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Imagining Institutional Care, Practicing Domestic Care

Inscriptions around Aging in Southern Ghana

Cati Coe

Rutgers University

Author contact: ccoe@camden.rutgers.edu

Abstract

Elder care has become a significant national conversation in Ghana due to urban and international migration, lower birth rates, family nuclearization, and longer life spans. In the rural towns of Ghana's Eastern Region, new elder care practices and discourses are emerging. These age-inscriptions signal the agency of older persons, which is often neglected and overlooked. Discursively, older adults express curiosity about Western care facilities, a heterodox idea in relation to the orthodox position expressed by the Ghanaian government and NGOs which support kin care for older adults. Through this heterodox discourse, aged persons are able to critique the state and the church for not providing care and re-imagine a Western institution as fitting their locally constructed needs. On the other hand, pragmatically, aged persons and their children are adapting existing practices of adolescent fosterage to help provide elder care, a practice which is not discursively elaborated, and is therefore alterodox. Both age-inscriptions are less articulated than standardized discourses about the significance of adult children's care, the orthodox position. This paper therefore illustrates how social change in norms occurs, through older people's anxiety about their own aging, the use of their imagination, and their refashioning of existing care practices.

Keywords: aging, care, religion, state policy, institutional facilities

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Imagining Institutional Care, Practicing Domestic Care

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Author contact: ccoe@camden.rutgers.edu

In July 2014, an aged fellowship group within the Presbyterian Church of Ghana presented a play about their predicaments. The play told the stories of two exemplary aging couples in a rural town who raised their children to be educated and Christian, to the extent of going into debt to pay their school fees. Although the children of one of these couples remitted to them once they had completed school and migrated to the city, the migrant children of the second couple cut off contact with them and accused them of witchcraft, perhaps as an excuse to stop supporting them.¹ The play revealed older people's concerns about abandonment in small towns in southern Ghana, and the criticisms that older adults are beginning to launch, laments that are meant to incite others to proper action (see Cattell 1999).

As the play illustrated, social norms in Ghana deem adult children particularly responsible for an aged person's care because of the contributions parents have made to their children's biological and social personhood (Coe 2011). Kin care is the orthodox position, in the terminology of Bourdieu (1977), meaning that it is the conventional, formulaic, and normative position. It is the only position articulated and promoted by the state and NGOs which advocate for older adults and with whom the state has written its unenacted aged policy. It coincides with local discourse, which similarly emphasizes the morality of kin care. Isabella Aboderin (2006) has noted that this onus on adult children constitutes a shrinking of the network of responsibility for care and is connected to changes in inheritance which increasingly privilege children over other members of extended kin. As Ghana goes through a demographic transition in which people are living longer and increasingly with chronic diseases (de-Graft Aikins et al. 2012), the sense of an old age crisis generates a particular narrative about aging which focuses attention on adult children's failure to meet their caring obligations and older people's risk of neglect and abandonment (Aboderin 2006; Apt 1996; Dsane 2013). It is because the discourse on abandonment is dominant and somewhat standardized that the neglect of older adults can be presented publicly in the form of a play, by a church group.

Simultaneous with the strong critique of adult children, however, are other age-inscriptions. As discussed in the introduction, age-inscriptions are more fragmented, hesitant discourses and unacknowledged and not-discussed practices which do not correspond to existing norms and thus highly significant in understanding social change. According to Bourdieu, what is articulated as orthodoxy can also be challenged by other ideas and discourses, which he calls *heterodoxies*. These are positions which are not shared by all and not even intended to be legitimized as such, but are nevertheless shared by some. However, as discussed in the introduction, not all alternative discourses and practices are heterodox, set up in direct opposition to the orthodoxy. Instead, some of these discourses and practices are simply alternatives, which we designate with the term *alterodoxies*. Those whose children were living up to their obligations were content with the current arrangements. It was those who perceived the reliance on adult children's support to be precarious who were open to exploring alterodoxies. These alterodox age-inscriptions urged acceptance of children's financial and emotional limitations and expressed openness to alternative arrangements, including hiring a domestic servant to care for an aging person and articulating an interest in old age homes as a solution to the problems older adults face.

As discussed in the introduction to this special issue, knowledge of other societies' aging trajectories can be used to harden boundaries and cultural identities (Amselle 2002). Even when negatively evaluated through contrasting dichotomies (Sewell 2005), as in "we do things this way and they do it that way" or "this is traditional and that is modern," such dichotomies can introduce heterodoxies which can become incorporated as possible solutions when "the way that we do things" or an orthodoxy no longer seems to be viable or reliable. Arjun Appadurai (1996) expresses, "Lives today are as much acts of projection and imagination as they are enactments of known scripts or predictable outcomes" (205). Cultural resources in the form of ideas and practices are necessary for the acts of projection and imagination that Appadurai discusses. Ideas and institutions travel and are translated. Sarah Lamb (2016) discusses how old age homes have traveled to India, despite representing "alien, Western-inspired institution," and been adapted to the local context (183). In Ghana, the resources for age-inscriptions include representations from societies constructed as 'Other' and different, as illustrated in the interest in institutional facilities for older persons. However, age-inscriptions also come from within, such as through adaptations of familiar practices like child fostering, or substitutions of adjacent relations. These age-inscriptions are less articulated and formulated than standardized discourses about the significance of children's care in old age, although they are shaped by this dominant discourse.

The use of old age homes to think through the problems of aging means that older persons situate themselves—and Ghana—within a "global horizon" of value and orientation, and not simply within a social field of kin (Graw and Schielke 2012). Within this wider horizon of the social fields of nations, Ghana is positioned as failing; other nations are used by older congregants to criticize the inadequate efforts of the Ghana government. The unfamiliar thus becomes an important hook on which older adults can hang their dreams of a good old age. Alongside the discourses of critique of the next generation, there was a willingness to experiment and engage imaginatively with different possible futures, including ones which were perceived as foreign or even antithetical to Ghanaian ways of life. This article thus highlights the important role the social imagination plays in generating social change in aging and care practices, and the ways that these co-exist and do not always converge with actual practice.

The age-inscriptions being generated in Ghana signal the agency of older persons, which is often neglected and overlooked. As Jennifer Cole (2013) has discussed, we have a "synoptic illusion" that views young people as a source of social change and newness, and older adults more engaged in cultural preservation and conservation. Yet, as she notes, "the movement toward old age is a profoundly innovative process" for those who are aging and encountering new circumstances of bodily decline and changing social networks (226). As this stage of life becomes more extensive—lasting a decade or more—new questions about its meaning and practices need to be answered by those who are encountering aging (see Thelen and Coe forthcoming). This article highlights the agency of older adults in imagining their futures, criticizing the status quo, and pragmatically adjusting their strategies.

Older persons draw on the cultural and social resources available to them, including normative age narratives, in making the personal transitions of aging. They also create new social forms and possibilities as they undergo personal and social transformation and encounter new life problems. Sometimes, in my research, older people seemed more open to possibilities that differ from the norm of a child's care precisely because they acknowledge that the norm seems unlikely. However in my conversations with younger people, they were often more categorical and judgmental about deviations from the ideal, such as saying, "In Ghana, we do not use old age homes" and "We take care of our elderly." Although I heard laments and complaints in my visits with Ghanaian older adults, I also heard resignation to the existing circumstances that led to pragmatic solution-oriented approaches and political critique, particularly from older women

who sympathized with the economic struggles of their children and tended to be poorer than older men. This line of thinking included age-inscriptions and a desire to explore them further. Despite their variability, these discourses and imaginaries arise from a common ground, the topic of the play: a shared sense that the contemporary situation places older adults at risk of neglect.

There is no standard definition of what it means to be an older adult in Ghana. For many, the marker is physical, with frailty and debility more significant than age per se. Those in the civil service—including teachers, police, and medical personnel—tend to use the compulsory retirement age of 60 as the definition of old age, but very few people are employed in the civil service and have an opportunity to “retire” (as is further discussed by Alber on Benin in this special issue). The Ghana census designates those over the age of sixty-five to be old, while the Presbyterian Church considers only those over seventy-five years to be eligible to participate in its aging programs.

In thinking about aging and social change, we need to account for the use of heterodox discourses and alterodox practices which go unremarked, as well as the lack of fit between them. The state’s relative silence about and lack of attention to aging creates a weak hegemonic discourse about aging solutions. As a result, older people in Ghana have the space to construct new practices and heterodox discourses, however tentative and disconnected, from which new norms may be generated.

Understanding Age-Inscriptions in Southern Ghana: Methodology and Setting

This article draws from my conversations with older people in Akropong, Kwahu, and Akim in the Eastern Region who were involved in the Presbyterian Church, though I situate these discussions within the context of other aging initiatives happening in Ghana. It is based on fieldwork that I conducted in June-July 2013, June-August 2014, and May-July 2015 (about twenty weeks in duration over three years).

My research on changes in old age care was prompted by my visit to the town and district capital of Akropong in the Eastern Region in June 2013, after a four-year absence. During my visit, I learned that the building in progress next to Christchurch, the main Presbyterian church in the town, was intended to be a senior day center.

On Sundays, the congregation of Christchurch is dominated by older women, who are sometimes living with and looking after their grandchildren or great-grandchildren because the middle-aged generation lived and worked in the major cities in Ghana. Another reason for the absence of young people in Presbyterian congregations is that they are more attracted to Pentecostalism or other new churches with a dynamic minister and founder. Thus, it makes sense that the Presbyterian church was trying to meet the needs of its aging congregation.

The church was already organizing quarterly day-long gatherings of congregants aged seventy-five and over as well as sending a nurse to visit older congregants regularly in their homes, to check their blood pressure and blood sugar and give them health advice. I was able to attend one of their quarterly gatherings in June 2013, including accompanying the driver in the church van to collect and return some of the participants who could not walk to the church on their own. Before and after the program, I interviewed the organizers and a few participants. I also interviewed the nurse in charge of the program, who had just retired from the position, and her assistant, who would take over the program. I read through the nurse’s detailed records of her activities over the past several years, and accompanied her assistant as

she visited several older congregants' households on three days, one day in June 2013 and two days in July 2014.



Photo 1: Members of the Aged Fellowship Group from New Tafo singing hymns while exercising, July 11, 2014 (Photo by the Author)

The Presbyterian Church of Ghana has organized aged fellowship groups in two other districts, Kwahu and Akim, also in the Eastern Region. These districts contained towns like Akropong with a long history of Presbyterian activity and in which Presbyterianism is the dominant religion of the town (Gilbert 1995; Middleton 1983). I visited both Kwahu and Akim, spending a week in each one in June 2014, and with the help of the District Minister, attended hour-long programs of several aged fellowship groups with fifty to seventy-five people in attendance: seven meetings in Akim and eight in Kwahu.

In Akim, these meetings were mainly organizational ones, in which the ministers expressed their interest in expanding and institutionalizing the aged program, and I asked the older attendees about their problems and their thoughts about solutions to those problems. Attendees expected me, as a foreign visitor, to give some assistance and often articulated pleas for help, despite the ministers' and my repeated explanations of my actual role as an ethnographer. At the same time, with the encouragement of the ministers, the attendees thought about what the church might do to support them, and what they could do on their own. At one of these meetings, the participants engaged in their regular activities of singing Presbyterian hymns while doing exercises (see Photo 1).

In Kwahu, where the aged fellowship groups met regularly once a week, organized under the auspices of older congregants, rather than ministers, I was less often a participant than an observer to their ongoing programs, which focused on singing and dancing, board games, religious sermons, health information, and competitions and debates. These group discussions and meetings in Akim and Kwahu

were more superficial than my discussions with those in Akropong, where I knew many more people and had ongoing relationships. Furthermore, those in attendance were by necessity those older persons who could walk from their homes to the church for the meeting, or had the resources to organize and fund their transportation there. Although they were well and relatively strong, in the discussions they referenced neighbors and friends who were more frail or bed-bound and could not attend these meetings.



Photo 2: The senior day center in progress, Akropong, June 5, 2013 (Photo by the Author)

I also explored events happening in Accra and its twin city Tema, visiting a senior day center run by the St. Vincent de Paul Society of the Catholic Church several times and three old age homes, talking to the organizers and some of the attendees and residents. I talked to several leaders of HelpAge Ghana, the major advocacy group on the aging in Ghana, as well as key members of the Presbyterian Church and the Catholic Church, who seemed among the other churches the most interested in aging issues. I also visited an NGO in the Volta Region that organized support groups for older adults. I attended three gatherings of the NGO accompanied by the founder and head organizer, who was personally affiliated with the Evangelical Presbyterian Church of Ghana: one in which they prepared a porridge to teach participants about nutrition and a potential income-earning activity, a second in which the participants were served a hot meal, and a third in which the participants sang and had their blood pressure monitored.

According to the 2010 population census in Ghana, those over the age of sixty-five constitute 4.6% of the population, or about one million people out of a total population of 24.7 million (Ghana Statistical Service 2012). Fifty-seven percent of those one million are women; forty-three percent are men. After the Volta Region, where 6.4% of the population is over the age of 65, the Eastern Region has the next highest proportion of older adults (5.7% of the population). But in the North Akwapim district, where Akropong is located, 8.18% of the population is over the age of sixty-five; in Kwahu South and East, the districts of

the towns I visited, the proportion was 7.35% and 8.14% respectively. In the three districts in Akim that I visited (Akim East, Akim West, and Kwaebibirim), the proportion was lower, at 5.51%, 6.7%, and 4.85% respectively, but still included more older people than was true of Ghana as a whole. The towns in the Eastern Region where the Presbyterian Church is dominant thus, in general, have a higher proportion of older adults, probably because of the migration of the middle-aged population to the larger cities. This may account for why there are new initiatives for older adults in these places, prompted by the Presbyterian Church, as well as why older people in these towns are inscribing age in new ways.ⁱⁱ The history of missionization in these areas means that many older adults are educated, including many literate older women, although there are other areas in southern Ghana with higher rates of education.

From my conversations with ministers and elders within the Presbyterian Church, religious leaders are deeply ambivalent about aging initiatives. Most congregations do not have strong social welfare missions, but instead are influenced by the Prosperity Gospel, in which wealth is a sign of God's blessings. To that end, church construction seems a major goal of many congregations. Most of the congregations in these towns have rebuilt their older, modest churches and ministers' residences into spectacular buildings with tiled floors, glass windows, and wooden ceilings. Accompanying ministers in Kwahu, I noticed that when two ministers met one another, they quickly entered into a conversation about construction, discussing the price of cement bags, for example, or commenting on the aesthetic of the tiles in another's church. Within this environment focused on church building, ministers and church elders were concerned that supporting the aged would solely be a drain on church financial resources. Secondly, the Presbyterian Church is interested in attracting young and middle-aged people into their congregations because they are the income earners who can give money. Older women, on the other hand, are stereotypically portrayed as devout but impoverished, putting only small coins into the collection boxes. In a religious environment in which the mainline churches have lost their younger members to the newer churches, the Presbyterian Church is becoming more like the new churches in its rhetoric and, to some extent, its programming. Thus, while the Presbyterian Church might be a source of new age norms and new programs to support the aged, its voice in this regard is muted by competing demands and goals. There are ministers and elders in the church who are pushing it to support the aged, but there are others who find the focus irrelevant or distracting from the long-term survival and growth of the church.

The State's Role in Shaping Norms about Old Age Care

Government policy documents on aging uphold Ghanaian families as the proper site for the care of senior citizens. Successive governments, since the 1990s, have explicitly advocated against old age homes, as I discuss below. The state constructs its draft Aged Policy around a traditional, idealized Ghanaian family, and highlights the expense, foreign-ness, and inappropriateness of other countries' approaches. Instead, state resources in Ghana seem to be concentrated on the futures of the young (Doh 2012). As Sjaak van der Geest (2016) has argued, this approach seems to ignore the plight of the aged in Ghana and presents the government as needing to do little to support senior citizens. One indication of the government's lack of concern for older adults is that although it drafted an aged policy almost ten years ago, Parliament has still not passed this policy (Anon 2018).

Influential NGOs like HelpAge Ghana have had a major hand in shaping government policy in this area, in which the orthodoxy is a discouragement of old age homes. A founder of HelpAge in Ghana, a psychiatrist, said about old age homes,

To remove the old people, segregate them and put them into a place: one, you are going to

put them in an unnatural environment. Number two, we think that they cannot be looked after very well [in these environments]. Thirdly, they will have to pay a lot of money to do it, unless government supports it, and we are against even government providing such facilities, unless that person is severely ill and infirm and has to be in a facility. Even that one, we would still want the person to manage at home.ⁱⁱⁱ

Mrs. Ollenu, another founder of HelpAge in Ghana, said more diplomatically, “HelpAge is not keen to establish homes. Rather, they should stay with their families, whatever family is available, because it is not easy.”^{iv} HelpAge emphasizes policies Ghana should avoid, like residential facilities, rather than what Ghana should do.

Nana Araba Apt (1996, 1991), *the* sociologist of aging in Ghana, also considers old age homes to be antithetical to Ghanaian kinship, as well as too expensive for government budgets. She was active in shaping government policy and HelpAge’s advocacy during the 1990s and early 2000s, including writing a draft aged policy for the government in 2002. In her report to the Department of Finance and Economics (Apt 1991), she said that institutionalization of older adults in residential facilities should be the final alternative and that emphasis should be placed on options which support kin care and keep older adults in their households.^v

Although HelpAge Ghana was strongly against the establishment of old age homes, it did set up several senior day centers in the capital city Accra in 1992 and 1993 (Ayete-Nyampong 2008; Doodoo et al. 1999).^{vi} These centers provided a hot meal, activities like games, a nurse on site to conduct medical checks, and occasional excursions for participants. Of these centers, all but one in the Osu neighborhood of Accra are now defunct. I visited the Osu center in June 2014; it is under the management of a young man and a retired nurse. It is these defunct senior day centers in Accra which served as the inspiration for the construction of the senior day center (see Photo 2) in Akropong.

Similar to my discussions with older Presbyterians in Akropong, Kwahu, and Akim, van der Geest (2016) noted an openness to old age homes in his discussions with older people in Kwahu, where he has long done research. Given government policy and NGO advocacy against institutional facilities, it is surprising that older Ghanaians find them attractive. Yet precisely because the social norm of kin care is perceived as not working and because the government is not implementing alternative solutions, there is some agentive space for older people to develop age-inscriptions, in the forms of alterodox discourses, practices, and solutions. Older adults perceive current government policy as disregarding them and blame their plight on a lack of state care. Thus, in the absence of a strong state policy about what to do, they are free—or perhaps forced—to imagine their own solutions to the difficulties they face.

Why an Interest in Institutional Facilities?

There are four actual old age homes operating in Ghana to my knowledge: three in the capital Accra and one on its far outskirts. They are small by American standards; the largest has twenty-seven residents. They are all heavily subsidized by their owners, who operate the facilities as charitable enterprises, although some of the residents pay fees. HelpAge views these residential facilities as the institutionalization of older adults, an option that it suggests Ghana not pursue, but owners are interested in finding a way to meet a need and hopefully make a profit. Owners report that the cost of care is the biggest barrier to attracting and keeping residents. As a result, the main clientele are return migrants or those whose children are international migrants, both of which can afford such care. Despite the small number of institutional facilities that are operating in Ghana and their difficulties with financial viability,

there is considerable discussion of them as an imagined or potential institutional solution amongst those concerned about older adults. Some owners of home nursing agencies, along with the manager of the St. Vincent de Paul Center in Accra-Tema, and the Kwahu Presbytery of the Presbyterian Church of Ghana expressed their eagerness to build old age homes.

The institutional residences operating in Ghana are not known to the older people I spoke to in Akropong, Kwahu, and Akim, nor have these older adults visited them. Instead, they imagine old age homes operating in other countries, namely in Europe and North America. They do not seem to be influenced by Ghanaian migrants in the UK and US who work in these kinds of facilities and whose representations of these care environments tend to be quite critical and even horrific. Thus, Presbyterian congregants' knowledge of old age homes arises from highly general discourses in Ghana in which, "We take care of our own older people, unlike you [foreigners] who put your older adults in an old age home." Old age homes were discursively set up as the heterodox position to the orthodoxy of kin care, without concrete representations of what they are like. This heterodox position is therefore available for aged persons to promote and re-imagine.

The Attractions of Institutional Facilities: A Heterodox Idea, but not a Practice

What made old age homes attractive in theory to the older people I talked to in Akropong, Kwahu, and Akim in 2013-2015? First, old age homes were seen as places of sociability, where older people could gather to talk to one another. Living alone was common among older people in towns in southern Ghana, because their children had migrated to the cities. "Our children have grown and left us at home," said one old man, and "we are alone." Loneliness was considered a major problem for older adults, causing illness, depression, and ultimately death. A man said, "Sadness. . . kills people." A woman said, "If you get something to amuse yourself, then you won't be thinking [worrying] too much." Another man said, "Staying in one place . . . is bitter, and a person's spirit declines. Maybe all his classmates have died, all of his contemporaries." Being alone at home is associated with worrying over one's current finances and previous losses. Sociability, amusements, and moving around are the cures for this worried and worrisome kind of thinking, in distracting the aged from their problems. Being with others "enlivens" you, as one man said.

Secondly, institutional spaces are associated with a cooked meal. Food is taken as the *sine qua non* of good care more broadly in Ghana, as we see in Togo also (Häberlein, this issue). Its discussion in my interviews and the public meetings I attended signaled that many older people were seen as going hungry, a sign that they were badly cared for (see also de Jong et al. 2005). A man said, "Hunger is always there and it makes you worry, and these things also make you sick." A woman described another man who lives alone without anyone looking after him, and therefore has difficulty getting food. The nurse's assistant at Christchurch in Akropong said she had met some older adults who did not receive good care. What she meant was that they were not given a well-balanced diet, such as eating porridge without bread, or *kenkey* (a fermented, cooked starchy ball) with hot pepper but no fish. Abandoned and neglected older people were viewed as eating plain cooked rice, without stew or gravy. Food is a symbol of good care and attention in general, and a way to index other forms of care, like cleanliness and medical attention.

Third, old age homes are associated with free medical attention with a nurse on site, although the imagined medical care was often preventative, like checking blood pressure or fasting blood sugar levels, rather than more intensive nursing care or elaborate physical tests (e.g., x-rays). This type of preventative medicine was similarly provided in the aged programs of the Presbyterian Church. Older adults can spend

much of their time and energy seeking health care, waiting in decrepit waiting rooms in hospitals and clinics where they are treated harshly and disrespectfully by arrogant medical authorities, in their opinion. Some people in my conversations proposed that senior citizens should be treated first in hospitals. For example, they should jump the queue like pregnant women and young children. Although older Ghanaians have free health care, the cost and ease of transportation to medical facilities is also an issue for them as they try to seek care.

Fourth, the institutional space of an old age home with its loss of privacy and institutional food seemed familiar. Educated older men made the analogy to schools. Many secondary schools in Ghana are boarding facilities, and while they are associated with physical discomfort, strict teachers, and heavily scheduled days, they also generate deep, lifelong friendships. Social networks formed in boarding schools enable alumni to navigate bureaucratic and business environments in adulthood. One man spoke about old age homes in this way:

If we had a place where when you grow old and no one lives with you, you could go live there, like a school where they sent you, where there are doctors, and they cook you food; everything! You will meet your classmate, and it makes you happy, and it will make your old age long. That kind of place is not common in Ghana or our region, so it bothers us.

Thus, although I personally had difficulty imagining an institutional space as attractive, previous experiences with institutions like schools, particularly for the educated men, meant that they saw old age homes as having the potential for intense sociality and friendship within a peer group.

Finally, these spaces were taken as a symbol that a society cared for its senior citizens. The foreignness of the institution was taken to critique the Ghanaian state among the nations of the world, rather than to bemoan the fact that their children were not Ghanaian enough by avoiding their care obligations. The presence of old age homes in Western countries was taken as a sign that these societies recognize and have not forgotten their senior citizens. In my conversations, just as Egyptians formed a critique of the state around their failing kidneys and experience of dialysis centers (Hamdy 2008), old age homes functioned as a tool of political critique and advocacy to highlight older people's plight in Ghana. Older persons were concerned about their low status in society that they felt contributed to their neglect and abandonment by their children, by their church to which they had contributed over the years, and by the state. Advocating for institutional facilities was a way to make that complaint stronger by showing that other societies respected their senior citizens by building such facilities. Old age homes were seen as their right given their previous contributions to society. If children were not going to step up, then perhaps the state and the church would. Thus, old age homes in Ghana became a symbol of dignity and respect, which they felt they lacked in society at large, whereas in the West, nursing home residence often signal a loss of dignity and independence.

Thus, when asked what they would like to have happen, in public fora organized by the church, old age homes were one of the solutions articulated. There was some lack of distinction between old age homes, where they would reside, and senior day centers, where they might go for the day for food, companionship, and medical attention while younger members of their households were off at work or school. Interestingly, they were not concerned about institutional facilities as a response to physical frailty, disability, or serious illness, but rather as a response to social abandonment and neglect by their families and the state. Similar to aged persons in Burkina Faso (Roth 2005), insecurity in aging by these aging Ghanaian Presbyterians was perceived as a social problem, not a physical one. Their openness to institutional forms of care, which did not exist in the communities around them, speak to their concerns

about abandonment, their positive experiences of institutional residence in the past, and their general knowledge that old age homes exist elsewhere but not a specific and informed knowledge of what they are like in practice. Thus, they adapted old age homes in their imaginations to look like secondary schools and to meet their needs for food, sociability, routine medical care, and recognition.

Older Ghanaians express interest in institutions that they see as common in the West where the state, the church, or outside benefactors might make up for their children's failures in caring for them. In other words, they use the foreign figure of an old age home to advocate for their wellbeing within the local social and political context. And yet, old age homes can only function in this way because they *are* strange and not experienced or known. In India, in contrast, old age institutions have been adapted to allow social norms of aging to be realized: some are conceptualized as a joint kin structure, with the older residents treated as the parents or grandparents of the owner couple, and others as an ashram, supporting the retreat of the aged from the cares of daily life to allow them to focus on their spiritual development (Lamb 2016). In the case of Ghana, where only a few, small, and struggling old age homes in Accra exist, such support for foreign institutions in theory shows that older adults are open to new ideas and may be agents of social change.

Older adults may support heterodox age-inscriptions in the face of changing kin reciprocities. Yet it is not clear that they will become a political force in their critique of their neglect by the state and other significant social groups. Lois McNay (2008), drawing on the work of Susan Gal (2003, 140), argues, "There is a huge difference between recognizing injustice, identifying systemic domination and common interests, devising strategies for action and, finally, feeling able to act. Even when there is substantial misrecognition and subordination, resistance might not emerge if the symbolic elements with which to formulate agency are not present." In the contemporary moment, older adults in Ghana have not been able to harness the symbolic element of neglect and Ghana's position in the world to engage in explicit political advocacy. Instead, these heterodox discourses simmer within their local networks.

Home Care through Domestic Service and Fosterage

Although institutional facilities were discussed speculatively in my fieldwork, what families seemed to be actually doing, but not discussing in public fora, was using fostered adolescents or domestic servants to substitute for busy adult children and provide home care. Adult children support such care financially by paying the wages or school fees of the fostered child or domestic servant and manage care crises, but the otherwise day-to-day care is in the hands of the younger woman living in the household with the older person.^{vii} This solution was only available to adult children who could and were willing to send remittances to support a foster child or domestic servant.

Fostering has long been common in Akropong, particularly among adolescents, for the purpose of their education, training, and discipline. Children were often sent to live with an educated professional—a nurse or teacher—who lived in an urban environment; their school fees were paid for by the foster parent or they helped their foster parent with their business (Coe 2013). More recently, it has become more difficult to differentiate a foster child from househelp, particularly when a child who is more extended kin or non-kin is being fostered in a household.^{viii} Because migrant adult daughters living in the cities have competing responsibilities, and because they have access to cash, they may delegate the work of daily elder care to more extended kin or househelp, whether an adult woman or an adolescent girl. This practice is thus a fully developed norm, with participants aware of the "rules of the game," such as knowing to pay adolescents' school fees in exchange for their labor. What makes it an alterodox age-inscription is its adaptation to elder care. Fostering is not articulated as a narrative about how to age well, but it is enacted in practice as a way

to provide care.

I encountered the household of Mama Adelaide in Akropong during a survey I was doing of fostered children in 2008. Mama Adelaide was a seventy-eight-year-old woman who could not walk easily. She was living with Esther, the fifteen-year-old great grand-daughter of Mama Adelaide's maternal uncle (*wɔfa*). In exchange for her domestic care, Esther's junior secondary school fees were paid by Mama Adelaide's four adult children who all resided in Accra with their own children. The children worked in a range of occupations, with varying status, educational levels, and income: one son owned a beer hall, the second installed car alarms, and the two daughters worked as a nurse and a trader respectively. Esther had come to live with Mama Adelaide from a village near Suhum, where her father grew cocoa and she had gone to primary school. In Akropong, in Mama Adelaide's household, after school each day, Esther went to the market and cooked the main meal. During my interview with Mama Adelaide one morning during the school holidays, Esther was washing clothes in the courtyard.

When Mama Adelaide had been in her fifties, she had returned to Akropong to look after her mother's sister, a former seamstress, for eight years, before the older woman died at the age of eighty-two. While living in Akropong, Mama Adelaide had farmed a small plot of land, but in the last year, she had become too weak to do so. At that point, her children realized that she needed help and recruited Esther. Although Mama Adelaide framed this decision as her children's, indicating her pride in the fact that they took responsibility for her care, I have no doubt that she was involved in the decision, at least to the extent of acquiescing to it.

I was not able to speak to Mama Adelaide's children about why they did not come to live with their mother or send one of their own children to live with her in Akropong. However, other older women in Akropong told me that they did not expect their children or their grandchildren to come to live with them to help run the household and provide daily care. For example, one vigorous woman in her sixties who made money trading in yams anticipated that her children in the capital Accra would not return home to take care of her, but instead would pay for another woman to help her, a situation to which she seemed resigned. Her yam marketing involved hiring a truck with other women and going to farms in northern Ghana to buy yams to sell in the town, so perhaps, given the strength and energy this activity entailed, thoughts of future frailty seemed a bit abstract to her.

The yam trader and others said that it is becoming more difficult to send a child or adolescent to live with an older person because of the longer period of schooling that is considered a young person's right. Because many people in Akropong and elsewhere no longer consider schools in Akropong to be providing high-quality education, those living in urban environments with better schools view sending a child to live with a grandmother in Akropong as a sacrifice of that child's educational future. Fostering one's own children out is becoming increasingly antithetical to the middle class and to those who aspire to be middle class in Ghana, although they are amenable to having a child fostered into their own households as a dependent (Coe 2013). As Erdmute Alber (2010) found in Benin, the rural-urban exchange of children has become uni-directional. Whereas previously children moved in both directions, urban middle-class people tend to no longer give their children to poorer kin, although they continue to accept foster children of poorer kin into their households. The reasons that brought Mama Adelaide back to her hometown did not have the same significance for her migrant daughters, given the changing intergenerational entrustments. Thus, adult children living in the city raise their children in their own households and turn to more extended and poverty-stricken relatives whose children would otherwise not continue their schooling. They offer to pay their school fees in exchange for elder care, or promise an apprenticeship after some years of service for those

who have already completed junior secondary school. They may even pay monthly wages. In a context in which daughters have historically been responsible for the daily care of aging relatives, and sons for financially supporting their sisters and mothers, daughters of older people are hiring or substituting more vulnerable young women for themselves; they can be good daughters by being care managers, rather than care providers (Coe 2016). In fact, when I returned to Akropong for a brief visit in January 2017, a retired primary school headmistress, disabled by diabetes, told me that all her friends in Akropong were hiring women to care for them. Nine years after I first suspected that this age-inscription was emerging, she articulated it as a norm.

Conclusions: Age-Inscriptions Articulated, Age-Inscriptions Practiced

Age-inscriptions are happening in practice and discourse in Ghana in part because two major producers of public discourse and shapers of social norms—the state and NGOs—are relatively silent on these issues. Instead, the state, with the support of NGOs closely allied to it and also involved in generating state policy, aims to support a social norm of kin providing elder care, in part to avoid what would probably become a major financial expenditure, as it is in Western state budgets. Thus, the orthodox discourse is about children living up to their responsibilities for elder care. From the perspective of older Presbyterians in the towns of the Eastern Region I talked to, this “solution” is not reliable, and perhaps not viable. As a result, older people in Ghana are coming up with their own solutions, to some extent in conversation with the leadership of the Presbyterian Church, which also does not articulate a clear, strong discourse because of its own ambivalence about tackling these issues directly. Through its conceptualization of heterodox discourses and alterodox practices, this article has captured the messy and uneven process of social change at a particular moment in time, to help us understand changes in elder care and in its connection to other social relationships.

In my conversations with older people in the Presbyterian congregations of Kwahu, Akim, and Akropong, they expressed openness to the heterodox possibility of residential facilities, a surprise to me given my extensive exposure to criticism of them by the government and NGOs. Although residential facilities were associated with foreign countries, older people transformed them in their imagination to be like secondary schools in Ghana and to meet their needs for companionship, food, easy access to medical care, and dignity. Furthermore, they did not distinguish strongly between residential facilities and senior day centers, since both were institutional settings, despite the fact that HelpAge Ghana has supported senior day centers in Accra, but not old age homes. The foreignness of institutional residences and the fact that they were not available in their communities was precisely what allowed them to be imagined in this way, rather than as sites of neglect, loneliness, and indignity, as they tend to be viewed in the United States. Old age homes were able to be appropriated in this way because of the discursive orthodox comparisons that were made between Western modes of helping senior citizens and Ghanaian ways within the families, even though these orthodox comparisons evaluated old age homes negatively. Thus, the negative comparison between the West and Ghana produced by the state and HelpAge made old age homes available as a heterodox solution, in the minds of older Ghanaians looking to address their concerns about neglect and loneliness.

However, in many ways residential facilities were discussed speculatively. They served simply as a figure in the social imagination. What was actually emerging in practice as an alterodox age-inscription was the use of fosterage to provide elder care. In other words, more distant kin or non-kin were substituted for adult children or adolescent grandchildren as an adjacent relation. Care was provided by even poorer, more rural and more distant relatives or by young women to support older people to live in their own households.

These practices were familiar but were not discussed as a formal option. Instead, this alterodox age-inscription emerged in practice and not discursively. This strategy was reliant on the financial support of adult migrant children, who could send remittances back to pay for such care, and thus was not available for those adult children who could not afford to send much in the way of remittances to their mother or father. It allowed children of older people to maintain their sense of self-worth in that they could say they were caring for their parents by helping them financially. It also meant that the grandchildren of these older persons did not have to sacrifice their schooling, seen as critical for their own futures, by caring for them. This strategy generated inequalities between differently positioned persons, and may contribute to new constructions of social class through elder care. Although most visible in the cities, where domestic service has been more established and there were greater discrepancies between social and economic status, it was emerging in the rural towns of the Eastern Region also.

In Ghana at the present time, aging seems very much in flux, with a wealth of emergent possibilities and no dominant patterns of care. This article has illustrated that older people are anxious about this state of affairs, and given what is at stake, are willing to imagine and explore heterodoxies, even those from abroad, such as institutional facilities, which the literature on aging in Ghana posits is deeply antithetical to “Ghanaian traditions.” At the same time, in daily practice, some kin groups are adapting existing practices of domestic service and child fosterage for the purposes of elder care, in which children pay for care and supervise it, but do not provide it directly themselves. This practice is more amenable to social norms that children provide care to reciprocate the care given to them as children by their parents. Based on this, it seems likely that alterodox practices of domestic service and fosterage will become more widespread than the heterodox use of old age homes: one age-inscription may become a social norm and another may wither away or be used only as a mechanism to critique the state for its neglect. Whatever happens in the future, older people are key actors in shaping elder care in Ghana, as they use their emotional and social responses to aging to imagine un-seen possibilities and reinterpret more familiar ones.

NOTES

ⁱ Adinkrah (2015), in his study of witchcraft in Ghana, notes that older women are at higher risk of being accused of witches, and are particularly accused by their children, grandchildren, and caregivers.

ⁱⁱ The Moderator of the Presbyterian Church of Ghana during this time, Rev. Ayete-Nyampong, was very interested in gerontology, having written his dissertation on how the church might care for the aged. However, his role as moderator seemed to blunt his ability to work on aging initiatives within the church itself.

ⁱⁱⁱ **Error! Main Document Only.** Interview with Prof. J. B. Asare, co-founder of HelpAge Ghana, June 28, 2013, Accra.

^{iv} Interview with Mrs. Alberta Akoley Ollennu, May 30, 2013, Accra.

^v Interview with Nana Araba Apt, July 2, 2013, Accra.

^{vi} Also see interview with Father Campbell, June 27, 2014, Accra.

^{vii} In China, a similar dynamic of using domestic servants is emerging, despite an ideal of kin care by adult children (Wang and Wu 2016).

^{viii} In Accra, the use of househelp has been quite common among elite households since the 1960s at least (Ardayfio-Schandorf and Amisah 1996; Oppong 1974).

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