



Towards the Care of the Aged in Ghana: The Case of Asante Akyem Agogo

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ABSTRACT

In Ghana persons above 65 years are designated in the category of the aged or elderly. Aged care in the 21st century has received increased awareness and is getting intensified as the rate of life expectancy also increases. The underlying factor is the growing concern to seek the total well-being of these aged in the various indigenous Ghanaian communities. This, therefore, precipitated an enquiry into the activities of Agogo Presbyterian hospital, the churches in Agogo and the government Social Welfare Department in Agogo all located in the Asante Akim North Municipal of the Ashanti Region of Ghana. Through focus group discussions among the aged, and an interview exercise conducted with the caregivers (the ministers, healthcare professionals and a social worker), the care of the aged was discussed. The aim of this was to unravel the sort of care given to these vulnerable persons in the Agogo community. Thematically, the results obtained were given the necessary interpretation and are further discussed as feedback from the aged. The study findings revealed that the aged most of the time are drifted to spirituality/church due to imminent death, protection for their children, and the fear of being bewitched. The Church keeps attracting the aged to its worship and provides their mandated spiritual care with intermittent social interventions. The Social Welfare Department was also constrained by financial, logistical, and institutional challenges. The Agogo Presbyterian Hospital balances its care of patients with spiritual care but is not well integrated and not specifically tailored towards the care of the aged. The study concluded that an enhanced care plan is hereby encouraged for these stakeholders to help the aged not just to live longer but also better. It recommended the establishment of geriatric/gerontological schools for the training of nurses and other allied staff for the care of the aged in Ghana. This has become necessary due to the rising level of the aged population in the country. This article seeks to add to the scanty existing literature on caring for people with special needs in Ghana.

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INTRODUCTION

Life, which spans from conception through infancy, adolescence to adulthood is one of the greatest wonders of God. Each stage of human development comes with various challenges which threaten one's ability to survive this race of life into adulthood. It becomes a joy to reach an adult stage in a

community, which could determine a milestone chalked in age despite various degrees of struggle. In recent decades, scientific discoveries and the consequent advancement in medicine have made a significant contribution to extending the average life span of humans. This is life expectancy, which is the key metric for assessing population health. Life expectancy gives the mortality rate along the entire life course of a population. It provides information on the average age of death in a population.¹

The pioneering effort of medicine through the use of these advanced technologies has increased life expectancy globally. Since the year 1900, the global average life expectancy has more than doubled and is currently above 70 years. Today most of the richest countries in the world have life expectancies of over 80 years. Countries like Spain, Switzerland, Italy, and Australia as at 2019 had a life expectancy of over 83 years. In the same year in Japan, the highest figure of close to 85 years was recorded. On the other hand, countries with a lack of improved healthcare have a life expectancy rate of between 50 and 60 years. The Central African Republic in its population census had the lowest life expectancy rate in 2019 with 53 years.² Ghana as a developing country with gradually improving health systems moved from a life expectancy of 41 years in 1950 to 64 years in 2021.³ The nation is progressively recording an increased aged population and this must attract the concern of researchers. Not in their bid to arrest the growing trend but to ascertain its socio-economic impact on this population.

The care of the aged in Ghana is deficient, meanwhile, their population is on the ascendency despite certain prevailing factors which should have inhibited it. The socio-economic hardship, widespread poverty, Human Immunodeficiency Diseases (HIV/AIDS) and currently the novel Covid 19 pandemic, in the context of rapid change in the traditional extended family structure remain the issues of concern.⁴ The aged in this country, ought not to live longer but better as well. An attempt to verify this care among the indigenous people of Asante Akyem Agogo has become a prototype of how the nation generally prioritizes their care. Research suggests that people over the age of 65 can expect to live for another 16 to 19 years. Women can expect to live another 19 years after reaching this age, while men can expect to live another 16 years.⁵ This dream can only happen through proper and holistic care of the aged in Ghana.

Ayete-Nyampong has observed the woeful condition of the aged and states that the aged apart from the economic hardship they find themselves in, also have social, health, psychological, spiritual and cultural challenges. It is up to the family, governmental, and non-governmental agencies such as churches to provide a top-notch atmosphere that will ensure the quality of life of the aged.⁶ The church, which in this part of the world has become a hub for these elderly persons cannot shirk its responsibility but accept the challenge of seeking their care holistically.

The main objective of this study was to examine the care of the aged with a focus on the Agogo Community. Precisely, a direct inquest was made into the everyday life of the aged in the light of the church, the hospital, and the government social welfare department. This was to bring to bear some of the activities of these institutions that had ensured to the well-being of the aged. The study was basically based on interviews conducted with key individuals in these organizations who had a direct working relationship with these older persons.

¹Max Roser, Esteban Ortiz-Ospina and Hannah Ritchie, "Life Expectancy," 2013, accessed March 20, 2021. <https://ourworldindata.org/life-expectancy>

²Roser *et al.*, "Life Expectancy".

³Ghana Life Expectancy 1950-2021, accessed May 5, 2021
<https://www.macrotrends.net/countries/GHA/ghana/life-expectancy>.

⁴Irene K.Aboh and Andrew A. Druye, "A Review of the Evidence of Care for the Ghanaian Aged." *J Gerontol Geriatr Med* 6 no. 52, (2020).

⁵Robert M. Gary and David O.Moberg, *The Church and the Older Person*, (Grand Rapids: William B. Eerdmans, 1969), 21.

⁶Samuel Ayete- Nyampong, *A Study of Pastoral Care of the Elderly in Africa, An Interdisciplinary Approach with Focus on Ghana*, (Ashland OH: AuthorHouse, 2015), 4.

METHODOLOGY

The study relied on both primary and secondary sources of data. The primary sources of data were attained through the use of interviews and focus group discussions. A focus group discussion consisting of 10-15 aged, was conducted in the Agogo Ebenezer Presby Church,⁷ Agogo St. Augustine's Catholic Church⁸ and The Church of Pentecost, Agogo Central.⁹ A trial version of the discussion was done using the Men's Fellowship of Agogo Ebenezer Presby Church. The lapses identified were rectified in subsequent discussions held in the Pentecost, Presby, and Catholic churches. These focus group discussions were done with guided questions of interest by the researcher. The reason for choosing focus group discussions was due to the fact that they allow for discussion and debate to take place among a number of participants. In all, three ministers, one each from the above mentioned churches involved in this research were also interviewed in a semi-structured manner. The Social Welfare Department¹⁰ in the community which is a governmental agency was also contacted through a similar interview on how they have been caring for these aged in the vicinity. Finally, 11 health workers comprising doctors, nurses, and a chaplain from the Agogo Presbyterian Hospital¹¹ were interviewed on their direct engagement with these elderly. The use of secondary sources of information was included through a review of published literature on the care of the aged.

THE MINISTRY OF THE CHURCHES TOWARDS THE CARE OF THE AGED IN AGOGO

Caring for the aged by the church is a pastoral care ministry. This ministry is an art related to the psychological and theological needs of persons, in this case, the aged.¹² It also concerns the needs of faith communities. Dimensions of this pastoral care that have been outlined by Graham Redding are; worship, prayer, hospitality, care, healing, counseling, discipline, and faith formation.¹³ An investigation into these areas is to afford the acquisition of basic knowledge about the kind of care given to the elderly in these churches through its leadership, members and ministries.

Pastoral Visit of the Church to the Aged in their Homes

All of the aged that participated in this focused group discussion from the various churches confirmed of special pastoral visits they frequently received from the church. These visitations come with warmth, especially, for those labeled as "housebound" or "invalid".¹⁴ Some of the elderly who appeared to have been neglected by their families are compensated by these visits. This touch of balminess from the ministers to the aged is usually accompanied by prayers and words of motivation. They are usually encouraged due to the plight of being aged as nature will permit it. Speaking on their behalf, those aged who can come to church, were pleased with the kind pastoral care being given to the very older persons in the house. It is during these visits that the Holy Communion is administered to them. The older persons are nourished by this Eucharist. It has been observed that participation in this rite in their

⁷This church was the first Church to be established in 1892 on Agogo land, hence the first to bring Christianity to the doorsteps of the people of Agogo and has ever since contributed to the religious and socio-economic life of the community.

⁸ St. Augustine Catholic Church was established in 1925 by three Catholic indigenous families of Agogo.

⁹ The church of Pentecost, Agogo central was established in 1949. The church traced her source from Elder Ankama of Atonsu Kumasi, then to Juaso and later carved from Juaso by the late Elder Stephen Anyan.

¹⁰ The Social Welfare Department came into existence immediately after the Asante Akyem North District was created in 2012. The core mandate has been to care for the vulnerable group in the District for which Agogo is the District head. The aged are among the vulnerable group in this community who deserve this governmental welfare scheme.

¹¹ The Agogo Presbyterian Hospital is Ghana's oldest mission hospital, having been established on March 21, 1931, by the Basel Mission.

¹²Extract from a course outline in Basics of Pastoral Care & Counseling Christian, Christian Theological Seminary Indianapolis, IN, Spring, 2012, <https://www.wabashcenter.wabash.edu/wp-content/uploads/2018/08/Basics-of-Pastoral-Care-and-Counseling.pdf>, accessed July 2, 2021

¹³Graham Redding, "Pastoral care handbook." (Knox Centre, 2012),3.

¹⁴Housebound refers to aged who are very old and weak and unable to come to church. For this class of very frail people, the Catholic Church labels them as "housebound" whiles the Presbyterians tag them as "invalid."

homes is so significant like a whole celebration in the church. The Eucharist being in their presence becomes a symbol of God's fatherhood and his fruitfulness of life to them. This comes with experiencing the comfort of the Lord which helps elevate them from suffering and the risk of grief and despair which are known to characterize old age.¹⁵

The importance of these visitations to the aged in the Ghanaian context is explained in the "concept of visits in their Ghanaian culture" by Ayete-Nyampong.¹⁶ He quotes the late Professor Kwasi Dickson who stated that the sense of community is strong in Africa. And this sense of community which comes with interconnectedness and strong relationships becomes enhanced by the human act of visitation.¹⁷ Besides being a means of strengthening the relationship between the church and the aged, these visits promote the well-being of the aged while the visitor becomes enriched by the positive results of the visit. Again, Ayete-Nyampong explains the etymology of the word visit in the Ghanaian language in such a revealing manner.¹⁸ The word visit in Akan is *Kosra*. Literally, *Kosra* means to anoint. This gives an idea that in Ghanaian society when one visits, it does bring to the one being visited blessings in the form of nourishment, healing, and spiritual strength. It goes to the extent of in some cases providing guidance and correction in one's course of life. Understandably, going to bless one is what *Kosra* means in the Akan language. In this case, the ministers' presence in the house of the aged regularly is meant to ensure all forms of blessings including healing, spiritual nourishment, and strength. A Psychiatrist at the hospital has observed this visitation by the church as a form of emotional therapy and is very important in the care of the aged. It shows and gives them the feeling that they are not neglected and alone. The aged explained their experience in this manner and admitted to the financial help given to them during the visit.

Support and Donation to the Aged by the Church

It has been noted that during old age, the very old, besides frequently being depressed, often have to grapple with risk factors including being a distance away from families, low level of accommodation and finances.¹⁹ The churches in this community were appreciated by the aged in their effort of meeting their financial needs sometimes. This financial support is not institutionalized but as and when one needs help, he/she calls for and is sorted out. However, the aged in the Presbyterian Church who are invalid are of the full surety of this help when the minister comes to visit them. This amount of money is often a token but at least indicates the concern of the church about the aged. The intermittent support to them is able to alleviate any difficulty they might find themselves in. Some of this support comes in the form of financing their healthcare bills and renewal of Health insurance. The aged reiterated their desire of enjoying continuous donations to their welfare. It must be stated that these donations and financial care do not go to all the aged but to those who might be in need of basic needs. The minister of Pentecost church indicated the support they once gave to an aged by roofing her building when it was ripped off by rains. Such critical interventions were reported by the aged; however those present for this study have not enjoyed such benefit in this moment of hardship.

The aged since at this stage in their life would have retired from active work if they were government officials, and by that are not supposed to receive any remuneration, become dependent on their children and other relatives. The Social Security and National Insurance Trust (SSNIT), a government pension scheme, benefits which could have been a buffer were reported not to be enough to help the care of the aged. Some who are active and can work, resort to trading and doing menial jobs which are not able to raise the needed capital to sustain their livelihood. The effect of this reduced

¹⁵The Pontifical Laity of the Catholic Church, "The Dignity of Older People and their Mission in the Church and in the World," 15.

¹⁶ Samuel, Ayete- Nyampong, "Pastoral Care and Gerontological Needs in Africa," *The United Reformed Church*, 3 (2011), 13.

¹⁷Ayete- Nyampong, "Pastoral Care and Gerontological Needs in Africa," 13.

¹⁸Ayete- Nyampong, "Pastoral Care and Gerontological Needs in Africa," 13.

¹⁹Nora Beata Erichsen and Arndt Büsing, "Spiritual Needs of Elderly Living in Residential/Nursing Homes," *Evidence-Based Complementary and Alternative Medicine*, 2013,1. <https://doi.org/10.1155/2013/913247>.

income is often a reduction in social contacts at this time when it is needed most. For instance, the church which is a social arena in this country becomes prohibited by some of the aged due to financial commitment to the churches. This reduced income affects their medical care when at this point in time they are in critical need of it. Lack of finances goes as far as affecting their diet and their housing which become unfit to live in. With these precarious conditions for which the elderly are plunged due to their reduced income, any little effort by the church in terms of financial support and donation is very laudable.

Christmas Packages and Parties for the Aged by the Church

Christmas parties are occasional events on the church's calendar. The birth of Christ which allowed God to demonstrate his love to the world becomes an event that every member of the church looks forward to. During this momentous period, gifts are distributed to church members. Some churches organize food buffets. In all these celebrations the aged during the interviews reported that they have not been left out. They asserted that special care was given to them and this put a smile on their faces. Christmas packages containing items like cartons of milo, bags of rice, oil, etc. are equally distributed to them. At certain times already prepared packaged food, drinks and meat pies are given to them during Christmas celebrations. Individual church members augment the church effort with different kinds of parcels. They pointed out that there has been however no special party organized specifically for the aged, except during Christmas. One may ask what these Christmas parties do for the aged.

In the first place, many of the aged regard Christmas and Easter as the two most notable events in the Christian calendar, and growing up they attached a lot of significance to them.²⁰ Remembrances of excitement in the past, and the memory of traditions that surrounds Christmas bring a feeling of nostalgia to the aged. For example, while in the other jurisdictions boxes of chocolate and candy are shared, the aged in Ghana during the interview recalled instances when one bottle of coke was provided to be sipped by all children in the household during Christmas. They also recall times when other delicious food like rice and stew was generally eaten once a year together with some drinks. This was indeed a joyous moment then, and their recollections today bring great feelings during Christmas. The usual story of Jesus' birth is reenacted and the Christmas songs enhance their spirituality.

The organization of these parties for the church members fosters social cohesion and the aged feel cherished and a part of the body of Christ. Their presence and participation amount to the fact that they have a stake in the church. And even though they may have little to contribute in terms of strength and finances, they are being regarded at this point in the celebration of Christmas. Hence they just do not only benefit from the social contacts but the sense of being part of the church as a party is being organized boosts their morale.

Again, it will interest readers to know that some aged, had it not been for these Christmas parties with packages might not have enjoyed drinking a fizzy drink for the whole year. And even added to it is the packaged food to be taken home, known in local parlance as "take way". It has been observed that the aged value this gesture from the church however little it might be for them. This is so because some of the aged have no family members around to celebrate Christmas with. They, therefore, compensate for the family ritual celebration of Christmas with that of the church. It must be noted here however that, if this kindness by the church during Christmas can relieve the feeling of loneliness of the aged, then it is a worthy course in enhancing the care of the aged.

Counseling, Health Education, and Screening for the Aged in the Church

Counseling is an assistive profession like nursing, psychology, social work, marriage and family therapy.²¹ This practice directly facilitates an individual's ability to make decisions and receive

²⁰Alicia, Margaret Stinson, "Spiritual Life Review With Older Adults : Finding Meaning in Late Life Development," PhD thesis, University of South Florida, 2013, 59.

²¹Holly K. Oxhandler and Danielle E. Parrish, "Integrating Clients' Religion/Spirituality in Clinical Practice: A Comparison among Social Workers, Psychologists, Counselors, Marriage and Family Therapists, and Nurses," *Journal of Clinical Psychology* 74, no. 4 (2018): 680–94, <https://doi.org/10.1002/jclp.22539>, 2.

guidance in life. The aged although old are not exempted from receiving coaching on how to handle their children and their grandchildren. They reported instances where they had to go for counseling on issues regarding their marriages, the delinquency of their wards, land litigation issues and sometimes about their dreams. In the “We Care Day” of the Church of Pentecost where elders and the pastor offer opportunity to the aged to hear their cases and help in resolving inter-relational issues is encouraging. This has the ability to relieve them of distress and further enhances a good ageing process. It was discovered that most of the aged are burdened with disputes of various forms with their relatives, particularly over lands and buildings that belong to the family.

Ministers observing that it had been affecting their relationship with God intervened by offering a therapy that was geared toward restoring it. They were encouraged to extend their good relationship with God to their relatives. Experts believe that for in-depth spiritual counseling, a skilled spiritual leader is required.²² Thankfully enough all these ministers serving among the aged in Agogo are seasoned and matured men of God. They have worked as pastors for not less than 10 years, especially among the aged class. Their ages which are between 50 and 65 years make their ministry compatible with their professional relationship with the aged. The ministers are in the best position to understand their feelings and their aspirations in life.

Koenig has identified 14 spiritual needs of older persons²³ which will call for counseling from spiritual leaders in the community. The needs are namely; the need for support in dealing with loss, the need to transcend circumstances, the need to be forgiven and to forgive, the need to find meaning, purpose and hope, and the need to love and serve others. The rest of the needs are; the need for unconditional love, the need to feel that God is on their side, the need to be thankful, the need to prepare for death and dying, the need for continuity, the need for validation and support of religious behaviours, the need to engage in religious behaviours, the need for personal dignity and sense of worthiness and finally the need to express anger and doubt. With these needs of the aged, the most prevalent one which usually falls on the minister is the need for support in dealing with loss. The priest in this case is supposed to help during the grieving moment of the aged, especially during the loss of a relative. In this sense since death is inevitable, any aged person who has lost a relative, particularly a spouse is counseled by the ministers to peacefully go through this painful moment of life. In Ghana, aiding the aged to go through this pain comes with meeting some of the needs of the elderly that Koenig talks about. For instance, in a communal society, the death of a person, demands that church members go into the house of the deceased to show solidarity. During such moments the aged experience unconditional love, and through the support of the church, get encouraged that God has not left them alone. Again, various words of comfort from well-wishers and the mere sight of the dead lying in state, cause the aged to prepare for their personal death in one form or the other.

Health education and screening are a major part of ensuring the quality of health of the aged. The aged in this study applauded the churches for organizing health workers, who come not only to give them talks on their health but also conduct screening exercises for them. Talks on their nutrition, successful ageing, retirement, prostates, diabetes and hypertension have regularly been delivered by nurses and doctors who are members of the church. Sometimes after these talks have been given, the aged are subsequently screened by these health experts. The need for this education is to enable the aged to become acquainted with health-related issues in their lives to observe and become aware of early warning signs of some of these chronic diseases to ensure prevention instead of cure. These health talks encourage them to report to the hospital any changes in their ageing journey. The retirement talk also prepares some of the aged to embrace the financial changes at this point and live within their means.

It has been well-known that health complications are among the three major problems facing the aged in Ghana. The other two which are housing and finance also impress on the health of the

²²Puchalski, “Spirituality in Health,” 487–504.

²³ Harriet Mowat and Maureen O'Neill . “Spirituality and ageing: Implications for the care and support of older people”, Institute for Research and Innovation in Social Services, (2013), www.iriss.Org.uk

aged.²⁴ Hence the aged having free health screening within the premises of their church is a way of solving this major problem that has been bedevilling the aged in Agogo and invariably the entire nation. They do not pay a dime for these screenings for becoming aware of their health status. This awareness makes them take personal responsibility for their health by going to the hospital for their regular medications, especially for the aged with chronic diseases. Also, those who are not on these medications, become cautious and also take proactive steps for their health.

Participation of the Aged in the Fellowship of the Church

To the aged in Agogo, going to church has become a tradition. The ministers in their interaction with the researcher made mention of the aged participation in the fellowship of the church. This attraction to spirituality when inquired from both the ministers and elderly revealed the issue of imminent death, protection for their children and the fear of being bewitched as their topmost reasons. The researcher inquired about the kind of atmosphere these church services have been conducted and the benefit of this to their care in general. There are at least three levels at which the elderly engage in fellowship in the church. The general divine service on Sundays, the fellowship meetings specifically designed for adult men and women in the church and finally mid-week programs for the church, come with revivals and bible study times and prayer times as well. A larger number of the elderly are able to patronize the Sunday divine service most often; their number on typical communion Sundays outweighs that of the youth and young adult population. This observation was made at the Pentecost Church, where about 60% of the members on the researcher's first day of visit were old persons. The explanation given by the pastor as to the departure of the youth to Pentecost International Worship Center (PIWC)²⁵ although germane, comes to buttress the notion that elderly persons are inclined to church when they grow. Also, to the elderly, taking of the Lord's Supper is a ritual and they would never forfeit it in a month for anything, hence their number swells on the said days. The fellowships meeting have also been patronized by a few of the aged, especially those who are quite active and sometimes educated. Mid-week programs and other revival programs rarely attract the aged. Those who are active however get involved.

Their dream of getting a conducive atmosphere to worship sometimes eludes them. There are a lot of interferences as to the high sound level at church, the regular standing ups and down and the long hours of staying at the church. Sometimes the elderly struggle with the youth by competing for dancing space and time. The aged would often prefer a service that lasts for just an hour but the youth do not. Certain innovations in the church services due to contemporary situations are easily embraced by the youth but adults do not accept that easily. Those who are able to attend the revival programs also complain of long hours spent at such services. The fellowship meeting is the best gathering of the aged since it is a meeting among themselves. Due to their age bracket, they have so many things in common when they meet and this makes such fellowship very interesting and impactful. They share similar opinions, values and experiences, making such meetings devoid of being unidirectional in nature.

Participation of the aged in these fellowships of the church even though comes with challenges has been able to meet some of the spiritual needs of the aged. Thus, knowing that they need to overcome challenges in their lives through prayer, and the need to also know that they have been forgiven through the word of God and through fellowship, the aged find meaning and purpose in living and are not plunged into despair and grief. Some of the aged have solved the need to love and serve others by taking up teaching positions in the children's service ministry and leadership positions in the church. Regular doses of the word of God in the life of the aged during fellowship have been an encouragement for the aged as they appear to have been prepared for death. A woman at the

²⁴Ayete -Nyampong, *A Study Of Pastoral Care Of The Elderly In Africa*, 69.

²⁵The Church of Pentecost (COP) International introduced the Pentecost International Worship Center (PIWC) Ministry as a solution to respond to the perception that the church is a homogenous church (mainly for Ghanaians); and also to respond to the needs of the growing number of youth in the church. <https://www.piwcmaryland.org/index.php/about/our-history> accessed May 20,2021.

Presbyterian Women Fellowship narrated the benefit of the fellowship as follows; “when we meet we get encouraged by the things we share, we get to see each other again, and sometimes we are educated on our diet. As women, we are educated on how to keep our homes, train our children and treat our husbands.”²⁶ The warmth of seeing each other again dissipates the loneliness that comes with old age. The churches are hereby commended for having effectively kept church fellowship alive even amid COVID- 19 pandemic for the sake of these cherished aged persons in the Agogo Community.

CARE OF THE AGED BY THE AGOGO PRESBYTERIAN HOSPITAL

The research carried out on the care of the aged in Agogo hospital revealed interesting feedback from the aged. Being the major health facility in the community, it takes care of their health needs and being a mission hospital also balances physical health care with spiritual care. First and foremost, a lot of the aged in the focus group discussions indicated the benefits gained through the morning devotion organized for them whenever they come to the hospital. The devotions besides giving them hope that they will get well; are a replacement for skipped morning devotions at home. It is also of interest to realize that the aged believe that it is these devotions that change the heart of the health workers for them to have compassion and cater for them appropriately. They, therefore, serve in sympathy, while for the elderly, it provides a medium of trust in God who is the ultimate healer.

According to the aged in this community, the hospital has been providing outstanding medical care in responding to their chronic and acute sicknesses. However, the negative attitude of some health personnel leaves much to be desired. The old persons vehemently complained of the ill-treatment which is sometimes meted out to them by some nurses. Nurses do fidget with their phones while they linger in pain as diabetic patients end up being delayed in getting their medications. Similar delays emerge from the laboratory and the dispensary technicians as well. Worryingly, the aged are also made to join the normal queue while in some cases certain young ones are escorted into consulting rooms as a form of protocol. The undue delay at the hospital as seen by the aged has caused some of them to default in coming for their regular medication. Some of the aged reiterated not having a specialized unit that caters for their upkeep at the hospital. This they believe has occasioned their delays at the hospital. Some of the aged lamented of sometimes going home confused about their drugs since the health workers do not have time for them in detailing how they had to take their prescribed drugs. Due to this absence of a special unit, their health needs seems to be lacking the needed priority. The aged again find the monetary charges to their care in the hospital quite exorbitant and in some cases find it very difficult to pay. The aged agreed with the medical administrator that some doctors regard their state of being old as a form of sickness and therefore are not carefully treated when they come for checkups. They are only given their usual medications regarding hypertension and diabetics disregarding any other symptoms they may present. This is quite unfortunate as any emerging sickness can be skipped and thereby jeopardizing the health of the aged.

In as much as the aged will appreciate the brilliant services given to them by the hospital, a positive staff attitude also compliments their health. The structures, services and procedures at the hospital in executing holistic care also add to the quality care that these aged are expecting. As things stand now, these elderly are likely to risk their care if the emphasis is only placed on pure medical care but not on establishing a direct therapeutic relationship with them. This comes by respecting their dignity and giving them a listening ear when dealing with them. Active listening, along with ‘unconditional positive regard’ for the aged, is a reliable approach to being empathic and grasping the elderly’s world of meaning-making.²⁷ A medical professional as a caregiver needs this attitude in the discharge of his or her duties towards the aged.

²⁶Aged, Focused Goup Discussion, Agogo Ebenezer Presby Women Fellowship, March 24, 2021

²⁷Ayete- Nyampong, “Pastoral Care and Gerontological Needs in Africa,”13.

The Social Welfare Department and their Care of the Aged in Agogo

In order to have a comprehensive outlook of the kind of care being given to the aged in Agogo, the interventions of the Social Welfare Department were discussed through an interview with a focal person. Through its unit head in charge of Social development, the role of the department toward the aged was explained. According to the social welfare officer, there is government funding for vulnerable groups but quite unfortunately with the aged group, there is no regular support for them. Like persons with disabilities and others who are vulnerable usually receive regular support, the aged are exempted from this. It must be revealed that the aged who are at the same time disabled do benefit from the state's regular common fund.

However, some of the aged, particularly those 65 years and above benefit from the Ghana poverty program. That is the LEAP- Livelihood Empowerment Against Poverty. To select these potential beneficiaries of this LEAP, a contract was given to an agency to conduct interviews with the aged using poverty mapping. It is those captured in the mappings that are supported. This really leaves out a number of the aged who might require one form of care or the other in this community. Actually the LEAP although a good initiative, is for a selected few in the community.

Again, it was noted that the government has made provisions for the aged through the NHIS but according to the Officer, this provision takes time to be accessed. He stated; "If you are aged and you visit our office, we forward your documents to NHIS secretariat which will be forwarded to Accra. But sometimes it takes three months to get feedback."²⁸ He attributed this bottleneck to the lack of data on the aged, not only in Agogo but in Ghana as a whole. This has occasioned the government to task the District and Municipal Chief Executives and coordinating directors to sign a contractual agreement to collect data on the aged in Ghana. The Asante Akyem Municipal has commenced this process of gathering the data and is done with a lot of towns within its caption area. As the time of this research, data for Agogo, Hwidiem and Amantena had not been collated and hence the elderly are not getting the needed benefit required. It must be stated here that the collection of data about the aged, thus building a database is among the basic responsibilities of the Social Welfare Department. The purpose of the data among other things such as for planning purposes is meant to know the needs of these aged. And once the data is absent the care of the aged becomes an illusion in this community.

Moreso, the officer in charge of social development made it clear about some intermediary roles the department plays for the aged. They have been serving as an intermediary between the NGOs and the aged in this community. They write proposals to the NGOs to solicit support for the aged. Some of the proposals are usually sent to the government too but there has not been any result but the NGOs response has been quite positive.

Finally, the Social Welfare Department has a duty of offering counseling services for the aged in the Agogo community. However, although the outfit is ready, this does not happen regularly. The aged do not go there for this service. Up until they go in to be counseled, some of the aged will continue to suffer from loneliness, rejection from families, inability to cater to daily household chores due to body weakness and the effect of psychological changes. Funding for this department has become a challenge in caring comprehensively for the aged in this community. The officer advised that it will be very expedient to get a regular budgetary allocation for the aged population in Ghana just as it is happening for the disabled.

RECOMMENDATION

Recommendation on the care of the aged for Agogo Presbyterian Hospital

To be able to properly care for the aged, a department of geriatrics must be established at the Agogo Presbyterian Hospital. This call is long overdue because, with over 90 years of existence, the institution in itself is aged and therefore must be a friend to the aged. Interestingly, it has over the years become a comfortable place for older persons due to its track record of excellent services. The facility can now

²⁸Interview with a Social Welfare Officer, Agogo, March 25, 2021.

boast of various specialty units including pediatric, obstetric and gynecology, internal medicine, and ophthalmology units just to mention a few. Addition to these units to the care of the aged will be the 'icing on the cake.' Many of the problems the aged encounter as they come to the hospital would be a thing of the past when this geriatric unit is in place. Movement of the aged to and fro in the facility will be minimized. Joining long queues which turn to delay while at the hospitals will be a thing of the past.

Recommendation on the Care of the aged for the Church

The church should go beyond its annual ritual Christmas packages for the aged. Instead, this gesture can be done quarterly with the availability of the needed resources. Moreso, prior to such programs, the aged should be informed in advance to make them aware and prepared with optimism. This idea of organizing such parties out of the blue is not the best. The result is that most of them become exempted from such glorious occasions. Alternatively, a breakfast meeting for the aged can be organized quarterly in the church to meet and interact. This gathering can be used to socialize and educate them on their health, and retirement issues. Counselors and psychologists can be made available to assist them where necessary during these meetings. The church must also be involved in the awareness creation of the need for society to care for the aged. Their prophetic voice must be heard by policymakers to make an intervention that can bring hope to older persons. The church should lead a crusade that will ensure that the aged are ennobled in the communities. The church should try as possible to relieve the aged of all financial commitment which has been seen to be burdensome. Interestingly, paying tithes is as spiritual as praying to them; hence they can be exempted from all other forms of levies and dues in the church. This will afford them the opportunity to come to church regularly for their spiritual nourishment which is a booster for their health. The church can also organize free healthcare screening for the aged who may not be able to afford regular check-ups at the hospital.

The church must move from its pastoral care of the elderly which largely focuses on the infirm (that is invalid or the housebound), bereaved and the needy to more inclusive care which targets all ages in the aged brackets of 65 years and above. It must be admitted that the church has not been quick enough to realize the changing situation of many elderly persons.

Recommendation on the Care of the Aged for the Municipal Social Welfare Department

The ongoing data collection on the aged in the Asante Akyem North Municipal of which Agogo is part should see the light of day soon. This data, being gathered by the Social Welfare Department is highly needed for planning purposes to help ensure better care for the elderly. Similar advice is extended to the central government as well, as comprehensive information about these aged for the country will guide policy development in all areas that pertain to aged care, especially about their health and spirituality.

The government should resource this all-important department with personnel, logistics and finances. This is to enable the department to carry out its mandate of providing social interventions for the vulnerable which includes the aged. In this way, their counseling services which seem to be nonexistent will become effective. And awareness of their activities which are also shrouded in secrecy will receive the needed advertisement on the local media platforms and in the churches. The elders will then patronize their services with ease and delight. Again, for easy access to the government welfare package for the aged and referral cases to this department, it will be necessary if an office space is given out to the Social Welfare Department at the Agogo Presbyterian Hospital. The aged from 70 years and above, are known to have been enjoying subsidized premium payment under the National Health Insurance Scheme. It will be appropriate for this age limit to be brought down to 65 years and above to make room for more of the aged who are always in need of healthcare. The government should ensure this since it is at this point that many of the aged have gone on compulsory

retirement from formal work. And even if they have had an extension of their employment, they might have completed it.

Recommendations for the Younger Generation

It has been realized that the main challenge of the aged when they come to the hospital, is financial. Therefore it is advisable for the youth to prepare and try and have a health insurance package that will take care of their health and other problems when they are old.

Recommendation for the Government

It is imperative for the government to as a matter of urgency establish geriatric/gerontological schools for the training of nurses and other allied staff for the care of the aged in Ghana. This has become necessary due to the rising level of the aged population in the country. These institutions will become focal points for ensuring that the aged are well catered for.

CONCLUSION

This study has revealed that the Presbyterian Hospital at Agogo although oriented in providing medical care has been augmenting their care with spiritual care that has been a booster for aged care. Even though staff attitude towards the aged remains a major challenge, the facility has over the years lived up to its expectation of ensuring that these vulnerable persons in Agogo are well catered to as they deserve. The church (another vital agency in the care of the aged, is particularly a place where these aged pride themselves as their home) has performed creditably. The church is not necessarily a place of faith formation, but an avenue of enjoying quality fellowship through prayer, worship and counseling. The output of this is the relief from loneliness and boredom in the daily lives of the aged. The government agency which has a huge social responsibility of caring for the aged population remains a mirage in this community. All stakeholders need to be well resourced to cater for the aged in an efficient and effective manner for the growth and development of the society.

BIBLIOGRAPHY

- Ayete- Nyampong, Samuel. "Pastoral Care and Gerontological Needs in Africa," The United Reformed Church," 3 (2011).
- Ayete- Nyampong, Samuel. A Study Of Pastoral Care Of The Elderly In Africa, An Interdisciplinary Approach With Focus On Ghana, Ashland OH, AuthorHouse, 2015.
- Erichsen Nora Beata and Büssing, Arndt. "Spiritual Needs of Elderly Living in Residential/Nursing Homes," *Evidence-Based Complementary and Alternative Medicine*, (2013):1. <https://doi.org/10.1155/2013/913247>.
- Extract from a course outline in Basics of Pastoral Care & Counseling Christian, Christian Theological Seminary Indianapolis, IN, Spring, 2012. Accessed July 2, 2021. <https://www.wabashcenter.wabash.edu/wp-content/uploads/2018/08/Basics-of-Pastoral-Care-and-Counseling.pdf>
- Gary, Robert M. and Moberg, David O. The Church and the Older Person, Grand Rapids: William B. Eerdmans, 1969.
- Ghana Life Expectancy 1950-2021. Accessed May 5, 2021. <https://www.macrotrends.net/countries/GHA/ghana/life-expectancy>
- M.M. Hennink, Understanding Focus Group Discussions; Oxford University Press: New York, NY, USA, 2014; ISBN 978-0-19-985616-9.
- Mowat Harriet and O'Neill Maureen. "Spirituality and ageing: Implications for the care and support of older people", Institute for Research and Innovation in Social Services, (2013), www.iriss.Org.uk
- Oxhandler Holly K. and Parrish Danielle E., "Integrating Clients' Religion/Spirituality in Clinical Practice: A Comparison among Social Workers, Psychologists, Counselors, Marriage and

- Family Therapists, and Nurses,” *Journal of Clinical Psychology* 74, no. 4 (2018): 680–94, <https://doi.org/10.1002/jclp.22539>.
- Puchalski, Christina. “Spirituality in Health: The Role of Spirituality in Critical Care,” *Critical Care Clinics* 20, no. 3 (2004): 487–504, <https://doi.org/10.1016/j.ccc.2004.03.007>.
- Redding, Graham. "Pastoral care handbook." Knox Centre, 2012.
- Roser Max, Ortiz-Ospina Esteban and Ritchie Hannah, "Life Expectancy," 2013. Accessed March 20, 2021. <https://ourworldindata.org/life-expectancy>
- Stinson, Alicia, M. “Spiritual Life Review With Older Adults : Finding Meaning in Late Life Development,” PhD thesis, University of South Florida, 2013.
- The Pontifical Laity of the Catholic Church, “The Dignity of Older People and their Mission in the Church and in the World,” 15.

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