



*Full length Research Paper*

# Causes of neglect of the aged in Sekondi –Takoradi Metropolis, Ghana

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## Abstract

The study investigated 200 respondents comprising of 100 aged and 100 caregivers on the causes of perceived neglect of the aged by the family. The aged respondents were between 65 – 89 years while that of their caregivers were between 10 – above 60 years with majority (74%) being females. Interestingly, only 4% of the caregivers had been employed. There was significant difference ( $p < 0.05$ ) between the ownership of residence of the aged and the people the aged lived with. From the study, 60% of the aged did not live with family members. Those who did not live with their family members attributed the situation to accommodation problem, economic hardships, migration among others. Sixty eight per cent affirmed that they were seldom visited by their children, other relatives or friends.

**Keywords:** Aged, caregivers, neglect, family, residence.

## INTRODUCTION

Care as a social phenomenon involves many aspects of everyday social life and entails the behaviours and practices of caregivers to provide food, health care, stimulation and emotional support necessary for healthy survival, growth and development. These practices translate care resources into well-being and not only the practices themselves, but also the ways in which they are performed. In terms of affection and responsiveness, Tabah et al (2010) suggested that critical care of the aged does not only affect the quality of life of the elderly but also ensures survival. Tabah et al (2010) further underscored the importance of critical care by emphasising that elderly patient who survive a critical illness may require nursing home admission which ensures they are well catered for. Chukwuone (2013) cited Foster and Johnson (1990) that some of the problems that threaten elderly persons and may force them to rely on others are deteriorating health, memory loss, poor vision, decrease in physical activity, financial insecurity and less social engagement. Mba (2004) also observed that in Ghana similar to other African countries, the family continues to be the primary institution equipped to provide support for the elderly. A typical traditional

household in Ghana consists of multi generations: the old, the middle-aged and the young where the upbringing of children is not just the duty of the parents, instead it involves all adults around (Apt, 2000).

In an attempt to make the concept of old-age more precise some researchers draw a distinction between the “young-old and the old-old”. The first group includes individuals aged from 65 to 74 years. Most people in this age range lead active, reasonably independent lives and are restricted only moderately if at all, by physical or mental disabilities. The second group includes those above age 74. These are the individuals more likely to be “frail elderly”, those with incapacitating chronic diseases or serious deficiencies in mental functioning (Popple and Leighninger, 2005). They further pointed out that, aging is inevitable phenomenon for human organisms. Aging is not a disease, but instead represents natural losses of function and improved medicare as well as environmental conditions appear to be helping to increase the remaining life expectancy for persons who reach the age 65. Harrison (2007), stated that an aged individual experience inelastic thin and dry skin due to decrease in glandular secretion. Vision often weakens

with the result that some need external aid. Old age in Africa, and especially in Ghana, is considered desirable, “a blessing from God” and a “reward from God for righteousness”. However, poverty, marginalization, discrimination and suffering abuses from different dimensions, have deprived many older persons of their rights. Older people, mostly older women, are often made scapegoats and accused of using witchcraft to cause illnesses. They are then subjected to various forms of abuses that include physical attacks, humiliation in public, destruction of property and ostracisation (Help Age Ghana, 2005).

Ghana Statistical Service, (2002) reported on Ghana Population and Housing Census 2000 that, the proportion of the elderly in the country was 5.3% of the total population as compared to 1.3% in the 1984 Population and Housing Census. This indicated that there has been a substantial increase of 4.0% of elderly in the country since 1984. This is also a reflection of improvement in health and life expectancy (Ghana Statistical Service, 2002). Mba, (2004) also observed that the demographic profile of Ghana reveals that persons aged 60 years and over constitute about 7% of the total population which is likely to rise to 15% according to the United Nations. Traditionally, care of the elderly has been the responsibility of the extended family members. The family has been and remains critical in the provision of support when people become old and threatened by economic deprivation, disability and social isolation. Many examples and statistics could be given to show the extent of family support provided to the aged in both developed and developing countries. According to Kalberg (2003), there is a tradition of taking care of elderly people within each family and also to respect their knowledge and wisdom. The elderly in the extended family are therefore more obliged to rely on the external family for support. For instance the older members in the extended family always have someone to fetch something or run errands for them. Adrah (2009) shared the view that as Ghanaians we have our own life styles and traditions. Our culture has healthy philosophical and psychological foundation in which one can grow old and die with human dignity. Socially, quality life connotes longevity and how much contribution elders can make to the society in which they live. This aspect of our traditions should be cherished, developed and expanded. Duffy (2002) wrote that despite stunning medical advances that can extend life, most Americans do not want to live to be 100. They fear the disabilities, impoverishment and isolation commonly thought to accompany old age. Whatever the cost, the frail person has difficulty dealing with the basics of life and manages to do so at an economic, social and psychological cost (Weimer and Ronch, 2003). Kalberg (2003) however contended that the extended family system which hitherto had provided support to the elderly in the society is gradually breaking down whilst the

nuclear family is gaining roots as the young people in Ghana today learn to emphasize the nuclear family. Mba (2004) also asserted that because of modernization and urbanization, the traditional solidarity network, particularly the extended system is gradually disintegrating, leaving the elderly with little or no support and care. This may put the rapidly increasingly older population in precarious situation that is likely to perpetuate poverty.

However, there is no doubt that the family in Africa is undergoing basic structural and functional changes in spite of the positive traits the family provides. The issue of urbanization has resulted in changes in family life. Many young people migrate to the city in search of better jobs and better future which in a way has resulted in diminishing the authority, knowledge and skills of older generations (Kalberg, 2003). Again Kalberg (2003) further asserted that a common set of forces including urbanization and increased communication is changing the quality of living in our lifetime. Because of this phenomenon, family members hardly visit each other to enquire about their well-being. They rather resort to the use of communication facilities. Many parts of Ghana are undeniably rural and there is lack of basic amenities. This has caused a drift to urban areas by the youth. Economic pressures and education has forced the women into paid jobs; therefore they cannot afford to spend all their time at home taking care of their elderly parents or parents-in-law. Another important developmental issue that is depriving the elderly of the needed family care is quality education. It is a common belief that quality education is only attainable in the urban areas. Dangwal and Thadani, (2008) opined that because quality education can be found in urban areas many parents do not want to send their children down to the villages to live with their grandparents and run errands for them. Tabah et al (2010) pointed out that as a result of economic progress, technological advances and improved health care, human lifespan are increasing across the world. It is therefore imperative that as people are living longer, they would require intensive care as they become frail with time. Women, both married and single have traditionally cared for elderly parents but today most women work outside the home. In addition, many adult children live great distances from their aging parents, yet they still have to help them cope with illness or other calamities. They may have to arrange for nursing home or home care and see to the financial needs of the elderly. Cattel (1989) commented on a study on Helping Middle-Aged caregivers to keep their jobs that, middle-aged women who become caregivers for an ill or disabled family member are more likely to leave their jobs altogether than reduce their hours. In recent times, there are increasing enquiries to the Department of Social Welfare of Ghana about homes where people could place their aged for proper care and nursing. However, the Ministry of Health and the Ghana Health Service in collaboration with the

Department of Social Welfare, Help Age Ghana and some Non-governmental organizations and other civil society groups have established a few geriatrics wards to cater for the needs of the aged in the society (Help Age Ghana, 2005).

A survey conducted by Help Age Ghana between 2001 and 2002 on community attitude towards ageing and older people confirmed that most aged experience neglect and abuse (Help Age Ghana, 2005).

Van Der Geest, (2002) in an anthropological research between 1994 and 2000 made some important observations on elderly visited and conversed with in KwahuTafo in the Eastern Region of Ghana. From the findings, a few of the elderly were well-off socially, psychologically, financially and in terms of health. They were surrounded by caring relatives and received attention and respect. The others were quite miserable because of poverty and loneliness. The extremes of happiness and misery occurred particularly among men. Those whose lives had been a success enjoyed the fruits of their work and did not have any worries. Those who had been less successful in their active days were now deserted by the ones they had failed to care for. A strictly applied measure of reciprocity accounted for this difference in well-being at old age. Supporting this, Singh and Mishra (2012), stated that the care of ageing was within the extended family system, which had been ingrained in the culture of the people. The care of the elderly in the pasts were not 'charity cases' rather it was a reciprocal relationship of give and take.

Again, Van Der Geest(2002) stated that, the care the elderly received from people in the house or children nearby included cooking food, helping them take their bath, washing their clothes, assisting them in visiting the toilet, and doing all kinds of chores such as running errands, buying food and sweeping the room. Remittance of money becomes increasingly important as a form of indirect care, since many children are elsewhere to earn their living. Those who actually took care of the elderly varied from wives, daughters and daughters-in-law to more distant relatives or anyone who happened to live in the same house. The elderly get fewer visitors than one would expect. Many of the elderly complained that the younger generation was not interested in their stories and that they had little company during the day. Most 'visitors' just passed by; they greeted, asked about their health and continued their way. The most outstanding 'care' for an elderly person occurs after his/her death when the family gathers to organize a befitting funeral.

The Ghana Vision 2020 Development Plan emphatically stated that, in a changing social environment in which the traditional social security system (i.e. the extended family system) is fast breaking down; longer life expectancy has serious implications for the average Ghanaian. The break down in the extended family system is due mainly to urbanization, migration

and economic pressures which compel people to provide sustenance for their own immediate family. This gradually growing phenomenon has brought hardship to the aged and the physically challenged among others. This study therefore aimed at investigating causes of perceived neglect of the aged (The Ghana Vision 2020 Document, 2000). This study can provide results that may be useful to Government and real estate developers and individuals to provide affordable housing systems suitable for aged and their family members. It will also help organizations/government to encourage people to prepare financially towards old age

## **METHODOLOGY**

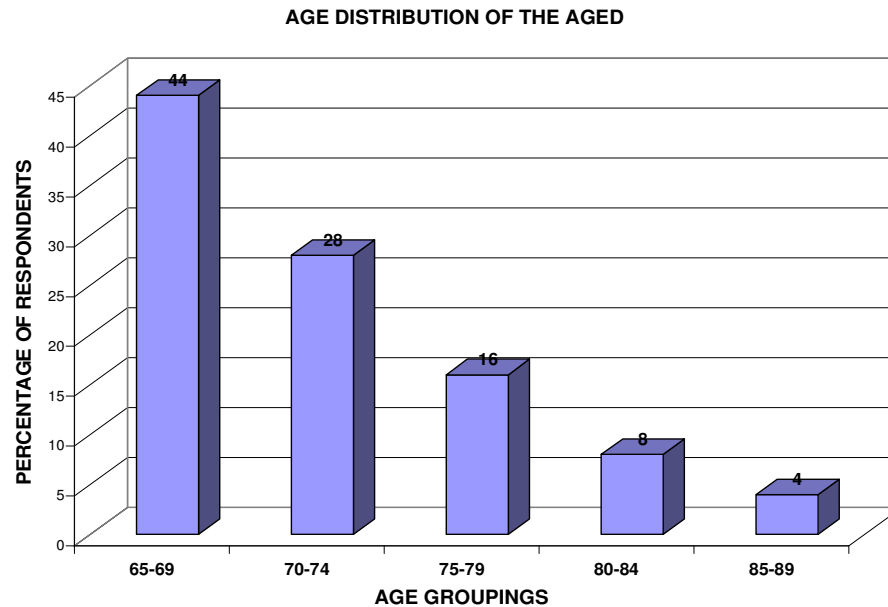
### **Target population**

The target population was aged with their caregivers in Sekondi-Takoradi metropolis. The study focused on aged who had caregivers either living with them or not living with them. This was intended to assess the issue from both sides of the coin.

### **Sampling method**

The primary data used for the study was obtained through a household survey conducted in the Sekondi-Takoradi Metropolis in the Western region of Ghana in 2007. Simple random sampling was used to select five (5) towns out of a total of twenty (20) towns in the Metropolis namely Kojokrom, Inchaban, Kwesimintsim, Tanokrom, and Essikadu. This randomized sampling technique gave all units of the targeted population in the Metropolis equal chance of being selected. The purposive and snowball sampling techniques were used to select twenty (20) aged and their caregivers from each of the five (5) selected towns.

A structured questionnaire was used to solicit information directly from the aged and the care-givers. These structured questionnaires consisted of both open-ended and close-ended questions. The questionnaire consisted of four different sections. Section A included questions on the demographics of the respondents, section B was on causes of neglect of the aged by the family, section C was also care-giving practices to the aged and the section D covered the opinion of the aged about the traditional and modern care-giving practices. Before the actual survey, a pre-test was conducted using 10 respondents from AgonaNkwanta in the Ahanta East District of Ghana to help determine the clarity and reliability of the instrument. Based on the result of the pre-test, the instrument was reviewed and closed ended questions were constructed. During the survey, interpreters translated the questions into the local dialect (Fante) for those who could not understand or speak

**Figure 1.** Age distribution of the aged

English and the responses recorded by the researcher. The hypotheses tested in the study were;  
 H0: There is no significant difference between ownership of residence of the aged and the people the aged live with.

H1: There is significant difference between ownership of residence of the aged and the people the aged live with.

### Data analysis

The data collected were hand coded and analyzed using the Statistical Package for Social Sciences (SPSS) Computer Software. Descriptive analysis such as frequency distribution tables, percentages and graphs were used to present important information such as the educational background of the aged, former occupation, residential status of the elderly, ownership of the residence, visitation to aged etc. A chi-square statistics was used to test the null hypothesis that there were no significant difference between (a) ownership of residence of the aged and (b) the people the aged live with.

## RESULTS

### Background attributes

The ages of the aged ranged between 65-89 years with a

mean age of 77 years. Only 4% fell within the oldest range of 85-89. This is illustrated in figure 1.

### Educational background of the aged

Thirty-four percent of the aged had no formal education or at least some basic education. Only 16% had obtained secondary education while 14% had post-secondary education. Only 2% had received any form of tertiary education. This is presented in figure 2.

### Former occupation of the aged

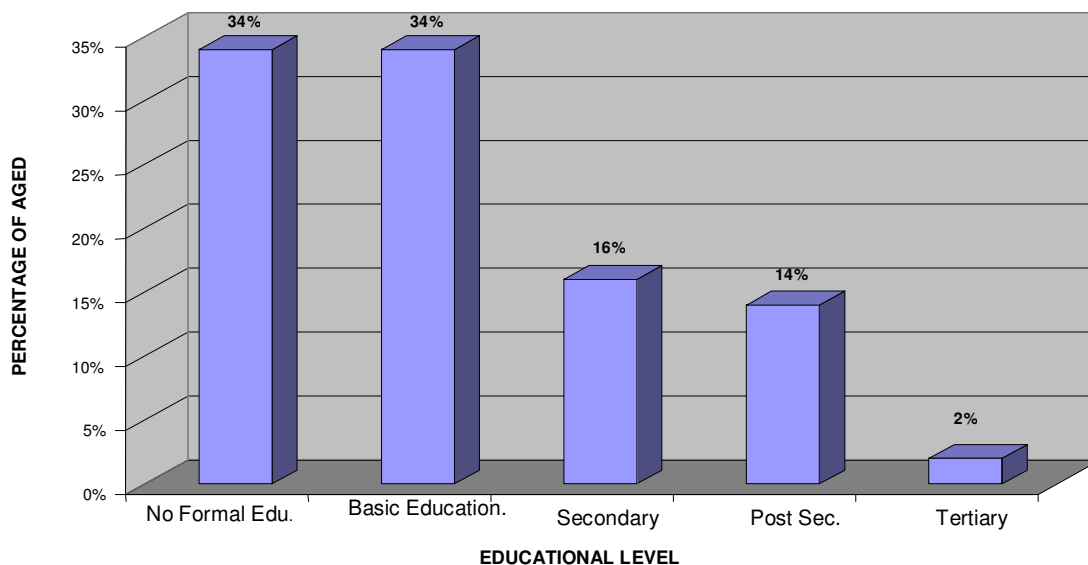
The former occupations of the aged (shown in Table 1) ranged from government employment (formal) to self-employment (informal). Two thirds of the aged (66%) had worked in the informal sector while 34% had been formal sector workers.

### Causes of neglect of the aged by the immediate family members

### Residential status of the elderly

Results from the study indicated that only 40% of the aged surveyed lived with their family members. Those who lived with their family members (40%) lived with their

**Figure 2: Educational background of the aged**



**Table1.** Former occupations of the aged

Occupation	Frequency	Percentage
Trader-(Informal sector)	36	36
Government Worker-(Formal sector)	34	34
Commercial Driver-(Informal sector)	6	6
Farmer-(Informal sector)	6	6
Carpenter-(Informal sector)	6	6
Security man-(Informal sector)	4	4
Building Contractor-(Informal sector)	4	4
Baker-(Informal sector)	4	4
<b>Total</b>	<b>100</b>	<b>100</b>

spouses, children, grandchildren and cousins. The rest (60%) either lived alone or with other people other than their relatives.

**Ownership of residence the aged lived in**

In finding out the ownership of houses the aged lived in, the results showed that out of the total percentage of 100 aged respondents, 56% of the aged lived in rented houses and those who were living in their family houses formed 25%. Table 2 presents accommodation/residential status of the elderly.

**Visitation of the aged by children, other family members and friends**

The aged were visited either daily, weekly, monthly or occasionally by children as well as others. Majority of the aged (68%) were visited occasionally whilst only 26% were visited monthly by children and other family members or friends and only 4% and 2% of the elderly indicated they were visited daily and weekly respectively by children and other family members or friends. Table 3 presents visitation of the aged by children, other family members and friends.

**Table 2.** Accommodation / residential status of the elderly

Types of Accommodation	Aged living with family members (%)	Aged living with non-family members/ Alone (%)	Total (%)
Rented house	17	39	56
Family house	21	4	25
Own house	6	5	11
Children's house	2	6	8
<b>Total</b>	<b>40</b>	<b>60</b>	<b>100</b>

### Emotional status of the aged

#### Involvement of the aged in family matters

Ninety-six per cent of the aged reported that they were consulted and involved in discussions of family matters which were of interest to their family members whilst only 4% claimed they were not consulted at all due to negative perceptions.

#### Test of hypothesis

As indicated in Table 4, 60% of the aged in the survey lived with non-family members. A chi-square test was carried out using Table 4 to assess the relationship between ownership of residence and people the aged lived with / the persons that provided care to the aged. The null hypothesis was that there is no significant difference between ownership of residence of the aged and the people the aged live with. The aged in this study either lived in owned, family, children's house or in a rented apartment. The computed chi-square value was 5.066 while the tabulated chi-square value was 2.3534 at 3 degree of freedom. Table 4 presents the results.

## DISCUSSION

### Socio-demographic characteristics

The socio-demographic characteristics of the respondents are explained in terms of age, educational background and former occupation. As illustrated in figure 1, the results from the survey indicate that majority (72%) of the aged surveyed for the study fell within 65-74 age brackets which forms the early part of aging. Some were still quite energetic and economically active. With majority being in this young old bracket, it could also imply that as the aged advanced in age, many of them probably die resulting in the low number of respondents aged between 85-89 years. Figure 2 portrays that only 32% had gone beyond secondary education level with a high number of 68% having received just the basic education or no education at all. Two thirds of the aged

(66%) had worked in the informal sector while 34% had been formal sector workers. In the informal sector, the predominant occupation was trading (36%). In the formal sector, the aged had worked in various capacities such as accountants (7%), company drivers (6%), teachers (17%) and security service (4%). Many of the aged might have worked in the informal sector probably because they had low educational backgrounds.

### Causes of neglect of the aged by the immediate family members

#### Residential status of the elderly

The results from the study indicate that only 40% of the aged surveyed lived with their spouses, children, grandchildren and cousins. The rest (60%) either lived alone or with other people other than their relatives. Further probe for reasons showed that 33% of aged who lived alone or with non-relatives were of the view that their children were old and had set up their own nuclear families elsewhere in the country, twenty eight per cent attested that their children were living and working in other countries to earn income. These reasons made it difficult for them to live/be closer to their aged parents so their children visited from time to time. Surprisingly 39% said that they were unable to build their own houses and lived in rented houses with limited space due to financial difficulties. They had difficulty providing spacious accommodation for themselves, their children as well as for their relatives hence choosing to live alone.

#### Ownership of residence the aged lived in

In finding out the ownership of houses the aged lived in, the results showed that out of the total percentage of 100 aged respondents, most of the aged (56%) lived in rented houses and those who lived in their family houses formed 25%. Just a few were living in their own houses and houses of their children. These formed 11% and 8% respectively. One of the important findings that cropped out was that out of 56% of the aged living in rented houses, a high number of 83% of aged lived with non-family members/alone whilst only 17% lived with family

**Table3.** Visitation of the aged by children, other family members and friends

Period of visit	Number	Percentage
Occasionally	68	68
Monthly	26	26
Daily	4	4
Weekly	2	2
<b>Total</b>	<b>100</b>	<b>100</b>

members. The most likely people to be living alone in old age are the women who are also poor. Regardless of economic well-being, one of the greatest difficulties for those who lived alone was loneliness and social isolation as shown in Table 2.

Considering the results on the causes of perceived neglect of the aged by their relatives as depicted in Table 2, it can be deduced that most of the children of the aged lived and work in the cities or outside the country with their families for greener pastures, among other reasons. This confirms the assertion by Apt (2002) and Nukunya (2003) that economic hardship, accommodation problems, migration and urbanization had caused the separation of family members especially the aged, created gaps in the family structure, and had reduced the volume and intensity of social interaction between the aged and their families. Apt (2002) further asserts that the African elderly people are now just as likely to live alone as their white elderly. Again this finding also buttresses the observation made by Awedoba (2002) that the extended family system is breaking down whilst the nuclear family is gaining roots.

#### Visitation of the aged by children, other family members and friends

Table 3 reveals that majority of the aged (68%) were visited occasionally whilst only 4% and 2% of the elderly were visited daily and weekly respectively by children and other family members or friends.

In spite of the fact that 68% of the aged were visited occasionally, 76% of the aged in this study reported that they felt lonely. The results further indicate a statistical correlation between those rarely visited and those who felt lonely.

Critical analysis revealed that, 76% of the aged who felt lonely were the percentage from the 56% of the aged living in rented houses and they attributed their loneliness to the absence of their children from home in search of greener pastures. Thirty one percent of the aged said that their family members left them alone in the house the whole day, 11% of the aged claimed they do not have anybody to talk to and the remaining 2%, reported that their spouses were dead. It can be said from the findings

that, there is a high level of loneliness among the aged presently.

Interestingly, out of the 24% aged who did not feel lonely, 46% claimed that, their spouses were always with them, 22% reported that their children were always around them, 20% had other people to talk to, and 12% of them also resorted to the use of modern communication gadgets such as mobile phones in communicating with their family members.

With the results from Table 3 revealing that most of the aged (68%) were visited occasionally by their children, friends and family members it could imply that most of the aged are not in close contact with their family members probably due to the economic pressure and distance over which people migrate as well as present emptiness found in villages/smaller towns. Indisputably, this has created gaps in family structures and reduced the volume or intensity of social interactions among generations.

This finding contrasts the assertion of Hevi-Yiboe (2004) that long ago, life in the rural areas was simple and fulfilling and those in the city looked forward to going back home to visit their relatives, friends and family members in the village. It however supports the finding of Yeboah (2000) that, most of the elderly were not frequently visited by their family members and felt very lonely. Today, things have changed. The economic conditions in our country are so harsh that individuals live in perpetual fear of not having enough resources especially money to meet the demands of modern life, thus they are unable to give as used to be the case.

Similarly Van Der Geest (2002) in a study conducted between 1994 and 2000 in the KwahuTafo area of Ghana revealed that, the elderly get fewer visitors than one would expect. Most visitors just passed by, greeted, asked about their health and continued their way. Many of the elderly complained they had little company during the day and the young generation was not interested in the aged and for that matter contact with family is very crucial for their survival which would prove to be more satisfying.

#### Involvement of the aged in family matters

Consultation of the aged for their advice and sharing of

**Table 4.** Cross tabulation of ownership of residence and aged living with family/non-family members/alone.

Types of Accommodation	Aged living with family members(%)	Aged living with non-family members/ Alone (%)	Total (%)
Rented house	17	39	56
Family house	21	4	25
Own house	6	5	11
Children's house	2	6	8
Total	40	60	100

**Comp. Chi-sqval = 5.066, Tab.Chi-sqval = 2.3534, df=3, p>0.05 (Significant@ 5%)**

experiences in family matters is one of the traditional values of the Ghanaian society. Ninety-six percent of the aged reported that they were consulted and involved in discussions on family matters which were of much interest to their family members, whilst only 4% claimed they were not consulted at all. The aged strongly opined that the reasons why they were consulted was only when their views or presence were needed. For instance some retorted that due to the fact that they were oldest in their families and have fair knowledge of families' assets such as lands, jewellerys and the inheritance systems they are made clan elders (abusuapanyin and obaapayin in the Akan languages of Ghana). Again they were consulted for them to perform the family's traditional rites during occasions such as marriage and funerals.

Consultation of the aged for their advice and sharing of experiences on family matters is one of the traditional values of the Ghanaian Society. This finding therefore falls in line with Ani (2002) who reported that the aged are needed within the community for their mediation and expertise on social problems.

Using the values in Table 4, a chi-square test was carried out to assess the relationship between ownership of residence and people the aged lived with / the persons that provided care to the aged. The null hypothesis was that there is no significant difference between ownership of residence of the aged and the people the aged lived with. The aged either lived in owned, family, children's house or in a rented apartment. At significance level of 0.05, the chi-square test revealed that, the computed chi-square value was 5.066 while the tabulated chi-square value was 2.3534 at 3 degree of freedom. The decision rule for chi-square test is that if the computed chi-square value is greater than the tabulated chi-square value ( $X^2_{\text{calculated}} > X^2_{\text{tabulated}}$ ) then there is a statistically significant difference between the variables tested. In this study since the  $X^2_{\text{calculated}}$  (5.066)  $>$   $X^2_{\text{tabulated}}$  (2.3534), it can be concluded that there is a significant difference between the ownership of residence occupied by the aged and the people whom the aged lived with/aged who lived alone. Invariably, it can be said that ownership of residence occupied by the aged is a

determinant of the people whom the aged are likely to live with or it is an attribute of the aged being alone. This could be attributed to economic hardships, migration, the limited spaces available in our homes coupled with nature of designs of modern houses (courtyard type of houses as in the olden days against the self-contained ones in recent times) and urbanization that had disintegrated the strong family co-existence that used to prevail years ago.

The perception of the aged on care-giving in this present era revealed that most of the respondents (86%) asserted that care-giving in this present era is not the best as it used to be in the past because of disintegration of the extended family system; due to factors such as financial difficulties, urbanisation, migration among others. They added that less attention is now given to the aged by family members. According to Zastrow and Kirst-Ashman (2007), older people who have an extended network of friends and family are more satisfied than those who are socially isolated. Our society presently does not allow many of our older people to experience their later years positively. Respect for their experience and wisdom is no more rather their ideas are dismissed as being irrelevant and outdated. In this stance, Adrah (2009) purported that the new trend is for society to recognize, accept and respect the status of the aged. She added that in this era where human resource is valuable, it is time to tap the skills of the aged. This new era should depart from neglect and rejection towards acceptance and recognition of the aged.

## CONCLUSION AND RECOMMENDATION

Due to changes in conditions of living such as the disintegration of the family system and accommodation problems, lack of jobs and basic necessities of life, grown up children are not able to live with their aged parents, thus compelling most of the elderly to live alone or live with non-family members who are dear to them. Migration, economic pressure, urbanization and the desire of the youth to seek for a better standard of living



has caused children to stay far away from their aged parents. This, in effect, has caused the elderly to experience feelings of loneliness and neglect. Owing to limited level of education, most of the aged probably did not plan well towards their old age and therefore find life in their old age difficult.

Finally, it can be concluded based on the findings from this study that current care-giving practices to the aged are not the same as they used to be in the past. The aged in the Sekondi-Takoradi Metropolis of Western region of Ghana are not well cared for by their children and immediate family members and this had adversely affected them socially, physically and psychologically.

It is recommended that the government and real estate developers should collaborate and provide an affordable housing system that is designed in a way that it can be suitable for the nuclear family to live in with their aged parents. The formal sector should promote awareness on the need for their employees to invest during their active service years through the buying of stocks, bonds, and invest in other businesses as financial security against old age. For people in the informal sector, the district assemblies and the media should take up this challenge. Children of the aged should employ caregivers for their aged parents in situations where they cannot take up the responsibility of caring for their aged parents.

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