.
- Frantzen, A. (1998), 'Improvement of the Management of Public Toilet Facilities in Kumasi: Roles of Public and Private Sector', Ghana Research Papers No. 9, Institute of Planning and Demography, University of Amsterdam.
- Kaye, B. (1962), *Bringing up Children in Ghana: An Impressionistic Survey*, George Allen and Unwin, London.
- Mayerhoff, M. (1971), *On Caring*, Harper and Row, New York.
- Miescher, S.F. (1997), *Becoming Man in Kwawu: Gender, Law, Personhood, and the Construction of Masculinities in Colonial Ghana 1875-1757*, Ph.D. Thesis Anthropology, Northwestern University, Evanston.
- Oppong, C. (1982), *Middle Class African Marriage*, George Allen and Unwin, London.
- Osei, Y. (1978), *Traditional Medicine among the Akan of Ghana*, Inaugural-Dissertation, Heidelberg.
- Rattray, R.S. (1923), *Ashanti*, Clarendon Press, Oxford.
- Rattray, R.S. (1927), *Religion and Art in Ashanti*, Clarendon Press, Oxford.
- Rattray, R.S. (1929), *Ashanti Law and Constitution*, Clarendon Press, Oxford.
- Stucki, B.R. (1995), *Managing the Social Clock: The Negotiation of Elderhood among Rural Asante of Ghana*, Ph.D. Thesis, Anthropology, Northwestern University, Evanston.
- Van Binsbergen, W. (1979), 'Anthropological Fieldwork: There and Back Again', *Human Organization*, Vol. 38, pp. 205-210.
- Van der Geest, S. (1997a), 'Between Respect and Reciprocity: Managing Old Age in Rural Ghana', *Southern African Journal of Gerontology*, Vol. 6, pp. 20-25.
- Van der Geest, S. (1997b), 'Money and Respect: The Changing Value of Old Age in Rural Ghana', *Africa*, Vol. 67, pp. 534-559.
- Van der Geest, S. (1998a), 'The Social and Cultural Basis of Home Care to Elderly People in Ghana', *Illness, culture and society*, Erga Edizioni, Genova, pp. 461-480.
- Van der Geest, S. (1998b), 'Akan Shit: Getting Rid of Dirt in Ghana', *Anthropology Today*, Vol. 14, pp. 8-12.
- Van der Geest, S. (1998c), 'Òpanyin: The Ideal of Elder in the Akan Culture of Ghana', *Canadian Journal of African Studies*, Vol. 32, pp. 449-493.
- Van der Geest, S. and N. Obirih-Opareh (eds) (2000), *Toilets and Sanitation in Ghana*, STEPRI / CSIR / NRIP, Accra.