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CFAS News

CENTRE FOR AGEING STUDIES (CFAS), UNIVERSITY OF GHANA

April 2019. Volume 3 Issue 1

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We are looking forward to working towards an even more successful and impactful year.

If you are interested in supporting or partaking in any of our activities, kindly send an email to cfas@ug.edu.gh.

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Hello!

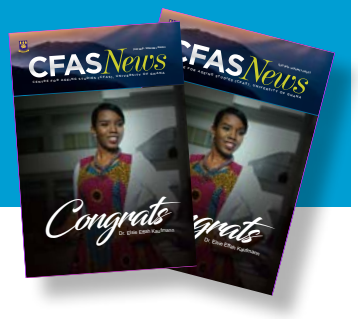
Greetings and a warm welcome to the third issue of the CFAS newsletter. This includes information highlighting issues on ageing, encompassing various dimensions. The CFAS newsletter is a medium for the ageing community and the general public to share information. We hope that you enjoy reading each issue of our newsletter. This publication is for you! If you have any letters, articles, opinions and news items, you may send them personally to the Editor, *cfas@ug.edu.gh.*

Highlights from 2018

Over the course of 2018, the Centre has managed to achieve a lot, including:

* Running 3 successful Dance and Fitness programmes,
* Celebrating elders on the Annual International Day of Elderly Persons on the 1st of October,
* Holding its Second Annual International Ageing Research Conference on the 4th-5th of October,
* A colloquium, and
* A panel discussion.

Happy New Year to all our readers!



Plans for 2019:

- Dance and Fitness Programmes,
- Colloquiums,
- Outreach Training Programme,
- Annual International Day of Elderly Persons,
- Third Annual International Ageing Research Conference.

CONGRATULATORY MESSAGE

We celebrate two of our members for their outstanding work in attaining their PhDs:-

Dr Erica Dickson and Dr Delali A. Dovie.

We are extremely proud of you two!

You can read their profiles and summaries of their theses in this issue. Look out for these extremely interesting topics:

NATURE AND PATTERN OF PSYCHOSOCIAL AND COGNITIVE CHANGES AMONG STROKE SURVIVORS IN ACCRA, GHANA

PREPARATIONS OF GHANAIAN FORMAL AND INFORMAL SECTOR WORKERS TOWARDS RETIREMENT.

Congratulatory Message

- Profile - Dr Erica Dickson

Current position: A physician and clinical psychologist, currently in-charge of the psychology unit of the 37 Military Hospital. National President of the Ghana Psychological Association.

Education: Achimota School, Primary Department, Mfantsiman Girls' Secondary School (O and A'level), School of Medical Sciences, University of Science and Technology (now KNUST) with BSc Human Biology 1991 and a Bachelor of Medicine and Surgery(MB ChB) in 1994, MPhil in Clinical Psychology 2003 and PhD in Clinical Psychology (2017).

Work history: Housemanship at Komfo Anokye Teaching Hospital. Worked at the 37 Military Hospital since then. Teaching as a guest lecturer at some Military education institutions such as the Ghana Armed Forces Staff College and at the GIMPA Business School and Gender Centre. Since 2001 has been an advocate for women and children especially in the areas of domestic violence, child labour and human trafficking. I have worked with CSOs and NGOs including various United Nations organisations for various psychosocial interventions and training of professionals who deal with such issues.

Family: Married with three children (two young men and a girl)

Reason for choice of profession: Medical practice was a childhood dream fulfilled because I love taking care of people. My detour into psychology was because after a few years of medical practice, it felt routine and I did not feel like I was meeting the total needs of patients. I had always been interested in mental health in medical school and when I found out that the Legon was offering a

programme in clinical psychology I opted for that instead of psychiatry. I feel better fulfilled with practicing holistic medical practice that encompasses the WHO definition of health "A complete state of physical, mental and social well-being and not merely the absence of disease"

Why did you go on to do a PhD?: I was motivated to pursue a PhD because I recognised that colleague physicians had very little understanding of clinical psychology and student psychologists who interned often had theoretical knowledge but little understanding of practice. It was my goal to get more education to be able to bridge the gap between physicians and clinical psychologists to have the former understand that both professions provide an aspect of a holistic care and the later to grasp the practical support they can give to patients in need of medical care. My aim, therefore, is to be able to teach both professions not necessarily in a particular academic institution but through continuous professional development training and workshops. As an emerging scholar, I hope to conduct research within the practice to inform both professions' culture sensitive best practice.

The PhD experience: Being a relatively older student comes with the challenge of balancing personal responsibilities and immersing in academic work. Good personal management was essential to find a good balance to navigate the two. I was motivated by the fact that my head of department then, took notice and encouraged me to apply for and was awarded a Carnegie scholarship. The work involved in the PhD programme was not as challenging as it was voluminous and required a lot of time spent on academic work.

Why did you choose to conduct research on your topic?: My observations in clinical practice showed that care for the stroke patient in Ghana seemed deficient and could be the area in which both physicians and clinical psychologists could offer more to their patients. It was important to determine if my observation was right and this was not simply a problem in the institution in which I practice. I hoped to be able to point out the gaps in stroke care and recommend to both professions how to improve their care from a patient's experience perspective rather than from the professionals' perspective.

Upcoming Events

* Dance and Fitness Programme
* Colloquium
* Training Workshop for Elder Care

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Congratulatory Message

- Profile - Dr Delali A. Dovie

Current position: Junior teaching staff at the University of Ghana.

Education: 5th Battalion Primary School; Mawuli Secondary School (O and A'levels); Bachelor of Arts in Sociology with Psychology in 2002; Master's degree in development studies in 2006 and PhD in sociology (specialty Gerontology) in 2017. The first and third degrees were obtained at the University of Ghana, whereas the second was obtained at University of the Witwatersrand, South Africa.

Work history: I worked as a Teaching and Graduate Assistant at the Department of Sociology, a Technical Support Staff at the Centre for Social Policy Studies, a Research Staff at the Institute of Social, Statistical and Economic Research, Associates for Change and Centre for African Wetlands.

Reason for choice of profession: I chose the teaching profession because of my passion for the impartation of knowledge unto students. Also, Gerontology or ageing studies gives me a detour into the dynamics of older adult care and welfare in contemporary Ghana.

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Upcoming Events

* Dance and Fitness Programme
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* Training Workshop for Elder Care

Why did you go on to do a PhD?: I pursued the PhD programme because I wanted to broaden my knowledge base and roots in the academia. More specially, I encountered situations of older adults – males and females alike, who were begging for alms prior to the entire PhD programme that motivated and made me wonder about what could have gone wrong and how it could be addressed.

The PhD experience: This gave me a lot of exposure into the general concept of ageing. The journey in this experience was facilitated by a Carnegie scholarship award from a financial viewpoint. This journey required the investment of more time and efforts into academic work. My main challenge was waiting for over a year before my thesis defence and graduation.

Why did you choose to conduct research on your topic?: I got interested in this topic for 6 distinct reasons: an observation - seeing older persons begging for alms; weakening extended family system, inadequate formal support system, population ageing, and increased life expectancy. Further, most existing literature on retirement planning were largely Western based with little research available on Africa and by extension Ghana.

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Nature and Pattern of Psychosocial and Cognitive Changes among Stroke Survivors in Accra, Ghana

- Erica Danfrekua Dickson, MB ChB PhD

Stroke is a growing global public health problem. It causes the death of many people and leaves many disabled all over the world- Ghana is no exception. It has been shown that more people die from stroke than from malaria, tuberculosis and AIDS put together. It is caused by a disruption in the flow of blood to the affected part of the brain because either the blood vessel carrying blood to that part ruptures or it gets blocked by a blood clot or other particles that flow in the blood. The damage caused depends on the size of the blood vessel that gets affected.

Those who survive a stroke are often left with disabilities that may be physical or cognitive or affect their social well-being. I observed in medical practice, that most Ghanaian survivors of a stroke are assessed and managed only for the physical challenges that they encounter. This made me question what the experience of the Ghanaian stroke survivor is like.

To answer this question that agitated my mind, I set out to explore the experiences of a few stroke survivors. Following this, I went on to survey as many stroke survivors that I could find to examine if the experiences of the few that I had interviewed were true for the majority.

In the first phase of the study, I went to the 37 Military Hospital and with the help of some nurses and physiotherapists, I got the opportunity to interview eight stroke survivors (four men and four women). Those who qualified to be interviewed had to be adults (18 years and above), were proven by a doctor that they had had a stroke, could speak directly to me and consented to speaking with me. People who had a stroke but could not talk or already had problems with their brain and thinking before they suffered a stroke were excluded.

These survivors ranged in age from 24 years to 80 years with the majority being middle-aged, educated Christians working before they suffered a stroke. Only one was a Muslim and had no formal education. One was a retiree.

I had a lengthy one-on-one interview with these eight (5 in English and 3 in Twi), each interview lasted an average of 66 minutes. I asked them about their experiences from the day of the stroke till the time of the interview, how it had affected them and how they had coped with the condition.

I found out that all but one did not know that they had any risk of getting a stroke before the event. These people, however, had knowledge about the risk factors for getting a stroke. This notwithstanding, they all thought of the disease as not being caused by risk factors alone but also by spiritual means in their particular cases. They expressed that the stroke had affected their physical functioning, their mind, including how they thought, their emotions and feelings, as well as their social participation and the roles they played before they suffered a stroke. They reported that they had coped because of their efforts in the recovery process, their religious beliefs and practices, and not excluding the social support they received from friends and family. All of them had not been able to recognize that they had suffered a stroke at the time of the event and so they did not respond to it as the emergency that it is. In their effort to get well, they had not only

gone to the hospital to receive whatever assistance they could get but they had also sought traditional herbal treatment as well as spiritual healing through prayers and fasting. Unfortunately, none of those interviewed had been assessed or managed by a clinical psychologist or other professionals that make up the stroke management team except for physiotherapists. Yet, they had psychosocial needs. This was not because there were no clinical psychologists to attend to them because the hospital in which they were sampled had five clinical psychologists. It became clear that the doctors managed the patients without involving other health professionals, who constitute a comprehensive management team. Basically, the doctors referred survivors only to the physiotherapist and continued to give them medications meant to prevent a stroke from happening again.

These findings caught my interest and to answer the question on whether these findings were limited to the interviewed survivors, I went on to survey some more survivors in the same hospital, as well as at the Korle-Bu Teaching Hospital and the LEKMA hospital. In all, 117 survivors were surveyed over a period of four months.

The findings from this group corroborated all the reports of the interviewed survivors. There were more males (65.8%) and the average age at which they had had a stroke was 54.7 years. Participants had an average of nearly 12 years of education (about Secondary School level) and more than 91% were Christians. Although 84 % worked before they suffered a stroke, less than 10% had been able to go back to work. 24% knew that they had risk factors for getting a stroke before the event but all of them were diagnosed with one or more risk factors for stroke after the event. As many as 24% of survivors concurrently sought medical help, traditional-herbal healing, and spiritual healing. They coped using African cultural-centred approaches such as their religious beliefs and practices and the reliance on social support.

My study, therefore, concluded that Ghanaian stroke survivors are relatively young, in their middle age, when compared to western countries, who are relatively aged. They had no knowledge of their risk factors for getting the disease before they got it. They attributed their disease to spiritual machinations and this informed their health-seeking behaviour, using both medical and alternate modes of healing. The doctors are not helpful in providing a comprehensive management for the survivors because they limit the assessment of such survivors to only physical needs, ignoring the psychosocial needs. This calls for them to embrace other professionals who may be key in the management of survivors.

“Unfortunately, none of those interviewed had been assessed or managed by a clinical psychologist or other professionals that make up the stroke management team except for physiotherapists. Yet, they had psychosocial needs.”

I recommended that the prevention of the disease must be proactive. To do this, I suggested that since so many survivors belonged to a religious body, education and screening for the disease should be taken to the religious places of worship by the Ghana Health Service collaborating with religious bodies. I proposed a comprehensive protocol of assessment and management that encompasses the psychosocial needs to be incorporated in a stroke management policy by the Ghana Health Service. The need for the involvement of clinical psychologists in the rehabilitation of survivors and the possible involvement of trained pastoral counsellors could be of additional help. If these recommendations are implemented, Ghana’s stroke prevalence may reduce significantly and the outcomes for those who suffer the disease could be significantly better.

Preparations of Ghanaian Formal and Informal Sector Workers towards Retirement

- Delali A. Dovie, PhD

Ghana's population is ageing, people are living longer and the extended family support system is presently inadequate in providing for older adults' needs. This situation is further compounded by inadequate formal support infrastructure. These were the key factors that motivated the conduction of this research. As a result, the research sought to compare retirement preparation among formal and informal sector workers along the life-course. Using explanatory sequential mixed methods, qualitative and quantitative datasets were collected from institutions and individual workers aged between 18-59 years utilising key informant and in-depth interviews, and survey. Twelve institutional officials a survey sample of 442 workers including a qualitative sample of 20 workers participated in the research.

The research was conducted in 3 phases. At phase one, 12 key informant interviews were conducted with 12 institutional officials to ascertain the role of institutions in retirement planning. In the second phase, survey data were obtained from a sample of 442 respondents regarding retirement planning along the life course. In the final phase, 20 in-depth interviews on workers' lived experiences were conducted. The findings indicate that pension policy fosters a conducive enabling environment for retirement preparation. The role of state institutions in retirement planning dimension indicated that social institutions perform two distinct functions namely informational and direct financial services to workers with respect to retirement planning such as financial sensitisation. Planning information is obtained institutionally from pension service providers (PSPs), banks and other organisations and non-institutionally from family, friends and work colleagues, magazines, books, print and electronic media including own ideas. Formal sector workers aspired to depend on pension income, lump sum and paid work beyond retirement. The informal expected reliance on investment incomes, susu and children. However, comparatively the formal sector ones had greater access to retirement planning information. Formal sector workers expected to depend on pension income, lump sum and paid work beyond retirement. The informal sector ones expect reliance on investment income, susu and children. Workers depended on family relations in securing retirement planning information including caring for children and other relations in lieu of amassing 'social insurance'. Therefore, family and susu are sociologically significant retirement plans that cannot be underestimated, especially with regard to well-being in old age in the context of increased life expectancy.

> *"From a lay man's point of view, the Ghanaian pathway to retirement preparation hinges on a seven stage phenomenon. First, the setting of retirement aspirations and expectations, second, solicitation of retirement planning information; third, institution of retirement plans; fourth, diversification of income sources; fifth, plan diversification; sixth, monitoring of retirement investments and finally worker contestations over conditions of service and associated resolution including outcomes."*

Approximately, 86% of the respondents were planning for retirement. significantly, formal sector workers' plans were financial and informal ones were semi-financial in nature. As a result, from a retirement preparation perspective, there are three categories of planners namely early planners aged between 17-29 years, mid-planners aged between 30-49 and 50-60+ constitute 'late planners'. The various forms of retirement investments undertaken by formal and informal sector workers, highlighted the fact that the trajectory

to retirement preparation is changing. These have been categorised into financial and quasi-financial measures. For example, financial planning even takes different routes through pension contribution, susu, savings, credit union membership, church welfare, shares, stock, commodities, bonds and T-bills. The quasi financial component entails house acquisition which could be obtained with funds and yet could also yield funds through rentals. The non-financial measures are social in nature, namely the formation and maintenance of interpersonal relationships with children, extended family members, significant others and associational membership such as drivers' unions, market associations and professional associations such as the Ghana Institute of Surveyors. In the process of planning, the workers encountered challenges related to poor conditions of service (e.g. salary) with implications for industrial actions and further institution of retirement portfolios. On the whole, the process of retirement preparation also encompasses the monitoring of instituted portfolios as well as plan diversification. Formal sector workers are well prepared for retirement compared to the informal sector ones.

The process of retirement preparation yields five distinct outcomes: financial security, accommodation, healthcare, family size and development of interpersonal relationships including leisure activities pursued differently from age, sex, formal and informal sector viewpoints. These are supplemented in some instances with end-of-service benefits. The research is reminiscent of working men and women aged between 18-59 years and working. The research sought a better understanding of retirement preparation, how workers are preparing, stakeholders and their roles as well as the challenges that workers encountered in the process of preparing towards retirement. The study's outcome has implications for the realisation of workers' retirement goals, adequate planning knowledge and/or information, salary increments which culminate in further retirement investments. The results of the research underscore the fact that retirement planning at the individual level depicts a newer appreciation of planning for retirement with decline in extended family support system.

From a lay man's point of view, the Ghanaian pathway to retirement preparation hinges on a seven stage phenomenon. First, the setting of retirement aspirations and expectations, second, solicitation of retirement planning information; third, institution of retirement plans; fourth, diversification of income sources; fifth, plan diversification; sixth, monitoring of retirement investments and finally worker contestations over conditions of service and associated resolution including outcomes. However, these stages may overlap. But due to differences in individual and situational contexts, these stages may be followed chronologically or non-chronologically. This depicts retirement planning as an incremental process of financial, material and non-material resources mobilised, interspersed with plan diversification, monitoring and expansion in investments. Therefore, the Ghanaian pathway to retirement preparation is multifaceted.

By explication, retirement aspirations and financial education are key influencers of retirement preparation. Retirement aspirations articulate the requisite retirement goals whereas financial education provides information about investment avenues and options, and monitoring of investments. The sociological significance of retirement aspirations finds expression in anticipatory socialisation where the respondents project the kind of life they intend to lead in old age including the requisite preparations towards that. Similarly, financial education and the associated literacy are indicative of socialisation from retirement planning perspective where the agents of socialisation entail family relations, friends, peers, work colleagues, PSPs, churches and mosques.

This study highlights an important aspect of Ghanaian workers. For example, the significance of susu in relation to retirement preparation cannot be overemphasised. The phenomenon of susu facilitates investment in children, land properties, namely plots of land and houses, and other financial products such as epack, mfund, life insurance, and T-bills. In this context, susu denotes an indigenous Ghanaian retirement planning strategy.

The significance of pre-retirement preparation is in part necessitated by increased life expectancy, high costs of living and the weakening of the extended family support system. Pre-retirement preparations prevent and ameliorate poverty in old age including dependency on children and family members at large, while putting the planner in-charge of his/her post-retirement life vis-à-vis longevity.

It is recommended that individual Ghanaian workers need to seek out retirement planning information. This effort must be complemented by retirement planning information provided by social institutions such as SSNIT, NPRA and a host of others. It is also recommended that Ghanaian workers need to undertake medium to large scale savings and investments towards post-retirement life.

Geriatric and Gerontology Course presentations in June 2018

The Ghana College of Physicians and Surgeons organised a workshop on the theme "**Update course in geriatric medicine in primary care"**. At this forum, Professor Charles C. Mate-Kole, Dr Akye Essuman and Dr Akosua Agyeman were among the presenters at the workshop. A summary of their presentations have been profiled as follows:

Professor Charles C. Mate-Kole made a presentation entitled "Brief assessment of cognitive screening". During the presentation, he outlined the essence of brief assessment and cognitive screening as geared towards diverse concerns such as quality of life issues, better treatment plan(s) and management; competency and decision-making; caregiver issues; including violations of all forms. Behaviour screening encompasses an array of methods namely observations; interviews; the use of standardised measures as well as differential diagnosis.

Dr. Akye Essuman made presentations in two different sessions during the programme. He made presentations on the following topical areas- "**Status of older adult care in Ghana**" and "**Comprehensive Geriatric Assessment".**

Under the presentation on the title "**Status of older adult care in Ghana**", the following were the core issues raised. Standards of care can be disaggregated into long-term care, acute care, which is composed of emergency/ critical care, acute care for elders (ACE) unit, and ambulatory care. The long-term care. Long-term care is constituted by skilled nursing facilities, programmes of All-inclusive Care of the Elderly (PACE) units, as well as retirement communities. Others include house call practices, homecare agencies, hospice and end of life care, health services for older adults in Ghana, including unaccompanied patients often neglected on admission. However, there is no preferential treatment for older people; including no inherent hospital culture of follow-up visits. Health personnel too are overburdened or lacking necessary support mechanisms to perform home visits.

Upcoming Events

* Dance and Fitness Programme
* Colloquium
* Training Workshop for Elder Care

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The modest achievements in lieu of older adult care finds expression in a variety of issues: First, National Ageing Policy (2003, 2010 revised) second, in terms of training, the following observations were made: Undergraduate curricula in geriatrics: University of Ghana and University of Cape Coast medical school; undergraduate curricula in gerontology: Nursing, public health and social work at the University of Ghana; research work – since the 1980s mostly in the social sciences; The Centre for Ageing Studies, University of Ghana was cited as one of few sub-Saharan African countries with some form of organised long-term care for older adults.

Dr Essuman also articulated on the subject - **"Comprehensive Geriatric Assessment"** that the need for Comprehensive Geriatric Assessment (CGA) has been established. The CGA is a systematic approach to collecting data to evaluate health status and functional impairments of the older adult in multiple domains. It integrates functional and medical goals of care to improve clinical outcomes and patient satisfaction. The requisite steps encompass history, assessment, physical examination, care plan, checklist for monitoring, and health maintenance plan. checklist for monitoring, and health maintenance plan. The delivery of which should be by a multidisciplinary team.

Dr Akosua Agyeman presented on the topic "**Social work and the older adult"** in which case, more importantly the presentation argues that social work assists in the care of older adults in terms of mobility, transportation, medication, personal care and nutrition. Tips to make the older people age with comfort should entail engaging them in conversations. We should not talk about them as if they weren't in the same room. Second, we should speak to them the same way we would speak to any adult. Even if the older person's behaviour is sometimes childish, he/she is still a grown-up and will feel insulted if we speak to them as if they were children. Third, if possible, we need to sit next to them instead of across a table from them. If we sit across from someone, sometimes it can seem threatening or unfriendly. Four, we need to speak loudly and clearly so they will understand us—rather than yell at them. Fifth, when talking to an older person, we need to be aware of our facial expressions. Even if something kind or nice is being said to them, it doesn't make the older adults feel good when we frown at them at the same time. Finally, we need to give the older person time to respond to questions. Remember that some may get easily confused, and some may take a little longer than others to do things.

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Conference Event

Have we ever wondered how the process of ageing has been affected by the advancement of technology? Or how this digital era has been affected by the process of ageing? Do you feel like older people are being left behind, or are you of the view that they are rather slowing down the new age? Depending on your stance, or age group, you may probably hold either one of these perspectives.

With the focus of today directed more on technology and the digitization of this era, it is easy to feel lost or left behind, especially if you fall within the aged category. This is because most of the technology is not as age-friendly with all the complex designs and operations. However, the advantage of the rapidly progressive advancements in technology is that the ageing process can be enhanced through the creation of assistive technology designed specifically for the ageing and the aged.

The Centre for Ageing Studies organised its 2nd Annual International Ageing Conference with these questions in mind. It was themed "***Ageing in the Era of Digital Technology***" and was held on the 4th-5th of October, 2018, at the Great Hall, University of Ghana, Legon.

There were interesting presentations and vibrant discussions that left minds stimulated and interests peaked, especially the students present. The older people present were relieved to know that people were interested in their well-being and were working towards bridging the age-gap and bettering the conditions of the aged generation. Topics included Assistive Technology, Healthcare Utilization by the Elderly, Linking Air Pollution and Cognitive Functioning in the Elderly, Social Media use amongst the Elderly, Anti-Aging Products, Social Inclusion and Exclusion of Older Adults in Social Care and a host of others.

Participants were impressed by stories shared by some of the older adults present, who were equally excited having the opportunity to do so. There was, of course, a practical aspect to the conference. A technological workshop was organised to cap the event. Teach Tech Africa and Vodafone Ghana assisted the older persons in a variety of things like setting up an email account, making their mobile phones user friendly and so on. Nobody was left out.

The combined efforts of the Centre's Director, Professor Charles C. Mat-Kole, the Conference Chairperson, Dr Elsie Effah Kaufmann, and their team were laudable. Impressive, informative and commendable, we look forward to more exciting conferences in the years to come.

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Event

International Day of Older Persons

The Centre for Ageing Studies as part of its activities celebrated the International Day of older persons for the second year in a row on the 1st of October, 2018 with the theme 'Celebrating Older Human Rights Champions'. This day was set aside by the United Nations General Assembly on December 14th, 1990 to recognise the contributions of older persons and to examine the issues that affect their lives. It also aims at raising awareness on the impact of population ageing and the need to ensure that people everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights.

The 1st October programme started at 11:30am at the Centre's premises. Invited guests and celebrants of the day arrived in their numbers to the venue to join in the celebration. The programme was shortly disrupted due to heavy rainfall and caused a relocation of the programme from the Centre's premises to the Great Hall of the University of Ghana. The programme continued as scheduled. The Centre received support from various organisations which included Samuel Amo Tobin Foundation, Walk with Pearls, X Mineral Water (JVR Company Limited), Digibooks Limited, Ma-mere Nursing Agency and Health Promotion Institute, F & G Wellness Partnerships, Ark lifestyle Foundation, and the 50 and Counting club (SDA Adenta) to make the celebration a success. Over 400 older people aged 50+ attended the event from all over the Greater Accra Region with the oldest being 98 years of age. The Director of the Centre for Ageing Studies, Professor Charles C. Mate-Kole gave the welcome address. He gave a little history of the Centre and the reason for the celebration and expressed gratitude to all who contributed in one way or the other to the success of the programme. Other associate members of the Centre (Dr Akosua Agyemang and Dr Akye-Essuman) spoke briefly about some issues affecting older adults.

Activities for the day included health screening, dance and fitness, sharing of food and drinks as well as sharing of lessons and experiences by the older persons. The health screening exercise included the checking of blood pressure, glucose levels, eye screening among other tests and consultations with well-trained doctors from the Korle-Bu Teaching Hospital and Entrance hospital. Free medication such as malaria treatment, dewormers, antacid and blood tonics, which were provided by Tobinco Pharmaceuticals, were given to the attendees, who needed it. The programme was climaxed with the celebration of Mr Fred Larbi's (C.E.O of Digibooks) birthday. He turned 72 on the 1st of October. The programme was covered by a number of media houses namely Ghana Broadcasting Corporation (GBC) and Atinka TV.

The celebrants of the day were very pleased by the Centre's efforts to recognise them as an essential part of society and celebrate them. They encouraged the Centre to continuously have such programmes and bring up other social programmes which the older people can participate in. They were extremely grateful to the members of the Centre and the various organisations that contributed to celebrating the International Day.

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CFAS Life Corner

It's important to stretch out our muscles especially as we age. This helps ease pain, strengthens the muscles, make the joints less rigid, improve posture and for some people, makes them feel younger.

Here are a few brief stretches you can do to contribute to healthier ageing.

- **CHEST STRETCH**

  This stretch is good for posture.

  A. Sit upright and away from the back of the chair. Pull your shoulders back and down. Extend arms out to the side.

  B. Gently push your chest forwards and up until you feel a stretch across your chest.

  Hold for 5 to 10 seconds and repeat 5 times.

- **NECK ROTATION**

  This stretch is good for improving neck mobility and flexibility.

  A. Sit upright with shoulders down. Look straight ahead.

  B. Slowly turn your head towards your left shoulder as far as is comfortable. Hold for 5 seconds and return to the starting position.

C. Repeat going right. Do 3 rotations on each side.

- **HIP MARCHING**

This will strengthen hips and thighs and improve flexibility.

A. Sit upright and away from the back of the chair. Hold on to the sides of the chair.

B. Lift your left leg, with your knee bent, as far as is comfortable. Place your foot down with control. Repeat with the other leg.

Do 5 lifts with each leg.

- **ARM RAISES**

This builds shoulder strength.

A. Sit upright, arms by your sides.

B. With palms forwards, raise both arms out and to the side and up as far as is comfortable. Then return.

C. Keep your shoulders down and arms straight throughout. Breathe out as you raise your arms and breathe in as you lower them. Repeat this 5 times.

- **SIDEWAYS WALKING**

This helps maintain a good balance

A. Stand with your feet together, knees slightly bent.

B. Step sideways in a slow and controlled manner, moving one foot to the side first.

C. Move the other to join it. Avoid dropping your hips as you step. Perform 10 steps each way or step from one side of the room to the other.

- **SIT TO STAND**

This is good for leg strength.

A. Sit on the edge of the chair, feet hip-width apart. Lean slightly forwards.

B. Stand up slowly, using your legs, not arms. Keep looking forwards, not down.

C. Stand upright before slowly sitting down, bottom-first. Aim for 5 repetitions - the slower the better.

Source: *www.nhs.uk/exercises-for-older-people*

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From the Editorial Team

Dear Readers,

We are pleased to keep you informed on the activities of the Centre for Ageing Studies. Our quarterly newsletters aim to address concerns of the rapidly growing ageing population, including health, retirement issues and stereotypes, and to stimulate collaborative programmes and research in this area.

Do subscribe to the CFAS newsletter to receive updates on our activities, articles and projects. You may also log on to the Centre's website, ***cfas@ug.edu.gh*** *for the newsletter.*

The next issue will introduce the projects and various outreach activities the Centre is involved in, as well as the committees and stakeholders behind them.

We welcome articles (ageing studies related), tit-bits questions and suggestions for our next issue!

Do send in your comments, questions, and contributions, and see them featured in the next issue!

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