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TECHNOLOGY, KUMASI

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

Social Support Systems for the Elderly in a Ghanaian Rural Community

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JUNE, 2016

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SOCIAL SUPPORT SYSTEMS FOR THE ELDERLY IN A GHANAIAN RURAL COMMUNITY

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A Thesis Submitted to the Department of Sociology and Social Work, Kwame Nkrumah University of Science and Technology in partial fulfillment of the

requirements for the degree of

MASTER OF ART in Sociology

JUNE, 2016

DECLARATION

I hereby declare that this submission is my own work towards the award of Master of Arts Degree in Sociology and that to the best of my knowledge, it contains no material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the work.

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DEDICATION

I dedicate this work to God Almighty for His abundant grace and divine provision throughout this programme and also to my parents and siblings for their support and encouragement.

ACKNOWLEDGEMENT

My profound gratitude goes to God Almighty for His abundant grace, provision and travelling mercies throughout my master‟s programme.

My appreciation goes to my supervisor, Dr. Kwaku Yeboah for his invaluable advice, correction and suggestions that directed the study to its logical conclusion. Special thanks also go to Dr. Jonathan Mensah Dapaah, Post-graduate Coordinator at the Department of Sociology for his fatherly encouragement.

To my beloved brother, Emmanuel Osei Mireku, I say God richly bless you for your thoughtful insight to the work. Also to my parents Alice Amankwaa and Matthew Kwabena Oppong and other siblings that time may not allow mentioning all their names here for their encouragement and prayers.

I wish to thank all those who took time to administer the questionnaire with me especially to my Sunday school students, I say God bless you. Finally to all the respondents who took time to answer my questions and allowed me to take their photographs during my fieldwork towards the success of this thesis, I salute you. God richly bless all of you.

ABSTRACT

The purpose of the research was to find out the actual social support for the older population, and how satisfied they are with the support they received. The population consisted of all the elderly from the age of 65 years and above living in the study area. The multi-stage cluster sampling technique was employed with a sample size of one hundred and fifty elderly people. Questionnaire was the main instrument for the data collection and the mode was personal face-to-face interview where respondents were visited at their homes.

The data was analyzed with SPSS and Microsoft excel and the findings show that children (son /daughter) were the main providers of social support for the elderly in the family, followed by spouse and other relatives, with the most kind of support provided being financial assistance, medical expenses, food and emotional support respectively. Most of the old folks (78%) were very much satisfied with the support they received. I therefore recommend that there should be the need for recreational centers for the elderly both in the urban and rural areas, where the old folks can converge and socialize among themselves.

This will help reduce loneliness among them and help boost them emotionally.

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ABBREVIATIONS

ADL……Activity of Daily Living

AGES……African Gerontological Organizations

AIDS…….....….Acquired Immune Deficiency Syndrome

EAs…….…….....Enumeration Areas

NGOs……Non-Governmental Organizations

NHIS……...National Health Insurance Scheme

HIV……Human Immunodeficiency Virus

UNFPA……United Nation Population Fund

SPSS…….……..Statistical Package for Service Solution

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

The elderly has been with us in the society; they are still with us and will continue to be with us. For this reason there is the need to provide the support they need to help them survive a little longer so as to contribute their services to the development of the nation. The concept of the aged is said to be a group of people or persons aged 60 years and above (Ghana Statistical Service, 2013). For the purpose of this study, Ghana Statistical Service definition of the elderly is the baseline of persons who are classified as elderly. Even though when it comes to Africa as a whole it is recognized at age 65 and above, retirement age for workers in Ghana to be specific is age 60 years (Ghana Statistical Service, 2013).

The aging process has its own dynamics; depending on how each society or country make sense of it. In the developed world chronological time plays an important role, thus the age of 60 or 65 as retirement ages in most developed countries, is said to be the beginning of old age. However, in many parts of the developing world, chronological time has little or no importance in the meaning of old age. The age of retirement from active public economic activity is 65 years; the elderly are defined as persons aged 65 years and above (Population Reference Bureau , 2012). In the world over, there is a general improvement in the life expectancy and a reduction in mortality rate as a result of improvement in health as well as nutritional status and for that matter; there is a projection of many people surviving to the age 60 and above (Madrid Political Declaration, 2002). “The world is experiencing an unprecedented demographic transformation and that by 2050 the number of persons aged 60 years and over will increase from 600 million to almost 2 billion and that the proportion of

persons aged 60years and over is expected to double from 10 to 21percent" (Madrid Declaration, 2002:633). Also, demographic data suggest the expectation of the older people in the developing countries to quadruple during the next 50 years (Madrid Political Declaration, 2002). Old populations are typical of the developed countries with 15 percent or more of their total national population age groups are 65 years and above; and a few for example France, Italy and Germany have over 25 percent as the older ages. Even though France, Italy and Germany have high elderly population, Japan has the highest proportion of 32 percent aged persons (UNFPA, HelpAge International et al., 2012).

However, "In Africa the proportion is only expected to grow from 5 to 6 percent between 1998 and 2025 but then doubling by 2050" (Madrid Political Declaration 2002:636).This indicates that by the year 2050 most countries in Africa would likely have a doubling in their aging population. For instance, Mozambique is expected to increase in the older population from 0.8 to 2.1 million. Cameroon from 0.8 to 1.6 million and Uganda from 0.8 to 1.9 million (US Census Bureau, 1999); Mozambique will have more elderly population than Uganda and Cameroon, with the increases in the elderly population, put a challenge on the region and individual countries in particular.

From the trend of demographic data discourse so far, Ghana is not left out. According to Ghana Statistical Service"s report on the 2010 Population and Housing Census (2013) the elderly population in Ghana has increased more than seven-fold. From 1960 census figure of 213,477 to 2010 census figure of 1,643,381 (Ghana Statistical Service, 2013: IV). Ghana, like many other countries, has been experiencing increases in the size of the aged population as a

result of worldwide improvements in life expectancy brought about by the introduction of modern health care and profound socioeconomic changes. Data from the various rounds of censuses in Ghana indicate that the proportion of the elderly has been increasing over the years. As shown in the Table 1, the proportion of the population aged 65 years and older increased from 4.6 percent in 1960 to 6.7 percent in 2010. In the Brong Ahafo Region where the study was conducted, the aged population has grown from 4.1 percent to 6.2 percent during the same period. The Western Region in 1960 had 5.1 percent of the aged increased to 6.6 percent in 1984. Greater Accra Region in that same year was 4.1 percent and 4.7 percent in 1984. In the Ashanti Region the proportion of the population aged 65 years and older increased from 4.2 percent in 1960 to 6.0 percent in 2010. In Northern Region where the population is not quite dense, one can see from table 1 that, it has a sizeable older population in 1960 5.0 percent in that same year Brong Ahafo had 4.1 percent. The data provide an indication of increasing longevity and the aging of Ghana‟s population and raises the question of how to care for increasing number of the aged population.

Table 1.1: Trend in the proportion of the aged population, Ghana, 1960-2010

	1960	**1970**	**1984**	**2000**	**2010**
Ghana	4.6%	5.2%	5.9%	7.2%	6.7%
Brong Ahafo	4.1%	5.0%	5.4%	6.2%	6.2%
Western	5.1%	4.6%	6.6%	6.1%	5.5%
G. Accra	4.1%	3.3%	4.7%	5.5%	5.3%
Ashanti	4.2%	4.6%	7.1%	8.0%	6.0%
Northern	5.0%	4.9%	5.9%	6.5%	6.2%

Central		6.5%	6.8%	7.8%	7.4%
Volta	6.0%	6.7%	11.3%	8.9%	8.9%
Eastern	5.3%	5.0%	6.6%	8.0%	8.0%
Upper East			6.5%	8.9%	9.2%
Upper West			8.6%	8.9%	8.4%

Source: GSS: 2010 Population and Housing Census: National Analytical Report

- *Figures represent Western & Central (Central Region was not created by then)*
- *Figures represent Northern, Upper East & Upper West (Upper East and Upper West Regions were not created by then)*

Traditionally, the care of the elderly has been the responsibility of the family members and kinsmen. Families have traditionally provided such support in many developing countries, "families remain pivotal to elderly care, and their lifespans becomes longer there may be disruption to family structures, leading to a move towards public transfer systems and savings similar to that experience in wealthier parts of the world" (Bloom, Canning, & Fink, 2011). In fact, an important feature of the traditional Ghanaian family and kinship organization is the notion of collective responsibility for the welfare of its members, including the elderly. In many Ghanaian societies, the traditional extended family members of sons, daughters, nephews, uncles, aunts, siblings among others have provided social support to its members. The sense of solidarity, mutual obligation and exchange among members of the kin group and those established by marital ties ensured support in times of need and represented an insurance against deprivation (Yeboah, 1998). In this sense, "kinship provided a mechanism for coping with short term crisis in the absence of an organized welfare institution" (Depurr, 1996).

Today, the traditional social support system prevails to some extent, especially in the rural areas of Ghana, but has been undermined by education, migration and dispersal of kin, urbanization, wage employment and other socioeconomic changes. To Shanas (1975) "the family persist as a major source of help to the elderly in our contemporary society" (Shanas, 1975). In Sub-Saharan Africa, the situation is no different to what is prevailing in Ghana, resulting from the breakdown of the traditional values, the growing incidence of the nuclear family, and difficult economic circumstances, the aged, particularly in the rural areas, do not have the recourse of formal support systems to fill the gap left by the withdrawal of family support. This appears to be the situation in both Tanzania and Cote D"Ivoire (Dixon, 1987).

Despite the weakening of the traditional support network structure, there remains no modern social welfare system for the majority of elderly in Ghana. With the exception of the National Insurance Scheme, which covers all the elderly population in Ghana, other national social security systems such as the pension scheme have focused on elderly people who had worked in formal sector. Since a great majority of the Ghanaian population work outside the formal sector, coverage of the present social security system is not comprehensive enough. Most elderly people therefore, continue to rely on what remains of the traditional social support system provided by the extended family.

The focus of the study is that, in the absence of any specific state welfare programmes for the elderly, the traditional social context continues to regulate the care of the elderly in Ghana. The central argument here is that the social changes occurring in Ghana have weakened the traditional social support structure on which most elderly persons rely and as a result has made them more vulnerable with negative impact on their well-being. The vulnerability of the aged persons is expected to be particularly more pronounced among those living in rural areas.

1.2 Statement of Problem

There is the perception that most people especially Ghanaians do not regard issues concerning the elderly. People think of aging as a burden and curse instead of blessing to the younger generation. They also, view aging as no issue for policy discourse. Family Planning Programmes have been a big deal of which most government planners and institutions are more concerned with, and how to control birthrates as well as strategizes ways of coping with rapid population growth. Furthermore, when it comes to academic institutions there has been a lot of research on family and marriage (Apt, 2012). There is little literature regarding issues of the elderly (African Gerontological Society (AGES), 2003) of the Ghanaian setting in particular, even though there have been researches on older population in the developed world (African Gerontological Society (AGES), 2003). This study will fill the gap and add to literature of the elderly in Ghanaian stetting.

There is the perception that children are supposed to care for the elderly in the family especially their parents. In fact, most old folks are ignored by their immediate families as well as their extended families and people do not really know the support given or received by our old folks (Adamchak, 1989). Sometimes, one may want to know how these supports given to the elderly are real or fiction when it comes to Ghanaian setting.

The study seeks to determine actual providers of various support systems to the elderly in Ghana especially in the rural community where the study will focus. The study will again explore the main social support for the elderly in Ghana. The focus of the study is to have descriptive data on the social support systems about aging in a Ghanaian way.

1.3 Research Questions

The research questions of interest in this study are as follows:

1. Who provides social support for the elderly in the rural community?
2. What kinds of social support are provided?
3. How adequate is the social support, if any, received?

1.4 Objectives of the Study

The general objective of the study is to document the social support structures of rural elderly persons in the study area.

The specific objectives are as follows:

1. To find out providers of social support for the elderly in rural communities.
2. To examine the kinds of social support provided.
3. To assess the adequacy of support provided

1.5 Research Hypothesis

1. H_0 = The majority of elderly are not satisfied with social support received
2. H_1 = The majority of elderly are satisfied with the social support received

1.6 Justification of the Study

This study is needed in this generation where there is improvement in health system making life expectancy high as compared to the previous generation, resulting in increased in the older population. The Municipality where the study was conducted needs it to draw up policies to cater for the well-being of the elderly. Also, this study is necessary to help the nation as well as the government avoid crisis tomorrow to meet the needs of the growing numbers of older

persons. Moreover, there is little literature on the elderly population, since most at times researchers and scholars concentrate more on marriage and education of the youth neglecting the elderly (Apt, 2012). Research on aging in Africa was high on the list of recommended actions of the conference held in Accra, Ghana 2002 by the African Gerontological Society (AGES). It was observed that there was a huge research gap to be filled not only to develop appropriate methodologies and collect better descriptive data on the social and economic support systems around ageing in Africa (African Gerontological Society (AGES), 2003)

1.7 Importance of the Study

The study will add to the existing knowledge on demographic data on elderly population and the social support structure for the aged. It will also bring out the kinds of social support for the elderly in Ghana and its relevance to the elderly as a life satisfaction. The study will serve as a source of reference material for further studies by researchers, writers and debaters. Inform the government as to the kind of policies to craft for the elderly in the country and systematically provide adequate welfare policies for the aged.

1.8 Operational Definitions

Elderly: refers to persons with the ages of 65 years and above.

Social support: refers to help the aged receive from members of the family and elsewhere.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

Social support system is very essential for the well- being of the individual in the family and for that matter the society. Since human beings are interrelated and connected to each other, one cannot live in isolation; people need one another for existence. According to Dykstra (as cited in Ahmad, 2011) one cannot do away with social support since is a powerful contributing factor of the elderly living a healthy and long life. To Uchino (2004) as cited in Ahmad (2011) "social support in old age, regardless of individual"s socio-economic status, health risk behaviors and the use of health services, has strong bearing on the health status of older people" (Ahmad, 2011).

Many researchers and authors have define social support in various ways as "the support older adults received from their close ones in times of sickness, financial matters, visiting friends/relatives and sharing their problems during last one year (Ahmad, 2011:40).

Levesque and Cossette"s study (as cited in Drame et al., 2013) have a different view about social support. To them social support is "a process interaction, promoting coping, selfesteem, sense of belonging, and the ability to mobilize material and psychological resources for exchange". These authors share the idea of social support being a sense of belonging, whereby the older person can feel love in times of sickness as well as financial assistance and can have the freedom to interact without any oppression from anyone.

The literature have shown three main kinds of social support systems that one cannot do away with, these types runs throughout writers and authors of social support system. They are

emotional support, instrumental support and informational support. Notwithstanding these main types of social support, there are also other minor supports such as companionship support, feedback support, normative support and socializing support.

Older persons receive support from families such as spouse, sons, daughters, neighbors, friends, paid workers and others like sons and daughters in-laws. Close family members are essential source of social support in times of worries and in problems sharing (Ahmad, 2011). Comparably, "spouses are the main source of support to the elderly followed by sons and daughters" (Ahmad, 2011:45), in times of illness family help in services and regular visits are frequent among elderly persons, their children and relatives whether they live together or not (Shanas, 1975). Nonetheless, to Dykstra (as cited in Ahmad, 2011) friends to the elderly persons provide emotional support to them through advice and exchange of relations.

Support that older people receive from their families, close friends and neighbors have some bearings on their life either positively, or might not have any significant effects on their lives as individuals. Previous research on social support reviews that "the different forms of support interventions generally produced encouraging results" (Hogan, Linden, & Najarian, 2001), research by Henderson,1992; Lakey & Cronin, 2008 as cited in (Ibrarra-Rovillard & Kuiper, 2010) shows again that social support provided by friends, family members and by peers is beneficial. Nevertheless, deficits in social support have been found to affect a variety of health constructs including depression. Negative social interactions can have pervasive and strong detrimental effects of depressed individuals, a study done by Cairo and Gottesman (as cited in Ibrarra-Rovillard & Kuiper, 2010).

Although, some social support might not be useful to their receivers, there is no support which is irrelevant or immaterial. In a study by Ahmad (2011) of "hypothesis that there was no

significant effects of elderly social support on their Activities of Daily Living (ADL) impairment and it was discovered that elderly‟s social support has significant effect on the ADL impairment" (Ahmad, 2011:49).

2.1 Providers of Social Support

The provisions of social support to the elderly are done by numerous of people including the family (spouses, sons, daughters as well as sons and daughters in-laws), the society (friends, neighbors, agencies, social workers, nurses, paid workers including NGOs) and the nation as a whole.

2.1.1 The Family as a Source of Social Support

The family still remains as a major provider of social support for the elderly. Within the family, there is the nuclear family comprising the spouse and the children, also, the extended family consist of the uncles, aunties, grandparents, nephews, nieces including in-laws. Some authors like Brodaty, Luscombre and Murray et al. as cited in (Drame, et al., 2013) attest to the fact that, in developed countries informal network consisting mainly family members is a contributing factor in ensuring that older persons are able to remain living at home as long as possible. In China, the "traditional family support for the elderly is such that eldercare takes place at home and the duty of care is performed by the children" (Editorial Board of Population Research, 2001). The family remains an essential source of support for older persons, particularly for the Chinese who are more into the family system and collectivism in their culture (Leung, Chen, Lue, & Hsu, 2006) "keeping the family in harmony is the most important goal for the Chinese, especially for the people of older generations" (Leung, et al.,

2006:211). From the above discourse, one cannot do away with the family, even as a young person in my family especially my parents and older siblings who support me in most of the time I need help, how much more the elderly person in the family, whom at that period in their life are vulnerable and will need assistance. To Wills and Shinar as cited in (Lotus, Chen, & Lee, 2004) family members provide assistance by undertaking various supportive functions such as emotional support, instrumental or practical aid, and providing information. "In Taiwan almost 90 percent of the dependent elderly persons are taken care of by their family members" (Lotus, et al., 2004:1396). Lotus et al. (2004) further commented that when it comes to Taiwan, sons play important role when their elderly parent is in hospital and discharge. A study done by Hsu (as cited in Lotus, et al., 2004) also portray that "the Chinese family is a father-son dominated kinship system. The son is usually the decision-maker of the family during a family crisis or when dealing with outside systems. Therefore during hospitalization and discharge transition, the son is more likely to be in charge of the family care and to identify himself as the primary family caregiver" (Lotus, et al., 2004:1401). Another study conducted by Ahmad (2011) in Lahore Pakistani revealed that substantial percentage of the elderly "received occasional support in sickness by their close ones over the last one year" (Ahmad, 2011:41) Also, "close relatives of the elderly person give financial support to the old in the family as a backbone" (Ahmad, 2011:41) and very important source of support in times of problems and worries (Ahmad, 2011).

In African societies, adults have children as security against old person (Ghana Statistical Service, 2013). Also, Apt (1993) as cited in (Darkwa & Mazibuko, 2002) the older persons are given the needed respect as well as revered, since they will never cease to be important contributors of the family. However, according to Okojie (1988) "over the past few years, the

impact of migration, urbanization, and industrialization has weakened the traditional social structure and the bonds of family solidarity" (Darkwa & Mazibuko, 2002:113). These authors agree to the fact that the family is essential in the provision of social support to the elderly in the family which makes a joyful moral obligation. Today, the African family is undergoing changes in terms of form, proximity, roles and functions, relationships, power, and decision making hierarchies (Darkwa & Mazibuko, 2002).

Most old persons in Sub-Saharan Africa enjoy support and care from their children both biological and social. "The cultural value of reciprocity ensures that children, having been cared for by their parents (biological and social world) in turn provide all their needs during their old age" (Ghana Statistical Service, 2013:10).

In many Ghanaian societies, the traditional extended family members of sons, daughters, nephews, uncles, aunts, siblings among others have provided social support to its members. The sense of solidarity, mutual obligation and exchange among members of the kin group and those established by marital ties ensured support in times of need and represented an insurance against deprivation (Yeboah, 1998).

2.1.2 The Society as a Source of Social Support

Society play important role in the life of elder persons in the communities. They provide a lot of services to people in their later age to help them cope with life situation. The society include friends, neighbors, agencies, social workers, nurses paid workers and Non-Governmental Organizations (NGOs).

2.1.3 The Government as a Source of Social Support

Most governments in both the developed and developing countries have some policies that provide social support for the elderly in their various nations. Most countries provide health-care services to their old folks as in the case of Ghana; there is National Health Insurance Schemes (NHIS). Nevertheless, the health-care services which are supposed to be provided by the government as a support to the elderly are not equitably distributed, since most of the elderly in Africa especially in Ghana reside in the rural areas, these health-care services are limited in the urban centers thereby denying the elderly in the rural access to good healthcare services (Darkwa & Mazibuko, 2002).

2.2 Definitions of Social Support

Considerable definitions have come from different authors concerning social support system. Cohen, Gottlied and Underwood (2000) defined social support as any process whereby social relationships promote health and well-being. (Cohen, Gottlied, & Underwood, 2000) To these authors social support must promote or enhance the health and well-being of the individual including the elderly, so any service offered to the elderly and does not enhance the well-being of the elderly cannot be a social support. According to Thoits (as cited in Drame et al. 2013) postulate that social support is the degree to which the individual basic needs such as emotional or instrumental needs are satisfied by the elderly through their interaction with others. This implies that for social support to satisfy the desires of older persons then there should be some kind of connection with others by the elderly so as to experience that emotional need they require. Moreover, to Levesque and Cossette (1991) social support refers to a process of interaction, promoting, coping, selfesteem, sense of belonging and the ability to mobilize material and psychological resources for exchange. (Levesque & Cossette, 1991).

Nonetheless Ricks (as cited in Drame et al. 2013) came out with a more interesting and detailed view of the concept of social supports suggesting three categories. In the first place, Ricks refers to social support as the presence of relative thus spouse, family members and close friends and a sense of belonging to group or an organization. Secondly, an activity-base definition which is characterized by interactions with social networks such as frequent meetings and specific support actions. Although, the sense of belonging and basic needs like emotional and instrumental runs through these definitions of social support. The authors (Levesque and Cossette, 1991; Thoits, 1982 and Ricks, 1984) failed to relate their definitions of social support to specific individual either children, adolescent as well as the elderly, making it general does not help readers to know the exact situations on the ground. However, the study will bring out the specific social supports that are there for the elderly in the rural communities especially in the Ghanaian rural settings. Coming back to the definitions of Ricks, his third category of social support is more of satisfaction-base, leading to the degree of "satisfaction about the support received by the person, their perception of the support received (having someone to rely on), and the quality of social integration and feelings inspired by the neighborhood" (Drame et al. 2013).

2.2.1 Importance of Social Support Systems

One cannot ignore the significance of social support to the elderly in the family and in the community at large. Little help given to the elderly to take transport, escort to the market place in the rural community is of great value for older persons. According to Dykstra (as cited in Ahmad, 2011) one cannot do away with social support since its a powerful contributing factor of the elderly living a healthy and long life. To Uchino (as cited in

Ahmad in 2011:50) “social support in old age, regardless of individual‟s socio-economic status, health risk behaviors and the use of health services, has strong bearing on the health status of older people” (Ahmad, 2011:50). Zink (as cited in Ahmad, 2011:50) added that social support acts as buffer and alters recovery patterns. Finch, Okum, Pool and Ruehlman (1999) review that perceived support either to the elderly is significantly more related to well-being than any other constructs of social support (Finch, Okun, Pool, & Ruehlman, 1999).

2.3 Types of Social Support

The literature stress three main kinds of social support including instrumental support, emotional support and informational support but there are other minor types such as companionship support, feedback support, normative support and socializing support.

2.3.1 Instrumental Social Support

According to Hogan et al (2001) “instrumental support involves the provision of material goods (e.g. transportation, money, or physical assistance), and might also help decrease feelings of loss of control” (Hogan et al., 2001:382).

2.3.2 Informational Social Support

Informational support involves the “provision of information used to guide or advise, is believe to enhance perceptions of control by reducing confusion and providing patients with strategies to cope with their difficulties” (Hogan et al., 2001:382).

2.3.3 Emotional Social Support

According to Hogan et al (2001) "emotional support involves verbal and nonverbal communication of caring and concern and is believed to reduce distress by restoring selfesteem and permitting the expression of feelings" (Hogan et al., 2001:382).

2.3.4 Companionship Social Support

Authors like Wills and Shinar (as cited in Ibarra-Rovillard and Kuiper, 2010) added companionship support to the literature by adding to the already known traditional types of social support. To them, companionship support refers to "the availability of people with whom individuals can participate in social, leisure and recreational activities (e.g. having a partner for sports, movies and shopping)" (p. 344).

2.3.5 Feedback Social Support

Feedback support is a kind of support which refers to the "provision of information about the appropriateness and normativeness" (Ibarra-Rovillard & Kuiper, 2010:345).

2.3.6 Normative Social Support

Normative support is the reinforcement by others of social identity, recognition of its value, and sense of belonging (Drame, et al., 2013)

2.3.7 Socializing Social Support

According to Drame et al (2013) socializing support is a type of social support where by the individual have access to new social contacts, leisure activities, accompaniment and distraction.

2.4 Positive Effects of Social Support

Social support system is of great value to every individual in the family, the society and the nation at large. Its positive effects especially on the well-being of the elderly, is worth considering. A study by Hogan et al (2001) on social support reviewed that "receiving social support increased perceived group benefits and group satisfaction while providing support and friendship were positively related to well-being and group appraisal" (p.390). To Hogan et al once the individual such as the elderly receive support either from the family or any other person, it leads to improve their life. For the fact that, the elderly gets support he/she may feel okay and can help cope with the situations that may come their way. One will agree that, for the fact that your mum or dad comes to pay you a visit at school especially in the second circle institution, particularly those at the boarding house, you will feel happy and satisfy, even if they do not leave any provision or money behind, so this too, apply to the elderly when they receive emotional support from families and friends. Hogan et al (2001) also affirm from literature on social support that with the various forms of support interventions normally will produce an encouraging results, support receive from friends, family members and by peers is also beneficial in a sense that it provide interventions that emphasized reciprocal support (both giving and receiving support) which demonstrate a more convincing outcomes. Most at times merely receiving support may not be as potent as mutual exchanges of support.

2.4.1 Negative Effects of Social Support

Notwithstanding the numerous benefits and positive impact social support systems have on the well-being of the older person, it has its shortfalls, in the sense that not all the social support

either receive or given to the elderly affect their well-being positively. That is, it sometimes negatively impacts the well-being of the people. Example, social support becomes negative to the receiver that is the elderly when family members express criticism, hostility and lack of warmth towards their elderly parents or an ill individual. Even though the elderly is receiving support from their providers but the attitudes of the providers to the elderly are not welcoming and there is no expression of love as well in the provision of the support, then it becomes negative since it will not lead to the well-being of the person but rather less satisfaction and depression. In another situation where the autonomy needs (existence as independent moral agent) could be undermined by family members being excessively controlling towards the elderly‟s competence needs (the ability to do something well) could be undermine. When this happens the social support becomes dissatisfactory. These shortfalls of social support have been found to affect a variety of mental health constructs including depression (Lakey & Cronin, 2008). Coiro and Gottesman‟s study (as cited in Ibarran-Rovillard & Kuiper, 2010) assessed the "depressed emotion status and then, several months later, assess the depressed patients relapse status" These investigators found that depressed individuals with family members high in express emotion were high in express emotions. The above research revealed that negative social interactions can have pervasive and strong detriment effects of depressed individuals‟ especially depressed elderly in the family. In terms of social relationships, there are many possible ways that relationship; this may be the elderly person‟s spouses who could undermine the satisfaction of the other partner‟s basic needs.

2.4.2 Less Significant Social Support

According to Dykstra (as cited in Ahmad, 2011) "sometimes receiving less support than one need leads to distress and feeling of guilt, which might in turn results in dissatisfaction" (p.

47). Most at times, it is difficult for the elderly to dictate to whoever might be providing service to them, that the support that they are receiving is nothing, in other words the support is not making any impact on their lives for the fear that they might lose that opportunity. Older persons are more or "less satisfied with the support provided to them" (Ahmad, 2011:47).

2.4 Theoretical Argument Guiding This Study

In situating the study in theory base, several theoretical perspectives have been drawn to explain social support system for the elderly including; socialization specifically reciprocal socialization, the family system theory as well as social change theory.

2.4.1 Socialization Theory

Socialization is "vitally important to both the society. Without some process of socialization the society would cease to exist. Socialization can be regarded as the way by which culture is transmitted and individuals are fitted into the society"s organized way of life" (Odetola & Ademola, 1985) it is through socialization that the child in the family and the society as a whole, is thought the norms of the society by their parents so as not to be ignorant of the fact that children are security to their parents at old age. However the theory of socialization especially reciprocal socialization is based on the notion that parents socialize children, children will in turn socialize their parents in their old age by providing financial and emotional needs as a means of support to their elderly parents (Santrock, 2007).

2.4.2 The Family System Theory

Since the family is an agent of socialization, an individual cannot live in isolation. However the family is an important source of social support for its members including the elderly. The

family theory as introduced by (Murray, 1971) is of the notion that members in the family are interconnected and interdependent individuals, therefore none of whom can be understood in isolation from one another in the system, but rather as a part of their family, as the family is an emotional unit.

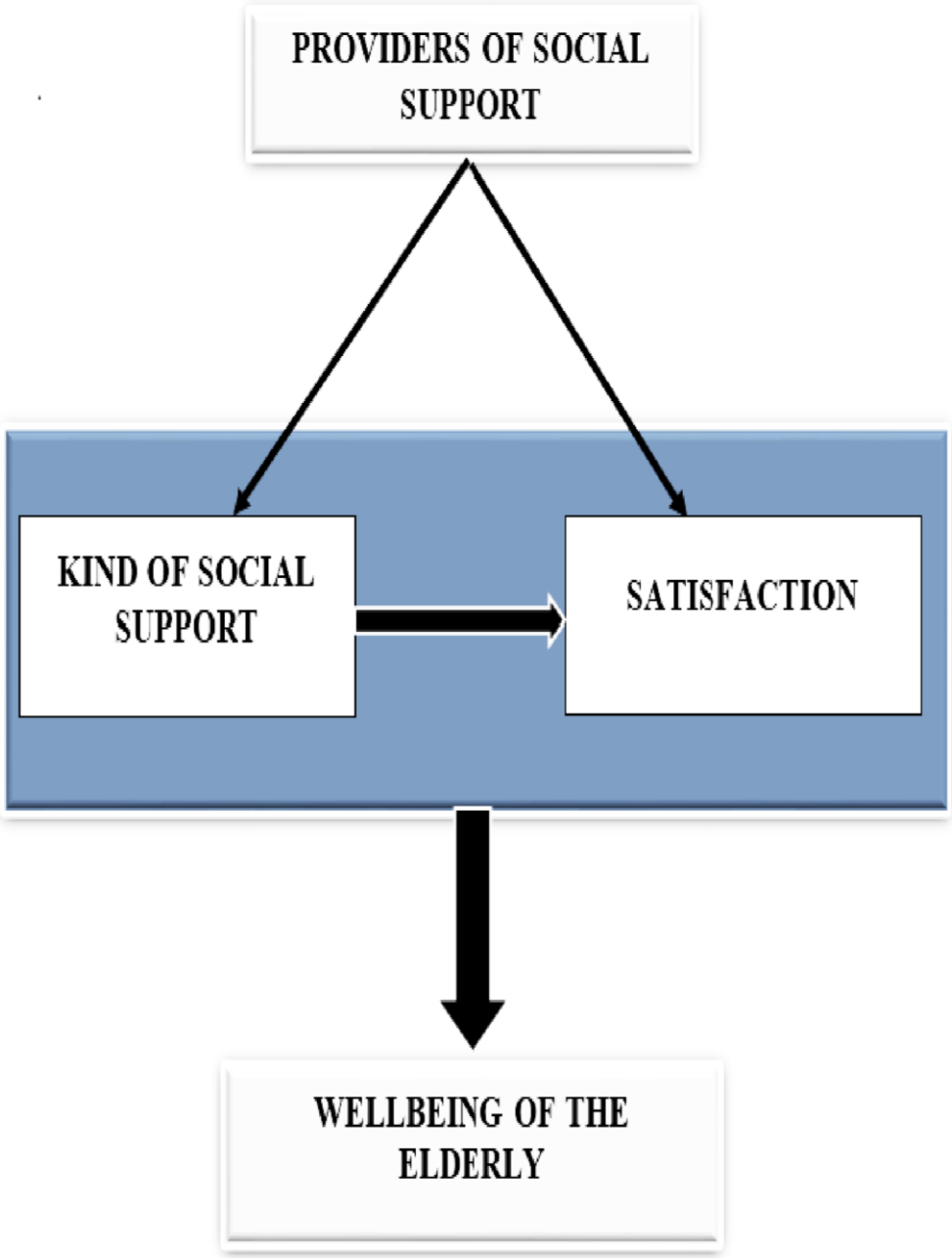
2.4.3 Social Change Theory

Notwithstanding, the interconnected and the interdependent that binds members in the family together, where members such as sons and daughters provide the needed support for their older persons are gradually shifting due to social changes. Social change theory is based on the idea that there are changes in population due to migration and urbanization. These have affected the tie connections existing among members in the family and as a result affected the needed support members would provide for the elderly. According to Okojie as cited in (Darkwa, 2002) emphasize on migration, urbanization and

industrialization as factors that has weakened the traditional social structure and the bonds of family solidarity. All over Africa including Ghana, there are increasing migration of the youth to the urban centers in search of employment, higher education as well as for trade, deprives older persons left in the rural areas the physical and social support and services that they may need from them. To add to, the role of the family as a primary support system for the elderly had changed due to social change. "Consequently, changes in kinship ties, living arrangements and intergenerational roles are probably to have affected the nature of older residents" and social support exchanges, interactions and overall life satisfaction"(Kodzi, Gyimah, Jacques, & Ezeh, 2011).

2.5 Conceptual Framework

Fig. 2.1: Conceptual Framework of Social Support Systems for the Elderly



Social support is the way through which family relations or close friends provide the necessary support needed to promote the wellbeing of individuals, especially the elderly who mostly are

unemployed and sometimes lack the capacity and strength to work for living. There are several providers of social support which include children, other relations, friends and sometimes the community and the country in which they live in. Received support promotes well-being by protecting people from the effects of stress. Normally, the elderly who receives social support from their immediate families show a weaker correlation between the amount of stress and health problems than those older persons who received less social support from their immediate families. Instances, where the elderly in the community receive social support not only from their immediate family but from friends, paid workers and neighbors, if the elderly receive support definitely it will enhance them to cope with any situation that might come their way in this period of their lives since they will feel secure and a sense of belonging and loved as well as help them overcome health related problems which can lead to their early grave (Lakey & Cohen, 2000).

The kind of provider determines the kind of support that individual can provide for the elderly as well as the satisfaction these kinds of supports can give to the elderly. Elderly who needs money or emotional supports are mostly satisfied than to be helped in their domestic task even though the provider may perceive to be of important.

Therefore, the ability of the providers to provide the needed social support to the elderly and as well as get them to be satisfied has influence on their wellbeing. Received support enhances coping and protect people from the effects of stress.

On the other hand, the perception of available support lead to appraising (valuation) potentially (possible but as yet not actual) threatening situation as less stressful. The appraisal perspective predicts that beliefs in the availability of support (perceived support) will

influence evaluations of stressful situations, which therefore reduce the effects of stress on health outcomes. Nevertheless, the elderly in a threatening conditions such as in need of financial assistance will evaluate the amount of help that will come to them, even though the financial support have not been receive, but with the perception that he/she will have financial support will reduce the anticipated stress that they will go through and as a result avoid health situations associated with stress. Social interventions are based on the notion that increasing support allows people to better cope and this enhanced coping will result in fewer psychological or physical symptoms (Cohen &Wills, 1985). The availability and quality of enacted support, or support provided by others, will correspondingly increase subjectively perceived availability and quality of support received.

2.6 Conclusion

In summary, social support system is a catalyst for the elderly in the society. One cannot do away with support that normally comes from the immediate family. Even though there are both positive and negative effects of social support system. The individual cannot deny (Kodzi, Gyimah, Jacques, & Ezeh, 2011) its significance; every support either received or perceived will help the well-being of the individual involved especially the elderly who are getting those help.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section presents the research method which was used to collect data for the study. The areas discussed include sources of data, study area, population, sampling technique, method of data collection and data management.

3.1 Sources of data

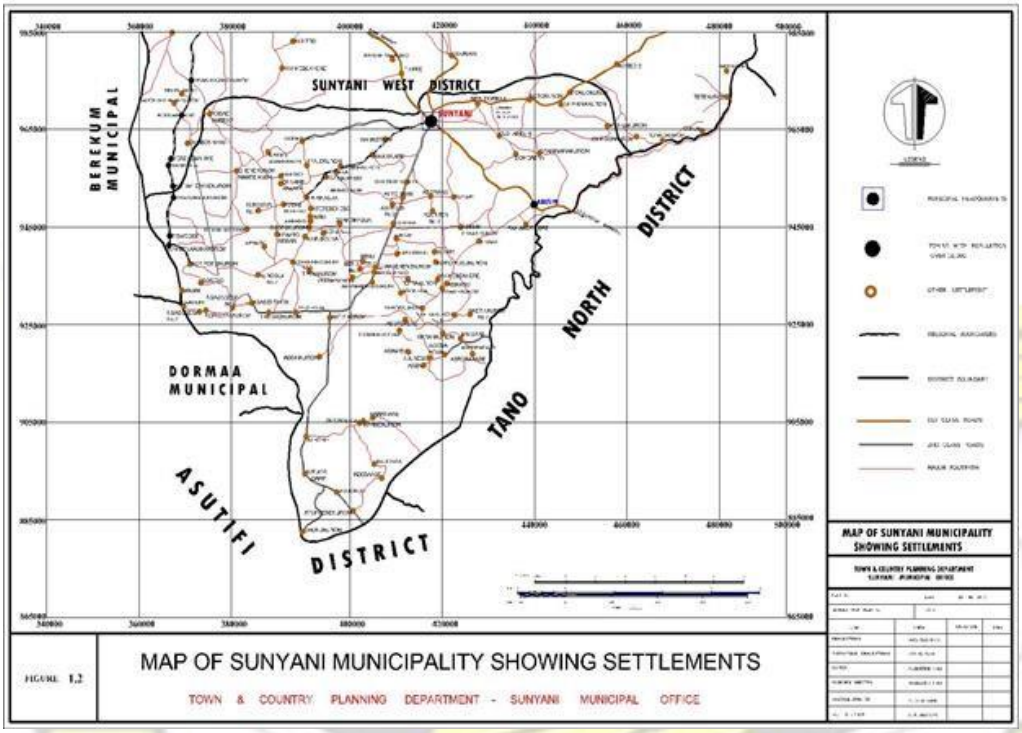
The study used both secondary and primary sources of data. The secondary sources included information collected from books, academic journal articles, government documents and documents published by international organizations. The survey research method was employed as the primary source of data collection. The study sought to document the prevailing social support structure of the elderly and survey research method was suitable for collecting information at a point in time. Moreover, the results provided a prevailing picture of the social support context of aging which was suitable for social policy interventions to alleviate some of the social problems facing the elderly.

3.2 Study Area

The study was conducted in Yawhima, a rural community in the Sunyani Municipality. Sunyani Municipality is located at the western part of Brong – Ahafo region of Ghana. It lies between latitude7°20N and 7°05N and longitude 2°30W and 2°10W and share boundaries with Dormaa district to the west, Asutifi district to the south, Tano North district to the east and Sunyani West district to the north. It is one of the twenty (20) administrative districts of

the region. The Municipality has a total land cover of about 829.3km and serves as the administrative capital of the Brong- Ahafo region (Assembly, 2010). The Sunyani Municipality comprises of both urban and rural communities. It was based on data about the elderly received from the Social welfare Department of the Municipality that Yawhima was selected for the study. It was among the listed elderly inhabited population in the Municipality.

Fig. 3.1: Map of Sunyani Municipality



Source: Sunyani Municipal Assembly

3.3 Population

The target population for the study was persons aged 65 years and older who have been living continuously in Yawhima the selected rural community in the past five years. Best (1981) describe population as any group of people that have one or more characteristics in common

that are of interest to the researcher. In other words, if the characteristics of the individual in a group are not in common and at the same time not of interest to the researcher, cannot be considered as population. For the purpose of this study the elderly with the ages 65 years and above had some characteristics in common which was more interested to the researcher.

3.4 Sampling Technique and Sample Size

Since a sampling frame for the study population was not readily available, the multi-stage cluster sampling technique was employed to draw a sample for the study. At first stage of sampling, a rural community was purposely selected for the study. In the second stage of sampling, the selected community was delineated into Enumeration Areas (EAs) as compiled by the Ghana Statistical Service for the population census. An Enumeration Area was a carefully mapped area within the communities. The third stage of sampling, an enumeration area in the community was randomly selected and dwellings within the selected enumeration area listed. At fourth stage of sampling, the listed houses were grouped and simple random technique was used to select the participants.

3.5 Data Collection

The main instrument of data collection was the questionnaire. The questionnaire was used to collect information on the following topics: socio-demographic characteristics of the respondents, social support providers, types of social support received and the adequacy of support provided. Personal face-to-face interviewing was used as the mode of data collection this was because majority of the elderly in that community could not read and write, even if they could read the understanding was not there, so the researcher had to explain the meaning

of the questions in their own local language thus the “Twi” language and was canvassing type where respondents was visited at their homes.

3.6 Data Management

The data management consisted of editing, coding of open ended questions, data cleaning and data entry. The percentage of respondent for each alternative was given and analyzed.

The data collected was analyzed using the computer software Statistical Package for Service Solution (SPSS) and Microsoft Excel for graphical representation. The objective was to ensured error free data capable of being manipulated using statistical software in the computer during data analysis.

3.7 Limitation

The choice of the region as well as the municipal from the southern sector of Ghana was not representative enough to draw national conclusions. This was because of time and financial constraints.

3.8 Ethical Consideration

The elderly in the selected rural community was given a brief talk about the questionnaire before administering of the questionnaire to them. Respondent was assured of the confidentiality of their answers and also assured them that, it was only for academic purpose.

CHAPTER FOUR

4.0 PRESENTATION AND ANALYSIS OF DATA

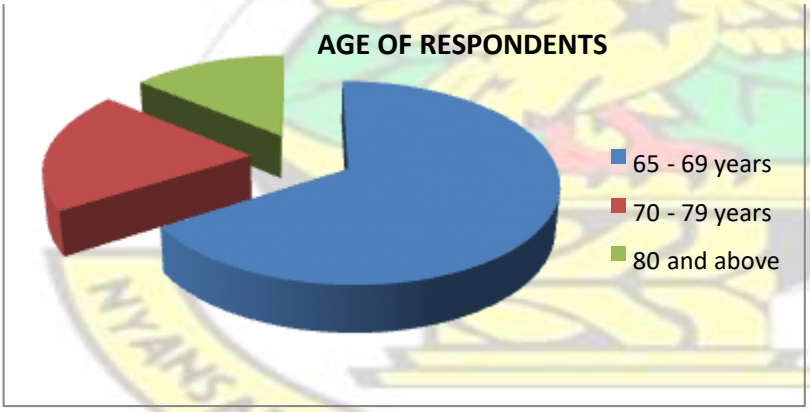
After analyzing the profile of the study area and the methodology of the study in the previous chapter, this chapter seeks to present and discuss the results from the field survey. The data obtained was analyzed with SPSS version 16.0 and Microsoft excel. The 150 sampled questionnaires were all returned. Findings obtained from the survey were presented under these various topics: socio-demographic characteristics of respondents, providers of social support, kinds of social support being provided and lastly how adequate these support are to the aged.

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS

This section of the analysis gives the demographic characteristics of the respondents in the study area.

4.1.1 AGE OF RESPONDENTS

Fig. 4.1: The age of the respondents



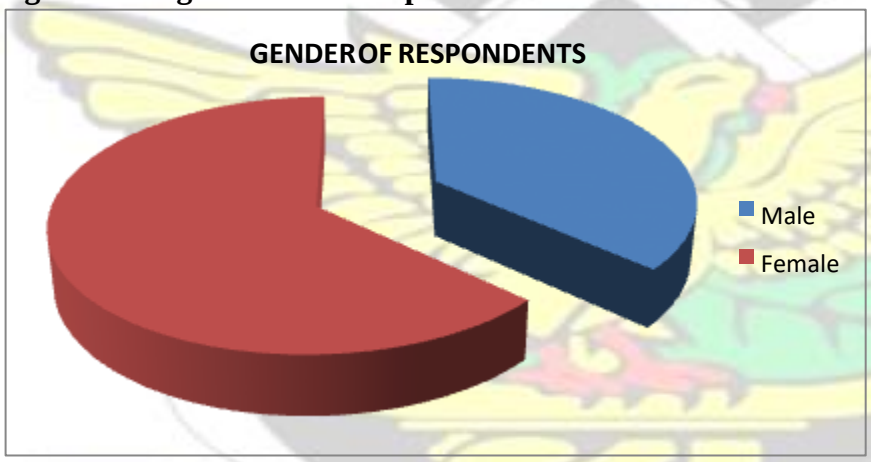
Source: Field data 2015

From the above figure it can be observed that 66% representing majority of the respondents are between the ages of 65 to 69 years, followed by 70 to 79 years with 20% and 80 years and above having the minimum representation of 14%. This is because most people entering

retirement are surviving longer due to the improvement in health scheme; older people can access the National Health Insurance after their retiring from active work. This is also a kind of confirmation to the population structure of the country with most of the active population 10 years back entering their retirement age. By 2050 according to world demographic data more people will join the older population and for that matter Ghana is not in isolation. This increase is a threat to the country‟s development as more resources would have to gear towards the elderly population needs and most at times these burdens falls on the shoulders of the family as the primary source of support.

4.1.2 GENDER OF RESPONDENTS

Fig. 4.2: The gender of the respondents



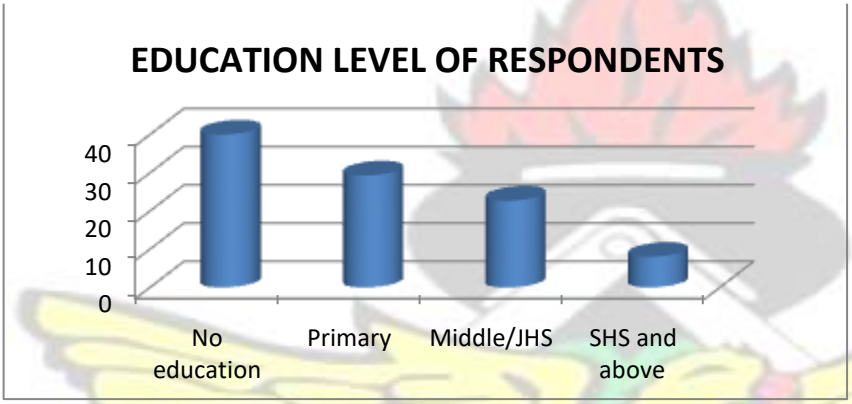
Source: Field data 2015

Also, from the data majority of the respondents are females representing 63.3% as against 36.7% of males. This is because of the nature of occupation of most men in the area do thus farming. Majority of the men engaged in intensive farming activities this tend to weaken them early. Also some of the elderly men might have indulged themselves in alcohol and this

affected their health thereby affecting their lifespan making them die earlier as compared to the women. In the General Assembly Resolution 38/27 of 1983(as cited in Apt, 2012) "recognized that women had a longer life expectancy than men and that they would increasingly constitute the majority of the older population" (Apt, 2012:97)

4.1.3 EDUCATIONAL LEVEL

Fig. 4.3: The educational levels of the respondents

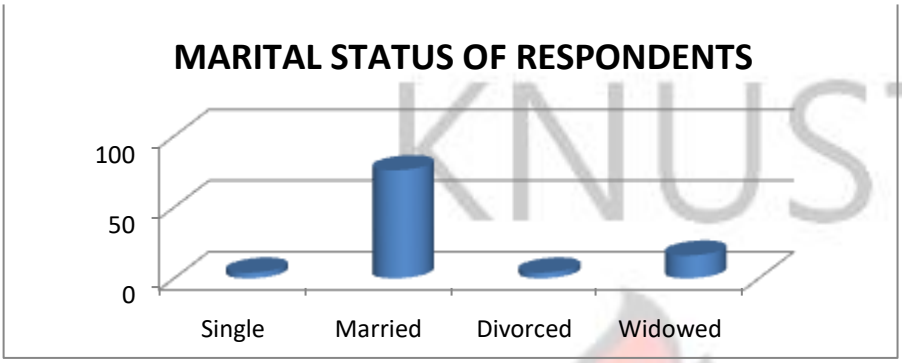


Source: Field data 2015

40% representing the majority of the respondents have no formal education, 29.3% have primary education, and 22.7% have middle school or JHS education, with just 8% having SHS education. This is due to the fact that in some time past, education was not easily accessible as compare to these days. For them even though you desire to go to school, especially the females, the family would prefer the males to go to school than the females, since females will only give births and make families. The level of education of the respondent"s probably affects their level of understanding of issues around them and the kind of information they provide.

4.1.4 MARITAL STATUS

Fig. 4.4: The marital statuses of the respondents

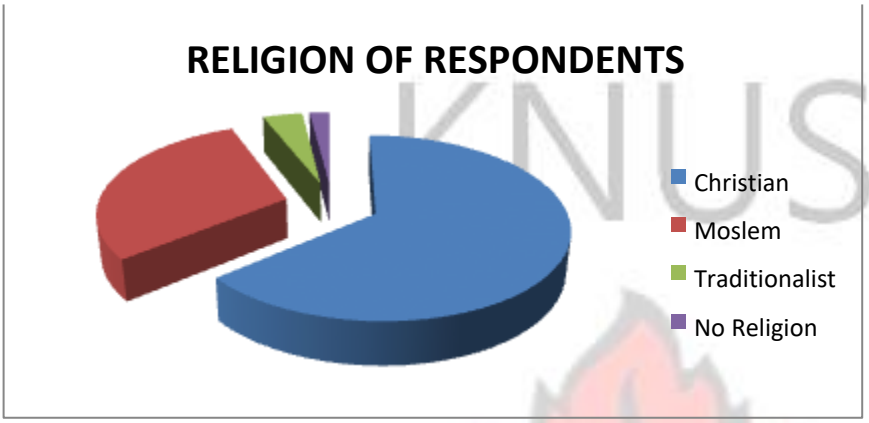


Source: Field data 2015

Marital status of the elderly had influenced on the level of support they got as most of these supports came from children and spouses. It was noted that 76% of the respondents are still married and therefore can benefit more of emotional support from spouse and children support, therefore could be getting the maximum support needed. A research conducted by Shana on the support that bedfast persons received from their immediate families indicated that "the main source of help for bedfast persons is the husband or the wife of the invalid" (Shanas, 1975), the support the elderly get depends largely on their marital status and in case where they cannot manage the care of a spouse they look elsewhere. The 24% widows all had had children and therefore get support from them.

4.1.5 RELIGION OF RESPONDENTS

Fig. 4.5: The religions of the respondents

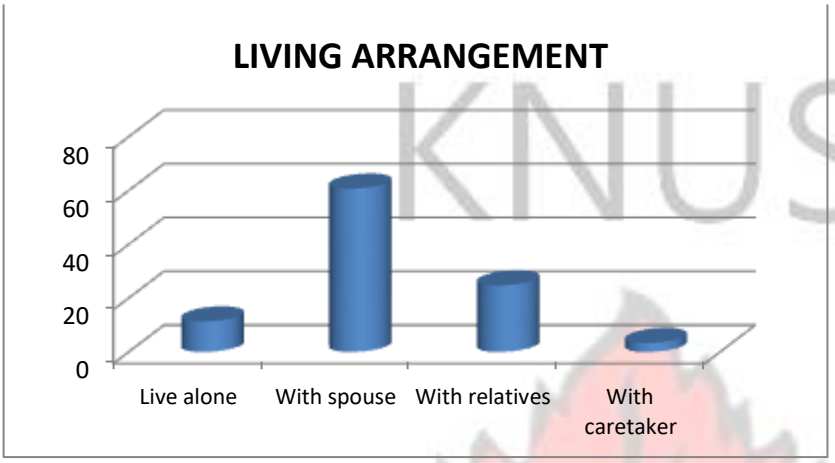


Source: Field data 2015

With regards to the religious affiliations of the 150 respondents, 64% are Christians, 30% are Moslems and 4% of the total respondents are traditionalists. Two percent (2%) claimed they did not belong to any religion. This representation of majority being Christians was just a reflection of the distribution of religions in the community with Christians having the highest number of people follow by Moslem (Sunyani Municipal Assembly, 2010). Also some religions are noted to be providing constantly to their aged members in times of need and this kind affect their level of support (Ellison & George, 1994). Ellison and George (1994) found from their studies that "people who are more involved in their faith tend to receive more support, and evaluate this assistance more favorably, than individuals who are less religious". In the same way, an elderly person who is into his or her faith (Christian, Moslem or Traditionalist) determines the support they get from their providers. Thus, ones affiliation to a religious group much or less plays important role in the support they get.

4.1.6 LIVING ARRANGEMENT

Fig. 4.6: The living arrangements of the respondents



Source: Field data 2015

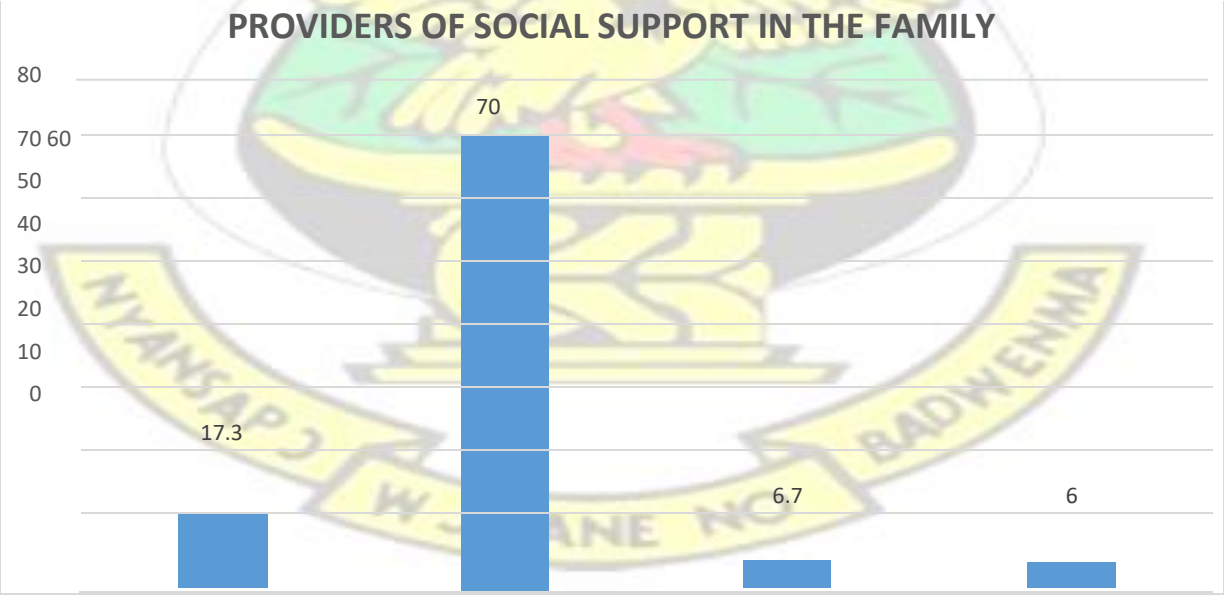
Moreover, it was observed that the majority of the respondents (60.7%) live with their spouse alone as in most instances their grown up children have also move away to settle with their various spouses, travel to different areas, move to the big cities in search for better jobs of which the rural one might not be good for them, leaving the old folks alone to work on the farms. Twenty four point seven percent (24.7%) are living with their relatives, mostly brothers and sisters come closer as they grow for companionship with few having their biological children staying with them. Eleven point three percent (11.3%) of the respondents live alone with just 3.3% living with caretakers as it is difficult and expensive to employ these caretakers with their level of income. Those living alone might have neglected the responsibility for catering for their children in their prime age. Their children might as well have ignored them to cater for themselves. Some even go the extent of denying their children especially the males. They will not send their children to school leaving all the burdens on the shoulders of the mothers. Most of the male elderly were living alone as compare to their female counterparts.

4.2 PROVIDERS OF SOCIAL SUPPORT

The provisions of social support to the elderly are done by numerous of people including the family (spouses, sons, daughters as well as sons and daughters in-laws), the society (friends, neighbors, agencies, social workers, nurses, paid workers including NGOs) and the nation as a whole. For the purpose of this work, the researcher concentrated on the family as the main providers of social support to the aged, even though other supports from other types were not ignored. This is because "families remain pivotal to elder care" (Bloom et al., 2011:31), and must always be in the best position to provide the first hand support to the aged before any other person or organization.

The figure below shows the various providers in the family who provide for their aged family members.

Fig. 4.7: Providers of social support in the family



Source: Field data 2015

From Fig. 4.7 above it can be observed that children, thus both sons and daughters, form the highest providers to the aged which represent 70%. Most aged are catered for by their children even though they have their spouses living with them in the same house. This indicates that children in African and for that matter in Ghana serve as security against old persons (Ghana Statistical Service, 2013). An elderly man most at times is of the view that "*if my children do not provide for me then who else will, even though the society and the government may provide some support, it would not be as your own family especially children are providing". (A female respondent view expressed on the field).* Children were the ones who provided the biggest kind of support thus the financial support and this also indicated that the aged with no children or those in bad terms with their children were likely to be deficient with financial support and sometimes medical cost or expenses. This put much pressure on children to work harder to get more money to spend on their elderly parent"s needs.

Spouses on the other hand form 17.3% of the persons who provided the needed support to the aged. The spouses were the second higher providers for the aged. This is because; they were always around when children were not in the house, for reason of marriage, job seeking in the big cities. The spouses were there to provide domestic, finance but most importantly emotional needs for each other. They mostly gave that sense of companionship to each other whiles their children were away. A respondent said "*my wife is my all even though we sometimes have some misunderstanding, she is still the only person I can confine in and trust and we always have good time together*". It must be noted that this respondent in this photograph below gave the researcher the permission to take this picture while on the field. This shows a strong belonging to each other.

Picture 4.1: An interaction with an elderly man at his residence

Source: Field work 2015

Notwithstanding, other relatives for example in-laws, nephews and nieces also forms 6.7% of supports provided to the aged. These categories of family members form the extended family which is a common family system in Ghana. But of late, due to urbanization and the idea of building one"s immediate family thus the nuclear family, this family system is gradually fading out and this account for that low percentage of elderly being catered for by the extended family or other relatives.

Non-relations forming the minimum (6%) as these are mostly friends and sympathizers who may also have their own aged family members to take care of.

In conclusion, this shows that among the family system children provides most social support services than any other member and that the relationship between children and parents can greatly affect the kind and amount of social support services they get.

4.3 KINDS OF SOCIAL SUPPORT PROVIDED

The kinds of support that the elderly perceive and receive from their spouses, child (daughter/son), other relatives including in-laws, nephews, nieces and not related such as friends were group into care, money matters, medical expenses, domestics tasks, food, when sick and emotional support. Though providers‟ gives support to their elderly folks as grouped above, the study was also concern about the main support that they provide for the elderly in the family.

Figure 4.8 below revealed that financial supports form the highest kind of support provided by the helpers to the old folks which represent 36%. Though the aged receive all kinds of support from their helpers, it was observed that money was the highest as it has some easy kind of way to provide them and children were the major contributor of this kind of support. Children abroad or away from home can send their parents money through various banks. Also the availability of mobile money transfer systems has made it easy for relatives to send some cash back home to their aged members without necessarily being there, therefore making it easy for them to provide some support to their people back home. This money can cater for other needs that the aged might want to have by purchasing them or even hiring someone to perform certain duties for them. With the money in the hands of the aged some engage in small business in the community which generate continues income for them when they have not receive from their providers for some period of time.

Picture 4.2: An interaction with an elderly woman in front of her small shop at her

residence

Source: Field data 2015.

Food provision is the second major kind of support provided to the aged. It form an essential part of human life and without it affect the growth of human. About 46% of the total population in the Sunyani Municipality are involved in agriculture (Sunyani Municipal Assembly, 2010) and therefore makes the accessibility to food products a little easy. People in these areas go to farm frequently and some supply food stuffs to their relatives on their way back from farm. Also due to the accessibility and affordability of food in the municipality it makes it easier for providers especially spouses and other relatives to provide food for their elderly. This is obvious as food support accounts for 24% of the total support provided to the elderly in the area.

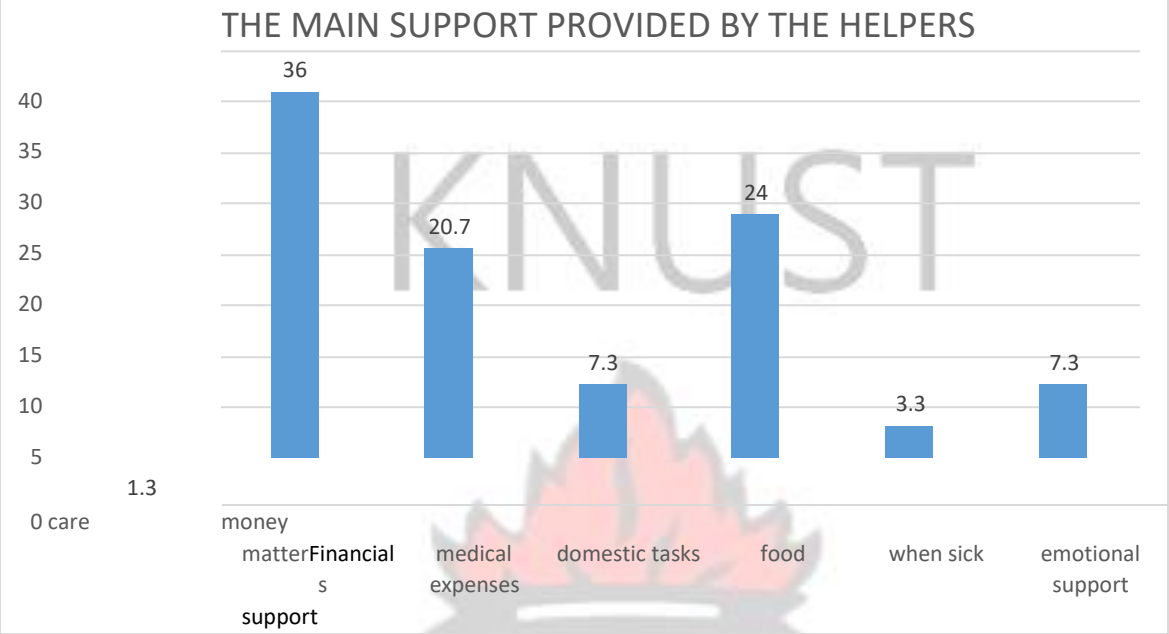
The aged are often weak and highly susceptible to frequent illness and is the duty of the family to provide health care to them. They do this through paying their medical bills whenever they

visit the hospital and this account for 20.7% of the support provided to the aged. With the inception of the national health insurance scheme in 2003 the burden on families to provide for the full medical expenses of their aged has become a little easier as family members especially children of these aged people mostly pay a yearly premium for their parents so as to be catered for when they go to hospital. Also some children provide money for the health cares of their aged to relief them of this burden.

Domestic tasks and emotional are among the supports being provided and represents just 7.3% each. This is as a result of the major contributors thus the children hardly stay with their parents. Most of them travel outside their communities in search of greener pastures also for marriage purposes with just a few staying behind to help their parents or aged relatives in these domestic duties. Some respondents also said that they mostly like to be alone so that they can use these domestic tasks as a way of exercising their body as they mostly do not go out or do any other activities. Also these aged get companionship with their spouses whom they share their joy and happiness as well as experiences of life with them, this experience by the elderly help to improve their well-being.

In conclusion, the several kinds of support provided by the family, financial support is the most critical one as it could serve several purposes and also some kind of easier to provide without necessarily being around in person. These monies when gotten by the aged could be used to take care of medical expenses and also to buy food and other things they might need.

Fig. 4.8: The main support provided by the helpers



Source: Field data 2015

To really understand the providers and the role they play in providing social support, the researcher went on to determine whether there was a significant relationship between the social support providers and the kind of support they give. To achieve this, the chi-square test of independence was used to examine the relationship between the two (2) variables. From table 4.1 below, results indicate that there is a significant relationship between social support providers and the kind of support they give (X^2=1.001, p=0.000). That is, the kind of support provided varies significantly among the providers of social support. Even though children provides the highest social support on the average (70.0%), majority of the support (36.2%) is in the form of money or financial support. On the other hand children do not give any care support (0%) as they are normally away from home. With the little support that is provided by the non-relations (6%), majority (66.7%) is channel through emotional support.

Non relations are mostly friends who come in times of difficulty to encourage these elderly people they hardly help in performing domestic tasks (0%) as they only come to visit and sometime give some financial support (22.2%). Other relatives who are mostly nearby or live in the same community provide the elderly with food (40%) and help out in domestic task (40%).

Table 4.1: Providers of social support against the kind of support provided by the helpers

	Kind of support provided by helpers, frequency (f) and percentages (%)						
	Care	**Money matters**	**Medical expenses**	**Domestic task**	**food**	**When sick**	**Emotional support**
Spouse	**1 (3.9%)**	**12 (46.2%)**	**0 (0)**	**4 (15.4%)**	**4 (15.4%)**	**2 (7.7%)**	**3 (11.5%)**
Child	**0 (0)**	**38 (36.2%)**	**31 (29.5%)**	**3 (2.9%)**	**28 (26.7%)**	**3 (2.9%)**	**2 (1.9%)**
Other relatives	**0 (0)**	**2 (20%)**	**0 (0)**	**4 (40%)**	**4 (40%)**	**0 (0)**	**0 (0)**
Not related	**1 (11.1%)**	**2 (22.2%)**	**0 (0)**	**0 (0)**	**0 (0)**	**0 (0)**	**6 (66.7%)**

Variable

Chi-square value (X^2) = 1.001, df = 18, P = 0.000, Significance = P < 0.05

Source: Field data 2015

Also to establish the distribution of social support among the elderly and how significant this distribution is, the researcher did a cross tabulation between the socio-demographic characteristics and the kinds of social support they have received and also a chi-square test of independence to determine if there was any significant relationship between the sociodemographic characteristics and the kinds of support they receive. from table 4.2 below, results indicated that there is no statistically significance relationship between their demographic characteristics (gender, age and marital status) and the kind of social support the elderly receive (gender: X^2=10.532, p=0.104, age: X^2=13.801, p=0.314, Marital status: X^2=16.208, p=0.578). That is, the kind of support the elderly receives does not vary significantly or not really affected by their socio- demographic characteristics or who they are. On the other hand, even though there is no statistical significance between gender and the kinds of social support the elderly receives, the data showed that the elderly males are likely to receive support more on personal care, medical expenses, domestic tasks and emotional support than elderly females. On the other hand, the elderly females are more likely to receive financial support and food than the elderly males.

In terms of the age groupings, the elderly between the age group 65 to 69 years received more support on medical expenses as compared to other age groups. When it comes to the support the elderly receive, the age group 70 to 79 years received more support on domestic tasks and when sick than the age groups of 65 to 69 years and 80 years and above. But food supports receive, the 80 years and above age group received about 42.9% whereas 65 to 69 years and 70 to 79 years have 21.2% and 20.0% respectively.

The data also indicated that, the elderly divorced received more financial support from their providers constituting 50.0% as compared to the elderly single (16.7%), the elderly married (36.0%) and the elderly widowed (37.5%). On the other hand, the elderly widowed received more support on food than the elderly single, elderly married and elderly divorced. Looking at the support the elderly divorced received on when sick and emotional support, it was (0%) respectively. This shows that even though the elderly divorced might had had more financial support coming from their providers, they recorded no support on the sick and emotional support because they do not have their spouses around either the husband or wife to provide that support. Children too might have married to form their own families. Interestingly, the elderly widowed had about 8.3% supports on when sick as compared to the elderly divorced.

Table 4.2: Kind of support provided by the helpers against socio-demographic characteristics

Variable Significance = p < 0.05	Kind of support provided by helpers, frequency (f) and percentages (%)						
	Personal Care-giver	**Money matters**	**Medical expenses**	**Domestic tasks**	**Food**	**When sick**	**Emotional support**
Total respondents	**2 (1.3%)**	**54 (36.0%)**	**31 (20.7%)**	**11 (7.3%)**	**36 (24.0%)**	**5 (3.3%)**	**11 (7.3%)**
Male	**2 (3.6%)**	**15 (27.3%)**	**14 (25.5%)**	**6 (10.9%)**	**10 (18.2%)**	**2 (3.6%)**	**6 (10.9%)**
Female	**0 (0)**	**39 (41.1%)**	**17 (17.9%)**	**5 (5.3%)**	**26 (27.4%)**	**3 (3.2%)**	**5 (5.3%)**
X^2 =10.532, df =6, p =0.104							
65 to 69yrs	**2 (2.0%)**	**40 (40.4%)**	**21 (21.2%)**	**6 (6.1%)**	**21 (21.2%)**	**2 (2.0%)**	**7 (7.1%)**
70 to 79yrs	**0 (0)**	**12 (40.0%)**	**6 (20.0%)**	**3 (10.0%)**	**6 (20.0%)**	**2 (6.7%)**	**1 (3.3%)**
80yrs & above	**0 (0)**	**2 (9.5%)**	**4 (19.1%)**	**2 (9.5%)**	**9 (42.9%)**	**1 (4.8%)**	**3 (14.3%)**
X^2 =13.801, df =12, p =0.314							

Single	**1 (16.7%)**	**1 (16.7%)**	**1 (16.7%)**	**0 (0)**	**1 (16.7%)**	**0 (0)**	**2 (33.3%)**
Married	**1 (0.9%)**	**41 (36.0%)**	**27 (23.7%)**	**8 (7.0%)**	**25 (21.9%)**	**3 (2.6%)**	**9 (7.9%)**
Divorced	**0 (0)**	**3 (50.0%)**	**1 (16.7%)**	**1 (16.3%)**	**1 (16.7%)**	**0 (0)**	**0 (0)**
Widowed	**0 (0)**	**9 (37.5%)**	**2 (8.3%)**	**2 (8.3%)**	**9 (37.5%)**	**2 (8.3%)**	**0 (0)**
X^2 =16.208, df =18, p =0.578							

Source: Field data 2015

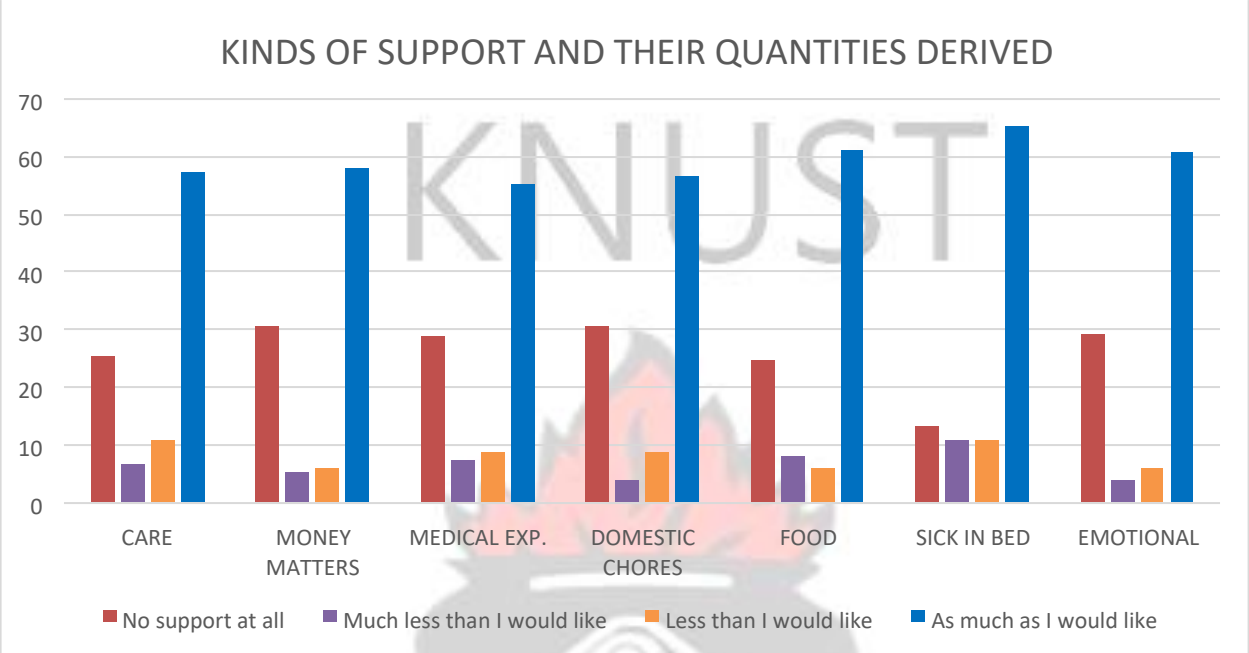
4.4 SATISFACTION

4.4.1 HOW SATISFACTORY ARE THE SUPPORT BEING PROVIDED

From Fig. 4.9 below, it can be observed that majority of the aged in the study area are satisfied with the kinds of support they get from their providers as most of them agreed to the fact that they get as much as they would like from their provider. Most of the elderly were of the view that they appreciate whatever their providers are doing for them. That is, on the average 59.3% of the total respondents get the kinds of support they need as much as they would like to obtain from their providers. While on the average 26.1% of them claim they are not supported at all, even though this figure is not that good it was realized after some further interrogation that of the 26.1%, most of them do get some supports, but the fact that it is not enough for them they see it as no support at all. They are grateful for the financial support, the care, the emotional support, and the domestic tasks they assist them to do in the house as well as the medical expenses their providers give them. For each support the aged receive from their providers ranging from care to emotional, majority agreed to be getting as much as they would like, thus indicating a level of satisfaction and also sets a challenge for other families who are not providing properly for their aged to do so as it forms part of their major responsibility towards their aged members.

On the other hand as majority is receiving support, other aged are not getting support from their immediate family. To this, there was some form of blame game whereby some aged expressed how unappreciative their children are while some children on the other hand says is a payback time as they were ignored and made to struggle through life and therefore have no business with their parents.

Fig. 4.9: Kinds of support and their quantities derived



Source: Field data 2015

A cross tabulation and a chi-square test of independence was done to determine if there were any significant variations between the socio-demographic characteristics and the level of satisfaction the elderly derive from the social support they have being receiving from their providers, are indeed reflecting across all the groups of the elderly or rather just one part receiving these support as against others. That is if there is a significant variation across the socio-demographic groups and their level of satisfaction. From table 4.3 below, results indicated that there was no significant variations between their socio-demographic characteristics (gender, age and marital status) and the level of satisfaction the elderly receives from the social support they get from their providers (gender: X^2=1.580, p=0.664, age: X^2=10.205, P=0.116, Marital status: X^2=8.654, P=0.470). That is, the level of satisfaction the elderly derives from the social support they receive does not vary significantly across gender, age and marital status as majority in each of the groups receives as much as they want and are very satisfied.

Table 4.3: Total satisfactory level against socio-demographic characteristics

Variable Significance = p< 0.05	Level of satisfaction, frequency (f) and percentages (%)			
	Very satisfied	**Fairly satisfied**	**Little satisfied**	**Very dissatisfied**
Total respondents	**117 (78.0%)**	**31 (20.7%)**	**1 (0.7%)**	**1 (0.7%)**
Male	**45 (81.8%)**	**10 (18.2%)**	**0 (0) 1 (1.1%)**	**0 (0) 1 (1.1%)**
Female	**72 (75.8%)**	**21 (22.1%)**		
X^2=1.580, df=3, P=0.664				
65 to 69yrs	**76 (76.8%)**	**23 (23.2%)**	**0 (0)**	**0 (0)**
70 to 79yrs	**25 (83.3%)**	**3 (10.0%)**	**1 (3.3%)**	**1 (3.3%)**
80yrs & above	**16 (76.2%)**	**5 (23.8)**	**0 (0)**	**0 (0)**
X^2=10.205, df=6, P=0.116				
Single	**4 (66.7%)**	**2 (33.3%)**	**0 (0)**	**0 (0)**
Married	**93 (81.6%)**	**20 (17.5%)**	**1 (0.9%)**	**0 (0)**
Divorced	**4 (66.7%)**	**2 (33.3%)**	**0 (0)**	**0 (0)**
Widowed	**16 (66.7%)**	**7 (29.2%)**	**0 (0)**	**1 (4.2%)**
X^2=8.654, df=9, P=0.470				

Source: Field data 2015

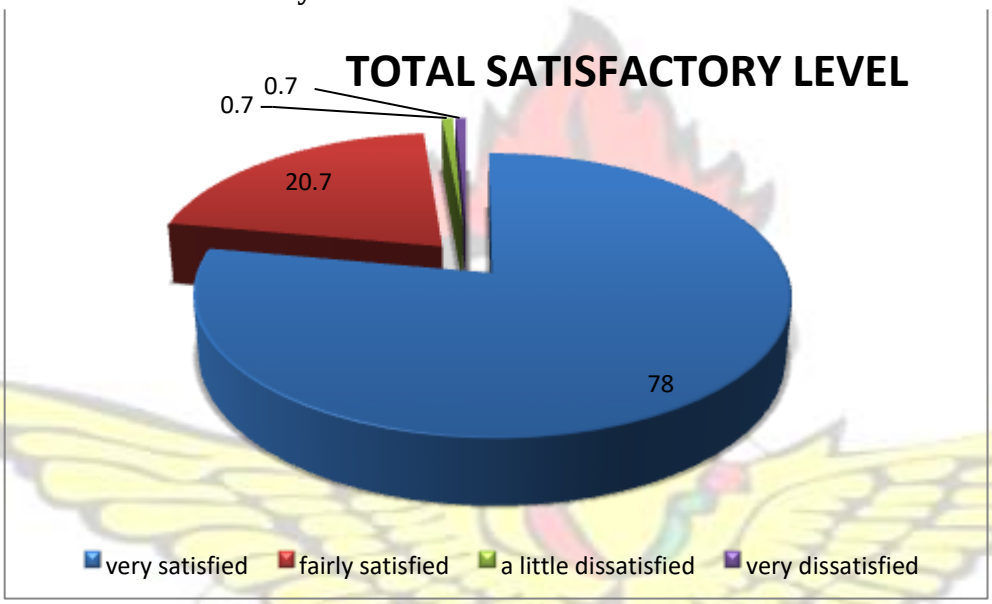
4.4.2 TOTAL SATISFACTORY LEVEL

On the other hand a survey was conducted to get in totality or overall how much satisfied they were with their various kinds of support and also the quantity and frequency these supports are provided by their various providers.

Fig.4.4 below revealed that 78% of the elderly responded that they are very satisfied of the help from their helpers. Even where the support was not as much as they would like or less than they would like, one of the respondent said "*she appreciate them and are much grateful to God for them and the lives of their providers*". Another respondent (elderly male) said "*I have no choice I have to accept whatever my children give to me*". Also, 20.7% of the

respondents are fairly satisfied with support provided by their helpers; probably they have no option they have to accept it like that. Some of the respondent was a little dissatisfied for the support they get from their providers and for others very dissatisfied for the support they get from their providers, these represent 0.7% for each of them.

Fig. 4.10: Total satisfactory level



Source: Field data 2015

4.4.3 TESTING OF HYPOTHESIS

Using SPSS 16.0, chi-square method was used to test the hypothesis that is to either accept or reject the null hypothesis (H_0) base on the overall satisfactory levels given by the respondents.

H_0 = Majority of the elderly are not satisfied with their social support received.

H_1 = Majority of the elderly are satisfied with their social support received.

Value of a = 0.05, this is the largest probability of accepting making an error

Specifically, chi-square one variable test was used and this was because it is useful for determining if the proportion of people in one of two or more categories is different from

specified or predicted amount. That is if you want to determine if the number of people in each several categories differ from some predicted values. In this case the chi-square one variable test was appropriate for testing to see whether the people‟s satisfaction at the various levels of satisfaction were equal.

Table 4.4: Overall, how satisfied are you with the support provided

	Observed N	Expected N	Residual
very satisfied	117	37.5	79.5
fairly satisfied	31	37.5	-6.5
a little dissatisfied	1	37.5	-36.5
very dissatisfied	1	37.5	-36.5
Total	150		

Source: Field data 2015

The table above shows the various satisfactory levels of the elderly in the Sunyani Municipality, the observed frequencies of each level, the expected frequencies of each level (that is the average of the total observed frequencies at all the levels) and the residuals at each level (that is the different between the observed and expected frequencies).

Table 4.5: Test Statistics

	Overall, how satisfied are you with the support provided
Chi-Square	240.720[a]
df	3

Asymp. Sig.	.000

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 37.5.

Source: Field data 2015

The table above shows the value of the chi-square (240.720), also the degree of freedom (df = 3) and finally the asymptote significant level also known as the p-value (0.00). The pvalue is used to compare the a-value to determine the final result, in which a p-value less than 0.05 indicate that is a significant difference between the observed frequency and the expected frequency. Therefore we accept the hypothesis (H_1) and reject the null hypothesis (H_0) and a p-value greater than 0.05 indicates that we accept H_0 and reject H_1.

The asymptote significant level of the test (p-value) shows a 0% chance of making an error. Therefore using the standard a-value of 0.5, that allow up to 5% chance of error I therefore reject the null hypothesis (H_0) and accept the hypothesis (H_1) because p-value is less than 0.05 ($p<0.05$). Therefore the result suggest that majority of the elderly in the municipality are satisfied with their social support.

4.5 SUMMARY OF FINDINGS

Findings obtained from the survey revealed that a lot of people are surviving the retirement age due to the improved healthcare delivery in the country. This notwithstanding, there was an increased in the elderly population, which means that they would need more support from their immediate families and as a result the government would have to increase support for families to sustain their support to the elderly.

Also, more elderly females were surviving at this period as compared to the male‟s counterparts. Most of the elderly in the rural community had no education, even if they had

majority end their education at the primary level. Majority of the elderly were married with their spouse living with them to provide support for each other. Where there were widows they remarry and that affirms to the majority of them being married. The interesting thing was that no matter the marital status of the elderly such as single had at least a child who was there to provide one or two needs for them. However, even though they might live alone they were not alone.

From the findings obtained from the field, providers of social support which was the first objective of this study, showed that children (comprising son and daughter) were the main providers of social support for the elderly, even though the spouse are supposed to provide more support since they are always around. Children were considered as social security for the aged in Africa and for that matter Ghana, since the spouse can pass away leaving the elderly alone, but for children they were always around most of the time.

The second objective was to examine the kinds of social support provided for the elderly. It was revealed that financial support, food and medical expenses are the most received support that the elderly got from their children.

Looking at the last objective of the study, which was to assess the adequacy of the support provided, it revealed that majority of the elderly were more or less satisfied with one or two of the support they received. However, in terms of the overall objectives, majority of the elderly were very satisfied with the support they received.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

One becoming old is part of the human race. No one can escape that crucial period of life unless that person passed on early in life. People nowadays are surviving the retirement age of 60 years because of improvement in our health care system leading to increase in life expectancy and low mortality rates. According to Madrid Political Declaration (2002) "the world is experiencing an unprecedented demographic transformation and that by 2050 the number of persons aged 60 years and over will increase from 600 million to almost 2 billion and that the proportion of persons aged 60 years and over is expected to double from 10 to 21percent" (p.633). "In Africa the proportion is only expected to grow from 5 to 6 percent between 1998 and 2025, but then doubling by 2050" (p.636). This indicates that by the year 2050 most countries in Africa would likely have a doubling in their aging population. For instance, Mozambique is expected to increase in the older population from 0.8 to 2.1 million, Cameroon, from 0.8 to 1.6 million and Uganda from 0.8 to 1.9 million (US Census Bureau, 1999) .

Ghana is not left out. According to Ghana Statistical Service"s report on 2010 Population and Housing Census (2013) the elderly population in Ghana has increased more than sevenfold, from 1960 census figure of 213,477 to 1,643,381 in 2010 census figure of 1,643,381 (Ghana Statistical Service, 2013: IV).

The study revealed that there was little literature regarding issues of the elderly of the Ghanaian setting in particular, even though there have been researches on older population in the developed world. The study thus sought to fill the gap and add to literature on the elderly in Ghanaian stetting (African Gerontological Society (AGES), 2003). Most old folks are

ignored by their immediate families as well as their extended families and people do not really know the support given or received by our old folks (Adamchak, 1989). Sometimes, one may want to know how these supports given to the elderly are real or fiction when it comes to Ghanaian setting.

The goal of the study was to find out the social support systems out there for the elderly Ghanaian in a rural community and the specific objectives were as follows:

1. To find out providers of social support for the elderly in rural communities
2. To examine the kinds of social support provided
3. To assess the adequacy of support provided

The study used both secondary and primary sources of data. The secondary sources included information collected from books, academic journal articles, government documents and documents published by international organizations. The survey research method was employed as the primary source of data collection. The study was conducted in Yawhima, a rural community in the Sunyani municipality which comprised of both urban and rural communities. It was based on data received from the Social Welfare Department of the Municipality that Yawhima was selected for the study. It was among the listed elderly inhabited population in the Municipality. The target population for the study was persons aged 65 years and older who have been living continuously in the selected rural community for the past five years. Multi-stage cluster sampling technique was employed to draw respondents for the study and the main instrument of data collection was the questionnaire which was used to collect information on the following topics: socio-demographic characteristics of the respondents, social support providers, types of social support received and the adequacy of support provided and mode of data collection was canvassing type where respondents are visited at their homes.

Findings obtained from the survey revealed that a lot of people are surviving the retirement age due to the improved healthcare delivery in the country. This notwithstanding, there is an increase in the elderly population, which means that they would need more support from their immediate families and as a result the government would have to increase support for families to sustain their support to the elderly.

Also, more females are surviving at this period as compared to the male counterparts. Most of the elderly in the rural community have no education, even if they have majority end their education at the primary level. Majority of the elderly were married with their spouse living with them to provide support for themselves. Where there were widows they remarry and that affirms to the majority of them being married. The interesting thing was that no matter the marital status of the elderly such as single have at least a child who was there to provide one or two needs for them. However, even though they might live alone they were not alone. From the findings obtained from the field, providers of social support which was the first objective of the study, showed that children (comprising son and daughter) were the main providers of social support for the elderly, even though spouses were supposed to provide more support since they were always around. Children are considered as social security for the aged in Africa and for that matter Ghana, the spouse either male or female can pass away leaving the elderly alone, but for children they were always around most of the time.

The second objective was to examine the kinds of social support provided for the elderly. It was revealed that financial support, food and medical expenses were the most received support that the elderly got from their children.

Looking at the last objective of the study, which was to assess the adequacy of the support provided, it revealed that majority of the elderly were more or less satisfied with one or two

of the social support they received. However, in terms of the overall objectives, majority of the elderly were very satisfied with the support they received.

5.2 Conclusion

Looking at the world demographic data where there is an increase in the elderly population, there has been an improvement in the healthcare systems. Also, looking at Ghana as a developing country with majority of its abled people growing and surviving the retirement age, concerns have geared towards the social support that people are receiving and will receive when they reach that crucial period of their life. Although the government provides some social support to its citizens, much burden is put on the shoulders of the family as the elderly are embedded in it. Much of the concerns were on the family as to which persons within the family shows the most care for the elderly especially in our Ghanaian settings. The study has added to the existing knowledge on demographic data on the elderly population and the social support structure for the aged in the Ghanaian setting, of which most researchers have ignored. Much attention therefore needs to be drawn to the area for further detailed research. Further, study brought to the fore, the kinds of social support available to the elderly, and its relevance to the elderly as a life satisfaction. It is serving as a source of reference material for further studies by researchers and writers. Finally, it had provided the government of Ghana and other nations, with data to make policies for the aged and systematically provide adequate welfare policies for families to cater for the aged as most of the support fall on their shoulders.

5.3 Recommendations

Based on the findings and lessons learnt from the study, the following recommendations have been made to enable the government, researchers and other stakeholders to take informed decisions concerning the elderly in the country.

1. There is the need to conduct an in-depth research into the elderly support systems in the urban community, so there can be the appreciation of the various supports out there for the aged in the urban centers.
2. Further research work should be carried out on support for the elderly, this time around comparing both support for the elderly in the urban communities and the rural communities. This will help broaden researchers and writers‟ scope of knowledge.
3. There should be an in-depth research on social support policies out there by the government to support families with the aged. This will enlighten family members with the aged to seek help for their old persons.
4. More research is encouraged into social support from the community to the elderly. This will enhance students as well as researchers in-depth knowledge as to the various support out there from the community to the elderly.
5. I recommend that the government give out some sizeable amount of money to the families of the aged to ease them of the burden of providing finances to the elderly, as the family is the main provider of support for the elderly.
6. I also suggest that, the government create more employment avenues for the youth, so that they can provide support for the old folks in terms of medical expenses.

7. There is the need for recreational centers for the elderly both in the urban areas and the rural areas, where the old folks can converge and socialize among themselves. This will help reduce loneness among them.
8. A lot of the elderly in the communities are engage in farming. I suggest that the government as well as non- governmental organizations support them in terms of fertilizers, weedicides and other farming equipment, to help them work in good spirit.
9. There is the need for individuals in the family as well as in the communities to love and appreciate their old folks and also to seek advice and insight from them.
10. The elderly themselves should see old age as a blessing, so as to contribute their quota to the community as well as the nation.

No one on this earth can escape old age except you pass on early in life, other than that, we all will reach that period in our lives. So it is very important for one to prepare for that period. As a youth now, be aware of the fact that you will grow old, so do not messes around with your life while young. If you have to work, do that and save for the future. Look after your children well while you have the means, so that they will be there for you when you are old.

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APPENDIX

SOCIAL SUPPORT FOR THE ELDERLY

INDIVIDUAL QUESTIONNAIRE

SECTION A: SOCIODEMOGRAPHIC CHARACTERISTICS

1. What is your age?
   1. 65-69 years 2. 70-79 years 3. 80 years and above

2. Sex
   1. Male 2. Female

3. Highest level of education attained
   1. No education 2. Primary 3. Middle/JHS 4. Secondary/SHS and above

4. Marital Status
   1. Single 2. Married 3. Divorced/Separated 4. Widowed

5. Religion

1. Christian 2. Moslem 3. Traditional 4. No religion

5. Other (SPECIFY)……

6. Number of children ……..……..

7. Living Arrangement

1. Live alone 2. With spouse 3. With relatives 4. With caretaker

5. Other (SPECIFY)……...…….

SECCTION B: SOCIAL SUPPORT RESOURCE

D1: Here is a list of some things that other people do for us or give us that may be helpful or supportive. Please place an „X" in the column that is close to our situation. Give only One (1) answer per row.

	4	**3**	**2**	**1**
Kind of support	**As much as I would like**	**Less than I would like**	**Much less than I would like**	**No support**
8. I have people who care what happens to me				
9. I get someone to help me with money matters				
10. I get someone to help with medical expenses				

11. I get someone to help with domestic chores				
12. I get someone to help with food matters				
13. I get help when I am sick in bed				
14. I get someone to talk about my personal problems				

D2: Now I would like to talk to you about the main people who provide you with the above kinds of support. First mention the name of the person, relationship with the person and kind of support provided.

Name of Provider	**Relationship to participant**	**Main support provided**

Code for relationships:

01= Spouse

02= Child (daughter/son)

03= Other Relative

04= Not related

Code for kinds of support provided:

01= Have people who care about me

02= Money matters

03= Medical expenses

04= domestic tasks

05 = Food

06= When sick

07 = Emotional support (talk to about personal problems)

D3. Overall, how satisfied are you with support provided?

1. Very satisfied
2. Fairly satisfied
3. A little satisfied
5. A little dissatisfied
6. Fairly dissatisfied
7. Very dissatisfied