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Speaker 1 ([00:00](#)):

The Gerontological Society of America, meaningful lives as we age.

Speaker 2 ([00:04](#)):

Welcome to our podcast series on aging and developing countries. I'm Barbara Bowers, emerita professor at the University of Wisconsin Madison School of Nursing. This presentation is part of a larger podcast series that provides insights into how culture, competing population health priorities, political conflict, resource limitations, all influence older people, families, and paid caregivers in six developing nations. When we've put together a trajectory of developing countries from very low income to high income developing countries. So why do we do this? Well, I might be interested to know that out of the estimated 2 billion older adults who will represent 22% of the global population in 2050, 80% will be living in developing countries. I think that's a surprise to most people who thought this was a problem of developed countries. The impact of population aging is felt pretty universally across the world, but it's been well studied in wealthier developed countries.

Speaker 2 ([01:04](#)):

We know a lot less though about what the experience is like and how developing countries have responded to aging, especially in the lower income developing countries. So this rapid population aging really represents a shift from predominantly infectious diseases to chronic illnesses and the the sort of things that you associate with older people. And this is because of the rapidity of the shift. This is really left a lot of developing countries in a very difficult position and not much time to prepare for the impact and the consequences. Now we've gone from the millennium development goals really focusing on maternal child health and infectious diseases to now a shift which WHO has certainly recently recognized of really providing guidance and increased focus on what's happening with older adults. And this is also in the context of countries where the family is really considered the primary support for older adults for all of the care.

Speaker 2 ([02:06](#)):

The family's certainly important in every country, but in developing countries, the families in many cases are really the only source of support. So today we have a presenter from Ghana. We're delighted to have Dr. Abou bis born. Dr. Abou bis born has over a decade of nursing experience working in both rural and urban communities in Ghana. She's a recent PhD graduate of the Lawrence Bloomberg faculty of nursing at the University of Toronto in Canada. Dr. Abu Biris born will share her insights about caregiving caregivers and older people in Ghana. She's also gonna talk about who's most likely to provide care, the type of care that older people receive, whose role it is and what sort of preparations the academy and the government has been involved in. So now lemme say a little bit about Ghana. Ghana's located on the west coast of Africa. It's considered a low income developing country, but has experienced really quite rapid economic development over the past decade.

Speaker 2 ([03:04](#)):

Ghana has a population of about 30 million people. It's a multi religion, constitutional democracy and they, Ghana has made a real commitment to providing act universal access to healthcare. Although it's still struggling to find sufficient funding to support this, they've made considerable progress. Of course, this is no different than most countries including developing countries that are all struggling with funding healthcare in general and certainly care for older populations. Life expectancy in Ghana is 71 years and they have a pretty young population. Only 3.2% of the population is over 65. And in most developing countries, as in most developing countries, the fertility rate in Ghana continues to decline. Although the population is pretty youthful, they've maintained a relatively high fertility rate and this is despite the rise in the elderly cohort. So basically the birth rate has not declined, but people are clearly living longer than they were in the past.

Speaker 2 ([04:04](#)):

The growth of the older populations occurring at the same time that people are really living into old age and that family structures are declining, are really stretched. Women are increasingly needed to work in paid jobs outside the home. So traditional caregivers are in many cases no longer available. And as in other developing especially low income countries, many young professionals have left the country for opportunities in more developed countries. So that's sort of a little bit of a, an introduction to some of the challenges that they face. Dr. Jing Wang, an assistant professor at the University of New Hampshire, will moderate the discussion with Dr. Abboud Bibo.

Speaker 3 ([04:43](#)):

Hello Diana, it's our great pleasure to have you here and share with us your insights into long-term care in Ghana. So first of all, could you please give us an overview of how Ghana and Ghanaians are caring for their Asian population?

Speaker 4 ([05:02](#)):

So for other people in Ghana, they're mainly care based on our social and family structure systems because society expects younger ones to be responsible for older adults. Our younger ones are often told by older adults or other relatives, older adults in the community or their neighbors that are, we have taken care of you to for your teeth to erupt. And so it's your responsibility to take care of us, to lose our kids, you know? So then the responsibility shifts mainly on younger adults for caring for older people. And this also we rely on the extended family structure where brothers, sisters, uncles, cousins or come together to support the care of older people as also support can be either financial assistance through S or physical, like a simple act of taking another adult to the hospital or supporting them in their home care, like bathing or feeding. And sometimes you can just speak just by sitting down with them and talking to them for errors when they need it is the kind of support some older people expect from younger ones. Uh, so older adults responsibility mainly relies on the family and sometimes neighbors or community members are coming to help, especially in rural setting.

Speaker 3 ([06:19](#)):

Thank you Diana. What an interesting saying. So we have taken care of you free choose to erupt. So it's your responsibility to take care of us to lose our teeth. I can certainly relate to that. Um, when I consider the cultural context in Asian countries. So here's your question. Across the world, nursing homes are becoming more common even in low income developing countries. Could you tell us about the

development of nursing homes in Ghana, where they're located, who is cared for in the setting and how Barney generally feel about nursing homes?

Speaker 4 ([07:02](#)):

We are not spoken to the idea of nursing homes and this is also culturally rooted because we are expected to take care of your older adult. Uh, <inaudible> home is perceived, I responsible for the younger person to take their relative into a nursing home. And then the extended family system is, is beginning to face that burden, that challenge of providing care for older people, mainly because younger ones would have to go to work, others have to go to school. And the question is who says that going care for these older people that are at home, especially for those that have declining chest and cognitive uh, function. So then the younger generations become more challenged or faced with a bigger issue about their own career, about their own families as well as taking care of their older adult relatives.

Speaker 4 ([07:58](#)):

So families that are financially okay or financially stable sometimes would employ other people sick assistance from unemployed family members to stay at home to take care of their older relatives or parents while they leave for work. Other times they pay strangers or people that just sick income. So they pay them to stay at home with their relatives while they go and then they come back. So that shift system happens mostly with those who have income to make a payment. People are beginning to have a different understanding of what having nursing homes means, mainly because things are changing even though we have a structured social system and expectation, things are changing from the way they used to be 20, 30 years back. So more women would advocate for that with some kind of training, people are beginning to see that it's not bad, especially for once uh, the kind of nursing homes they call adult daycare where you think that okay, the mornings you drop off your older adult relatives, then when you go from work they come and pick them up.

Speaker 4 ([09:05](#)):

So that's would gradually be something to look out for. Can you describe how decisions are made about who will care for Asian family members in need of daily support? Extended family members that are not employed but then they call those told or they perceive the older adult as their aunties or uncles, not directly their parents. So when they are taking care of these so they expect their children or other family members to contribute and take care of them for helping take care of the older people because in this case it would've been everybody's work. But I am at home so everyone must pay me self house in terms of remittances to take care of the older person, you know. So mainly in the social and the family structure, this is the main way we take care of older patients or older people in our homes in Ghana here.

Speaker 4 ([10:01](#)):

So sometimes the oldest in the family would just seek out or reach out to one or two of the younger ones or even other people that are not employed sick. Would you mind taking care of being at home because you are not working? Maybe we are in the city at the end of the month we'll find something for you. So while you stay here or they go to the village, they are communities to look for someone within the family and the extended family system to come and live with them so that the agreement will be okay live with us, especially this are mostly female. So live with us uh, as you live with us to support

these other adults. The thing maybe we would at a point we would help you to go back to school or we would help find employment for yourself or develop some skill for yourself at our post.

Speaker 4 ([10:51](#)):

But now we just want to take care our mother father while we work. So it's like someone benefits somehow at some point and that reciprocity is just something we are all looking out for, you know. And often people expect that. So sometimes they may not necessarily say that do something for me, but they expect you to kind of just show gratitude in reciprocating the kindness or the sacrifice that the person has given to take care of support and older adults in their family. In Ghana we don't have specific units for older people. We have for pediatrics, we have for maternity, but we don't have for older people. So older people are often we find them in the emergency departments, we find them the medical wards, we find them in the surgical wards just like any other person from 13 years and apart all in the same ward.

Speaker 4 ([11:51](#)):

So what the change is best for older people. So if you are not able to uh, like you are not having a family member to support you apart from being at home, you go to the hospital. Now the hospital is the first place for every older person, the acute care that you have to receive a medical and nursing care services. Now aside the hospital, there are other private individuals that have set up nursing homes and this is only to the capital in greater ra, it's only in greater RA in some way and which means that you should only be rich to be able to afford this. And then most of those that also access uh, private facilities persons who have relatives that have lived outside Ghana, they have had a different understanding of nursing homes. And so they are those who will take their S to nursing and or uh, long-term care facilities.

Speaker 4 ([12:53](#)):

So individuals that have their, for instance an older person who has all their children working and those majority are outside of Ghana, they'll tend to let their parents live in this home and then they reimburse the, or make payments to the hospital directly knowing that their aging relative is being taken care of by professionals. So, but this is only accessible to people in the capital in the city. So in the rural settings there aren't any long-term care or nursing homes for them. They basically have to live at home. Uh, and if there's is anyone around you just find them living by themselves. But neighbor will usually tell them with food, help them when they need assistance. So that's one of the biggest challenge we have in care for other adults here. So we've reduced the care of older adults just passing and feeding and serving medications mostly at home.

Speaker 4 ([13:50](#)):

That is what is done. So when it comes to reducing pressure SOS and then uh, prevention of accidents, usually you don't have family caregivers that have been trained to do this sort of identify this. And unfortunately sometimes at the hospitals, let's say they go for Ty at discharge, sometimes they're not even educated on how to perverse these things at home. So it's just learning through like try an error. The person is paid reading, let bath or they've seen how the older person be assisted in Bed Bath at the hospital. So they try to just follow, just do something and they, their main thing is just a, but whether they're following technical advice to ensure that there no accidents are forced through the process, no, that kind of training is not provided. We don't have post specialization training for nurses in

gerontology. I have heard that geriatric training for like medical doctors geriatricians at the Ghana Dental and Medical School.

Speaker 4 ([14:55](#)):

But for the last, I'm not so sure about the exact data, but I read that uh, they don't have a lot applying for the program. Um, geriatrics in the Ghana medical dental and surgeons like their college. But with nursing we don't even have a post specialization program for gerontology. Recently I spoke with leaders for nursing education as part of my PhD and they mentioned that there is something in the pipeline. This is always a saying that, excuse me, say governments, leaders and politicians, obviously there's something in the pipeline. They are planning to institute gerontology programs for nursing, but they also realize the process of the availability of faculty. You know, so once you don't have faculty then you can't even start the program. But the first step getting to even train the faculty in the first place and they range between diploma and certificate nurses that have been trained and then you not also have, but then these nurses must be registered with the council for licensing to be practice.

Speaker 4 ([16:05](#)):

So mostly they are the people that work with these nursing homes aside the cleans and administrative staffs that will be there to support them with other things. So by then whether they have retraining to care for other people specifically, I don't think they have that. They just make the assumption that once you're a trained nurse you should be able to take care of the older care. We have nursing assistants in Ghana, like as part of our health system, but we don't have them as personal care workers that are assigned to specific patients. So the nursing assistant is there to just assess the nurse like the routine everyday work but not specific to an older adult specifications. So when it comes like that and the nurses are not adequate, they tend to focus their attention on the younger ones who they perceive will help them to carry out their routine processes fast compared to the older person when the nurses perceive or assume that working for them will be time consuming. And so let's finish with the older, uh, the younger ones before we come and before they know it, uh, they are shift ends and they have to leave and somehow may not necessarily provide the care or support service that they have to do for the older adults.

Speaker 3 ([17:24](#)):

So internationally there is increasing commitment to person centered care or care that is as responsive as possible to what is most important to the persons receiving care. And there are cultural issues that require person centered care to be more culturally sensitive. And what are your thoughts about person-centered care in the context of long-term care in Ghana?

Speaker 4 ([17:54](#)):

Yeah, I think person-centered care is very important. Again, because I'm a nurse person-centered care is very important and culturally it is something that we are actually seeking and looking out for. But our healthcare system is, I promot that. So the way the system is structured, the routine approach is more the patient centered will kind of impact your routine care because you are unmeasured by how what you have done, what you're expected to do for the whole unit and not necessarily specific patients. Plus you'd go to a hospital and you'd have like two or three staff nurses, uh, in the ward that has close to like 40 patients makes all ages across and just maybe two nursing assistants. So then it makes it difficult to have a specific patient-centered approach nursing care. Yeah, so then the nurses tend to work based on,

so like a, an everyday thing would be for you to go around, there are changes and then you just, okay, I'm taking three or four the patients you are in charge of this group of patients.

Speaker 4 ([19:02](#)):

Then you try to section the work or divide it among the staff that are there. But we are all looking for the routine staff and not necessarily the patient specific needs for person centered care. Like we all generally know that assessing the needs of older people and providing the lesson care services to meet those specific needs. Now once we begin to assess the needs of these older people and if identified them, you will need to make decisions with your family members, with their caregivers in order to meet those needs if you have identified them. Now, one big challenge with that approach will be that because we are a communal society, we are more paternal so that the head of the family is the one who makes decision and not everybody. And then so if the head of family isn't there, then the next person will take the position.

Speaker 4 ([19:54](#)):

But sometimes the most educated person takes the decision in the family and other times they one highly socially one who is financially stable or one with a higher socioeconomic status would then take the decision because what the decision effect you should be willing to face the consequences from all family members. So that idea of shared decision making would be the challenge with patient-centered approach care because the older persons depend again on family members and that, so if the family members are not, they don't all agree on certain things, then it'll be difficult to provide some care needs autonomy. It's not something you really see as a concept of facing a option. You can be autonomous in your personal life, but even some decisions that you have to take would affect other family members is for us to be guided that whatever decisions we make affects other persons in the families.

Speaker 4 ([20:57](#)):

And so you would want the head of the families or two or three elders of the family to make decisions. Now, younger people, sometimes they're bit outlets, other people make their decisions and they even leave the other people out because one may think that I am providing more financial assistance than another family member and so I should have a bigger C. Another person would think that I am directly at home taking care and doing all the physical work, so I should have a bigger seat. And so that conflict becomes an issue and the older adult is just left with who should I listen to? Also, sometimes the older person is rather confused if you look at full cents or who provides more financial assistance that takes care of your bills or feeding and everything. And then you look at the one who is at home supporting you with your feeding, supporting you with your physical assistance.

Speaker 4 ([21:50](#)):

So then the other person if they're able, are always confused and they end up going by, we have a problem, listen to the older adults or they grownups always have the best ideas. So for younger ones it usually would not have so much to say, age is very important for us here so that the one older than, so if I'm 35, I should be able to listen to my 38 year older father or sister. Even though we may disagree, but eventually the other adult will say, look, you know, you are young, just listen to the grownup. You know, so it's, it's just that boundaries of where should I align myself to. And then sometimes they just look at the culture, look for peace to exist for us to just move on as a family. They try to tell one person to just let things go and then listen to one or two of them so that everybody can take to feel important.

Speaker 4 ([22:50](#)):

Family members are allowed to spend a day or two with their older adult relative nursing homes. I'm not sure how that is done in the western world, but what I would rather think to include because of our common way of living once a while a family member or two can just spend some time or a night with their older adult relative in the nursing home just to let them feel that sense of family that like the sense of family is not completely taken away. Not that it's like they're not just surrounded by people, professionals, but sometimes one or two of their family members just register the night or two with them instead of the limited times for visiting and then leaving.

Speaker 3 ([23:35](#)):

Yes. Diana, these are particularly interesting. And what do you see things going? Do you see Ghana going in the direction of how the west has addressed caring for older adults or like you think that it might go into a different direction?

Speaker 4 ([23:52](#)):

So what I think, which we are moving towards the western way of life now more people are becoming so nuclear family centered. Everyone is trying to, even though the structure is growing with more older people left in the rural setting or rural homes, what I see would happen in the future would be that we may end up looking a little more like a western world with nursing homes with an acceptance of long-term care services or nursing homes or retirement homes. It's something that I see may happen because the private nursing homes were just about two of them in 2014 and they are now about six of them or seven of them. And so people travel out, they have a different perspective and they come to try to reinvest in this and then take the opportunity of social media to educate people to bring their relatives there.

Speaker 4 ([24:53](#)):

And then there are also some NGOs or church members, group of Christian or Muslim religion. Let's just step out and take care of an older person, A or P. So once sometimes they identify other people that living by themselves, they try to see how best can we help them. So if there's a place like this, then they would've taken certain older person to that place. So I think that in the long term we would gradually look like the western work. But now I think our social system is kind of one of the best that we have because even though it has its problems, I think what we can do is just to rebuild capacity to increase home care nursing services, you know, to have nursing or agencies that will promote home care and these people should be trained to reach out to other people at homes, to their families so that we still maintain this concept of aging in place. And even though there'll be conflicts within their families, but then they'll also receive professional caregiving at home. I still enjoy their old age at home and with family and friends.

Speaker 3 ([26:05](#)):

Right. So what research would you like to see conducted in Ghana? What do you think we need to know more about in order to improve care for older adults?

Speaker 4 ([26:16](#)):

Right. One of the main things that I think for me personally, I've always asked this question, who cares for the caregiver? Mm-Hmm <affirmative> because like our society and we have people to take care of the older person at home, others say I am the immediate caregiver, you are not sure. So who cares for

them? Like who supports them? Because the caregiving process is challenging for a lot of people, right? So who cares for the caregiver would be something for me. Like caregivers experiences their expectations, what kind of support they need would be something I would explore. I did that briefly as part of my master's study, but it's something I want to extend again to see if things have changed. And then the other thing that I would really want to look out is what's the prevalence of dementia in Ghana? When I wanted to start my PhD, I was looking at areas to explore.

Speaker 4 ([27:10](#)):

And I noticed that in most of our hospitals we had older people, uh, having read about dementia later on in my, I saw they were presenting some size of dementia, but we were not diagnosing them as dementia in our hospitals. And so it'll really be interesting for me to see what's the prevalence of dementia in Ghana and how are dementia patients in taking care of in Ghana or any other lower and middle income country that is similar to Ghana that we can learn. Because most of our physicians do not diagnose dementia. Is it because they actually don't know what dementia is or what to look out for in dementia to diagnose a patient, but everyone just say that it's aging, they are, it's normal. So you should accept that these are normal things to accepting older people when they're presenting with disorientation or <inaudible> or having loss of memory or just all those signs.

Speaker 4 ([28:08](#)):

They just say it's normal. It's normal with old people, but some of these things are normal, you know? So then it raises the question of health workers really prepared, you know, because the population is constantly increasing and here we are not so interested in gerontology or geriatrics, uh, nurses and medical doctors. So how are we actually ready? One other thing that I would like to collaborate and with other researchers would be how to develop evidence based guidelines that are context specific. Mm-hmm. And culturally sensitive to care for older people. Um, because now we have all people in our hospitals in acute care settings that we have and we take care of them just like any other person, but we know that they need to have a certain kind of care. And so what are the guidelines that can fix this particular setting would be something I would rather I would want to explore in the future.

Speaker 3 ([29:10](#)):

Thank you Diana. And I think our last question is about ageism. So ageism and ages attitudes are found in every country developed and developing ages, beliefs come from many places. Could you please describe how ageism is expressed in Ghana? What is unique to Ghana?

Speaker 4 ([29:35](#)):

So one of the things is that there are those old belief again that fall within culture and social settings and beliefs. It's unfortunate that individuals at Queens who tend to have an unfortunate experiences or experience difficulties in their career. So in their social life, they tend to look for someone to blame. And the most easiest person to blame is offering the older adult woman youngs. The unfortunate what is certain is that even our language, our language and some of our tribes have common sayings that promote negative views about older people. So for instance, if you have an unfortunate incident like in the tree, in tree they'll say like, the witch in your home is not good. So then you experiencing such an unfortunate incident. Now once they say fear the union, it means that everyone's attention is drawn to the older person in your home because we perceive, which is to be older people and mostly older women, and unfortunately older, widowed women, you know?

Speaker 4 ([30:49](#)):

So it goes on and on. It's a way we try to ensure for people to blame, try to to just to satisfy our own choices or rather justify our choices, but rather blame someone for our failures than most. Or the easiest person to often do that or point fingers to is the vulnerable older person at home. Now in some communities, mostly in the northern part of Ghana, then we have the witches camp and there are actually called, uh, we have the GA witches camp. I think there are about two witches comes in the country. These witches comes are run by a priest in the community who's also an older man. So it's an older man who says that if you are a witch or someone tries to identify or point fingers or call you a witch, they, the community will bring you to them. This older man, his role is to exercise you from the witch path and then to take you back to reintegrate you against.

Speaker 4 ([31:51](#)):

So usually how would one identify that you are a witch? They have their cultural beliefs of whatever they do and how, what signs they see to say them, you are actually a witch and then you'll be moved from your home to live in the witch camp. So there are people that have been in the witch comes for more than two years, for more than three years, and their families are even embarrassed to even go or talk about that. So NGOs have come to say that this witch comes are not appropriate, let's find a way to dissolve them because most of these women often coerce to confess first in the society when they are pointed and anti switches and that then they just say, look, yes, I'm a rich, I have done A, B, and C. So others have argue that they are often worse by the pressures to say that they are witches in actual science.

Speaker 4 ([32:43](#)):

They are actually demonstrating some of the aging symptoms or changes. So most of the women that have been pointed as to witches for instance, the people have made an argument that they both up in the middle of the night and saw the old man walking by herself naked. So question is when was she going in the middle of the night? Then people that are educated can say that, oh, this is probably someone who has dementia, who could not sleep or bacteria or having insomnia and then came out in the middle of the night either to ease themselves or free their bladder or even they're not even aware that it's the middle of the night themselves. So like a cognitive decline. But because of the limited knowledge that we have about aging and its challenges and when they present with, especially with cognitive, functional and cognitive decline, we tend to point fingers at some of these things as witchcraft because again, the culture, we believe that riches only work at night.

Speaker 4 ([33:47](#)):

So if you see some of these things, then they tend to play older people, especially older women, and sometimes unfortunately, uh, shall not lacking. You can't even be alleged. So it's a big issue. It's a very big issue with witchcraft and those superstitions about older women, but other religious leaders have come up, people have come up, the government has come up, they've condemned some of these beliefs but is deeply rooted in certain cultures and it'll take a long time to change their mindset. Where is gradually changing, people are getting more educated. The other thing is that people are getting more educated plus if Bronx comparisons to say that for all those women that have been accused of witchcraft and for the women or men that have been accused of unfortunate incidences in their families, if you look at their family structure, they're often very poor people. So I just make an argument of why is it that a rich mom's family, older adult family member has never been accused of being a rich. So then it brings another perspective to look at why those prestigious beliefs come and the group of

people that often have done kind of superstitious beliefs. So with that kind of different perspective being presented, people are beginning to have a different sense or a change of mind in how to perceive older people in our society.

Speaker 2 ([35:15](#)):

Thank you so much, Dr. Wang and Dr. Abu. Born for a fascinating discussion on aging in Ghana and giving us a look at some of the challenges faced by Ghana and probably other low income developing countries as the population really starts to age, despite the vast differences in resources across high, middle, and low income nations, we certainly share many of the same challenges. In terms of Ghana, we have heard that improving the workforce quality and developing educational programs targeted for care of older people and their caregivers is really at the forefront. You also talked about equity across sectors, regions, and genders, and that's certainly a challenge in many places. Uh, well be interesting to see how Ghana responds to this as the years go on. Something I found most interesting is the status and experiences of older women in some parts of Ghana and interesting, while the, some of the circumstances that you described are different than in other countries might be specific to Ghana, we're certainly all familiar with ageism and the impact of ageism on the lives and quality of life of older people and their caregivers. So while it might be unique in some ways to Ghana, it's certainly not unique to Ghana. Ageism is an issue that I think we struggle with across countries developed and developing. So thank you for this great insight and we wish you good luck in your career and fascinating discussion. Thank you.

Speaker 1 ([36:41](#)):

The Gerontological Society of America was founded in 1945 to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. For more information about GSA, visit geron.org, [GERO n.org](http://GERO.n.org).