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THEME:

**AGEING AND CARE IN A CONTEMPORARY
GLOBAL SOCIETY**

BOOK OF ABSTRACTS



Resilience among Older Persons in Contemporary Society

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Abstract

Population ageing is on the ascendancy and by 2050, the proportion of older persons is likely to constitute two billion of the entire global population. This phenomenon is associated with several social, economic, psychological, and health difficulties that could be detrimental to the well-being of older adults. Whereas some older persons capitulate to risk, adversity and stress associated with ageing, others build resilience and adapt. Although resilience is important for successful ageing as it could reduce adverse emotional and health outcomes, there is a dearth of literature on the resilience of older persons amidst adversities they encounter. Utilizing the tenets of the resilience theory, this presentation examines; (a) challenges faced by older persons, (b) coping mechanisms adopted by older persons, and (c) available social support for older persons. Additionally, the topic's implications for social work education, practice, and research are discussed.

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Coping Mechanisms Employed by the Elderly in Rural Chinyika in Goromonzi, Zimbabwe

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Abstract

This study explores the coping mechanisms that elderly people adopt to deal with challenges they may face in their day-to-day lives, particularly in the backdrop of declining state social support and family support in a rural area in Chinyika situated in Goromonzi, Zimbabwe. A number of studies have documented how social welfare support for the elderly in Zimbabwe is for the elderly who were once employed and now retired. At the same time, other studies have documented the dire situation of the elderly due to declining family support due to early death of family members, urbanisation, industrialisation and globalisation. The absence of concrete economic bases and resources to cope with the social and economic challenges creates the need to examine various support systems and mechanisms that are found in society in order to take care of the elderly. Using a qualitative methodology and unstructured interviews the study seeks to unravel the challenges that these elderly people face and understand how they negotiate their lives in such circumstances. An estimated purposive sample of 30 elderly people both male and female will be drawn and interviewed, although the researchers will aim at data saturation. The study will therefore, examine the other avenues that the elderly are using to survive. The study is shifting from the point of view that all the elderly are vulnerable and a burden to society.

Postcolonial Perspective on Social Work with and for Older People in Ghana: Between Strengthening of Family Cohesion and Standing up for Compensation Mechanisms

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Abstract

Due to the weakening of the traditional system elderly care has been becoming more and more relevant for Social Work. With our contribution we show how colonisation, Christianity, formal education and the introduction of a universal currency have contributed to weakening traditional support systems and family cohesion. We argue that these influences should be considered as conditional elements that contribute to the situation of older people today. Using examples of two rural communities in the Ashanti Region where we conducted research with older people in 2021 and 2022, we look at experiences of older people and at long-term challenges. Furthermore, we look at government support programmes for older adults and, based on our research, show examples of the challenges they face, especially for people living in rural areas. These include insufficient awareness and information about existing programmes, as well as unfavourable structures and implementations. In some cases, this leads to the failure to reach those in need or to their exclusion. We therefore argue that the programmes in their current forms have supportive but not protective effect to the wellbeing of the older people. Finally, we give impulses from and for Social Work with the aged. We argue that a postcolonial critical view is needed, and complex historical entanglements should be considered to understand the situation of older people today. Social Work – which can be located between the strengthening of traditional structures and the interference of political discourse – and its potential for transformation should not be underestimated.

Social Work with the Elderly in Ghana

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Abstract

The relevance of social workers in the lives of older persons cannot be overemphasized. Social workers are globally recognized for the role they play in enhancing the living conditions of vulnerable individuals, and families. Their theoretical and practical expertise that has been harnessed through professional training are needed in this era of population ageing, particularly to ensure that older persons are able to maintain an appreciable standard of living. The Social work practitioners are also instrumental in advocating for the introduction of holistic interventions that would promote and intensify the informal forms of support in the context of the ever-changing family structure. In this paper, the work of social work practitioners with older persons, coupled with their role in enhancing the wellbeing of this vulnerable population are discussed.

Caregiving for the Elderly: Narratives of Immigrant Health Care Assistants and Managers in Home and Long-term Care Settings in Norway

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Abstract

Immigrant healthcare assistants play an important role in long-term care institutions and the private homes of elderly people in Norway. However, the full extent of how they relate with the elderly in these settings is relatively limited. This article explores the role of immigrant health care assistants in both home and long-term care sectors with a focus on their relations with elderly persons. Data was generated from a larger ethnographic study with managers and immigrant healthcare assistants in various long-term care institutions and the private home care sector for elderly persons across Southern and Northern parts of Norway. Findings showed that workforce challenges, extensive cost-cutting measures and the racial/ethnic background of immigrants complicate the relationships between the immigrant health care assistants and their elderly clients. Based on the findings, recommendations were made for social work research, practice and policy.

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Social Inclusion Influencing Factors among the Geriatric Population in Contemporary Ghana

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Abstract

This paper reflects on the extent of social inclusivity among Ghana's older adults. The study investigates the factors that influence the social inclusion of older adults in contemporary Ghana, using a cross-sectional design and, quantitative and qualitative datasets. The findings show that three distinct factors namely the weakening of extended family system, formal support infrastructure, and witchcraft accusation(s) shape the social inclusion or otherwise of older persons. As a result, in contemporary Ghana, the rules of social inclusion and exclusion of older people find expression in the state's social protection programmes such as LEAP, NHIS, pensions, which appear to be bearers of older people's inclusion and exclusion simultaneously in the Ghanaian society. Further, social inclusion is also affected by witchcraft accusations with implications for social exclusion. Therefore, the notion of witchcraft accusation runs counter to older people's social inclusivity in the Ghanaian society. Collectively, these have implications for care planning at large, social exclusion, intergenerational relationship building and intergenerational solidarity at the individual, community and national levels. In conclusion, the social inclusion of older adults from the viewpoint of the results presented is suggestive of expanding the frontiers of social inclusion and for that matter the care basket of logistics at all levels in the Ghanaian society with policy implications.

“They only wave at me as they pass by”: Social care needs of older adults in slums

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Abstract

Introduction: Satisfying social needs are important according to Maslow’s hierarchy of needs and contribute to a good quality of life. To provide services to meet these social needs, an assessment is needed. Social care services are important in improving Quality of Life (QoL) as it helps in building and strengthening relationships while also keeping slum-dwelling older adults active. There are various challenges with the social care of older adults in slums and practical ways to improve these have not been explored among the providers of this care. In this study, we aim to identify the social care needs of older adults living in slums from their perspectives and that of formal workers.

Methods: A qualitative exploratory descriptive approach was used among older adults and professionals by conducting focus group discussions (FGD) and interviews. A semi-structured interview/focus group guide was used to collect data from participants.

Results: A total of 25 participants took part in the study. In the analysis of transcripts, two themes and seven subthemes were conceptualized. Social care services were described as not structured, non-existing, and having inadequate resources to cater for attendants.

Conclusion: Older adults in slums are a vulnerable group with varying social needs, which if not properly managed could result in health problems both physically and mentally. Social care services should be well structured and coordinated in communities close to slums. With the hope of embracing humanism in our communities, older slum dwellers must not be neglected.

Factors Influencing Geriatric Care in Sub-Saharan Africa: a Systematic Review

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Abstract

An increase in life expectancy in Sub-Saharan Africa (SSA) has heightened the need for a closer look at geriatric care in this region. This systematic review examines the current state and factors that influence the provision and use of geriatric care services in Sub-Saharan Africa. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to select relevant scholarship over the past two decades from electronic databases such as JSTOR, Google Scholar, PubMed, Scopus, and African Journal online. Out of the 1,852 articles identified, 30 papers met the inclusion criteria and were selected for full-text analysis. Findings indicate insufficient geriatric care services in SSA, with many older people accessing healthcare at the primary level, where their complex health needs are inadequately met. Identifiable challenges to accessing healthcare include long distances to healthcare facilities, a lack of affordable motorized transportation, and long waiting times. Social health insurance policies that exempt older people from healthcare costs also remain largely non-functioning. The coexistence of both positive and negative attitudes towards geriatric care is largely influenced by culture and ageism. The study recommends increased input in developing comprehensive policies that adequately address the unique health care needs of the aged in SSA.

On the Boundaries of Modernity: Re-defining Aging and Authority in Dagbon, Northern Ghana

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Abstract

Gerontocratic rule and authority have long characterised the traditional African domestic space. In the past, the power to exercise authority and make vital decisions in the family and lineage settings has always been the preserve of the elderly in society. This pattern of gerontocratic rule is fast changing in the face of modernity. Using the role theory, this article explores the changing dynamics of authority and decision-making in Dagbon in the light of the profound socio-political and economic changes that have occurred in contemporary times. The outcome of this work is informed by a qualitative study carried out in the Tamale Metropolis of northern Ghana. Based on in-depth interviews conducted with elderly people in Tamale, coupled with our lived experiences and observations in the research area, we argue that contemporary decision-making in families is gradually slipping away from the hands of the elderly and transferring to the younger ones in whose bosom lies the fruits of modernity.

Experiences of Older People in Informal Sector Employment in Madina, Accra

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Abstract

Older people comprise the growing share of the population in almost every country. It is estimated that 58 million persons aged 60 years and above live in Sub-Saharan Africa and by 2050, the number will rise to 215 million. In Ghana, many workers from the informal sector are unable to contribute a relatively high percentage of their income to finance social security, which forces them to continue working when they get older, because they cannot afford to retire. Low socioeconomic status influences older people to engage in physically exhausting jobs, which affect their health. This study is a qualitative study that explored the experiences of older people in informal sector employment in Madina. Data collection comprised in-depth face to face interviews with 20 participants aged 60 to 90 years old. Braun and Clarke's (2006) thematic data analysis was used to analyze the data. The findings revealed that older people encounter financial, health, and general mobility challenges, as well as challenges with retirement savings, hence the need to adopt coping strategies. It is recommended among other things that the government of Ghana should consider a universal pension scheme for older people employed in the informal sector. Given that the National Ageing Policy has been formulated, social workers should advocate for the implementation of the policy. This will facilitate the full participation of older people in national development.

Economic Burden of Family Caregiving for Older Persons in Southern Ghana: The Case of a Peri-urban District

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Abstract

Background: Long-term care for the elderly in Ghana is largely unorganized and overwhelmingly dependent on families. However, family caregiving duties are often unremunerated and their care-related economic burden is often overlooked though this knowledge is important in designing or scaling up effective interventions. The objective of this study, therefore, was to estimate the economic burden of family caregiving for the elderly in southern Ghana.

Methods: A retrospective cross-sectional cost-of-care study was conducted among family caregivers for the elderly in a peri-urban district in southern Ghana. A simple random sample of 98 respondents completed an interviewer-administered questionnaire. Costs were assessed over a 1-month period. Direct costs of caregiving as well as productivity losses to caregivers were analysed. Intangible costs were assessed using the 12-item Zarit burden and the cost of care index tools.

Results: The estimated average cost of caregiving per month was US\$186.18, 66% of which was direct cost. About 78% of the family caregivers in the study reported a high level of caregiving burden with females reporting a relatively higher level than males. About 87% of the family caregivers reported a high level of financial stress as a result of caregiving for their elderly relatives.

Conclusion: The study shows that caregiving for older persons imposes economic burden on families, potentially influencing the economic position of families with attendant implications for equity and future family support for such vulnerable populations.

Understanding and Safeguarding the Silver Economy in Ghana

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Abstract

The concept of the Silver Economy (SE) is gaining currency across disciplines, and while it may evoke excitement about the opportunity to innovate on one hand, it also evokes a foreboding that suggests that in a 'free market', it is easy for market forces to exploit senior citizens. The SE also points to a new era of innovation, inter-generational learning and leveraging of many opportunities. Ultimately, we seek to advance the idea that the SE can, and must necessarily be an inclusive space for all seniors to leverage – promote their meaningful engagement not only as consumers, but as producers or brokers of products and services in their interests. In this paper, we explore the definition of the silver economy, providing some context to its usage. We explore the SE against the background of changing demographics in Ghana and specific trends that are emerging in response to the growing SE. We will discuss the inherent challenges and opportunities of the SE and examine ways of safeguarding the interests of senior citizens in the SE, since they have agency on both the demand and supply side of this economy. Our paper will contribute to the intellectual mapping of the SE and spurring new knowledge and research. At a more pragmatic level, the paper will highlight opportunities on both the demand and supply side, mapping an ecosystem that activates the provision of goods and services in support of senior citizens.

‘If You Sell Your Sickness, You will Get its Medicine’: Care and Intrafamilial

Communication for Chronic Diseases in Southern Ghana

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Abstract

Knowledge of family health history can help to mitigate risk for chronic non-communicable diseases known to run in families. However, disclosure of disease or illness is not always a given. This paper explores the relationship between care and intrafamilial communication regarding chronic health conditions in Ghanaian families, drawing on concepts of generativity and reciprocity. Data were drawn from a qualitative description study on family histories and health. This paper analyses four focus group discussions and two intergenerational family interviews conducted among 35 older adults and their adult children and grandchildren in the Greater Accra Region of Ghana. Data were analysed thematically using an inductive approach, and themes relating to care and intrafamilial communication were assessed for this analysis. Findings showed that intergenerational care can serve as a means to disclose and communicate family health histories while disclosure of illness serves as a means to receive and give care for oneself and one's family. Furthermore, care services can sometimes be a barrier to communication of family health histories while concealment of disease and of family health histories and identities may be a form of care. Finally, intergenerational family health history discussions may prompt encouragement of care-seeking behaviours and preventive care. The results of this pilot study suggest avenues through which care arrangements could be capitalised on to promote the sharing of health history information within families to better manage chronic disease risk. In addition, they illustrate the potential for family health history discussions to further encourage care-seeking for chronic disease prevention.

The Role of the Commission on Human Rights and Administrative Justice (CHRAJ) in Promoting and Protecting the Rights of Persons Banished to *Witch* Camps

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Abstract

This article reflects on the actions and efforts of the Commission on Human Rights and Administrative Justice (CHRAJ) in the past two decades in promoting and protecting the rights of persons accused of witchcraft, who are banished to *witch* camps. The knowledge about *witch* camps in Ghana, dates back to the early 19th century, between 1876 and 1915. Persons who are accused of witchcraft and who inhabit these camps are usually older women, mostly 60 years and above. These women who are kept in some form of non-legal and ritual confinement, are accused of being the cause of misfortunes like injury, death, sickness, drought, bareness, etc., mostly in various communities in the Northern regions of Ghana. By means of desk-based research, the authors document promotional and preventive efforts and activities undertaken over the past years by the Commission. Discussions specifically address general conditions in camps, stigma and discrimination, reintegration, decommissioning of camps, violence against accused witches, among others. In view of the fact that Ghana has ratified the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT) and is in the process of establishing a National Preventive Mechanism (NPM), the article reflects briefly on the role of non-state actors and the need to situate such non-legal forms of cultural or religious confinement within the context of the OPCAT. The authors conclude by questioning the label "*witch camps*" and recommend practical approaches to promoting and protecting the rights of accused *witches* in Ghana.

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A Journey to the Unknown: Spirituality, Ageing and the Church

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Abstract

Introduction: The aim underpinning this paper is to explore the role of Christian religion in ensuring successful ageing among its followers in Ghana. As the global records show a consistent increase in the ageing population, the fundamental question that has not been answered is how Christian religious institutions (Christian religion) shape the well-being and spirituality of the people, especially in developing countries like Ghana where religious belief system is further entrenched by the aged in daily life activities. The study sought to equally find out the support systems available for the aged in churches in Ghana.

Methodology: The study is underpinned by the convergent mixed method involving 500 survey participants drawn from the two most urbanized cities in Ghana, Accra and Kumasi and 25 interviews with church leaders. Both probability and non-probability sampling techniques were used at various stages of the study. Survey instruments were cross-verified and validated by research experts. Subsequently, SPSS version 21.0 was used in analysing the quantitative data whereas thematic analysis was used to analyse the transcribed qualitative data.

Findings: The study found that generally, most churches had a welfare system to support contributing members when the need arises. The orthodox churches had established systems of supporting their aged and invalid population to worship in their homes by going to preach sermons and serving holy communion to them. However, most churches have no deliberate church policies that target absolute welfare of the aged, especially the charismatics.

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Mental Health Issues among Older People in Ghana: A Systematic Review

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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 older people, some major mental health disorders among older people, and how to assist older people to maintain 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 Ghanaian older people, while depression, anxiety, psychosis, dementia and memory loss emerged as some major mental health issues. It was also found that counselling, social support, physical activities, marriage and proper medication as effective ways of assisting older people to maintain optimal mental health status. Therefore, the government needs to consider providing special healthcare units for senior citizens nationwide to help in addressing their health needs especially mental health issues. Also, family members need to provide more social support networks to their older adults; which can be done through regular visits and interaction, providing financial and medical support, among others.

Does the Church Care? Assessments of Social Support Strategies on the Health & Wellbeing of Elderly people in the Tema Metropolitan Assembly in Ghana

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Abstract

Decades of extensive research has indicated the essence of Social Support and its strategic role towards improving the health and wellbeing of individuals. Religion as an element of the social construct has contributed in the fight to providing channels or avenues to solve some of the physical, social and healthcare challenges of the aged. The present study seeks to identify effective and efficient social support strategies that would improve the health and wellbeing of the aged among religious organisations within the Tema Metropolitan Assembly (TMA) and transcend to other areas of Ghana. Thematic analysis was used to analyse the responses from twenty (20) research participants interviewed for the study. Results revealed that, the most dominant social support strategies adopted by the church are either instrumental or material, spiritual, emotional or informational. Such supports promote happiness, sense of hope and reduced stress and loneliness ultimately enhancing the quality of life of the aging adult. However, there seems to be a missing link between faith-based organisations such as Churches, Government and other Social Service organisations on how to collaborate to develop a framework to address the aging, health and wellbeing relationship, develop intervention strategies and to promote general wellbeing among the elderly towards achieving the Sustainable Development Goals 3 to ensure a healthy lifestyle and wellbeing of all ages by 2030.

Key Words: Social Support; Aging; Religion; Health & Wellbeing; Ghana

Lived Experiences of the Aged in the COVID-19 in a Teaching Hospital in Ghana

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Abstract

Background: COVID-19 has changed older people's daily routines, the care and support they receive, their ability to stay socially connected, and how they are perceived.

Aim: The study sought to assess the experience of the aged in the midst of the COVID-19 in a Teaching Hospital in Ghana.

Methods: The study employed a qualitative research design where 10 aged were purposively identified and selected for individual in-depth interviews.

Result: The results of the study showed that a considerable number of the aged who receive care from the Hospital are adequately knowledgeable of COVID-19 and have generally, demonstrated a positive attitude towards it by being sensitive to the appropriate preventive measures. Almost all of the participants had heard of COVID 19, knew what it was, its mode of transmission, and knew of the fact that asymptomatic persons could spread or transmit the disease and its prevention. They also believed that following the safety protocols such as proper handwashing with soap under running water, maintaining social distance, wearing nose masks, using hand sanitizers, avoiding crowded places, and consuming balanced diets as well as Vitamin C to boost the immune system is helpful. And most of them received help from their partners, family, children, friends, healthcare professionals, and the media.

Conclusion: Moreover, as a way of dealing with anxiety associated with the pandemic, most of the participants had support and guidance from their partners, children, friends, healthcare professionals, and the media while others too turned to their maker for intervention.

Methodology and Reporting Quality of 544 Studies Related to Ageing: A Continued Discussion in Setting Priorities for Ageing Research in Africa

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Abstract

Study Objectives: This paper aimed to assess the quality (methodology and quality of reporting) of ageing studies in Sub-Saharan Africa (SSA). **Method:** Downs and Black checklist, Case Report guidelines checklist, the 45-items Lundgren et al. checklist, and the Mixed Method Appraisal Tool were used to assess the methodological quality of quantitative, case reports, qualitative, and mixed-method studies. Quality assessment was piloted and conducted in pairs for each study type. Each study was classified as excellent, good, fair, or poor, depending on the checklist. **Result:** Of the 544 articles, we performed the quality assessment of a total of 451 quantitative studies [Randomized control trials (RCTs) and pre-post (n=15), longitudinal (n=122), casecontrol (n=15) and cross-sectional (n=300); 4 case reports, 74 qualitative and 15 mixed-method studies. Only 20.4% (n=111) articles were of high quality [one RCT, 27 longitudinal, 4 casecontrol, 48 cross-sectional studies, 19 qualitative, and 12 mixed-method studies]. The remaining 433 were rated as moderate quality (n=292, 53.7%), fair quality (n = 96, 17.7%) and poor quality (n = 45, 8.2%). Most (80%) quantitative articles' sample size is small, resulting in insufficient power to detect a clinically or significant important effect. Three-quarter (75%) of the qualitative studies did not report their research team characteristics and a reflexivity component of the 45- items Lundgren et al. checklist. Mixed-method studies with low quality did not report the qualitative studies properly. **Conclusion:** We conclude that the methodological and quality reporting of published studies on ageing in SSA show variable quality, albeit primarily moderate quality, against high quality.

“I’m Certainly not Frightened of Dying: A Content Analysis of the Perceptions of Death among Older Persons

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Abstract

Death wishes and thoughts are often common among the aged in Ghana. However, few and limited studies exist on how older persons perceive death due to its behavioral and emotional outcomes. This study sought to provide an insight into how older persons perceive death via content analysis of articles published from 2002 to 2020. A total of 25 qualitative studies on older persons’ experiences of death were generated using search engines and sources such as Google and Scopus. Fifteen of these studies analyzed specifically addressed older persons’ perceptions about death. Most were western-based and used a mixture of interviews and observations in collecting data. Major themes emerging from the studies included the readiness to die, acceptance of death, fears surrounding death, unknown end of life or the afterlife, good and bad deaths among others. In contrast to the few African studies, most of them focused on older persons in residential care homes. The implications for the Ghanaian context could serve as a starting point to seriously rethink residential care homes for older persons as a cultural issue and the need for Ghana’s government to establish innovative and long-term care programs for older persons unable to take care of themselves. Conclusions we drew from the analysis point to the need for further attention to the psychological problems of older persons such as death anxiety. It also highlights the necessity to include the meanings and perceptions of death among older persons as a major concern for stakeholders in their roles to promote healthy ageing.

To Censure or to Commend: Gatekeeping Role of the Elderly in Suicide Research in Ghana

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Abstract

In social research, gatekeepers represent individuals or groups who may be invaluable for gaining access to study settings and participants due primarily to their knowledge, connections with, or membership in a research population. In conventional research, gatekeepers have often been conceptualized mechanistically in ways that obscure the complex dynamics they bring to research and the multiple ways in which they act upon the research process. In sensitive research such as suicide, and in proscriptive contexts such as in Ghana, the gatekeeping role of the elderly in accessing suicide participants and information on such a taboo subject is a tightrope that is observed to be informed by the elderly's societal responsibility to either censure to protect and preserve the family image or commend to promote disclosures and to prevent suicides in the larger community. This paper, drawing on the author's experiences with the gatekeeping role of two elderly persons during suicide research in Ghana, highlights the critical gatekeeping role of the elderly and argues for the operationalization of gatekeepers in general not merely as neutral, static, and monolithic conduits to accessing research field and participants, but rather as social actors who are embedded, participating in and influencing relations of power in the research field.

Prevalence of Dementia among People 70 Years and over in Kintampo, Rural Ghana

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Abstract

Background: As populations across sub-Saharan Africa (SSA) continue to age, the number of people living with dementia is expected to significantly increase. However, no population-based studies on dementia has been undertaken in Ghana though it has one of the largest older populations in the region. We therefore ascertained the prevalence of dementia in the Kintampo Health Demographic Surveillance Site (KHDSS) in rural Ghana.

Methods: A one-phase cross-sectional population-based survey was carried out in 2015. Older people aged 70 years and over, and their key informants, were interviewed using a structured questionnaire and the 10/66 DRG short dementia diagnostic schedule assessment tool. The age- and sex-specific prevalence of dementia, and its 95% confidence interval, was estimated.

Results: A total of 761 participants were interviewed. The response rate achieved was 84.6 %. Following the assessment, 38 people were identified with probable dementia, resulting in an overall prevalence of 5.0 % (95 % CI 3.6-6.8). The standardised prevalence for all ages was 6.6 % (95 % CI: 3.6-6.8). Dementia was associated with increasing age and more prevalent in women (6.8 %; 95 % CI 4.7-10.0) than in men (3.3 %; 95 % CI 1.9-5.5).

Conclusion: As the first population-based study in Ghana, the prevalence estimate will provide the basis to create dementia awareness and pave the way for action by stakeholders. Further studies on ageing, dementia and the socio-cultural context in Ghana are required to have a better understanding of the impact of the demographic and epidemiological transition in this country.

Dementia Evaluation and Management: Knowledge and Practice Pattern among Primary Care Physician (PCP'S) in Ghana

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Abstract

Background: Ghana is experiencing demographic transition with an increasing number of older adult population with associated age-related health burden like Alzheimer's disease and related dementia, requiring expert care management. Because dementia has tremendous impact on patients, family and economy at large, early detection of neurocognitive decline has been advocated. No national strategy and programme currently exists in Ghana for this purpose. Furthermore, trained medical specialists to lead dementia care are lacking hence Primary Care Physicians (PCP) fill the gap. Data on the current experience, knowledge and skill sets of PCPs in the management of the older adult with dementia is evidently lacking. The study therefore aims at ascertaining the knowledge, practice patterns and barriers to early detection and management of dementia in Ghana.

Methods: The study will be a prospective web-based survey of about 365 practicing public and private primary care physicians in Ghana with self-administered questionnaire combining single, multiple choice and Likert type questions. The data will be captured and analyzed using STATA version 17 and appropriate inferences and conclusion drawn.

Results and Conclusion: The study will draw conclusions on the current experience, sources and adequacy of knowledge, and skill sets possessed by primary care physicians to screen, diagnose, manage, and coordinate team care and referrals. Barriers relating to dementia care in Ghana will be documented. Appropriate recommendations and dissemination of research findings will be made to inform policy and practice.

Living with Dementia in Kintampo, Ghana: Understandings, Perceptions & Behaviours of Older People and their Families

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Abstract

Background: Studies have suggested that in African countries, symptoms of cognitive decline are commonly seen as part of “normal ageing” or attributed to supernatural causes. The impact of beliefs about causality upon help-seeking is unclear. There is a lack of evidence relating to how families cope with living with an older resident with dementia. Our study aim was to explore the sociocultural beliefs, understandings, perceptions and behaviours relating to living with dementia in Kintampo, Ghana.

Methods: A one-phase cross-sectional survey within the Kintampo Health Demographic Surveillance Site (KHDSS) included older people aged over 70 years. Older people with probable dementia (n=10) were interviewed with their families to explore experiences of living with dementia, beliefs and perceptions about the condition, coping and help-seeking behaviours.

Results: Symptoms of cognitive impairment were generally linked to inexorable bodily decline seen to be characteristic of “normal” ageing. Stigma was therefore perceived to be non-existent. Whilst managing the costs of care was often a challenge, caregiving was largely accepted as a filial duty, commonly shared among female residents of large compound households. Families experimented with biomedical and traditional medicine for chronic conditions they perceived to be treatable.

Implications: Our findings suggest that whilst families offer a coherent approach to the needs of older people living with chronic conditions including dementia, health and social policies are at odds with this. In future, it will be important to develop policy frameworks that acknowledge the continued social and economic potential of older people and strengthen the existing approach of families.

Dementia Care System in a West African Country

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Abstract

Aims: To appraise the dementia policies and plans available, and describe the healthcare facilities for people living with dementia (PWD) in Benin.

Methods: Dementia policy and plan documents were sought online, in public health institutions and from key health system stakeholders. The respondents were interviewed on available formal and informal system available for PWD. The summary of the ‘Global action plan on the public health response to dementia 2017 – 2025’ and the STRIDE situational analysis guide were used to retrieve information from documents and guide interviews. Health and social care facilities were identified across the country and described.

Results: We found no dementia action plan available in the country. Dementia falls into the portfolio of the Ministry of health - non-communicable disease control programme, under the topic of mental health, which focuses mainly on activities related to substance abuse. Nevertheless, many associations for older people exist and offer on occasion education sessions on chronic diseases. About ten neurologists and five psychiatrists work full time in five main public and one confessional hospitals across the country. Additionally, ten liberal neurologists work part-time in private and other public hospitals. No geriatrician was identified. A single private organization provides residential care to the elders and at-home care by specialised caregivers.

Conclusion: The formal long-term care system in Benin still needs to be strengthened in order to address current and future needs of PWD.

Kinship, Community and Elder Care: Rethinking Formal and Institutional Aged Care Landscapes

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Abstract

Typically associated with the demographic transition, low fertility rates and an increasing proportion of population aging, there is enormous stress on formal and institutional aged care arrangements and government policy and service provision across many societies. In particular, issues of safety, access, quality and appropriateness of formal and institutional aged care came under intense scrutiny during the COVID-19 pandemic with a harsh spotlight on the plight of the elderly and vulnerable. But, though focus on formal and institutional aged care policies, systems and practices is undoubtedly needed, as are the calls for reform and improvement of aged care services, in most societies including in the Global North the overwhelming proportion of elder care and caring is kinship based. Formal and institutional aged care is typically a kin-deficit model where it is assumed that no kin are available to look after the elderly, or a specialist care model where expertise in care is needed (such as illness, fragility, dementia, etc). Concomitantly, the nuclear family household and its functionality in relation to care of young and old members is hegemonically viewed as the primary unit of analysis and thus extended kinship relations and networks, including neighbours, friends and community are omitted from consideration as part of the elder care and support landscape. Irrespective, kinship and community are fundamentally implicated in social, economic, and political arrangements of society and care and caring for the elderly. Further, diverse and changing social compositions of societies are continually being reshaped by mobility, internal, regional and transnational migration that likewise impact on elder care and caring arrangements. And, even within formal and institutional care arrangements, there are conscious and unconscious extensions of kinship sentiments, values and practices associated with connectedness, shared sense of duty and obligations of care and caring.

Aged Homes as Complement for Familial tie Relations in Central Region, Ghana

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Abstract

The alterations in the structure and function of the family occurring as a result of demographic and modernization processes have paved way for the nuclear family. The outcome of this development is weakened loyalty and filial obligation towards older kin members. There is the increasing unwillingness of adult children to offer care to their older parents and the erosion of the virtues of familism in the traditional extended family. Given the burdens experienced by family caregivers, the frailty associated with ageing and the less developed formal structures towards eldercare giving in Ghana, some policy responses and complementary care option probably an aged home will be needed for the elderly. Therefore, this study will investigate aged homes as a complement for familial tie relations in the Central Region of Ghana. Primarily, the study will examine the factors leading to the emergence of aged homes with its associated implications. Using an embedded case study design with a purposive sampling and guided by Rose's Sub Culture of Ageing, Goffman's Total Institution and the Modernization Theories, this study will make use of in-depth interviews and focus group discussion to elicit data from the elderly, their relatives and staff of Comfort for the Aged in Central Region. This study will add onto knowledge, inform policy and practice in the areas of Social Gerontology.

Ageing and Changing Family Systems among the Ga in Contemporary Ghana

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Abstract

In Ghana, as in other African societies, the family is a significant social institution in which cultural beliefs and practices shape the norms and values that define the process of ageing and the family's attitude towards older adults. Scholars have argued that urbanization, education, a money economy, religion and modernization are prime factors for the changes that have taken place in the family institution. Through ethnographic data gathered among the Ga of James Town, in urban Accra, this paper examines how the above factors are changing and reshaping traditional family norms and values that underpin attitudes towards older adults. The paper argues that while the Ga of James Town have strong family norms and values that respect and pay attention to the needs of older adults, the changes in everyday urban life have altered the salience of these norms and values. Our conclusion demonstrates that the family remains the vital institution for sustaining practices that respect and promote the needs of the aged in spite of the enormous challenges confronting the institution.

Factors Affecting Care given to the Elderly by their Families in Goromonzi, Zimbabwe

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Rejoice Murisi

Women's University in Africa, Zimbabwe

Matilda Maonekie

Women's University in Africa, Zimbabwe

Abstract

This study explores factors that influence care given to the elderly and how these elderly experience the care given to them in a rural area in Chinyika, Goromonzi. The socio-economic status of Low and Medium income countries such as Zimbabwe render it impossible to cater for the needs of the elderly. This has led to the overreliance on the informal sector which includes the family as an affordable and accessible model of care. This has been compounded by the fact that most indigenous Africans prefer growing in places near their families and loved ones. Evidence from other studies have demonstrated that care giving in Zimbabwe has been affected by social progress and premature death of able bodied relatives and social ills. At the same time primary evidence has demonstrated that the elderly end up being deserted by their families willingly or otherwise in most cases living alone without support. There is need therefore to question if the family is able to meet the needs of the elderly and how these elderly experience this care. Using a qualitative research methodology and unstructured interviews, the study will explore the perceptions held by both caregivers and the elderly on ageing and the implications of such perceptions on the care given or experienced by the elderly. An estimated purposive sample of 40 people will be drawn, which includes family members and the elderly both males and females, though researchers will aim at data saturation.

The Costs of Informal Care in a West African Country

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Abstract

Aims: To appraise informal care duration and related costs for older people living or not with dementia in Benin. **Methods:** We conducted a cross-sectional study including people aged 60 and over presenting symptoms of dementia and their caregivers. Both hospital-based (using medical files) and community-based (door-to-door survey using Community Screening Interview for Dementia tool) approaches were used for recruitment of participants. The Clinical Dementia Rating scale (CDR) was administered to assess the presence and stage of dementia and Resource Utilization in dementia (RUD) Instrument used to measure health care resource utilization and caregiving duration for ADL, IADL and supervision. The replacement cost approach was adopted for the valuation of informal care. **Results:** Overall, 135 older people and 114 caregivers were interviewed across the country. Their mean age was 73 years and male/female ratio 1.01. Caregivers were aged 49 years at mean and 70% were women. The daily duration of informal care varied from 30 minutes in no dementia to 8 hours in severe dementia. In the absence or early dementia, most time is spent on IADL, while ADL and supervision require less than an hour. Meanwhile, in the severe stage, about 2 hours are required for each ADL and IADL, and 3.8 hours for supervision. The informal care costs estimated from the caregiving durations are I\$ 217, I\$1152, I\$1470, I\$1709 and I\$3594 respectively for absent, questionable, mild, moderate and severe dementia. **Conclusion:** Similarly to other countries, informal care duration and costs tend to increase significantly with dementia presence and severity.

Sexual Risk Behaviours amongst Older Adults in Ghana

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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. Yet, there is a paucity of literature on sexual risk behaviours among older adults. Sexual and reproductive health issues among older adults have largely remained a taboo area in many societies especially in sub-Saharan Africa. There is the general belief that older persons do not have any sexual desires and even if they do, they are prohibited by social and cultural norms from speaking about them. Existing data suggests that more than 80% of men and 65% of women remain sexually active in old age and engagement in sexual risk behaviours is high among these cohort of adults. This study therefore sought to explore sexual risk perceptions and behaviours among Ghanaians aged 60 years and above. The study employed an exploratory sequential mixed methods design to ascertain the types of sexual risk behaviours that older Ghanaian adults engaged in, why they engaged in these behaviours and to ascertain whether there exists a relationship between sexual risk behaviours and risk perceptions as far as this cohort of Ghanaian adults are concerned. We observed that older adults do not use protection during sex, rarely seek sexual and reproductive healthcare and services from service providers and believe they are free from risk. Older men usually engage in unprotected sex and for some, internalized norms prevented them from purchasing condoms even when they knew they were at risk. Beyond the need to understand sexual risk perceptions and behaviours among older Ghanaian adults, findings from this study have implications for interventions aimed at reducing sexual risk behaviours amongst them.

Testing the Webber's Comprehensive Mobility Framework using Self-reported and Performance-based Mobility Outcomes among Community-dwelling Older Adults in Nigeria

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Abstract

Background and Objectives: In 2010, Webber and colleagues conceptualized the interrelationships between mobility determinants, and researchers tested Webber's framework using data from developed countries. No studies have tested this model using data from developing nations like Nigeria. This study aimed to simultaneously explore the cognitive, environmental, financial, personal, physical, psychological, and social influences and their interaction effects on the performance-based (Short Physical Performance Battery) and self-reported (Mantle Walk test) mobility outcomes among community dwelling older adults in Nigeria.

Method: This cross-sectional study recruited 227 older adults [mean age (SD) = 66.6 (6.8) years]. Performance-based mobility outcomes included gait speed, balance, and lower extremity strength and were assessed using the Short Physical Performance Battery (SPPB), while the self-reported mobility outcomes included inability to walk 0.5km, 2km, or climb a flight of stairs, assessed using the Mantle Preclinical Mobility Limitation Scale. Regression analysis was used to determine predictors of mobility outcomes.

Result: The number of comorbidities (physical factor) significantly predicted all mobility outcomes, except the lower extremity strength. Age (personal factors) significantly predicted gait speed ($\beta = -0.192$), balance ($\beta = -0.515$), and lower extremity strength ($\beta = -0.225$) in the expected direction, and a history of no exercise (physical factor) predicted inability to walk 0.5km ($B = 1.401$), 2km ($B = 1.295$). Interactions between determinants improved the model, explaining the most variations in all the mobility outcomes. Social network is the only factor that consistently interacts with other variables to improve the regression model for all mobility outcomes, except balance and self-reported inability to walk for 2km.

Conclusion: Interactions between determinants explain the most variations in all mobility outcomes, highlighting the complexity of mobility. This finding highlighted that factors predicting self-reported and performance-based mobility outcomes might differ, but this should be confirmed with a large dataset.

Functional Abilities for Daily Living among Retired Personnel in Ghana

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Abstract

Background: Functional ability is the actual or potential capacity of a person to perform the activities and tasks that can be normally expected. Worldwide, approximately 40% of older persons have functional impairments. Functional impairment is significantly related to morbidity and death. In sub-Saharan Africa 43% of people 60 years or older report disability and challenges performing activities of daily living (ADL). This study aimed to assess the functional abilities of retired personnel in Ghana.

Methodology: Data from the WHO Study on Global Ageing and Adult Health Wave 2 for Ghana was used for the study (n=507). Functional ability was assessed using the activities of the daily living tool. A Multivariate logistic regression model was used to test the associations between functional ability and socio-demographic characteristics.

Results: A higher proportion of retirees had extreme difficulties in walking over a long distance, standing for long periods, carrying things and joining community activities. The aggregated functional ability scores ranged from 16 to 80 with a mean of 22.5. Using the mean as the cutoff point, about 38% of retirees had a high functional difficulty. The level of education, body mass index (BMI) and marital status of respondents were significantly associated with functional difficulties.

Conclusion: About two-fifths of retired personnel had functional difficulties and BMI was a significant predictor of ADL. To improve the functional abilities of the elderly, regular screening is recommended among clinicians to help identify risk factors of functional impairments. Furthermore, the elderly can be counselled to engage in regular physical activity to improve their ability to walk and stand, and reduce weight.

Time to Listen to Older Adults? What Older Adults in Ghana Expect from the Formal and Informal Sectors for Healthy Ageing

Dr. Paul Alhassan Issahaku
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Abstract

In a 2008 publication, Help Age International described older adults in Africa as a ‘forgotten generation’. What this organization meant was that, 1) in socioeconomic policy, older adults are neglected, with no comprehensive programs dedicated to their care and support, and 2) due to the increased adoption of individualistic lifestyles, younger family and community members are neglecting to care for older adults. This argument is true for Ghana and for other West African countries. Ghana has a policy framework on aging, however, there is little material support for the welfare and care of older adults. In addition, although Ghana is still a ‘pro-natalist society’, older parents increasingly face neglect by their offspring and extended family members. This presentation calls on us to listen to older adults tell us what they expect in policies and programs targeted to them and what needs to happen at the family and community level to promote healthy ageing. The question addressed in the study is: what do older adults expect from policy and from the informal sector for their overall wellbeing? This ethnographic study interviewed 23 participants and analyzed the data inductively to identify two themes; direct support and indirect support. At both the formal and informal levels, older adults expect programs and activities that give them direct support and indirect support. The paper discusses these findings and their implications for healthy ageing.

Ageing and Disability

Michael Osei

Trinity Theological Seminary

Abstract

It is the law of nature that every living thing grows. Both plants and animals go through the growth process. The growth or aging process comes with disabilities. It is important to examine the various transformation process people go through as they age. The various challenges faced at old age must also be examined. This study seeks to bring to light the various development process people go through as they grow. It discusses this transformation process in the context of the Ghanaian. This transformation process may vary depending on the conditions prevailing in the city or village where the growth takes place. As people age, they are confronted with a lot of challenges. Some of these challenges may be related to health, social and spiritual issues. This study will focus on finding out the various causes of health disabilities associated with aging. The effects of these disabilities on the life of the older person would also be discussed to help in bringing out practical ways of dealing with the various health disabilities. There are a lot of studies done on the topic “aging and Disabilities” by many scholars. This study only adds up to this knowledge by considering the transformation processes in the Ghanaian context, discussing the health disabilities and finally providing ways of dealing with these challenges in one’s old age.

Ageing and Technology

Rev. Samuel Opoku Daniels

Cybersecurity Analyst & Third year MDiv student of Trinity Theological Seminary

Abstract

Ageing comes with numerous challenges, some of which can be curbed if the necessary measures are curtailed. Most older adults prefer to live in their private spaces where they can be with family and friends. This is referred to as “ageing in place”, and it is defined as remaining living in the community, with some level of independence, rather than in residential care. Any approach that addresses the problems posed by ageing populations must place a strong emphasis on supporting those who want to age "in place," or remain independent in their own homes as they get older. The twenty-first century is characterized by advancements in technology. As such, technology-based solutions can be leveraged to improve the quality of life of older adults as they live comfortably in their homes. Using internet of things (IoT) devices, such as wearables, telemedicine, and smart home devices, can make senior citizens' homes safer while also bringing peace of mind to relatives and loved ones. The IoT is a unique paradigm that is quickly gaining traction. However, it doesn't come without a challenge. The most critical challenge with most IoT devices bothers on security and privacy. If IoT devices are going to be used to improve the lives of older adults, then they must be highly secured to ensure the lives of these senior citizens are not endangered. The thrust of this paper is to propose a multilayer security protocol for the IoT devices used by older adults to ensure maximum security and privacy.

Participation of Older Persons in the Decision-Making Processes and their Subjective Well-Being – A Study in the Greater Accra Region of Ghana – Part 1

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Abstract

Studies have identified the positive relationship between participation in decision-making and general well-being of individuals. The purpose of this study is to examine the contribution of participation of older persons in the decision-making process to their subjective well-being. The study adopted a sequential exploratory mixed-method design. The qualitative approach was firstly carried out using purposive sampling technique to engage respondents in series of focus group discussions and in-depth interviews. Subsequently, a multi-stage random sampling technique was employed to select 389 respondents in eight communities for the quantitative phase of the study. The findings of both the qualitative and quantitative phases of the study revealed that the family and community provided better opportunities but also some limitations for older persons to participate in the decision-making process. It was recommended that efforts to increase the coverage of both social insurance and social assistance schemes in the country should be intensified to ensure regular and sustainable income to older persons and also relevant existing legislative and policy instruments should be amended to create increased opportunities for older persons to fully and effectively participate in the decision-making process. Gender discrimination against women should be intentionally addressed in the decision-making process to ensure that no one is left behind in the process. This first part of a two-part presentation focuses on the pull (opportunity) and push (limitation) factors, as well as the socio-cultural factors that affect active participation of the older persons in the decision-making processes from the family to the national level.

Participation of Older Persons in the Decision-Making Processes and their Subjective Well-Being – A Study in the Greater Accra Region of Ghana – Part 2

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Abstract

Studies have identified the positive relationship between participation in decision-making and general well-being of individuals. The purpose of this study is to examine the contribution of participation of older persons in the decision-making process to their subjective well-being. The study adopted a sequential exploratory mixed-method design. The qualitative approach was firstly carried out using purposive sampling technique to engage respondents in series of focus group discussions and in-depth interviews. Subsequently, a multi-stage random sampling technique was employed to select 389 respondents in eight communities for the quantitative phase of the study. The findings of both the qualitative and quantitative phases of the study revealed that the family and community provided better opportunities but also some limitations for older persons to participate in the decision-making process. It was recommended that efforts to increase the coverage of both social insurance and social assistance schemes in the country should be intensified to ensure regular and sustainable income to older persons and also relevant existing legislative and policy instruments should be amended to create increased opportunities for older persons to fully and effectively participate in the decision-making process. Gender discrimination against women should be intentionally addressed in the decision-making process to ensure that no one is left behind in the process. This second part of a two-part presentation focuses on the relationship between participation in decision-making and the subjective well-being of older persons.