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Enhancing the Well-being of the Aged in Ghana through the Ethics of Care: A Theoretical Approach

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Abstract

The study probes ways of enhancing the well-being of the aged in Ghana through the ethics of care. Through a theoretical approach, the study discusses the challenges of the aged in Ghana as well as the concept of well-being and its implication to the aged in Ghana. Based on the theory of ethics of care, the study further identifies and describes specific ways by which the Ghanaian community can enhance the well-being of the aged through attentiveness, responsibility, competence, and responsiveness. The study concludes that the fourfold-ethical elements of the ethics of care hold potential for improving the well-being of the aged in Ghana in ways that are in accord with their autonomy, security, and sense of belongingness.

Keywords: *Aged, Well-being, Ethics of care, Ghanaian community, Fourfold-ethical elements*

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1. Introduction

Elderly care, otherwise known as eldercare or aged care, is an intentional service that provides social and personal assistance to senior citizens as far as their unique needs are concerned. Though studies are yet to establish holistic gains in caring for elderly members of the community, observation indicates that such care maintains the general human dignity of all the members of the community. There is a subtle notion in Ghana that suggests that good elder care produces healthy elders who support working families in raising their children (National Population Council, 2014). In Ghana, the aged sometimes facilitate socialization, social cohesion, continuity in folklores as well as the preservation of national, cultural, and historical heritages (Ministry of Employment and Social Welfare, 2010).

Against this backdrop, Ghana has formerly taken steps to begin eldercare. Ghana's proposed National Ageing Policy of 2010 aims at creating the necessary environment in which the aged are active and have "adequate security" and "recognizable dignity" (Ministry of Employment and Social Welfare, 2010). To achieve this goal, the proposed Policy seeks to re-integrate senior citizens into the Ghanaian community. When this is done, the aged can actively take part in the "national development process" (Ministry of Employment and Social Welfare, 2010). Some practical ways for achieving this include the maintenance of the "human rights" of the aged "in Ghana" (Ministry of Employment and Social Welfare, 2010).

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Regardless of the content of the proposed National Ageing Policy, the aged in Ghana encounter many challenges in their daily lives. Some of these challenges generally include poverty, ill-health, targets of retrenchment, rejection, stigmatization, and discrimination (Ministry of Employment and Social Welfare, 2010; and Tawiah, 2011). Some studies have suggested the lack of implementation of the National Ageing Policy as the cause of the challenges the aged face in Ghana (National Population Council, 2014). In light of this, several studies have suggested various means by which Ghana's National Ageing Policy could improve the well-being of the aged in Ghana. Some of the suggested interventions are budgetary allocation, national old-age pension schemes, and targeted healthcare (National Population Council, 2014; Anning, 2012; and Alidu *et al.*, 2016. Anning (2012), for example, suggests that an establishment of "aged fund" by the Ghanaian government will improve the situation of the aged in Ghana. Granted the activation of all these suggestions, there is doubt if the situation of the aged will improve. This is because essential individual attitudes towards the aged have been left out of these interventions. Once the thoughts, behaviors, and feelings of the relatively younger generation are not targeted, it is uncertain that the well-being of the aged in Ghana will improve.

This study probes ways by which the well-being of the aged in Ghana can be enhanced. Through a theoretical approach, the study discusses the challenges of the aged in Ghana as well as the concept of well-being and its implication to the aged in Ghana. Based on the theory of ethics of care, the study further identifies and describes specific ways by which the Ghanaian community can enhance the well-being of the aged through attentiveness, responsibility, competence, and responsiveness. The study argues that the fourfold-ethical elements of the ethics of care hold potential for sharpening the thoughts, behaviors, and feelings of the relatively younger generation towards realizing the well-being of the aged in Ghana in ways that do not infringe the personal autonomy, security, and sense of belongingness of the aged.

2. Well-Being and the Aged in Ghana

Well-being is a condition of happiness and comfort that results from the positive interaction of physical, social, financial, occupational, emotional, mental, moral, and spiritual factors. It is either objective or subjective. While objective well-being describes the status of an individual or group, subjective well-being explains the quality of life of an individual or group. Ed Diener notes some factors that generally facilitate human well-being. Some of these factors are fulfilling career, sufficient income, sufficient and balanced food supply, sufficient rest, positive and satisfactory relationship with significant others, and fame (Diener, 2009). To these may be added well-organized family life, appealing clothing, and satisfying place of shelter.

The aged consider well-being simply as a life of quality on their terms. This quality is a function of personal feelings of value, meaning, and purpose in life. The aged experience well-being in a situation where specific help is received in time. Also, the personal feelings of security and a sense of autonomy in determining when and how personal actions are to be performed affect the sense of belongingness among the aged. Delle Fave *et al.* (2018) have argued that socialization is central to the emotional well-being of the aged. Similarly, Steptoe *et al.* (2015) indicated that the sense of belongingness experience by old people is central to the realization of well-being in the aged. Also, Hasan and Linger (2016) have intimated that personal feelings of "connection, self-worth, esteem, and personal development" are among the essential characteristics of the well-being of the aged. Further, studies by NSW Government (2014) concluded that national gratitude for the contributions of old people has a significant probability in the prevention of suicidal behaviors among the aged.

The well-being of older people in Ghana is no different from what has been described. In a study on the Health and Well-being of Older Adults in Ghana, Ayernor (2016) claimed that structural support was better than functional support in sustaining the well-being of the aged in Ghana. In Ayernor's conception, structural support referred to the emotional satisfaction the aged obtained out of the interaction that occurs between their social relations and them. Functional support, on the other hand, described the material assistance received by the aged out of their social relations. Ayernor's claim was based on the notion that the aged focus on "social connectedness" rather than "material resources" that are usually obtained from social relationships. This means that attempts to sustain the well-being of the aged in Ghana must be tilted towards structural support. One sure way of doing this is an intentional adjustment of the attitude of the younger generation towards the well-being of the aged in Ghana.

3. The Situation of the Aged in Ghana

Ageing refers to the interaction between physical, psychological, and social factors that produce marked changes in the total life of an individual over time (Dannefer and Lin, 2014). Physical factors that affect ageing include body

mass index, exercise, use/non-use of recreational drugs (Deep and Jeste, 2006). Levels of depression and resilience, identification of life purpose, and adaptive defenses have been identified as the main psychological factors that affect ageing (Vailiant and Mukamal, 2001, p. 839; Jeste *et al*., 2013; and Hill and Turiano, 2014). Some studies have identified marital life, social support/contacts, and level of education among social factors that affect ageing (Pietrzak and Cook, 2013; and Meng and D'Arcy, 2014).

Ageing is measured in various ways. Some of these ways are probabilistic ageing, universal ageing, chronological ageing, proximal ageing, and distal ageing. Probabilistic ageing describes old age by the estimated number of chronological years left until one expires (Ryder, 1975). Universal ageing refers to the "physiological changes" that individuals experience in the context of normal life expectancy (Erber, 2013). Some of these changes include graying of the hair and changes like the skin (Schäfer, 2015). Chronological ageing measures the years of an individual from birth (Stuart-Hamilton, 2006). Proximal ageing refers to the effects of ageing caused by factors in the recent past of an individual's life (Fernández-Ballesteros, 2008). Distal ageing describes the effects of ageing from the perspective of causative factors in the early life of the individual (Stuart-Hamilton, 2006).

Ghana appears to categorize old age by universal ageing. Though old age formerly begins from Ghana's retirement age (60), observable sub-categorization of the aged excludes those from age 60-64. Three main sub-categories are observed among Ghana's groupings of the aged. These are young old (65-74), the middle old (75-84) and the oldest old (85+) (Ghana Statistical Service, 2013). According to the 2010 population census, "1,643,381" of the population are classified as senior citizens (Ghana Statistical Service, 2013). Among this number, 56% are females, and 44% are males (Ghana Statistical Service, 2013). While 3 out of 4 males are married, 1 out of 3 females are married (Ghana Statistical Service, 2013). However, 49.1% of females are widows compared with 8.8% of the aged male population (Ghana Statistical Service, 2013). 91% of males and 95% of females are affiliated with religion. Regarding literacy, males are more literate than females (Ghana Statistical Service, 2013). 58.5% of the aged population is economically active (Ghana Statistical Service, 2013). However, there are more economically active males than economically active females. As concerned living arrangements, 8.3% of the aged are recipients of family-social support while 9-11.4% stays alone (Ghana Statistical Service, 2013). The living conditions of the aged are unsatisfactory. Many of the aged have inadequate access to "sanitation facilities and amenities." For example, 34% of them use public latrines (Ghana Statistical Service, 2013). The state of the aged from the report of the 2010 Population and Housing Census indicates that the living conditions of the aged need urgent improvement.

4. Theories of Eldercare

A theory is a generalized thought that explains an activity or describes reality. Caring for the aged is a reality that has been explained by several theories. Broadly conceived, these theories are mainly divided into three, namely, physiological, psychological, and social. For the purpose of this study, discussion of the theories is limited to the psychological and social theories of aging.

4.1. Psychological Theories of Aging

Psychological theories emphasize the interplay of human mental growth and age-related elements in the course of human development. They highlight how age-induced transitions influence human behavior, attitude and personality. They are categorized into human needs theory, theory of individualism, stages of personality development theory and life-course (life-span development) theory.

Abraham Maslow publicized the human needs theory in 1954. The theory describes five needs that are basic to all human beings in their quest for fulfilment. Maslow identifies these needs as "physiological, safety and security, love and belonging, self-esteem and self-actualization" (cited in Huitt, 2007). He observed that these needs have hierarchical relationship with each other. This relationship requires that basic needs ought to be satisfied first before the intricate ones in the upper section of his arrangement. Yet he claimed an overlapping progression towards these needs. A relevant observation of this theory to eldercare is the knowledge that any individual who fails to significantly attain these needs will experience depression and remorse in old age. Consequently, helping the aged find satisfaction in old age is a better way to care for them. However, identifying how some individuals have fared in their pursuit of these needs may be daunting for the caregiver.

The theory of individualism, as applied to aging, was popularized by Carl G. Jung. In his attempt to explain consciousness, Jung separates the personality of the individual from the society (Walker, 2012). For him, the development of the individual is essential for the progression of the society. A self-actualized individual becomes the vehicle through which society develops and sustains its aspirations.

But the way to self-actualization is not easy. The individual gains consciousness of reality by scaling societal inhibitions. These inhibitions come in the form of conditioning and patterns of conformity that the individual must adhere to. This struggle requires self-motivation, discipline and resolution. Successful individuals obtain the liberty to describe reality from their perspective and not through societal/collectivist perspective.

This implies that caregivers refrain from inhibiting the aged from interpreting reality from their perspective. Instead, the aged must be allowed to consciously express themselves based on their life experiences and aspirations. A major problem with this theory is that it fails to recognize the dynamics between intellect/consciousness, health and aging. In situations of amnesia, at the beginning of old age, and dementia, mainly at the end of old age, the individual may be oblivious of reality. Certainly, freedom to such individuals may not only be unappreciated but it will be useless.

Closely knitted with Jung's theory of individualism is Erik Erikson's stages of personality theory. Erikson earmarked eight stages through which personality develops (Erikson, 1993). Each of these stages has life tasks that ought to be performed positively and successfully. The eighth stage of the theory bears relevance on eldercare. This stage, ego integrity versus despair, offers the aged (65+ year-olds) the opportunity to review their lifetime achievements. While those who have satisfied achievements find integrity in this stage, those who end up dissatisfied with their life achievements plunged into despair. Hence the duty of the caregiver is to enhance the feelings of meaningfulness in the total life experience of the aged. The main defect of this theory is that it ignores the physical/medical condition of the aged. It assumes satisfaction in advanced ages is solely based on mental sanity.

Beginning in the 1960s, the life-course theory became popular for understanding behaviors and thought patterns in advanced years. This theory is based on the notion that society defines roles that is required for the individual to perform in a lifetime (Giele and Elder, 1998; and Roy *et al.*, 2013). Glen H Elder, Monica Kirkpatrick Johnson and Robert Crosnoe established five key principles of this theory. These are "life-span development, human agency, historical time and geographic place, timing of decisions, and linked lives" (Drentea, 2018). The selective optimization with compensation theory by Baltes and Baltes (1990) is a strand of this theory.

The interplay of these principles determine the manner in which individuals fit into their societies. Positive responses to societal norms peculiar to specific timelines in the course of one's development bring fulfillment and meaningfulness to the individual. On the other hand, failure to adapt to the norms of one's society within specific timelines of one's development leads to dissatisfaction in one's experience. Thus the caregiver has the duty of enhancing the adaptation of the aged into specific societal norms and expectations required for individuals in advanced years (Hanson *et al.*, 2016). However, this theory is inconsiderate of the uniqueness of the aged. Without assessing these uniqueness, societal norms and expectations could be imposed on individuals. In the long run, these goals and life expectations may not be achieved.

4.2. Social Theories of Aging

The social theories of aging refute the notion that age determines how individuals behave socially. Rather, they emphasize ways by which social changes regarding roles, social relationships and status affect the adaptation patterns of the aged. They are mainly classed into activity theory, disengagement theory, subculture theory and continuity theory.

Robert J Havighurst and his colleague Ruth E Albrecht developed the activity theory of aging in 1953 (Havighurst and Albrecht, 1953). The theory claims that lively participation in activities is linked with total life satisfaction. When the aged continually engage in activities, they find the connection that renews their sense of purpose in life. Through these activities, the aged identifies themselves with societal roles that stimulates their quality of life and health (Yen and Lin, 2018). By implication, therefore, the right way to care for the aged is to get them involved in numerous social interactions that stimulate their identities as role performers. These roles include "worker, neighbor, relative, citizen, friend, church member" (Tanaka and Johnson, 2018). The theory has been criticized for its failure to recognize that the desire of the aged for social engagement is largely influenced by societal expectations.

Elaine Cumming and Warren Earl Henry developed the disengagement theory in 1961. They asserted that disengagement between the aged and the society needs to occur at some point in the life of the individual. The separation between the aged and the society is needed for establishing equilibrium. As the aged retire from active involvement in societal life, they gain the opportunity to engage in personal reflections. The society, on the other

hand, gains the opportunity of passing on some roles to younger individuals. A strand of this theory is Lars Tornstam's gerotranscendence theory of aging. Accordingly, the best way to care for the aged is to offer them an environment that fosters life reflections. These reflections will give them satisfaction. However, disengagement necessitates a sort of social withdrawal which may not enhance life satisfaction regardless of the reflection that is done.

Arnold M Rose developed the subculture theory of aging in 1962. She contends that the aged form a sub-group within the society. This subgroup is the main force within the society that militates against society's negative perspective on aging as well as the marginalized status that is associated with it. Without this group, younger people in the society will continue to see aging as onerous and unwelcome. The best way to care for the aged is to offer environmental and healthcare support that enhance flexibility among the aged subgroup. The age stratification theory by Matilda White Riley and her associates John Riley and Anne Foner and the person-environment-fit theory are variants of this theory. An observed problem with this theory is that it encourages segregation between the aged and other members of the society. Thus it denies the aged the satisfaction that otherwise would have come from complete social interaction.

Robert Atchley introduced the continuity theory of aging in 1989. Based on George Maddox's notion that individuals maintain patterned behaviors and activities in the course of their development, Atchley put forth the argument that through knowledge and familiar methods, individuals make choices and behave in accordance with established patterns of social and emotional involvement (Diggs, 2008). In relation to this theory, the aged can obtain personal satisfaction in old age when their current life activities are connected with their established pattern of social involvement prior to old age. Thus ensuring that current residence and activities of the aged are in alignment with their perception and past experiences is the best way to offer care for them. The problem with this theory is that it is not always easy to tell what one's loving experience is. This is true in situations where an individual has had several social engagements before reaching old age. In such situations, connecting one's current social involvement and past social involvement will be very difficult.

Though these psychological and social theories of aging offer numerous and useful intervention for eldercare, the attitude of society towards the aged has been inadequately emphasized. In the Ghanaian community, employing these approaches in eldercare is as essential as sharpening the societal attitude regarding individuals in advanced ages. Given the deteriorating state in which the aged generally find themselves in this community, there is little doubt that these theories alone will improve the care given to the aged. In light of this, I propose the ethic of care as one of the theories that must be used, together with relevant psychosocial theories, in a multidimensional approach to improve eldercare in the Ghanaian community.

5. Ethics of Care

Ethics of care, otherwise known as care ethics, is an ethical theory that sees the individual as existing in a society that thrives on interdependence (Kittay, 1999; and Ruddick, 2002). As a type of aretaic ethics, the ethics of care derives moral resources from virtues such as "benevolence, mercy, care, friendship, reconciliation, and sensitivity" (New World Encyclopedia, 2017). It sees living human connectedness as essential than idealistic notions of justice and fairness.

Based on the moral significance of social relations, the ethics of care solicits care for the vulnerable and dependent in society. It sees the maternal act of a caring as "idealizations of the self" (McAdams, 1993). Accordingly, it holds caring human relationship as central to human survival (Tronto, 1993; and Fineman, 2004). Five main propositions affirm the ethics of care. These are interrelatedness of human existence, the centrality of feelings in moral decision-making, the primacy of human relationships in moral development, the family as the basic unit of sustaining human interrelatedness, and the perception of the individual as relational (Held, 2006).

The notion of care has been used to address numerous issues of social justice in times past (Held, 2006). Iris Murdoch's argument that issues of justice must be approached from "just and loving eyes" provided a subtle connection between care and social justice (cited in Clarke, 2012). For Anscombe, care must always lead to a better state of the object of care (cited in Gormally, 1994). Care for the vulnerable and dependent in the society must always lead to a better life for them. Sara Ruddick established maternal thought and practice of care and concern as the basis for a good social justice (Ruddick, 2002).

Though the thoughts of earlier feminist philosophers such as Murdoch, Anscombe, and Ruddick pointed to the primacy of care in moral conceptions, the ethics of care was significantly developed in the 1980s by Carol

Gilligan and Nel Noddings (Held, 2006). Deviating from Lawrence Kohlberg's moral development theory, Gilligan offered "care" as an alternative theory (Flanagan and Jackson, 2016; and Velasquez, 2016). In this theory, Gilligan argued for the moral importance of humanity's innate emotions as a potential for caring for oneself and others (Gilligan, 2009; Wright, 2006). Nel Noddings provided a popular framework for the ethics of care. She established the network of human relationships as a universal locus for sound moral decision-making (Noddings, 1984). For her, the act of caring provides benefit for both the agent of care and the recipient of the act of caring (Noddings, 1984).

In recent times, Joan Tronto has identified four main elements in the ethics of care. These are "attentiveness, responsibility, competence, and responsiveness" (Tronto, 1993). Through the element of attentiveness, the caregiver is morally expected to identify the needs of the care-receiver. The idea of responsibility requires that the caregiver willingly accepts the duty to provide care to the vulnerable and dependent. In performing this self-determined duty, the caregiver ought to give the care with diligence and adequacy. This is known as competence.

Lastly, Tronto expounds on the element of responsiveness. Distinguishing this element from reciprocity, Tronto argues that the care-receiver provides feedback about the quality and necessity of the act of caring to the caregiver. Responsiveness serves as the means by which the care-receiver attaches personal values to the act of care. Also, it enables the caregiver to assess the act of care from the perspective of the recipient. In line with the views of earlier proponents, Tronto's fourfold-elements offer a moral framework for caring for the vulnerable and dependent in the society.

6. Implications

As a moral framework for conduct and decision-making, the ethics of care is very significant in sharpening the attitudes of the younger people in Ghana towards sustaining the well-being of the aged. Most importantly, each of the five propositions of the ethics of care engrains the need to care for the aged. Firstly, the principle of human-relatedness impresses on the minds of younger people that the aged are dependent on them for well-being as the former will someday depend on their offspring for similar support. The value placed on human emotions may sensitize the minds of younger people to the unsatisfactory plight of the aged in Ghana. Such awareness is likely to cause younger people to be benevolent or sympathetic towards the needs of the aged.

The primacy given to the human relationships in moral development may help younger people in Ghana reflect on the quality of the relationship that exists between the aged and them. As they reflect on the nature of this relationship, it is probable that the situation of the aged could improve. Further, the moral conception that the family is the basic unit of the society holds much potential for sustaining the well-being of the aged in Ghana. Since the aged are essential for the continuity of the family and the nation, it is expected that any real attempt at preserving the quality of the family unit will lead to proper care for the aged. Moreover, the perception that the individual is relational calls younger people to develop their moral personhood by improving the quality of their relationship with the aged.

These propositions will offer a useful moral framework for caring for the aged in Ghana. From the fourfold-elements of the ethics of care, younger people may become attentive to the needs of the aged in Ghana. Once these needs are identified, younger people are required to willingly accept their duty of caring for the aged among them. In providing this care, the ethics of care expects adequate and excellence performance from caregivers. Lastly, the ethics of care requires caregivers to listen to particular ways in which the aged-recipient of care respond to the act of caring. Recognizing these responses will help caregivers provide care in ways that are suited for the quality of life of the aged. It will also link the act of care positively to the personal autonomy, security, and feelings of belongingness of the aged in Ghana.

7. Conclusion

Focusing on the moral significance inherent in the theory of ethics of care, the study proposes that the situation of the aged in Ghana could be improved. The ethics of care focuses on the living relationship of humanity as a moral locus for moral decision-making. Its most persuasive case for caring for the aged is based on the notion that providing care to another person is a portrait of the humanness of the caregiver. This is because humanity is interrelated. Accordingly, any denigration of the well-being of the aged is equivalent to the quality of relationship individuals in the Ghanaian community establishes and develops among each other. Through the ethics of care, the situation of the aged in Ghana can be appropriately identified and adequately addressed in ways that enhance

the well-being from the perspective of the personal autonomy, security, and sense of belongingness of the aged in Ghana.

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