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Characteristics of Elderly Stroke Patients Admitted to the Stroke Unit, Korle Bu Teaching Hospital

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Abstract

Background: Stroke remains the second leading cause of death in the world. The main driver for increased stroke prevalence is the aging of the population. However, the best evidence-based strategies for stroke treatment and prevention are not always followed for older patients. Furthermore, considerable gaps in knowledge exist for stroke prevention and treatment in elderly and very elderly patients.

Objectives: To determine the characteristics of elderly stroke patients admitted to the Stroke Unit.

Methods: Data from the Stroke register was reviewed for the period January 2014 to July 2021. The multidisciplinary stroke unit was set up following a Ghana Wesssex partnership sponsored by THET www.wgstroke.org. Data on age, sex, length of stay and mortality were collected

and entered Excel, SPSS version 20. Chi squared statistical analysis was conducted.

Results: One thousand and eighty-nine (1089) elderly persons aged 60-104 years were admitted over the period. This accounted for 45.6% of admissions to the stroke unit. Male to female ratio of 1:1.2. Average length of stay 7-14 days. Stroke type of ischemic 69.5% versus haemorrhagic 23.2% and others 7.3% (Subarachnoid and subdural bleeds). One hundred and ninety-six (196) deaths occurred with a mortality rate of 17.9% with more males than females dying of stroke. The most common risk factor was hypertension.

Conclusion: Stroke in the elderly should be given more attention as it forms 45% of our admissions. Further study of the peculiarities and challenges managing stroke in the elderly deserves further evaluation.

Introduction

Incidence of stroke increases sharply with age due to clustering of cardio-metabolic risk factors. Stroke can however occur at any age exerting heavy personal, family and societal tolls. In sub-Saharan Africa, there is an unprecedented rise in the incidence, prevalence, morbidity and mortality of stroke. Old age remains as one of the strongest risk factors for ischemic strokes and other types of cerebrovascular disease (CVD) (Akinyemi et al., 2019, 2021; Donkor ES et al., 2014; Owolabi MO et al., 2015; 2018; Yousufuddin et al 2019).

Stroke remains the second leading cause of death in the world. The main driver for increased stroke prevalence is the aging of the population; however, best evidenced-based strategies for stroke treatment and prevention are not always followed for older patients. Furthermore, considerable gaps in knowledge exist for stroke prevention and treatment in elderly and very elderly patients (Feigin et al., 2019; Naghavi et al., 2017; Wang et al., 2017).

The global burden of neurological disorders has increased substantially over the past 25 years because of increases in the general population as well as in proportions of older people. Life expectancy at age 65 years has increased in almost all countries from 1970 to 2016 (Feigin et al., 2017). It is projected that, by 2025 almost half of SSA's populations will be living in urban areas and the number of people who are aged 60 years and above will more than double in countries like Ghana, Cameroon, DR Congo, and Mozambique (Akinyemi et al., 2014; Global AgeWatch Index 2015).

The increases occurred across successive decades suggesting implications for lower mortality and improved health care. Despite these positives, however, among all the common neurological disorders worldwide, cerebrovascular disease (CVD) and in particular stroke account for the largest proportions (47–67%) of total disability-adjusted life-years and deaths (Feigin et al., 2019; Naghavi et al., 2017). Most hospital-based studies in Africa showed that stroke is the leading cause of adult neurological admissions and medical coma (Akinyemi et al., 2014; Eze et al. 2014; Garbusinski et al., 2005; Siddiqi et al., 2010). The results of a hospital-based cross-sectional cohort study done in Nigeria, Tanzania and Sudan indicated that stroke constituted approximately 25% of medical admissions among patients aged ≥ 60 years (Akinyemi et al., 2014).

In response to the high burden and increasing mortality and morbidity from stroke in Korle Bu, the multidisciplinary stroke unit in the Department of Medicine Korle Bu Teaching Hospital (www.wg-stroke.org) was set up in 2014 following a Ghana Wesssex partnership sponsored by Tropical Health Education Trust (THET), (Gould et al., 2011, Johnson et al., 2017; Akpalu et al., 2022). The vision of the Korle Bu Teaching Hospital (KBTH) Stroke Unit is to provide high quality healthcare to stroke patients in an atmosphere of respect, integrity, service, leadership and multidisciplinary work. This study was to determine the characteristics of elderly stroke patients admitted to the Stroke Unit of the Korle Bu Teaching Hospital.

Methodology

Data from the Stroke register was called for the period January 2014 to July 2021. Data on age, sex, length of stay and mortality were collected and entered Excel and SPSS version 20. To determine a significant relationship between nominal variables the Chi-squared test was used. The Mann-Whitney-U test was used to analyze differences in quantitative variables for two independent groups. The significance threshold was set at a p value <0.05. Further information from the mortality data for the unit were extracted. The period of data collection also fell within the Stroke Investigative Research and Education Network study (Akpalu et al., 2015) from which ethical approval was obtained.

Results

One thousand and eighty-nine (1089) elderly persons aged 60-104 (71.6 ± 8.2) years were admitted over the period.

This accounted for 45.6% of admissions to the stroke unit. Male to female ratio of 1:1.2. Average length of stay 7-14 days (Table 2). Ischemic stroke 69.5% versus Hemorrhagic 23.2% and others 7.3% (Subarachnoid and subdural bleeds). One hundred and ninety-six (196) deaths occurred with a mortality rate of 17.9% with more males than females dying of stroke. (Table 1). The most common risk factor was hypertension.

Causes of mortality of patients within the period were attributable to aspiration pneumonia, raised intracranial pressure (Sarfo et al., 2015), urinary tract infection (Donkor et al., 2017). Causes of morbidity amongst elderly patients in this cohort include post stroke seizures, vascular parkinsonism, swallowing difficulties, constipation and depression.

Unique problems were identified social factors (inclusive of loneliness), family dynamics, cultural factors, sexuality post stroke and discharge planning (Johnson et al., 2017).

Table 1: Admission Demographics

	Male	Female	P-value
Numbers	593 (54.5%)	496 (45.5%)	
Age (Mean $\pm$ SD) years	70.8 $\pm$ 7.8	72.5 $\pm$ 8.6	0.006
Mortality	118 (19.9%)	78 (15.7%)	

Table 2: Demographics of Early vs Late elderly

	Early elderly [Age 60 -75]	Late elderly [Age above 75]	P-value
Number of admissions	759 (69.57%)	332 (30.43%)	
(Mean $\pm$ SD) years	67.13 $\pm$ 4.75	81.73 $\pm$ 4.66	<0.0001
Differences by Sex			
Male			
Numbers	436 (57.52%)	157 (47.43%)	
Age (Mean $\pm$ SD) years	67.02 $\pm$ 4.71	81.28 $\pm$ 4.49	<0.0001
Mortality (% of male)	88 (20.18%)	30 (19.11%)	
Male LoS (Length of Stay)	410 (58.32%)	139 (46.18%)	
Mean LoS (Mean $\pm$ SD) days	8.36 $\pm$ 6.80	9.32 $\pm$ 8.12	0.210
Female			
Numbers	322 (42.48%)	174 (52.57%)	
Age (Mean $\pm$ SD) years	67.30 $\pm$ 4.81	82.14 $\pm$ 4.77	<0.001
Mortality (% of female)	52 (16.15%)	26 (14.94%)	
Female LoS (Length of Stay)	293 (41.68%)	162 (53.82%)	
Mean LoS (Mean $\pm$ SD) days	8.68 $\pm$ 6.24	9.10 $\pm$ 6.18	
Stroke Type			
Infarct	512 (71.31%)	248 (78.98%)	
Hemorrhage	194 (27.02%)	59 (18.79%)	
Others	12 (1.67%)	7 (2.23%)	
Length of Stay in Hospital			
0-6 days	299 (42.53%)	123 (40.86%)	
(Mean $\pm$ SD)	3.42 $\pm$ 1.98	3.74 $\pm$ 1.92	
7-14 days	318 (45.23%)	128 (42.52%)	
(Mean $\pm$ SD)	9.74 $\pm$ 2.14	9.62 $\pm$ 2.21	
>14 days	86 (12.23%)	50 (16.61%)	
(Mean $\pm$ SD)	21.64 $\pm$ 7.39	21.56 $\pm$ 7.58	

Discussion

In this study, 45.9% of the patients studied were elderly. This was lower compared to 66% of hospitalized stroke patient in the United States (Jean Hall et al., 2012) and about 70 % in a study in the UK (Crichton et al., 2012). This disparity could be due to the younger aged population in Ghana compared to most developed countries (Ghana Population 2022).

The male to female ratio in this study was 1:1.2. Women have an overall lower age-adjusted stroke incidence than men (Carandang et al., 2006). This value was like a multicenter study in Ghana and Nigeria (Owolabi et al., 2018). However, as women age, accumulation of stroke risk factor is more likely since they have a longer life expectancy and are older at stroke onset than men (Samai & Martin-Schild, 2015), as this was demonstrated in this study with women being slightly older compared to men with an average age of 72.5 and 70.8 years respectfully.

Ischemic strokes represented about 75% of all strokes compared to 25% of hemorrhagic strokes. The percentage of ischemic stroke was lower compared to that of the US which stands at 87% of all strokes occurring annually (Benjamin et al., 2018), however the SIREN study in Ghana and Nigeria found that ischemic strokes accounts for 68% of all strokes (Owolabi et al., 2018). This high value compared to this is most likely due to the increased risk of atherosclerosis as one ages (Lakatta & Levy, 2003), and as the life expectancy in Ghana continues to grow (Ghana Population 2022), the risk of stroke due to atherosclerosis will increase. With

respect to hemorrhagic strokes, this study found a proportion of 25%. This value is much higher compared to high income countries which place it at 9% (O'Donnell et al., 2010, Jean Hill et al., 2012), however it was lower compared to 34% in Africa in the interstroke study (O'Donnell et al., 2010). This suggests a higher burden of uncontrolled hypertension in Africa. In a study in Ghana and Nigeria investigating the risk factor for strokes, the major etiology for intracerebral hemorrhage was hypertension with a proportion of 80.9% (Owolabi et al., 2018; Sarfo et al., 2021; Sarfo et al., 2014).

The average length of stay was 8.7 days with male and female having similar length of stay at (8.6 ± 7.2) and (8.8 ± 6.2) respectfully. This was shorter compared to Israel with an average of between 7 days and 14 days with longer length of stay (LOS) reported in older stroke patients and those with other complications (Koton et al., 2010), however it was similar to studies done in the United Kingdom and India reported an average LOS of less than 7 days in majority of the stroke patients (Potluri et al., 2015; Saxena et al., 2016). Comparing to studies in the sub region, a study done in Nigeria had a relatively long hospital stay with an average length of 30 days (Alkali et al 2013).

Our observation in this study supports the view that multidisciplinary stroke unit has an independent effect on reducing length of stay as seen in a study in North America (Zhu et al., 2009). This implies huge cost effectiveness in setting up various stroke units in the country. Patients were discharged to their respective homes for rehabilitation by family or hired home care

services. Whereas early discharge has shown to reduce hospital bed for rehabilitation and not compromise patients care, however, there is a potential risk of poorer mental health on the part of caregivers (Anderson et al., 2000). The peculiar problems associated with elderly stroke patients included increased risk for urinary tract infection, risk of pressure ulcers, poor nutrition, swallowing, management of comorbid medical and urological conditions, visual impairment, and neuropsychiatric conditions. (Donkor et al 2014, 2017, Akinyemi et al 2014, Sarfo et al 2016, Sanuade et al 2019).

The increasing aging population of Ghana will trigger an increasing demand on health services. In Ghana, just like most developed countries, there is heavy dependence for both acute care and rehabilitation of stroke patients compared to community services (Anderson et al 2000, Crichton et al 2012). Although hospital service is needed during acute care and inpatient rehabilitation, the needs of long-term care and rehabilitation cannot be addressed by the hospital (Forster & Young 1994).

Majority of patients discharged home cannot afford home care rehabilitation service and resort to taking care of patients by unskilled relations and other alternative medicine remedies which might be detrimental to patients as well as physical and emotional distress to these unskilled caregivers (Ae-Ngibise et al., 2015; Igberase et al., 2012).

The burden of stroke is rising faster in sub-Saharan Africa (Ezejimofor et al., 2017; Feigin et al., 2017, 2019; Owolabi et al.,

2015; Sarfo et al., 2015, 2016; Walker et al. 2014.) and this will continue to increase as the population ages. There is therefore the need for governments to institute health care policies that will cater for the transition of acute care to one that will cater for long term rehabilitation for chronic disease care like stroke (Bodenheimer et al., 2002; Wagner et al., 2001, 2002). The health system will need a structural change from the traditional hospital-based care to include participation of patients and family care givers, social workers and health professionals to help with long term management of stroke patients. (Jean Hall et al 2012, Caradang et al 2006, Crichton et al 2012). Adopting strategies such as the chronic disease model in LMIC will go a long way to improve stroke care, especially in the older age group, reduce care giver burnout and reduce cost to the nation and patients (Grover & Joshi, 2015).

Conclusion

Stroke in the elderly should be given more attention as it forms 45% of our admissions to the stroke unit. Further study of the peculiarities and challenges managing stroke in the elderly deserves further evaluation. The challenge is to develop locally acceptable prevention and treatment strategies based on good evidence, while acknowledging limited available resources, to limit future stroke burden in the elderly in SSA.

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Exploration of the Dynamics of Intimacy and Aging among Older Adults

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Abstract

Aging is an inevitable and multifaceted process that affects various aspects of human life, including sexuality. Even though many assume that older people are asexual, many studies report otherwise. Factors associated with aging and sexual activity are different for men and women. This paper seeks to explore the gynecological, medical and psychosocial factors that affect intimacy in older adults, stressing the significance of knowledge, understanding, and open communication in overcoming these obstacles. The paper provides an overview of the relationship between aging and sexuality, highlighting the complex relationship between biological, emotional, cognitive and psychosocial factors. Age-related changes in sexual function and desire are common, but the impact varies greatly among older individuals. Biologically, hormonal changes such as a decrease in estrogen and testosterone levels may contribute to the changes in sexual responses, including vaginal dryness, decrease in libido and erectile

dysfunction. Psychosocial factors such as beliefs, attitudes and expectations about aging and sexuality, and the quality of interpersonal relationships can impact sexual well-being. Maintaining a healthy and satisfying sexual life in an older age requires a holistic approach. Comprehensive sexual education and open discussions about sexual health for Ghana's older population should be promoted to dispel myths, reduce stigma and address common concerns relating to aging and intimacy.

Keywords: Ageing, Intimacy, Older people, Sexual health

"The opposite of Loneliness is not Togetherness. It's Intimacy" — Richard Bach

"It wasn't a thing I had consciously missed, but having it now reminded me of the joy of it; that drowsy intimacy in which a man's body is accessible to you as your own, the strange shapes and textures of it, like a sudden extension of your own limbs."

— Diana Gabaldon, Voyager

Introduction

Intimacy is considered a hallmark of both relational and personal well-being (Williamson et al., 2022). The English words “intimacy” and “intimate” are derived from Latin roots, *intimus* (innermost) and *intimare* (to make innermost known). By literal definition, intimacy is “the state of being intimate; something of a personal or private nature” (Sandoz et al., 2023). In the behavioral sciences, several conceptual models of intimacy have emerged. These models converge on defining intimacy as dynamic, contextually bound (Gaia, 2002), and involving the disclosure of thoughts, feelings, and personal information with reciprocal trust and emotional closeness (Timmerman, 2009, Sandoz et al., 2023).

Things which Enhance and which Compromise Intimacy

One’s physical and psychological well-being can have an impact on both what you can achieve and what you desire to

do sexually. Many older couples (defined here as 60 years and older), report being more satisfied with sex relationships than when they were younger (Lodge & Umberson, 2012) and enjoy each other without having to experience many of the interruptions faced by younger couples, such as pregnancy anxieties and busy work schedules. The aging process offers the opportunity for couples to build on their understanding and emotional connection through years of effective communication (Schoebi & Randall 2015). However, the natural physical changes associated with healthy aging, such as changes in weight, skin texture, muscle tone and flexibility, can pose challenges to engaging in and enjoying intimacy. The Aging may lose their sense of attractiveness, leading to concerns about their sex appeal (Zhang et al., 2023).

Older adults may also notice changes associated with the phases of sexual intimacy. These are summarized in See Table 1 below.

Table 1: Natural Sexual physiological changes associated with the arousal cycle among older adults

Phases	Female	Male
Excitation phase	Prolonged sexual arousal; Reduced vaginal secretion and lubrication; The vaginal mucosa becomes thin, causing pain during intercourse.	Prolonged sexual arousal: Penis erection function is limited, resulting in prolonged erection time; Reduced scrotal vascular congestion.
Plateau phase	Less vaginal congestion, less vaginal mouth relaxation; Less nipple erection and sexual impulse; Bartholin gland secretion is reduced.	Less muscle tension; No colour change in the coronal edge of the penis; Delayed or weakened penile erection.

Table 1 (cont): Natural Sexual physiological changes associated with the arousal cycle among older adults

Orgasmic phase	Orgasm intensity and duration decrease.	Cowper's gland's secretion activity (lubrication) decreases or disappears before ejaculation; Reduced penis contraction; Ejaculation ability is weak due to less semen secretion.
Resolution phase	The nipple erection is considerably slowed; Prolonged orgasm platform time.	Prolonged refractory period

Adapted from Zhang et al. (2023)

As we age, natural physical changes may be a barrier to sustaining or initiating intimate relationships. Modifiable health conditions and behaviors can promote improved participation in physical tenderness and sexual activity.

Biologically, there are two sex organ-related changes that older men and women experience (Zhang et al, 2023). In older women, the vagina becomes shorter and narrower as the vaginal walls become thinner and more rigid. There is also a decrease in vaginal lubrication as well as a change in the time for natural vaginal lubrication to occur. These changes make vaginal penetration an uncomfortable and stressful experience. (American College of Obstetricians and Gynecologists' Committee on Practice Bulletins— Gynecology, 2019). For older men, the major problem is impotence, commonly known as erectile dysfunction or ED. This condition is characterized by the inability to get and/or maintain an erection as well as a decrease in the size of the penis when it is erect (Chung, 2019; Zhang et al., 2023).

Gynecological Changes affecting Intimacy in Aging Women

Gynecological changes that affect physical intimacy in aging women include vasomotor symptoms that result from fluctuating hormone levels. As women age, their ovarian reserves diminish, resulting in hormonal fluctuations characterized by a gradual rise in follicle-stimulating hormone, luteinizing hormone and a decline in estrogens (Chahal & Drake, 2007, Zhang et al., 2023). These modifications are typical of the perimenopausal and menopausal stages. Vasomotor symptoms, such as hot flashes and night sweats, can interfere with sleep patterns and alter moods, potentially affecting sexual desire and pleasure (Dennerstein et al., 2007; Zhang et al., 2023). It is essential that women and their healthcare providers recognize these symptoms and explore effective management strategies (Macleod & McCabe, 2020; Syme et al., 2018; Zhang et al., (2023).

Vaginal dryness is another gynecological change that occurs in older women due to decreased estrogen levels. Vaginal dryness

can cause discomfort or pain during sexual activity, significantly impacting a woman's sexual experience and possibly resulting in a decrease in sexual desire (Granville & Pregler, 2018). The use of water-based lubricants can alleviate dryness and enhance comfort, making sexual encounters more pleasurable (Macleod & McCabe, 2020; Syme et al., 2018; Zhang et al., 2023).

As estrogen levels decline, women may also experience vaginal atrophy, which is characterized by vaginal tissue thinning, inflammation, and loss of elasticity (Zhang et al., 2023). This can cause discomfort, pain, or a feeling of tightness during sexual activity, having sex difficult and less enjoyable (Fisher et al., 2020). Prescribed topical estrogen therapy can alleviate symptoms, improve vaginal health, and boost sexual satisfaction (Macleod & McCabe, 2020; Syme et al., 2018; Zhang et al., 2023).

The condition of pelvic organ prolapse is characterized by the descent of pelvic organs into or beyond the vaginal canal. This can cause pressure or discomfort during sexual activity, resulting in diminished sexual function and satisfaction (Verbeek & Haynes, 2019). In severe cases, treatment options such as pelvic floor exercises, pessaries, and surgical repair can alleviate symptoms and improve intimacy (Fisher et al., 2020; Verbeek & Haynes, 2019).

Urinary incontinence is prevalent in older women and can have a significant impact on physical intimacy (Dalpiaz et al., 2008). According to Mendes et al. (2017), the fear of leakage or embarrassment can cause

anxiety and inhibit sexual experiences. To effectively manage urinary incontinence and restore intimacy, it is essential to address underlying causes and include pelvic floor muscle exercises in management strategies.

Several other factors can contribute to a decline in libido, which is a common concern among older women. Psychosocial factors, medications, and chronic health conditions can all contribute to a decrease in sexual desire (Ambler, Biel, & Diamond, 2012). Open communication with partners and healthcare providers can assist in addressing underlying causes and restoring sexual desire, thereby fostering a fulfilling intimate life. (Fisher et al., 2020).

Sex Organ and Hormonal changes in Older Men

The most common and age-related causes of male sexual dysfunction are ED and hypogonadism (Zhang et al., 2023). Numerous studies support the link between ED and aging in men. In the Massachusetts Male Aging Study (MMAS), more than 50% of individuals had ED, and the prevalence of severe dysfunction increased between the ages of 40 and 70 (Travison et al., 2011). Similar results were reported in the European Male Aging Study (EMAS) which reported 64% prevalence of ED among males 70 years and older (Corona et al., 2010). More than 30% of the overall EMAS sample reported having ED. It is possible that there are multiple factors involved in the pathophysiologic mechanisms postulated to cause ED. First, there are

atherosclerotic vascular abnormalities in the penile vasculature that cause the penis' blood flow to diminish. (Morgentaler, 2004; Zhang et al., 2023). Secondly, penile vasodilation is impaired by changes in several neurohumoral pathways, including the expression of the 1-adrenergic receptor, adrenergic sensitivity, and nitric oxide production, as well as important enzymes (Chung, 2019). In males, endothelial dysfunction manifests as a steady decline in endothelial function with age, highlighting the link between ED and cardiovascular disease. Moreover, in the presence of endothelial dysfunction and reactive oxygen species, cardiovascular risk factors such as hypertension, dyslipidemia, diabetes, and obesity amplify the underlying inflammatory state, increasing the propensity for plaque development and atherosclerosis (Chung, 2019). The aged penile tissues' histological changes reveal corporal fibrosis, decreased elasticity, and reduced compliance—features consistent with venous occlusive dysfunction, which makes it harder to maintain penile erection. Androgen deprivation, which also causes the cavernous nerve function to be dysregulated, worsens the loss of penile smooth muscle (Chung, 2019; Zhang et al., 2023).

All sexual acts are motivated by sexual desire, which is arguably the most significant part of male sexual function. Low sexual desire is not unusual among older and hypogonadal men, as sexual desire is frequently tightly correlated with testosterone levels and the inverse link between testosterone and aging (Wu et al., 2010). According to studies, older men's testicular function declines with

age (Corona et al., 2013; Morgentaler, 2004) and with that, declining testosterone levels (Fisher et al., 2020; Zhang et al., 2023).

Impact of Physical illness on Intimacy

Several medical conditions that hinder blood supply or innervation of genital tissue can be linked with sexual dysfunction. Among the most common conditions are cardiovascular diseases such as stroke, hypertension, heart disease and peripheral vascular disease. Additionally, conditions such as diabetes, depression, breast and prostate cancer, HIV/AIDS, cognitive impairment and dementia, Parkinson's disease, and osteoarthritis are also commonly associated with sexual dysfunction (Laumann, Das & Waite, 2008; Domingue & Barbagallo, 2016).

It is worth noting that sexually transmitted diseases (STDs) are not protected by age. Sexually active older adults may be at risk for infections such as gonorrhea, hepatitis B, chlamydial infection, syphilis, genital herpes, genital warts, and HIV/AIDS (Macleod & McCabe, 2020). When sexual problems are left undiagnosed or untreated, it can contribute to the development of several mental health conditions including depression, anxiety and stress. These conditions can cause a decrease in sexual activities and physical bond, leading to a low level of sexual satisfaction (Freak- Poli, 2020). There is evidence to suggest that when the physical or emotional bond is lost, effective communication, and sharing of emotions is also lost. This can lead to social withdrawal, feelings of isolation,

excessive worry, insecurity and decreased body and sensory awareness (Freak-Poli, 2020). It is therefore important to address the sexual activity of older adults to enhance well-being and quality of life (Freak-Poli, 2020; Umberson & Montez, 2010).

The impact of Stroke on Intimacy

The relationship between stroke and sexuality is not well understood from the perspectives of patients, partners and health care professionals. This is because the focus post strokes, are by necessity, on severe lifelong impairments and disabilities (Hamam et al., 2013; Nilsson et al., 2017; Rosenbaum et al., 2014). The consequences of strokes, however, often have an impact on relationships with spouses, families, and other people in the immediate environment. There are also impacts on involvement in work, leisure, and society (Giaquinto et al., 2003; Rosenbaum et al., 2014). Unfortunately, sexuality is seen as a highly private, non-integral aspect of recovery. In stroke rehabilitation, a comprehensive person-centered approach is necessary, and this ought to include sexual rehabilitation of patients and their partners, with health professionals learning to raise these issues during consultation (Hamam et al., 2013; Nilsson et al., 2017; Schmid & Finkelstein, 2010; UHN, 2019).

The African literature on sexuality and aging

In sub-Saharan Africa, there are shifts in discourse and activities from silence on the topic of older persons and sexuality, or

perceptions that older persons are asexual (Nevedal & Sankar, 2016; Srivastava & Upadhaya, 2022; Tamale, 2011) to a new presentation of sexuality in older persons in which sexual behavior is described in terms of risk or danger.

Most existing research on aging and sexuality among Africans are on individuals of reproductive age (i.e., 15-49), (Chirinda & Zunga, 2016; Negin, & Cumming, 2010). The assumption that older people are asexual (Butler, 2005; Chirinda & Zunga, 2016; Ede et al., 2023; Nevedal & Sankar, 2016; Srivastava & Upadhaya, 2022) is not tenable because sexual activity exists among older persons in a myriad of forms and frequency (Ede et al., 2023). This then suggests that there is inadequate information and research pertaining to sexual activity in old age especially in Africa.

The perception, particularly of older women as asexual simplifies the allocation of a symbolic male identity to them. For instance, among the Masai in Kenya, the process that marks the change in sexuality with age is that of transitioning from the roles of a sexually active adult to the role of a teacher or guardian for the sexuality of young people (Ede et al., 2023). The singular area that is totally neglected is the issue of sexuality and the changing sexual and gender identities of people outside of the ages of childbearing. Chirinda and Zunga (2016) have observed that sexually active life expectancy is higher among men across all age groups. At age 50, the sexually active life expectancy for men was double that for women in the sample studied. Working in Eastern Africa particularly, and in the aftermath

of the HIV epidemic, they found that HIV infection was significantly associated with reduced sexual activity. The presence of chronic conditions was significantly associated with reduced sexual activity among men. They confirmed that older adults are sexually active, and that factors associated with sexual activity are different for men and women. In furtherance to this, management of HIV infections among women and chronic conditions among men are areas of intervention to improve sexual activity in older people.

The lack of attention to older persons' sexuality and health in Sub-Saharan Africa is due mostly to the emphasis placed on sexuality in relation to fertility and reproduction, avoidance of coercive sex, safe motherhood, and prevention of unintended pregnancies as well as the prevention of sexually transmitted infections (STIs) (Miller, 2000; Higgins & Hirsch, 2007). According to Chapngeno- Langat and Hosegood (2012), sexuality is an essential component of health and the well-being of all adults. This has a myriad of dimensions that encompass aspects of identity, behavior, social and cultural beliefs, values, norms and attitudes. Sexuality and sexual activities include negotiating new relationships, cohabitations, protected/unprotected sex, desires, sexual satisfaction, emotional intimacy, relationship satisfaction, marriage, dissolution of marriages and companionship. (Freak Poli, 2020).

Empirical studies (e.g., Agunbiade & Gilbert, 2020; Chapngeno-Langat & Hosegood, 2012; Clarke, 2006; Da Silva, Pelzer, & Neudling, 2019; Traeen et al., 2018) have shown that sexual behaviour among older people in Africa,

like elsewhere around the globe may encompass vaginal intercourse or other alternatives such as oral sex, touching and caressing, masturbation, companionship, caring, bonding and personal meanings attributed to sexual relationships.

Myths, beliefs and practices pertaining to sex have their roots in ancient traditions and customs (Makinwa-Adebusoye & Tiemoko, 2007; Okiria, 2011). It were as though older women did not deserve to have a sexual life or sexual desire in this stage of their life span. But other studies (e.g., de Vries, 2009; Minichello, Plummer & Loxton., 2004) show that the capacity and desire for emotional and sexual intimacy and pleasure can be essential for people throughout their lives. By and large, negative attitudes to older persons and sex can prevent open expressions of sexuality as older persons seek to conform to ideals of asexuality in their cultures.

Sexual behavior in the older years is perceived negatively (Agunbiade & Ayotude, 2012; Bagnol & Mariano, 2011). First, sex is usually associated with youth, strength and power and in some African societies for instance, in a Yoruba study, participants perceived sexual activity as potentially overpowering older persons, and potentially negatively impacting their well-being (Agunbiade & Ayotude, 2012).

Secondly, religious beliefs and practices further play a role in the construction of social norms around sexuality. For example, among the Yoruba in Nigeria, sexuality is constructed as both a physical and a spiritual phenomenon. Sexual activity is perceived as an opposing power and thus becomes a barrier to spirituality.

Hence, sex among older persons was perceived by women in the study as a hindrance to the attainment of spiritual powers and a distraction (Agunbiade & Ayotude, 2012). Similarly, in northern Kenya, the Borano are of the belief that old age is a period of 'rest' and settling down and older persons were thought to be approaching the realms of the spiritual world as they approach the end of life (Kassam cited in Aguilar, 1998, p. 276). The wish for the attainment of spiritual purity in many traditions may inhibit sexuality in aging. Furthermore, teachings of Christianity on sexuality have placed emphasis on the importance of sex within marriage for procreation.

Third, the perception of sexuality in old age is gendered and driven by cultural norms and biological processes that manifest differently for older men and women (Okiria, 2011; Tamale, 2011). Male sexuality as expressed via sexual activity is accepted due to the ability to father children in later life (Agunbiade & Ayotude, 2012; Tamale, 2011). For instance, in Mozambique's Tete province, there is the belief that post-menopausal women are endangered by sexual intercourse wherein menstruation is required to expel the sperm and prevent it from becoming 'rotten inside the women's body' (Bagnol & Mariano, 2011, p. 284). It is believed that women may experience health problems which may be fatal without the cleansing process of menstruation.

Further arguments to this concentrate on medical interventions and therapies pertaining to sexual health throughout Africa, where there exist more herbal and pharmaceutical interventions available in as-

sisting males with their sexual challenges and/or which enhance their experiences of pleasure. (Agunbiade & Ayotude, 2012). However, very little exists to help women in dealing with their sexual health issues.

Overall, the literature on aging and sexuality in African settings is skewed to circumscribed traditional societies and on Public Health reproductive concerns. This limitation in literature possibly reduces the generalizability of findings and skews the understanding of aging and sexuality to predominantly negative views. Research on contemporary aging and sexuality is needed in Africa.

The Psychological Impact of Aging on Sexuality and Relationships

There are numerous benefits to sexuality and its expression for older people. These benefits, physical, psychological, emotional, cognitive and social have been of much research interest (Graf & Patrick, 2014; Neto, 2012; Pascoal et al., 2014; Rosen & Bachmann, 2008; Kingsberg, 2000; Freak-Poli et al., 2017; Jackson et al., 2019;).

While crystallized cognitive abilities such as verbal skills and implicit memory are usually stable in older ages, fluid cognitive abilities in the form of perceptual speed and memorization abilities decrease substantially (Harada et al., 2013). Such changes have the potential to affect sexual health and intimacy. However, not all older adults experiencing cognitive decline encounter vulnerabilities in their sexual health and intimacy, with recent reports suggesting that 48% of men and 18% of women with dementia who were

living at home engaged in sexual activity (Lindau et al., 2018; Rector et al., 2020). For older adults who are vulnerable, they often report disturbances in their intimacy, physical tenderness towards partners and engagement in sexual activities (Wright & Jenks, 2016). Freak-Poli et al. (2018) reported that the 14% of the aged living communally who reported cognitive impairment also reported poor physical tenderness towards their partners and diminished sexual activities.

Examples of socioemotional factors that play a role in the sexual health of older people include social connection, marital status, gender and wealth status (Kim & Jeon, 2013; Ricoy-Cano et al., 2020). Old adults continue to have close connections throughout their lives. Maintaining these connections into old age has several advantages, including a means of companionship, emotional support, and a sense of belonging. For social engagement, support through trying times, and the opportunity to share experiences, older persons frequently rely on their connections (Murata et al., 2017). While there is an advantage for these couples to maintain and deepen their bonds through mutual support and shared memories, Kingsberg (2000) suggests that such long-lasting relationships may lack the excitement and tenderness that characterize new relationships and foster passion. Couples may get overly familiar with each other's mannerisms and routines over time. This familiarity can often lead to complacency, as couples take each other for granted and fail to see the importance of caring gestures. Resentments can build up overtime in long-term relationships because of unsolved

problems or missed expectations. These resentments have the potential to diminish compassion, resulting in emotional detachment, a lack of empathy, loss of sexual desire and sexual activities between them. Also, priorities and interests may change as people become older. They start to pay less attention to their partner's needs because of being more preoccupied with their own problems, their health, or other obligations, which might hinder their ability to be connected to their partner. To sustain a sense of belonging, it is crucial for older couples to keep seeking out new experiences, pleasure and shared interests (Kingsberg, 2000; Zhang et al., 2020). On the other hand, couples who are in new relationships typically have a fresh sense of love and excitement for their relationship. During this phase, their feelings of passion and romance are often at their peak. This intense emotional connection, even in the elderly, can bring joy and a sense of fulfillment, resulting in a heightened sense of intimacy and physical connection. Couples are still exploring each other's desire, preference and boundaries, which can lead to deeper emotional and physical bonds. This closeness can enhance overall relationship satisfaction (Ricoy-Cano et al., 2020).

Dating in the Senior Years

Regardless of age, people might have quite different preferences for socializing or being alone. According to Brown and Shinohara (2013), most people over 65 are single. This is why there is a common perception that older people do not experience sexual feelings and cannot maintain active and fulfilling sex lives (Fileborn et al.,

2015; Kingsberg, 2000). However, research has shown that while the frequency and nature of sexual activity may vary among individuals, many older people continue to engage in and enjoy sexual intimacy throughout their lives (Ricoy-Cano et al., 2020). Although dating tends to reduce with age, cultural norms, and attitudes such as age discrimination or stereotyping, can influence social expectations and views of older people's sexual activities. These factors may contribute to an environment that discourages or inhibits older people's display of passion and sexuality (Brown & Shinohara, 2013). On the other hand, older adults who are divorced, black, male, wealthy, in good health, involved in social groups, who get along with their siblings, who still have the ability to drive, are employed, or have higher education, are more likely to date or be in romantic relationships (Brown & Shinohara, 2013; Dickson, Hughes, & Walker, 2005).

Due to women's higher life expectancies and the traditional expectation that males should date younger women, men have a wider selection of potential partners. In comparison to older women, older males are also more likely to want to remarry (Brown & Shinohara, 2013). In some ways, dating later can be compared to dating during the early stages of adulthood. Younger women typically seek men who will be ideal providers and fathers, or someone with whom they can build a life, while younger men commonly look for women who will be good mothers (Kingsberg, 2000). These requirements are given less attention as time goes on (Watson & Stelle, 2011). Along with these changing priorities, the definition

of attractiveness also changes. Generally, older women may place greater emphasis on financial and emotional stability, as well as a sense of security in their partnerships. They may seek a partner who has a high socioeconomic status, who is intelligent and can communicate effectively. These qualities are suggestive of a partner who is better equipped to navigate conflicts, meet each other's emotional and relational needs and foster understanding in the relationship. On the other hand, older men may be drawn to women who are physically attractive and young due to a sense of vitality and energy (Fileborn et al., 2015; Kingsberg, 2000; McWilliams & Barrett, 2014; Wada, Clarke & Rozanova, 2015). Although older people enjoy activities in their relationships in ways that younger people do, the dynamics of partnerships typically change with age (Dickson, Hughes & Walker, 2005). Researchers have found that loneliness can be a common concern for older people, especially for older men and forming new relationships can indeed be a way to alleviate feelings of loneliness (Carr, 2004; Stevens, 2002).

The choice to embark on new relationships has been observed to differ between older men and older women. For example, it has been reported that older women tend to be less eager to foster new relationships because they have a wide social network that encourages a sense of belonging and companionship, whereas older men who lack social support may be more inclined to seek new relationships as a means of addressing their need for companionship and social connections (Carr, 2004; Watson & Stelle, 2011). While some have found comfort in relying on their adult chil-

dren for social support, some older adults would rather develop new relationships with partners (Antonucci et al., 2004; Stevens, 2002).

Recommendations for Intimacy, Sexuality and Aging

In the initial presentation of this work as a seminar, the following were deductions made by the authors from their own professional experiences with the Aged in the applied disciplines of Psychology, Neurology, Obstetrics and Gynecology as well as from the reviewed literature.

1. Know thyself

Knowing oneself fosters self-awareness, self-acceptance and open communication about one's needs and desires. Knowing oneself involves understanding one's body and its changes over time and enables one to adjust to any age-related changes and encourages the exploration of new ways to enjoy pleasure. With this knowledge, communication is possible between partners about what has changed, new preferences. Also, knowing oneself facilitates accepting one's body, desires, and sexual orientation without judgment. Embracing one's unique journey and the changes that come with aging can enhance one's self-esteem and confidence, allowing a person to approach sexual experiences with a positive mindset.

2. Taking care of one's health

As aging often brings about various medical conditions and physical changes that impact sexual functioning, it is important

to work with one's health care providers to maintain good physical, emotional and sexual health.

3. Partners

Although choosing a sexual partner is a personal decision, there is no universally acceptable option for older adults when it comes to selecting the appropriate age of their sexual partners. Some older adults may prefer being intimate with partners of similar age because of common interests, empathy, and shared life experience. Some older adults, on the other hand, may desire to be intimate with younger partners because they find them attractive, lively, and rejuvenating. It is also important to enjoy sex with the partner of one's youth, if possible, to avoid undue pressure to perform sexually.

4. Maintaining Intimacy

- Keep one's old friends however difficult; remember or learn to use innovative technology where necessary. Technology provides various communication platforms such as video calls, instant messaging, and social media, which allow older people to connect with their loved ones regardless of physical distance. Regular communication can help maintain emotional closeness and foster intimate connections.
- Make new friends of all ages and learn the new ways of the world. One can join online communities or platforms that provide opportunity to interact with people based on specific interests, hobbies, or life experiences. This helps

create meaningful connections and a sense of intimacy.

- Mourn the friends who have left one's life and the world but celebrate with the new. These are both important aspects of life. Mourning allows one to acknowledge and process the emotions that arise from the loss of a close one. It provides an opportunity to express sadness, pain and other complex emotions that may accompany grief. This also provides an outlet to reflect on the positive experiences, moments, and contributions that the departed brought to one's life. By allowing oneself to grieve, one can begin the healing process and find ways to cope with the loss. On the other hand, celebrating with new friends provides opportunities to build new connections and expand social support networks. These relationships can contribute to a sense of belonging, reduced feelings of isolation, stimulate intellectual curiosity and enhance overall well-being.
- Maintaining close relationships with the next generation allows for inter-generational bonding and learning. Older adults can share their wisdom, life experiences and values, while younger generations can provide fresh perspectives, insights, and knowledge about contemporary trends and technologies. This exchange of ideas and experiences fosters mutual understanding, strengthens family ties, and promotes personal growth for both generations.

- Keep flexible and nimble:

Ask doctors about massage oils and moisturizers, lubricants, sexual aids, relevant medication. Maintaining a fulfilling sexual life is possible during old age, although it may require some adjustments. Depending on individual circumstances, certain sexual aids or treatments may be helpful. For example, lubricants can alleviate dryness. Vibrators and other medical devices can enhance pleasure and medications or hormone therapies may be prescribed to address specific concerns of erectile dysfunction, vaginal dryness and atrophy, and challenges with arousal. Discussing these options with a healthcare provider can ensure safety in their use and tailored recommendations. With friends, share information about good massage therapists, good consultant doctors, psychotherapists and counsellors, urologists, gynaecologists and bone and spine doctors. Remember that everyone's sexual journey is different, and what works for one person may not work for another. Seeking guidance from healthcare professionals, sex therapist or psychologists who specialize in working with older adults can also provide valuable support and advice in navigating sexual well-being later in life.

5. Easy ways of sharing intimacy

- Spend significant, purposeful time together:
Purposeful time together allows you and your significant other to nurture

and strengthen your relationships. This offers an opportunity to connect, share your experiences, and strengthen emotional bonds. Engaging in such meaningful activities together promotes a sense of companionship, support, and mutual understanding.

- **Take care of one another:**
Show empathy, compassion, and active listening skills when interacting with other older individuals. Be there to lend an understanding ear, offer kind words, and provide emotional support especially during challenging times. Validate feelings and experiences and offer reassurance and encouragement.
- **Mutual respect and understanding:**
This is essential for fostering positive relationships and a harmonious community. Recognize that each person has a unique background, experiences, and beliefs. Embrace the diversity of perspectives among older individuals; engage in respectful dialogues and exchange of ideas, even when there are differing viewpoints. Be conscious of the biases and stereotypes associated with aging. Avoid making assumptions based on age. Treat the other as an individual with unique strengths, capabilities, and contributions, regardless of age.
- **Honest and open communication:**
This is crucial for fostering understanding, resolving conflicts, and

maintaining meaningful relationships. Expressing oneself honestly while being mindful of tone and choice of words, openness and respect in communication, avoiding personal attacks or derogatory language, focusing on the issues at hand, seeking clarity when one does not fully understand what is being said, learning the art of listening and being mindful of hearing impairments in this age group are some of the keys to intimacy.

- **Genuine trust:**
Promoting genuine trust is essential for building strong relationships and fostering a supportive community. Demonstrate consistency and reliability in actions and words. Follow through on commitments, be punctual, be someone others can rely on. By consistently demonstrating trustworthiness, one builds a solid foundation for trust. Avoid deception, hidden agendas, or withholding essential information. Be genuine in expressing one's thoughts, feelings, and intentions.

Honor the trust placed in you by keeping personal information or sensitive matters confidential unless explicit permission is given to share. Respect and maintain boundaries to enhance the sense of trust and safety within the relationships.

6. Helpers of intimacy

- There are many medications available, so do open up to your doctor or community pharmacist and avoid

self- medicating. Self- diagnosis and self- medication are potentially dangerous because without adequate medical knowledge, one may misdiagnose symptoms and miss the opportunity for proper medical care.

- Beware of dangerous aphrodisiacs/ herbal medications which are not licensed or regulated. When one decides to use an aphrodisiac, it is important to be well informed about the manufacturer and safety standards. Also, there is potential for dangerous drug interactions when aphrodisiacs are taken with other medication.
- Some local remedies such as tiger nuts and the local chewing stick; twapia, help! Tiger nuts are a useful source of vitamins, healthy fats and fiber which contribute to our sexual health. Though the primary function of the local chewing stick is to promote good oral hygiene, traditional tales suggest that some varieties may have aphrodisiac characteristics.

The way forward for research

Research on sexuality and sexual health of older adults in Africa and Ghana, is lacking, and this can easily be gleaned from the number of non-African references cit-

ed below. The closest research which was published in Ghana two-decades ago, interviewed a sample of older, middle-aged, and younger adults to explore attitudes and behaviors related to sex among older adults (Van der Geest, 2001). Sex was viewed ambivalently with participants' responses influenced by cultural factors and the physical demands of sex. Accordingly, participants thought sex must be an activity abandoned when a person enters their older years because it requires "strength" or sexual potency which, unfortunately, they believed to be lacking in old age. While these findings were useful as they provided starting information on attitudes towards older adult's sexuality, they failed to capture the full spectrum of sexuality, intimacy, and aging in Ghana and in Africa. There is a need to replicate the findings to see if similar views are pertaining today after 20-years of enormous structural, policy, economic, family, and cultural changes affecting every fiber of life in Ghana. In addition to this, a nation-wide survey may be necessary to collect data on several public health issues involving sexuality and sexual health of older adults in Ghana, one guided by the strengths of surveys from the United States (Lindau et al., 2007), Spain (Palacios-Ceña et al., 2012), Australia (Lyons et al., 2017), and the UK (Lee et al., 2016) .

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Trokosi Practice: The Role of Older Adults as Victims, Custodians and Perpetrators

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Abstract

This paper briefly discusses the practice of trokosi, and based on a desk review of relevant literature, highlights the gap in the role of elderly persons as custodians, victims, or perpetrators of this practice. The central argument of this paper is that elderly or older adults play a critical role as custodians, direct or indirect victims as well as direct or indirect perpetrators of harmful cultural practices (HCPs) such as trokosi. Notwithstanding this crucial role that elderly persons play in practice, the literature reviewed is mostly uni-dimensional and preoccupied with the direct victimhood of elderly persons and therefore silent on the complexity of their roles. Yet, by their roles as custodians and elderly persons, they can promote human rights and the well-being of trokosis. This uni-dimensional portrayal by literature has the tendency to undermine the implementation of laws and policies that seek to promote the dignity and well-being of trokosis including elderly people themselves. The paper concludes with recommendations to complement the formal imple-

mentation of existing laws with practical approaches that engage older adults as key actors in the implementation process of laws and actions pertaining to HCPs.

Keywords: *trokosi, older adults, custodians, victims, perpetrators, practical approaches.*

Introduction and Justification

Harmful cultural practices (HCPs) are discriminatory practices that stem from traditional and religious beliefs upheld by communities for lengthy periods of time spanning generations. These practices tend to adversely affect the health, welfare, and dignity of vulnerable persons including children and women. They include *trokosi*, forced and early marriages, widowhood rights, female genital mutilation, and witchcraft accusations, among others.

Harmful cultural practices (HCPs) have existed in history, way before the coinage of the concept. Within the UN system, the formal usage of HCPs dates back to the 1950s (Longman & Bradley, 2016).

Following the adoption of the Universal Declaration of Human Rights, resolutions were adopted by the General Assembly of the United Nations to abolish cultural-based discriminatory practices. Consequently, harmful cultural practices began to receive greater visibility during the late 20th century (ibid), through the efforts of the United Nations Economic and Social Council (ECOSOC), the World Health Organization (WHO) as well as the adoption of the Convention on the Elimination of All Forms of Discrimination against Women in 1979.

However, despite legislative, institutional, policy, and advocacy efforts internationally, regionally, and also locally by various actors including the Commission on Human Rights and Administrative Justice, (CHRAJ), to curb or eliminate these practices, HCPs still persist (Akpabli-Honu, 2014; Asomah, 2015; Musa, 2011; Owusu, 2023).

In most traditional communities elderly persons or older adults by virtue of their chronological age, promote and perpetuate the continuation of cultural beliefs and HCPs such as *trokosi* from one generation to the other (Gyan, Abbey, & Baffoe, 2020). Also, by one's socio-cultural and religious role as family or clan head, chief, or fetish priest, one can be accorded the status of *nana* or *togbui* which translates in *Twi* and *Ewe*³ as an elderly person or grandparent. In practice, therefore, persons on account of their sociocultural and religious roles as well as their chronological age, are usually

regarded as custodians of traditional beliefs and practices.

Notwithstanding the crucial indirect role that elderly persons play in practice as custodians, the literature on HCPs reviewed is mostly uni-dimensional and preoccupied with their direct victimhood and silent on indirect roles as victims or perpetrators. The uni-dimensional portrayals and seeming silence of literature about the indirect roles of older adults, either as victims or perpetrators could undermine the implementation of laws and policies that seek to promote the dignity and wellbeing of persons who are considered victims, including the elderly persons themselves.

Generally, literature on HCPs lend themselves to a broad domain (Aberese Ako & Akweongo, 2009; Ahonsi et al., 2019; De Groot, Kuunyem, & Palermo, 2018; Dowuona-Hammond, Atuguba, & Tuokuu, 2020); my paper commits to only one such practice in Ghana, namely *trokosi*.

The objective and relevance of this paper is to briefly discuss the *trokosi* practice and highlight the role of older adults as custodians, victims and perpetrators of the practice of *trokosi*. To achieve this objective, I conducted a desk review of literature on *trokosi* and drew from CHRAJ's annual and research reports including State of Human Rights (SOHR⁴) reports, CHRAJ's statistics on complaints lodged to the offices of CHRAJ as well as relevant documentation on international, regional, and local human rights standards.

Trokosi and victimhood

The traditional practice of *trokosi* dates back to the 17th century (Ababio & Mawusinu, 2000; Ameh, 1998; Asomah, 2015; Benson, 2021; Dogba, 2001; Musa, 2011; Njogu, 2021; Owusu, 2023). The name *trokosi*, originates from a combination of two mutually exclusive *Ewe* words, *tro* and *kosi*. *Tro* means deity and *kosi* is a slave so when the two are combined, it translates as a slave of a deity or God. The name of the deity that receives or accepts children is *troxovi*; 'tro' means deity 'xo' means accept and *vi* is a child (Ameh, 2001). Thus, *troxovi* represents a deity that accepts children. The abode or place where the deity is served or worshipped is known as a shrine (ibid). Ritual or Customary servitude is practiced predominantly in some parts of West Africa namely, Togo, Benin, and Nigeria and Ghana (Ameh, 1998, 2001; Dogba, 2001; Owusu, 2023).

In Ghana, this practice and its variants such as *fiasidi* and *woryokoe* are prevalent among Ewes of southern and northern Tongu and Anlo, and the Dangmes of Greater Accra Region (Akpabli-Honu, 2014; Ameh, 1998, 2001; CHRAJ, 2009a, 2010; Dogba, 2001; GNA, 2012; Owusu, 2023).

Typically, the *trokosi* practice involves offering virgin girls to gods or deities for reasons including the following, to pacify deities who are offended by members of the community; to ensure success in war, as well as; to express gratitude to the gods for granting various requests. Failure to make this offering to the gods, it is believed, usually results in calamities

meted out by the gods or deities such as death tolls in the family of the offender.

According to the reviewed literature, *trokosis* are mostly virgin girls. Young females are preferred on account of their being able to combine productive and reproductive roles and the perception that, unlike boys, girls are docile and submissive and not stubborn and unmanageable (Ababio & Mawusinu, 2000; Ameh, 2001; Greene, 2009; Martinez, 2011; Owusu, 2023). Also, on the basis that generally virginity is associated with purity, sacredness, honour and pride, only virgin girls were believed to qualify as respectable offerings to the deities (Ameh, 1998, 2001; Asomah, 2015; Bilyeu, 1998; Botchway, 2007; Owusu, 2023). Further, since *trokosi* slaves and their variants, namely *fiasidis*, were meant to be the wives or sexual partners of the gods, they necessarily must be females—as the deities abhorred homosexuality (Howusu, 2015).

The preference of virgin girls under the *trokosi* system could also be attributable to structural factors such as patriarchy which contributes to the general subjugation and discrimination against females (Ameh, 2017; Howusu, 2015). The *trokosi* practice is viewed as a form of female subjugation that characterizes patriarchal communities, where males, by being perceived as dominant decision-makers, tend to employ their power and domination to reduce and exploit females sexually, economically, politically, socially, and culturally. (Ameh, 2017; Howusu, 2015; Owusu, 2023; Wiking, 2009), (Ameh, 2017; Howusu, 2015; Wiking, 2009 Adinkrah, 2015;

Ameh, 2017). (Adinkrah, 2015; Ameh, 2017; Bawa, 2019; Gyekye, 2003; 9 Owusu.

Reportedly, the offering of cattle and items such as money, liquor among others, was the original practice which evolved with time to the current practice of offering vestal virgins (Owusu, 2023). Families were later inclined to offer their children because this tended to be more economical than offering animals such as cattle (Bilyeu, 1999; Botchway, 2008).

It is estimated that there are over 5 000 victims of this cultural practice in Ghana alone, and 29 000 to 35 000 in the other remaining countries (Bastine, 2012). About 24 shrines in the southern part of the Volta region are still actively involved in the practice (Akpabli-Honu, 2014; Owusu, 2023) with an estimated 3,000 or more *trokosi* girls still being held in shrines in Ghana (Asomah, 2015; Musa, 2011; Owusu, 2023).

Victim is a legal term recognized within the criminal justice system and is used in victim rights legislation. Yet, it has variegated definitions and there is no universal definition of the term. Victims can self-identify in several ways depending on their specific context, and labels such as overcomers, thrivers, survivors, are not normally able to reflect the entirety of the practical experiences of victims either as agentic or as a place of weakness. Some victims rather prefer not to be labelled (Ben-David, 2020; Roebuck et al., 2022).

One could therefore identify as a victim without having to go through legal processes of the criminal justice system

(Wemmers, 2009, 2017). The reference to victims in this paper is utilized in this respect.

Generally, there are commonalities that draw on various definitions of a victim which suggest the following essential features or elements of what constitutes a 'victim'. Victims are persons who, individually or collectively, have suffered harm, physically, economically, emotionally, psychologically, or have suffered an abuse or violation of their fundamental human rights. The term could include persons who have been impacted directly or indirectly.

Victims of the practice of *trokosi* could suffer harm directly, and families and those who observe victimization can also suffer indirect harm. In this regard, families of *trokosis* and sometimes entire communities including older adults and grandparents could suffer indirect harm.

Scholarly work as well as institutional and activist literature, tend to over-elaborate on victimhood, thereby providing a uni-dimensional view of victims, while being silent on the fact that HCPs could impact victims indirectly. Erez (2006), provides a breakdown of indirect harm, as secondary and tertiary order victimization. The former are relatives and close acquaintances, and the latter are observers who may not be relatives or reside in the local community but are nevertheless impacted when they observe such harmful cultural practices portrayed on Television (TV) or social media.

As earlier indicated, the *trokosi* practice involves offering virgin girls to gods

or deities for reasons such as to pacify deities who are offended by members of the community. Virgins offered would usually not have menstruated yet and so would be about 10 years of age; they could be younger or older. Direct victims of the *trokosi* practice are therefore child and young female virgins. Given that some spend their entire life at the shrine, these children would eventually grow to become older women thereby making the latter victims progressively.

On account that there are growing numbers of older adults who parent grandchildren (Barrett, 2021; Ben-David, 2020; Brunissen, Rapoport, Fruitman, & Adesman, 2020; G & Huneycutt, 2002; Guastaferro, Guastaferro, & Stuart, 2015; Hampshire et al., 2015; Oppong, 1977; Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996; Van der Geest, 2004), there is the likelihood that such older adults with whom *trokosis* lived before being sent to the shrine, could suffer indirectly from forms of harm such as stigma, discrimination, isolation, psychological trauma, denial of support in terms of household chores, etc.

The socio-cultural and religious obligations of *trokosis* or servitude

On arrival at the shrine the young virgin undergoes a number of rituals and her daily duties are clearly spelt out (Ababio & Mawusinu, 2000) which include sweeping the living quarters of the shrine, cooking, working on the farm of the priest, etc. The *trokosi* is not usually entitled to any part of the produce from this farm and so she usually must cultivate her own farm. Once she has menstruated, she is

expected to engage in sexual intercourse with the priest and considered capable of bearing children for him. Customarily, the children of *trokosis* belong to the deity. Children who are born stemming from the priest's sexual relations with *trokosis* are called *troviwo* (Ameh, 1998; Asomah, 2015). *Tro* means deity and *viwo* means children so the word translates as children of the priest.

The upkeep and welfare of a *trokosi* and her children (*troviwo*) are entirely her responsibility (ibid). Usually, the fetish priest tends to have many children and it becomes impossible for him to fund their education. One chief priest in the Tongu community birthed 522 children with 76 wives and with an unspecified number of concubines. In another instance, a priest reportedly gave birth to 400 children in his 37 years of priesthood (Asomah, 2015).

Although the family of the *trokosi* is supposed to attend to the needs of the *trokosi* such as provision of food and clothing, families many a time are unable to honour this responsibility. Besides contact with people outside of the shrines such as family and friends, are generally restricted (Ababio & Mawusinu, 2000) and the *trokosi* eventually becomes a forgotten person with time. Even if *trokosis* are released, they do not seem entirely free (Asomah, 2015; CHRAJ, 2007; GNA, 2017) on account of the spiritual rituals that are performed in connection with their servitude (Asomah, 2015; CHRAJ, 2007; GNA, 2017). Some reportedly suffer nightmares and sleep deprivation (Asomah, 2015) and cannot come to terms, following release, with the psychological trauma and torture that they underwent during the

period of servitude. Victimhood therefore becomes a lifelong experience for most *trokosis* even after they have been released. They suffer stigma and discrimination as well as isolation and are not usually able to return to normal life including marital and family life (Amos & Mahu, 2013; Baah-Binney, 2021; Bilyeu, 1998; Botchway, 2007; Martinez, 2011; Quaye & Remenyi, 2007; Rinaudo, 2003; Wisdom, 2001).

Whereas priests and some *trokosis* have shared during CHRAJ's monitoring visits that *trokosis* are humanely treated (CHRAJ, 2010), narratives of released *trokosis* point to their treatment being servitude, and unbearable (CHRAJ, 2009a, 2010; GNA, 2017). A *trokosi*, reportedly died because she was subjected to harsh treatment and beatings. Another former *trokosi* shared that for more than 14 years, she was in servitude, overworked and beaten often and from around age 12 she was raped by a 90-year-old priest who fathered her first child (Martinez, 2011).

Refusal by *trokosis* to perform their assigned duties while in servitude is usually punishable by a fine or harsher treatment. In some communities, if a *trokosi* dies, the family must replace her. Refusal to replace a deceased *trokosi* leads to recurrence of calamities in the family of the wrongdoer (Ababio & Mawusinu, 2000; Akpabli-Honu, 2014; Ameh, 1998, 2001; CHRAJ, 1997, 2009a, 2010; Martinez, 2011; Musa, 2011; Njogu, 2021).

Perpetration of the *trokosi* practice and its motivation

Elderly persons or older adults play a principal role as custodians, beneficiaries, victims, and perpetrators, in promoting or curbing the practice.

Perpetrators are persons who, individually or collectively, have caused harm, physically, economically, emotionally, psychologically, resulting in the abuse or violation of the fundamental human rights of victims. I employ the term perpetrator, like the term victim, loosely and outside the legal processes of the criminal justice system. In this regard, perpetrators could include persons who have caused harm directly, such as fetish priests, or persons other than an actual perpetrator such as accomplices who conspire with the perpetrator to inflict the harm, having been aware that the perpetrator intended to do so.

Largely, direct perpetrators are fetish priests who assume the traditional status of the elderly because of their spiritual role (Coates & Wade, 2004). In an abuse situation or situations of violence, there could be accomplices, collaborators, who indirectly inspire the act of harm, violence, and abuse, and such collaborators or indirect accomplices do play important roles. Relatedly, indirect perpetrators could be secondary or tertiary (Erez, 2006). In respect of the *trokosi* practice, secondary indirect perpetrators could be chiefs, clan and family heads, and older adults who are male. Similarly, secondary indirect victims could be parents, grandparents, or relatives.

Tertiary indirect perpetrators could be distant acquaintances or the whole community while tertiary victims could constitute an entire local community.

Thus, by this indirect role, whole communities could be victims and whole communities could be perpetrators, resulting in a sort of continuum where victims could be perpetrators and vice versa. Yet, the indirect roles of victims and perpetrators have received little attention from scholars or activists.

Generally, fetish priests play a sacred role; they are revered and respected by adherents of traditional beliefs and virtually by the entire local community including chiefs even though the latter tend to have broader oversight (Kumatia, 2018; Wilson, 1987). Amidst their sacred role, the abuses that *trokosis* suffer tend to point to fetish priests as directly perpetrating harm to *trokosis*.

Given that a fetish priest acts as a medium of a deity and communicates the intentions of the deity to others (ibid), the harm that is caused to young virgin girls could be said to be on behalf of the deity. Fetish priests do not operate in a vacuum but have the support of collaborators, such as local rulers, clan and family heads, etc., who are respectable elderly persons in traditional society and are considered (Hayford, 1979) the custodians of traditional and cultural beliefs.

According to fetish priests, chiefs and elders, the *trokosi* practice serves as a deterrent and discourages the committal of crimes and offences (Owusu, 2023). Deterrence largely underpins the concept

of crime prevention and crime control in most local communities (Ame, 2018; Ameh, 1998, 2001). Whereas a key intent or justification for the *trokosi* practice is deterrence, according to the custodians and perpetrators of the practice, the punishment, not of an offender but of an innocent girl, rather has the potential to deter others. Deterrence in this respect is constructed differently from the conventional understanding of punishing the offender to deter others.

A further defence that adherents, custodians (*togbewo*, *nananom*) and scholars advance in support of the practice is that the original practice of *trokosi*, has nothing to do with servitude. On the contrary, it was meant to initiate women into a class of elite privileged traditional women, who underwent special training to play distinct honourable roles in society once they were adults. This original practice, known as *fiasidi* was therefore different from what is being practiced today (Dartey-Kumordzie, 1995; Jenkins, 2012; Owusu, 2023; Quashigah, 1998).

Notwithstanding that these variants may be set in differentiated histories and localities with differentiated meanings (Greene, 2002a, 2002b; Jenkins, 2012), it does not take away the denial of various freedoms associated with the practice. *Trokosis* or *fiasidis* cannot leave the shrine at will and they can hardly have control over their sexuality, labour, etc.

Economic and social benefits may also constitute some motivation for custodians and perpetrators of the practice. In local communities, the number of children one has was usually a key determinant of

one's status. Thus, the higher the number of trokosis, the higher the likelihood of many children and the higher the status the fetish priest. The fetish priest is also assured of a bigger labour force to work on farms and raise his economic status (Bilyeu, 1998). Further, when a new virgin is brought to the shrine, certain valuable items accompany them, which makes the business lucrative (CHRAJ, 2009b).

From the foregoing, while trokosis or child female virgins are primarily meant to be offered to deities to atone for the sins of others, there are other motivations for direct and indirect perpetrators to perpetuate the practice. Listening more to the narratives of perpetrators, both direct and indirect, who are predominantly older adults by virtue of their chronological age or by their sociocultural and religious status, might complement the victimhood discourse and offer a holistic approach in promoting the well-being of trokosis.

Generally, the literature on victims and perpetrators establish that abuses including sexual abuses that *trokosis* suffer could result in trauma, stigma and discrimination (CHRAJ, 2007; GNA, 2017). Also, trokosis are susceptible to substance abuse due to the frequency of rituals that involve liquor at the shrine. Owing to the trauma and abuse of the fundamental human rights of trokosis, coupled with the likely impact of alcohol abuse in later life, there is the potential for victims who are now older adults to retaliate. This increases the likelihood that child victims can progressively become adult perpetrators (Stavrova, Ehlebracht, & Vohs, 2020). A cycle of victimization and offending could therefore be triggered which creates a sort

of continuum between offenders and victims.

Victims and perpetrators are therefore not always opposing absolute categories or dichotomies and treating them as such has the potential to take away the dynamism between the two in practice. Appreciating the complex victim versus perpetrator role in practice could explain why laws that treat the two categories as absolutes or opposing dichotomies, may not always translate effectively in practice.

Notwithstanding the continuum and dynamism that exists between the victim and perpetrator, there is also a clear gender divide on account of the direct victim and direct perpetrator role. Fetish priests are exclusively male as the deities are said not to engage in same sex. The direct victims of the trokosi practice, drawing on the literature reviewed are also exclusively female. Direct perpetrators are therefore principally male and traditionally elderly and direct victims are female and young. As indicated earlier, this form of male dominance and female subjugation could be attributable to a patriarchal system informed by political, social, and economic structures that have existed over years.

There is however, a growing shift from binary terms to an intersectional gender approach (Myrttinen & Schulz, 2022), that seek to challenge what some term a hetero-patriarchal system. However, over-broadening the concept of patriarchy to reflect this shift, may downplay the significance of abuses suffered primarily by females as victims as well as the accountability and responsibility of abusers or perpetrators who are male.

Human Rights and the *trokosi* practice

The custodians and adherents of the *trokosi* practice as with other HCPs who are mostly older adults maintain that the practice does not constitute human rights violations or abuse and that the practice is an integral part of tradition and religion in local communities that are upheld by the Constitution in the name of freedom of religion (GNA, 2012). Further some practitioners and adherents of the practice argue on the basis of relativism, that human rights are not universal (Ameh, 2017; Asomah, 2015; Ben-Ari, 2001; Botchway, 2007; Dervin, 2012; Longman & Bradley, 2016; Myrntinen & Schulz, 2022; Quashigah, 1999; Wiking, 2009).

However, the literature reviewed and CHRAJ's research reports establish that young girls are subjected to a life of servitude and the practice violates the right of *trokosis* to equality and freedom from discrimination. They suffer abuses of numerous human rights as already indicated in the foregoing discussions on *trokosi* and victimhood. *Trokosis* are also denied their basic rights to education, liberty and a standard of living that is adequate for their development as children. Additionally, children are subjected to child and forced labour and sexual exploitation by fetish priests who are reported to have multiple sexual partners. This puts *trokosis* at various risks and at a high risk of contracting sexually transmitted infections (STIs), such as HIV/AIDS'. *Trokosis* usually suffer psychological trauma for virtually the rest of their lives.

Given that there are about 24 shrines in the southern part of the Volta region that are still actively involved in the practice (Akpabli-Honu, 2014; Owusu, 2023) with an estimated 3,000 or more *trokosi* girls still being held in shrines in Ghana (Asomah, 2015; Msuya, 2017; Owusu, 2023), one can imagine the number of children that are being denied their human rights including the right to education. Whereas some priests indicated during CHRAJ's monitoring visits (CHRAJ, 2009a, 2010) that some *trokosis*⁸ attend school, it may be practically impossible for fetish priests on account of their multiple sexual partners to ensure that all their children benefit from formal education. Clearly, the *trokosi* practice contravenes various provisions of international and regional treaties that Ghana has ratified such as the International Covenant on Civil and Political Rights (ICPPR), the International Covenant on Economic, Social and Cultural Rights (ICESR), the Convention on All forms of Discrimination Against Women (CEDAW) and the African Charter on Human and Peoples' Rights (AFCHPR).

The Convention on the Rights of the Child (CRC), CEDAW and the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa as well as the African Charter on the Rights and Welfare of the Child, place an obligation on state parties to take all appropriate measure to modify or eliminate customary practices that adversely affect the welfare, dignity and the health of the child. This is in keeping with the Sustainable Development Goals (SDGs) such as goal 5 which aims at eliminating all harmful practices including

child, early, and forced marriages and female genital mutilation.

Chapter 5 of the 1992 Constitution of the Republic of Ghana spells out the fundamental human rights and freedoms of all persons. Specifically, the practice violates Articles 15, 16 (1) (2), 17, 21, 25, 26, and 28 of the 1992 Constitution, which concerns the inviolability of the human person, and frowns upon slavery, forced labour, and confinement of any form. These provisions of the Constitution of the Republic of Ghana are in keeping with Chapter 6 of the Constitution namely, the Directive Principles of State Policy.

It is worth noting that whereas the Constitution of the Republic of Ghana provides for the practice and profession of cultural and traditional beliefs and practices, it prohibits practices that are injurious to the physical and mental well-being and dignity of the human person.

Institutionally, CHRAJ has played an integral role in the campaign against the *trokosi* practice by investigating and researching the practice as well as championing the criminalization of the practice since its inception 30 years ago. Because of the collaborative efforts between CHRAJ, International Needs, Ghana (ING), and related organizations, Ghana enacted the Criminal Code (Amendment) Act of 1998, **Act 554** which criminalized all practices of customary servitude including the *trokosi* practice.

Implementation and Enforcement of laws

Clearly, a robust legislative framework, internationally, regionally, locally has been put in place. The *trokosi* practice has also been widely researched in past decades, and the literature reviewed traced some of the early attempts to eradicate the practice in Ghana to the early 1920s (Asomah, 2015) and later in the 70s and 80s. ING, CHRAJ⁹. The Commission on Human Rights and Administrative Justice, other state institutions and NGOs¹⁰ as well as development partners, have contributed immense efforts to criminalize the practice in 1998 by the Government of Ghana. Within this period, a number of institutional reports and scholarly work have been published on the subject to date (Ababio & Mawusinu, 2000; Akpabli-Honu, 2014; Ameh, 1998, 2001; CHRAJ, 1997, 2010, 2013; Dogba, 2001; Greene, 2009; Martinez, 2011; Musa, 2011; Owusu, 2023).

Yet, despite attempts from the early 20th century to eradicate the practice, as well as efforts by ING and CHRAJ later to criminalize the practice and to facilitate the release of some *trokosis* from the practice, coupled with the dearth of scholarly work on the subject over past decades, the practice persists.

A review of CHRAJ's statistical data based on complaints lodged to the offices of CHRAJ¹¹ nationwide indicates that, despite CHRAJ's promotional and monitoring efforts, there seems a general hesitation to lodge formal complaints, as CHRAJ has seldom received any com-

plaints on alleged abuses of human rights on the *trokosi* practice in past years. It is also worthy of note that CHRAJ's advocacy and research reports are restricted mostly to *trokosis*, but *troviwo*, who are children of *trokosis* are equally an important category yet have received minimal attention.

Generally, an implementation and knowledge gap does exist in terms of local constructions of the *trokosi* practice and the implementation of laws in practice is usually met with practical and complex challenges. Efforts were made in the past by ING, following the criminalization of the practice to invite the police to arrest recalcitrant shrine owners and priests. This was unsuccessful as the police were unwilling to enter shrines to carry out their duty.

In another instance, International Needs attempted to file a civil lawsuit in respect of a *trokosi*. This is regarding a mother whose daughter was pledged as a *trokosi* and who explicitly asked International Needs for assistance. Investigations were commenced by the Women and Juveniles' Unit (WAJU) of the Ghana Police Service, now the Domestic Violence and Victims Support Unit (DOVVSU), but this led to community agitation. The agitation was such that the petitioner was compelled to plead for the abandonment of the case¹⁴.

According to interviews with priests by CHRAJ's monitors, priests emphatically say they cannot be held responsible because parents give away their children voluntarily. Priests and chiefs maintain that legislation on the *trokosi* practice will

back-fire as the practice is entrenched in the spiritual and that it is the belief in the supernatural powers of the deities that draw people to consult deities (CHRAJ, 2009b, 2010). They maintain that attempts to enforce laws as though the practice was embedded in the physical, would only drive the practice "underground" (ibid) and *trokosis* could even be smuggled to other neighboring countries where the system operates (ibid). During the same visit by CHRAJ's monitors, a formal actor commented that the *trokosi* practice was a delicate one and that "compromise" instead of legislation, would do.

There is also the emerging literature that tends to portray HCPs as universalistic, inclusive of variegated discriminatory practices that are shifting, hybrid, non-binary terms or an intersectional gender approach (Myrtilinen & Schulz, 2022), that seek to challenge what some scholars term hetero-patriarchal (Mkhize, 2022) concepts. Much as there could be commonalities in terms of human rights abuses such as stigma and discrimination suffered by victims, the practice of *trokosi* and the abuses visited on young girls should not ignore their specific contexts.

Further, the literature reviewed (Aird, 1999; Ameh, 1998; Ben-Ari, 2001; Benson, 2021; Botchway, 2007; Codd, 2013; Greene, 2009; Quashigah, 1998, 1999), also bring to the fore some sort of "othering" (Brons, 2015; Canales, 2000; Dervin, 2012) between adherents of the practice and human rights professionals who campaign against abuses that are associated with the *trokosi*

system. The concept of 'us' versus them reinforces stereotypes and prejudices and creates the environment for human rights abuses.

Custodians, practitioners, and adherents of the *trokosi* practice tend to construe terms such as harmful, and deterrence differently from human rights and related practitioners. These seeming contestations and differences in meanings attributed to values, terminologies, present complex paradoxes that cannot be solved solely by linear actions stemming from the enforcement of formal laws. Similar perspectives have been shared in previous scholarly work inspiring the need for practical perspectives and approaches in the vent of gaps in the implementation process of laws. (Ayete-Nyampong, 2011, 2013b, 2018).

Understanding how formal actors in local communities including the police, judges, human rights practitioners, construct fear and loyalty to deities, gives meaning to practical perspectives of such formal agents as they execute their formal roles. In other words, whereas in their formal capacities, state agents advocate against victimization and human rights abuses of *trokosis*, behind the scenes, their loyalty to deities who support the practice, cannot be compromised. There is therefore a disjuncture between the public and hidden transcript) (Ayete- Nyampong, 2013a, 2014; James Scott, 1985; James Scott, 1990) of formal actors who campaign against the practice.

Local perspectives about the seeming silence and fear that stems from imagining fetish priests as being directed or controlled

by powerful unseen spiritual forces must not be disregarded or simplistically reduced to superstition. Rather, such public and hidden transcripts based on practical perspectives inspire the need for practitioner reflexivity. Reflexivity in this regard, requires that one assesses one's attitudes and beliefs and how this might affect processes and outcomes of one's efforts. Such reflexive processes are transformational and have higher levels of openness and accountability relative to reflection. The latter looks at the past and assesses what has worked and what has not worked, whereas the former assesses one's personal experiences, beliefs, biases, and prejudices (Saunders, Lewis, & Thornhill, 2016), which have the tendency to affect how one reacts both officially (public transcripts) and in their personal (hidden transcripts) capacities.

When formal law enforcement agents on account of their loyalty to deities are unable to enforce the law even when abuses are apparent, then practitioners and professionals as well as policymakers should begin to embark on reflective and reflexive approaches that are conversational and intergenerational. Approaches that make meaning of human rights, not only from the normative perspective of human rights experts but also, those that draw on local and practical constructions (Goodale, 2021, 2023; Merry, 2009).

Conclusion

This paper has identified the separate roles that older adults play as custodians, victims, and perpetrators, both directly and indirectly, roles that are central to the

discourse on harmful cultural practices such as *trokosi*. Our past and present confront us with a paradox; deities and their proxies who are presumed to be protectors of the life and dignity of their communities and yet hold the innocent young in ritual confinement and sexual servitude. This is not an easy task and requires that older adults who are respected in traditional society and are custodians

of various cultural and traditional beliefs and practices become actively involved in the debate against *trokosi* and other HCPs. Older adults must own the advocacy process and based on the lived experiences of their innocent children, grandchildren, and they themselves, engage actively in intergenerational discussions and conversations that suggest practical ways of protecting their children and grandchildren.

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Socioeconomic Determinants of Poverty among the Older Persons in Rural and Urban Ghana

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Abstract

Several socioeconomic factors such as household size and composition, ownership of productive assets, and availability of social intervention programmes have been identified as key determinants of the general well-being of older persons in Ghana. However, it is not clear how these socio-economic factors differently affect old age poverty in rural and urban settings. This study employs the dataset from the latest round of the Ghana Living Standard Survey (GLSS 7) to identify which poverty indicator at which place in Ghana affects old age poverty. Using both linear probability and probit analytical models, our study found that socio-economic factors including pension, assets, and remittances have differential effects on the poverty status of older persons living in urban and rural areas of Ghana. While ownership of livestock is found to be a statistically significant determinant of poverty among older persons in rural areas, it does not influence poverty among older persons living in urban areas. A suggestion is therefore made for

different strategies and programmes to be employed in addressing old age poverty in rural and urban settings.

Keywords: *old-age poverty, socio-economic factors, well-being, urban, rural*

Introduction

The shift in the distribution of population towards older age is becoming evident across the globe. According to the data from the Ministry of Internal Affairs and Communications of Japan (2022), while the total population of the country fell by 820,000 in 2022 over the previous year, the population of older persons increased by 60,000. This situation is not too different from Europe where the entire population in 2020 consisted of 20.6 percent of people aged 65 years and above (EU, 2021). The population of other parts of the globe including northern America is gradually becoming more dominated by older people.

While the population of Africa is comparatively far younger with only 5.6% being 60

years and above, the population of older persons in sub-Saharan Africa is expected to reach 67 million by 2025 and 163 million by 2050 (WHO, 2021). The graying of the population has thus become a global phenomenon with some studies attributing it to an improved healthcare service, a reduction in infant and maternal mortality, and a decline in fertility and infectious diseases (Mba, 2010; Domfe & Bortei-Doku Aryeetey, 2016). A lot more people are therefore expected to grow older as birth rates continue to decline and healthcare services advance every day. This has attracted the attention of research into the various aspects of the general well-being of older persons (Williamson & Christie 2009; Domfe & Bortei-Doku Aryeetey, 2016; WHO, 2016).

Just like the rest of the world, population of the older persons in Ghana has been going up by leaps and bounds. According to the Ghana Statistical Service [GSS] (2022), the population of people 60 years and above has increased almost 10 times in the past six decades from a little over 200,000 (213,477) in 1960 to almost 2 million (1,991,736) in 2021. Indeed, the pace of population ageing is catching on at a faster rate in Ghana than it is in the developed world where far higher proportions of their population are already older persons (Mba, 2010). There is therefore a need for more studies to particularly attract policy response in adequately providing better conditions to improve the general well-being of the older people in Ghana.

Few studies (Mba, 2004; Mba 2010; Kpesa-Whyte, 2018; Braimah & Rosenberg,

2021) have recently focused on the various aspect of ageing in Ghana. Braimah and Rosenberg (2021), for instance, underscored the importance of understanding critical factors that influence old age poverty (including sociocultural, economic, political, and climatic factors) in promoting the well-being and quality of life of older persons in Ghana. Domfe & Bortei-Doku Aryeetey (2016) had an interest in understanding the determinants of the welfare of the households of older persons in Ghana without differentiating between drivers behind old age poverty in the rural setting from those in the urban setting. However, such spatial analysis in separating determinants of old age poverty of urban dwellers from their counterparts in rural settings is very crucial in ensuring better-targeting outcomes of social intervention programmes.

Indeed, as noted by Saha, Rahaman, Mandal, Biswas and Govi (2022), it is possible to have gaps in socioeconomic characteristics among older adults living in rural and urban communities. Assessing the welfare implication of income diversification in rural and urban Zimbabwe, Ersado (2006) explained that while the better-off households in rural communities need to have more diversified sources of income, it is the poor households that rather pursue multiple income sources to improve welfare in the urban. In other words, diversified sources of income may not be too necessary for the better-off households in urban areas where a single source of household income could provide enough for all household members. Therefore, what may work to improve welfare in

rural settings may not necessarily be the case in the urban settings.

The main aim of this study is to differentiate socioeconomic indicators of well-being of the older persons in rural from those in urban Ghana. We also provide policy analysis of a key government policy – universal pension – that could reduce old-age poverty. The essence of this is to inform policy to design different strategies in rural and urban settings to address old-age poverty. The paper focuses essentially on the individual-level socioeconomic characteristics in making a case for the need to design different strategies to address old-age poverty in Ghana. Robert (1998) explained that individual-level socioeconomic indicators are stronger predictors of well-being. Therefore, differences in the individual-level socioeconomic characteristics of older persons in rural and urban settings in the country could, to a larger extent, result in differences in their well-being.

The paper begins with an introduction which is followed by a literature review in the next section. Econometric strategy and data description, discussions of results, and conclusion then follow in that order.

Literature Review

Different measures of well-being

There are various strands of well-being investigated by experts of varying academic domains. Psychologists describe well-being as an individual's experience of general satisfaction and happiness with life. It includes but is not exhausted to good living, high life satisfaction, and stress-

free life. According to (Huppert, 2009), psychological well-being is the combination of feeling of goodness and functioning effectively. Davis (2019) cited several examples of psychological well-being as emotional well-being, social well-being, physical well-being, workplace well-being and societal well-being. On the other hand, economists view well-being as one's ability to meet basic needs of life such as food, water and shelter. CSWE (2016) defined economic well-being as an experience of both present and future financial security – which eventually determines how an individual becomes competitive in the commodity market.

Both psychological well-being and economic well-being are the same but on different sides of the coin. While psychological well-being often discusses happiness and satisfaction, economic well-being is seen as a measure of how an individual can meet the basic needs of life to be either happy or satisfied with life. On the other hand, economic well-being could also be a means to attain psychological well-being. This paper generally focuses on the drivers behind the economic well-being of older persons in Ghana.

Economic well-being focuses on material possessions and in the words of Easterlin (1974), the average income of individuals may not be an indication of their true well-being. In other words, one could afford all the basic needs of life and yet not be satisfied with life because of ill health or other things beyond the reach of material possessions. Therefore, economists and experts from other fields of studies, directly not related to psychology, have embraced psychological well-being in their bid to

sufficiently address the multidimensional problem of well-being (FreyAlois & Studer, 2002; Wang & VanderWeele, 2011).

Different approaches are often employed to measure psychological and economic well-being (Domfe & Bortei-Doku Aryeetey, 2016). While the subjective measure of well-being is appropriate for psychological well-being, the objective approach to measure well-being has been mostly employed to assess economic well-being. The main limitation of this paper is its focus on the use of objective well-being in measuring the well-being of older persons. In this approach, certain sets of objective indicators are identified out of which the well-being of the older persons are classified. Nonetheless, the objective measure can adequately address the main research problem of identifying different sets of drivers that affect the well-being of older persons in urban and rural settings.

The theory of urbanism and well-being

Living circumstances differ largely between the rural and urban settings in many countries. Assessing living conditions from the point of view of health, Elliott-Schmidt and Strong (1997) indicated that while the response of urban dwellers to illness is generally connected to discomfort caused by pain, response to illness in rural communities is often related to the degree to which the illness adversely affect productivity. In other words, different living conditions could result in varying outcomes of well-being in rural and urban settings.

Wirth's (1938) theory of urbanism has been used to explain how the stress of city life could adversely affect the subjective well-being of the people who lived there compared to those in the rural area. The theory is premised on the negative effects of urban life on the individual by looking at a city as a "relatively large, dense and permanent settlement of socially heterogeneous individuals" (Armstrong, 1991; p.4). Wirth (1938; quoted in Armstrong, 1991) further explained how these characteristics of city life have contributed to 'isolation, impersonality and superficial relationships' – all of which affect social well-being. In other words, even though urban dwellers may interact and know many people, they may not have a 'common relationship' that could push their acquaintances to assist them in times of need.

On the contrary, rural life is less complex, and the citizens mostly know themselves so well that each is often ready to aid those in need. Mainly because of this, Okulicz-Kozaryn (2018) concluded that people who live in the rural area experience better well-being compared to their counterparts in the urban area. Residents of rural settings are mostly related to one another either by blood, marriage, or by some acceptable forms of social relations. Therefore, each other's problem is often considered as everybody's problem. The trust level is high and individuals in need do not struggle much to receive support. Subjective well-being is therefore better in rural settings than it is in urban areas (Armstrong, 1991; Elliott-Schmidt & Strong, 1997; Okulicz-Kozaryn, 2018).

However, subjective well-being appears higher in rural areas compared to urban areas because of different factors such as higher population density, isolation, impersonality and superficial relationships. While demographic characteristics such as age, household sources of income, level of education, gender, and ethnic affiliation could determine objective well-being, it is not too clear whether they play out differently in rural and urban settings. The paper answers this question in the Ghanaian context by comparing the drivers of old-age poverty in urban to rural settings.

The concept of ageing in Ghana

The term older person is sometimes referred to as the elderly or the aged. While the United Nations describes individuals 60 years and above as older persons, most developed countries consider individuals who are 65 years or above as older persons (Ghana Statistical Service [GSS], 2010). Ghana uses United Nations' definition for an older person – and based on this GSS has developed three functional age categories: 60–74 (young-old), 75–84 years (old-old) and 85+ years (very old). As observed from Table 1, the proportion of the Ghanaian population 60 years and above has increased from 6.14 percent in the 1991/92 survey period to 8.35 percent in the 2016/2017 survey period. This translates into an increase in the population of older persons from 1,429,937 to 2,003,449 during the stated period (GSS, 2019). This means that about 573,512 more Ghanaians became older persons during the period under review.

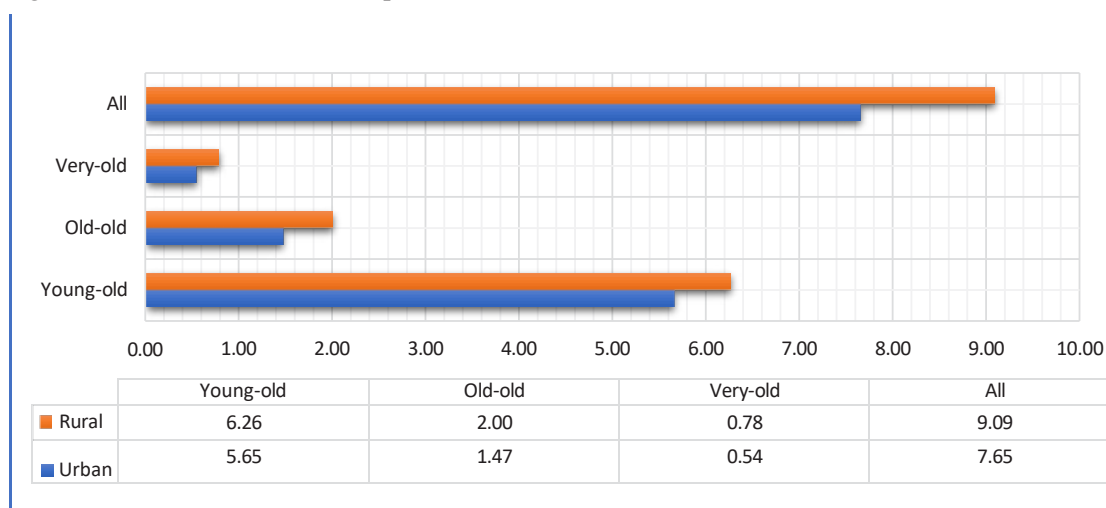
Table 1: Trend of aging in Ghana

Survey Period	Below 60 years	Young-old	Old-old	Very old	All
1991–1992	93.86	4.6	0.98	0.56	6.14
1998–1999	93.36	4.9	1.2	0.54	6.64
2005–2006	93.51	4.75	1.28	0.46	6.49
2012–2013	93.28	4.75	1.5	0.47	6.72
2016–2017	91.65	5.96	1.73	0.66	8.35

Source: Various rounds of GLSS III, GLSS IV, GLSS V, GLSS VI & GLSS VII

Apart from the general increase in the proportion of older people in Ghana, the data (see Figure 1) also indicates that people who live in rural areas live longer than their counterparts in urban areas. While 9.09 percent of the rural population is made up of older persons, corresponding to 7.65 percent of the urban population is also made up of older persons. This appears to be consistent with findings from studies (Armstrong, 1991; Elliott-Schmidt & Strong, 1997; Okulicz-Kozaryn, 2018) that all concluded that because of the differences in the drivers behind subjective well-being, rural dwellers fare better than their urban counterparts.

As earlier noted, this paper follows this underlying assumption to identify the possible differences in the drivers behind the objective well-being of older persons in the rural and urban settings in Ghana. The uniqueness of the paper is its focus on the objective measures of well-being as most of the studies (Armstrong, 1991; Elliott-Schmidt & Strong, 1997; Okulicz-Kozaryn, 2018) that looked at the differences in the factors of well-being between urban and rural settings concentrated on the subjective measures.

Figure 1: Distribution of the older persons between urban and rural Ghana

Source: Authors' calculations based on the GLSS7 dataset.

Econometric Framework and Data

Econometric framework

The paper analyses the socio-economic factors that influence old age poverty in Ghana. First, we estimate both linear and non-linear models of determinants of old age poverty. Next, we estimate these models separately for both rural and urban dwellers to understand the differences in determinants that affect old people living in urban areas and rural areas. We finally analyze the implications of how policy determinant changes will affect Ghana's poverty rate.

Analytically, the response of the probability of poverty status to a set of explanatory variables is specified as follows:

$$P(w_i = 1) = G(X'\beta)$$

Where $w_i = 1$ if a respondent i total consumption expenditure is below the poverty

line hence poor and $w_i = 0$, if a respondent consumption expenditure is above the poverty line hence non-poor. X is the set of explanatory variables which includes socioeconomic and demographic characteristics of older persons as well as household characteristics that can influence the poverty status of older persons in the country.

We employ two main estimating techniques to estimate (1): the linear probability model and the probit model. For the linear probability model, the function $G(X'\beta)$ is specified as

$$G(X'\beta) = X'\beta$$

and the coefficient of the explanatory variables are estimated using ordinary least squares. Specifically, the probability of being poor is linearly specified as

$$w = X'\beta$$

In the case of the probit model, the function $G(X'\beta)$ is specified as

$$G(X'\beta) = \Phi(X'\beta)$$

Where Φ the cumulative distribution function (CDF) of the standard normal distribution. Parameters β are estimated by maximum likelihood.

We estimate the determinants of the probabilities of being poor in Ghana using the probit model. The probability that an old person is poor depends on a vector of individual characteristics and areas of settlements.

$w_i = X\beta + \varepsilon_i$, $w_i = 1$ if poor and $w_i = 0$ otherwise

indicates the poverty status of an old person represents personal and settlement characteristics of individuals.

Data and descriptive statistics

Individual information is taken from the latest nationally representative household survey – Ghana Living Standards Survey Seven (GLSS 7). A two-stage stratified sampling design is used to collect information on individuals. In the first stage, 1500 enumeration areas (EAs) were selected as the primary sampling units (PSUs), and 15 households were selected systematically from each of the PSUs in the second stage. A total of 15,000 households were selected across the country, of which 14,009 were successfully interviewed.

A total of 4,753 old people (60+ years) were interviewed of which women constitute 58.4 percent. I excluded 51 observations due to missing information on those observations. Table 2 provides descriptive statistics on demographics, education, location (region), and asset ownership at the household level. Columns (1) and (2) present characteristics of those located in urban and rural areas, respectively, with column (3) for national. Poverty among older persons in Ghana is essentially a rural phenomenon: out of the old-age poverty rate of 37.1 percent among older persons in Ghana, the poverty rates for older persons living in urban and rural areas are 9.5 percent and 50.3 percent, respectively. The average age of older persons (60+ years) in Ghana is 70.7 years, with the older persons in rural being marginally older than their urban counterparts. More than half (52.4%) of the older persons in Ghana are married or in consensual union whilst 37.8 percent are widowed. Only 4.5 percent of older persons in Ghana receive a pension; 9.7 percent and 2.0 percent of older persons living in urban and rural areas, respectively, receive a pension. About 6 out of every 10 (61.0%) percent of older persons continue to engage in employment activities. Table 2 suggests that 40 percent of old people in Ghana owned at least a building/house. Many old people in Ghana live in the erstwhile three northern regions – Upper East, Upper West and Northern region.

Table 2: Descriptive statistics

Variable	Urban	Rural	Total
Age in years (Mean)	70.2	71.0	70.7
Household size (Mean)	4.1	5.3	4.9
1 if Female	60.3	57.6	58.5
1 if Poor	9.5	50.3	37.1
Marital Status			
Married/Consensual Union	49.1	54.0	52.4
Separated	3.6	2.1	2.6
Divorced	7.4	5.4	6.1
Widowed	38.8	37.4	37.8
Never married	1.1	1.1	1.1
1 if Pension	9.7	2.0	4.5
1 if working	49.5	66.5	61.0
1 if poor health	7.6	7.0	7.2
1 if head of household	69.9	60.3	63.4
1 if educated	58.5	29.2	38.7
Region			
Western	7.8	4.8	5.8
Central	11.5	7.1	8.5
Greater Accra	20.7	1.0	7.4
Volta	10.9	12.2	11.8
Eastern	11.8	8.5	9.5
Ashanti	12.8	5.8	8.0
Brong Ahafo	9.5	7.8	8.3
Northern	6.7	12.6	10.7
Upper East	5.5	20.6	15.7
Upper West	2.9	19.7	14.3
Assets Ownership			
1 if Poultry/Livestock	8.4	27.7	21.4
1 if House/building	34.2	42.8	40.0
1 if owned a car	8.4	1.2	3.5
1 if motorcycle	5.5	12.8	10.4
N	1,519	3,183	4,702

Source: Author's calculations based on the GLSS7 dataset.

Table 3 disaggregates the data into poor and non-poor and computes descriptive statistics among urban and rural dwellers. There are differences in household size among poor and non-poor groups. Non-poor older persons living in urban Ghana have lower household sizes averaging 3.9 compared to 5.8 for poor people. Surprisingly, poor older persons, living in either urban or rural areas, are on average older (71.4 years for urban and 71.5 years for rural) than the non-poor (70.1 years for urban and 70.5 years for rural). Majority (57.6 percent) of poor people living in

rural areas are women suggesting gender differences in rural poverty. The data also suggest that pension recipients likely to be non-poor and live in urban localities: 10.6 percent of urban non-poor old people receive pension compared to only 3.2 percent of rural non-poor old people. Older persons living in rural areas do not stop working in old age: 64.4 percent and 68.7 percent respectively for poor and non-poor older persons living in a rural locality continue to work. No poor person living in a rural area owns a car.

Table 3: Descriptive statistics by poverty status and location

	Poor		Non-poor	
	(1)	(2)	(3)	(4)
	Urban	Rural	Urban	Rural
Age in years (Mean)	71.4	71.5	70.1	70.5
Household size (Mean)	5.8	6.4	3.9	4.2
1 if Female	56.9	58.4	60.7	56.9
Marital Status				
Married/Consensual Union	48.6	57.6	49.1	50.4
Separated	2.1	1.0	3.8	3.3
Divorced	5.6	2.9	7.6	8.0
Widowed	43.1	37.6	38.4	37.1
Never married	0.7	1.0	1.1	1.2
1 if Pension	2.1	0.8	10.6	3.2
1 if poor health	13.9	6.1	7.0	8.0
1 if the head of household	70.1	68.2	68.1	52.5
1 if educated	61.6	43.6	29.2	15.0
Employment related variable				
1 if working	55.6	64.4	48.9	68.7
Region				
Western	5.6	2.1	8.1	7.7
Central	7.6	2.6	11.9	11.6
Greater Accra	2.8	0.1	22.6	1.9
Volta	21.5	10.1	9.8	14.4

Table 3: (contd) Descriptive statistics by poverty status and location

Eastern	2.8	3.1	12.7	13.9
Ashanti	5.6	1.2	13.6	10.4
Brong Ahafo	9.7	5.4	9.5	10.2
Northern	25.0	18.2	4.7	7.0
Upper East	11.8	26.7	4.8	14.4
Upper West	7.6	30.7	2.4	8.7
Assets Ownership				
1 if Poultry/Livestock	17.4	29.2	7.5	26.1
1 If house/building	21.5	41.2	35.5	44.5
1 if owned a car	0.7	0.0	9.2	2.3
1 if motorcycle	8.3	14.2	5.2	11.3
N	144	1,602	1,375	1,581

Source: Author's calculations based on the GLSS7 dataset.

Results and Discussions

Full Sample

We start our analysis by estimating the factors that affect the probability of old people in Ghana being poor using the full analytical sample. We estimate both the linear probability model and the probit model. While the interpretation of the linear probability model is simple and makes no assumption about the error terms, it is possible to predict probabilities that are less than zero and/or greater than one (1). The probit model on the other hand restricts the probabilities to fall between zero and one (1) and captures non-linearity among the determinants of poverty but makes distributional assumption of standard normal distribution of the error terms.

Table 4 presents the results of the estimation of determinants of poverty among older persons in Ghana. Columns (1) and

(2) present marginal effects for the linear probability and probit models, respectively. The results from the LPM and the probit models are similar concerning the direction or sign of the coefficients. Also, both the LPM and probit model make correct predictions of actual poverty status of 79.8 percent and 80.6 percent.

Table 4: Determinants of poverty status among old people in Ghana

	(1)	(2)
VARIABLES	LPM	Probit
1 if receive a pension	-0.012	-0.350**
1 if male	0.004	0.020
1 if work	0.010	0.081
1 if married/consensual union	0.058	0.231
1 if separated	-0.007	-0.093
1 if divorced	0.026	0.073
1 if widowed	0.025	0.111
Age	0.001*	0.006**
1 if poor health	0.031	0.190*
1 if head of household	-0.015	-0.027

Table 4: (contd) Determinants of poverty status among old people in Ghana

1 if educated	-0.078***	-0.318***
household size	0.030***	0.116***
1 if the household receive remittance	-0.035**	-0.135**
1 if has poultry/live-stock	-0.086***	-0.304***
1 if has a house/building	-0.051***	-0.241***
1 if owns a car	-0.109***	-2.041***
1 if owns a motorcycle	-0.192***	-0.644***
1 if lives in a rural locality	0.206***	0.883***
Constant	-0.145*	-2.509***
Observations	4,701	4,701
R-squared	0.390	0.359
Correct Prediction of probabilities	79.84	80.60
REGIONAL DUMMIES	YES	YES

Robust standard errors in parentheses: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

The probability of an old person in Ghana being poor increases with age. Poverty issues in Ghana are interfaced with spatial distribution: living in a rural area increases an old person's probability of being poor. There are significant no gender implications for old-age poverty in Ghana. In other words, there are no significant differences between the likelihood of old women and men being poor in Ghana. An older person living in a household that receives remittance is less likely to be poor. The probability of an older person being poor increases with household size – the larger the household size the higher the probability of an older person becoming poor when living in a larger household. Table 4 also suggests

that the marital status of an older person does not affect his/her likelihood of being poor. The probability of an older person in Ghana being poor reduces with receiving a pension.

Next, we estimate the linear probability and the probit models separately for older persons living in urban and rural areas. Table 5 presents the marginal effects of the linear probability and probit models for older persons living in urban areas and Table 6 presents the marginal effects for rural dwellers. The probability of being poor significantly decreases with pensions for older persons living in rural areas but not for those living in urban areas in Ghana. This is possibly due to the high cost of living in urban areas making small pension amounts not significant enough to push elderly households below poverty to become non-poor. Moreover, since many older persons living in urban areas have other sources of income, not receiving a pension may not account too much for their well-being. On the other hand, pensions, even if small, can push many people out of poverty in rural areas.

The probability that an older person in Ghana will be poor increases with household size (the number of people living in the household) for both the old people living in urban and rural areas. The effect of household size on old age poverty is stronger for older persons living in rural localities. In addition, the probability of old-age poverty increases with age for those living in rural areas but not for people living in urban areas. Since most of the older persons living in rural localities continue to work for a living, as they become very old, they

may not be able to contribute to family income and therefore push the household into poverty. Marital status and their gender are not important determinants for poverty status among older persons in both urban and rural areas. Although remittances reduce poverty in rural areas, it does not have any significant effect on poverty for older persons living in urban areas. Older persons' ownership of assets plays a significant and differential role in old age poverty between urban and rural localities. Whilst the ownership of assets including cars, houses and motorcycle decreases the probability of an old person being poor in both areas, ownership of poultry/livestock reduces poverty for only older persons living in rural areas.

Table 5: Determinants of poverty status for old people living in urban areas

	(1)	(2)
VARIABLES	LPM	Probit
1 if receive a pension	-0.007	-0.259
1 if male	0.014	0.098
1 if work	0.031*	0.255*
1 if married/consensual union	0.001	-0.004
1 if separated	0.000	-0.029
1 if divorced	0.021	0.156
1 if widowed	0.010	0.113
Age	0.001	0.007
1 if poor health	0.107***	0.751***
1 if head of household	0.018	0.184
1 if educated	-0.037**	-0.258**
household size	0.017***	0.106***
1 if the household receives remittance	-0.016	-0.132
1 if has poultry/livestock	0.055	0.276

1 if has a house/building	-0.040**	-0.365**
1 if owns a car	-0.030*	-1.174**
1 if owns a motorcycle	-0.097**	-0.445**
1 if lives in Central Region	0.010	0.064
1 if lives in Greater Accra	-0.008	-0.437
1 if lives in Volta Region	0.116**	0.706**
1 if lives in Eastern Region	-0.022	-0.319
1 if lives in Ashanti Region	0.003	-0.052
1 if lives in Brong Ahafo Region	0.038	0.316
1 if lives in Northern Region	0.265***	1.063***
1 if lives in Upper East Region	0.144*	0.826**
1 if lives in Upper West Region	0.194***	0.961***
Constant	-0.094	-2.714***
Observations	1,519	1,519
R-squared	0.158	0.244
Correct Prediction of probabilities	90.59	91.18

*Robust standard errors in parentheses: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$*

Table 5 and Table 6 also indicate that poverty status among older persons living in both urban and rural areas has spatial distributional differences. Compared to the reference category – Western Region – the probability of being poor increases for the older person living in urban cities in the Volta Region and the three northern regions. For older persons living in rural localities, those living in the Greater Accra have a lower probability of being poor compared to their counterparts living in rural areas in the Western Region. On the

other hand, older persons living in rural areas in the Volta Region and the three northern regions have a higher probability of being poor compared to those living in the rural areas in the Western Region.

Table 6: Determinants of poverty status for old people living in Rural Ghana

	(1)	(2)
VARIABLES	LPM	Probit
1 if receive a pension	-0.096**	-0.399**
1 if male	0.011	0.007
1 if work	0.003	0.017
1 if married/consensual union	0.083	0.282
1 if separated	-0.025	-0.077
1 if divorced	0.014	0.038
1 if widowed	0.036	0.101
Age	0.001	0.006*
1 if poor health	-0.008	-0.015
1 if head of household	-0.026	-0.059
1 if educated	-0.103***	-0.334***
household size	0.034***	0.121***
1 if the household receives remittance	-0.036*	-0.125*
1 if has poultry/livestock	-0.117***	-0.398***
1 if has a house/building	-0.064***	-0.222***
1 if owns a car	-0.309***	
1 if owns a motorcycle	-0.209***	-0.691***
1 if lives in Central Region	-0.016	-0.029
1 if lives in Greater Accra	-0.142**	-0.863**
1 if lives in Volta Region	0.252***	0.845***
1 if lives in Eastern Region	0.026	0.110
1 if lives in Ashanti Region	-0.088*	-0.380

1 if lives in Brong Ahafo Region	0.122*	0.436**
1 if lives in Northern Region	0.423***	1.302***
1 if lives in Upper East Region	0.403***	1.207***
1 if lives in Upper West Region	0.527***	1.663***
Constant	0.035	-1.633***
Observations	3,182	3,145
R-squared	0.327	0.277
Correct Prediction of probabilities	75.62	74.90

*Robust standard errors in parentheses: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$*

Lastly, we analyze the implications of universal pensions for all old people and predict the effect of the policy on the poverty rate among older persons in Ghana. Table 7 presents the results of the marginal predictive analysis of universal pensions for older persons. Column 1 indicates that providing pensions to all older persons who do not receive pensions would have reduced the poverty rate from 37.1 percent to 35.9 percent from the linear probability model and 29.1 percent from the probit model. This is equivalent to a reduction of the poverty rate of between 1.2 and 11.1 percentage points. If the pension is restricted to old people living in urban localities, the poverty rate among older people in urban areas would decrease from 9.5 percent by 0.6 or 2.6 percentage points to 8.9 percent and 6.6 percent from LPM and probit model, respectively. Universal pensions for older people living in rural areas will

decrease poverty from 50.3 percent to 40.9 percent from LPM and 39.5 percent from the probit model. In other words, providing pensions to older people in rural Ghana can reduce poverty by up to 10.8 percentage points.

Table 7: Marginal Analysis of Universal Pension

	Full Sample (1)	Urban (2)	Rural (3)
Poverty rate	37.1	9.5	50.3
Universal Pension: LPM	35.9	8.9	40.9
Universal Pension: Probit Model	29.1	6.6	39.5

Conclusions

The study sought to examine the socio-economic determinants of poverty among older persons in rural and urban Ghana. The study findings underscore the significance of spatial poverty between urban and rural of old people in Ghana. The study found that the poverty rate among older persons in rural areas is significantly higher than that of urban localities. More importantly, we found differences in socio-economic factors that influence poverty among old people living in rural and urban localities. In terms of assets, whilst ownership of poultry/livestock is found to

be an important determinant of poverty among old people in rural areas, it does not influence poverty among old people living in urban areas. Receipt of pension is also found to reduce poverty in rural areas but not in urban areas.

Inconsistent with earlier studies (Armstrong, 1991; Elliott-Schmidt & Strong, 1997; Okulicz-Kozaryn, 2018), the paper concludes that socio-economic factors differently affect old-age poverty in rural and urban Ghana. Therefore, different poverty reduction strategies are required to address old-age poverty in rural and urban settings of Ghana.

Given the higher rate of poverty among older persons in rural areas, any policy intervention to reduce poverty among old people should prioritize those living in rural localities. We found that a universal pension for old people in rural Ghana can reduce the poverty rate by up to 14.4 percentage points. A national universal pension for all older people in Ghana can reduce the poverty rate among older people from 37.1 percent to 29.1 percent. Thus, the provision of pension old age pension will go a long way to improve welfare and reduce poverty among older persons in Ghana, especially those living in rural communities.

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Mental Health Issues among Older People: A Case of the Ghanaian Elderly

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Abstract

Mental health is one aspect of health care in Ghana that is generally (often) neglected, and this is even worse, especially in the case of elder health care. Research-based information on elder mental health care in Ghana also remains insufficient. In this paper, literature is systematically reviewed on the causes of mental health illnesses in the elderly, some major mental health disorders among the elderly, and how to assist older people in maintaining optimum mental health in Ghana. *Loss of a significant other, marriage and family problems, poverty and financial difficulties, health problems, and elder abuse* were found to be some of the major causes of mental health illnesses among the Ghanaian elderly and in contrast, *depression, anxiety, psychosis, dementia, and memory loss* emerged as some major mental health issues. This paper also found *counselling, social support, physical activities, marriage, and proper medication* as effective ways of assisting older people to maintain optimal mental health status. The paper finally summarizes the find-

ings and provides recommendations on the way forward as far as elderly mental health issues are concerned.

Keywords: Ageing, mental healthcare, Ghanaian elderly, psychological problems, mental health issues.

Introduction

Demographic ageing has become a global concern in recent years. United Nation's 2015 report indicates that Ghana is among the fastest ageing countries in sub-Saharan Africa, as 7% of the country's population was aged 60 years and above as of 2015 (United Nations, 2015). The projection made by the United Nations into Ghana's population by 2050 also shows a significant increase in the older population by 6.3%. Adding to the above, low- and middle-income countries (LMICs), which account for more than 80% of global GDP, are likely to experience rapid demographic ageing because of the combined effects of decreased fertility and rising life expectancy.

By 2050, there will be a significant increase in the number of elderly people living in low- and middle-income countries (Angel, Vega, & López-Ortega, 2017). The ageing of the population is both a success story and a public health issue. According to extensive studies, the number of elderly persons aged 60 and up will expand at a faster rate in developing nations than anywhere else on the planet. Ageing is viewed as a global concern that will have a significant influence on developing countries; thus, investing in general health (including mental health) early in life will ensure that a large proportion of people reach old age in excellent health conditions (Ayernor, 2012).

The world is in constant evolution and statistics have shown that people are expected to live longer as time progresses. This is presumed to be good news, however, the preparedness of developing countries to address the needs or challenges of the elderly remains significantly low, coupled with ever-changing African family structure (from extended to nuclear), absolute and relative poverty, and unavailability of effective social support schemes for older persons, weak health systems and disease burdens such as HIV/AIDS (MacCracken & Phillips, 2017). These and other relevant factors make up critical issues facing especially the Ghanaian elderly that demand immediate attention.

Ghana is trying to put measures in place to improve its citizens' health and well-being. There is, however, a lot more to do, especially in terms of improving the lives of the elderly. Access to quality healthcare and addressing all the health needs of the

elderly are some of the major health challenges in a developing nation like Ghana. In fact, access to mental health services among the elderly in Ghana is one of the health aspects that receive very little or no attention. Westberg et al. (2022), described mental health problems (issues) as mental health problems were defined as commonly experienced problems of depression or anxiety, as well as behavioural and emotional problems. Depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviours are examples of mental health issues. As data on elder mental healthcare remains insufficient in Ghana, it is difficult to measure the significance of older people's mental health needs quantitatively (Read & Doku, 2012). However, there has been some recent development in mental health research. Nowadays, the emergence of mental health Non-Governmental Organizations (NGOs), the drafting of a new mental health bill, enhanced training for psychiatrists and psychiatric nurses, proposed measures for training new candidates of primary healthcare specialists in mental health, and increased media attention, have all contributed to a new inspiration for mental health in Ghana. In addition, the number of research initiatives and publications on mental health from a variety of fields, such as psychology, sociology, social work, and anthropology, has increased (Read and Doku, 2012).

The objective of this paper is to review literature on the causes of mental health problems among older people in Ghana, some major mental health conditions affecting the elderly, and how they can

be assisted in maintaining good mental health in old age.

Several studies have defined the term 'older people/person' to suit the purpose of their research. However, this paper describes an older person by the United Nations chronological age definition of old age as 'someone who is 60 years and above' (Kowal & Dowd, 2001; Agyemang, 2014). In other words, this review looks at relevant literature on the mental health challenges and or well-being among older people in Ghana by assessing some of the major factors accounting for the mental health problems; common mental health conditions, and how to curb or prevent older people from experiencing mild to extreme mental health problems in Ghana.

Major Causes of Mental Health Problems in the Elderly in Ghana

Quarshie et al. (2021) reported several causes of mental health issues among the Ghanaian elderly. For instance, marriage and family problems, poverty and financial challenges, health complications, bereavement, and elder abuse were all identified as key causes of mental health problems among the elderly in the study (Quarshie et al., 2021; Storey, 2020).

Marriage and family problems

Marriage and family-related problems are reported to have contributed to mental health problems among older people in Ghana. These problems often emanate from divorce threats by spouses, issues of childlessness, suspected spousal infidelity, and denial of sex by one spouse (often

the wife) (Quarshie et al., 2021). Read and Doku (2012) added that marriage and family problems pose mental health issues to the older person especially when there is consistent spousal conflict or abuse. In addition, the loss of a close family member (such as a child or spouse) causes mental health issues among older persons in Ghana. For example, Gyasi et al. (2019) and Agyemang and Tei-Muno (2022) observed that widowhood and bereavement, which are common in later life, often result in loneliness and living alone, thereby exacerbating mental health issues among older adults. Consequently, the cultural influences and stigma associated with such situations may socially isolate older people, putting them at risk for substantial psychological suffering.

In Africa, Cau et al. (2016) found that when compared to their counterparts who had not experienced a loss, older persons who were alone, widowed, or had lost a significant other reported poor mental health. Quarshie et al. (2021) research also revealed that two older persons in Ghana were reported dead by suicide (evidence of mental instability) following the loss of a significant other.

Poverty and financial difficulties

Moreover, general poverty and financial difficulties have been revealed by the literature reviewed, to have contributed to poor mental health among older people in Ghana, Africa, and the world at large.

Among the factors that account for the poor mental health conditions of the elderly living in rural and urban parts of Ghana,

Quarshie et al. (2021) mentioned financial difficulties in old age. Similarly, Evandrou et al. (2014) conducted research in China which presented strong empirical evidence that older people in China who fall within the lower individual level economic status were more likely to report poorer health status (including poor mental conditions). Older people who are financially stable and economically independent could afford quality mental and general healthcare which would ultimately reduce the risk of poor health in old age (Feng et al., 2013). Correspondingly, older people who have very little financial resources are at greater risk of poor mental state or psychiatric disorder (Litwin, 2011).

Health complications

As ageing comes with the natural deterioration of biological makeup through the process of senescence, several health problems arise. Literature on biological theories of ageing clearly shows that the human body gradually loses its ability to fight diseases, which is a factor accounting for elderly people's vulnerability to old-age-related sicknesses. This is the reason why in their study, Blanchet, Fink, and Osei-Akoto (2012) mentioned that chronic age-related diseases such as stroke, tuberculosis, and visual loss contribute to the poor mental health of Ghanaian elderly. Quarshie et al. (2021) also added that such diseases are precipitants of some of the suicide deaths among older people in Ghana. In fact, studies have made it clear that suicidal thoughts are one of the major psychological or mental health issues associated with people who have been unsuccessful or living in unbearable

circumstances in which older people are no exception. For example, older persons who have some serious physical illnesses are vulnerable to attempting suicide and at risk of death by suicide (O'Neill et al. 2018; Waern et al. 2003).

Elder abuse and neglect

Finally, it has been revealed that elder abuse accounts for the poor mental health of older persons globally (Storey, 2020). Elder abuse can cause psychological pain, financial drain, and bodily harm, including death; in fact, elder abuse victims have a three-fold higher mortality rate than non-victims (Dong, 2005). As cited in the World Health Organization and the International Network for the Prevention of Elder Abuse (2002), Action on Elder Abuse (1995) defined elder abuse and neglect as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person" (p.3).

Abuse can occur in various forms: physical, psychological/emotional, sexual, financial/material abuse, and/ or intentional or unintentional neglect. As further indicated by Kropp and Hart (2015), at least two new cases of elder abuse or neglect are reported every day in New Zealand. The case is no different in Ghana where the elderly who are abused face psychological impacts. Older people are at risk of abuse because ageing circumstances have made them vulnerable and some of them also have some chronic diseases that have further weakened them. However, many older people are either unwilling or unable to report abuse because they are

afraid of reprisal, which could jeopardize their care while in the hospital or private homes (WHO, 2018). The abuse or neglect may take several forms and include psychological, physical, emotional, and sexual abuse. The types of abusers may also include family members of the elderly, informal and formal caregivers, and friends (Yon et al., 2019).

In Ghana, elder abuse and neglect are prevalent, however, only a few cases can be measured especially from private nursing facilities. For example, as shown in a study by Arthur-Mensah, Amarh, and Kyei (2020), the prevalence of self-reported abuse revealed that 3/30 (10%) and 23/80 (28.8%) of people in private and public facilities, respectively, were abused. Relatives were the most common abusers of the elderly, accounting for 19/26 (25.8%), nurses for 4/26 (9.2%), and children for 3/23 (3.8 percent). The experience of elder abuse was directly associated with the nursing facility.

Major Mental Health Issues Facing Older People in Ghana

Substantial empirical evidence has thrown more light on the major mental health issues that affect older people globally. It is estimated that in Ghana, 13% of the adult population is affected by mental health illnesses of various types (Oppong, Kretchy, Imbeah, & Afrane, 2016). Then, a review of the study conducted by Dong, Simon, Beck, and Evans (2014) emphasizes several cognitive or mental health illnesses (i.e., dementia, disorientation, reduced or loss of memory, reduced perceptual speed, Alzheimer's disease, anxiety,

and psychosis) that have been linked to increased vulnerability of older persons (Read & Doku, 2012; Lloyd-Sherlock et al., 2019).

Depression

Studies have revealed that depression dominates all mental health problems affecting older people. In Ghana, a greater number of older people experience depression but only a few individuals have access to treatment (Lloyd-Sherlock et al., 2019). Comparatively, Read and Doku (2012) noted that depression is a more common mental illness among Akan rural women, than men. It is a kind of mental health problem characterized by persistent sadness and loss of interest or pleasure in previously rewarding or enjoyable activities (WHO, 2018). Depression in older adults can be influenced by physiological changes associated with aging and various social factors. Notably, experiences such as abuse, and the loss of a significant other can significantly contribute to the onset of depression in this demographic (Alexopoulos, 2005; Remes, Mendes, & Templeton, 2021).

Moreover, dementia including Alzheimer's disease is found to be mental health issues associated with older people. Dementia is a condition characterized by a decline in cognitive functions such as thinking, memory, and reasoning, to the extent that it disrupts daily activities and routines (Fleming, Adams, & Petersen, 1995; Knopman, Boeve, & Petersen, 2003). Dementia patients are unable to manage their emotions, and their personalities may shift. Alzheimer's disease is one type

of dementia that affects memory capabilities in older persons (Maki and Hattori, 2019).

In Ghana, many older adults live with dementia although there is limited empirical data regarding the prevalence and severity of the condition (Duodu, 2024). However, as cited in Spittel et al. (2019), studies conducted in various West African countries such as Benin (Guerchet et al., 2009; Paraiso et al., 2011) and Nigeria (Uwakwe et al., 2009; Gureje, Ogunniyi, Kola, & Abiona, 2011) have reported varying prevalence rates of dementia among older people aged 65 and older, ranging from 2.6% to 8.9%. According to George-Carey et al. (2012), demographic trends suggest a significant future increase in dementia cases among Ghana's population. Older adults with dementia often exhibit a range of challenges, including difficulty with speech, trouble handling objects, impaired judgment, and repetitive questioning, among other cognitive and behavioural issues (Tetsuka, 2021).

Memory loss (forgetfulness)

Memory loss is said to be a mental health issue associated with old age. As we age, the various organs of the entire human body experience some biological changes which often result in the decline in effective functions of such organs and the brain is no exception. A study conducted on "Forgetfulness and older adults: concept analysis" by Ballard (2010) shows a relationship between old age and memory loss.

Psychosis

There is empirical evidence that psychosis is one of the many mental health illnesses among older people in Ghana. For instance, the Kintampo Health Research Centre has funded research into psychosis risk factors, mental problems in the elderly, and psychosis epidemiology. The research found that some older people in Ghana have the mental health condition known as psychosis. Psychosis is a severe mental disorder that impairs thoughts and emotions leading to loss of contact with external reality (Read & Doku, 2012). Psychosis as a mental illness has greater negative effects on its victims and among older people. Karim and Burns (2003) argue that features of psychosis can manifest in the form of dementia and affective illness like depression.

Anxiety

Finally, anxiety cannot be excluded from mental health issues facing Ghanaian older persons. Anxiety is not just about feeling worried but also being nervous and living in a state of uncertainty. Anxiety disorders in older adults can be triggered by a combination of internal and external stressors, as well as age-related changes such as declining health, memory issues, and significant losses (Shri, 2010; Blay & Marinho, 2012). Common ageing worries can cause anxiety. For instance, many older adults fear collapsing, not being able to afford living expenses and medication, being victimized, becoming dependent on others, being alone, and dying. Anxiety can manifest as poor sleep, excessive concern with safety, loss of interest and plea-

sure, depression, insomnia, behavioural changes, and cardiovascular issues in the elderly (Dozeman et al., 2007). Bindt et al. (2012) also added that depression and anxiety often occur together, so whenever older people become very anxious about something, depression is also present.

Maintaining Optimum Mental Health in the Elderly in Ghana

Studies established more consistent evidence that physical activities, social support, medication, and counselling are some major ways to help the elderly to achieve optimal mental health in old age.

Social support

Beginning with social support, studies indicate that it helps older adults to function well, improves their well-being, and reduces mortality among them. For example, Cohen (2004) theorises that social support can have indirect effects on health habits by enhancing mental health and reducing stress among the elderly. Gyasi (2019) found in his study that social support was inversely related to psychological discomfort in the elderly. In effect, the presence of family and friends to provide informal social support in the form of care, communication, emotional bond, remittances, and comfort to the elderly is more likely to improve the mental health of the older person, thereby preventing loneliness and exclusion (Gyasi, Phillips, & Abass, 2019).

Again, when older people are regularly engaged in physical activities, it helps them maintain optimal mental health. In

his study, Gyasi (2019) revealed that older people with good mental health have been engaging in some physical activities. These activities can include walking for 30 minutes each day, dancing, sporting or even helping with housework. Among the elderly who live in rural Ghana, they engage in gardening, cooking, and raising grandchildren as their daily physical activities (Gyasi 2019; Cohen, 2004) which helps them stay active and have improved mental health (Bindt et al., 2012).

Affordable healthcare

Moreover, while ensuring that older people in Ghana enjoy optimal mental health in old age, there comes the need to provide them with access to quality and affordable healthcare (Oppong, Kretchy, Imbeah, & Afrane, 2016). As mentioned earlier, mental health issues among older adults receive very little attention and it is one reason accounting for increasing mental health disorders in the elderly. Quarshie et al. (2021) even stated that among the elderly who attempt suicide in Ghana are those who receive no form of mental health services or medications.

Marriage

Marriage is another way through which most elderly can enjoy optimal mental health. For instance, Gyasi, Phillips, and Abass (2019) indicate that older people who are sexually active and remarry after the death of a spouse are less likely to suffer from mental health illnesses. Marriage provides companionship and serves as a source of comfort for the elderly and by this, they can avoid mental illnesses

resulting from loneliness, isolation, and insecurity (Litwin, 2011).

Counselling

Finally, counselling older people is one way of helping them maintain good mental health in old age. A study has shown that older people who get professional counselling services following a trauma, loss of a significant other, or divorce are less likely to suffer from depression, dementia, and other mental-related illnesses (Arean et al., 2002). For instance, a review by Hill and Brett (2005) concluded that counselling is efficacious with older people, especially in the treatment and prevention of mental health issues. In Ghana, counselling older adults will help mitigate the awful effects of ageing and unforeseen circumstances on their mental health.

Conclusion

There are numerous factors that can cause mental illnesses among older people in Ghana and the major ones include loss, family problems, financial difficulties, health problems, and elder abuse. The literature review on mental health issues among older people in Ghana has reemphasized some of the pertinent issues in elder care and the level of responses to

older people's mental health needs in the Ghanaian context. Mental health problems among the elderly are important issues that call for the government's attention and intervention because mental illnesses such as depression, memory loss, dementia, and psychosis in the elderly cannot be underestimated. The paper also discussed some significant mental health disorders among older people where depression, anxiety, psychosis, dementia, and memory loss were emphasized. Having identified these mental health illnesses and their causes, there is a need to help older people maintain good mental health status. As a result, counselling, social support, physical activities, marriage, and proper medication were rediscovered through literature as effective ways of assisting older people to maintain optimal mental health status. With reference to the literature reviewed, there is a need for the implementation of a National Ageing Policy to provide direction to the needs and care for older people required to improve their overall well-being. This policy should consider the provision of geriatric and social support, as well as the implementation of an effective monitoring system that regularises services rendered to older people, especially in private nursing homes and care centres to address their mental healthcare needs.

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The Ghanaian Woman's Prime Life Leadership Achievements and Later Life Woes

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Abstract

There are more elderly women than men, and most of them live in rural areas. What then are the experiences of these elderly women in contemporary Ghana? This paper first acknowledges that many scholars have conducted research into issues affecting the ageing population. The article identifies a gap in research to unearth the reasons for the perception that the Ghanaian society holds about older women which predisposes them to abuse and neglect, meanwhile years back these same women. Results of a survey conducted among some students revealed perceptions on ageing women and develop a community care model for older adults. In conclusion, the later life woes of the prime life achiever may also be due to lack of support from the people for which the woman sacrifices.

Introduction

Ageing can be defined from different perspectives- psychological (mental), physiological (body), chronological (date of

birth), spiritual (Christian maturity) etc. It is simply a set of changes in the human being associated with the progress of time (Ayete-Nyampong, 2015). There are many scholars in Ghana and abroad who have made good attempts to give an all-encompassing definition of ageing.

S. van der Geest has used the Akan expression of the word '*Opanyin*' to define ageing. He explains that *Opanyin* ('elder') is someone past middle age who is considered wise and experienced and behaves in a civilised and exemplary way (van der Geest, 2001). But Rattray (1916, p. 23) who gave the etymology of '*Opanyin*' describes the word as derived from *nyin* (to grow) and *apa* (old, long-lived), (van der Geest, *ibid*). S. van der Geest further explains, with help from his co-researcher, that the word means '*Wapa nyin* (ho)', which means you have passed (*wapa*) the age of growing (*nyin*). The "*opanyin*", therefore, according to van der Geest, is someone who has stopped growing (taller).

Most evolutionary biologists define aging as an **age-dependent** or **age-progressive** decline in intrinsic physiological function, leading to an increase in age-specific mortality rate and a decrease in age-specific reproductive rate (e.g., Medawar, 1952, 1981; Williams, 1957; Rose, 1991). To

this paper, I will highlight the definition of Medawar. He defines ageing as the collection of changes that render human beings progressively more likely to die (Medawar, 1952). From this definition, ageing can be quantified from mortality curves such as that in Figure 1 below:

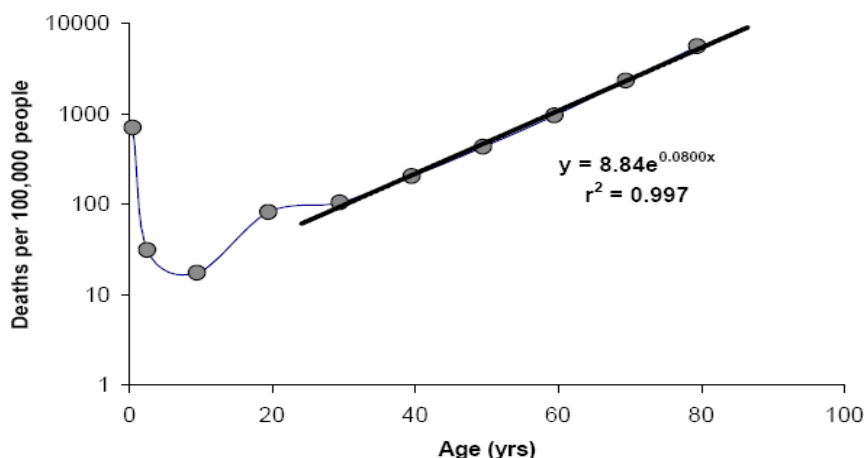


Figure 1. Mortality rates, expressed in deaths per 100,000 people, as a function of age for the 2002 US population.

Demographics of Ageing Women

The Executive summary of the 2010 Population census Report indicated that the population of the elderly had increased by more than seven-fold since the 1960 census, rising from 213,477 in 1960 to 1,643,381 in 2010. The female elderly population had a share of 56 percent as compared with 44 percent of the male elderly population. Out of the proportion of the elderly population (54%) residing in rural areas, 47 percent were females, and 44 percent were males (GSS, 2013).

In the 2021 Population Census, however, the percentages of elderly females and

males slightly changed. Elderly female population was 1,129,906 (56.7%) whilst the elderly male population was 861,830 (43.3%). Overall, the Ghana Statistical Service (GSS) population census reveals that the elderly population (60 years and older) has **increased almost 10 times in the past six decades from a little over 200,000 (213,477) in 1960 to almost 2 million (1,991,736) in 2021**. In sum, there are more elderly women than men, and most of them live in rural areas (GSS, 2022).

Kpessa-Whyte and others have done critical research on the implications of population ageing on the welfare and quality

of life of the ageing population in Ghana. Mba's contributions in highlighting the research gaps in the demographics of the ageing population has been significant as he identifies the critical challenges that the increasing population of the elderly face as they experience the breakdown of the extended family support system due to urbanisation and modernisation and migration (Mba, 2010).

This study first acknowledges that many scholars have done good research into issues affecting the ageing population. Emphasis in research however have varied, for example Mba (2010), Kpessa-Whyte (2018), have published among their many research work on demographics and implications for policy in the care of the ageing population (Apt, 1995; Dovie and Ohemeng, 2019). Ayete-Nyampong (2015) has touched on the care and welfare of the elderly; and a lot more research has been done, some still ongoing to discover the best approaches in understanding the ageing process and laying a firm foundation for the care and welfare of the ageing population.

This paper identifies a gap in research to unearth the reasons for the perception that the Ghanaian society holds about older women which predisposes them to abuse and neglect; meanwhile years back these same women, in their prime were hailed as hard working, engaged in different activities on the farm, trading or in some formal sector employment to maintain homes and raise their children to become useful citizens in Ghana.

Further, it will discuss what is meant by prime life in the Ghanaian woman's life

cycle and would consider women's unique abilities in leadership and productivity in traditional society and post-modern/contemporary era, while appreciating some monumental achievements of certain Ghanaian women. To that end, it will reconcile with how the older Ghanaian woman faces certain accusations in life and how she sadly ends up being tagged as a destroyer of everything good which she contributed to building. Finally, I will share the results of a survey conducted among some students on the perception on ageing women and develop a community care model for older adults. The study participants were selected from a Master of Divinity class for pastoral care and counselling, who voluntarily agreed to be part of the survey.

In his introduction to the article, "No Peace in the House: Witchcraft Accusations as an 'Old Woman's Problem' in Ghana," Alexandra Crampton (2013) reiterated this phenomenon:

"Older adults who are known to have the wisdom that comes with knowing ... are more often feared and respected rather than feared and abused. On the other hand, older women marginalized within family systems are vulnerable to attack and even abuse. The national and international media have reported on horrific cases in which older women were murdered as suspected witches."

At this juncture, it is imperative to discuss and study the factors that contribute to the present woes of older women who, in their prime, had led very successful and

productive lives for the benefit of their families and communities.

What is Prime Life?

Prime life may be seen as the optimal time in one's life. During this phase of life, individuals typically experience optimal levels of physical strength, mental acuity, and emotional resilience. It is a period characterized by heightened productivity, creativity, and confidence, as well as a sense of purpose and fulfilment. Moreover, the prime years are often associated with significant personal and professional achievements, such as career advancements, financial stability, and establishment of meaningful relationships. As such, this period is a critical phase in an individual's lifespan, as it can significantly impact their future trajectory and overall well-being.

Biblical Image of a Woman's Prime Life Achievements

There is a Biblical image of the ideal woman at the prime of her life of productivity and achievements.

Proverbs 31: 10-29

"An excellent wife (woman) who can find? She is far more precious than jewels.

The heart of her husband trusts in her, and he will have no lack of gain. She does him good, and not harm, all the days of her life. She seeks wool and flax and works with willing hands.

****She is like the ships of the merchant; she brings her food from afar. She rises while it is yet night and provides food for her household and portions for her maidens.*

****She considers a field and buys it; with the fruit of her hands, she plants a vineyard.*

She dresses herself with strength and makes her arms strong. She perceives that her merchandise is profitable. Her lamp does not go out at night. She puts her hands to the distaff, and her hands hold the spindle.

She opens her hand to the poor and reaches out her hands to the needy.

****She is not afraid of snow for her household, for all her household are clothed in scarlet.*

She makes bed coverings for herself; her clothing is fine linen and purple.

Her husband is known in the gates when he sits among the elders of the land.

****She makes linen garments and sells them; she delivers sashes to the merchant.*

****Strength and dignity are her clothing, and she laughs at the time to come.*

****She opens her mouth with wisdom, and the teaching of kindness is on her tongue.*

****She looks well to the ways of her household and does not eat the bread of idleness.*

****Her children rise and call her blessed; her husband also, and he praises her: "Many women have done excellently, but you surpass them all."*

The Ghanaian Woman in her Prime:

There has been many debates and research that confirm the positive roles of the Ghanaian woman in supporting the family and the economy. In the executive summary of an article sponsored by the Friedrich Ebert Stiftung, Ghana, Nora Judith Amu (2005) wrote on 'The Role

of Women in Ghana's Economy' and pointed out that:

"Women have made significant strides in all aspects of the Ghanaian economy especially in the agricultural and service sectors. Presently, more Ghanaian women are now getting out of their home jobs into paid jobs and are forced to combine their work at home as homemakers and their jobs outside the home."

In rural and urban centres, many Ghanaian women work hard to equal the Biblical image of the ideal woman (wife). According to Leavitt (1971) a woman's status is generally measured by her level of participation in economic life, what she produces and the property she controls (ibid).

The Ghanaian woman can take risks and face her opponents, all for the benefit of the larger community. A typical example is the queen mother of the Asante people, Yaa Asantewa (October 17, 1840 - October 17, 1921) who being queenmother stood in place of the king to go to war to retrieve the golden stool of her people (Aidoo, 1977). Her biography is described as follows:

"A successful farmer and mother. She was an intellectual, a politician, a human rights activist, a queen and a war leader. Yaa Asantewaa became famous for commanding the Ashanti Kings in the War of the Golden Stool, against British Colonial rule, to defend and protect the sovereign independence of the Golden Stool. The golden stool till today is a symbol representing the people of Asanteman and it was retrieved in war

by this gallant Ghanaian woman (Appiah & Gates, 1999)."

Ghanaian women have been scientists, pastors, priestesses and many more. Examples may fill the pages of this write-up. The Ghanaian woman is not lazy or self-seeking. She is forward thinking and a care giver. Focusing on her family and the larger community she can achieve much during her prime when her energy is at its peak.

The Woman in Pre-modern Ghana

In this section, the woman's role in the Ghanaian context will be studied from the social, economic and cultural backgrounds. Under traditional society, women were seen as bearers of children, fishmongers, farmers and home keepers. According to Agnes Klingshirn who conducted a survey on the status of the woman under traditional society in Larteh as part of her PhD studies found that the woman had a secure, clearly defined place under the traditional system, 'with unequivocal rights and obligations, a position that provided her with a reliable social orientation' (Klingshirn, 1973).

In the rural areas where non-commercial agriculture thrives as the main economic activity, women worked the land (FAO, 2011). It was alluded that where a man is satisfied with the work of his wife, he determined what he could give to her as a gift.

Similarly, along the coast, women sold the fish caught by men and the earnings received by these women went into upkeep of the home, whereas that of the man was

invested in an enterprise often perceived as belonging to his extended family (Oppong & Abu, 1987). This traditional division of wealth placed women in positions subordinate to men. The persistence of such values in traditional Ghanaian society may explain some of the resistance to female education in the past.

With issues concerning the contracting of marriage under customary law, the fathers and senior kinsmen of the prospective bride and groom made all necessary arrangements. In such situations, family considerations outweighed personal ones – a situation that further reinforced the subservient position of the wife.

The transition into the modern world has been slow for women. On the one hand, the high rate of female fertility in Ghana in the 1980s showed that women's primary role continued to be that of childbearing. On the other hand, current research supported the view that, notwithstanding the Education Act of 1960, which expanded and required elementary education, some parents were reluctant to send their daughters to school because their labour was needed in the home and on farms. Resistance to female education also stemmed from the conviction that women would be supported by their husbands. In some circles, there was even the fear that a girl's marriage prospects dimmed when she became educated. Thus, for the woman in pre-modern Ghana, the stress was on keeping the home and supporting on the farm.

On attaining old age, women became the cherished advisors of the youth in society and were seen as repositories of wisdom.

This belief is evident in the popular adage, *Momma yenko mmisa abrewatia* to wit, let us go and ask the old lady – which many including the king's court used to explain the consultations they would take on a subject matter.

Odotei (2006) asserted that elderly women occupied more respected positions, even revered statuses in precolonial tribal social structures of society, and they demonstrated legendary leadership in war as exemplified by Yaa Asantewaa.

The Woman in Post-modern Ghana

The situation in post-modern Ghana is however quite different from what it used to be in pre-modern era as women are making strides in education and career. In post-modern Ghana, women are gaining academic laurels, with some climbing the ladder to the PhD level. By virtue of this, their careers are blossoming, particularly in fields that were hitherto labelled for men. Women are fast gaining roots in academia, medicine, engineering, law, finance, IT, theology, architecture, communications, to mention a few.

More women have come to share their stories on how they have silently contributed to national development. For instance, in a project that follows the stories of 16 Ghanaian women - "When women speak," 16 Ghanaian women who were in their prime in the 1960s to 1970s share their remarkable stories (When women speak trailer, 2022).

One way in which Ghanaian women's achievements have rated is through metrics such as awards, promotions, and

performance evaluations. However, research has shown that these measures can be biased against women, particularly in fields where women are underrepresented or stereotyped as less competent than men.

It is encouraging that today the typical Ghanaian woman is a professional who also manages her home well. The prime of the woman is when she has enough strength to balance these complexities. The Ghanaian erudite Kwegir Aggrey had rightly observed that “educate a man and educate an individual, educate a woman and educate a nation.”¹⁶ The rapid rise of many academics both male and female is thanks to her. It was the Ghanaian woman who first introduced affirmative action in the sub-Sahara region.

Significant achievements of Women in Ghana in different fields

In the following section, a casual view of the achievements of Ghanaian women will suffice for the purpose of highlighting the different professions in which they have made impact. Here are few examples:

1. **Politics:** In 2006, Ghana became the first African country to appoint a female Speaker of Parliament, Hon. Joyce Bamford-Addo.
2. **Education:** Women in Ghana have made considerable progress in education, with more girls than ever attending school and achieving better results than their male counterparts.
3. **Business:** There are many successful women entrepreneurs in Ghana who

have made significant contributions to the economy, particularly in the areas of agribusiness and ICT.

4. **Accomplishments in Science and Technology:** Dr. Beatrice Wiafe Addai, the CEO of the Peace and Love Hospital in Ghana, has made significant contributions to the fight against breast cancer through her research and advocacy work. Esther Afua Ocloo was a Ghanaian entrepreneur and founder of the Nkulenu Industries, which produces packaged food products. She was the first woman to be recognized as a Fellow of the Institute of Food Science and Technology.
5. **Arts:** Ghanaian women have made great strides in the arts, particularly in music and film industry. For instance, Ama Ata Aidoo, writer and playwright, and Yvonne Nelson, a film producer, actress, and entrepreneur. Lydia Forson is also a Ghanaian actress and writer who has won several awards for her performances, including the Africa Movie Academy Award for Best Actress in a leading role in 2010.

These are just a few of the many achievements of Ghanaian women, and they continue to play an essential role in the development and growth of the country. These achievements demonstrate the strength and resilience of Ghanaian women, who continue to break barriers and inspire others to follow them.

The life woes of the Ghanaian Woman

The transformation and development that go with Ghanaian female leadership has

been un-matched. To that end, it becomes quizzing how such positive image of women in their prime vanishes when they need it most in old age.

It is quite surreal that ignorance on the identity of older women keeps degenerating by the day. Chants of witchcraft and sorcery is now the predominant tags and crosses that older women bear in society. One may ask, how did this start, especially in this era when information abounds, and knowledge is thriving? The unfortunate situation is how the transition from repository of wisdom to an agent of sorcery is skyrocketing in the age of advanced technology.

The degree of batter and abuse that some of these older women endure seems to be rising by the day from verbal abuse to scourging to caning and death. This has led to the opening of many witch camps in the Northern Ghana (the place where many witchcraft allegations have been made).

These allegations do not only taint the image of the woman, but affects her relations in family, society and the nation at large (Dovie, 2021; Klingshim, 1973).

Paramount among the many challenges older women face with the allegation of sorcery is the ostracism that practically pushes them away from all that they held dear in life. Cherished bonds are broken and become only beautiful memories to the accused older women. On the flip side, to those whom the accused holds dear, she becomes a "repulsive, repugnant and a soon-to-be-forgotten" family member

whom they wished they could easily wipe off their family line.

In a research article published in the Journal of Africa in 2002 by Sjaak van der Geest under the title 'From wisdom to witchcraft: Ambivalence towards old age in rural Ghana', he investigated through qualitative research approach what contributes to the transition from *wisdom* ascribed to older women to *witchcraft* accusation in old age. In his interview with some young respondents, he described the responses:

"When I asked the young people what made them resent the elderly, the most frequent answer was that 'they did not go'. The fact that some old people lived a very long time, whereas young members of the family died prematurely, was taken as an indication of their evil tactics: they managed to stay alive at the expense of the young (Sjaak van der Geest, 2002)."

Another person also gave reasons why old women were resented:

"An old lady irritates people. The reason is that the old lady does not go anywhere. She is always at home. Maybe there are many grandchildren, some of them dying. People would accuse her of causing their deaths. But maybe she wasn't responsible. They'd have accused her for no reason (Sjaak van der Geest, 2002)".

In responding to this accusation, an older woman responded:

"That some young people die and leave the aged is most of the time due to their sins. Stealing, adultery and other wrongdoing are rampant among the youth of today, and that's the reason for most of their deaths. People they have wronged at some time kill them with juju or fetish. The old people in the house reached such age thanks to the good things they did. They are not the cause of young people's deaths."

In the article, elderly women summarized their woes in old age in relation to witchcraft as follows: "If your child dies you'll be accused. If your child prospers you'll be accused too."

True Story 1

There is a pleasant lady who is currently in her 80s. She worked in a company and rose to become the personnel manager. She was from a wealthy background but very humble. She liked interacting with people. Unfortunately, her children didn't see her as pleasant. Out of the 4 children she had, 3 left the country to pursue greener pastures. Leaving only one here.

As fate will have it her son's wife sees her as evil and therefore does not go to her nor allow her husband to see his mother, let alone their child. The woman is now developing dementia as she hardly has any one to speak with. She depends on her househelp to help her around her house. A woman who was once in charge of a company's personnel is now dependent on a househelp because she has been classified as a witch by her in-law and the

rest of her children have travelled outside to make a living.

True Story 2

Madam Akuffo attended a mission school when she was about seven years old. She was influenced by Christian teachings. When she completed her education, she got married to a schoolteacher. She supported her husband to raise her children and gave them a good education. At the age of 69 years, she developed loss of memory. She often forgot the names of close friends, relatives and even immediate past events. Being ignorant of the disease, the family rebuked her for her memory loss and her inability to contribute rationally during family discussions. Her loss of memory and her physical condition deteriorated with time, and the family wondered why she was rapidly becoming an *aberewa poso poso* (very old woman) whilst her contemporaries were still active and strong. When Madam Akuffo's husband died, she was accused of being a witch and of killing her husband. Later, urinary incontinence set in, and she was neglected by the family with the excuse that she was being punished by her dead husband (now become an ancestor). These accusations and neglect caused further deterioration of her condition. She collapsed at home one morning and was for the first time taken to the hospital where she died a few hours later.

True Story 3

Madam Kwakye had been married to a church leader who died about ten years ago. All her children who now live in ur-

ban centres had received secondary education. Three were graduates of the University of Ghana. At the age of 65, her health began to deteriorate. Two of her grandchildren were sent to live with her in her hometown to undertake her domestic chores, and her children visited her regular and remitted money to her, but none took her to live with them in the city. Later, she started forgetting names and events and developed urinary incontinence. She was subsequently labelled as a witch. The family later stopped providing nutritious food so as not to prolong the life of Madam Kwakye and make her a permanent burden on the family. She died within four weeks of near starvation.

The association of older women with witchcraft has deep historical roots, often reflecting societal attitudes towards aging and gender. In many cultures, elderly women have been disproportionately labeled as witches, a trend that can be traced back to the early modern period in Europe, where witch hunts were prevalent. This phenomenon was partly due to stereotypes about women's temperaments and the physical changes associated with aging, such as menopause, which were misunderstood and feared. Older women, who were often widowed and living on the fringes of society, were easy targets for accusations during times of social stress or upheaval. They were seen as scapegoats for unexplained misfortunes or as embodiments of societal anxieties about fertility, mortality, and the unknown. The image of the witch as an old, haggard woman has persisted into

modern times, although it is now often challenged and reinterpreted in various cultural contexts. Understanding this history is crucial for addressing the ongoing stigmatization of older women in some societies today, where similar accusations can still have devastating consequences.

In Ghana, the phenomenon of labeling elderly women as witches is a complex issue rooted in cultural beliefs and social dynamics. The vulnerability of older women to such accusations can be attributed to several factors. Firstly, they are often seen as easy targets due to their age and the associated physical frailness, which can be misconstrued as a sign of witchcraft. Secondly, there is a societal tendency to associate unexplained misfortunes or illnesses with witchcraft, and the elderly, being at a stage of life where death is more imminent, can be scapegoated for these events. Additionally, gender dynamics play a role, as women, especially widows, may be accused to dispossess them of their property or to settle family disputes. The existence of "witch camps" in Ghana, where accused women find refuge, underscores the severity of the issue. These camps are often the last resort for those ostracized by their communities, and the conditions within them are typically dire, lacking necessities and healthcare. Efforts to combat these accusations and improve the lives of these women are ongoing, with various organizations working towards education and legal reform to protect the rights of the accused.

A Reflection on the Achievements and Woes

Where are the memories of the mother who cared for her children? Where are the memories of the mother who beat herself up and broke her back to provide food on the table? Where are the memories of the mother who had to get her children ready for school even if she had to work double hours so she could provide them with the best? These questions should be continually asked by our community, religious, political and social leaders who unfortunately are mostly men.

Additionally, all advocates of human rights should rise and educate the public by echoing these questions and sounding the clarion call on how women do not change from being brave leaders- mothers, entrepreneurs, CEOs, etc. to becoming witches- all because their physical and psychological features are changing.

Neglect and Abuse of the Elderly

In the Journal of Elder Abuse and Neglect, Marie-Antoinette Sossou, wrote an article on 'Abuse, Neglect, and Violence Against Elderly Women in Ghana: Implications for Social Justice and Human Rights. The article discussed abuse and neglect of elderly women in Ghana and the traditional practices that adversely affect their human rights. She opined that the situation of the elderly women is characterized by "pervasive poverty, illiteracy, widowhood, predominantly rural dwelling, and subjection to insidious cultural

practices and superstitious beliefs" (Sossou, 2015).

Abuse of Older Widows

Sossou observed that abuse of elderly women, especially old widows, is among the most egregious of abuses suffered by women in Ghana today. She stated that "Elderly widows in Ghana are, in some instances, deprived of their rightful possessions through systems of inheritance that allow them to be dispossessed of any resources they own. She observed that in West Africa as a whole, ritual seclusion and general isolation of the widow for a certain period from the community or village is widespread practice but its intensity and duration varies (Sossou, 2002).

Witchcraft Accusations and Abuse

Older women are the first point of accusation should there be any misfortune befalling a family. They are then subjected to abuse and neglect and sometimes ostracised into a Witch camp. This is prevalent in many parts of Ghana where older women become victims of witchcraft accusations and suffer untold abuse and sometimes lynching at the hands of perpetrators in the communities who are unfortunately not apprehended and prosecuted. The case of the late 90-year-old Madam Akua Dentah which was reported in the media in Ghana comes to mind (see for example Dovie, 2021). In Ghana, news of such brutality is met with great public outcry, but little action follows.

Witch Camps in Ghana

Witch camps are a phenomenon in Ghana where accused witches, mostly elderly women, are sent to live in camps in remote areas of the country. These women are often accused of causing sickness, death, and other misfortunes in their communities. The witch camps in Ghana are often run by traditional priests or community elders, who believe in the existence of witches and seek to keep them away from their communities. These camps are often overcrowded and lack basic facilities like healthcare and clean water. Many women in these camps are forced to undertake manual labour as a means of survival to feed themselves. In addition to physical labour, these women often face emotional and social isolation as they are separated from their families and communities.

Sossou has noted that elderly women who are accused and labeled as witches may be sent to witch camps 'to ensure their safety and protection from families and communities' inhumane and degrading treatment' (Adinkrah, 2004; Safo, 1997; Wiafe, 2001).¹⁷ In the camps, their rights and dignity as human beings are denied and they live in deplorable conditions which have attracted national and international outcries (ActionAid Ghana, 2014; Adinkrah, 2004; Atta-Quayson, 1999; Safo, 1997).

In the 'International Journal of Innovative Research and Knowledge' an article titled "Assessing Conditions in the Gambaga and Tindang Witches' Camps of the Northern and Northeast Regions of Ghana" the authors described the conditions under which the old witches live:

"When a person is accused of witchcraft, he/she does not have access to the community resources such as land, forest, and source of water. Again he/she cannot sell in the market and so it is poor. An identified witch/wizard socially, cannot have a fraternity with people in the community, family and his/ her own siblings freely. He/she is deprived of social relations as a human being." (Dery, Dominic, Iddrisu, Miriam, Agbenyo, John, 2020).

Religion and Formal Education

In assessing the situation of older people in contemporary Ghanaian context, Ayete-Nyampong (2008) and others have argued that the traditional roles and statuses of older women in society have diminished because of colonialism, the introduction of Christianity, Islam and formal education (Odotei, 2006; Perbi, 2006; Mba, 2007).

The influences of Pastors, Prophets and Church leaders have also exacerbated the situation of older women when it comes to diagnosing or discerning the spiritual causes of misfortunes and calamities that plague individuals, families and society at large. Many families have been torn apart by accusations of witchcraft leveled against older surviving women in the families.

Asamoah-Gyadu has written extensively on witchcraft in Ghana, and the role of prophets and church leaders in attributing the causes to witchcraft manipulations. Writing on the "the church and the Spread of Witchcraft", Asamoah-Gyadu opined that:

"The rise of independent Christian prophetic movements in sub-Saharan Africa has increased witchcraft accusations. At prayer services and prophetic meetings, they sustain traditional beliefs of their patrons that retrogression in life is caused by family members.... The phenomenon of responding to the workings of witchcraft has become part of Christian prayer culture in sub-Saharan Africa and this goes beyond denominational boundaries and theological orientations (Asamoah-Gyadu, J. 2015)."

Citing an example of prayers offered by the leader of a Charismatic Church which was published by the Daily Graphic on Monday March 2, 2015 Asamoah-Gyadu argued that people accused of witchcraft face the fury of Christians in their prayers. The prayer published in Daily Graphic which was said by the Enoch Aminu, Nigerian founder and leader of the Pure Fire Miracle Ministries, a charismatic church based in Accra Ghana reads:

"Enemy devices monitoring my progress, backfire in the name of Jesus...I command the thunder and lightning of God to strike and destroy any witchcraft altar against my life in the name of Jesus".

General Challenges of Older Women in Ghana

There are several other challenges that older women in Ghana face, including:

1. **Poverty:** Many older women in Ghana live in poverty, with limited access to necessities such as food, healthcare, and housing.
2. **Social isolation:** Older women may feel isolated due to a lack of social support and limited access to transportation.
3. **Health issues:** Older women may experience health problems such as chronic conditions or disabilities, which can limit their ability to perform daily activities and affect their quality of life.
4. **Discrimination and marginalization:** Older women in Ghana are often discriminated against because of their age, gender, and other factors such as ethnicity, religion, and social status. This can lead to exclusion from decision-making processes and limited access to resources, opportunities for employment, services and social participation and protection.
5. **Limited access to education and technology:** Older women may lack access to education and technology, which can limit their ability to adapt to a changing job market and stay connected with family and friends.
6. **Gender-based violence:** Older women may be at risk for gender-based violence, including physical, sexual, or emotional abuse. Older widows are particularly at risk of emotional abuse.
7. **Lack of legal protection:** Older women in Africa often face discrimination and abuse, including violence and elder abuse. However, legal protections for older women are often inadequate or non-existent.

A Qualitative Research with Students in a Tertiary Institution as Respondents

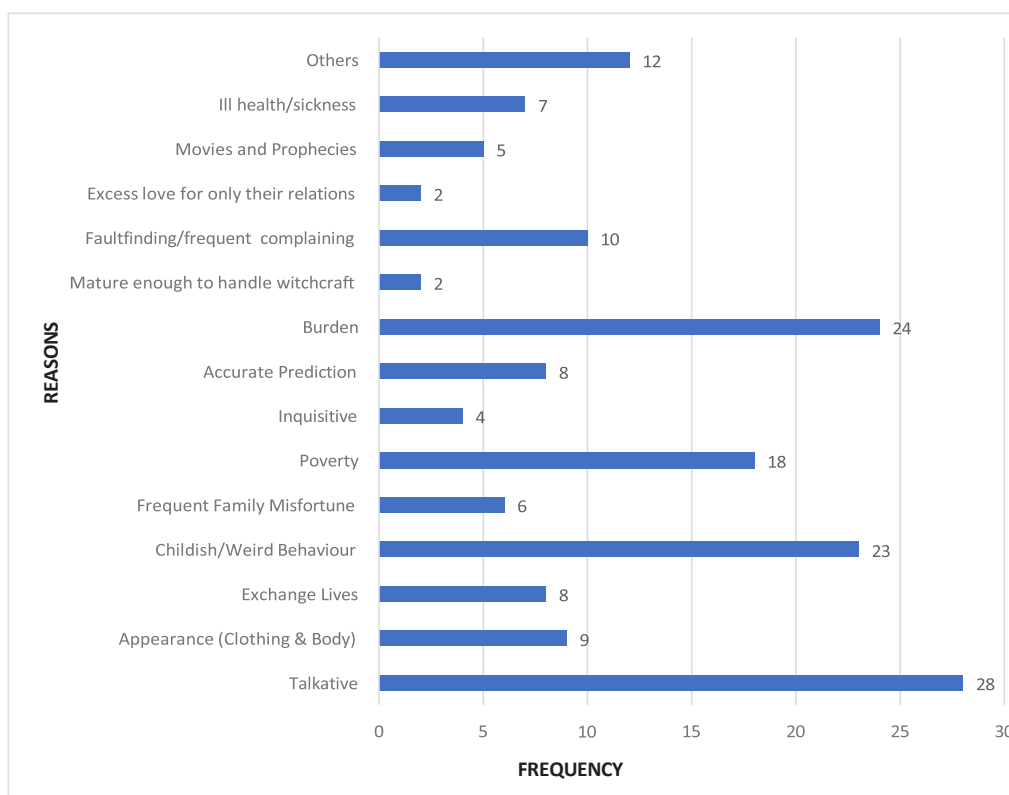
Research Statement: Why are some older women usually abandoned, neglected, and labelled as witches even though they had led great admirable lives during their prime? The research objective is to discover the characteristics of older women which

predisposes them to witchcraft accusation and neglect.

Research Question: Give reasons why older women are 'labelled' or described as witches.

Sample size: 60, a mixture of male and female respondents.

Figure 2: Reasons why older women are 'labelled' or described as witches



Discussion

The research results suggest that there are multiple reasons why older women are often labelled as witches in some communities. The most cited reasons are talkativeness, childishness, or weird behaviour, and being perceived as a burden. Other reasons include poverty, appearance, accurate prediction, frequent family misfortunes, illness, and fault-finding or complaining.

A smaller percentage of respondents also cited a belief that older women are mature enough to manage witchcraft or have excess love for only their own family members. However, it should be noted that some respondents also cited movies and prophecies or simply listed “others” as reasons for why older women are associated with witchcraft. These factors suggest that there are societal beliefs and perceptions about witchcraft that are tied to superstitions, gossip, and stereotyping. These beliefs result in older women being ostracised and neglected from their families, communities, and society at large.

Specific Issues

Talkative: Older women were perceived to be witches because they talk a lot. Some attributed this to menopause while others explained that it was a result of them being overly concerned.

Appearance: Points relating to teeth loss and deformity in the body (e.g., wrinkles).

Exchange Lives: Points relating to women exchanging their lives with others such as

their husbands, children and grandchildren so they could live long.

Frequent Family Misfortune: Points relating to failed marriages, waywardness in children, lack of employment, deaths among others.

Inquisitive: Points relating to being nosy and curious to know the welfare of both close and distant family members, and friends.

Accurate Prediction: Points relating to their warning or words coming to pass.

Others: Points relating to hurling insults and invoking curses, family background, nocturnal activities, sleep during church services, quick tempered or easily angered, unconditional love for everyone including strangers and knowledge of the spiritual realm. The responses also include prophecies which target older women as witches and movies that portray older women as witches.

Steps to Improving the Situation of Older Women in Ghana

There are several ways in which the situation of older women can be improved in Ghana and Africa, such as:

1. **Empowering older women:** This can be done by providing them with access to education, training, and resources that enable them to become economically self-sufficient.
2. **Promoting health and well-being:** Older women in Africa often face health challenges such as malnutrition, lack of access to healthcare, and poor

mental health. Addressing these issues and promoting preventive healthcare can be beneficial.

3. **Addressing gender inequality:** Gender inequality often results in older women being marginalized and facing discrimination. Addressing this issue can help improve their situation.
4. **Encouraging intergenerational communication:** Older women in Africa have a wealth of knowledge and experience that can be passed down to younger generations. Encouraging communication and collaboration across generations can be beneficial.
5. **Promoting social inclusion and security:** Older women in Africa often face isolation and insecurity. Encouraging social inclusion and providing access to safe living spaces can be helpful in improving their situation.
6. **Addressing age discrimination:** Age discrimination is a prevalent issue in Africa, and older women are particularly vulnerable. Addressing this issue can help create a better environment for older women. Ageism has serious and far-reaching consequences for people's health, well-being and human rights. For older people, ageism is associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline. Ageism reduces older people's quality of life, increases their social isolation and loneliness (both of which are associated with serious health problems), restricts their

ability to express their sexuality and may increase the risk of violence and abuse against older people.

7. **Technology friendly environment:** Increasing awareness of the use and access to technology for daily living will keep the older women abreast with society- to avoid isolation and intergenerational gap.

It is important to also identify woes and deduce means of dealing with them:

Loneliness

Women tend to live longer than men. This translates into older women being widowed. Also, some children leave home for their own life pursuits without having considerations for their mother's mobility. This is sometimes converted to loneliness. However, the rise of geriatric homes in Ghanaian is helping many women find comfort and manage this woe.

Poverty

Due to the economic instabilities in Ghana and the prevalent poverty rate, many older people struggle to support themselves medically. Recently, there was a financial re-structuring system that threatened pension funds of Ghanaian retirees. This type of measure produces unnatural woes to the Ghanaian woman who spent all her prime life or time taking care of others. At the time of her retirement, she would have close to nothing to fall back to.

Nucleation of Family System

One contributing factor is the now growing nuclear family system that is gradually reducing the care that most older women used to receive from their extended family members. Under the extended family system, older adults lived with their children, grandchildren and other members of the family. Care for the elderly was the responsibility of all the household. Under the present nuclear family system only a few members of the family care for the elderly. If these carers have a daily paid job to attend to, the elderly suffer loneliness and neglect. The deteriorating mental health and physical ill-health that sometimes characterize such older people are often misread and misunderstood to be signs of witchcraft or sorcery.¹⁸

Witch Camps

Despite the efforts of human rights organizations and some local governments, witch camps continue to exist in Ghana. Many women in these camps are there for life and are unable to return to their homes and families due to the stigma attached to being accused of witchcraft.

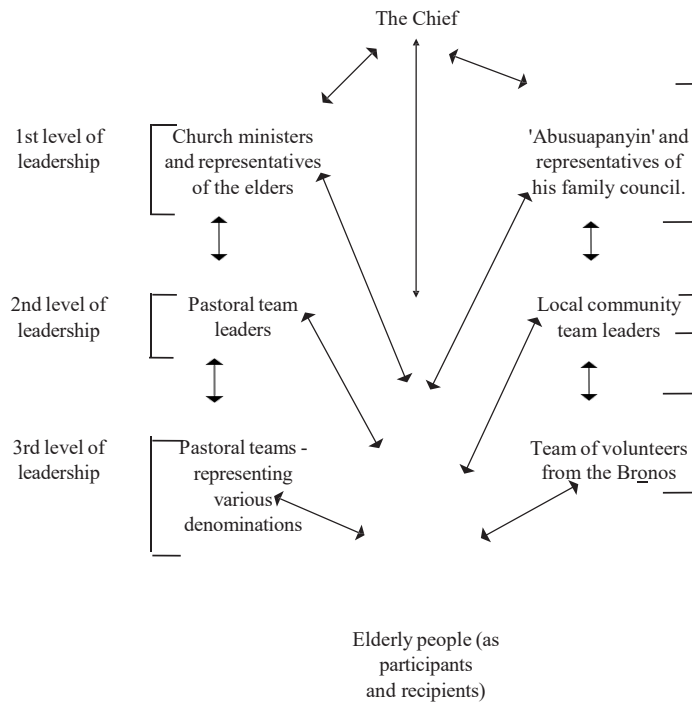
The Ghanaian government has taken steps towards addressing this issue by passing laws against witchcraft accusations and condemning the practice of banishing women to camps. However, the tradition of witchcraft accusations is deeply ingrained in Ghanaian culture, thus making it difficult to eradicate it entirely.

It is essential to create more awareness on this issue and the harm it causes to women in these communities. This will require a concerted effort from policymakers, activists, and the Ghanaian public to end this harmful and inhumane practice.

New Paradigm of Care: Community Shared Support and Care System for Older Adults in Ghana

Traditionally, older people in Ghana are supposed to be taken care of by their extended families but social change has weakened the support from the extended family members due to many reasons that include migration, urbanisation and nuclearization of family systems (Aboderin, 2006; Ayete-Nyampong, 2015; Doh, Afranie & Bortei-Doku Aryeetey, 2014; Dovie, 2019).

In the proposed paradigm of care a collaborative care support system between religious institutions and community leaders is developed to ensure that a joint leadership team is established to visit, monitor and practically support older adults, especially older women in the communities.¹⁹ This model of care ensures a safe space for older women and guarantees that no abuse or neglect is encouraged within the community. Immediate family members are trained to understand the ageing processes and how to care for ageing members of the family. Any case of abuse and neglect becomes a crime in the social context.



Community 'Shared' Support & Care System

Conclusion

The foregoing discussion has demonstrated that women in their prime exhibit greater abilities to support their families and promote society's progress and productivity. It is however ironic that such individuals grow old to suddenly become victims of the woes that characterize their lives in old age.

What are considered as life's woes are usually family challenges, financial constraints, loneliness, physical and mental health issues. In Ghana, the later life woes of the prime life achiever may also be due to lack of support from the people for which the woman sacrifices.

Research shows that this is usually due to the high poverty rate, lack of education, among others. For instance, today's technology powered generation poses a great threat on older women who may not have familiarised themselves with technology. Even well-educated people tend to lose track of latest trends when they fail to update themselves regularly. This sort of technological woe frustrates parties involved and could be a source of great worry.

There is optimism that the problems of abuse and violence against elderly women will be reduced, or even eradicated, as future cohorts of elderly females become

better educated, more resourceful, healthier, and more economically self-reliant. Furthermore, the government needs to strengthen its collaboration with NGOs to undertake mass social educational campaigns to educate the whole country on the well-being of the elderly population, including training and education of gerontological/ geriatric professionals and human service providers to expand geriatric services to the elderly population in the country.

Churches and Mosques and all religious institutions also have a role to play in collaborating with the communities to support the care of older adults and to seek their protection from abuse, ostracization and unwarranted accusations of witchcraft. The picture of the ideal woman presented in Proverbs 31 can still represent the image of a woman in both pre-modern and post-modern eras. Such a woman becomes eulogized in old age and fond memories of her achievements and productive roles will live on, even long after her demise.

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Unpacking Digital Exclusion: Social Media Use among University Post-Retirement Contract Lecturers

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Abstract

This study assessed whether older adults are fully included in the digital age as they use social media. Focusing on Reder's four stages to digital inclusion via a survey, data was collected from post-retirement contract lecturers at the University of Ghana. Findings show that these retirees are digitally largely included as they have smartphones (access stage), have developed their confidence to use them for their social media activities (taste stage) and possess basic digital skills (readiness stage) to use their preferred platform-*WhatsApp*-to text. These retirees, however, do not perceive and boldly consider themselves as fully digitally included as they are not able to explore all the features and benefits these social media platforms have to offer. Adult educators therefore must educate older adults on the use of digital technologies and ageism stereotypes. They further need to train older adults to attain the relevant digital literacy to explore all these online platform benefits, consequently becoming fully digitally included. This study has

unearthed digital inclusion among the Sexagenarian and septuagenarian, adding to the debate on the age divide.

Keywords: *Older adults, Retirees, Ageism, Social Media Platform, Digital Inclusion*

Introduction

Since its inception, social media¹ has been globally embraced at an astounding rate. Globally, social media users have increased from 3.2 billion in 2021 (Khoros, 2021) to over 4.7 billion in January 2023, (Kemp, 2023a). Social media platforms such as Facebook, Twitter, and WhatsApp, have grown rapidly to facilitate communication and social interaction among users (Oyinlola, 2022). The adoption of social media has not excluded older adults as Pew Research Center report (2020) revealed that 59% of older adults use the internet, while 46% of them use social media. Khoros Report (2021) drew attention to the fact that older adults are now using Facebook, with 34% of them aged 65 years and above and 51%

of those between the ages of 50 and 65 doing so globally.

Khoros (2021) report further shows YouTube platform (the second-most popular social media network that emerged in 2005²) is used by 58% of people above the age of 56 years. Twitter, an online microblogging service that emerged in 2006, as the third social media platform (The Editors of Encyclopedia Britannica, 2022) is not only in the domain of the youth as 17% of users are between the ages of 50 and 64 and 7% of users are above 65 years (Khoros, 2021). The Khoros (2021) survey also reveals that 17% of people between the ages of 35 and 54 and 3% of persons over the age of 55 use LinkedIn, proving that this site is not just for the younger generation. WhatsApp the third most popular social media platform used worldwide (Statista Research Department, 2022) and claimed to be the favourite social media platform (Kepois, 2022) has gained popularity and has been embraced by both the young and older generations. Instagram (a photo and video-sharing social media application) by Kevin Systrom (Blystone 2020), noted to be the “favourite” social media platform among the younger generation in the Western World is not excluded from the domain of older adults. Globally, older adults have embraced Instagram as it used among 23% of the older adults between the ages of 50 and 64 years and 8% of the users are above 65 years (Khoros, 2021). It has been revealed that by 2050, more than 2 billion older people worldwide will be accessing social media platforms (Cummings et al., 2012).

Despite the adoption and use of social media among older adults globally, neg-

ative stereotypes such as ageism tend to portray older adults as less interested in the use of the internet and digital technologies (Manor, & Herscovici, 2021) thus contributing to widening the digital divide (Mannheim et al., 2021; Xi et al., 2021, 2022) between generations (Ryan, 2018). This is because old age stereotypes unjustly portray older adults as a homogeneous population, even though it is quite a heterogeneous social category (Manor & Herscovici, 2021). Such stereotypes make older adults perceive themselves as excluded as they internalize ageism’s negative message that older adults are internet incompetent and devalue the benefits of the internet and digital technologies (Manor, & Herscovici, 2021). This notion tends to contribute to their exclusion from the digital sphere despite their use of social media. As mentioned early on, despite their age, older adults have not been left out in the use of social media. In the United States for instance, 45% of people between the ages of 65 years and above use social media (Faverio, 2022). Older adults’ experiences of using social media in low and middle-income countries like Nigeria and other African countries (Oyero, 2016; Steyn et al., 2018; Oyinlola, 2022) have also been documented.

A literature review: Older Adults and Social Media Use

Social media has become a crucial channel for older adults’ communication, as they create, share, or exchange information through online communities. Older adults have found social media to be a useful tool for amusement and companionship because they love the happiness that

comes with talking with their children (Rylands & Van Belle, 2017). Social media platforms like Facebook and Twitter have given older adults various opportunities to maintain and improve their social contacts and connectedness (Rylands & Van Belle 2017; Oyinlola, 2022). Social media platforms have therefore created distinct options for older adults to preserve social interconnectivity and communication. Consequently, using social media platforms have paved way for older people to renew existing friendships and forge new ones (Silva et al., 2018). The reduction of loneliness by fostering a sense of community among older adults (Ojembe & Kalu, 2018) was discovered as social media platforms such as Facebook, Face-time, and WhatsApp combated loneliness among older adults during a community-based study conducted by Aarts et al. (2015). In a related study by Jarvis and colleagues (2019), 13 older people (65 years and older) used the mHealth WhatsApp intervention programme to combat loneliness. This implies that social media use among older persons, particularly for simple social interaction and other aspects of their lives is important for their daily well-being (Quinn, 2018). The American Psychological Association (APA) (2019) also discovered that older adults who use social media are more likely to engage in activities that may promote better health, such as trying out healthier recipes and learning how to maintain and clean their houses more easily. Social media platforms therefore provide new opportunities for older adults to interact meaningfully with family and friends (Khoo & Yang, 2020).

Social media prevalence has not excluded African countries as its increased in 2013 in West African nations like Ghana, Nigeria, and Senegal. The 2022 Global Report and the Data Reportal indicated that the number of social media users in Ghana at the start of 2022 was equivalent to 27.4% of the total population (Global Report, 2022) an indication of its rapid penetration into the Ghanaian economy. Ghana's active social media users continue to rise as in 2017 there were 4.6 million users (Sasu, 2021; Statista, 2022) and Ghana can now boast of 6.60 million social media users as of January 2023 (Albert-Kuuiire, 2023). At the beginning of the year 2023, Ghana has 5.65 million Facebook users, 1.70 million Instagram users, 2.10 million LinkedIn users, and 1.15 million Twitter users (Kemp, 2023b).

The growing widespread use of social media among the older population is important and calls for assessing their digital inclusion in this digital era. The COVID-19 pandemic has served as a wake-up call for assessing the digital inclusiveness of the older population as the use of the internet and online platforms have become very vital. The use of social media in Ghana does not exempt older adults, thus a need to assess the confluence of social media platforms and digital inclusion among these adults. Given this context, we decided to gain insight into digital inclusion by concentrating on older adults in Ghana. To this end, this study focuses on post-retirement contract lecturers at University of Ghana and assesses their digital inclusion with reference to their usage of social media platforms.

Digital technologies and the internet have become very vital as they were integrated into all aspect of individual lives and sectors of many countries' economy during the COVID-19 pandemic. The educational sector was not exempted as many African Universities including Ghana integrated the internet and digital technologies into their teaching and learning, consequently serving as a wake-up call for all (including retired lecturers) to be digitally included. Social media platforms thus became vital as information sharing and other activities were dependent on digital technologies. A prompt for the researchers to assess older adults (retirees on contract) in Ghanaian Universities as they are perceived to be low users of technology. The study thus seeks to answer the following questions: Which digital devices do these retirees own and use to access social media platforms? What are the social media platforms that they access and use? Which of these platforms do they prefer? Do they perceive themselves as digital literates and included in the digital era as they use social media? These are some of the questions the study seeks to answer as we assess the digital inclusion of older adults at the University of Ghana with respect to social media platform use. This study will contribute to the socio-cultural imagery of sexagenarian and septuagenarian use of social media and their level of digital inclusion in the digital world.

Conceptual Considerations - Pathways to Digital Inclusion

Digital inclusion has been argued to encompass not only access to the internet but also the availability of hardware and

software; relevant content and services; and training for the digital literacy skills required for effective use of Information and Communication Technologies (ICTS) (Reder, 2015, p.4). The Federal Communications Commission (FCC) (2017) adopts the digital inclusion definition provided by the National Digital Inclusion Alliance which defines digital inclusion as: the activities necessary to ensure that all individuals and communities, including the most disadvantaged, have access to and use ICTs. This includes five elements:

- 1) affordable, robust broadband internet service; 2) internet-enabled devices that meet the needs of the users; 3) access to digital literacy training; 4) quality technical support; and 5) applications and online content designed to enable and encourage self-sufficiency, participation and collaboration (FCC, 2017 p.3). This definition suggests that digital inclusion must evolve as technology advances and recognizes that access to and use of ICTs are essential elements for participation in society. Consequently, digital inclusion is the ability of individuals to access and use the internet and ICTs (in this case social media) effectively. Digital inclusion conceptualization has thus moved beyond mere access to active consumption of technology and becoming a digital innovator (Iji & Abah, 2019).

Reder (2015) therefore argues that being digitally included is a process and thus proposed a four-stage pathway (see figure 1) to digital inclusion: *Digital access, digital taste, digital readiness, and digital literacy*. Nevertheless, Reder (2015) argues that each stage has its own barrier to overcome to move forward in the pathways

to be digitally included. This four-stage pathway for digital inclusion proposed by Reder (2015) is deemed appropriate to assess older adults' levels of digital inclusion as they are affected by ageism stereotype and therefore perceived to be digital immigrants (Prensky 2001). This choice of framework is appropriate and departs

from other studies as Reder's pathway to digital inclusion has not been used in studies to assess older population's digital inclusion with respect to social media use. On these two premises, Reder's (2015) pathway of digital inclusion will serve as a guide for the study.

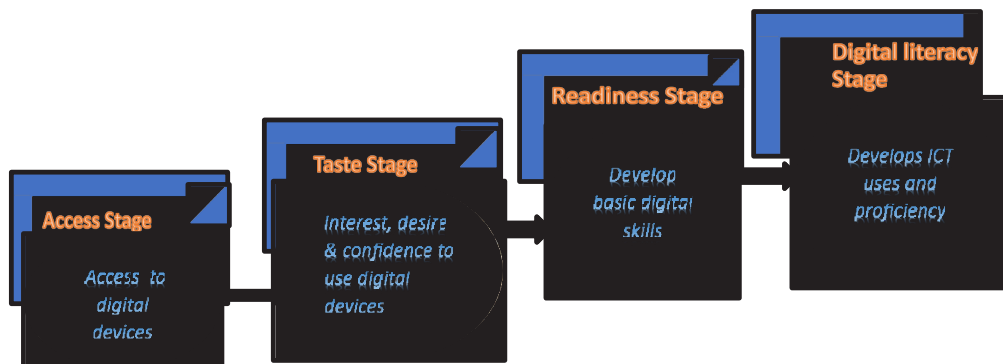


Figure 1 (Adapted): Reder's (2015) Four Pathways to Digital Inclusion

Reder (2015) referred to the first stage as "Digital access," which is the absence or non-ownership of digital devices like computers, laptops, or mobile phones. This implies that one would not be able to join the digital domain to access the internet and participate in today's digital world without access to a digital device. Even though assessing digital inclusion has gone beyond mere access, this digital access stage is important as respondents of this study are retirees (60 years and above) and might lack digital technologies or internet to use social media platforms. With digital technology becoming more integrated into teaching and learning in many Ghanaian Universities including the University of Ghana due to COVID-19 pandemic, these retirees need access

to digital technologies such as mobile phones and computers/laptops in all aspects of their life to begin their journey to digital inclusion. The quality of use and benefits of digital technologies and the internet become relevant after access. To this end, when one gains access to digital technologies, such as a mobile phone, and cultivates an interest, desire, and confidence to use it, one moves from the first stage to the second stage, which Reder (2015) refers to as digital taste. In this second stage, the lack of confidence and the desire to use the technologies might be a barrier for older adults as they need to identify ways, they can benefit from the digital world by engaging with these technologies and the internet. They, therefore, need to decide on what

features to use to become part of the digital inclusion journey. Reder (2015) therefore argues that one tends to reach the third stage, known as the digital readiness stage, after they decide to accept and use technology for a purpose and as a result, they build their fundamental digital abilities to use and perceive its benefits. Older adults may have a barrier that they have to overcome as they need the relevant skills and be digitally ready to use and benefit from social media platforms. Reder (2015) adopting Horrigan (2014) defined digital readiness as the combination of trust in and skills needed to use powerful applications in commerce and education. Therefore, when one has finally mastered the abilities and skills to perform what one wants to do, one is considered digitally ready to move to the final stage, which Reder (2015) called the digital literacy stage. In this final stage, one develops digital technology uses and proficiency due to digital skills mastery. Thus, older adults will need to develop their skills in using social media platforms as they explore the benefits they have to offer. This brings to the fore the notion of digital literacy as it goes beyond the ability to use digital platforms effectively, because it is a special kind of mindset (Glister, 1998). One's inclusion in the digital society is thus determined by how well one navigates these four stages by enjoying the greater use and benefit from online platforms such as social media and establishing one's place in the digital world. Thus, focusing on retirees on contract at the University of Ghana, the study evaluates their digital inclusion (with reference to use of social media) using Reder's (2015) four-stage pathway.

Methodology

Methods and measurement

A quantitative cross-sectional approach was used for this research as it enables data collection at a specific point in time and gives the opportunity to draw conclusions or inferences about that population (Creswell, 2018). The study population included retired lecturers from the University of Ghana who were still under contract and teaching as of the end of the year 2021. In Ghana, the compulsory age of retirement is 60 years and lecturers classified as public workers fall in this category. However, Universities in Ghana have a policy for lecturers who are to the rank of senior lecturer and above and are in sound health to do five more years of teaching which is referred to as post-retirement contract (Oteng et al; 2018). This five-year post-retirement contract limit is relaxed for those with professorial rank and therefore such retired lecturers could seek a contract extension up to 10 years. To this end, post-retirement contract lecturers were selected as the study aim is to assess digital inclusion with respect to older adults and social media use. Based on the study focus our sampling frame and the population fell on all the post-retirement contract lecturers at the University of Ghana. The sample frame for this study consisted of 120 retired lecturers under contract and teaching at the end of the year 2021. Being guided by Krejcie and Morgan's (1970) sample size determination table, the required sample size for this study should be about 92 retired lecturers.

The main data gathering tool used for the study was a questionnaire which consisted of four main sections, the first section focused on respondents' demographic background, section two focused on awareness and use of social media platforms, section three dealt with the preferred social media platforms and its usage, and the last section which utilized a Likert scale with three possible responses (agree, disagree and neutral) dealt with ease of use of social media platforms and respondents' view of digital literacy. A pre-test was conducted to assess the quality of the questionnaires, and to reduce the chances of the questions being misconceived. The pretesting was done in August 2021 using lecturers who have a year to retire at the University of Ghana campus. Results were analyzed to determine reliability using Cronbach's alpha method and obtained 0.79, indicating that the questionnaire has acceptable substance. The questionnaire was reviewed with the preamble of the finalized questionnaire assuring confidentiality of responses and anonymity, participation in the study as voluntary. The withdrawal of a respondent at any time and not obliged to respond to a question when one feels uncomfortable was also indicated in the questionnaire preamble. Ethical approval was granted by the University of Ghana's Ethics Committee for the Humanities.

The data collection was conducted by distributing the questionnaires in person to the respondents in their various departments to achieve a high response rate. Questionnaires were given directly to lecturers who were met in their offices during data collection and for those who were not available, copies were left in their pigeonholes to be taken and completed later. The average time required to complete the questionnaire was 10 minutes. The lecturers met in their offices completed their questionnaires on the same day and returned them to the researchers. Researchers returned on a weekly basis to the lecturers whose absence was met during the distribution to collect their completed questionnaires. The data was collected during the period of September and December 2021. This period was deemed appropriate as it was the period the University has just resumed lectures in a hybrid mode due to COVID-19 pandemic. Data collection took four months as retired lecturers were not often coming to their departments unless they decided to have a face-to-face class or must attend a scheduled departmental/ faculty meeting (since the University was operating in the hybrid/online mode). A total number of 63 questionnaires (out of 92 distributed) were returned and usable after four months of data collection thereby giving a 70% response rate. Table 1 below shows the detailed background of study respondents.

Table 1: Study Respondents' Background

Sex			Retirement Years		
<i>Sex</i>	<i>Frequency</i>	<i>Percentage</i>	<i>Years</i>	<i>Frequency</i>	<i>Percentage</i>
male	41	65.1	1-5	49	77.8
female	22	34.9	6-10	14	22.2
Age			Retirement Rank		
<i>Age</i>	<i>Frequency</i>	<i>Percentage</i>	<i>Rank</i>	<i>Frequency</i>	<i>Percentage</i>
60-64	39	61.9	Senior Lecturer	40	63.5
65-69	16	25.4	Associate Professor	19	30.2
70-74	8	12.7	Full Professor	4	6.3

From the 63 questionnaires received (*see table 1*), 22 of the respondents were females (34.9%), whereas 41 were males (65.1%). The majority (61.9%) of the respondents were between the age group of 60 and 64 years old (Mean: 63.5; SD 2.57). Most (77.8%) of the respondents retired between 1 and 5 years ago with the rank of senior lecturer (63.5%). These findings imply that at the University of Ghana, most respondents retire as senior lecturers and only a few lecturers (*with Associate Professorial* (30.2%) /*Full Professorial rank* (6.3%) can teach beyond five years after retiring.

Data Analysis

The data analysis was done using the Statistical Package for the Social Sciences (SPSS version 21). A simple descriptive analysis was conducted in the form of numbers and percentages. A further inferential analysis using Chi-square was conducted to assess the statistical significance of the association between respondents'

demographic background (age, sex, and ranks) and social media awareness, use and preference with a level of less than 0.05 considered as statistically significant. The subsequent paragraph will discuss the results beginning with the digital technologies used by respondents to access social media.

Discussion of Results

Digital Technologies Used among Respondents

Considering the study's focus on accessing digital inclusion among these respondents, the digital technologies they own were also examined. This is because digital inclusion journey begins with digital access (Reder, 2015), thus one needs to own a digital device to use. The analysis clearly shows that (*see table 2*) smartphones (98.4%) are the major devices used among respondents to access their preferred social media platforms.

Table 2: Digital Technologies Used among Respondents

Digital technology use	Yes	No
	Freq (%)	Freq (%)
Laptop	19 (30.2)	14(69.8)
Computer	16 (25.4)	47(74.6)
Tablet	8 (12.7)	55(87.3)
Smartphone	62 (98.4)	1(1.6)
Ipad	5(7.9)	58 (92.1)

Knowledge and Awareness of Social Media Platforms

To be digitally included, one must at least have the basic knowledge and be aware of the internet and ICTs (in this case social media platforms) to explore their features to derive the benefit they offer. Having such benefits knowledge will generate the

desire (digital taste) to use social media platforms to become digitally included. In view of this, we explored the extent of social media platforms' awareness among respondents. From a multiple response question, the results (*see table 3*) show that at least retired lecturers have the basic knowledge and are aware of the various social media platforms. However, among these retirees, the well-known platform is Whatsapp (100%), followed by Youtube (84.1%) and Facebook (79.7%). The Instagram platform being the latest platform introduced in the Ghana during the study has not gained much popularity among these older adults. Only a few retirees 3.2% are using this new platform, Instagram.

Table 3: Respondents' Knowledge, Awareness, Use and Preference of Social Media Platforms

Social Media Platform	Knowledge and Awareness		Use		Preferred	
	Yes	No	Yes	No	Yes	No
	Freq (%)	Freq (%)	Freq (%)	Freq (%)	Freq (%)	Freq (%)
Facebook	50(79.4)	13(20.6)	31(49.2)	32(50.8)	12 (19.0)	51(81.0)
Twitter	36(57.1)	27(42.9)	4(6.3)	59(93.7)	2(3.2)	61(96.8)
Instagram	24(38.1)	39(61.9)	2(3.2)	61(96.8)	1(1.6)	62(98.4)
Youtube	53(84.1)	10(15.9)	41(65.1)	22(34.9)	20(31.7)	43(68.3)
Whatsapp	63(100)	-	60(95.2)	3(4.8)	62(98.4)	1(1.6)
LinkedIn	35(55.6)	28(44.4)	21(33.3)	42(66.7)	11(17.5)	52(82.5)

In a multiple-response question on social media platform used, the analysis (*see table 3*) shows that Whatsapp (95.2%), Youtube (65.1%) and Facebook (47.5) are the frequently used platforms among respondents. Instagram (3.2%), followed by Twitter (6.3%) were the least used platforms. In terms of user preference of a social media platform, the results revealed that Whatsapp (98.4%) was the most preferred social media platform among these retirees. It is clear from the above that respondents preferred to use WhatsApp. This finding also reflects the writings of Albert-Kuure (2023) that Whatsapp is the favourite platform among Ghanaian social media users.

In a follow up open-ended question on why the preference for Whatsapp, the retirees argued that Whatsapp is easily accessible to them because once one owns a smartphone, one can easily install the application and use it. In addition, they pointed out that Whatsapp is their most preferred platform as it is what most of their contacts use, and that is the main medium most of the groups/associations they belong to use to share group information. Therefore, it becomes the appropriate means to communicate with their contacts. These findings indicate that these retired lecturers have moved from the digital access stage to digital taste stage as they have developed a preference and desire to use a particular social media platform. We further asked how long they have been using their preferred social media platforms. The results revealed that majority (60.3%) of respondents have used these platforms for about 1-5 years (*see table 6*).

Social media awareness, use, preference, and ease of use by age and sex

We further engaged in an inferential analysis to examine whether demographic characteristics (i.e. age, sex, and retirement rank) determine the awareness (or knowledge), use, preference, and ease of use of social media platforms. The results are indicated in table 4 below with a detailed explanation following.

Table 4: Respondents' Social media awareness, use, preference, and ease of use by age, sex, and retirement rank

	Age	Sex	Retirement Rank
Awareness	.292	.449	.394
Use	.502	.762	.003
Preference	.732	.099	.033
Ease of Use	.091	.280	.289

From our chi-square test of significance ($p\text{-value} < 0.05$) the results indicated there is no statistical significance between age, sex, and social media awareness, use and preference among respondents. This suggests that the use and preference of social media platforms among these respondents are not dependent on age or sex or respondents. A statistical significance however existed between respondents' retirement rank and use as well as preference for social media platforms. An indication that a retiree's retirement rank for instance either being a senior lecturer or full professor tends to influence social media platform used and preferred.

Respondents' Usage of Preferred Social Media Platforms

We further assessed what respondents use their preferred social media platforms for. This was to assess their movement to digital readiness to become included in the digital age. Table 5 gives a summary of the results with a detailed explanation following.

Table 5: Usage of Preferred Social Media Platform

Usage of Preferred Social media platform	Yes	No
	Freq(%)	Freq (%)
Networking	40 (63.5)	23 (36.5)
Collaboration	13 (20.6)	50 (79.4)
Calling	57 (90.5)	6 (9.5)
Texting /messaging/ chat	53 (84.1)	10 (15.9)
News	22 (34.9)	41 (65.1)
Academic activities (sending reading materials/videos, and information to students)	11(17.5)	52(82.5)

In exploring what the respondents use their preferred social media platform, findings showed that their preferred platform (*Whatsapp*) is usually used for calling (90.5%) and texting/messaging/chat (84.1%). Interestingly their preferred platform as lectures is not used (82.5%) for academic activities. An indication that these respondents use their preferred platforms for communication with loved ones, friends, and families. This finding is reflected in the works of Rylands & Van Belle (2017) and Silva et al (2018) that older adults maintain interconnectedness and communicate with loved ones with the presence of social media platforms. These

respondents considering their ages are gradually moving towards the pathway of digital inclusion as they tend to have the basic digital skills (i.e. digital readiness) to navigate their smartphone features to call, text or send messages to communicate and be informed. In furtherance to know whether they have developed their digital skills, which is moved to the readiness stage, we explored the number of messages sent daily using their preferred platform. The results (*see table 6*) show that majority (60.3%) of these retirees send about 6 to 10 messages daily. This indicates their 'can do skills' as they are able to navigate the texting features of their digital devices to text.

Table 6: Duration of preferred social media platforms and messages sent daily

Duration of using preferred platforms		Messages sent daily	
Years	Freq (%)	Number	Freq (%)
1-5	38(60.3)	1-5	22(34.9)
6-10	20(31.7)	6-10	38(60.3)
11-15	4(6.3)	11-15	2(3.2)
15 plus	1(1.6)	15 plus	1(1.6)

Ease of use of social media platforms

To assess respondents' digital readiness, we examined the ease of use of social media platforms using 4 itemized statements. This was done by measuring it with a three Likert scale (agree, neutral and disagree). These 4 itemised statements were adapted from the 'can do literacy skill' digital literacy assessment questionnaire developed by Son et al. (2017). The results are shown the Table 7 below with the detailed discussion following.

Table 7: Respondents' Ease of use of social media platforms

	Agree	Neutral	Disagree	Mean	SD
Statement	Freq (%)	Freq (%)	Freq (%)		
I need a little support to use my preferred social media platform	27(42.8%)	1(1.6%)	35 (55.5%)	1.97	.999
I use social media applications with the help of others	26(41.3%)	14(22.2%)	23(36.5%)	2.05	.885
Social media (preferred) has friendly applications	44(69.9%)	2(3.2%)	17(27.0%)	2.43	.893
I learnt to use social media all by myself	12(19.0%)	5(7.9%)	46(73.1%)	1.46	.800

From the responses, the majority (55.5%) of respondents disagreed with needing a little support to use social media and learning to use social media all by themselves (73.1%). These respondents revealed that they now have 'the can-do digital skills' since they can use their social media platforms based on the support and informal teachings they received from their family (their children) and friends. They argued that they learnt how to navigate their preferred social media platforms for the first time through the informal teaching received from their children. They agreed that their preferred social media platform has friendly applications (69.9%) as their 'can do digital skills' developed provided them with easier navigation to use the platform. The results suggest that to some extent they have developed their

'can do digital skills' to at least use social media, hence in the digital readiness stage heading gradually to the last stage, digital literacy to be fully digitally included.

Self-assessment of respondents' digital literacy by age, sex, and gender

As argued by Reder (2015) and based on Glister's (1998) definition of digital inclusion, we explore whether these retirees perceived themselves as having digital literacy due to their use of social media platforms. The responses were measured using a three Likert scale (agree, disagree and neutral) and analysis to this question was done in relation to age, sex and retirement rank. The responses of respondents are shown in table 8 below.

Table 8: Respondents' view of being a digital literate by age, sex and retirement rank

		Agree Freq (%)	Neutral Freq (%)	Disagree Freq (%)	Total	Asymp. Sig. (2-sided)
Age	60-64	15 (38.4)	3 (7.6)	21 (53.8)	39	.195
	65-69	4 (25.0)	1(6.3)	11(68.7)	16	
	70- 74	1(12.5)	-	7(87.5)	8	
Total		18	6	39		
Gender	Male	10 (24.3)	3(7.3)	28 (68.2)	41	.351
	Female	8 (36.3)	3(13.6)	11(50.0)	22	
Total		18	6	39		
Retirement Rank	Senior Lecturer	9(20.5)	2(5.8)	29(73.5)	40	.404
	Associate Professor	5(25.0)	2(10.0)	12(65.0)	19	
	Full Professor	-	4 (100.0)	-	4	
Total		14	8	41		

Our analysis shows that (*see table 8*) the respondents will not boldly call themselves digital literates even though they are using social media platforms. Digital literate as argued by Glister (1998) and Reder (2015) is the development of digital technological uses and proficiency owing to one's digital skills mastery. In other words, one is fully digitally literate when one has developed one's digital skills and uses social media platforms effectively by exploring the benefits and myriad opportunities it has to offer. From these study findings, respondents do not use all the features social media platforms have to offer. They argued that due to their ages, the younger generation uses more of the features of these social media platforms than they do. For instance, they do not use location, and Whatsapp features such as video, broadcast lists, Whatsapp web and search engines, therefore could not fully proudly call themselves digital literates. These retirees may not perceive themselves as proficient in the usage of social media due

to using Whatsapp, to be fully digitally included.

Conclusion and Implications

Even though born before the digital era considering their ages (60 years and above), these retirees are not left behind as they are aware of existing social media platforms Facebook, Whatsapp and Youtube. However, they prefer Whatsapp, which they use for communication for texting loved ones, friends, and family. Whatsapp is their preferred platform due to its friendly applications and ease of use. These retirees further add that their preference for Whatsapp is due to their contacts, as most of them use that medium to communicate with them as well as the main platform used by the groups they are associated with. In our chi-square analysis regarding age, sex, and social media awareness, use and preference, it came to light that a statistical significance exists between retirement rank and social media awareness, use and preference. In other

words, awareness, use and preference for a social media platform are determined by the retirement rank of respondents.

Smartphones have become the predominant medium through which these retirees use social media. Their access to smartphones shows they have started their journey to digitally included. They have moved through digital access to digital taste stage as they have developed their desire and preference for social media platform, Whatsapp. Thus developed their digital readiness due to their ease of use by navigating the features to text, an indication of their journey to be digitally included. They argued that they learnt how to use their social media platforms for the first time through informal teachings and support from their families, particularly their children. These retirees thus disagreed that they learned how to use social media all by themselves. These retirees have become digital immigrants (Prensky, 2001) based on the informal education they received from their children. These children might be born during the digital era and have gained the necessary skills to use social media platforms. These retirees tend to have reached the stage of digital readiness (Reder, 2015) as they have developed their basic digital skills based on the support received from their children. The last pathway, digital literacy stage to be reached and become fully and digitally included (Reder, 2015) has not been attained among these retirees in their usage of social media platforms. These retirees do not perceive and believe they can fully and proudly call themselves digitally literates, even though they are using social media platforms. They argued that the final digital inclusion pathway-

digital literacy goes beyond mere basic usage of these platforms, for instance texting as these platforms have more features and benefits, they are yet to explore.

The study findings have shown that these retirees at University of Ghana are heading towards digital inclusion as they have access to smartphones (access stage), developed the interest and confidence to use them for their social media activities (taste stage) and have developed their basic digital skills (readiness stage) as they easily navigate and use their preferred platform for texting. These retirees are digitally included as they have gone through the first three stages of the digital inclusion pathway outlined by Reder, 2015. They will gradually be heading towards the final stage (digital literacy) when they are able to overcome internalized (self) ageism (negative stereotype) and perceive themselves as digitally competent as they use social media. For these retirees to be immersed and proudly attain digital literacy to become fully part of the digital era, we recommend that adult educators must further train these retirees on the use of social media and any other mediated digital technologies to provide them with the relevant digital skills to explore all the myriad opportunities these online platforms have to offer. There is also the need to educate and reduce the ageism stereotype with respect to the use of the internet and these online platforms among these retirees. With such training and education, old age will tend to no longer play a significant role in the use of online platforms such as social media.

This study has expounded on the extent to which older adults in public tertiary in-

stitutions in Ghana are digitally included and the media platforms they use. Further highlights have been made with respect to the significance of possessing the relevant technological skills and mastery among higher education lecturers on post-retirement contract to navigate social media platforms to benefit from all the myriad opportunities they have to offer, consequently becoming digitally included. In addition, this study has advanced the assessing of digital inclusion through the lenses of Reder's (2015) Pathway to Digital Inclusion. The study has also contributed to sexagenarian and septuagenarian extent of digital inclusion, hence adding to the debate on the age divide.

Study Limitations and implication for future research

The study was done using the quantitative approach among older adults at the University of Ghana. To shed further light on the quantitative data and findings of the study, a future study could be done using the mixed methods approach because triangulating these methods will provide better insight into the use of digital technologies and the internet among older adults in the assessment of digital inclu-

sion within the Ghanaian context. Further studies therefore could be done to compare post-contract retired lecturers' digital inclusion across universities in Ghana to establish the digital inclusiveness of older adults in Ghana since this study focused on only one Ghanaian University.

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Data Availability statement

Data for this study will be made available upon reasonable request.

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An Investigation of the Church Attendance Dynamics among Ghana's Urban Geriatric Population

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Abstract

This paper sought to investigate the dynamics of Ghana's urban geriatric population's church attendance. This study utilized a quantitative approach, with a cross-sectional design, simple random sampling methods on a sample of 450 older persons. The data were analyzed with SPSS, using frequency, reliability, correlation and ANOVA routines including confirmatory factor analysis. The results also revealed that the studied geriatric population spent a maximum of 3 hours in church (44.4%) but found this inconveniencing because of their inability to sit for long, the need to eat and take medication among others. The findings also showed a positive score related to time spent at church and inversely related to reported outcomes. Further, age, gender, distraction, sociability, use of religion to achieve social ends, social enjoyment, self-justification, social interaction, security and solace, comfort, relief, and burial after death influenced church attendance.

Younger old individuals who reported the benefits of church attendance had statistically higher scores on the scale ($n = 150$; $M [SD] 37\text{-item} = 15.94 [8.37]$ compared to those for the old folks who attend church ($n = 150$; $M [SD] 37\text{-item} = 11.07 [4.91]$; $p < .01$, Cohen's $d = .34$. The scores for the scale were highly correlated ($r = .97$). Church attendance differences serve as a predictor of well-being among older individuals in the Ghanaian population. The study recounts the confirmation of responsive dimensions of church attendance, particularly the everyday feelings and sensations.

Keywords: Church attendance; Gender; Geriatric population; Religious experience; Sociability

Introduction

The empirical literature on religiousness shows that many people can be categorized as being Christians, Muslims, Traditionalists, secular and a host of others.

It seems that religion may function differently for men and women, depending on social context(s). There are two distinct domains of religiousness namely active and effective. They may also be linked to gender differences in active versus affective domains of religiousness. Religious experience has been defined and operationalized in many ways. Two dimensions of religious experiences are stressed by Beit-Hallahmi and Argyle (1997) such as the distinction between the immanent and the transcendent, the social and individual. The immanent versus the transcendent refers to a unity of all things within oneself versus a connection with a transcendent being outside the universe. The social versus individual dimension reflects the importance of the social setting, inasmuch that religious experiences may occur in social settings or in solitude.

According to Beit-Hallahmi and Argyle, religious experience is therefore a multidimensional phenomenon, which covers several types of experiences from feelings of peace and unity with all things and being close to a spiritual force, but which also comprises intense sensations such as out-of-the-body experiences, having contact with the dead, and telepathy. Although recognizing religious experiences to be a multidimensional phenomenon, some researchers have emphasized one dimension more than others. Here, the focus is more on a subjective experience of the transcendent, which Glock and Stark (1965) have categorized as differing in intensity ranging over four levels: "a confirming experience, a responsive experience, the ecstatic experience and the revelational experience." The latter two

(2) are the least common and contain more powerful perceptions and sensations with an increasingly intimate closeness to the divine in a perceived two-way interaction (Glock & Stark, 1965). However, a confirming experience and a responsive experience reflect a person's everyday feelings and sensations in association with the transcendent.

Everyday experiences of this nature have also been described by King (1967) as "personal religious experiences" and how the personal life of an individual may be influenced by the transcendent (God). This includes a sense of God's presence, being in close communion with God, and being heard and cared for. Such religious experiences are associated with well-being and other positive mental health outcomes. For instance, in a French study on participants aged 65 years and older, researchers found a positive correlation between religious experiences and self-rated health and life satisfaction (Bailly & Roussiau, 2010). Also, a United States (U.S.) study showed that spiritual/religious experiences were a strong predictor of happiness, excitement in life, satisfaction with self, and optimism (Ellison & Fan, 2008).

Most studies on religiousness and health have shown that most people in Norway and Denmark are secular, and few are highly religious. For instance, in 2008, approximately 13% to 15% of Norwegian and the Danish people reported having strong beliefs in God, whereas 61% of the U.S. population reported such beliefs (National Opinion Research Center [NORC]/University of Chicago, 2012).

Ghana is a relatively religious nation with diverse religious conundrums namely Christianity, Islam, traditionalism and a host of others. However, the focus of this paper is on Christian dimension of religion. The Christian dimension of religion is constituted by 71.2% of the nation's population (Indexmundi, undated). This dimension is consisted of orthodox or protestant churches (e.g., Baptist, Catholic, Evangelical Presbyterian, Methodist, Presbyterian churches); Pentecostal/Charismatic churches such as Life International Church (Quarshie, 2020) and Christ Apostolic Church (Tengey, 2020).

The remaining of the paper is compartmentalized into five (5) sections: section two presents the literature review, section three outlines the methodology used in the paper, section four presents the findings of the study, section discusses the findings and section five concludes the paper.

Notions of Religiousness

The various aspects of religious rituals suggest that they provide adaptive benefits. Studies across societies consistently find that investments in ritual behaviour return high levels of cooperation. These findings suggest that religious and secular networks differ in their longevity and have divergent influences on life including some suggestive evidence that support to mothers and aid from co-religionists is positively associated with cognitive ability even of a child at later stages of development. Research findings provide mixed support for the premise that ritual, such as church attendance, is part of a strategy

that returns high levels of support, fertility and improved child outcomes. Identifying the diversity and scope of cooperative breeding strategies across global religions presents an intriguing new horizon in the evolutionary study of religious systems (Shaver et al., 2020).

Also, higher levels of general risk taking associated with less religiousness are observed for men, with the reverse pattern for women. These differences are linked to physiological distinctions across gender, which may lead to differences in their relationship to religion (Cornwall, 2009; Stark, 2002; Sullins, 2006). The use of religion as a stress buffer for poor mental health is evident within theories on personality. Thus, as women more so than men struggle with internalizing such mental health disorders as anxiety and depression (Rosenfield & Mouzon, 2013), women may use religion to protect themselves from threats to their mental health. Further, as women tend to engage in more emotion focused coping and turn to their social networks more often than men do (Rosenfield & Mouzon, 2013). Studies on the Scandinavian region reveal that although at least one study found women to be more involved in religion compared to men (Sørensen, Lien, Holmen, & Danbolt, 2012), the relationship between religiousness and beneficial mental health outcomes seems to be stronger for men.

Church Attendance

Across the research literature, we note that church attendance is operationalized in different ways. Some studies view church

attendance synonymously with attendance at services, but others extend this definition to include activities such as participation in prayer groups, bible study. This is what the paper sought to explore.

Church attendance rates in Norway and Denmark for example, are among the lowest in the world. Data from the European Social Survey Round 6 (2012) indicate that about 5% of Norwegians and 4% of the Danish people attend church weekly or more often. This is different from the U.S. where approximately 43% of the population attend church 3 or more times per month (Gallup, 2010).

The existing literature brings mixed reactions to the effects of church attendance on the individual. In its position as one of the most studied domains of religiousness, church attendance is repeatedly associated with mental health. For instance, a U.S. study found that church attendance was positively associated with well-being and negatively associated with distress (Ellison, Boardman, Williams, and Jackson, 2001). Furthermore, a Dutch study found higher levels of church attendance to be negatively related to depressive symptoms (Braam et al., 2004), controlling for age, gender, education, marital status, chronic disease, self-esteem, and emotional support. Others have also found church attendance to be positively associated with optimism, self-esteem, and well-being and negatively related to death anxiety, mortality, and depression (McFarland, 2010; Strawbridge, Shema, Cohen & Kaplan, 2001).

Similarly, a large population study found church/prayer house attendance to mod-

erate the positive relationship between the death of a close relative and depression (Sørensen et al., 2012). The influence of church attendance on depression differed for men and women. Among men, lower depression rates were associated with more frequent religious attendance, whereas among women, lower depression rates were associated with less frequent religious attendance.

Reasons why church attendance is declining even for committed Christians

The reasons behind the decline in church attendance are varied and multi-layered such as shifting cultural values, busier schedules and scandals plagued institutions. Gone were the days when people attended 50 out of 52 Sundays. Church attendance has declined from 34-28% over 2 years with people attending church services 1-2 times monthly regardless of size, denomination, location. This impacts almost every church. Some of the reasons are that individuals place greater influence and a higher focus on the activities of church goers e.g., sports activities, more travels, blended and single parent families find home in the church, especially online options. The rise in online churches rise, social media and ubiquitous technology, which provide opportunity to access church without being there, the cultural disappearance of guilt, self-directed spirituality. Some value engagement (Nieuwhof, 2021, 2023) over attendance while valuing the latter over the former leads to decline in church attendance. Lastly, a massive cultural

shift is imperative. It has been observed that 'young people – those who are single and self-identified liberals ceased to attend religious services at all as much higher risks than the Americans did, even before the pandemic. Those groups were experiencing the most dramatic declines among some groups left in the U.S. church attendance down or overall' (Roach, 2023).

Two-thirds (i.e. 68%) of Americans reported the same levels of church attendance both before and after the COVID-19 pandemic. Before the pandemic, 75% of Americans reported attending religious services at least monthly. Young adult Americans (from ages 18-29) reported the greatest change in religious attendance in the pandemic. 42% registered different levels of church attendance, then previously. The 30- 49 age group registered 35%, the 50-64 registered 28% and 65+ registered (25%), (Barna, 2023; Roach, 2023). Religious affiliations – white evangelized Christians (14%), white Catholics (10%), black protestants (9%), Jewish (1%), Hispanic Catholics (6%) and Mornous (2%), (Roach, 2023). Attending church is both the biblical and historical pattern set forth for Christians by the first followers of Jesus Christ (Brown, 2023); and permanent belief (Skinner, 2023). The younger generations particularly are re-engaging in church, a shift that might have the propensity to make a new chapter in church attendance (Barna, 2022). From the viewpoint of online and in-person worship, in-person attendance is reported by the plurality of church adults, age notwithstanding.

Insufficient emphasis on groups (namely homes, large groups, small groups,

Sunday school classes) towards focus, no clearly defined process of discipleship, no strategic places for multi-venues or multi-campus, expectations are lower for church members. Church members are attending less frequently, cultural Christians no longer see the need to attend church (Rainer, 2023).

Women are often found to derive greater benefits from religion compared to men. A study from Northern Ireland found the level of church attendance to be associated with well-being for both genders, but the relationship was stronger for women (Lewis et al., 2011). Lewis et al. (2011) also accounted for denominational differences, and that church attendance had a stronger association to well-being for Catholic women and men compared to Protestants. Furthermore, a study conducted on the Finnish general population found a significant relationship between religious attendance and less mental health disorders among women but not among men (Hintikka, 2001).

It has been observed that women benefit more from church attendance (Lewis et al., 2011). Yet, men seem to benefit more in cases where the measures of church attendance reflect an extended range of activities in the church (McFarland, 2010). For instance, the Norwegian study by Sørensen, Danbolt, et al. (2012) on church attendance and depression does not restrict church attendance to worship service attendance. As a result, the divergent findings across nations may be linked to different measures of church attendance. Hence, a differential association between church attendance and well-being and between religious experiences and well-being.

ing for men and women may be linked to the distinction between “active men” and “affective women.” That is, women may benefit more from affective domains of religiousness, and men more from active domains across contexts. The benefits of religiousness address HIV-related stigma and mistrust, multi-faceted, multi-level, community-based interventions (Mahajan et al., 2008). Partnering with community-based organizations and other stakeholders to develop and conduct HIV interventions can help build trust with underserved communities (Earnshaw et al., 2013). Such trust can also be effective in facilitating HIV screening (Foley & Hoge, 2007), particularly HIV education workshops; peer leader workshops, HIV sermons/imagined contact scenarios, congregation-based HIV testing events (Derose et al., 2016). Congregations can be empowering for members and act as buffers to life stressors through tangible support shared among members. This can be especially essential for groups that have experienced racial and economic discrimination, such as African Americans (Foley & Hoge, 2008; Stepick, Rey & Mahler, 2009).

The Length of Church Service

The length of church services can vary greatly based on the denomination, specific church, preacher and stuff that happen before, during and after the service, before the attendees may get there at 8:45am for a 9.am service. The service may run for 45 minutes to 60 minutes.

When there are special events such as Easter, Christmas, harvest, etc, church atten-

dants may stay on for between 15 minutes to an hour.

In Ghana, Quarshie (2020) argues that charismatic churches such as Life International Church spread the gospel of Jesus and grow through social welfare activities. However, many churches are struggling to find suitable social welfare programmes. The spread of the gospel has implication for spirituality, particularly among older persons. Spirituality holds together emotions, convictions and attitudes of individuals. Spirituality may also be perceived as an inner resource that animates, drives and motivates an individual. It brings together a sense of meaning and relationship worked out with others and faith with God (Ayete-Nyampong, 2015). According to Reverend Jewel (cited in Ayete-Nyampong, 2015, p. 131-132) the spiritual needs of the geriatric population entails isolation, affirmation, celebration, confirmation, reconciliation as well as integration.

Few empirical studies have investigated associations between both affective and active domains of religiousness and well-being from a gender perspective. This study is particularly relevant to discussions of religion as a potential facilitator for social well-being outcomes particularly among the geriatric population (Kvande et al., 2015). Also, Tengey (2020) intimates that the key challenges of the Church in relation to not growing both spiritually and numerically as expected in Ghana. Perhaps, people are looking less to churches and leaders to help them grow spiritually, and more to other options (Rossi & Scappini, 2014). These impede them from

growing numerically and spiritually. The latter is especially pertinent to the plight of older people. Cherbuin et al. (2021) document that ageing is a global concern with major social, health, and economic implications. While individual countries seek to develop responses to immediate, pressing needs, international attention and collaboration is required to most effectively address the multifaceted challenges and opportunities an ageing global population presents in the longer term. However, Ayete-Nyampong (2015) opines that the church in Africa has not yet adopted its pastoral work to the spiritual needs of the geriatric population in contemporary times.

Rossi and Scappini (2014) posit that church attendance is usually measured in surveys by asking a direct question about frequency of churchgoing over a preset period, typically in a year. Nieuwhof (2021) acknowledges the fact that in adapting to life and its related conditions, people resort to several options for relief, namely money, technological options, travel options, options for their kids, etc. If they are not making time for church, it implies something. Even among people who say they love the church, if declining attendance is an issue, chances are that it is because they do not see a direct benefit. They do not see the value in being there week after week. Or it could be because there is value that they simply do not see. Either way, failure to see a direct benefit always results in declining engagement.

The reverse also holds. Thus, the study sought to: 1. Explore older adults' reli-

gious orientations; 2. Investigate church attendance and service length perceptions among older adults; 3. Ascertain the possible challenge(s) to church attendance with further advancement in age.

Theoretical Framework

Our theoretical framework incorporates the religious orientation theory and draws on previous research that suggest the measurement of religious orientation. The theory has its origins in two different areas of discourse. The original work by Allport, as captured by Allport (1966) and Allport and Ross (1967), was concerned with differentiating between two (2) different forms of religious motivation. Such motivation is displayed by individuals who engaged in religious practices such as church attendance and personal prayer(s). Allport recognizes from the viewpoint of psychological discourse that some were intrinsically motivated and were engaged in religion for the sake of religion, whereas others were extrinsically motivated. That is people engaged in religion for the sake of other objectives. The confusion comes about, however, when Allport also spoke about intrinsic religion as more mature religion. The second stage of the work by Batson, captured by Batson and Ventis (1982). Batson and Schoenrade (1991) and Batson, Schoenrade, and Ventis (1993) is grounded in a perspective influenced by a form of theological discourse concerned to discuss the nature of mature religion. The effect of merging these two (2) somewhat different discourses is the current conceptualization of religious orientation theory. It embraces

three (3) religious orientations: intrinsic, extrinsic, and quest orientations.

According to Francis et al. (2016, p.2), the proceeding current notion of religious orientation that embraces three (3) orientations (namely intrinsic, extrinsic and quest) makes sense only as a way of nuancing the religious motivation of individuals who by other criteria are deemed to be religious. Put differently, the measurement of religious orientation only strictly applies among individuals who practice religion, especially in terms of public worship attendance. Allport and Ross (1967) offered the following definitions. First, persons with extrinsic orientation are predisposed to using religion for their own ends - to provide security and solace, sociability and distraction, status and self-justification (p. 434). Second, individuals with intrinsic orientation find their master motive in religion. On the other hand, Batson and Ventis (1982, p. 150) note that people with the quest orientation approach religion recognizing that he/she does not know, and probably never will know, the final truth about such matters. Batson and Schoenrade (1991) defined the three (3) components of quest orientation as: readiness to face existential questions without reducing their complexity; self-criticism and perception of religious doubt as positive; openness to change. Noteworthy is that this framework guides older adults' reasons for engagement in church attendance including the intensity of the same in the context of this paper.

Methods

A cross-sectional survey was employed to study religious orientations, church attendance and service length perceptions among older adults aged 60+ in Accra and Tema, respectively. The survey was used to obtain demographic data from participants as well as data on facets of church attendance and its dynamics. The study used a survey research approach to explore church attendance and its ability to shape sociability and social enjoyment, particularly overall social practice issues in later life as well as gerontological or intergenerational friendship formation. The study set out to investigate the connection between age, gender, social enjoyability and church attendance.

The inclusion criteria encompassed individuals in the following age categories: 60-69; 70-79; 80+, male or female; who attend church; and willingness to give informed consent. The exclusion criteria entailed individuals aged below 60 years as well as unwillingness to give informed consent. The demographics included questions on gender, age, education, and religious affiliation. The level of education was detected by providing four (4) choices: (a) *primary school*, (b) *secondary school*, (c) *undergraduate* (d) *and post-graduate*. The present sample also had higher proportions of women (51% versus 49%), higher levels of education (44% versus 45%).

The total population of people aged 60+ years in the Greater Accra Region of Ghana, of which the Accra and Tema metropolises constitute a part, is 1, 643,381

(Ghana Statistical Service (GSS), 2021). The population of older persons in Ghana is presently **1,991,736 (GSS, 2021)**. The sample size was calculated using the following formula: $s = X^2 NP(1-P) \div D^2(N-1) + X^2 p(1-P)$, S = required sample size, X^2 = the able value of chi-square for 1 degree of freedom at the desired confidence level (3.841), N = the population size, p = population proportion (assumed to be .05 since this would provide the maximum sample size, d = the degree of accuracy expressed as a proportion (.05), (Krejcie, & Morgan, 1970). It is based on this that the study respondents ($n=450$) were selected. The sampling process entailed the random sampling of individuals aged 60+ years in Tema ($n=225$) and ($n=225$) in Accra.

We developed a survey questionnaire that was constituted by 37 questionnaire items. This entailed the adoption of aspects of Allport (1966), Allport and Ross (1967) scales to measure intrinsic and extrinsic orientation dimensional scales and Francis et al.'s (2016) new indices of religious orientation revised instrument, to form a survey for the study. Selected questions were obtained from studies that have looked at similar areas to this research and the scales were assessed for appropriateness. Thus, church attendance and its variables were assessed by items from Batson and Ventis' (1982) Interactional scale including Francis et al.'s (2016) revised scale. Each participant was asked how frequently he/she engaged in the three (3) aspects of church attendance. Religious affiliation was assessed by asking people, "are you a member of a religious community" with eight (8)

response options: (a) *Church of Christ*, (b) *Evangelical Presbyterian*, (c) *Roman Catholic Church*, (d) *Church of Pentecost*, (e) *Methodist Church*, (f) *Baptist Church*, (g) *International Central Gospel Church*, (h) *Seventh Day Adventist Church*, (i) *Lighthouse Chapel*. In summary, these constitute Orthodox, Pentecostal, Charismatic and other interdenominational churches.

The items used a 5-point scale ranging from low (1) to high (5), in addition to a sixth response option of (6), not applicable. The categories of possible response options differed between the items. These 37 items were randomized and rated on a five-point Likert scale: agree strongly, agree, not certain, disagree, and disagree strongly. Frequency of church attendance was assessed on a four-point scale: never, occasionally, at least monthly, and nearly every week. Frequency of personal prayer was assessed on a five-point scale: never, occasionally, at least once a week, at least once a month, and nearly every day. Frequency of Bible reading was assessed on a five-point scale: never, occasionally, at least once a week, at least once a month, and nearly every day. These together comprised the dimension of church attendance. The reported Cronbach's alpha for church attendance is .89. As the measures of church attendance are appropriate for Christian denominations, yet less is known about its applicability to others.

Data Collection Procedures

The procedures for data collection involved first conducting a pilot study to assess the questionnaire before conducting the main

study. An internal validity of $\alpha = 0.91$ was achieved from the pilot phase. The validity of the data was attained following Nardi's (2006) guidelines for face-to-face interviews. Cronbach's alpha (α) was used to test the internal consistency of the resultant scores for the 37-item scales. For the total sample and across all age groups, α was above 0.89 (Table 1).

Table 1: Mean (M), Standard Deviation (SD) Values and Cronbach's Alpha for the 37-item scale

Sample	-item scale M(SD), range	A
Total (n=450)	14.32(3.77), 1-15	0.91
Young old adult	16.05(4.01), 1-12	0.89
Middle old adult	15.87(3.94), 1-15	0.89
Old-old adult	13.20(4.22), 1-12	0.89

The administration of the questionnaire took the form of face-to-face interviews to eliminate the situation of unreturned questionnaires. The survey interviews were conducted in both English and Ghanaian languages, such as Ga, Ewe, and Twi. The study was guided by ethical principles in the use of humans as participants for any research. Firstly, the purpose of the study was explained to the participants in words. Second, respondents in this study were allowed to carefully read the informed consent and append their signature (thumb print) if they agree to participate in the study. Third, participation in this study lasted for about 45 minutes for those who filled the questionnaire for themselves but longer for those who had the questions read out to them. Participants were informed of no direct benefit from the study but were

assured that it was going to contribute to knowledge on ageing and older people in Ghana.

Data Analysis

The data were cleaned and serialised for enhanced identification and were entered into the Statistical Package for Social Science (SPSS) software, version 26. The initial statistical analyses entailed confirmatory factor analysis [CFA] (Bryant & Yarnold, 1995), used to assess the factor structure in relation to Pearson's product correlations with external validation measures and internal consistency. Also conducted were a one-way analysis of variance (ANOVA) and correlation. Pairwise deletions were undertaken to handle negligible, 0.1–0.2% amounts of missing data. The absolute model fit to the data was evaluated using the comparative fit index (CFI), Tucker–Lewis index (TLI), and root mean square error of approximation (RMSEA) with the following cut-offs: TLI and CFI ≥ 0.90 , RMSEA ≤ 0.08 as adequate; TLI and CFI ≥ 0.93 , RMSEA ≤ 0.07 as good fit; and RMSEA ≤ 0.10 as marginal fit. Also included were correlated residuals. For the total sample and across all age groups, α was above 0.80 (Table 3) as earlier stated. Chi-square tests of age and social interactional and sociability differences in church attendance were also conducted to determine the extent of the influence of age and social interaction on the orientation of church attendance or the use of religion to achieve a social end. The data were analyzed by SPSS, using the frequency, reliability, correlation and ANOVA routines.

Results and Discussion

The sample (n = 450) was distributed across gender with 51% women (Table 2). For gender distribution, there were slightly more female (51%) than male participants (49%). The participants were highly educated with university degrees (44% and 45%), most were members of the Orthodox Church (81% and 79%) approximately. No significant differences were found between women and men on age, level of education, religious affiliation. Approximately 45% of the respondents were married. The findings of this research have been presented based on the objectives.

Table 2

Socio-demographics of Respondents (N= 450)

Variables	Characteristics	Freq.	Percent (%)
Age	60-69	150	33.3
	70-79	150	33.3
	80+	150	33.3
Sex	Male	221	49
	Female	229	51
Marital status	Married	209	45.4
	Divorced	84	18.7
	Widowed	77	17.1
	Single	80	17.8
Education	Primary school	17	3.8
	Secondary school	92	20.4
	Undergraduate	230	51.1
	Post-graduate	111	24.7
Religion	Orthodox Churches	276	61.3
	Pentecostal churches	98	21.8
	Charismatic churches	53	11.8
	Other interdenominational churches	23	5.1

Length of Time Older Persons Spend at Church Services

According to the older persons studied, they spend on average three (3) hours (44.4%) and two (2) hours (44.4%) in church per service. However, the minority of them (40%) acknowledged the fact that this length of time spent in church services affected them. The situation was described by 33.3% of the respondents as extreme. It is worth noting that this intimation has become necessary due to a variety of problematic experiences such as inability to sit for long (56.2%), the need to eat and take medication, boredom including tiredness (See Table 3 for details).

Table 3

Salient Issues about Church Attendance

Hours of Spent at Church		
Responses	Frequency	Percent (%)
3 hours	200	44.4
2 hours	200	44.4
1 & half hours	50	11.2
Total	450	100.0
Time Spent in Church Affects Older People		
Responses	Frequency	Percent (%)
Yes	180	40
No	270	60
Total	450	100.0
Extent of Length of Time Spent in Church		
Responses	Frequency	Percent (%)
Extremely	150	33.3
Somewhat	30	6.7
A little	16	3.6
Not at all	254	56.4
Total	450	100

Challenges Related to Long Hours Spent at Church		
Responses	Frequency	Percent (%)
Inability to sit for long	253	56.2
The need to eat & take medication	65	14.4
Boredom	41	3.4
Tiredness	91	20.2
Total	450	100
Reduction of Church Hours Required		
Responses	Frequency	Percent (%)
1 hour 30 minutes	250	55.6
Not applicable	200	44.4
Total	450	100

Due to the challenges of the Christian oriented geriatric population in relatively long church services namely inability to sit for long, the need to eat and take medication, boredom as well as tiredness as earlier mentioned, the study respondents suggested a reduction in the time spent in church from a maximum of three (3) hours to one and a half hours (55.6%), (Table 3). This is relatively consistent with

Ayete-Nyampong's (2015) argument that church services should not last for more than 2 hours, especially in situations where older people constitute majority or a near majority of the congregation.

Notions of Church Attendance, Personal Prayer and Bible Reading

Tables 4-6 ascertain the construct validity of the 37-item scale against three (3) other measures of religiosity namely church attendance, personal prayer and bible reading. Church attendance was divided into two (2) groups namely weekly attendance and less than weekly attendance. The middle old's personal prayer was divided into three (3) groups: daily, weekly, and less than weekly; and bible reading has been categorized into groups such as daily, weekly, and less than weekly. Weekly church attendance for middle old adults has a mean of 36.0 and a standard deviation of 5.8, p value of .002, whereas that for the young olds was 29.8 and 5.8 respectively and p value of .002 (Table 4).

Table 4

Mean Scores by Church Attendance

Categorization	Weekly (N=430)		Less than weekly (N=20)		$p <$
	M	SD	M	SD	
Young old	29.8	5.4	31.2	4.5	0.002
Middle old	36.0	5.8	30.4	6.3	0.002
Old old	30.8	5.8	30.7	5.3	0.002

Personal Prayer

Personal prayer is constituted by three (3) groups namely daily, weekly, and less than weekly. The weekly personal prayer

for middle old adults had a mean of 34.5 and standard deviation of 4.7, and a p value of .002, that for the young olds were 27.9 and 5.2 respectively, with a p value of .002 (Table 5).

Table 5

Mean Scores by Personal Prayer

Categorization M	Daily (N=50)		Weekly (N=300)		Less than weekly (N=100)		p<
	M	SD	M	SD	M	SD	
Young old	27.3	5.6	27.9	5.2	28.7	5.0	0.002
Middle old	38.0	4.8	34.5	4.7	29.4	5.5	0.002
Old old	30.9	5.9	28.8	5.0	29.9	5.3	0.002

These reflect the fact that older people attend church, their age as well as physical conditions notwithstanding. In confirmation, Guido (2001) argues in support for previous findings based on British and North American data that age is a strong predictor for church attendance. Economic variables only weakly account for some of the variation since high non-labour income releases time that can be devoted to religious activities.

Bible Reading

Bible reading like the others has been divided into three (3) groups (daily, weekly, and less than weekly). The weekly bible reading for the middle old adults had a mean of 35.8 and standard deviation of 4.8, that for the young olds were 28.9 and 4.9 respectively (see Table 6).

Table 6

Mean Scores by Bible Reading

Categorization M SD	Daily (N=250)		Weekly (N=120)		Less than weekly (N=80)		p<
	M	SD	M	SD	M	SD	
Young old	27.3	5.7	28.9	4.9	29.8	5.3	0.002
Middle old	38.0	4.9	35.8	4.8	31.6	5.6	0.002
Old old	29.2	6.3	29.7	5.5	29.4	2.1	0.002

In consonance with the above findings, Ayete-Nyampong (2015) intimated that the Christian elderly needs to have time for prayer, bible reading and bible study.

Factors that Motivate Church Attendance

The respondents were asked close ended questions on whether they thought age, education, sociability ties, motivation, social interaction and security were related to church attendance.

Influence of Age Differences in the Perceptions of the Length in Time Spent at Church Services

Most respondents aged 80+ (96.8%) stated that age influenced their motivation of church attendance (p -value=0.000). Similarly, level of education, sociability, use of religion to achieve social ends, distraction, social interaction and security and solace influenced church attendance (See Table 7 for details). However, relief (p -value=0.154), status (p -value=0.284), and habit (p -value=0.154) did not influence church attendance. These expressions are based mainly on perceptions, and do not mean that there really is a relationship between certain sets of variables.

These are in line with Allport and Ross' (1967) stipulation that religion and for that matter church attendance find utility in a variety of ways such as providing security and solace, sociability and distraction, status and self-justification (p. 434).

Table 7

Chi-square Test: Social Differences in Church Attendance

Factors considered in church attendance	60-69(%)	70-79(%)	80+ (%)	p-value
Age	91.9	66.0	96.8	0.000
Gender	52.5	59.4	65.4	0.005
Education	87.5	51.0	90.1	0.009
Religious background	88.9	62.3	97.8	0.000
Use of religion to achieve social ends	61.3	91.9	91.3	0.154
Sociability	58.0	45.7	84.8	0.283
Social enjoyment	95.5	30.4	10.0	0.005
Distraction	98.0	73.1	10.0	0.089
Security	99.0	90.1	46.7	1.000
Solace	55.03	84.8	33.4	0.011
Status	94.0	86.0	99.1	0.000
Self-justification	50.0	10.0	73.1	0.022
Burial after death	60.3	77.0	59.0	0.034
Habits	90.1	89.0	67.0	0.000
Social interaction	89.0	79.2	80.0	0.001
Comfort	92.2	69.5	58.0	0.012
Relief	65.5	60.4	69.0	0.154
Sense of belongingness	94.0	98.1	99.2	0.000

Note: α = 0.05; N=450

Motivating factors for older adults' engagement in church attendance included close connection to younger adults', self-justification, comfort, habit and solace, including social interaction. The results show that age and religious background scored highly on sociability ratings. Similarly, age (p -value=0.000) and religious background (p -value=0.048) influenced church attendance-oriented sociability and/or social interaction (Table 8), whereas others such as education, social enjoyment and distraction did not show any difference

in this regard. Sociability and/or social interaction in this context are suggestive of older adults enjoying the company of other older persons including significant others, which is a depiction of older adults' sense of belonging. It also fosters ties of bonding among diverse groups of people including the forging of gerontological friendships. Gerontological friendship denotes the acquaintances fostered by older people through church attendance.

In confirmation, Kvande et al. (2015) have argued that church attendance and negative religious experiences predicted existential well-being among women.

Whereas positive and negative religious experiences were related to well-being, church attendance was not. The present findings suggest that men may benefit more from active religiousness, whereas women may benefit more from affective religiousness. Comparing these results with research in other cultural contexts, we find that different operationalization of church attendance yield the same types of patterns across cultural contexts. Consequently, the benefits of religiousness may be similar for women and men irrespective of cultural contexts.

Table 8

Chi-square Test: Sociability/social Interaction Differences in Church Attendance

Factors considered in church attendance	Low social interaction (%)	Average social interaction (%)	High social interaction (%)	p-value
Age	86.0	94.0	99.1	0.000
Education	78.9	97.0	78.0	1.000
Religious background	95.6	98.0	99.4	0.038
Use of religion to achieve social ends	76.1	98.0	100.0	0.078
Sociability				
Social enjoyment	59.0	66.0	91.0	0.004
Distraction	80.4	70.0	68.0	0.039
Security	67.8	51.0	90.0	0.067
Solace	58.5	65.0	78.8	0.090
Status		91.9	100.0	0.001
Self-justification	84.1			
Burial after death	98.1	79.7	10.9	1.000
Habits		50.0	88.0	0.004
Social interaction	62.1			
Comfort	60.0	49.3	69.0	0.005
Relief	80.0	66.0	73.0	0.000
Sense of belongingness				

Note: $\alpha = 0.05$.

The Dynamics of Church Attendance

The present study evaluates the psychometric properties of assessing the boon and/or benefits, and bane of church attendance. The single underlying factor (i.e., age) used in the study was confirmed across different age categories of young old, middle-aged as well as old, old respondents. The study shows that motivations pertaining to church attendance

could be measured by a single factor among generations (Table 9). This indicates that these items are perceived differently and that they likely do not carry equal importance in representing intrinsic orientation across multiple age groups. The same can be said of the partial scalar invariance for both the nine- and four-item versions of the scale. On the other hand, the extrinsic orientation dimension of the data is articulated below.

Table 9

Factor Loadings in the Item Scale in the Total Sample

Items	
Importance is given to church for religious ends	.99
I would allow almost nothing to prevent me from going to church on Sundays	.88
When I grew up, I felt guilty about not being in church on a Sunday	.63
If not prevented by unavoidable circumstances, I attend church	.94
I anticipate attending the next church service	.90
Occasionally I have comprised my Christian beliefs to fit in better with my friends	.60
One reason for me going to church is to connect with others my own age	.99
One reason for me going to church is that it helps to establish me in the community	.93
A key reason for my interest in church is that it is socially enjoyable	.90
I go to church because it helps me to feel part of a community	.92
One reason for me praying is that it helps me to gain relief and protection	.95
What prayer offers me most is comfort when bad things happen to me	.94
I pray mainly because it makes me feel better	.89
I pray at home because it helps me to be aware of God's presence	.89
I pray mainly because it deepens my relationship with God	.79
I often read books about prayer and spiritual life	.91
My Christian faith shapes how I live my daily life	.98
I try hard to carry my Christian faith over into all other areas of my life	.89
My Christian faith really shapes the way I treat people	.79
It is important for me to spend periods of time in private religious thought and meditation	.87
A growing sense of the problems in my world led me to ask religious questions	.98
I am constantly questioning my religious beliefs	.94
My life experiences have led me to rethink my religious beliefs	.84

My faith only became very important for me when I began to ask questions about the meaning of my life	.71
Questions are far more central to my religious experience than are answers	.80
I value my religious doubts and questions	.86
For me, doubting is an important part of what it means to be Christian	.77
Questions are more important to my Christian faith than are the answers	.89
As I grow and change, I expect my faith to grow and change as well	.76
I am constantly questioning my religious beliefs	.94
There are many religious issues on which my views are still changing	.81
I gain a significant relationship and social support because of participation in church attendance	.68
Although I believe in my religion, I feel there are many more important things in my life	.99
Questions are far more central to my religious experience than are answers	.98
It does not matter so much what I believe so long as I lead a moral life	.99
It might be said that I value my religious doubts and uncertainties	.61
While I believe in the Christian faith, there are more important things in my life	.59
While I am a Christian, I do not let my faith influence my daily life	.99

Note: All factor loadings were statistically significant (i.e., $p = .01$), with commonalities of $>.4$.

Discussion

These findings are reflective of a confirming experience as well as a responsive experience that connotes daily feelings and sensations in association with the transcendent (Glock & Stark, 1965). The extrinsic orientation viewpoint comprises social support and personal support among others. The former is constituted by items such as one reason for me going to church is to connect with others my own age; a key reason for my interest in church is that it is socially enjoyable as well as I go to church because it assists me in feeling as part of a community (.92). A prospective study found church-based social

support to be positively associated with self-rated health for men but not for women (Krause et al., 2002). Such long-term benefits for men were evident despite higher levels of emotional support among women (Kvande et al., 2015). The intrinsic orientation Francis et al. (2016) note entails integration in terms of the following - My Christian faith shapes how I live my daily life (.91); I try hard to carry my Christian faith over into all other areas of my life; My Christian faith really shapes the way I treat people (.91). The quest orientation includes self-criticism; openness to change, etc. The items constituted by self-criticism are: I value my religious

doubts and questions (.71); and Questions are more important to my Christian faith than are the answers (.77).

Change factors encompass: as I grow and change, I expect my faith to grow and change as well; whereas the openness to change items are as follows: As I grow and change, I expect my faith to grow and change as well (.81); There are many religious issues on which my views are still changing (.99). Self-criticism and perception of religious doubt as positive; openness to change also pertains. I am constantly questioning my religious beliefs (.94). Items on self-criticism in the data confirm the theoretical argument by Batson and Schontrade (1991).

This study found a positive correlation between intrinsic and extrinsic orientation of religion. This result is contrary to the documentation by Francis et al. (2016) that among religious groups there is generally a negative correlation between intrinsic religious orientation and extrinsic religious orientation. This makes sense if the two (2) orientations are assessing opposing motivations among the religiously engaged, general levels of dissent from a religious world view (Francis et al., 2016). Yet, among non-religious groups there is generally a positive correlation between intrinsic religious orientation and extrinsic religious orientation.

The three (3) conceptual components of extrinsic orientation are: compartmentalization, or the separation of religion from the rest of life; social support, or the use

of religion to achieve social ends; personal support, or the use of religion to gain personal comfort. The three (3) conceptual components of intrinsic orientation are: integration, or the close relationship between religion and the rest of life; the importance given to church for religious ends; personal religion, or the importance given to personal prayer and reading for religious ends (Francis et al., 2016). Similarly, Naah et al. (2020) identified three (3) key dimensions of active and healthy ageing: employment/ livelihood options, community support and health and housing and living in Bamenda.

The CFA of the 37-item scale yielded the total sample of (MLR χ^2 (*df*) = 9.82(29); TLI = .923, CFI = .856, and RMSEA [90% CI] = .049 [.046 - .052]), all were standardized (28); all standardised regression weights were statistically significant ($p < .001$; Table 10) for the age groups. Based on a one-way analysis of ANOVA, statistically significant differences were found in the composite scores of the 37-item scale ($F(3, 221) = 15.24, p < .01$, Cohen's $f = .35$) when comparing the age categories. Younger old individuals who reported the benefits of church attendance had statistically higher scores on the scale ($n = 97$; $M [SD]$ 37-item = 15.94 [8.37] compared to those for the old old folks who attend church ($n = 150$; $M [SD]$ 37-item = 11.07 [4.91]; $p < .01$, Cohen's $d = .34$). Low Pearson correlations were found between the 37-item scale (r thirty-six-item = .40. 95% CI [.20–.26]. The scores for the scale were highly correlated ($r = .97$; 95% CI [.95–.98]).

Table 10: CFA and Measurement Invariance Results across Age Groups

Age groups	MLR χ^2 (df)*	TLI	CFI	RMSEA	Δ CFI/ RMSEA
37-item scale					
Total sample (n=450)	98.55(27)	.752	.764	.039 [.036-.042]	/
Young old adult	92.04(27)	.753	.751	.049 [.039-.048]	/
Middle old adult	90.00(27)	.773	.780	.043 [.029-.049]	/
Old-old adult	186.24(186)	.700	.733	.057 [.045-.078]	/
Configural invariance	459.99(189)	.695	.722	.059 [.060-.077]	.011/.012
Metric invariance	305.88(237)	.639	.754	.057 [.054-.062]	.002/.003
Partial metric invariance (item 1 & 5 loadings freed)	379.76 (223)	.789	.721	.057 [.054-.062]	.035/-0.011
Scalar invariance	400.01(273)	.733	.733	.054 [.051-.057]	.007/-0.001

Note. MLR = Robust maximum likelihood estimator; TLI = Tucker–

Note. MLR = Robust maximum likelihood estimator; TLI = Tucker–Lewis index; CFI = comparative fit index; RMSEA = root mean square error of approximation.

Full scalar invariance for the two (2) genders was found (Table 11). The data showed that the 37-item model is invariant across genders (MLR χ^2 (df) =94.36(26; TLI= .768; CFI= .841; RMSEA= .039[.033-.040]). This is reflective of the fact that the church attendance construct is relatively independent of gender effects. This is an indication that the scale could be used purposely for cross-gender comparisons.

Table 11: CFA and Measurement Invariance Results across Gender

Gender	MLR χ^2 (df)*	TLI	CFI	RMSEA	Δ CFI/ RMSEA
37-item scale					
Male	98.20(27)	.968	.941	.047 [.033-.041]	/
Female	89.17(27)	.954	.924	.049 [.042-.055]	/
Configural invariance	196.00(54)	.977	.968	.042 [.042-.045]	/
Metric invariance	216.43(62)	.962	.970	.050 [.037-.043]	.003/.002
Scalar invariance	256.54(70)	.959	.951	.052 [.038-.044]	.005/.001

The data also shows that there is a medium correlation between intrinsic and extrinsic religious orientations ($r=.51$; 95% CI [.95-.98]).

Conclusion

The study set out to investigate the dynamics of older adults' church attendance in an urban population in Ghana. Stated differently, this study ascertained church attendance differences as a predictor of well-being among older individuals in the Ghanaian population. In essence, this study recounts the confirming and responsive experience dimensions of church attendance particularly the everyday feelings and sensations in association with church attendance. Religious experiences may also be a greater benefit for women. The challenge, however, entails relatively long hours spent at church. This length of time spent has implications for inability to sit for long for various reasons including the need to take medications for geriatric population(s) with diverse health complications. This necessitates the quest for adjustment in time spent at church services. This is significant with increase in Ghana's geriatric population with longevity in view especially when the spirituality

needs of this group of individuals is concerned. It is therefore recommended that church services should be reduced to between one hour and one and a half hours for the sake of older individuals.

The significance of church attendance among geriatric populations in Ghana cannot be underestimated. The religious orientations of the population studied are intrinsic, extrinsic and quest in nature. Apart from religion, experience and/or church attendance for the sake of religion intrinsically, the extrinsic dimension fosters protection, sociability, social support and a host of others. In conclusion, individuals with intrinsic orientation find their master motive in religion whilst those with extrinsic orientation use religion to meet various social needs including security, solace, relief, etc. The results also found that church attendance is invariant across male and female genders. Thus, the scale could be used for across gender analysis.

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Sageism at the Workplace: Rethinking Mandatory Retirement Age Policy in Selected Ghanaian Professions

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Abstract

With an increasing global trend towards the extension of the retirement age, the question of the mandatory retirement age in Ghana is under scrutiny. This paper develops the concept of sageism from the Ghanaian context, a belief that values the wisdom and knowledge accrued with age, and its implications for rethinking the mandatory retirement age policy in Ghana. By examining the intrinsic value of age and experience in some professions, it is argued that the current retirement age should be reconsidered to better harness the benefits of older professionals' knowledge and wisdom. The potential benefits of this policy shift in some selected professions include addressing workforce shortages, reducing the cost of re-hiring on contract bases, and fostering generativity in the workplace

through mentorship. Aligning with the Ghanaian concept of sageism, this paper proposes a flexible retirement policy that appreciates the cognitive heterogeneity associated with ageing and the value of wisdom that older professionals bring to these sectors. The paper concludes by advocating for the indispensability of the accumulated knowledge and wisdom of senior professionals and their potential contribution to the societal and economic growth of Ghana. The mastered essential skills and decades of hands-on work experience of professionals in academia, the judiciary, clinical practitioners and similar working groups, necessitate a rethink of Ghana's mandatory retirement age. The paper underscores the need for further research on the implications of adjusting the retirement age for other sectors in Ghana and beyond.

Keywords: *Sageism, retirement age; professional longevity in academia; knowledge transfer and mentorship; cultural perspective on ageing; Ghana*

Introduction

The global demographic landscape is undergoing a significant shift, with the proportion of older adults increasing rapidly worldwide. According to the United Nations Department of Economic and Social Affairs - Population Division (2019), by 2050, one in six people globally will be over the age of 65. This demographic transition is particularly pronounced in developing countries, which are home to over 60% of the world's older population (United Nations Population Fund, 2012). As societies grapple with the implications of this shift, it is crucial to re-examine age-related policies and norms, particularly those surrounding retirement (Agyemang et al., 2022).

Ghana, a developing country in West Africa, is no exception to this demographic trend. The Ghana Statistical Service (2021) projects that the number of Ghanaians aged 60 years and above will increase from 2,051,903 in 2020 to 6.3 million by 2050. This rapid growth in the older population necessitates a critical examination of the country's mandatory retirement age policies, which currently follow a one-size-fits-all approach based primarily on chronological age (Agyemang et al., 2022).

This article aims to explore the concept of sageism, a belief that values the wisdom and knowledge accumulated with age, and its implications for rethinking mandatory retirement age policies in Ghana,

particularly in professions such as academia, the judiciary, and clinical medicine/psychology. By drawing on observations and anecdotal evidence, we argue that the current retirement age policy in Ghana should be reconsidered to better harness the benefits of older professionals' experience and wisdom, while also ensuring a well-planned succession framework.

The article begins by providing an overview of the theoretical framework that informs our analysis, including the life course perspective (Elder, 1998), age stratification theory (Riley, 1987), and cultural values perspective (Inglehart & Baker, 2000). We then discuss the Ghanaian context, highlighting the cultural norms and values surrounding older adults and the current state of mandatory retirement age policies in the country. Further, we proceed to throw light on ageism policy in OECD, Asia, Africa, and Ghana's ageing population and discourse regarding the mandatory retirement age in the country.

Next, we delve into the concept of sageism, examining its relevance for understanding and evaluating retirement age policies in Ghana. We explore the potential benefits and challenges of recognizing and valuing older adults' wisdom and experience in the workplace, drawing on examples from specific professions such as academia, the judiciary, and clinical medicine/psychology.

Building on these insights, we argue for the need to reconsider the one-size-fits-all approach to mandatory retirement age in Ghana and propose alternative approaches that are more flexible, context-specific, and responsive to the diverse needs and contributions of older workers in differ-

ent professions and sectors. We discuss the potential implications of these alternative approaches for intergenerational equity, knowledge transfer, and social and economic development in Ghana.

Finally, we conclude by summarizing the main arguments and insights of the chapter, highlighting the contributions of our analysis to the understanding of sageism and retirement age policies in Ghana and beyond, and suggesting avenues for future research and policy dialogue on these issues.

By exploring the concept of sageism and its implications for mandatory retirement age policies in Ghana, this book chapter contributes to the broader conversation on age-related policies and norms in the context of rapidly aging societies. It aims to provide a nuanced and context-specific perspective on the value of older workers' experience and wisdom, while also considering the challenges and opportunities associated with rethinking retirement age policies in developing countries.

Theoretical Framework

To analyze the relationship between sageism and mandatory retirement age policies in Ghana, we draw on three key theoretical perspectives: the life course perspective (Elder, 1998), age stratification theory (Riley, 1987), and the cultural values perspective (Inglehart & Baker, 2000). These perspectives provide a foundation for understanding the complex interplay between individual, social, and cultural factors that shape the experiences of aging and retirement in the Ghanaian context.

The life course perspective emphasizes the importance of historical and social contexts in shaping individual experiences of aging and retirement (Elder, 1998). This perspective suggests that retirement policies should consider the diverse life trajectories and accumulated experiences of older workers, recognizing that the timing and nature of retirement transitions are influenced by a range of factors, including work history, family responsibilities, and health status (Kohli, 2007). In the Ghanaian context, the life course perspective draws attention to the ways in which the experiences of older workers are shaped by the country's unique social, economic, and cultural conditions, such as the prevalence of informal sector employment and the importance of family and community ties (Apt, 1996).

Age stratification theory, on the other hand, highlights the ways in which age-based social roles and expectations create opportunities and constraints for individuals across the life span (Riley, 1987). This theory suggests that society is stratified by age, with different age groups occupying distinct social positions and facing unique challenges and opportunities (Riley & Riley, 1994). In the context of retirement age policies, age stratification theory draws attention to the potential tensions between the interests of different age groups, such as the need to create employment opportunities for younger workers while also recognizing the value of older workers' experience and knowledge (Agyemang et al., 2022).

Finally, the cultural values perspective emphasizes the role of cultural norms, beliefs, and values in shaping attitudes

and behaviors related to aging and retirement (Inglehart & Baker, 2000). This perspective suggests that the way societies view and treat older adults is deeply rooted in cultural traditions and value systems, which can have significant implications for retirement age policies and practices (Aboderin, 2004). In the Ghanaian context, the cultural values perspective highlights the importance of traditional norms and beliefs that associate old age with wisdom, experience, and social respect (Apt, 1996; Tonah, 2009), and how these cultural values may inform attitudes towards mandatory retirement age policies.

By integrating these three theoretical perspectives, we aim to provide a comprehensive and nuanced understanding of the relationship between sageism and mandatory retirement age policies in Ghana. This theoretical framework guides our analysis of the cultural, social, and individual factors that shape the experiences of older workers and the implications of these factors for rethinking retirement age policies in the Ghanaian context.

Examples from other countries and the Ghanaian Context

Ageing policy in OECD

According to the Organisation for Economic Cooperation and Development (OECD) (2022), the current retirement age for Indonesia is 57 years but will increase to 65 years for those who will be entering the labour market at age 22 in 2020. Also, that of Viet Nam will be increased from 60 years to 62 years for men and 55 years to 60 years for women for current retirees.

Except for Japan, Canada, and New Zealand, the normal retirement age will be increased in the seven OECD countries listed. The largest increase is likely to be in Italy from the current 62 years to 71 years.

According to Yeung and Lee (2021) older population in Asia faces financial challenges owing to limited public assistance, requiring that many remain in the labour market until attaining an advanced age. For instance, in South Korea, about 50% of older adults are living in poverty with a consequent need to work until a later age compared to most OECD countries (Yeung & Lee, 2021). In a longitudinal study, Lee, and Yeung (2021) found that those with a long history of self-employment and skilled manual workers are more likely to re-enter the labour market and less likely to exit employment. Whereas family circumstances determine the retirement of women, career characteristics impact the retirement pathways of men (Yeung & Lee, 2021). Women who obtain financial support from adult offspring are more likely to stay out of the labour market. These suggest that policies geared towards extending or increasing the retirement age should be gender-specific and focus special attention on self-employed individuals, in lower-paying jobs and without family networks (Yeung & Lee, 2021).

In OECD countries, substantial reforms have been initiated within academic circles, most notably the introduction of multi-pillar pension systems encompassing supplementary occupational and personal pensions, increased focus on private pension schemes, and extending the retirement age (Axelrad & Mahoney,

2017; Hinrichs, 2021; OECD, 2016). In the 1990s, several OECD countries abolished the mandatory retirement age for academics in universities and university colleges (Flynn, 2010), allowing academics the flexibility to extend their careers well into their later years (Stroebe, 2010).

Ageing policy in Asia

Owing to declining fertility rates including lengthened life expectancy from the 1950s, the 65+ population in East Asia has increased tremendously, exerting a lot of pressure on families, labour markets, healthcare institutions, and other socioeconomic systems (Feng et al., 2019; Raymo et al., 2015). Garcia-Herrero (2020) noted that many Asian economies including Japan, Hong Kong, Mainland China, South Korea, Singapore, Thailand, and Taiwan will age more rapidly by 2050. This is likely to have both macro-and sectoral level outcomes with a reduced labour supply which will drag growth. For instance, in the case of Japan, it is apparent that productivity tends to slow even when ageing is accompanied by high per capita income (Garcia-Herrero, 2020). With a surge in the demand for healthcare, larger employment in the sector in tandem with lower productivity has diminished overall productivity. Moreover, policies tend to skew in favour of the aged rather than the younger generation, with huge expenditures in pension and health care compared to education and childcare (Garcia-Herrero, 2020). Without proper structural reforms in Japan's labour market and deregulation, her economy could suffer vibrancy issues as the population ages.

Owing to her ageing population, the potential labour input of China is likely to be affected and consequently weaken her existing competitiveness, thereby calling for economic transformation geared towards more skilled-labour- and capital-intensive activities to help cushion a shock. This will require a more robust organisation of factors to augment labour productivity (Garcia-Herrero, 2020). In the face of these, the key game changer for industrial production and services is robotics, which Japan is the biggest producer and user. The rapidly ageing population of China is propelling it to consider increasing its retirement age (Its current retirement age is 55 for women and 60 for men in white-collar jobs and 50 for women factory workers) (Reuters, 2023). China is currently looking at a "progressive, flexible and differentiated path to raising the retirement age", and its reform gives workers the leverage to choose when to retire.

Ageing policy in Africa

Although there is a current youth gap in Africa, projections are that there will be a shift in age structures from youth to elderly population in the next 20 years (Ouma, 2011). This will be a problem and calls for planning as well as central policymaking. The informal sector accounts for about 90% of employment in Sub-Saharan Africa (United Nations, 2022). This offers few formal opportunities to save for retirement and places people at greater risk for health conditions later in adult life. In contrast to other regions, 70% of people aged between 60 years and 64 years, and 50% of those aged 65+ remain employed in Sub-Saharan Africa principally in ag-

riculture (He et al., 2020; Samuels et al., 2018). In the same vein, about 45% of individuals above 75 years continue to work (i.e., averaging 14.5 hours per week), rates that far exceed those observed in wealthy nations (ILO, 2023a).

According to the International Social Security Association (ISSA) (2023) countries such as Egypt, Cote d'Ivoire, Morocco, Zambia, and Nigeria have undertaken varied reforms aimed at including informal-sector and self-employed workers within legal frameworks for social security. Whereas the coverage for self-employed individuals in Zambia and Nigeria is voluntary, that of Egypt, Cote d'Ivoire, and Morocco will soon be mandatory. In these countries, the determination of insurable income is simplified, either through earning brackets pegged by flexibility in the chosen contribution, socio-professional category, or declared earnings (ISSA, 2023). Most of these countries permit deferred or early retirement and make room for invalidity if the insured is later unable to work before attaining retirement age. The reforms take a broader approach, considering how the new target group or scheme fits within the larger system (ISSA, 2023). For example, many countries have considered portability, and benefit formulas have been derived in a manner that does not sideline the existing formal sector schemes. These reforms are part of a larger trend aimed at including self-employed individuals within legal frameworks of contributory schemes. However, they do not in any way suggest a high rate of effective coverage.

Apart from Senegal and Ghana, health insurance coverage for the elderly is non-

existent in many African countries (Par-mar et al., 2014; Pham, 2017). Moreover, Ghana implemented the Livelihood Empowerment Against Poverty (LEAP) cash transfer that targeted households with the elderly as worthy beneficiaries (Pham, 2017). However, over the years, the cash transfers have been inadequate, and the program is unsustainable. Similarly, it has been suggested that public support programs like health insurance and old-age pensions in China and India may be inadequate and offer low coverage (ILO, 2023b; WHO, 2023) and that such models may not serve as useful models. It has been noted that less than 25% of the elderly in Sub-Saharan Africa receive some form of pension (He et al., 2020), with what is received normally inadequate (Darmstadt et al., 2005).

Ghana's ageing population and discourse regarding the mandatory retirement age

Ghana, a rapidly developing African nation, provides an intriguing case study for this issue. The Ghana Statistical Service (2021) reveals that the nation's current populace stands at approximately 30.8 million. Future projections suggest an exponential increase, with an anticipated population of 50 million by 2050 (Ghana Statistical Service, 2010). A crucial aspect of this population increase is the concurrent rise in the number of older citizens. In 2020, the number of Ghanaians aged 60 years and above was reported to be 2,051,903 (Ghana Statistical Service, 2021). By 2025, this figure is expected to climb to 2.5 million, and by 2050, it is anticipated to reach 6.3 million (Ghana Statistical

Service, 2010). What's equally significant is that this segment of the population is not just growing but also experiencing an increase in life expectancy (Kpessa-Whyte, 2018). This demographic shift demands urgent attention to ageing-related issues in Ghana.

To address this global demographic shift, the World Health Organization (WHO) has put forth an action plan entitled the "Decade of healthy ageing 2020- 2030". The ambitious strategy calls for a ten-year initiative aimed at fostering a collaborative and sustained effort among all stakeholders, including governments, professionals, international agencies, academia, civil society, media, and the private sector (WHO Team Ageing & Health, 2021; WHO Team Demographic Change and Healthy Ageing, 2020). The action plan underscores the necessity of quality education for the elderly, the prevention of poverty among older adults, the creation of age-inclusive infrastructures, and the provision of job opportunities.

One critical aspect of this discussion is the concept of mandatory retirement. It has significant implications for older adults, especially in a country like Ghana, where the retirement and pension schemes adhere to a one-size-fits-all approach.

This viewpoint arises from widespread misconceptions about ageing. The current retirement policy in Ghana rests on the criterion of chronological age, eschewing a more nuanced understanding of ageing that considers factors such as health status, economic situation, and personal choice (Agyemang et al., 2022). Consequently, mandatory retirement may not be the

optimal strategy for a nation like Ghana. Instead, a multifaceted approach that considers a myriad of factors may be more suitable for constructing pension schemes or structures (Agyemang et al., 2022).

The crowding-out hypothesis

In Ghana, there have been calls by The Ghana Federation of Labour (GFL) for discussions regarding an increase in the retirement age from 60 years to 65 years (Day, 2024). Their position is that robust retirees would be offered the opportunity to continue to contribute meaningfully to the workforce by bringing their expertise and wealth of experience to bear. However, the notion that older generations should "step aside" for younger ones is commonplace in many societies (Bjorklund Carlstedt et al., 2018). This perspective often results in older workers facing discrimination in multiple professional contexts, from gaining and retaining employment to opportunities for training and promotions to employment termination and retirement decisions (Harris et al., 2018; Krekula, 2019; Naeyegele et al., 2020; Parnanen, 2012; Previtali et al., 2022).

Ghana's minister for Employment and Labour Relations argued that the current retirement age does not augur well for the national pension scheme, and a way to sustain it is to allow for more working years to enable workers to accumulate more funds (Agyeman & Bruce, 2021). Nevertheless, he cautioned that keeping retirees in the labour market will suffocate the system, making it difficult for most unemployed youth to enter the labour market space. Frimpong (2024) con-

sidered the debate to be a complex terrain demanding a delicate balance between the economic realities of the workforce, the welfare of retirees, and the supreme goals of the national pension scheme. Thus, the discourse ought to be based on an exhaustive comprehension of financial implications, demographic trends, and the wider socio-economic landscape.

Similar concerns have been raised regarding the fiscal implications of increasing the retirement age (Jasmin & Rahaman, 2021). Some attempts to increase youth employment by cutting down on elderly employment have proved futile (Jamin & Rahaman, 2012). For example, the job Release Scheme in 1977 by the United Kingdom government to encourage older workers to exit the labour market to make room for the registered unemployed (i.e., youth) only reduced employment of the elderly without a corresponding increase in youth employment (Banks et al., 2010). In the same vein, the French government's reduction in the retirement age from 65 years to 60 years together with other reforms to encourage the elderly to leave the labour market was successful but failed to provide more opportunities for the youth (Gruber et al., 2010).

Although intuitively appealing, there is no concrete or empirical evidence to support the idea that an increase in elderly employment adversely impacts the employment opportunities of the youth (World Bank, 2016). The existing literature points to the fact that there is no association between elderly and youth employment thereby contradicting the crowding-out theory (Jasmin & Rahaman, 2021). An assessment of 12 OECD coun-

tries revealed that a slightly negative association exists between elderly and youth unemployment, and a slightly positive association between elderly and youth employment (Gruber et al., 2010), with similar associations observed in more recent study in OECD countries (Boheim & Nice, 2019) and East Asian countries such as Japan (see Oshio et al., 2010), and China (Munnell & Wu, 2013). A plausible reason for the positive association between elderly and youth employment is that of complements rather than substitutes, owing to the different skillsets of both (Jasmin & Rahaman, 2021; Kalwij et al., 2010). Nevertheless, the mandatory increase in the retirement age in Italy in 2011 led to a decrease in youth employment among private firms (Boeri et al., 2016). Likewise, the increase in the retirement age for women in Portugal from 62 years to 65 years in 1993 led to a decrease in hiring of younger women (Martins et al., 2009). Aside from the inadequate evidence to prove that increasing retirement age affects the hiring of youth in the short run, aggregate and long-run findings suggest no factual evidence that elderly workers crowd out jobs for the youth (Jasmin & Rahaman, 2021).

Complementary rather than substitute position, and role of sageism

As individuals approach the conventional retirement age, they often find themselves grappling with numerous dilemmas. A study by Radenbock et al. (2022) revealed that Austrian men aged 65 years and above perceive the ageing process as a 'power game'. This game involves

instances of power loss, maintenance, and in rare cases, power gain. Loss of power often manifests through illness, declining physical strength, and diminishing relevance in their professional realms. On the other hand, retaining power involves presenting oneself as middle-aged, reestablishing social importance through new roles in retirement, and relying on cultural norms that revere older men as figures of authority (Radenbock et al., 2022).

Workplaces play a significant role in bolstering generativity, which can be cultivated and communicated through valuable behaviours like mentorship and coaching (Chaudhry et al., 2022; Passmore et al., 2013; Wanberg et al., 2006; Zacher et al., 2011). This concept aligns with the notion of sageism, a more positive view of ageing.

Despite prevalent negative depictions of old age, there exist positive perspectives termed sageism (Minichiello et al., 2000). Wilinska and Cedersund (2010) contend that older individuals, in their roles as grandparents, hold significant value within the family structure, particularly in the upbringing of children. Some research focused on ageing within Ghana has explored the cultural, socioeconomic, and familial implications of growing old (Aboderin, 2011; van der Geest, 2006).

In collectivistic cultures such as Ghana, it's noteworthy that older individuals are revered. To be old is to be wise and knowledgeable (Vickers, 2007), a principle that permeates the Ghanaian and broader African understanding of what it means to become an ancestor. Consequently, old

age within the Ghanaian context is viewed positively.

Zahan (1979) outlines specific criteria for achieving ancestorship. Primarily, an ancestor must be a man of advanced age, possessing profound experiential knowledge of life and people. This wisdom sets them apart from younger individuals, who due to their relative inexperience, are considered youthful or childlike. Opoku (1978), in his study of the Akan community in Ghana, postulates that to qualify as an ancestor, one must have lived to a ripe old age, fathered children, and led a commendable, exemplary life. The fundamental requirement for achieving ancestorship involves having upheld moral standards, lived a rich, full life, and attained social merit (Yebuah, 2009).

In Ghanaian culture, there's a longstanding belief that with advancing age comes an accumulation of valuable experiences that can be utilised for the benefit of younger generations. This perception is deeply entrenched in the Ghanaian culture and is often reflected in some proverbs, such as *"an old elephant knows the path well; much like the elder who carries the wisdom of his days"; a hunter's first arrow may miss, but with age, his aim gets true; wisdom comes not with haste but with time"; "the old baobab tree has seen many seasons; it bears the wisdom of time within its back"; "the older the goat, the harder the horns; with age, comes the strength of wisdom"*. The framers of Ghana's constitution had this understanding when they set different retirement ages for the judiciary. According to Article 145 of Ghana's 1992 constitution, a superior court judge may retire after the age of sixty (60) years and shall leave that office at the

age of 65 years. In the case of a justice of the Court of Appeal and supreme court, they are to retire after attaining the age of 70 years, whereas a high court judge is to retire at the age of 65 years. Implicit in these variations within the judiciary is the weight that is attached to experience on the bench, and the wisdom that is needed in passing judgments at the higher level - the higher the court, the higher the age limit for retirement.

Considering the African philosophical underpinnings of ageing, we advocate for a more optimistic view of ageing, particularly when considering mandatory retirement ages in specific professions such as academia, judiciary, and clinical medicine/psychology. This perspective can lead to an enriching intergenerational exchange of knowledge, experiences, and values, thereby contributing to the development of a more inclusive and diverse academic and clinical environment.

Sageism and Retirement Age Policies

The concept of sageism, which emphasizes the value of wisdom and knowledge accumulated with age, has important implications for understanding and evaluating mandatory retirement age policies in Ghana. Sageism is rooted in the idea that as an individual ages, they acquire valuable insights, skills, and perspectives that can benefit their communities and society (Agyemang et al., 2022). This belief is reflected in traditional Ghanaian cultural norms and values, which associate old age with wisdom, experience, and social respect (Apt, 1996; Dzokoto, 2012).

In the context of retirement age policies, a sageist perspective suggests that the current one-size-fits-all approach based on chronological age may not adequately recognize and harness the contributions of older workers, particularly in professions where experience and wisdom are highly valued. For example, in academia, older professors are often seen as important sources of knowledge, mentorship, and institutional memory (Agyemang et al., 2022). Similarly, in the judiciary, older judges are valued for their legal expertise, accumulated wisdom, and ability to provide guidance to younger colleagues (Agyemang et al., 2022).

Research has shown that older workers in these professions often continue to make significant contributions well beyond the typical retirement age. For instance, a study by Cahill et al. (2018) found that many academics remain actively engaged in research, teaching, and mentoring activities even after retiring from their formal positions. Similarly, a study by Posner (1995) found that older judges in the United States were no less productive or effective than their younger counterparts, and in some cases, were more efficient in managing their caseloads.

Recognizing the value of older workers' experience and wisdom, some countries have moved towards more flexible retirement age policies that allow for the continued contribution of older professionals in certain fields. For example, in the United States, the mandatory retirement age for tenured professors was abolished in 1993, allowing academics to continue working if they are able and willing to do so (Lane, 2018). Similarly, in the United Kingdom,

the default retirement age was phased out in 2011, with employers no longer able to dismiss workers based on age alone (Flynn, 2014).

However, while a sageist approach to retirement age policies has the potential to harness the benefits of older workers' experience and wisdom, it also raises important challenges and considerations. One key concern is the potential impact on intergenerational equity and the employment opportunities available to younger workers (Agyemang et al., 2022). In a context of high youth unemployment, such as in Ghana (World Bank, 2021), extending the retirement age for older workers could be seen as limiting the job prospects and advancement opportunities for younger generations.

Another challenge is the question of how to assess the ongoing competence and productivity of older workers, particularly in professions where cognitive and physical abilities may decline with age (Posner, 1995). While many older workers remain highly capable and effective, there is also evidence to suggest that some cognitive abilities, such as processing speed and working memory, tend to decline with age (Salthouse, 2012). This raises important questions about how to balance the value of older workers' experience and wisdom with the need to ensure that they can perform their job duties safely and effectively.

Furthermore, a sageist approach to retirement age policies may not be appropriate or feasible in all professions and sectors. In physically demanding occupations, such as construction or manufacturing, the

physical limitations associated with aging may make it difficult for older workers to continue in their roles (Agyemang et al., 2022). Similarly, in rapidly changing fields, such as technology, the skills and knowledge of older workers may become outdated, making it challenging for them to remain competitive (Agyemang et al., 2022).

Despite these challenges, we argue that a sageist perspective offers a valuable starting point for rethinking mandatory retirement age policies in Ghana, particularly in professions where experience and wisdom are highly valued. By recognizing and harnessing the contributions of older workers, a more flexible and context-specific approach to retirement age could help to address some of the challenges associated with Ghana's aging population while also promoting intergenerational equity and knowledge transfer. In the following section, we explore some potential alternatives to the current one-size-fits-all approach to mandatory retirement age in Ghana.

Rethinking Retirement Age Policies

Ghana's workforce is characterized by a diverse range of occupations and sectors, each with its unique demands and challenges. A one-size-fits-all approach to retirement age fails to account for these differences and may lead to unintended consequences for both workers and the economy. In professions such as academia, judiciary, and clinical medicine/psychology, experience and wisdom are highly valued, and the accumulation of knowledge over time is crucial to the ef-

fective performance of job duties. Imposing a mandatory retirement age based solely on chronological age may result in the premature loss of skilled professionals who still have much to contribute to their fields. This can lead to a shortage of experienced personnel, increased training costs for new recruits, and a potential decline in the quality of services provided. Given the diversity of Ghana's workforce and the varying demands of different sectors, a more flexible and nuanced approach to retirement age is needed. This approach should consider the specific requirements of different professions, the physical and cognitive demands of the job, and the unique social and economic circumstances of workers in different sectors. By adopting a more context-specific approach to retirement age, Ghana can better harness the skills and experience of older workers while ensuring the sustainability and inclusivity of its workforce.

Considering the insights provided by a sageist perspective, we argue that Ghana's current mandatory retirement age policies should be reconsidered to better recognize and harness the contributions of older workers, particularly in professions where experience and wisdom are highly valued.

While we acknowledge the challenges and considerations associated with extending the retirement age, such as the potential impact on youth employment opportunities and the need to ensure the ongoing competence and productivity of older workers, we believe that a more flexible and context-specific approach to retirement age is needed.

One potential alternative to the current one-size-fits-all approach is a phased retirement model, which allows older workers to gradually reduce their work hours and responsibilities over time (Chen & Scott, 2006). This approach could enable older professionals, such as academics or judges, to continue contributing their expertise and knowledge on a part-time or consultancy basis, while also creating opportunities for younger workers to assume greater responsibilities and leadership roles. Phased retirement could also provide a more gradual transition into retirement, allowing older workers to adjust to the social and psychological changes associated with this life stage (Chen & Scott, 2006).

Another potential approach is to base retirement age policies on functional ability and job performance, rather than chronological age alone. This approach would involve assessing older workers' cognitive and physical abilities, as well as their job-specific skills and knowledge, to determine their ongoing competence and productivity (Agyemang et al., 2022). While this approach requires the development of valid and reliable assessment tools, as well as the establishment of clear performance standards, it could help to ensure that older workers are able to continue contributing effectively to their roles, while also identifying those who may need additional support or accommodations (Ilmarinen, 2001).

A third potential approach is to develop targeted retirement age policies for specific professions or sectors, based on the unique needs and characteristics of each field. For example, in academia, a

retirement age policy could be designed to allow for the continued contribution of experienced professors in research and mentoring roles, while also creating opportunities for younger academics to assume teaching and administrative responsibilities (Agyemang et al., 2022). Similarly, in the judiciary, a retirement age policy could be designed to allow for the continued participation of older judges in advisory or appellate roles, while also promoting the advancement of younger judges to trial court positions (Agyemang et al., 2022).

Regardless of the specific approach taken, it is crucial that any changes to Ghana's retirement age policies are developed through a process of inclusive and participatory dialogue, involving key stakeholders such as workers, employers, policymakers, and civil society organizations. This dialogue should aim to balance the interests and needs of different age groups, while also considering the broader social and economic implications of any policy changes (Agyemang et al., 2022).

Furthermore, it is important to recognize that rethinking retirement age policies is just one component of a broader strategy needed to address the challenges and opportunities associated with Ghana's aging population. Other key policy areas that need to be addressed include strengthening social protection systems, promoting lifelong learning and skills development, and creating age-friendly environments that enable older adults to remain active and engaged in their communities (World Health Organization, 2021).

Conclusion

In conclusion, this paper has explored the concept of sageism and its implications for rethinking mandatory retirement age policies in Ghana, particularly in professions such as academia, the judiciary, and clinical medicine/ psychology. Drawing on observations and anecdotal evidence, we have argued that the current one-size-fits-all approach to retirement age based on chronological age alone may not adequately recognize and harness the valuable experience and wisdom of older professionals.

By integrating insights from the life course perspective, age stratification theory, and cultural values perspective, we have highlighted the importance of considering the diverse needs and contributions of older workers in different professions and sectors, as well as the broader social and cultural context in which retirement age policies are developed and implemented. While we acknowledge the challenges and considerations associated with extending the retirement age, such as the potential impact on youth employment opportunities and the need to ensure the ongoing competence and productivity of older workers, we believe that a more flexible and context-specific approach to retirement age is needed.

This paper contributes to the broader conversation on age-related policies and norms in the context of rapidly aging societies by providing a nuanced and culturally sensitive perspective on the value of older workers' experience and wisdom. By drawing attention to the concept of sageism and its relevance for rethinking

retirement age policies, we hope to stimulate further research and policy dialogue on this important topic, both in Ghana and in other African countries facing similar demographic challenges.

However, we also recognize the limitations of our critical analysis, which is based primarily on observations and anecdotal evidence rather than empirical data. Future research could build on our work by conducting systematic studies of the attitudes, experiences, and contributions of older workers in different professions and sectors in Ghana, as well as evaluating the impact of different retirement age policies on the individual, organizational, and societal outcomes.

In addition, we acknowledge that rethinking retirement age policies is just one component of a broader strategy needed to address the challenges and opportunities associated with population aging in

Ghana. Future research and policy efforts should also focus on strengthening social protection systems, promoting lifelong learning and skills development, and creating age-friendly environments that enable older adults to remain active and engaged in their communities.

Ultimately, the goal of this book chapter is to contribute to a more nuanced and context-specific understanding of the relationship between sageism and retirement age policies in Ghana, and to stimulate further dialogue and action on this important issue. By recognizing and valuing the wisdom and experience of older workers, while also addressing the needs and aspirations of younger generations, we believe that Ghana can develop retirement age policies that are both socially equitable and economically sustainable in the face of rapid population aging.

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Exploring the Role of Reminiscence Drama in Enhancing the Self-Esteem and Ego-Integrity of Ghanaian Retirees

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Abstract

The world's population has been ageing rapidly since the 1950s and is estimated to reach 2.1 billion by the year 2050. In view of this, many countries are saddled with the burden of how to take care of the aged and enhance their quality of life. In Ghana, as in many other African countries, many believe that after retirement, the next is sorrow, sickness, and summary death. To restore life of the retiree, the arts, especially, drama which has always been neglected and relegated to the background as a non-contributor to national development has the power to help. Most people in Ghana always view drama as a medium for entertainment only. This paper therefore examines how drama can be used to enhance the livelihood and quality of life of the aged after retirement. We employed Reminiscence Drama production followed by in-depth interviews. We discovered that the aged, through reminiscence drama, can restore their self-esteem once again and develop a positive outlook towards the lives they have lived.

Key Words: Ageing, Reminiscence Theatre, Retiring age, life review, ego-integrity.

Introduction

The world's population has been ageing rapidly since the 1950s and is estimated to reach 2.1 billion by the year 2050 (Leeson, 2018). In view of this, many countries are saddled with the burden of how to take care of the aged and enhance their quality of life. Most aging research has thus focused on risk factors, diseases, impairments, and health care outcomes that increase with age, as well as the challenges that arise with aging (Marengoni et al., 2011; Partridge et al., 2018). Moreover, medical research has often reflected the disease- and cure-focused nature of our health systems, rather than the whole-human, person-centred approach that is essential for optimal care of older adults. Importantly, the current emphasis distorts the reality of aging, ignoring many of the potential benefits for individuals and communities, especially through the arts. One of the

methods that will influence the individual to live a better life after retirement is drama and theatre performances. In this case, the use of reminiscence drama, which is centred on people's own life stories for discussion and promotion.

Reminiscing, or sharing memories from the past, is an important way of boosting the quality of life of older adults. Encouraging older adults to talk about their past can improve their self-esteem and help them achieve a sense of fulfilment (Klever, 2013). Indeed, reminiscence therapy has been used in the management of Alzheimer's disease and dementia (Yen & Lin, 2018). Reminiscence therapy improves the cognitive functions, behaviours, and other psychosocial outcomes in older adult patients (Yen & Lin, 2018). In a systematic review of the literature, Liu et al. (2021) concluded that reminiscence therapy significantly increased older adults' remission from depression and quality of life immediately after the intervention. The positive feelings gained from sharing pleasant memories can decrease stress, boost mood, reduce agitation, and minimize challenging behaviours like wandering, anger, and more (Liu et al., 2021; Puentes, 2002). However, the themes and materials that are used in reminiscence treatments for older adults are context-specific (Yen & Lin, 2018). In Ghana, famous drama groups such as Osofo Dadzie group and other concert party groups involved older persons as actors and actresses their performances. According to Cole (2001), concert party was characterized by a blend of comedy, drama, music, and dance, often addressing social and political issues such as corruption and intimate partner

violence in a manner that was both entertaining and thought-provoking. Moreover, these concert party groups, and by extension other drama groups like Osofo Dadzie, helped to preserve and promote Ghanaian languages, particularly Akan, which was the primary language of the performances. As Yankah (1989) points out, the use of local languages in concert party performances contributed to their widespread appeal and helped to foster a sense of national identity and pride. However, these performances were not necessarily geared towards reminiscence therapy.

In this paper, we describe a reminiscence drama to illustrate how the quality of life of older Ghanaian adults could be improved besides medical provisions.

In this context, drama has the potential to promote a sense of meaning in life. A common relevant practice is reminiscence theatre, which aims to produce performances based on participants' recorded stories of the past. Reminiscence drama and theatre is based on the theory of "life review," according to which life is a sequence of choices that the individual can recollect towards the end of their life in order to acquire a sense of personal identity and appreciation, so as to be reconciled with the concept of loss (Kosti, 2019).

In modern culture, youth, beauty, and an active life are valued more than anything else. On the other hand, old age and the consequent age-related diseases, functional impairment and physical inability constitute the downside of our African culture and civilization, where even the word "old" is considered as an insult

(Dionigi, 2015). Just like the flow of the river from its source to join a bigger river, thus, losing its identity and characteristics (Appiah-Adjei, 2022), we tend to lose our identity as we progress in age.

Globally, various non-medical interventions for the elderly have been proposed, including workshops on art, crafts, gardening, games, literature, history, music, painting, and physical exercise (Loveland & Features Submission, 1982). Often, these interventions draw their themes from the past of the elderly, tending to establish the practice of “life review,” as it is called by Butler (1963), who argued that:

To reach a satisfying level of enjoyment of life, the old person must develop mechanisms to renegotiate the lived experience by remembering what he/she has lived.

This assertion by Butler serves as the basis and the core harbinger of reminiscence drama. The current paper thus suggests a possible framework for reinforcing the enjoyment of life, the “ego-integrity” of older people, in accordance with Erikson’s (1982) and Butler’s (1963) theories. It involves older people in a Ghanaian local community and explores the connection between drama and their enjoyment of life. The following research questions are addressed by this paper:

1. Can drama be a useful tool for older Ghanaian adults to recall their past?
2. What are the benefits of reminiscence drama for older Ghanaian adults?

While we investigate the positive impact that reminiscence could have on older

people, we take cognizance of the fact that it is possible for reminiscence to also have negative impact on such people. Reminiscence may elicit negative emotional responses such as feeling of guilt and regret.

Reminiscence Drama for elderly persons

Drama for the elderly maximizes the person’s cognitive and communication skills; fosters creativity and individuality; encourages physical activity; builds community; and strengthens self-esteem. In addition, drama can help the elderly address some specific goals or what Robert Peck describes as “developmental tasks”. After retirement, some elderly folks face the challenge of maintaining their identities without their work-roles. They often feel the loss of many other roles as well. Many elderly folks must learn to accept and work with disabilities and the limitations of the aging process and to define a new realm of possibilities (Weiss, 2013).

Reminiscence drama performance ensures the safety for the examination of new choices for their lives. It also provides the means to create a graceful closure to the final stage of life development. With theatre games, enactments, storytelling and poetry, reminiscence drama provides a venue for reminiscing, life review, opportunities to acknowledge life’s achievements and possible conclusion for what is incomplete and needs to be finished. Drama can be used with persons with dementia (Schweider, 2013).

The dramatist, using sound and movement, can provide a means of communi-

cation and connection for persons who have lost capacity for speech or clear verbal communication (Wiener, 2009).

Reminiscence drama groups are performance oriented. Participants may work with a theme to create and then perform their own plays, choral readings, or poetry. Through live theatre presentations, the aged can become writers/actors themselves and will not be constrained in their thinking.

Methods and Procedures

Recollecting stories for Drama Productions

This study employed reminiscence drama and semi-structured in-depth interviews. The theatre production started in a small reminiscence group where Ghanaian pensioners met at the Cultural Centre,

Kumasi to share memories of their lives and stories in order to contribute to an ethno-drama (Schweider, 2013). The drama developed was a manuscript devised from five focus group interviews conducted with this reminiscence group. The theatre production based on the manuscript was performed by the elderly persons in Heritage Keepers Theatre Company, a playhouse formed to preserve and promote Ghanaian cultural heritage and folklore. The title of the play was “Enhancing Retirement through Drama”.

The stories told by the old people were dramatically interwoven with extracts from other sources such as poems, novels, traditional song lyrics, obituaries/funeral brochures, folksongs, and war archives during the script writing process. The script thereby developed sandwiched between fiction and reality.



Figure 1: A scene in the play where a father's confrontation with the children escalates (10th March, 2022)

The script was agreed to start in the present day and use the technique of flash-back storytelling to look back on the past and tell the story of the marriage of a local couple. We undertook the writing of the text; however, after the script was completed, the participants reviewed it for any improvements to its structure and content. At the same time, the elderly people proposed traditional songs and dances to surround the show.

As soon as the script was completed, members of various ages from the local community were invited to take on the key roles of the couple in the past, as well as their friends and relatives. Thus, the project took on an intergenerational profile, bringing together different age groups, who benefited mutually from this collaboration. Most of the older participants took on minor roles and participated in overseeing the rehearsals.

After two weeks of intense rehearsals at the Kwadaso Estate Community Centre, and Nkawie, the play was ready to be presented to the local community. The performance took place in an open-air theatre at the old Palace of Nkawie Kuma.

During the production, we used plywood flats, out of which a scene was created. We produced shelves to accommodate props that were going to be used in the show and for which there was insufficient space on the floor or the acting area. We painted the front of the stage with appropriate designs of Adinkra symbols. We also provided places to hang costumes and mirrors, pin notes on the running order and hang small instruments.

Language

Ghana is a multi-ethnic and multilingual country. However, due the fact that this intervention took place in the Ashanti region and the official language of Ghana is English, the language used were both English and Twi to provide full understanding of the episodes. This production, then, contributes to the debates of mix-coding and proposes the use of drama in the teaching and learning of local languages. It emphasizes that drama uses dialogue, gestures, movements, props and can integrate music and dances which are created in context for selective and appropriate language and culture. Drama becomes even more potent in aiding the learning of language when it is written in multilingual dialogue.

Theatre Lights

Although the performance was in the afternoon, we mounted some stage lights to brighten up the set and focused the audience's attention. It helped the older people whose vision were almost diminishing to see actors' facial expressions as well as the details of the set and props and to make it feel like proper theatre. We were very mindful of health and safety aspects, making sure, for example that, all the leads are "gauffered down" to the floor so people do not trip over them.

Sound and other Effects

As reminiscent theatre performances are usually in small venues, we do not require microphones and most of the live music, which were mainly highlife, and

some traditional music were not seriously amplified. Most of the performers used their voices and props for percussions to produce all the sound effects. The audience responded favourably to the humour and ingenuity of this approach.

Seating Arrangements

Seating arrangements were made in such a way that audiences could be served meals as they watch the performance. It somehow prevented full concentration but helpful to get the audiences to participate. We took into consideration how furniture in old people's venue is often inimical to theatre performance. Some of the props were used as beds as the play demanded sleeping.

Costume

The costumes were related to the show. During this play, the costume travelled through several periods because the play covered a long period of time.

The costumes matched the set and props so that all visual elements cohered and were complementary. There were tremendous number of costume changes as people were playing lots of parts. In effect, the costumes were made in such a way that they were easy to wear and easy to put off quickly. Some of the costumes were changed on stage as well.

Sampling and Data Collection

Fourteen (14) semi-structured in-depth interviews were conducted with elderly members of the local community of

Nkawie, a peri-urban area of Atwima District and Kwadaso a suburb of Kumasi in the Ashanti Region. These interviews were conducted immediately after the performance of the drama. Interviewees were selected through a combination of purposive and convenience sampling. It was purported in the sense that a deliberate attempt was made to interview both performers and the audience. The convenience aspect has to do with the fact that we approached potential participants and those who agreed to grant interviews were those included in the study. No systematic approach was employed apart from ensuring that we had participants from both the audience and the performers. In all, six performers and eight members were interviewed. The sample size was determined largely by data saturation. Interviews were conducted in both Twi and English. Each interview lasted for an average of 25 minutes. Verbal consent was sought from participants prior to the interviews.

Data Analysis

Data were analysed using the guidelines provided by Braun and Clark (2007 cited in Boafo, 2016). The data analyses began with a transcription of the audio recording of the interviews. All transcriptions were done verbatim. In relation to interviews conducted in Twi, we were able to translate and transcribe such interviews into English without changing the meanings of the participants because all the researchers are native Twi-speakers. After the transcription, the data were read and codes were developed. These codes were grouped under themes and sub-

themes. They were refined and merged to form three themes, which are presented in this paper.

Ethical Considerations

The study was guided by the ethical principles suggested in the Helsinki Declaration for conducting research with human subjects. The study made use of anonymous questionnaires; no information was obtained that could be used to identify individual participants. Prior to the commencement of each interview, aims of the study were explained to participants. Participants were made to understand they have the liberty to discontinue with the interview or refuse to answer any question if they so wished. Respondents were assured of confidentiality and anonymity; that the information they provided would not be linked to them. Agreeing to participate after these explanations was taken to be informed consent.

Results and Discussion

Reducing Stress

The positive feelings gained from recalling happy memories enhances one's wellbeing. It can boost one's mood, reduce agitation, and decrease stress. Coping with stress is particularly important to maintaining our health and wellbeing, regardless of demographic characteristics. In a study by Speer and Delgado (2017), it was found that simply reminiscing happy memories significantly reduces the level of our stress hormone, cortisol. Indeed, reminiscing have been found to be very

important to improving the health of older people with dementia and Alzheimer's disease (Park et al., 2019).

In the current study, we found that participants (both performers and audience) benefited from the power of reminiscence in reducing stress. Participants expressed how they have come to realize the importance of reminiscing and how that helps them not to 'worry':

I have not figured it out. Some people tell us, "Why do you remember the old time? It's not good for you." And we come here, and we remember and laugh, and we are fine. I have been thinking about it for days now and I like it so much—I find a way to forget, and not to worry. (A 73-year-old female participant)

Though initially embarrassed, the elderly became acquainted with reminiscence drama and approached it with increasing eagerness. They gradually gained the opportunity to deal with their past and approached it creatively, thus being enabled to manage troubled situations they had lived in before. This fact demonstrates that maintaining the processes and results of such interventions requires time, perseverance, and faith in the dynamics of drama as a tool for improving human life:

"I felt a little hard-pressed at first. I didn't understand why I had to play. It seemed very childish to me. Then I realized that it was good for me, and I felt good". (A 62-year-old female reminiscence Actress)

Boosting self-esteem and enhancing communication skills

Existing research points to the fact that group reminiscing can boost the self-esteem of older persons. In a quasi-experimental study by Abdel-Aziz and Ahmed (2021), it was found that the self-esteem and emotional well-being of the group which had reminiscing sessions were statistically significantly higher than the group which did not. In a systematic review of the literature and meta-analysis, Tam et al. (2021) reported that reminiscence-based interventions have been effective in enhancing the self-esteem of older adults. In the current study, we also found that participants had improved sense of self-worth after participating in the reminiscence drama. Some found that they were capable of doing other things such as acting despite their age. For instance, Abena, a 73-year-old woman remarked: *"...and I feel like an actor, on a stage; I'm proud of myself"*.

Others also felt good about themselves realizing that they could remember the things that happened in their past as they watched our reminiscence drama unfold. One of the audiences remarked after the drama:

Twɔ: Emerɛ a adeɛ no rekɔ so no,
Me hunuu sɛ bibiara nyerae. Yɛ
kaekae no nyinaa

English translation: "During these sessions I realized that nothing is lost because we still remember it". *Male audience, 81 years old laughing heartily.*

Initially, participation in drama felt embarrassing to the elderly, however, they

became acquainted with reminiscence drama and approached it with increasing eagerness. The study further confirmed the fact that reminiscence drama has the potential to activate memory and enhance speech or communication skills.

Cultivating a Positive Perspective on the Past and Achieving Ego Integrity

Ego integrity versus despair is one of the eight conceptual pairs that Erik Erikson coined in his theory of human development across the life span (Erikson & Erikson, 1982; Westerhof et al., 2015). According to Erikson, each of these stages is characterized by a particular psychosocial issue (Westerhof et al., 2015). The last phase of life is characterized by the duality of ego integrity versus despair. Integrity vs. despair involves a retrospective look back and life and either feeling satisfied that life was well-lived (integrity) or regretting choices and missed opportunities (despair). Ego integrity, thus, refers to a person's ability to look back on their life with a sense of accomplishment and fulfillment. It is achieved through a process of reminiscence about one's past.

During the reminiscence drama, participants reconciled with their past and seemed to gain a new relationship with their present circumstance. They saw life more positively. They also grasped that their life experience is still useful today in our postmodern society, which needs values to move forward. This was epitomized by a 70-year-old retiree who said, after watching the drama that;

I was a poor man, but I was a man who lived beautifully and worked hard all his life. My house was not luxurious, but I had friends and honesty in my heart. So, in this house I taught my children to respect work and value it and to be human. (A 70-year-old retiree from the Cultural Centre, Kumasi)

Another member of the audience also affirmed the contribution of the reminiscence drama towards the accomplishment of ego integrity when he remarked:

Twi: Yɛn abrabo nie. Eho hia sɛ yɛ bɛ kae sɛ deɛ na yɛ te ho. Wei ma yɛ yɛ mofra bio. Eyɛ anwanwa sɛm ma yɛn nyinaa. Eyɛ me ahohoahoa sɛ merehwɛ m'abrabo mu nsɛm. M'ani agye papaapa. Me tumi hunu sɛ m'abrabo nyɛ ade gyan-gyan

English Translation: "This is our life; it's nice to remember, to relive, and to have the sense of being young again. It's wonderful for all of us. It was an honour to watch my story on the stage. I'm so happy! I feel that my life was worth it!" (Nana Kwadwo, audience)

Limitations of the study

The study was conducted with a small sample size, which is typical in qualitative research but limits the generalizability of the findings. The results may not be representative of the broader population, and the experiences of the participants may not reflect those of other individuals

in different contexts or regions. Moreso, since this was a cross-sectional study, we are unable to establish if the positive impacts achieved through this reminiscence drama could be sustained.

Conclusion

Old age brings with it physical and mental health challenges. In low- and middle-income countries such as Ghana, there is also the high probability of people being worse off economically after they have retired from work. The aged are known to face mental health conditions such as dementia, depression, and stress. Reminiscing have been found to be one of the strategies to improve the mental health of the aged. In this paper, we sought to examine the utility of reminiscence drama in aiding older Ghanaian adults to recall their past and the benefits that can be derived from such recall. We found that reminiscence drama helped older adults, both performers and audience to reduce stress. It also helped them to value the lives they have lived and to develop a positive outlook towards their past. Although, it is acknowledged that beautiful mansions, healthy food, and other logistics create wellbeing for the aged, feeding the mind with good theatrical activities will enhance the lives of the retired population.

We therefore recommend reminiscence drama as one of the reminiscing strategies that could be used to help the aged in Ghana to improve the quality of their lives.

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Reflections on CHRAJ's Efforts in Past Years to Promote and Protect the Rights of Persons Banished to Witch Camps in Ghana

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Abstract

This year marks 30 years since the establishment of the Commission on Human Rights and Administrative Justice (CHRAJ). This article reflects on the actions and efforts of CHRAJ over the past three decades in a bid to promote and protect the rights of persons in non-legal forms of confinement who are banished to witch camps. The knowledge of witch camps in Ghana dates to the early 19th century, between 1876 and 1915 (CHRAJ, 1997). Persons who are accused of witchcraft and who inhabit these camps are usually older women, mostly over 60 years. These women, who are kept in some form of ritual confinement, are accused of being the cause of misfortunes like injury, death, sickness, drought, barrenness, etc., mostly in various communities in the Northern regions of Ghana. By means of a desk review, the authors collate, and document promotional and preventive efforts undertaken by CHRAJ over the past years. Discussions encompass witchcraft accu-

sations, violence against accused witches, rituals, conditions in camps, children in camps, stigma and discrimination and reintegration. The authors question the label “witch camps” and share practical approaches for promoting and protecting the rights of accused witches in Ghana. They conclude with recommendations to situate such non-legal forms of cultural or ritual confinement or detention within the context of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT) (OHCHR, 2002).

Keywords: *Witch camps, Commission on Human Rights and Administrative Justice, rights protection, rights promotion, reflection.*

Introduction

Deeply rooted in the belief systems of many African countries is the belief in the existence of witchcraft. A recent report states that eight (8) women were reportedly burned to death or lynched within a month

in the Democratic Republic of the Congo (DRC) due to accusations of witchcraft. This is not different in neighboring Nigeria. According to Bello (Bello, 2020), in Nigeria, women who are accused of witchcraft are considered the cause of the sudden deaths of their husbands, rivals, children, etc. In Tanzania, when a woman loses her husband, she is usually most likely to be accused of being the one who killed him; she is then banned from the community and denied her children.

In Ghana, the situation is not different in that, over the past years, women accused of witchcraft have usually been banished to camps. The first-ever research on women accused of witchcraft and banished to camps by the Commission on Human Rights and Administrative Justice (CHRAJ) was in 1997 (CHRAJ, 1997). This research referred to one of the earliest existing camps for which information was available at the Gambaga Home for persons accused of witchcraft. According to this report, the establishment of this home dates as far back as the early 19th century between 1876 and 1915. The *Gambarana*, a traditional landowner known as *Tindaana*, usually released land for building homes for persons accused of witchcraft to settle. The *Gambarana* was believed to possess supernatural powers, and he could neutralize the evil powers of witches through the performance of certain rituals. Sometimes, persons accused of witchcraft surrender themselves to him for treatment. (ibid pg.7) According to the research findings in 1997, these women were subjected to all manner of maltreatment, torture, and sometimes death by their accusers, and the process of de-witching was equally traumatizing.

In keeping with the outcome of the 1997 research as well as follow-up actions at a roundtable discussion in 1998 (CHRAJ, 1998), CHRAJ has over the past years sought to promote and protect the rights of persons accused of witchcraft who are maltreated, banished to camps, and even murdered. Such violence and maltreatment of persons accused of witchcraft are in contravention of the provisions of a few international human rights conventions. The provisions of Chapter 5, specifically Articles 15, 16 (1) (2), 17, 21, 25, 26, and 28 of the 1992 Constitution of the Republic of Ghana (GOG, 1992), spell out the Fundamental Human Rights and Freedoms of all persons and frown on all forms of slavery, forced labour, and confinement of any form.

Justification

The Commission on Human Rights and Administrative Justice (CHRAJ), has in past years undertaken various programmes and activities to promote and protect the rights of persons accused of witchcraft, on account of the abuses that persons accused of witchcraft are subjected to. The outcomes of these documented efforts by CHRAJ have however not been systematically compiled, collated, and documented even though CHRAJ, through its State of Human Rights Monitoring (SOHR) and related reports (CHRAJ, 2005, 2006, 2007, 2009, 2010, 2013, 2017, 2018, 2019, 2020b, 2023) have shared findings of its monitoring visits and related activities in past years as part of International Human Rights Day celebrations. The inability to compile and systematically document CHRAJ's efforts to promote and protect

the rights of persons accused of witchcraft who are banished to witch camps has the potential to erase institutional memory. Indeed, a recent baseline research report by CHRAJ on “Access to Justice and Gender-Based Violence against Women Alleged as Witches in Ghana” (CHRAJ, 2022) yielded useful findings, though made minimal reference to CHRAJ’s own monitoring activities. There was no reference to the regular monitoring of camps by CHRAJ in the past two decades as part of its SOHR monitoring. Further, there was no mention of CHRAJ’s first- ever investigations undertaken in 1997 (ibid) in Ghana regarding the Gambaga *witch camp*. Visibility of the Gambaga camp and witch camps as a whole in Ghana is largely attributable to the 1997 investigations conducted by CHRAJ, and subsequent efforts by a roundtable conference organized by CHRAJ, in 1998 (CHRAJ, 1998), as well as regular monitoring activities by CHRAJ in past years.

Objectives

On the basis that CHRAJ’s efforts over the past years towards promoting and protecting the rights of persons accused of witchcraft who are banished to camps, have not been systematically collated, the authors seeks to outline protection and promotional efforts by CHRAJ to advance the rights of persons accused of witchcraft in past years, drawing largely on systematic compilation, and collation of CHRAJ’s research and monitoring efforts in past years. Specifically, stemming from reflections on documented efforts, the authors suggest practical approaches and recom-

mendations for promoting and protecting the rights of accused witches in Ghana.

Methods

To assess CHRAJ’s efforts to promote and protect the rights of persons banished to witch camps in Ghana, a desk review of CHRAJ’s annual and related reports was conducted. The selection of reports for the review was based on their alignment with the study’s objectives.

The review covered a range of report types, including annual statistics of complaints on witchcraft accusations reported to the Commission, which were gathered for the period spanning 2010 to 2020. The statistical analysis of complaints on witchcraft accusations reported to the Commission sought to evaluate the Commission’s success in addressing complaints across the country and to identify regional trends pertaining to complaints received. Additional reports were also examined. These included CHRAJ’s annual and SOHR reports; a report on Investigations into the Gambaga Witches Home (1997), a report on a Roundtable Conference in Tamale (1998) and a baseline study report on Access to Justice and Gender-Based Violence Against Elderly Women Alleged as Witches in Ghana (2022).

Each report was carefully reviewed in its entirety and attention was accorded to themes that emerged from the review process. Discussions on these themes contributed to relevant sections that have highlighted CHRAJ’s efforts to promote and protect the rights of persons banished to witch camps.

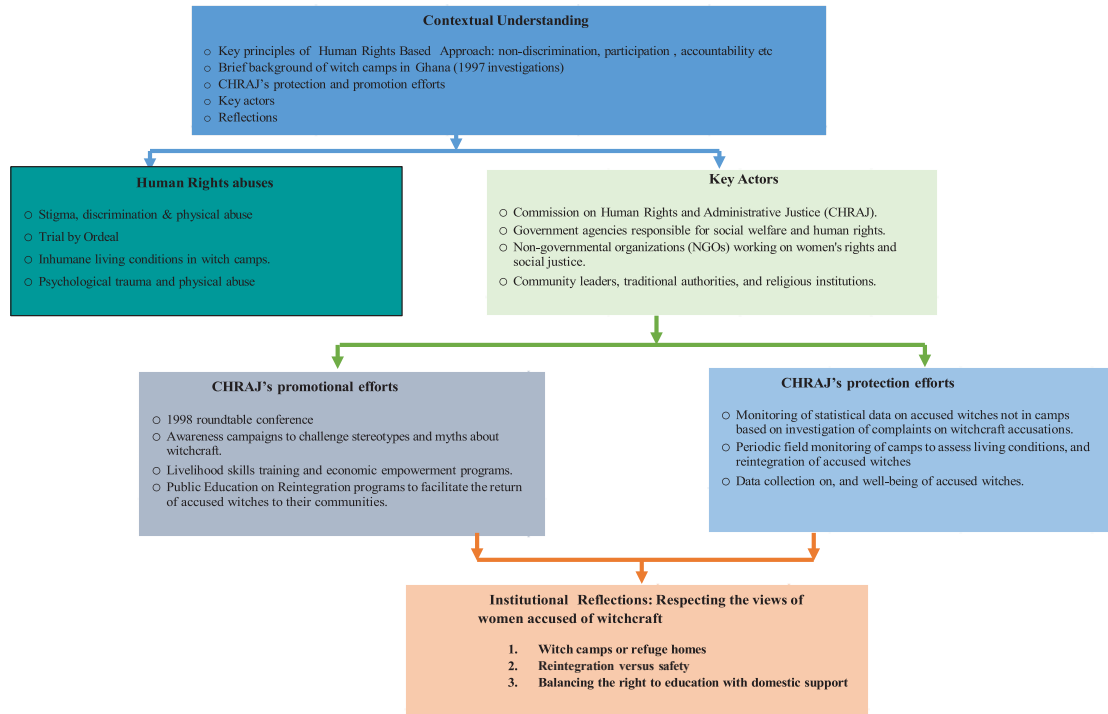
Conceptual Framework

In seeking to review CHRAJ's efforts in past years to protect and promote the rights of persons accused of witchcraft, a human rights-based conceptual framework is crucial. Figure 1 outlines specific concepts examined by the authors as well as the relationships between them. Drawing on a rights-based conceptual framework, CHRAJ as a duty bearer, in collaboration with various actors, has sought in past years to promote and protect accused witches from discrimination, cruel, inhuman, or degrading treatment, and related fundamental human rights enshrined in international and domestic laws. It un-

dertakes an accountability obligation as a duty bearer by investigating and monitoring the human rights situation of accused witches in camps.

The other aspect of a rights-based conceptual framework is the right to participation of accused witches as rights holders. This right recognizes the role of accused witches as key actors, whose views regarding their place of residence as witch camps or homes, their reintegration, balancing the right to education of their children etc., is crucial to the rights-based framework. Thus, accused witches are considered active recipients of any action or intervention that concerns them, rather than passive recipients of interventions.

Figure 1: Conceptual Framework



While rights-based approaches may seek to assume causality between variables such as violence, accusations, and maltreatment of suspected witches, the import of this paper goes beyond focusing predominantly on the rights of accused witches to fair treatment, and protection from discrimination, cruel, inhuman, or degrading treatment to taking stock of CHRAJ's efforts in past years. Thus, besides concepts such as participation, non-discrimination, accountability, etc. which draw on a rights-based approach, the concept of reflection on CHRAJ's efforts in past years is vital (Saunders, Lewis, & Thornhill, 2016). By reflection, the CHRAJ takes cognizance of what has worked or has not worked.

Complementary to this perspective is an epistemological viewpoint that does not assume an absolute or fixed reality but recognizes that persons suspected to be witches and related actors construct their lived experiences of human rights, maltreatment, witchcraft accusations, reintegration differently, etc. Whereas provisions of various international and regional human rights standards and the 1992 Ghanaian Republican Constitution frown on all forms of slavery, forced labour, and confinement of any form, the process of reflection accords significance to the experiences and lived realities of accused witches. Such a perspective gives recognition to diversified ways that women process their lived experiences, which complements an objective or a rational 'reality' which assumes causality amongst various concepts

and variables and which largely characterize a human rights approach.

CHRAJ's efforts in the Protection and Promotion of the rights of persons accused of witchcraft.

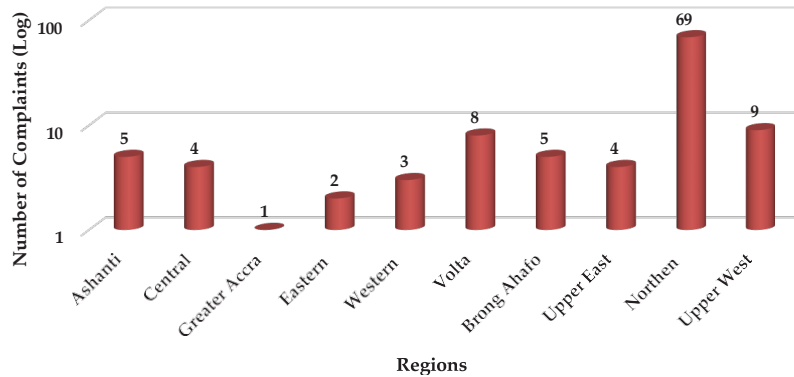
This section outlines the protection and promotional efforts of CHRAJ to advance the rights of persons accused of witchcraft. CHRAJ investigates complaints of human rights violations by persons and institutions within the private and public spheres and resolves these complaints through various methods, as a means of human rights protection. The Commission also advances respect for human rights in Ghanaian society through public education, research, and monitoring.

a. Protection

Complaints on witchcraft accusations

The categorization of complaints on witchcraft accusations received by CHRAJ as a specific complaint commenced only in 2010, even though it had received such complaints since its inspection in 1993. Following the categorization of witchcraft accusations as a specific complaint by CHRAJ, it received one hundred and ten (110) complaints alleging witchcraft accusations across the country between 2010 and 2021. The number of cases about witchcraft accusations received per region from 2010 to 2021 is presented in Figure 2.

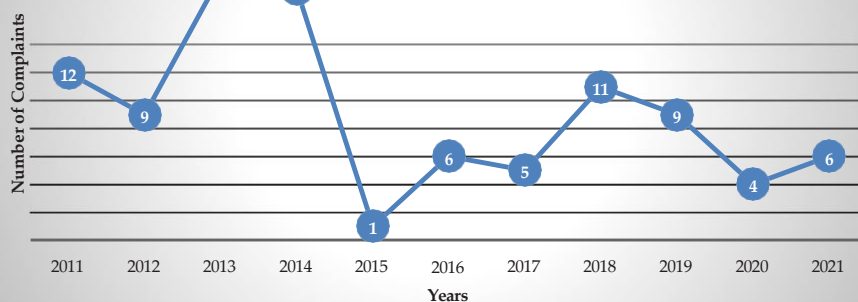
Figure 2: Number of Witchcraft Accusation Cases by Region - (2010-2021)



Witchcraft accusation complaints were received in all ten regions. The Northern region recorded the highest number of 69 (62.7%), which is approximately twice the number recorded by all the other nine regions. This suggests that the problem may be more prevalent across the Northern region with victims of witchcraft accusations being mostly elderly women whose

ages range from 50 to 80 years (CHRAJ, 2005). It could also imply that not much public education has been conducted in other regions to encourage complaints to be filed in these regions. The Upper West region (8.2%) and Volta (7.3%) regions also recorded complaints on witchcraft accusations; the Greater Accra recorded the lowest (1.0%) number of complaints.

Figure 3: Trend of Accusation of Witchcraft Cases: 2010-2021



From Figure 3, it is evident that at least one complaint regarding witchcraft accusations was reported each year.

CHRAJ's monitoring visits to witch camps: the 1997 investigations

As part of its SOHR activities, CHRAJ assesses conditions in formal and informal detention institutions, including witch camps and their compliance with human rights standards in keeping with CHRAJ's protective mandate.

From 1997 to date, CHRAJ has visited witch camps in the Northern sector of Ghana, now designated as the Northern, Savannah and Northeast regions.

The 1997 research by CHRAJ (CHRAJ, 1997) regarding persons accused of witchcraft was undertaken by virtue of a report published in one of Ghana's print media outlets, the *Weekly Spectator*. According to this report, 200 women accused of witchcraft in their communities in the Northern region were being held hostage at Gambaga in a "*Witches Home*". (ibid, p.10). The investigation therefore aimed at securing the release of these women back into their communities. The number of persons accused of witchcraft at the time was about 130, between the ages of 40 and 70. Twenty-one (21) had returned to their respective villages for good at the time of the investigations.

Activities of Faith-Based Organizations prior to CHRAJ's investigations in 1997

Some Faith-Based Organizations (FBOs) had supported the camps prior to CHRAJ's 1997 investigations. Some of these organi-

zations included local churches such as the Presbyterian Church of Ghana, the Catholic Relief Services, the Assemblies of God Church and the Gambaga Outcast Home (GO HOME Project). The GO HOME Project or the Gambaga Outcast Home Project of the Presbyterian Church of Ghana, according to the investigation report (CHRAJ, 1997), had provided various kinds of support, mostly on ad hoc basis for the past 25 years, prior to the investigations by CHRAJ. The project had an office allocated to them by the District Assembly, with filed details of names, short histories, occupations, etc., of each woman.

The goals of the project were aimed at educating communities to desist from sending women to the Home and to accept their relations back to their homes; promoting economic ventures and other income-generating activities to enable women to fend for themselves; and provide Medicare for the women, besides other support such as the maintenance of houses and the provision of a hand-dug well at the Home. The project collaborated with other FBOs such as the Catholic Relief Services (CRS) which supplied food to the Home and the pastor of the Assemblies of God Church who participated in the Go Home Project at a personal level. This pastor advised against the forceful dismantling of the home and rather advocated for intensive education. A year before CHRAJ's investigations, the project through counselling and education had managed to reintegrate 46 women for good in 1996. By October 1997, 21 women had left the Home for good. The project aimed at complete reintegration voluntarily by the year 2007.

CHRAJ's monitoring visits to the witch camps

In 2003 (CHRAJ, 2003), the Northern Regional office of the Commission indicated that there were approximately 1,090 persons accused of witchcraft resident at “witch camps” in Yendi, Bimbilla, and Gambaga.

CHRAJ's monitors in 2004 (CHRAJ, 2004) confirmed the existence of additional camps such as the Gnani (located in Yendi) and Kukuo camps (in the Nanumba north district), all located in the Northern region, in addition to the Gambaga camp. Interviews with Community-Based Organizations (CBOs) such as Tiyyumba Integrated Development Association (TIDA) and the ‘Go Home’ project of the Presbyterian Church of Ghana in 2004 revealed that effective advocacy and awareness-raising activities had resulted in a reduction of the general incidence of witchcraft allegations and accusations over the past years.

In 2006, CHRAJ's monitors visited the Gnani and the Kukuo camps. A total of 244 females accused of witchcraft (CHRAJ, 2006) were resident at the Gnani camp but there was no account of the total number of dwellers at the Kukuo camp. A year later, in 2007, monitors visited the Gambaga, Kukuo and Gnani camps as well as an additional camp, the Tindaan Shayili-Kpatinga (Kpatinga), also located in the Northern region.

A recent SOHR report by CHRAJ (CHRAJ, 2023), based on visits to some camps in 2021, provides some general statistics of dwellers, including children in camps. At the Kukuo camp, the number of

females under the age of 18 was 500 and the number of males was 784. The Gnani camp had 521 dwellers under the age of 18, 305 males and 216 females (ibid).

The 2021 CHRAJ visit included yet another camp, namely the Leli Dabari witch camp in the Gushegu district of the Northern Region, making a total of five camps. However, the Leli Dabari witch camp had reportedly not kept accurate records on dwellers or disaggregated their data in past years. Monitors, however, recorded 54 dwellers aged 60 and above (CHRAJ 2021).

Trial by Ordeal and Exorcism

During CHRAJ's investigations in 1997 (CHRAJ, 1997), the *Gambarana* shared that he employed concoctions and incantations in determining whether or not a suspect was a witch. Specifically, he outlined the trial process as constituting self-confession, looking at the suspect and the position that a fowl takes when it has been slaughtered. According to the *Gambarana*, the process of de-witching after the trial proceeds in public after which the suspect is free to return home. Whereas there was no indication by the *Gambarana* that these rituals could be harmful to the victim, CHRAJ's SOHR report in 2005 indicated that in the Volta region of Ghana, victims who undergo such similar rituals or trials by ordeal, are tortured and subjected to cruel and maltreatment. Relatedly, in 2020, a media report of the gruesome lynching to death of a 90-year-old woman during the process of trial by ordeal was an indication that the process must have been torturous, even though no

information was available from CHRAJ's past monitoring visits.

Living conditions in camps

General living conditions in camps differed from one camp to the other. On housing, the Kpatinga camp was relatively in the best condition. General observations during CHRAJ monitoring visits indicate that most women lived in thatched, windowless round huts with leaked roofs and poor ventilation. Some rooms were without doors and keys. The housing situation at Kukuo and Gnani camps was the most deplorable.

On health and sanitation, CHRAJ's SOHR reports over the past years established that there was no access to potable water at the Kukuo and Gnani camps. Their main sources of water were rivers, streams, and rainwater. The entire community at Kukuo depended on only one borehole for drinking water. At the Kukuo and Gnani camps, there were no toilet facilities (CHRAJ, 2006), so dwellers eased themselves in nearby bushes, worsening the unsanitary conditions in the camps which resulted in a serious infestation of mosquitoes, tsetse flies, and other reptiles, including snakes in the settlements. Bathhouses were mostly made of wood and old mats and were in very poor sanitary conditions. Unlike the Kukuo and Gnani camps, the inhabitants of Kpatinga camp had access to potable water from boreholes, which provided them with a regular source of water. The settlers used a five-seater Kumasi Ventilated Improved Pit-latrine (KVIP), which was in good sanitary condition. Though they enjoyed adequate toilet facilities,

there were no bathing facilities. Camp dwellers, however, managed to construct a few with "zanamat", a traditional structure for bathing purposes.

At the Gnani camp, none of the women interviewed were card-bearing members of the National Health Insurance Scheme (NHIS). The nearest health post was within the Gnani township, though most of the women preferred herbal treatment and besides they could not afford the high cost of hospital services (ibid). Medical bills were mostly covered by philanthropists and the NHIS. Common ailments in this camp were malaria, fever, headache, and snake bite. (CHRAJ, 2010). At the Kukuo camp, malaria, cholera, convulsion and hernia were the most common ailments affecting the dwellers. There was a health facility available at the Kpatinga settlement. Dwellers mentioned that after an initial NHIS registration, NHIS cards could not be renewed in subsequent years.

Children in camps

Visits over past years by CHRAJ revealed that among camp dwellers were children, not because they were accused of witchcraft but because they accompanied their mothers or grandmothers to lend them support and assistance. In 2006, CHRAJ's team observed that out of 27 children at the Gambaga camp, 15 were in school (at the primary and Junior High School level); the Gnani camp had 87 children but none was in school and there was a general lack of interest in education of children in the Gnani community (CHRAJ, 2006).

On account that the Gnani camp is situated by the Oti River, able-bodied children in the community and the camp assisted their parents in fishing or fish mongering. Others also engaged exclusively in farming activities. Children who did not engage in any of these assisted their mothers in other forms of labour or with household chores. Most women had resolved to keep their children in the camp to assist them in their work instead of sending them to school. Madam Lansah, a grandmother and a person accused of witchcraft, said to the team (CHRAJ, 2006) that she was old, could not walk properly and if she sent her only granddaughter to school, who would get her food to eat?

At the Kukuo camp, 74 children attended primary school, the only educational facility in the village. Since there was no Junior High School (JHS) facility, children were required to travel 7 km to Bimbilla to continue their education. Like the Gnani camp, most women were not keen to send their children to school as they would be left alone to fend for themselves. In 2010, the situation was still the same at the Kukuo camp (CHRAJ, 2010). The Gnani camp in 2010 had, however, seen some improvement in educational infrastructure: Kindergarten, Primary, and Junior High School levels of education were accessible to children.

Income-generating activities and the right to livelihood

At the Gambaga camp, women indicated that they were supported by their children, relatives, philanthropists, proceeds and donations from their farms. They engaged

in farming, petty trading of doormats, soap making, cakes, and the sale of firewood and charcoal. ActionAid, a Non-Governmental Organization (NGO), and the Presbyterian Church's "Go Home Project" trained dwellers in petty trading, soap making, and doormat weaving after which they provided them microcredit to start their businesses (CHRAJ, 2006). At the Gnani camp, dwellers relied on food and money from concerned friends and relatives as well as produce from their own farms and they undertook petty trading in local cakes, soap, firewood, smoked fish, thread weaving and shea-butter extraction (CHRAJ, 2010). The younger ones traded in yams, grains, and cooked food for a living. They also depended on donations from NGOs and the District Assembly (CHRAJ, 2006). Women at the Gnani camp did not, however, benefit from vocational training. At the Kukuo camp, the women depended on relatives, charitable NGOs, and on their own labour for food, clothing, and other basic needs like sugar and vegetable oil. Their major sources of income and food were farming, petty trading and poultry rearing. At the Kpatinga camp, dwellers engaged minimally in farming and in some vocational activities, though the camp had a vocational centre to train them in various skills. Dwellers mostly relied on external assistance for survival.

b. Promotion

To prevent human rights abuses, CHRAJ conducts public education activities aimed at promoting and deepening the culture of respect for human rights.

In 1998, CHRAJ organized the first major promotional activity (CHRAJ, 1998) in the form of a roundtable conference in collaboration with relevant stakeholders on the rights of persons accused of witchcraft; the roundtable discussions were largely inspired by the 1997 investigations by CHRAJ. Other forms of public education activities were conducted and centered on witchcraft accusations undertaken in collaboration with other state institutions and Civil Society Organizations (CSOs). In September 2022, CHRAJ embarked on the first ever 12-day social media campaign against Gender- Based Violence, focusing on the rights of women accused of witchcraft, on Twitter, Facebook, Instagram, YouTube, and LinkedIn. As part of its advocacy efforts in 2022, CHRAJ called on Parliament to expedite the passage of the Private Member's Bill to criminalize people who accuse women of witchcraft; the passage of the bill and resultant prosecutions would serve as a deterrent to others. CHRAJ, has since 2022, undertaken several public educational activities aimed at promoting the rights of women accused of witchcraft.

Reintegration and Closure of Camps

In 1997, CHRAJ's investigation (CHRAJ, 1997) revealed that 130 women were at the Gambaga camp, but 46 women had returned to their homes the previous year. According to CHRAJ's monitoring visits between 2003 and 2004, most of the houses that were hitherto occupied by the alleged witches were now desolate as their occupants had been reintegrated into their communities. In 2006, an interview with the camp coordinator revealed

that 20 women accused of witchcraft were reintegrated into their families after residing in the camp for periods between two (2) and ten (10) years. About 40 women were brought to the camp for exorcism, after which they were immediately reintegrated into their families (CHRAJ, 2006).

The 2010, SOHR (CHRAJ, 2010) revealed that in 2009, the Kukuo camp was able to reintegrate into society a total of 16 females, but none in 2010. The camp, however, admitted six (6) and five (5) females accused of witchcraft in 2009 and 2010 respectively. In 2011, persons accused of witchcraft who took refuge in the Gambaga, Kukuo, Kpatinga and Gnani camps in the Northern region were compelled to resist reintegration into their communities because they were afraid they would be killed if they went back to their communities.

A Reintegration Committee (RiC) was constituted in 2011 to promote the rights of persons accused of witchcraft and their reintegration and to ensure the sustainable closure of the witch camps in Ghana (CHRAJ, 2020a). The RiC's vision, mission, objectives, and activities were guided by a Road Map. The first Road Map (2011-2014) led to the closure of the Boyanse camp in 2014. The second Road Map (2016-2019), also led to the closure of the Nabuli camp in December 2019 (ibid).

A recent SOHR report (CHRAJ, 2023) based on visits to camps in 2021, indicated some commendable levels of reintegration of dwellers into communities from 2015 to 2021. In all, dwellers making a total of one hundred and forty-four (144), comprising 38 from Gnani Camp, 15 from Leli Dabari

camp, 10 from Kpatinga Camp, and 81 from Kukuo Camp reintegrated successfully. However, three (3) returned to the camps as they were stigmatized. According to the caretakers of the camps, the reintegration process was done in collaboration with their families and the chiefs. An NGO called Songtaba provided financial assistance for the reintegration process for dwellers in the Kukuo camp, while an organization called the Outcast Project also provided support in terms of transportation for the reintegration process for the Gnani camp (ibid).

First baseline study undertaken by CHRAJ in 2021

The first baseline study undertaken by CHRAJ in collaboration with Crossroads International in September 2021 (CHRAJ, 2022), investigated key factors contributing to the occurrence of violence against women accused of witchcraft. The aim was to gather relevant data on the occurrence of gender-based violence against alleged witches so that it could inform targeted interventions. The outcome of this study unearthed several predictors of violence that could usefully inform public education towards the prevention of witchcraft accusations.

Discussions Reflection and Reflexivity

The preceding sections outline CHRAJ's efforts in promoting and protecting the rights of accused witches banished to camps. The import of collating, reviewing and documenting CHRAJ's efforts in the past 30 years is crucial reflecting over

CHRAJ's actions in past years. Stepping back and reflecting with intentionality on one's actions in past years requires reflexivity, which entails confronting one's own biases and appreciating what has not worked well in the past. This process of reflection contributes to continuous learning and improvement (Di Stefano, Gino, Pisano, & Staats, 2016), as well as strengthens institutional memory. The fact that there was little reference to CHRAJ's own monitoring efforts and actions over the past years particularly its first ever research in 1997 in CHRAJ's first ever baseline report (CHRAJ, 2022) attests to the usefulness of regular reviews and intentional reflections.

Indicators and records

Generally, CHRAJ's efforts have contributed immensely to creating visibility about witch camps and their attendant living conditions in the Northern and Northeast regions of Ghana. The first ever investigation by CHRAJ into camps in 1997 (CHRAJ, 1997) as well as the first ever roundtable conference in 1998 (CHRAJ, 1998) that brought together various actors to deliberate on the plight of women in camps, inspired advocacy efforts, resulting in current actions of successful reintegration of some accused women by Faith-Based Organizations, NGOs and state agencies.

However, the desk review of CHRAJ's efforts since its first investigations in 1997 revealed that monitoring and promotional activities were neither standardized nor reviewed on a regular basis. Also, records on activities by local NGOs and CBOs

were unharmonized. It has therefore been difficult to track progress effectively in camps in terms of relevant statistical data on dwellers, living conditions, various interventions, etc., since the first investigations in 1997.

Witch camp or refuge homes?

State agencies, including CHRAJ and the Ministry of Gender, Children and Social Protection (MoGCSP) as well as NGOs such as ActionAid, have advocated the promotion and protection of the human rights of banished women. This is pursuant to the provisions of various international and regional human rights standards such as Universal Declaration of Human Rights (UDHR) (OHCHR, 1948), International Covenant on Civil and Political Rights (ICCPR) (OHCHR, 1966), the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT) (OHCHR, 1984), the Convention on the Elimination of Discrimination against Women (CEDAW) (OHCHR, 1979), the African Charter on Human and Peoples' Rights (AU, 1981), Sustainable Development Goals (SDGs) as well the provisions of the 1992 Ghanaian Republican Constitution (GOG, 1992) which frowns on all forms of slavery, forced labour, and confinement of any form and guarantees respect for human dignity.

The first investigation by CHRAJ in 1997 (CHRAJ, 1997), however revealed that the Gambaga camp was referred to as a "Home" and not a "Camp", as it constituted one of the four sections of the Gambaga Township known as Old Ladies

section. Life at the Home was conducted normally in any part of Gambaga with visits from parents, relatives and friends. According to the *Gambarana*, he played host to the women and performed the traditional duty of looking after them.

Thus, whereas the media report that informed CHRAJ's investigations in 1997 reportedly pointed to women being held hostage and needed to be freed, the findings of the 1997 investigations depicted the camps as places of refuge to which women fled from persecution. Thus, way back in 1997, these camps, following CHRAJ's investigations, functioned as a 'safe place', haven or a home for women accused of witchcraft who were rejected as outcasts by their families and communities. In this respect, the label 'witch camp' could be misleading to an external visitor who without visiting the camp, might conceive of a closed camp to which women were banished. Whereas admission procedures such as trials by ordeal were reportedly cruel and traumatizing to accused women, these trials took place before the women were admitted to camps. However, the evidence established by various CHRAJ reports reviewed, points to the fact that these camps were villages to which accused women have sought refuge in past years and have lived with their generation of children and grandchildren. A key concern for these women is more about the dehumanizing treatment associated with the accusations that are levelled against them by their families and communities than their residence in these villages, labelled as camps.

Following CHRAJ's monitoring visits to camps in 2004, the 2005 SOHR report

(CHRAJ, 2005) recommended a review of the name *witch camp* based on the views of accused women who were interviewed and who predominantly regarded the camp as a place of refuge. Despite CHRAJ's recommendation in 2005 for a change of name, the label '*witch camp*' has been in use since the first visit in 1997. This usage tends to reinforce segregation and stigmatization of accused women as *witches*. If these women maintain that these camps serve as a refuge and a safe place, then the label '*witch camp*' is a misnomer and does not represent what these camps stand for, drawing on women's own views.

Making a case for a change of name does not, however discount or downplay the need for accused women to return to their communities once such communities are ready to accept them, particularly given the passage of an Anti-Witchcraft Bill that criminalizes accusing, labeling, and naming persons as witches, by Ghana's Parliament in July 2023, which is currently awaiting Presidential Assent.

Promoting and protecting the human rights of persons suspected to be witches, requires that the views of accused women, who are rights holders and who consider camps as places of refuge, are respected. According to the 1997 investigations (CHRAJ, 1997), the label '*witch camp*', did not emanate from the dwellers or the Gambarana; the camp at the time was referred to as a home. It is therefore worth finding out where the current label "*witch camp*" originated from.

Reintegration and De-commissioning of camps

Women accused of witchcraft and banished to camps do not constitute a homogenous category; they process their experiences differently and hold differentiated views regarding whether they intend to return to their communities, and these differentiated views must be respected. There is evidence of women who have successfully returned in 2006, for instance, some women who were reportedly de-witched were reintegrated immediately into their families. Yet some others have also suffered maltreatment when they attempted to return.

In 2014 and 2015, the MoGCSP, CHRAJ and other NGOs such as ActionAid embarked upon the disbanding and de-commissioning of camps such as the Boyanse Witches' Camp in the Central Gonja District and Nabuli Camp in the Gushegu District seven (7) years ago. There were reports of women still being beaten and lynched, such as a 90-year-old woman who was accused of witchcraft and brutally murdered in the East Gonja district. It is understandable that pursuant to the provisions of international standards and the Ghanaian constitution that frowns on confinement, no country or community that respects human rights will want to create a perpetual witch camp to which women are banished. The actions of CHRAJ and other human rights NGOs to disband the camps are therefore justified.

Promoting complete and safe reintegration is however a process, not a one-off action of closing camps and sending women back to a hostile environment. Treating

disbandment as a one-off action, may compel women in these camps to return to communities that may not be ready to receive them.

For some of these women who have built their lives around the camp for so many years, there may be little motivation for them to return. For some of these women, camps seem to serve as a place of refuge to which these women flee from persecution, even if the goal is to build acceptance in communities and promote voluntary reintegration.

System of visits to camps under the OPCAT

The United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) (OHCHR, 2002) provides a regular system of visits to detention institutions. An examination of the checklist of places of deprivation of liberty under the OPCAT (OHCHR, 2018) does not include cultural places of confinement such as camps for women accused of witchcraft, prayer camps or shrines where young girls serve traditional priests to atone for the sins of families and communities.

Whether these cultural places of confinement constitute safe places or not, regular monitoring should not be conceived as legitimizing such types of confinement. Until appropriate efforts and negotiations are made to return such dwellers to their original places of habitation, monitoring visits play a preventive role and promote humane conditions. Additionally, the outcome of such visits may invite the sup-

port of state agencies, CSOs and philanthropists. Ghana, following ratification of the OPCAT, is currently in the process of designating a National Preventive Mechanism (NPM) and so it is timely and vital to begin to consider the role of cultural or ritual confinement within the context of the United Nations OPCAT (OHCHR, 2002). Such considerations will also advance discussions on the role of non-state actors and private individuals in the prevention of torture.

Situating places of cultural confinement within the context of the United Nations OPCAT suggests that these women in camps in rural towns of the Northern and Northeast regions are not isolated from broader human rights processes, nor are they remote from broader social and economic and political processes, which may well contribute to factors that promote accusations, victimization and impoverishment of elderly women.

Conclusion and Recommendations

One cannot easily stump out the belief in the existence of witchcraft or relegate such belief to superstitions; these are belief systems upheld over years in Ghana regardless of one's religion, level of educational attainment, or status in society. Efforts should rather be committed to discourage accusations and punish accusers and those who maltreat accused witches.

Women accused of witchcraft must be respected as rights holders and their views and participation in actions and decisions concerning them must be viewed as central to any intervention. Consequently, practical socio-cultural and religious-based

interventions that have the potential to strengthen inter and intra-family and community bonding and connectedness and can contribute to the reduction of stereotyping, stigma and discrimination must be given serious consideration.

There must be intentional and deliberate effort through educational campaigns to prepare communities to receive women and the latter must not be compelled to return unless safety is guaranteed. Women willing to return must be prepared and reoriented towards resettling and monitoring mechanisms must be put in place to track acceptance by families and communities. Families and communities that have successfully embraced reintegration must be exemplified as models. For now, more attention must be devoted to promoting humane conditions in camps, equipping dwellers with livelihood skills and sensitizing community members that despite their belief in the existence of witchcraft, one must not be maltreated even if persons self-identify as witches.

Attention must also be accorded to the process of de-witching accused women and trials by ordeal. Whereas there was no indication by the *Gambaraana* that these

rituals could be harmful to victims of witchcraft accusations, CHRAJ's SOHR report in 2005 indicated that in the Volta region of Ghana, victims who undergo such similar rituals or trials by ordeal, are tortured and subjected to dehumanizing treatment and maltreatment.

The right to education of children in camps and the prevalence of child labour at the Gnani camp must be taken seriously. At the same time, however, practical measures must be adopted to ensure that frail and elderly women have the support of their dependents in the provision of their daily needs, chores, and personal care.

Indicators that inform CHRAJ's monitoring visits to which camps must be standardized and reviewed regularly. Additionally, the capacity of camp coordinators must be strengthened to prepare accurate records. A database on camps must be developed and updated to track the rate of reintegration as well as the conditions prevalent in camps.

Finally, considerations should be given to initiating discussions towards situating non-legal forms of cultural or ritual confinement within the context of the OPCAT.

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A Study on Social Relations Quality of Life of Elderly People with Disability in Ghana

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Abstract

The social relations Quality of Life (QOL) of elderly people is adversely affected when they are challenged with some form of disability. Since disability is framed as a social construct, elderly people with disability are subjected to neglect and discrimination. Hence, the study examined the determinants of social relations QOL of elderly people with disability in selected Districts (Wa Municipality, Nadowli-Kaleo, Jirapa and Wa East Districts) in the Upper West Region of Ghana. The study was quantitative and utilized a researcher-administered questionnaire to collect data from 810 respondents. The Statistical Product and Service Solutions (SPSS) software was used to process and analyse data. The findings revealed that males had a higher social relations QOL mean score than females. The results indicated that elderly people aged 60 – 69 years experienced the highest social relations

QOL mean score as compared to those aged 80 years and older. The findings also showed that those who were married had the highest social relations QOL mean score and lowest among those who were separated/divorced. Moreover, those with physical disability other than those with visual disability experienced higher social relations QOL. The study recommends that elderly people with disability who are females, those aged 80 years and older, those who are separated or divorced including those with visual disability should be given adequate social support by their families and should receive state support from the Department of Social Welfare and Community Development, and benevolent organizations in Ghana to improve their social relations QOL.

Key concepts: Ageing, disability, elderly people, quality of life, social relations

Introduction

The elderly population (aged 60 and older) in Ghana continues to increase. Between 1960 and 2010, the population of the elderly grew from 213, 477 to 1, 643, 381 (Ghana Statistical Service [GSS], 2013a). This aging population puts a burden on the older-person support ratio with significant ramifications for the social relation Quality of Life (QOL), especially for, elderly people with disability (World Health Organization [WHO], 1996; GSS, 2014). Social relations QOL is described as the satisfaction individuals derive from their relationships and support from people (World Health Organization Quality of Life [WHOQOL] Group, 1997). Social support in the form of material goods and services are important in social relations QOL of elderly people with disability (Schalock et al., 2002).

This relates more to the social support that families and the community at large are obliged to make available to elderly people with disability in traditional societies (Brown, 1992; Apt, 2007). In Ghana, for instance, there is evidence of declining social support provided by the traditional family system as an informal source of social protection for the elderly (Apt, 1993; GSS, 2013a). In the context of the elderly in the Upper West Region of Ghana, it has a dependency ratio of 91.0 which is far higher than the national ratio of 68.05 (GSS, 2022). Despite this discrepancy, studies involving the social relation QOL of the elderly population with disability in the Upper West Region are limited. Therefore, the objective of this study was to examine the determinants of social relations QOL of elderly people

with disability in selected Districts (Wa Municipality, Nadowli-Kaleo, Jirapa and Wa East Districts) in the Upper West Region of Ghana. This study is unique and timely for two reasons. One, it is probably the first to have examined this important phenomenon (social relation QOL of the elderly with disability) from the context of the most deprived region in Ghana (Upper West Region); and two, it complements the growing body of literature on QOL of elderly people with disability in Ghana.

Conceptual and theoretical perspectives

Disability is conceived as any impairment which makes a person unable to perform an activity in the manner considered to be normal for a human being (WHO, 2004a). Disability can be in a form of visual/ sight impairment, physical impairment, cognitive deficit, and behavioural disorders (WHO, 2011; GSS, 2012). The medical model of disability suggests that disability is an individual's problem which is caused by diseases and other health conditions (Rowlingson & Berthoud, 1996; WHO, 2001). However, the social model of disability views disability as a socially constructed phenomenon with implications that extend beyond the individual who has the disability (WHO, 2001; Mitra, 2006; Murphy, O'Shea, Cooney & Casey, 2007). This model further stresses that because disability is a social construct, disabled people are subjected to neglect, discrimination and abuse which affect their QOL (Mitra, 2006; Ba-Ama & YaabaAckah, 2014; WHO, 2014).

The available literature suggests that QOL is a multifaceted concept (Tsakiri, 2010; Čanković et al., 2016). That is, it is considered an accumulated experience of an individual's feelings of joy, pleasure, contentment, and life satisfaction (Diener & Suh, 1997). QOL is also viewed as a judgment of one's own life situation arising from the overall perception an individual holds toward what is seen to be significant at a particular point in life (Tsakiri, 2010; Amao, 2014). To standardise the measurement of QOL, the WHO conceptualised the determinants of QOL into four main domains including physical health, psychological health, social relations, and environmental health (WHO, 1996). However, this study is centred on the social relations QOL domain which has attracted limited research attention in Ghana. This study subscribes to the view that social relations QOL is the perception individuals have about their interpersonal relationships, sexual activity, and social support (WHO, 1996; WHOQOL Group, 1998). Even though arrays of theories, concepts, and models have been espoused in gerontology to explain aging and its related facets (e.g., disability and QOL), the International Classification of Functioning, Disability, and Health (ICF) model developed by WHO (2001) has been adapted for this research.

The ICF model argues that the health condition of people is influenced by the interaction of five wide-ranging factors (WHO, 2001). One of these factors is body functions and structures which describe the functioning or impairment of an individual's physiological, anatomical, and psychological characteristics (WHO, 2001; van Roekel et al., 2014). The activities aspect explains a person's functional status including mobility, interpersonal interactions, self-care, and domestic life (WHO, 2001; Stucki, Cieza & Melvin, 2007; Badley, 2008). The participation feature relates more to the involvement of an individual in work/employment, interpersonal relationships, and social life (WHO, 2002; Kostanjsek, 2011; van Roekel et al., 2014). The environmental elements encapsulate the external influences including the physical, social, and attitudinal aspects that people live and conduct their lives (Hemmingsson & Jonsson, 2005; Saleeby, 2007). Finally, personal factors in the framework are the individual's background characteristics such as age, sex, educational level, lifestyle, and race (Jette, 2006; Saleeby, 2007; Quinn et al., 2012). Notwithstanding, the fact that the ICF model is a universal framework for assessing the health condition of individuals (WHO, 1996; WHOQOL Group, 1998), it was adapted in this study to examine the interactions between the determinants of social relations QOL of elderly people with disability (Figure 1).

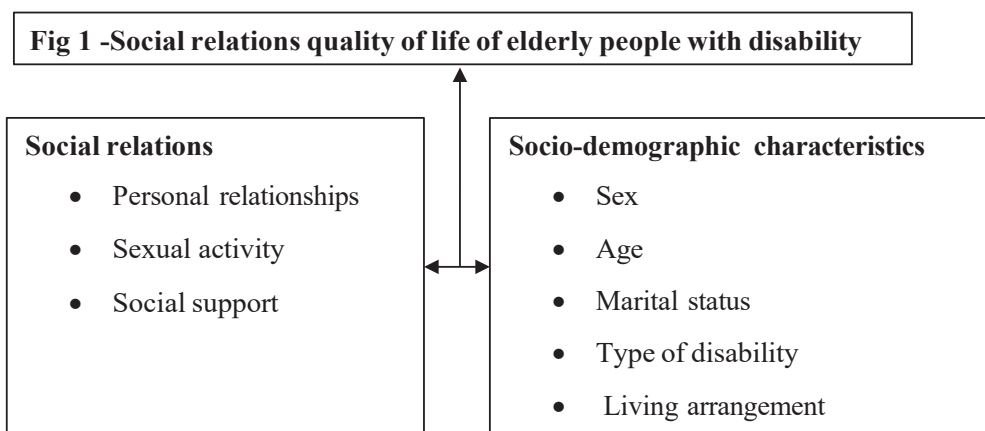


Figure 1: Framework of the interaction between the determinants of social relations QOL of elderly people with disability. Source: WHO (1996); WHO (2001).

From Figure 1, the social relations QOL of elderly people with disability are determined by the interaction of social relations and socio-demographic characteristics domains (WHO, 1996). Each of these two domains has other subcomponents that interact in an intra and inter-symbiotic manner to determine the social relations QOL of elderly people with disability (WHO, 1996). The social relations domain comprises personal relationships, sexual activity, and social support. The socio-demographic characteristics domain comprises sex, age, marital status, type of disability, and living arrangement which have been hypothesized as key determinants of the social relations QOL of the elderly with disability.

Study Area and Methods

Study Area

Data for this study was extracted from wider research conducted in the Upper West Region of Ghana (Nantomah, 2019). The region shares borders to the north with Burkina Faso, to the east with the Upper East Region, to the south with the Northern Region, and with Côte d'Ivoire to the west (GSS, 2013b). The Wa Municipality, Nadowli-Kaleo, Jirapa, and Wa East districts of the Upper West Region were specifically chosen for the study (Figure 2). The basis for this choice was that these municipalities and districts had available up-to-date data on elderly people living with disability.

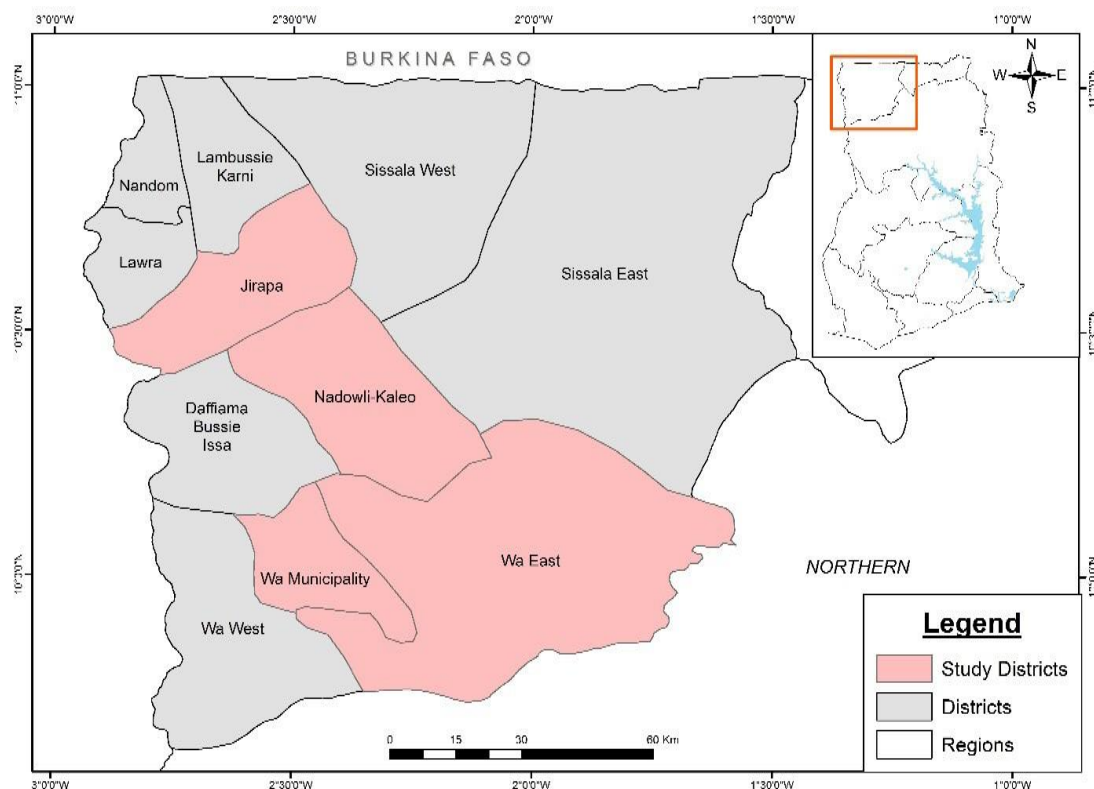


Figure 2: Map of the upper west region showing study districts

Source: Cartography and Remote Sensing Unit of the Department of Geography and Regional Planning, University of Cape Coast, Ghana (September 2016).

Study Design

The study used a census survey design to examine the determinants of social relations QOL of elderly people with disability in the Wa Municipality, Nadowli-Kaleo, Jirapa, and Wa East Districts in the Upper West Region of Ghana. This design permitted the collection of data from a large number of respondents within a brief time at a single point in time (Creswell, 2003; Creswell, 2012).

Target Population

The target population was people aged 60 years and older with visual and physical disability. The population of elderly people with disability was 350 persons in the Wa Municipality, 216 in Nadowli-Kaleo District, 200 in Jirapa District, and 184 in the Wa East District bringing the total population of documented PWDs in the four administrative areas to 950 persons (Wa Municipal Assembly, 2015; Nadowli-Kaleo District Assembly, 2015; Jirapa District

Assembly, 2015; Wa East District Assembly, 2015).

Data Collection Instrument

A questionnaire was used in collecting data on the social relations QOL of elderly people with disability. The questionnaire was adapted from the WHOQOL-BREF questionnaire (WHO, 1996; WHO, 2004b). Regarding this study, the social relations QOL domain which has three facets namely personal relationships, sexual activity, and social support was utilized (WHO, 1996; Gholami et al., 2016). The responses to each of the questions of the facets in this domain were constructed using a 5-point Likert scale (WHO, 1996). For instance, 5-point Likert scale responses on personal relationships were: very dissatisfied; dissatisfied; neither satisfied nor dissatisfied; satisfied; very satisfied.

Data collection in the study took the form of a census, a context in which all people in the target population were interviewed as part of the study. This was because the number was not large and the researchers were able to fund the research piece.

Ethical Issues

Approval from the University of Cape Coast Institutional Review Board (Ethical Clearance ID No: UCCIRB/CHLS/2016/12) was a requirement for the conduct of the research. Also, permission was sought from the WHO, and approval was given for the adaptation of the WHOQOL-BREF questionnaire (WHO, 1996). Additionally, the appropriate authorities in the Wa Mu-

nicipality and the other district assemblies in the study areas were contacted, and approval was granted before the commencement of the fieldwork. In line with the principles of confidentiality and anonymity (Berg, 2001), respondents' identities were not associated with the questionnaire and the data analysis. Any respondent who decided not to participate in the study was allowed to do so without any coercion. Informed consent was verbally sought from the study participants.

Data Processing and Analysis

Data on the questionnaires were processed and analysed with the International Business Machines (IBM) Corporation Statistical Product and Service Solutions (SPSS) version 20 (International Business Machines Corporation, 2011). Independent-sample t-test and one-way Analysis of Variance (ANOVA) statistical analyses were performed (Cohen, 1988; Pallant, 2005). Besides, in the interpretation of the effect size, Cohen's (1988) classification was used.

Results

Socio-demographic Characteristics of Elderly People with Disability by Sex

Table 1 presents socio-demographic characteristics of elderly people with disability by sex. The results showed that most of them were aged 60 – 69 years (73.8%) with more females (74.3%) than males (73.2%). About 51 percent of them were married. However, 55.2 percent of females as compared to 25.3 percent of males were wid-

owed. Over two-thirds of them had no formal education (68.6%). More of the females (69.6%) than the males (67.4%) had no formal education. Most of them were unemployed (66.7%).

More than half (52%) of them had visual disability. Closely about six in ten (57.0%) dwelled in extended families. However, more males (57.7%) than females (56.5%) lived in extended family settings (Table 1).

Table 1: Socio-demographic characteristics of elderly people with disability by sex

Socio-demographic characteristics	Males (n = 359)	Females (n = 451)	Total (n = 810)
Age			
60 – 69	73.2	74.3	73.8
70 – 79	24.0	22.8	23.4
80+	2.8	2.9	2.8
Marital status			
Married	65.5	39.2	50.9
Separated/Divorced	9.2	5.6	7.1
Widowed	25.3	55.2	42.0
Level of education			
No formal education	67.4	69.6	68.6
Literate	32.6	30.4	31.4
Employment status			
Self employed	3.6	4.7	4.2
Unemployed	69.1	64.7	66.7
Other	27.3	30.6	29.1
Type of disability			
Visual disability	54.0	50.3	52.0
Physical disability	46.0	49.7	48.0
Living arrangement			
Nuclear family	42.3	43.5	43.0
Extended family	57.7	56.5	57.0

Social Relations Quality of Life of Elderly People with Disability

The results in Table 2 show socio- demographic characteristics by social relations QOL of the elderly people with disability. Social relations QOL mean score was a little higher among males (37.5) than among females (36.7). No significant difference [t

(807) = 1.359, $p = 0.177$] was found in social relations QOL with respect to sex of the respondents, such that males had a mean score ($M = 37.5$; $SD = 5.23$) and females ($M = 36.7$; $SD = 6.22$). The magnitude of the differences in the means between males and females was very small ($\eta^2 = 0.00$).

Table 2: Socio-demographic characteristics by social relations QOL of the elderly people with disability

Facets of Social Relations QOL					
Socio-demographic characteristics	N	Personal relationships	Sexual activity	Social support	Overall social relations QOL
		Mean score	Mean Score	Mean score	Mean score
Sex					
Male	359	37.8	37.4	37.3	37.5
Female	451	37.4	36.0	36.9	36.7
t-value		0.450	1.303	0.433	1.359
P-value		0.653	0.190	0.664	0.177
Age					
60 – 69	598	38.7	37.7	37.8	38.1
70 – 79	189	34.7	34.5	35.6	34.9
80+	23	32.1	26.9	28.7	29.2
F-value		7.633	8.526	6.123	24.381
P-value		0.001**	0.000**	0.002*	0.000**
Marital status					
Married	412	39.5	39.4	38.0	38.9
Separated/ Divorced	58	36.2	31.7	34.8	34.2
Widowed	340	35.5	34.1	36.2	35.3
F-value		7.465	15.444	2.309	25.239
P-value		0.001**	0.000**	0.100	0.000**
Type of disability					
Visual disability	421	37.0	35.8	35.8	36.2
Physical disability	389	38.2	37.5	38.4	38.1
t-value		1.195	1.683	2.701	3.379
P-value		0.233	0.093	0.007*	0.001**
Living arrangement					
Nuclear family	348	37.5	36.9	37.1	37.2
Extended family	462	37.6	36.4	37.0	37.0
t-value		0.540	1.213	0.334	1.357
P-value		0.740	0.804	0.433	0.861

t = Student's t-test and F=ANOVA

* Significant at 5 % level (P<0.05); ** Significant at 1 % level (P<0.001)

The analysis in Table 2 also reveals that social relations QOL mean scores were highest among those who were aged 60-69 years (38.1) and lowest among those who were aged 80 years and older (29.2). A one-way ANOVA was conducted to explore the impact of age on social relations QOL of the elderly people with disability. The analysis established that significant difference [$F(807) = 24.381$ value, $p = 0.000$] was observed in social relations QOL of respondents' age categories, such that those aged 60-69 years had a mean score ($M = 38.1$; $SD = 7.82$), 70-79 years ($M = 34.9$; $SD = 7.51$) and 80 years and older ($M = 29.2$; $SD = 5.94$). Despite the significant difference observed between the age groupings, the effect size was medium ($\eta^2 = 0.06$).

The findings further indicate that social relations QOL mean scores were highest for those who were married (38.9) and lowest among those who were separated / divorced (34.2). Further analysis with a one-way ANOVA proved that significant difference [$F(807) = 25.239$ value, $p = 0.000$] was observed regarding social relations QOL of respondents' marital statuses with those married having a mean score ($M = 38.9$; $SD = 7.18$), separated/divorced ($M = 34.2$; $SD = 8.23$) and widowed ($M = 35.3$; $SD = 8.19$). Although significant difference was found between their marital status, the effect size was small ($\eta^2 = 0.05$).

In addition, social relations QOL mean score was higher for those with physical disability (38.1) than those with visual disability (36.2). An independent-samples t-test analysis found a significant difference [$t(808) = 3.379$, $p = 0.001$] in social relations QOL between type of disability of the respondents, such that those with

physical disability had a mean score ($M = 38.1$; $SD = 7.63$) and those with visual disability ($M = 36.2$; $SD = 8.08$). The magnitude of the differences in the means between those with physical disability and visual disability was exceedingly small ($\eta^2 = 0.01$).

Moreover, social relations QOL mean scores were barely the same for those who dwelled in nuclear family (37.2) as compared to those who were in extended family (37.0). Statistically, no significant difference [$t(808) = 1.357$, $p = 0.861$] was found in social relations QOL based on their living arrangement, with those who lived in nuclear family having a mean score ($M = 37.2$; $SD = 5.24$) and extended family ($M = 37.0$; $SD = 6.20$).

Discussion of Results

This study used a census survey design to examine the determinants of social relations QOL of elderly people with disability in selected Districts (Wa Municipality, Nadowli-Kaleo, Jirapa and Wa East Districts) in the Upper West Region of Ghana. Statistical tools including means, independent-samples t-test and one-way Analysis of Variance (ANOVA) were used to analyse the data in SPSS. The analysis revealed that males had higher social relations QOL mean score than females. These results are in line with Dongre and Deshmukh (2012) who observed higher mean scores of social relations QOL among males than females. Besides, these findings affirm the core tenet of the adapted ICF framework for the study that the gender of the elderly influence their social relations QOL (WHO, 1996; WHO, 2001).

Findings from studies that have focused on QOL of the elderly have shown that age of the elderly have preponderance impact on their social relations QOL (Čanković et al., 2016). In line with these findings in the literature, this study found that the mean scores in social relations QOL was highest among those who were aged 60-69 years and lowest among those who were aged 80 years and older. These results further confirm Datta, Datta and Majumdar's (2015) assertion that social interaction decreases with increased age and in effect social relations QOL becomes worse. The above revelations are however incongruent to what Chang, Yao, Hu, and Wang (2015) had found among their study sample where being older than 85 years was clearly associated with a better quality of social relationships.

The available literature proclaims that spousal support for the elderly with disability is important for improving their social relations QOL (Murphy *et al.*, 2007; Gouveia, Matos & Schouten, 2016). Besides, it has been hypothesised that elderly people are more likely to seek support first from spouses before other relatives and community members (Cantor, 1979). In tandem with the general observation in the literature, the findings from this study showed that mean scores in social relations QOL were highest for those who were married and lowest among those who were separated/ divorced. This is consistent with the findings in Chandrika, Radhakumari, and DeviMadhavi (2015)

which showed that the mean scores of social relations QOL were less among the widowed as compared to those who were married.

The consequences of disability have an impact on interpersonal, family, and societal levels for social relation oriented QOL for the elderly people with disability (Ahmmad & Islam, 2014). In relation to this study, the mean score in social relations QOL was higher for those with physical disability than those with visual disability. Because the elderly with physical disability were visually healthy, they were able to better perceive their social relations QOL than their counterparts with visual disability.

Customary responsibilities in the traditional Ghanaian family system normally oblige family members to provide food, clothing, errand services and emotional support to the elderly (Brown, 1992; Assimg, 1999). This strongly affirms the argument that family support has a strong effect on increasing the QOL of the elderly (Li, Ji, & Chen, 2014). In terms of living arrangement, the study found that mean scores in social relations QOL were the same for those who lived in nuclear family as well as that of the extended family. These findings indicate that irrespective of the living arrangement of the respondents, their social relations QOL were indifferent. Sometimes, the community members fill in where there is no nuclear family and other times the extended family do as well as nuclear family.

Conclusions and recommendations

Drawing from the major findings of the results, the study concludes that males with disability experience higher social relations QOL than their females' counterparts with disability. The findings reveal that the elderly who are aged 60 - 69 years have the highest social relations QOL and lowest among those who are aged 80 years and older. The results show that those who are married have the highest social relations QOL and lowest among those who are separated/divorced. Furthermore, those with physical disability have higher social relations QOL than those with visual disability. These results are consistent with the rudimentary principles of the adapted ICF framework that socio-demographic characteristics of elderly people with disability influenced their social relations QOL (Figure 1).

The study recommends that female elderly people with disability, the elderly aged

80 years and older, separated/ divorced, and those with visual disability should be given more social support by their families, the Department of Social Welfare and Community Development of the Metropolitan, Municipal and District Assemblies in Ghana, religious bodies, and non-governmental agencies to enhance their social relations QOL. Social support could include affection, inclusion and companionship, respect and acceptance, financial assistance, and other material resources.

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Declarations of Conflict of Interest: None.

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INSTRUCTIONS TO AUTHORS

African Journal of Ageing Studies (AJAS) is a peer reviewed journal, which was launched in 2023 to provide new perspectives on the challenges of ageing, healthy ageing and increased life expectancy, aged policy dynamics, and quality of life. The editors believe that ageing is a process that affects humanity. It has become increasingly essential and must include improving the quality of life and the well-being of older adults. It should embrace the choices and opportunities that are available to older people.

This Journal seeks to encourage researchers and/or authors to think about keeping up to date in their respective fields and continue to integrate knowledge and research, both in terms of content and process particularly from multidisciplinary dimensions. Ageing and ageing care needs, preferences, strategies, and policy dynamics cut across physical, economic, social, political and psychological issues and spectrums.

The journal publishes original works related to ageing that expand concepts, measurement tools and policy alternatives. It provides a platform for an open exchange of ideas among a wide range of scholars, policy makers, economists, researchers, academics, and other experts in the field of ageing.

The African Journal of Ageing Studies provides a platform for alternative ageing approaches and will act as a channel for members and critics of this school. The journal emphasizes originality on African

perspectives on ageing and future directions in Research, Practice, and Policy, which would in turn necessitate the direction of future change in the issues of ageing at large.

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Details concerning the preparation and submission of manuscripts can be found on the inside of the journal.

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