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## Living Care-fully: Labor, Love and Suffering and the Geographies of Intergenerational Care in Northern Ghana

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LIVING CARE-FULLY:  
LABOR, LOVE AND SUFFERING AND THE GEOGRAPHIES  
OF INTERGENERATIONAL CARE IN NORTHERN GHANA

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DISSERTATION

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A dissertation submitted in partial fulfillment of the  
requirements for the degree of Doctor of Philosophy in the  
College of Arts and Sciences  
at the University of Kentucky

By  
Kelsey Brie-Anne Hanrahan  
Lexington, Kentucky

Director: Dr. Susan Roberts, Professor of Geography  
Lexington, Kentucky  
2015

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## ABSTRACT OF DISSERTATION

### LIVING CARE-FULLY: LABOR, LOVE AND SUFFERING AND THE GEOGRAPHIES OF INTERGENERATIONAL CARE IN NORTHERN GHANA

Care is socially constructed, shaped by expectations embedded within particular relationships and the culturally-specific understandings of what it means to work, love and suffer. In this dissertation, I conceptualize care as a fundamental component of everyday life in which individuals are oriented towards the needs of others. Drawing on ethnographic fieldwork in a rural Konkomba community in northern Ghana, I explore the geographies of care shaping the everyday experiences of women engaged in intergenerational relationships as they encounter emerging dependencies associated with ageing. Dependencies emerge when an individual requires support and care from another, and in turn the struggles for, and the provision of this support has material and emotional implications for those involved. I make three primary contributions. First, I examine the potential for a feminist ethics of care within livelihoods approaches in order to destabilize notions of independence and material outcomes, arguing that livelihood strategies are characterized by interdependencies within families and communities. Second, I contribute to an understanding of the politics of care by considering women's mobility in the face of competing demands on their labor and resources. Despite responsibilities to provide a 'good death', women experience social and material hurdles to negotiate their mobility in order to provide end of life care to a parent. Third, I explore the embodied emotional experiences of elderly women as they experience dependencies and struggle to engage in material exchange and caring relationships. As a result of these emergence of dependencies, women's everyday lives are deeply shaped by experiences of love and suffering. In northern Ghana, as in other rural agrarian communities in developing regions, the elderly population is growing and a weak formal care infrastructure is ill-prepared to face the pressures of an ageing population. Through this



dissertation, I highlight the complex geographies of care shaping everyday life experiences and contribute to an understanding of the particular issues faced by communities where intergenerational relationships are key to lives lived with care.

KEYWORDS: Geography of care; age; ethics of care; intergenerational relationships; Ghana

Kelsey Hanrahan

24 June 2015

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OF INTERGENERATIONAL CARE IN NORTHERN GHANA

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*In memory of Helen & Pichain,  
the grandmothers I have recently lost.*

*Gradually, gradually, I am coming.  
Niforcha.*

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## CHAPTER ONE

### GEOGRAPHIES OF CARE & INTERGENERATIONAL RELATIONSHIPS

*Dependency, frailty, grief and love all shape the ways we reason and act in the world*  
(Lawson 2009, 210)

*To do good comes from the heart. Tradition doesn't mean people will do well;  
I see other old women who can't work well and sometimes when I care for  
my mother it reminds me others are there too*  
(Nyaa Matulbi's daughter, 2012)<sup>1</sup>

#### **Introduction**

As this project was first being conceptualized, I aimed to understand the livelihood strategies of elderly individuals living in a rural agrarian community in northern Ghana. The question of the work of elderly individuals, and potential contributions made to individual and broader-scale livelihood strategies, arose from the work I did for my MA thesis (Hanrahan 2007a, 2015a). That project considered the social construction of gendered roles, and how marriage practices subject women to particular labor expectations. I considered how women's roles, their access to and control over kitchen space, and the labor necessary to manage these spaces, changed over the life course. But what was not clear at the end of that project was how elderly women fit into this role for women and wives. In this agrarian community, physical labor is required for many of the daily activities of maintaining a household and

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<sup>1</sup> All direct quotes reflect the in-situ translation provided by an interpreter. Where direct quotes are used, interviews were recorded and subsequently transcribed. The quotes therefore do not reflect an exact replication of the words of the speaker, but are an attempt to interpret the meaning of their statements to the best of our abilities. Conversations that were not audio-recorded, but interpreted in situ with notes made, are not directly quoted.

personal well-being. I began to consider how despite the cultural prescriptions of who is/is not a woman, and what her role is, elderly women may somehow be excluded from these categories. Drawing on readings of an ethics of care, I started to consider the ways in which elderly women may be embedded in complex relationships in which their needs may be met by others, and in turn, they may also be contributing to the support of others. Care became a central conceptual point to build a framework to understand interdependence within families and communities, and an entry point into understanding the contributions and support of elderly community members.

In her presidential address to the Association of American Geographers, Victoria Lawson reminded geographers that they belong to a caring discipline—the areas of research and intervention taken up by geographers are ones that seek to understand and promote social justice, welfare and human rights. She suggests that we take a critical ethics of care and responsibility a step farther, extending the care beyond the abstract to look at “the specific sites and social relationships that produce the need for care and that frame the specific content of care ethics” (Lawson 2007, 2). This project is motivated by such an intention, and I first draw on an ethics of care to challenge myself towards a clear conceptualization of my ontological underpinnings—if I can enter into this research from this place of relationality, of care, what do everyday practices look like? What becomes of social relations, of scale of analysis, of significance? A second stage of applying care comes into play—the care practices themselves that are part of everyday life in the community. With respect to livelihoods, this meant considering other forms of work, recognizing the elderly as actors and re-orienting the scale of analysis to focus on individuals embedded within relationships with others. From there, I became attuned to other factors shaping the everyday experiences in this community

—cultural forces, including patriarchal values structuring family relationships, as well as cultural constructions of labor and caring responsibilities, end of life and death, love, and suffering. These diverse forces are culturally constructed, yet interpreted, embodied and reproduced by the individuals engaged in relationships. Ethics of care provides the initial framework for this project; I also return to a consideration of ethics of care in the conclusion, providing insight from this project to further our understandings of what it means to care.

In this dissertation, I conceptualize care as a fundamental component of everyday life in which individuals are oriented towards the needs of others. Care suffuses daily life, shaping decision-making regarding the organization of labor and resources. Care is socially constructed, shaped by expectations embedded within particular relationships and the culturally-specific understandings of what it means to work, love and suffer. It also works to shape the realities of physical and emotional experiences as individuals are embedded within, struggle to gain access to, and are excluded from caring relationships.

I draw on the ethnographic fieldwork I conducted in Binalobdo, a small Konkomba community in rural northern Ghana (Figure 1.1) between 2011 and 2013 (more detailed information regarding the research site is presented in Chapter 2). I explore the geographies of care shaping the everyday experiences of women who are engaged in intergenerational relationships as they encounter emerging dependencies associated with ageing. This dissertation is written in an article manuscript format, and the three middle chapters (Four, Five and Six) have been written for peer-review submission (see each individual chapter for review and publication information). These three chapters align with the three primary contributions to geographies of care that are made in this dissertation.

(1) Geographies of care and the implications for livelihoods approaches.

In Chapter 4, I explore the potential of employing a feminist ethics of care to livelihoods approaches within development studies, where current critiques argue that considerations of material outcomes have been prioritized at the expense of social well-being. I argue that autonomy and independence frame current approaches to understanding how people support themselves, while feminist ethics of care argues instead that our social lives are shaped by values of care, giving rise to interdependent and contingent connections. I examine the unfolding negotiations of livelihood strategies between an elderly woman and her daughter-in-law. I conclude that livelihood strategies are practiced within interdependent relationships wherein the needs of others are incorporated in one's strategies.

(2) Geographies of care, mobility and the politics of end of life.

In Chapter 5, I contribute to geographies of care by considering how strong social networks—and the force of obligations and responsibilities towards others within those networks—can act to constrain women's mobility and ability to care. In particular, married women are obligated to prioritize the needs of their husbands and communities. They therefore face competing demands on their labor and resources when a member of their family, such as a parent, requires end of life care. Concerns of mobility are not well studied with respect to geographies of care, and I contribute by demonstrating how strong social networks can act to both constrain mobility and provide the leverage to loosen those constraints. These networks, with normative labor obligations, alongside the responsibility to provide a 'good death', create particular geographies of intergenerational care in this context as women navigate meeting the needs of others. I present the story of a daughter

with an elderly mother experiencing deteriorating health and explore how the daughter negotiates the ability to provide care to her mother living in a distant village.

(3) Geographies of care and embodied emotional experiences of ageing.

In Chapter 6, I explore the embodied emotional experiences of elderly women. Here, love is built through, but cannot be reduced to, material exchange, and as women's bodies age they struggle with shifting social relations that are experienced as love and suffering. I draw on conversations with multiple elderly women living in Binalobdo, experiencing different kinds of physical dependencies and different forms of acknowledgment and attendance to those dependencies by others. I contribute to geographies of care with a focus on the recipient of care as well as the consideration of ageing bodies that acknowledges the complex realities of dependencies and frailties.

The connectedness between individuals is of primary importance here, and this connectedness is explored through a variety of kinds of experiences, including everyday labor and livelihood strategies, through social structures in place that constrain women's mobility and their ability to engage in the care practices for which they are expected to participate, or those they expect of themselves. I explore these care practices as dependencies emerge in individuals' later life, as well as at the end of life, as care is needed to various degrees that shift over time. Finally, I explore the emotional geographies of love experienced in ageing bodies.



# GHANA



Figure 1.1. Map of research area. Map created by R. Gilbreath, University of Kentucky Cartography Lab

In this chapter I focus on the larger picture of geographies of care, age and intergenerational relationships. This project brings together various intersecting lines of difference that work to position women in very particular ways. This includes, most significantly, gender and age. In addition, people are positioned in relation to others as a result of formal, culturally-dictated relationships—familial and marital—as well as relationships of choice and circumstance that arise throughout the life course. In the section that immediately follows, I provide an overview of the broader context in which this research takes place, illustrating the current circumstances of a global ageing population and the challenges associated with this demographic change—particularly those challenges associated with intergenerational relationships and care practices that developing regions, including Ghana, are facing. I then turn to contextualizing this work within human geography. I start with feminist geography, which has been integral for bringing gender into geographic inquiries. I then move on to geographies of age and a consideration of old age and later life. I follow this with a discussion of geographies of care, wherein the connectedness between people and the orientation towards others' needs is and can be explored. I then briefly discuss mobility, love and death within geography and how I connect these themes in conversations with geographies of care. The chapter closes with an overview of feminist ethics of care, expanding on three concepts—relational ontology; contingencies; and vulnerabilities and dependencies<sup>2</sup>—that shape the framework for this dissertation.

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2 Vulnerabilities and dependencies can be considered as separate concepts. However, for this study I examine the ideas of vulnerabilities and dependencies in relation to each and have therefore chosen to speak of the concepts in tandem with each other.

## **The Elderly in an African Context**

The world's population is ageing, and by 2050, the elderly population will reach 1.6 billion people, and it is projected that 8 in 10 of the world's elderly population (defined as over the age of 60 years) will be living in developing regions; today, approximately two-thirds of the world's elderly population live in those same regions. In addition, that population is itself ageing, with the proportion of people living beyond 80 years growing steadily (United Nations 2013). An ageing population comes with specific challenges for a society, and developing nations are currently facing the potential and reality of these challenges, including the particular care demands of an elderly population—care demands that are significantly different from those of a youthful population (Aboderin 2010; Aboderin and Beard 2015). These challenges are compounded by the normative assumptions about traditional societies, such as those applied to rural agricultural communities in sub-Saharan Africa. For instance, it is often assumed that practices of care are unproblematically fulfilled through structures of family obligation (Aboderin 2004a, 2004b, 2006; Devisch, *et al.* 2002). These formalized relationships are often thought to be more powerful in traditional societies and it is further the assumption that a rural, agricultural-based society in an impoverished area of the world is sure to fit the mould of a traditional, kin-based society with strong traditions of extended family care. These assumptions suggest that early and late life dependencies are managed by family members of other generations; research, however, indicates instead that while there are indeed normative expectations that obligate family members to care for each other, norms and practice do not consistently coincide (Qureshi and Walker 1989; see also Cattell 1998; Aboderin 2004b; Cliggett 2005). Obligations may be a motivating factor for an orientation towards others, but they are only a partial component of what connects us to another person.

A relational ontology, contingencies and dependency requires us to consider obligations alongside other potential forces of connectedness, such as responsibilities borne of emotion and adherence to a set of cultural values.

Acknowledging the potential diversity of relationships and the motivators that bind them are important if we are to understand caring relations and the livelihood strategies of elderly persons in the community. Research in Ghana indicates that normative lines of support do occur. The elderly frequently expect support to occur, and lament changing social norms when it does not (van der Geest 1997, 2002b, 2004, 2007). Care is provided to reciprocate for the care they received earlier in life and to show respect for a successful life, as well as feelings of sympathy, gratitude and affection (Aboderin 2004b), usually within familial ties. Elderly family members are also cared for out of self-interest, such that elderly persons are believed to possess the ability to curse or bless others, and to express feelings of sympathy, gratitude and affection (van der Geest 1997, 2002b). Normative obligations also fail to ensure the support of elderly family members. Material support is often contingent and may operate within a “hierarchy of priorities” (Aboderin 2004b, S133), often prioritizing the care of children and spouses, with the elderly viewed as taking resources from the younger generation; here the ability of the elderly to reciprocate may also be taken into consideration (see also Aboderin 2005; van der Geest 2002a, 2002b). There is a dynamic social and spatial component across the life course, as priorities shift and ageing individuals negotiate support from others, as well as continue to contribute to livelihood strategies.

Making assumptions on kinship networks can therefore be dangerous and misleading if we want to understand how people make a living and how they support their families and others. Embedded within these kinship networks are individuals engaged in a variety of

interpersonal relationships that are built not only through the traditions and obligations imposed upon them by generations of cultural practices and are reproduced in the daily practices observed and participated in by individuals, but through the emotional, affectual and physical ties that are experienced between individuals that are created, maintained and sometimes dissolved throughout the course of their lives. In order to mitigate the potential harm of policy making based on normative assumptions, there is growing interest in conducting research focusing on the elderly in African studies (Makoni and Stroeken 2002). People over the age of 60 in sub-Saharan Africa continue to work on a daily or near-daily basis out of the need to support themselves and dependent family members while facing decreasing ability and opportunity to work (HAI 2010; see also United Nations 2013). Efforts by governments and supportive entities in developing areas to provide targeted aid to vulnerable populations, including the elderly, are underway (Devereux and White 2010; HAI 2010; Hurrell and MacAuslan 2012; Niño-Zarazúa, Barrientos, Hulme and Hickey 2012; Debrah 2013; Handa, *et al.* 2013). There is also interest in the significant role of the elderly in providing livelihood support and the potential of social welfare programs to target the elderly not for their own needs, but for the effect of supporting those dependent on elderly individuals (Case and Deaton 1998; Case and Menendez 2007; Schatz 2009; Drah 2014; Hamoudi and Thomas 2014). These interests have included, but are not limited to, the generational transformations resulting from the HIV/AIDS epidemic that have positioned the elderly in care-giving roles for younger generations (Schatz and Ogunmefun 2007; Ssengonzi 2007, 2009; Njororai and Njororai 2013).

Despite challenges to the structures and obligations of intergenerational relationships, practices of intergenerational care exist in forms that uphold, as well as transform, normative

assumptions. Intergenerational relationships continue to be an important dimension of constructing expectations and obligations of care-giving practices within a society; caring is undeniably a personal and intimate exchange between individuals. To care is to orient one's own daily needs and activities to accommodate or provide for the needs of another. This would suggest that personal relationships between individuals are also foundational to building relations of care and the development of care-giving practices. I explore the personal relationships that elderly people engage in and through which they expect and/or engage in care—both as providers and recipients of caring acts. As the current literature suggests that normative obligations of intergenerational care are not necessarily appropriate, I approach these relationships openly. I include both familial and extra-familial relationships in order to explore connections between people that involve aspects of caring for and/or caring about each other that hold the potential for activities contributing to the social and material well-being of the individuals involved. These personal relationships can take the form of familial relations, both affinal and consanguineous; they may be friendships or romantic relations; personal relationships might also be a hybrid of all of the above. Moreover, the open-ended approach to intergenerational relationships allows for not only connections made through cultural structures or positive affection, but also embraces awareness of the spectrum defining the ambivalence that can exist between family, friends and lovers.

### **Feminist Geographies: Social Difference and Challenging Dominant Thought**

Feminist geographies have been integral in the development of a rich critical body of geographical inquiries that address difference in the production of knowledge and spaces. Among early pieces of influence, Monk and Hanson (1982) critiqued geographers for

ignoring the possibility that women may experience the world in ways that differ from men (see also Hayford 1973; Tivers 1978; Rose 1993a), and further argued that geographers have “structured research problems according to their values, their concerns, and their goals, all of which reflect their experience. Women have not been creatures of power or status, and the research interests of those in power have reflected this fact” (1982, 12). These early critiques blossomed into a focus on difference, as feminist geographers began to explore possibilities for a feminist perspective beyond the study of women (Bowlby, *et al.* 1989; Rose 1993b; Jones, Nast and Roberts 1997; Kobayashi 1997). Towards these ends, feminist geographers have embraced theoretical contributions from other fields. The concept of intersectionality came to feminist theory through critical race theory, and the work of black feminists in asserting the importance of different identities among women that construct very different social and spatial experiences. Crenshaw (1991) first identified intersectionality to argue against the essentialist position of maintaining social categories of difference, such as gender, race, ethnicity, class, as separate and distinct entities. Instead, intersectional analysis identifies the various lines of difference that cross-cut each other, giving shape to different constructions through these intersections, and thus demand the necessity to be recognized in their multiplicitous forms that may be otherwise obfuscated (Valentine 2007, following Fernandes 2003; McCall 2005). The importance of intersectionality lies in its assertion that identities do not layer one upon the other, nor is there a base identity that takes precedence over all others. Instead, intersectionality allows us to think through the ways in which intersecting identities create new types of identities as they work through different spaces and social relations.

Feminist geographies continue to challenge dominant ways of viewing and understanding social phenomena by focusing on the gendered and spatial dimensions of everyday lives, as well as other axes of differences and inequality (Kobayashi 1997; Moss and Al Hindi 2008). They explore how difference is socially produced and the resulting political contradictions that come from the identification of processes of social difference, including how identities and difference create spaces of exclusion, producing and reproducing social inequalities and injustices and how they create the potential for affinity (Pratt and Hanson 1994) and the construction of counter-hegemonic spaces and cultures (hooks 2000[1984]). These differences and inequalities construct social relations, providing a powerful frame of reference for understanding the negotiations between individuals across the generations in the practices of everyday life (Staeheli and Kofman 2004).

Feminist geographers have also worked to critique geographical conceptualizations of space and place, such as conceptualizations that rely on a dualistic understanding of space that implicitly conjures up feminine connotations of particular spaces and places, regarding them through a lens that renders these spaces and places passive and static (Massey 1994). Such conceptualizations of space, to justly take into account the power of gendered concepts based on normative and misleading assumptions, need to be re-conceptualized through the social relations that contribute to the construction of space and place. The political potential of re-conceptualizing space is heralded by feminist geographers, who see their work as not only describing socio-spatial experiences of women today, but also as holding the potential to create imaginative geographies that can transform our social world (Bondi 1993; Lawson 2009). This dissertation project builds on both of these traditions within feminist geographies, exploring intersecting lines of social difference to understand their impact on



everyday life as well as drawing on feminist theory to challenge dominant perspectives shaping research approaches and understandings of social space.

### **Age in Geography: The Life Course, Gerontology and Critical Geographies of Age**

In the 1990s, feminist geographers explored the life course, including the social construction of age and ageing, and how life experiences change over the life course (Katz and Monk 1993; Monk and Katz 1993; Pratt and Hanson 1993; Laws 1997; Katz 2004; Mitchell, Marston and Katz 2004). This work emerged within feminist geographies to discuss production and social reproduction, covering a variety of concerns, including care of the young and elderly, mobility, and workforce participation. The importance of space and place in experiences of ageing has also been recognized within gerontological research (Kearns and Andrews 2005; Wahl and Weisman 2003; Warnes 1981, 1990), with geographical approaches in gerontological research emerging in the late 1970s and 1980s marked by the publication of path-breaking texts, including Rowles (1978) and Golant (1972, 1984).

Recently, critical geographies of age have experienced a resurgence, with interests in exploring the intersection of age with a variety of other lines of difference. Critical geographies of age aim to address the lack of research on age, ageing, and intergenerational interactions, filling a gap in geographical research that focuses on an age-ambiguous adult life. This research is diverse, cross-cutting an array of geographical foci, but recognizes that experiences of age and ageing are socially and spatially constructed, and therefore change over time and vary across space (Pain, Mowl and Talbot 2000; Aitken 2001; Hopkins and Pain 2007; Valentine 2007). In particular, children's geographies have been incredibly fruitful (such as, Katz 2004; Aitken, Lund and Kjørholt 2007; Elwood and Mitchell 2012; Holloway

2014), with youth studies growing in strength (such as, Valentine 2001; Skelton and Valentine 2005; Evans 2008; Skelton 2010).

Critical geographies of age draw on feminist geographies and intersectionality to explore the construction of differences across the life course. Within critical geographies of age, geographers have looked at intersecting identities—such as the intersection of age and religious affiliation (Hopkins, *et al.* 2011), age and masculinities (Tarrant 2010), as well as class and ability (Pain, *et al.* 2000)—to understand how particular age groups are heterogeneous, and often overlap with other groups in different ways. Geographers looking at age have also explored relationality, working towards geographies that destabilize the individual and pay close attention to the interactions and connections between people (Hopkins and Pain 2007; Pain and Hopkins 2009).

Despite the growth of geographies of age, a focus on old age in geography has waned. Old age and later life is gaining some new awareness, but it is nowhere near attracting the scholarly attention within geography as other age categories. Furthermore, the potential intersections with gerontology as a discipline continue to fall short (Warnes 1990; Harper and Laws 1995; Andrews and Phillips 2005; Andrews, *et al.* 2007). In part, however, the growing interest in geographies of care—long a central focus of gerontological research—has brought recognition to old age and other dependent adults (Conradson 2003; Brown 2003).

In parallel with a wider trend within feminist studies, old age and later life, especially the experiences of dependency and frailty, have not been a focus within feminist geographies and critical geographies of age. Feminists, for instance, have shifted to studies of later life as they themselves have witnessed the shifts in social relations that come with ageing (see, for example, Friedan 1993); studies of old age have therefore tended to focus on later middle life

and has not included frailty and dependencies (Twigg 2004).

The above sections have discussed feminist geographies and understandings of difference, especially gender and age. I have also taken a closer look at the position of age in human geographies, where it has been studied under the life course, gerontology and critical geographies of age. I draw on these areas of scholarship to inform this project and to contribute their insights to geographies of care. In the following section, I present an overview of geographies of care, followed by a discussion of key theoretical contributions, including feminist ethics of care and theories of vulnerabilities and dependencies.

### **Geographies of Care**

The study of caring within geographies has been largely focused within medical and health-related research, focusing on care work and care spaces (Parr 2003; Milligan, Atkinson, Skinner and Wiles 2007), as well as work and social welfare (England 2000; Dyck, Kontos, Angus and McKeever 2005; McDowell 2004). Medical geographies have tended to focus on the care of human health and formal health service provisioning and access. As an expanded sub-discipline of geographies of health has developed, interests have broadened to include health, well-being, ability and care, encompassing human experiences of giving and receiving care in a diversity of formal and informal settings (Kearns and Moon 2002; Parr 2003; Connell and Walton-Roberts 2015; Jackson and Neely 2015). Care is more often than not studied in contexts one would expect to find care—in hospitals and hospices, in childcare centers and nursing homes—and involving the actors one would expect—formal providers such as doctors, nurses, therapists, as well informal providers of care such as family and friends. Furthermore, while some health geographers are engaging with the literature on

ethics of care (Milligan and Wiles 2010), there is not the need to assert a relational ontology focused on our orientation and concern towards others as founding the social world, and health geographers continue to conduct their work from the position that care is a category of activity within social intersections and social policy that creates particular geographies.

How care is conceptualized has recently come into the conversation, in tandem with the shift from medical to health geographies, in itself part of the cultural shift in human geography more generally (Kearns and Moon 2002). Broadly speaking, health geographers see care as relational, examining health, care-giving, and care-receiving in relation to the places and spaces in which it occurs (Milligan, *et al.* 2007; also Parr 2003). These concepts of care are of course related to concepts of care within feminist ethics of care although, within health geography, care remains the object of study. The concept of care and a relational approach can allow us to think about the spaces and practices of care differently to see possibilities and alternatives that allow for care to emerge (Bondi 2008; Brown 2003; Staeheli 2003; England 2007)—in settings that extend beyond health and medicine. Geographers in other sub-disciplines are therefore increasingly engaged with health-related topics (Jackson and Neely 2015), and geographies of care now include studies of the spaces of care, including how these spaces change as social policies transition through institutionalization and de-institutionalization of care (Connell and Walton-Roberts 2015); who cares and where care takes place including the relationship between informal and formal caring, how care support is negotiated, cultural differences in expectations around caring; affective and material practices of the performances of caring focusing on breaking down the care-full/care-less dichotomy; and care at different scales, from bodies outwards and upwards. Geographers have drawn on care and relationality to consider critiques of neoliberalism (Staeheli and

Brown 2003) and capitalism and economic development (Gibson-Graham 2005, 2006) using relational approaches wherein care can enact changes in the connections we make in particular spaces. Other applications of care in human geography include balancing work demands and life, in particular within the context of restructuring higher education (McDowell 2004), as well as agricultural practices and food production (Jarosz 1996; Curry 2002) where understandings of care can change the treatment of animals, workers and the production of foods that travel the globe. These connections already exist in the form of interdependence and support between people and communities, and the principles of connectedness can also help to build new spaces to support the growth of connected practices and structures.

The geographies of care are being explored through expanding the conceptualizations of caring spaces. Milligan and Wiles (2010) argue for “landscapes of care” as a way of understanding the intersection of caring at different scales. Sophie Bowlby (2012) argues for caringscapes, through which one can explore the terrain of an individual across the life course, and their perception of changing and potential caring activities as they age (see also Bowlby, McKie, Gregory and MacPherson 2010). The attunement towards the temporal dimension of geographies of care also led Bowlby and her colleagues to suggest the concept of carescapes, through which we can understand the context—such as available resources and services—in which care takes place at a variety of scales.

Geographers are also increasingly engaging with questions of what it means to care (Lawson 2007; Raghuram, Madge and Noxolo 2009). For instance, Milligan and Wiles (2010) make a distinction between “caring for” and “caring about”. “Caring for” refers to the performance of care giving and focuses on the personal and proximate relations that are

produced in the practices of “caring for”. “Caring about”, on the other hand, refers to the relational, emotional and affective elements of caring. Although to keep them unique and distinct runs the risk of obscuring their co-occurrences, these concepts provide a simple framework to work towards the inclusion of both the material and non-material elements of caring.

The concept of care has also been used in geography to address questions of responsibility (Massey 2004), particularly within the context of relations at a diversity of scales and the widespread presence of neoliberal policies that increasingly dominate domestic and international relations (Silk 2000; Carmalt 2011). Care contributes to questions of responsibility towards others in addressing issues of inequality—what are the responsibilities of richer countries to poorer countries? What are the responsibilities of societies today to care for the well-being of future generations? Is it possible to care across distances? The study of care has been primarily focused on Western, developed states, often those dealing with care reform in the face of neoliberal policies promoting familial care over state-supported care infrastructure (Razavi 2011). However, studies have begun to emerge to fill this gap, and there is a need for the insights from other parts of the world with different social, cultural, political and economic circumstances (Kofman and Raghuram 2009; Raghuram, *et al.* 2009; Evans 2010, 2011; special issue of *Development and Change* 2011). The question of caring across distance requires not only an understanding of the spatial extension of practices and emotions, but of how the concept of care moves between, and differs across contexts. We need to know what it means to care in a particular time and place. In this dissertation I explore caring practices from a variety of perspectives to build an understanding of what it means to care in Binalobdo, where moments of care-fullness and care-lessness enter into daily

practices and social structures, shaping the everyday lives of the residents.

Massey (2004) reminds us that social relations produce spaces beyond their immediate locality—we are connected across space, what matters is how we engage in those connections and how we conceive of our connections across space, whether or not we choose to construct responsible connections. This argument suggests that these relations create connections across space, across distance and these are relations in which people may participate. In conjunction with human geography's orientation towards social justice research—how geographers themselves care (Lawson 2007, 2009)—as well as how care is embedded within policy, aid and other trans-spatial processes, the question of what it means to care across distance has been proposed. Care is often considered to be embodied, and an assumption that follows is that for care to occur, physical proximity is important. However, Barnett and Land (2007) argue that caring across distances is possible; they reject notions that care is necessarily rooted in place and instead argue that caring is about being attentive to the needs of others and taking action towards meeting those needs. Distinguishing different kinds of care has been one route towards understanding care and distance. Slote (2007) provides a distinction between “intimate caring” and “humanitarian caring”, which he suggests allows us to think first of the caring that occurs within our personal relationships, as well as the caring that occurs towards others we are aware of through other processes. Milligan and Wiles (2010) have argued that the ability to care is independent from physical distance, and care across physical distance does not have to disembody care. They distinguish between “caring for” and “caring about” to articulate the difference. These binaries—intimate/humanitarian, caring for/caring about—may allow for an exploration of the practices that result through the awareness towards the connections made through these

different forms of caring. I now turn to briefly consider the geographies of mobility, death and love. This dissertation contributes to geographies of care in part by entering into the practices of care through the social lenses offered by mobility, death and love.

### *Mobility and Considerations of Care*

Feminist geographers have argued that mobility is produced through relations of power (Hanson 2010; Cresswell 2011). Experiences of social differences can also be understood through the experiences of differences in mobility, with social structures offering up both opportunity and constraint (see for example Porter 1995; Flynn 1997; Bryceson, Mbarra and Maunder 2003; Mandel 2004). The mobility of individuals who are expected or in need of providing care is critical. This is particularly true in areas with weak care infrastructure and where informal care practices provide the needed care—such as developing regions. Research in sub-Saharan Africa demonstrates that people do indeed move to provide care, and these people are often vulnerable due to particular social positioning—be they women, children, or elderly people (Ingstad, Brunn, Sandberg and Tlou 1992; van der Geest 2002b Young and Ansell 2003; Ssengonzi 2007, 2009; Evans 2010; Njororai and Njororai 2013; Draht 2014).

In Chapter Five I consider how the gendered division of labor in Konkomba society imposes constraints upon women's mobility. While women are able to fulfill their everyday obligations to supporting their husband and his family, the emergence of end of life care needs in a parent requires mobility. A woman needs to travel to the parent and needs to direct her labor and resources away from her husband and family. The need for care and the ability to give care requires people to move—between houses, between communities and even between countries to gain access to care. Issues of mobility are therefore a critical issue



in understanding the geographies of care. Connell and Walton-Roberts (2015) argue that there is a poverty of literature bringing mobility and care together and this dissertation contributes by considering social obligations as a form of constraint on mobility that impacts the provision of care within families living in different homes and communities.

### *Geographies of Death and Considerations of Care*

There is a growing interest in death in geography—the spaces of memorial, one's relationship to one's own and other's mortality, as well as human (and other-than-human) vulnerability to death (Romanillos 2014; Tyner 2014b). Early work looked at memorial spaces, including Francaviglia's "necrogeography" (1971) and Porteous' "deathscapes" (1987) and deathscapes continue to be employed as a concept towards understanding the social construction of mortality and death in place and space. As deeply social spaces, deathscapes can illustrate to us social issues of connection and difference (for instance, Kong 1999, 2012; Sidaway and Maddrell 2010; Romanillos 2011; Tyner 2014a). Death has also entered into the conversation in tandem with a continued interest in social justice issues in geography, where the very fundamental reality that life also means death can serve to shape ethics with precarity and vulnerability as guiding forces (Tyner 2015; see also Butler 2006). For instance, considerations of death and precarity have been used to highlight the violence of capitalist processes and the unequal value placed on the lives of different human beings (Li 2009; Laurie 2014; Tyner 2015) and non-humans (Gillespie 2014).

These conversations resonate with geographies of care, wherein practices and embodied experiences of care are shaped by issues of well-being, embodied experiences, vulnerabilities and dependencies, as well as intergenerational connections—both during and

after life. In Chapter Five I consider the responsibilities of care that arise when the potential for death occurs in another with whom one has a close relationship. Here, I consider death not as an achieved fact, but as a potential, and the practices of care that emerge when the death of an individual—for whom one may hold emotional, affectual and/or socially-imposed connections that carry the responsibility of providing a good death. In addition, a good death in Binalobdo carries with it the continued intergenerational relationship between the living and the ancestors who provide protection and hold the power to bring good—or bad—fortune in one's life.

#### *Geographies of Love and Considerations of Care*

Geographers have embraced issues of emotion and affect, exploring the ways in which we understand our experiences in and through our bodies and the potential to affect others (Davidson and Milligan 2004; Bondi 2005; Thien 2005; Sharp 2009). In particular, feminist geographers have argued that a consideration of the complexity of the emotional and affective dynamics of caring (Bondi 2008; Dyer, *et al.* 2008; Williams and Crooks 2008; Evans and Thomas 2009) may have a role to play in dismantling some of the stereotypical connotations of care that contribute to its social devaluing. Social relations are not simplistic, dyadic relations; they are dynamic and negotiated, occurring between two or more people. Bondi (2008, 251; also Davidson and Bondi 2004) reminds us that caring relationships are dynamic, complex, and emotional and that the relationships through which care is given and received produce imaginative and subjective geographies that help to give shape to people's experiences. Understanding that care takes place in emotionally-complex and even contradictory settings may suggest that there is more to the need for care than (feminine)

inclinations that are seen as opposite to (masculine) rational inclinations.

Notably, however, love—and what love can do spatially, politically and relationally—has received less explicit and critical attention in geography (Morrison, Johnston and Longhurst 2012). If love is commonly understood as connectedness, then Wylie (2009) challenges us to consider love along a different vein—love as absence or separation that emerges when connected to another, and yet faced with experiences in which that love goes unrequited. Love as connection and separation not only shapes our everyday geographies, but love itself has a geography. Love is culturally constructed—specific to the time and place in which it is experienced, the personal histories of the individuals involved, the cultural constructions of its definitions (Burkitt 2014). In sub-Saharan Africa, love has been represented by scholars for decades as something almost, but not quite, achieved and it has been argued that representations of love in Africa have served to dehumanize Africans and assert the superiority of Westerners (van der Vliet 1991; Jankowiak and Fisher 1992; Smith 2001; Thomas and Cole 2009). Specifically, love in Africa has been reduced to material exchange (Thomas and Cole 2009; Noret 2012) without space or consideration of the emotional, embodied realities of experiences or cultural concepts.

Care is bursting with the ambivalence that we see also in understandings of love. Care and love are both connectedness with an other or others; care and love are both practices that are expected to be positive emotional and affective qualities yet exist in far more ambivalent forms when experienced in everyday life. In building geographies of care, love—and what it means to love in a particular time and place—is an important consideration. In Chapter Six I explore elderly women's shifting experiences of love as they encounter emerging dependencies in later life. These embodied experiences of ageing-related dependencies are

emotionally-fraught in ways that highlight the ambivalence geographers are currently exploring, as well as challenges Western understandings of material exchange as separate from love. Love is material and emotional. Love is connectedness—and the loss of connectedness can be experienced as a loss of love and the emergence of suffering that gives an ambivalent quality to the giving and receiving of care in the course of everyday life while immersed in intergenerational relationships.

### *Thinking Through Care and Relationality*

In this dissertation, I focus on care—care in a sense that is not clearly positioned within the realm of health. The new directions being taken with health geographies and across human geography, towards new understandings of what the notion of care can encompass, who performs care, where it is performed and what it can mean for both those who give and receive care can be conceptually linked more widely to an increased focus on care within human geography. Here this is applied to a slightly different perspective on care practices. Care has been expanded beyond the confines of health and medicine, and is being considered as a social phenomenon more generally; the care within the practices of everyday life, within and through personal relationships within communities and across generations.

Conceptually, it may seem contradictory from the intentions of feminist ethics of care to suggest that care transcends the local. After all, one of the important points of feminist ethics of care is that care, and a starting point of relationality, is rooted in the specifics of the site. Feminist ethics of care demand that attention is paid to contingencies. But work in geography has demonstrated that, indeed, if we see social processes as contingent, we can follow relations between entities that may not otherwise have been

considered. These geographies have demonstrated that processes at different scales and across distance merge together forming particular processes in particular places at particular times (for example Marston, Woodward and Jones 2007). From the perspective then, of caring across distances, the question arises of whether we can impose Western notions of care onto other places, whether or not these notions of care bring forth the questions that are significant in other contexts. It has been noted that geographies of care have predominantly focused on the 'First World' and there is therefore a need to expand empirical work to developing areas (Del Casino 2001; Milligan, *et al.* 2007). The contexts of care in developing areas could contribute much needed diversity in understanding the geographies of care; including alternative conceptualizations of what it means to provide care and interpersonal responsibilities within a society (see for example, Brannelly, Boulton and te Hiini 2013), as well as the role of NGOs in providing care in developing areas as well as the growing prevalence of child and elderly care providers (Bowlby, McKie, Gregory and MacPherson 2010; Evans 2010). As Raghuram and her colleagues (2009; see also Raghuram 2012) argue, postcolonial contexts have particular histories and contemporary circumstances that can and do impact the construction of practices, including those of care. They suggest that care and interdependent relations are not ahistorical products, but are instead very much embedded in their histories, and that care as a concept may not travel smoothly between places and across times.

I am wary of appealing to binary conceptualizations—such as intimate/humanitarian and caring for/caring about. I nevertheless appreciate the desire to understand the breadth of what it can mean to care, as well as how these practices transcend physical distance.

Understanding how these connections are created and the spaces they produce both near and

far can help geographers map out geographies of care that move beyond site specific processes. Care is not only constructed differently between people positioned differently in care relationships and across lines of social difference, but care as a concept itself may be constructed in ways that are not immediately translatable between places. In this dissertation project, connectedness is addressed along multiple lines; as I outlined at the beginning of this chapter and further develop in the next section, ethics of care is used to build a framework for challenging our understanding of the interconnectedness between individuals that create the foundation for livelihood strategies and the everyday practices of caring. Furthermore, geographies of care are built by moving through various scales of interest—social structures, embodied experiences and affective connections and labor exchanges between houses and communities. In the following section I discuss the contributions of a feminist ethics of care. Vulnerability and dependency are especially important here, as they provide a foundation for creating a common link between places with regard to human experience and care. Although I start by bringing an ethics of care to the research site, in the conclusion (Chapter Seven) I also turn back to consider how the insights regarding connectedness and care in Binalobdo can contribute to a feminist ethics of care. Care creates connections that form the geographies of care in and through the people and places in which they are enacted, in turn influencing how understanding of care that can potentially move between places and people.

### **Living Care-fully: A definition**

I see care as entering into the framework of this dissertation in two fundamental ways. First, ethics of care provide a starting point to critique an understanding of social life and everyday practices. I am encouraged through an ethics of care to reconsider how I perceive everyday

life and reorient my focus towards relationships and connectedness, towards how the individual is in fact shaped by its orientation to others, creating intricate webs of connectedness that both challenge and support individuals. From there, I circle back to examine these webs of connectedness and explore practices and experiences of care in a particular context. In the remainder of this chapter, I discuss care along three threads. First, I work to provide an initial definition of care. I draw on a feminist ethics of care for this definition, but this is followed with a preliminary presentation of a culturally-appropriate construction of care for this Konkomba community in northern Ghana. In the final section, I move on to an overview of feminist ethics of care, from which I draw three main contributions that build the framework of this dissertation: a relational ontology; contingencies and the rejection of universals; and the inherent vulnerability and dependency of human life.

Care is about reaching out beyond the self to others. Care is demonstrated in action, with implications that extend beyond the direct result of action. Tronto is explicit in emphasizing care as practice—the actions of everyday life that “involve taking the concerns and needs of... other[s] as the basis for action” (Tronto 1993, 105; Bowden 1997) and distinguishing it from care as emotion or value. Care *is* practice, as well as emotion and value when the full experiences of care are considered, as they will be here. Care is the labor of handling others; it is love; it is suffering. This dissertation is entitled “living care-fully”, meant to convey a focus on when, where, and how care is experienced in everyday life. It is meant to encompass the work of care-giving, the negotiations of care access, and the embodied, emotional experiences of caring. It is also meant to identify where living is care-less. When I focus on care-fullness, the moments of care-lessness, of lack and struggle, also emerge and we

can begin to move towards an understanding of the complex realities of living in deeply interconnected intergenerational relationships in a particular time and place. I start by providing this cautious definition of care; it is a starting point, but not an end point. This definition of care is used to enter into a consideration of the relationships and practices of care in this community, but ultimately, the definition of care takes on a life of its own, as it is shaped and practiced in a particular time and place (see Bowden 1997 for a discussion of the tendency of ethics of care to assume care as a universally relevant moral concept).

Among the Konkomba, caring is conceptualized as “*joo*” (translated as “to handle”). While the work of care is familiar to a western context and more widely recognized to characterize a cross-cultural global trend of the feminization of care work, both women and men have social expectations to handle others, and they do so in ways that parallel the division of labor in society. This means that women are responsible for much of the work of care—tending to intimate needs, providing meals, cleaning, sleeping with to monitor and tend to one's needs. Men, however, handle others in a different way. Their role is based in resource provision rather than labor—they are expected to provide services or items that are needed as they are able—sending someone to hospital, buying drugs, arranging for travel to a traditional healer or procuring the herbs for traditional treatment. Care occurs within relationships within and between the generations, with particular relationships defined in part by the expectations of care embedded therein. Furthermore, relationships are built through the practices that make up daily life. These relationships and practices of care shift across the life course and include care at the end of life. A good death (see Chapter Five) is defined by how this care is provided. The definition of care is developed in the following chapters, as the practices are examined from different perspectives.



## Feminist Ethics of Care

Feminist ethics of care have been developed and employed by feminists as a framework for overcoming what is argued to be a masculinist conceptualization of human life, one that emphasizes individuality, autonomy and justice (Gilligan 1982; Noddings 1984; Tronto 1993; Sevenhuijsen 1998). Feminist ethics of care emerged from Carol Gilligan's work, *In a Different Voice*, in which she introduced into feminist scholarship the argument that men and women may undertake different processes towards moral reasoning (Gilligan 1982). Gilligan critiqued the work of psychologist Kohlberg, who, in his longitudinal studies on moral reasoning, involved only male subjects; Gilligan's critique of Kohlberg's methodology argued that excluding female subjects from his studies produced biased and partial results. Through her own empirical work, Gilligan suggested that a different sense of morality could be seen in women, hinging on nurturing human relationships, as opposed to justice and rights. She argued that "[t]his conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules" (1982, 19). While this early work has been critiqued for essentialism (Larrabee 1993; Tronto 1993) and for ignoring difference between people and populations and the intersectionality of social differences (Williams 2001; Hankivsky 2014), Gilligan's work has nevertheless served as a powerful source of inspiration for the development of an ethics of care—the idea that we can and should be oriented towards the needs of others.

Joan Tronto's work is foundational for moving Gilligan's work towards an ethics of care in which care was afforded the position of holding political power. Tronto argued that "theories and frameworks exert a power over how we think; if we ignore this power then we

are likely to misunderstand why our arguments seem ineffectual” (1993, 4). Subsequent work went on to suggest that moral reasoning based on justice and rights was associated with a notion of the self as separated from others and moral reasoning was thus seen as objective; while moral reasoning based on responsibility and relationships was associated with a sense of self as connected to others and relationships are conducted in response to others (Tronto 1993; Tong 1993). The notions of self associated with moral reasoning were argued to be generally associated with men and women, with men experiencing a sense of self separate from others and women experiencing a sense of self in connection with others.

An ethics of care argues that a masculinist conceptualization of human life ignores layers of connectedness in everyday life, as well as the beautiful—yet potentially frustrating—plurality of human experience (Crittendon 2001; Groenhout 2004; Robinson 2011). Feminist ethics of care are founded on an ontological conceptualization such that the world is built on relations. We are all part of the world in a way that connects us to other people and other things. It is this relational understanding of the world that is highlighted in theories of care. If our world is constructed through these connections, then we need to take these connections into consideration, to understand these connections in our theories. Care holds the power to transform our societies (Tronto 1993; Crittendon 2001; Robinson 2011; Lawson 2007, 2009) because, as this ontological position suggests, we move away from a partial and misleading understanding of the social world as composed of autonomous beings, and instead embrace our interdependence.

Feminist ethics of care provide three important concepts that shape this research and dissertation. First, feminist ethics of care insists upon a relational ontology. Second, feminist ethics of care emphasizes the importance of contingency. Finally, these two concepts rest

upon the realities of human life as bearing the characteristics of vulnerability and dependence, which I discuss in tandem with each other.

### *Relational Ontology*

A relational ontology is the first conceptual piece drawn from a feminist ethics of care informing the framework of this project. A relational ontology is one where our understanding of the world is rooted in connectedness. This connectedness is created through care, understood to be “everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible” (Tronto and Fisher, as cited in Tronto 1993,103). Furthermore, the “world” includes “our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (Tronto and Fisher, as cited in Tronto 1993,103). Tong characterizes the ontological shift demanded by an ethics of care as moving from a “self-versus-other ontology” to a “self-in-and-through-others ontology” (1993, 51, following Carol Whitbeck 1989; see also Thien 2011). Defining the self through relations with others produces relationships of responsibility whereas defining one's self in opposition to others produces guarded relationships and obligations. Within feminist ethics of care, a relational ontology provides an alternative to understanding the self. Relationality—and the starting point that our lives are intertwined with the lives of others—enables us to destabilize and displace independence and the associated importance placed on rationality, autonomy and the individual that are prevalent in a liberal, western mindset (Kittay 1999; Fineman 2008) and which continue to undergird epistemological and methodological approaches of concern here, especially livelihoods approaches.

A relational ontology provides an avenue of thought towards exploring human connectedness, destabilizing the centrality of a single individual. Intimate connections lie at the very foundation of everyday life, leading me towards the consideration of interdependencies. In this approach, the individual is identifiable but cannot be understood in isolation from others. Therefore, while in many respects I examine the everyday experiences of individuals, I do so in a way that embeds the individual within their relationships with others, and the ways in which they are oriented to the needs of others—and how their own needs influence others. Relationality and interdependencies further lead me to consider how the connectedness existing within these relationships may not be reduced to a single axis. This is particularly pertinent when studying care practices and caring relationships, which are often conceptualized as dyadic, with a care provider and a care recipient (Kittay 1999). Towards exploring this complexity, I approach practices of care from different entry points, through different relationships and different bodies in order to illuminate and explore the diversity of influences and implications on people's everyday lives.

### *Contingency and Rejecting Universals*

Care is an orientation towards the needs of others. In this sense of the word, care can be considered a universal among humans—we are all in need of care. However, feminist ethics of care is not proposed as a universal ethics (Robinson 2011). Instead, feminist ethics of care emphasizes responsibilities and connectedness between people; this orientation means that moral decision-making does not operate within a rigid structure of justice, but is negotiated as circumstances arise. It demands an awareness of the particular time and place in which the care takes place—it demands that we ask what is care in this context—what the care needs

are, how they are or are not met, and what the wider social, cultural, political, ecological context for shaping care (Robinson 2011). While specific needs or acts of care cannot be generalized, this relational understanding of the world is resting on the idea that cross-culturally humans have a need for, and the capacity to provide, care (Tronto 1993,110).

This suggests that not all people, at all times, are oriented towards the needs of others; it also suggests that a western notion of care cannot be universally applied. Although an ethics of care values contingencies and claims to move away from a universalizing ethics, it has been criticized for, at times, imposing values that fail to consider the particularities of time and place (Kofman and Raghuram 2009; Raghuram, *et al.* 2009). When we consider care, we need to consider what it means to care in a particular time and place and for whom the caring matters.

### *Vulnerabilities and Dependencies*

In order to argue that care is central to the practices of everyday life, we have to be willing to accept that people are vulnerable, that people can and do experience dependencies at different times in their life, to different degrees (Tronto 1993; Kittay 1995; Sevenhuijsen 1998; Kittay 2001; Feder and Kittay 2003). As I expand on in Chapter 3, the acknowledgment of dependency is an uncomfortable position, as it is understood to challenge individuality and autonomy (Shakespeare 2000; Fine and Glendinning 2005; for a critique arguing autonomy and dependency are not incompatible, see Mackenzie 2014).

Eva Feder Kittay has been extremely instrumental in theorizing dependency from the perspective of a feminist ethics of care. She speaks of “inevitable dependencies”—the dependency of our very early lives and end of lives, the frailty of old age and the needs that

arises in periods of illness (Kittay 2001, following Fineman 1995; also see Kittay, Jennings and Wasunna 2005; see also Butler 2006) and she reminds us that these inevitable dependencies

serve to join us each to one another. We are connected through our own vulnerability when dependent and our vulnerability when caring for dependents, as well as through the potential of each of us to become dependent and to have the responsibility for a dependent (Kittay 2001, 527).

Dependencies, therefore, are a reality of being human and are conditions that—in their expression and in their potentiality—act to connect us with others. More than that, dependencies are part of the “normal” of human experience (Sevenhuijsen 1998), not realities to be marginalized or ignored. These “inevitable dependencies” are, for Kittay, moments of total need, wherein the caregiver commits her/his self to fulfilling those needs at the expense of taking care of her/his own self. In this way, these moments of dependency in an individual engender dependencies in the caregiver.

And yet dependencies—in their expression and their potentiality—are present in our lives more often than these inevitable moments might suggest. In Chapters Five and Six, I discuss “emerging dependencies” in order to highlight the processual nature of dependencies associated with ageing. While it may certainly be the case that changes are experienced rapidly and dependencies arise rapidly alongside, it may also be the case that an individual experiences gradual changes that result in changes in their abilities and changes in their need of care from others. These changes can occur progressively, ultimately reaching a level of total dependence, but dependencies may also shift as circumstances change. I attend to these emerging dependencies as this best reflects the experiences of the elderly women, and their

families, featured in this dissertation. Their circumstances—in relation to their own bodies and their relations with others—shifted over time, including over the period of study (2011-2013).

It is, after all, more than just physical changes that incur dependencies. Dependencies arise in particular social, cultural, economic, ecological, and political contexts (Robinson 2011; Kittay, Jennings and Wasunna 2005; Fine and Glendinning 2005; see also Wenger 1986 and Wilkin 1987, for discussions of the impact of the social environment on dependency measures; see Townsend 1981 and Walker 1982, for discussions of state social policies engendering dependency). Kittay, with Jennings and Wasunna, argue that

People do not spring up from the soil like mushrooms. People produce people.

People need to be cared for and nurtured throughout their lives by other people, at some times more urgently and more completely than at other times. ... norms surrounding both the giving and receiving of care, while dictated in part by the nature of human need, is also conditioned by cultural and ethical understandings and by economic and political circumstances (2005, 443).

It is this nature of dependencies, and the vulnerabilities we possess through our involvement in relationships and the everyday acts of living in our bodies, that connect us with each other. People live their lives interdependently, and contingencies arise to shift circumstances, creating new needs within ourselves and others. To understand, then, how people build livelihood strategies, as well as what it means to participate in intergenerational relationships, we need to understand care and the very particular geographies of care in a place, and how these geographies shape our relationships with others and ourselves.

Interdependence is an extension of the recognition and valuing of dependencies within society. I invoke the concept of interdependence in Chapter 4, in particular, because it allows me to explore and understand social life. Interdependencies are built out of the interconnections of actual and potential dependencies, inclusive of the spatial and temporal connections and exchanges that occurs between individuals.

## **Conclusion**

Rural agrarian communities in developing regions are often labeled traditional, and extended familial care is assumed to be the norm. As populations age, areas with weak formal care infrastructure, such as northern Ghana, may be particularly vulnerable to the pressures of an ageing population. An assumption of family-based care, however, obscures the complex geographies of care occurring within intergenerational relationships. This dissertation contributes an understanding of the experiences of women engaged in intergenerational relationships and the particular issues faced by communities with respect to care and the potential constraints surrounding the provision of care.

By focusing on elderly community members, I am able to examine the ways in which individuals are embedded in complex and dynamic assemblages of relationships that highlight the complex realities of dependencies and the construction of interdependencies. I draw on a feminist ethics of care to provide a relational ontology that challenges the importance of the individual and her/his autonomy, creating space for a conceptualization of livelihoods that prioritizes how the needs of others are incorporated into decision making. I examine the issue from multiple perspectives to understand the experiences of people embedded within interdependencies as both providers and recipients, in the context of



elderly community members experiencing transitions into lives of increasing dependence. In taking this approach, my project contributes to livelihoods approaches within development studies, arguing for consideration of not only material outcomes for an individual or household, but the importance of social considerations in shaping strategies and outcomes. It also contributes to livelihood studies by arguing for a reconsideration of the reliance on bounded scales of analysis that are predetermined and may not reflect significant social connections.

I began this chapter by outlining the framework for a geographies of care, towards understanding the lived experiences of people engaged within intergenerational relationships and the dependencies that arise with ageing. I then outlined the three primary contributions I make in this dissertation. The remainder of this chapter explored feminist ethics of care, drawing and expanding on three concepts from this body of work to build a framework for the project, including a relational ontology, an emphasis on contingencies and recognition of vulnerabilities and dependencies as fundamental to human experience.

In Chapter Two I provide a detailed description of the research site, contextualizing in with the ecological, economic, and cultural particularities of the region and community. In Chapter Three, I outline the methodology I employed for this research project. This methodology is fundamentally shaped upon a foundation of a relational ontology, drawn from feminist ethics of care which both inspired the research questions forming the research project at its outset, and the subsequent trajectories of the project. In Chapter Four, I argue that an ethics of care can contribute to livelihoods approaches by drawing attention to interdependence in livelihood strategies. I present a case study of one elderly woman and her daughter-in-law to demonstrate the ways in which an individual may incorporate the needs

of an other into their daily strategies. In Chapter Five, I turn to examine the experiences of married daughters trying to provide care to an ill parent at the end of life. Here I consider how social expectations of labor imposed upon married women hinder their ability to be mobile and provide care when the need arises. I present a case study of one elderly woman experiencing a frightening shift in her mental well-being and the efforts of her daughter to provide her with the care necessary to ensure her mother dies a good death. In Chapter Six I shift away from considering the experiences of the caregivers to the experiences of elderly woman in need or and/or receiving care as a result of dependencies emerging in their later life. I consider the embodied emotional experiences of love and suffering that these women face as the changes in their bodies create significant shifts in their relationships with others in the community. Finally, in Chapter Seven, I conclude by exploring what these geographies of care in Binalobdo can contribute to a feminist ethics of care.

## CHAPTER TWO

### AN INTRODUCTION TO LIFE IN BINALOBDO, NORTHERN GHANA

#### **Introduction**

This chapter provides detailed information about the research site, including a discussion of the village and its composition, as well as a concise history of the settlement of the village by its current residents and their ancestors. This is followed by a brief description of the ecology of this area of West Africa, and more detailed information about the land management systems in northern Ghana. I then contextualize this within a brief description of Ghana's current economic and political position. From there I move on to presenting more detailed information about the community itself, including background information on the ethnic group, the Konkombas, and ethnographic details on the lines of social difference deemed most significant to this research—gender and age. Here I also provide details on the care services infrastructure available to the residents of Binalobdo.

#### **Research Site And Community**

Settled off of the Salaga-Makango Road in East Gonja District, Northern Region, Ghana, Binalobdo<sup>3</sup> (see Figure 1.1) is a small rural village flanked by yam and guinea corn fields interspersed with fallow land and thin stretches of forests. There is a narrow footpath leading to a neighboring village, as well as the main road leading to Salaga and Makango, as well as a

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3 Binalobdo is the same community in which the researcher conducted research in 2006 (Hanrahan 2007a). A pseudonym was required by the University of South Carolina's Institutional Review Board and will be maintained in the interest of continued ethical compliance. The name Binalobdo was given to the settlement by the community elder. I learned in 2011 that 'Binalobdo' is used locally among the Konkomba to refer to this village, but the name is not used officially within Ghana to designate this community.

road to the Catholic church and schools. Binalobdo is made up of 51 compounds (as of the 2011 survey done for this study) and each compound is home to between 2 and 31 people. Compounds are composed of connected individual rooms, usually rectangular in shape and arranged around a courtyard; some compounds also have a round room, usually serving as an antechamber for meeting guests and housing animals. If the rooms do not fully enclose the courtyard, a low wall is also erected. Each adult has her or his own room, with husband and wives sleeping in separate rooms. Children sleep with their mothers, until their teenage years, when girls and boys will sleep together, respectively. Grandmothers will often share their rooms with young children from both their compound and others.

Footpaths link compounds together, winding past grain storage bins and shaded rest areas located under large trees (Figure 2.1). There are small gardens scattered between the houses, often containing small plots of maize, as well as crops that need intensive tending, such as tomatoes, pepper seedlings, and trees that do not typically grow in the area, including bananas and papayas. Farms are located beyond the perimeter of the community, with plots a few minutes to a few hours walk from home.

Binalobdo is well-located for water access, and residents of surrounding villages have to travel significantly farther distances to gather water. Residents have access to multiple water sources. There is a year-round water reservoir where water can be gathered, approximately 0.5 miles from the village (Figure 2.2).



*Figure 2.1. In Binalobdo. In the foreground (R) is a granary, storing guinea corn. In the background (L) is a mango tree with a high bench for resting. Footpaths connect the compounds.*



*Figure 2.2. Young women and girls fetch water at the reservoir outside of Binalobdo, where water is available year-round. (January 2012)*

There is also a cluster of seasonally-available wells near the reservoir, located within a large stand of mango trees; access to these wells is allocated to each village in the area (Figure 2.3). Furthermore, there is a borehole (manual pump) on the path towards the reservoir that is available year-round, although a member of the community regulates its use by occasionally locking the pump to conserve water. A community fund maintains the functioning of this pump. An additional pump is located slightly farther away, at the Catholic church. Finally, a borehole was installed in 2012 on the periphery of the village, but the pump never worked properly; as of 2013 the borehole has yet to be functional.

Binalobdo is a small Konkomba community. The community's oral history suggests that the settlement was originally settled as a *zongo*, a settlement of northern peoples, essentially a settlement of outsiders (see also Schildkrout 1978). It is thought that the settlement was established by ethnically-Grushie people who escaped from the slave market located a few miles away in the town of Salaga. A Konkomba presence in the village came much later; the community elder (2006) suggested that a Konkomba man from the Binalob clan first migrated to the area in the 1950s, and was soon followed by his brothers, as the area offered good farm land and a good market. One of the older compounds in the village has the date inscribed on the wall, marking the year it was plastered with cement, dating to the early 1960s, putting the Konkomba people in the village at least by this time. The village is also home to a second, although very closely related, lineage. The two lineages are linked by a maternal relative, however, and so marriage is allowed between the groups.



*Figure 2.3. Five wells (four visible), located just outside Binalobdo and adjacent to the reservoir. (March, 2012) Photo credit: J. Crockett*

The community is patrilineal and lineage-based, tracing its roots to communities located in the Saboba area in northern Ghana, considered by the Konkomba to be *Kekpakpaan*, the Konkomba homeland (Froelich 1954; Tait 1961; Talton 2010). The village itself has a deeper history of settlement; in living memory, the village has been home to Yoruba migrants from Nigeria who were forced to leave Ghana, as well as home to Grushies, a northern ethnic group who lived in the village as recently as the 1990s. The Grushies fled the village during violent conflicts across the northern regions of Ghana in 1992 and 1994. These conflicts can be very broadly understood as fighting between Konkombas and other ethnicities (Katanga 1994; Bogner 2000; Brukum 2001; Talton 2010). The village and its surroundings continue to offer hints at these changes in occupation; a large grove of old mango trees are considered

to be the property of the Yoruba, and the mango trees planted by the Grushies are still owned by the Grushies—who return to Binalobdo to harvest the mangoes each year, or give permission to the current residents to harvest the fruit. Today, the remains of the Grushie compounds are succumbing to the wind and rain at one end of the village.

### **Ecology of Northern Ghana and Land Management**

Ghana can be divided up into multiple ecological zones; conditions become increasingly dry as one moves north from the coastal shore. Administrative boundaries dividing northern from southern Ghana provide a convenient border as well, with the southern regions characterized by moist rain and semi-deciduous forests, while the northern regions are characterized by savanna. Savannas are found in tropical and near-tropical regions; savannas are characterized by a strong wet/dry seasonal distinction and grasses with discontinuous cover and trees and shrubs (Figure 2.4; Figure 2.5). In particular, the Northern Region lies within the Guinea savanna, a transitional zone from forest to full-fledged savanna. The Guinea savanna ranges from fringe forest to grasslands (Walker 1987). Economically significant trees, including dawadawa<sup>4</sup> (*Parkia*) and shea nut trees<sup>5</sup> (*Vitellaria*) are among the most numerous of trees in the region. Other useful trees that flourish in the area include mango, kapok, moringa and teak (field notes).

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4 Dawadawa fruit is collected by women. It is fermented and worked into a thick paste that is stored for year-round consumption as a flavor-enhancer for soup.

5 Shea nuts are collected by women and laboriously worked to extract the oil. The butter is used for cooking and cosmetic purposes. Shea trees are abundant, and much of the fruit lies wasted at the end of the season, although women in the community will invest time in gathering nuts to sell bulk to marketers. Less commonly, women collect nuts for the preparation of butter. Ghanaian women are a primary supplier of shea nut to the world market.





*Figure 2.4. Savanna, including forest and farm land, outside of Binalobdo at the onset of the dry season. (November 2011)*



*Figure 2.5. Savanna, including farm land, fallow grasses and trees, outside of Binalobdo, during the rainy season. (June 2012)*



This region is rich in both young and old trees. as manual farming techniques, which are overwhelmingly dominant in the area, allow farmers to protect valuable young trees and promote their growth (Blench 1999). Rainfall occurs primarily in the wet season, between May and October, while the remainder of the year, the dry season, will often see no rainfall at all (Lawson 1986). However, the wet season is prone to variation in rainfall, with rain stopping and starting, at times interspersed with periods of drought (van de Giesen, Liebe and Jung 2010). Ghana is located within the West African Volta Basin, and Binalobdo is along a road that leads to Lake Volta, one of the world's largest artificial lakes—dammed in the 1960s to produce electricity, and a major supply of Ghana's electrical output (RCEER 2005).

### *Agriculture In The Savanna*

Agriculture is an important economic sector in northern Ghana, as well as a primary source of subsistence for many rural communities. The savanna environment and the distinct wet/dry seasonality allows for one growing season per year, with the dry season being a period largely absent of agricultural activity. This is in contrast to areas in southern Ghana which receive multiple periods of rainfall and can generally support multiple growing seasons. Many of the villages in East Gonja District, Binalobdo included, depend on small-scale agriculture to support themselves and the research site falls into the heart of what is known as the West African yam zone. Yams (*Dioscorea*) are a particular crop, requiring very fertile soils to grow (Onwueme 1978). This area of Ghana therefore grows many of the yams consumed both to the south and north in Ghana (Figure 2.6).



*Figure 2.6. Yam sellers prepare the evening before market day at the Kpasa Yam Market, in Volta Region. Many Konkomba farmers sell their yams, which are brought to this and other yam markets around Ghana. (December 2011)*

### *Land Management in Northern Ghana*

The Konkomba are widely known as excellent yam farmers and farming is an integral part of daily life for individual and the community. Customary land systems dominate the land management system in northern Ghana. Communities hold land, with the allodial title<sup>6</sup> held by a customary authority, who then allocates land for use to individuals and families (Abdulai and Ndekugri 2008; Kasanga 2002; Kasanga and Kotey 2001). Landholdings and therefore right to an allodial title may be achieved either through conquest or first settlement

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<sup>6</sup> An allodial title is a form of ownership over land in which there is no acknowledgment of ownership by a superior entity. According to Abdulai and Ndekugri, allodial interest is also known as “paramount interest, absolute interest, ultimate interest, or radical interest... [and] the next interest after allodial interest is the usufructuary interest, also called customary freehold interest. That is the interest both members and nonmembers of the community acquire from the allodial interest holders” (2008, 19).

(Abdulai and Ndekugri 2008; Brukum 2001; Pul 2003). Under this system, land may be controlled but people are not—the title holder allocates land but does not retain the right to dictate use of the land or to derive profit from the land. As a rural agricultural community, land is a key resource for sustaining successful livelihoods in Binalobdo, yet the Konkombas' right to land in northern Ghana has been constructed since 19<sup>th</sup> century British administration in the region positioned them as subordinate and thus potentially vulnerable. The customary land system is at odds with present-day land management in Ghana, where paramount chiefs of the four ruling groups are vested with land and political dominance over the people living in their territory. For the Konkomba, this contradiction has been at the core of ethnic conflict; the Konkomba homeland is now under the control of the Dagomba paramount chief. This subordination of the Konkomba occurred despite Konkomba and Dagomba oral history both acknowledging Konkomba autonomy (Bogner 2000). The Konkomba have repeatedly fought for suzerainty in Ghana, yet the political infrastructure, most recently made manifest in the 1992 Constitution, is such that a Regional House of Chiefs, including the Dagomba paramount chief, has the power to enable the creation of a Konkomba paramountcy, which would thereby grant the Konkomba land and political power; but requests for consideration for paramountcy have been denied (Bogner 2000; Pul 2003; Talton 2010).

Today, whether the Konkomba live in their traditional homeland under Dagomba rule, or in other regions under other rule, they depend on the land for their livelihoods. East Gonja District is under the rule of a Gonja chief, the Kpembewura. Under the customary system, non-subjects of a clan, tribe, or skin<sup>7</sup> are referred to as strangers (Kasanga and Kotey

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7 A skin is the chief of an indigenous state in northern Ghana, generally analogous to a Stool in southern Ghana.

2001), and the only way for a stranger to acquire land is to recognize and thereby legitimize that land and political power is held by others (van der Linde and Naylor 1999). Permission for the use of land is sought from the chief or another titleholder. Land in northern Ghana is not owned, so monetary exchanges are not the norm; strangers are afforded interests in a piece of land and rights to the land are returned to the titleholder when the land is abandoned (Abdulai and Ndekugri 2008). In Binalobdo, the situation is further complicated because prior to conflicts in 1994, Grushies, another subordinate ethnic group, were recognized as the rightful trustees of the land in the area, under the customary principle of first settlement. The Grushies fled the village during the conflicts and the Konkomba living there now give offerings to the Grushie ancestors and recognize that they will give up their use of the land should the Grushies return (Community Elder, interview 2006; Hanrahan 2007a), while also submitting to the political power of the Gonja.

In practice, access to land is controlled most strongly by ability and drive to work, not abstract control over a plot. The community reports that land is an abundant resource, although certainly some areas are considered to be more desirable for farming than others for reasons that include proximity, fertility, ease of clearing, and even neighboring farmers. Contrary to ethnographic descriptions of Konkomba communities wherein the *tindanna* allocates land plots (Froelich 1954; Tait 1961), no one person in Binalobdo allocates farm land. Community members explained that you can go out and look for land to farm and when you find a plot you are interested in farming you ask those farming nearby about the use of the land—if they are planning on expanding, or if they know of others who plan to farm the plot. If the plot is free, that you are free to pursue farming the plot. Women too are free to find farm land, although in practice women most often gain access to farm land

through their fathers and husbands. Women typically come behind men and use the farm land in its third or fourth year of cultivation, as this relieves them from the labor intensive work of cleaning virgin land (Figure 2.7). The clearing of virgin (fallowed) land is typically prioritized for yam farming, since yams grow best in fresh land, while women's crops, including grains, legumes and green vegetables have lower nutrient requirements and the legumes are nitrogen-fixing crops that help maintain the health of the farms.



*Figure 2.7. A woman harvesting kpaka (sesame) with the help of other women. In the background, old mounds from her husband's yam are visible. She now uses this farm land for growing vegetables. (December 2011)*

## **Ghana Today**

Ghana is a West African nation of over 24 million citizens (population 24,658,823), with almost 2.5 million people living in the Northern Region, with just over 135,000 people living in East Gonja District. As discussed in Chapter One, the elderly population is



growing. Currently, Ghana is home to almost 1.2 million people over the age of 65 years, with women slightly outnumbering men (elderly female population: 669,579; elderly male population: 497,953). The ratio is reversed in East Gonja District, with elderly men slightly outnumbering elderly women (elderly female population: 2,827; elderly male population: 2,562) in a total population of 5,389 people over the age of 65 years (all population statistics from Ghana Statistical Services 2010).

Today, Ghana is considered to be an economic force in Africa, with one of the strongest economies in the region. Ghana has experienced steady economic growth since the 1970s (Moss and Majerowicz 2012, drawing on World Bank data), experiencing rates of GDP growth averaging 8.7% since 2008 (Herrera and Aykut 2014). The current state of affairs is strong, attributable to healthy prices for gold and cocoa exports, a new oil industry (established in 2011) and a relatively slow population growth rate (ARB 2011; Herrera and Aykut 2014). In November of 2010, Ghana shifted from low income to lower middle-income status—and while economic growth is certainly the case, the actual shift in status came as a result of changes to how Ghana calculated economic statistics for the nation—a statistical strategy argued to be more reliable and a model for other countries in the region (Jerven and Duncan 2012, see also Moss and Majerowicz 2012 ).

Despite a growing economic and regional strength, many Ghanaians continue to live in precarious conditions. According to World Bank data from 2010, over 50% of the Ghanaian population live below the poverty line—on less than \$2/person/day (Adams and Cuecuecha 2013). The strength of the Ghanaian economy therefore does not mean that everyone has experienced the benefits. As the economy grows, economic disparity has also increased. This disparity is present at a variety of scales—between and within regions, as well



as at smaller scales of consideration (Aryeetey, Owusu and Mensah 2009; Annim, Mariwah and Sebu 2012). Northern and southern Ghana are distinct for many reasons—their historical and contemporary political and economic systems, as well as their ecology and cultures. Economic disparity between the regions has existed for decades, with the northern regions chronically underdevelopment (Howard 1978; Mikell 1991; Killick 2010). In Ghana before independence, urbanization, wage labor, a market economy, and education lagged far behind those same measures in the colony (Kraus 1971). Talton puts it well when he states that the

physical characteristics surely contributed to the sense of separateness and difference that many northerners feel with respect to Southern Ghana and vice versa. More significant, however, has been the lack economic [sic] and political development that colonial and postcolonial governments directed towards Northern Ghana (2010, 15).

The material reality of the negligence of northern Ghana can also be expressed in statistics of poverty. Data collected for 2005-6 found that Ghanaians living in the savanna ecological zone (the northern regions) were more than twice as likely to be living in poverty than the Ghanaian population as a whole, an economic disparity that has been increasing through the 1990s and into the 2000s (Killick 2010, 423, from World Bank 2007). Although World Bank data is presented at a gross scale of ecological zone (the savanna corresponding closely to the northern regions), localized studies from Ghana provide a more nuanced picture of economic disparity, although the general pattern of north-south disparity holds true (Aryeetey, Owusu and Mensah 2009; Annim, Mariwah and Sebu 2012). Sub-Saharan Africa has been seen to fall behind on attaining Millennium Development Goals (Kwan and Kim 2014; see also Killick 2008 regarding Ghana). Progress towards attaining the goals varies

between the stated goals. Furthermore, income disparity occurs within Ghana with respect to nation-wide results. For instance, vast improvements have been made in primary education, although poorer children still attain lower levels of education than their peers (Unterhalter 2014); women have long fared worse than men in poverty measures across Ghana (Government of Ghana 2003) and improvements are still needed for women's empowerment, and as is the case with other goals, poorer women experience lower levels of decision making autonomy than wealthier women (Boateng, *et al.* 2014). Ghana's nationalized health care program (see below) has improved health care access, although Ghana's poorest citizens are less likely to be insured and experience the benefits of the program (Akazili, *et al.* 2014).

The community in which this research was conducted may only ephemerally experience these improving economic conditions. The community is positioned alongside a primary road and therefore has access to the electrical grid—part of Ghana's wider electrification project (RCEER 2005), although as of 2013, not all homes had been able to make the connection for power. In terms of schooling, children in the community can attend a state-run primary school, as well as a mission-run Catholic primary and junior high school. Some parents also choose to send their children to nearby Salaga, where the quality of education is considered superior. If a student has the resources to continue to secondary school, they may travel throughout the country to attend a school to which they have gained admittance.

## **The Konkomba In Ghana**

The Konkomba are considered to be an ‘acephalous’ tribe, meaning that historically they have not been centrally organized and have not had a central political head. Konkomba were historically loosely-affiliated lineages and clans (Froelich 1954; Tait 1961; Maasole 2006). In the latter half of the 20<sup>th</sup> century, the Konkomba lineages have worked to gain political recognition and power; the Konkomba are now more closely linked under a common identity (Talton 2010). The primary language spoken is Likpakpaln, the Konkomba language, which is composed of various dialects associated with the different clans. This means that within a single village, men and their children will typically speak a single dialect, while women retain the dialects of their own patriline (Hanrahan 2008). Likpakpaln is not commonly spoken by ethnic outsiders. In East Gonja District, it is more common to speak Gonja or Hausa when interacting with others. English is spoken to varying degrees among members of the community, and is the language used in school throughout Ghana. Likpakpaln is not historically a written language, although it has been put into the written form through missionary efforts (Langdon and Breeze n.d.).

In northern Ghana, politically marginalized groups were often converted to Christianity by various missionaries that worked in the region (Talton 2010). While many residents continue to worship traditional gods, Binalobdo is also home to multiple christian churches, and connected by a small dirt road to a Roman Catholic church that serves the surrounding area. The leaders of the community, in particular, continue to worship the traditional gods and care for the shrines to ensure the health of the lands and the community.

### *Tribal Organization And Community Leadership*

Alongside efforts to gain political authority and a common identity, the Konkomba people have developed a form of centralized organization in the late 20<sup>th</sup> century (Talton 2010). Communities are governed by a combination of traditional and more recent forms of leadership, often acting alongside one another. Historically, each settlement would have at least one community leader and today village and clan-level organization remains important. The *uninkpel* was the senior man of the group and is said to “*o dzo benib*” [to hold the people] (Tait 1961, 35). It was the *uninkpel*<sup>8</sup> that was consulted to arbitrate disputes and provide guidance to community members. Talton (2010) suggests that the *uninkpel* is the oldest man in a community, and indeed one elderly man—considered to be the oldest, as the only living member of the village who came to Binalobdo with the first waves of Binalob migrants from the north—is the *uninkpel* for the community. His responsibilities include those discussed in the literature as assigned to the *tindanna*, or earth priest—caring for the shrines dedicated to the ancestors caring for the land. However, the Konkomba in this community do not claim ancestral presence on the land and so the *uninkpel* offers sacrifices to Grushie ancestors, who are recognized by the Konkomba as the rightful custodians of the land. The Konkomba in the community need to take care of the fetish, but if the Grushie people were to come back to the village, they would hand over official custodianship of the land and sacrificial responsibilities (interview with community leader 2006). Beyond the custodianship of the land (Kasanga and Kotey 2001; Bogner 2000), the *tindanna* does not typically play a political role in Konkomba communities. However, this particular man, in the role of *uninkpel*, also settles disputes within the village and between communities.

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8 The term '*uninkpel*' is also used elsewhere in the text of this dissertation in a more general sense, meaning elderly person. This usage is common in everyday speech in Binalobdo.

There is also another community leader, or elder. This elder was an elected official, said to have earned the position because he is a respected man trusted to make reasonable decisions on behalf of the community. The elder plays a political role; much like the *uninkpel*, he is called upon to settle disputes within the community. He is also the official liaison to the Kpembewura—the Gonja chief with traditional jurisdiction over East Gonja District within Ghana's current governing structure. If issues arise that cannot be settled by the community through the *uninkpel* or the elder, the elder would be able to take the issue to the Kpembewura for arbitration. Finally, the elder is a member of the second lineage that lives in Binalobdo. The two lineages are very closely related, but are indeed separate, allowing for marriages to take place between members. The *uninkpel* and the elder are from separate lineages, creating balance in leadership within the community.

### **Life In Binalobdo Today**

In this section I provide ethnographic details pertaining to the village of Binalobdo. This information is drawn primarily from the 2011-2013 research, although I draw on interview data from an earlier study in 2006 (Hanrahan 2007a) and these interviews are referenced as such. I start with a discussion of gender roles in Konkomba society, emphasizing the ways in which labor is divided between men and women in ways that are complementary within a household and serve to support larger social units. This is followed with a discussion of what it means to age in Binalobdo, particularly what it means to be *pur* (old). This section ends with a description of the care-related services available in the region, including formal and informal health care and social welfare programs.

### *Gender Divisions In Binalobdo*

Binalobdo is a patriarchal society wherein women are regarded as subservient to men.

Furthermore, it is a patrilineal and virilocal society, meaning that identity and inheritance are passed along the father's line, and married couples reside in the husband's community. These practices create the setting for a strong emphasis on the maintenance and reproduction of the patriline. As is further discussed in Chapter Five, women's labor is prioritized to the needs of her husband and his children, and their community, and it is only with difficulty and careful negotiation that women direct some of their resources back to their natal communities, including their parents and siblings (Hanrahan 2015a).

The division of labor in Binalobdo is divided by gender, as well as age and marital status (Hanrahan 2015a). Farming labor is the primary form of work, and the main source of subsistence. Men are responsible for farming starchy staples, with yams as the primary crop. In addition, cassava, guinea corn, maize, groundnuts and occasionally small amounts of rice are also cultivated (Figures 2.8, 2.9). Women grow complementary crops to round out the diet. This includes legumes, such as Bambara beans and *simaa* (groundnuts), and a variety of leafy vegetables and fruits such as *imɔɔn* (okra), *tinyangban* and *n-nyangban* (sorrel leaves and blossoms), *ikanju* (hot peppers), *kpaka* (sesame) and others (Figure 2.10; Figure 2.11). Although crops are primarily for subsistence, they are also used in various forms of small scale trade. Men and women will both sell their produce to market women who travel from Salaga (Figure 2.12).



*Figure 2.8. A father and son fill a granary with guinea corn. A man will allocate grain to his wife for cooking. (December 2011)*

Community members maintain adequately fertile soils with careful land use management plans. As described to me in 2006 and again in 2011-2012, farmers will only farm yam on a given plot of land for a single growing season. After that first year, the plot of land is given over to other crops, including *banchi* (cassava; *Manihot*), *idi* (guinea corn; *Sorghum*), *likalmaln* (maize; *Zea*) and *simaa* (groundnuts; *Arachis*), which are inter-cropped on the plot of land for another 2-3 years, along with smaller quantities of a diverse array of vegetable crops tended by women. Farm land is then left to fallow for as long as possible, often seven to fifteen years, in order to adequately replenish itself.





*Figure 2.9. A man prepares ridges for his groundnut farm. (April 2012)*



*Figure 2.10. A woman dries ikanju (hot peppers) in her courtyard. She will store these peppers, using them throughout the year for meals and small trade. (November 2011)*





*Figure 2.11. A woman prepares ikanju (hot peppers) for drying while her elderly husband and friend help her by shelling her simaa (groundnuts), which she will sell for cash. (December 2011)*



*Figure 2.12. Children assist a market woman from Salaga. She has bought banchi (dried cassava) from a house in Binalobdo and will transport it back to Salaga. (January 2012)*

In addition to needing rich soils, yam is also incredibly labor-intensive (Figure 2.13). Each yam seed is planted in its own mound of soil, measuring approximately 0.5-0.75m in diameter at its base. Additionally, the work of weeding is undertaken by hand as farmers move in between the mounds. Importantly, yam farming is synonymous with farming and is an activity only undertaken by men.



*Figure 2.13. A young man and his friend raise yam mounds on his father's farm, after the brush was cleared by burning. In the background, last year's yam farm is visible, with the cassava crop still growing. (November 2011)*

As mentioned, the Konkomba are famous yam farmers and have historically dominated the domestic market for yams; there are well-established Konkomba yam markets throughout the country (Talton 2010). Residents in Binalobdo, however, do not grow yams primarily for the market but for subsistence. Men will, however, sell large quantities of yams (measured in 'calabashes', or units of 100 yams) to others who then take the yams to the various markets (Figure 2.14; see also Figure 2.6). Typically, farmers suggested that they farmed for subsistence and would only sell their yams late in the year when they could be certain of enough food to last them into the next harvest, although calabashes would also be sold when a need for cash arose (interviews 2006, 2012).



*Figure 2.14. A calabash of yams, transported from farm to the road, for sale in Binalobdo. (November 2011)*

When speaking of agriculture in this community, it is important to note that agricultural labor is an important component of the daily lives of both men and women. Only men consider themselves to be farmers, and this definition is restricted to the act of building yam mounds. Yams, and the associated labor, are important in the identities of men as farmers and providers for their families. Women, however, also farm if we allow for an expanded definition. While men are responsible for providing starchy staples foods (not only yams, but also other tubers and grains), women are responsible for providing soup ingredients, including vegetables, salt and fish. Women have farms where they grow a variety of vegetables, including peppers, okra, and various leafy greens (Figure 2.15). Some women may also grow maize, guinea corn, tomatoes and onions, although this is less common. Women are expected to provide labor on their father's or husband's farm, and her farming needs are considered secondary to the well-being of a household. Women will often follow behind their husband, using land after the yam and cassava crops have been harvested (Figure 2.7). This allows less demanding crops, and even nitrogen-fixing crops (such as groundnuts) to be grown before the land is left to fallow and relieves women of the need to clear fresh land—heavy and time-intensive work. Women's farms include plots of land carved out of their husband's or father's farm, as well as farming the perimeter of his land or in between his other crops.

In addition to farming, many of the women in the community engage in small-scale trade activities, and sporadic business endeavors, such as preparing food items to sell early in the morning or in the afternoons when children return from school (Figure 2.16). Women also prepare and sell a local beer brewed from guinea corn, known as *ndaan* or *pito*.





*Figure 2.15. A young woman, transplanting pepper seedlings on her farm. (May 2012)*



*Figure 2.16. A woman in Binalobdo sells wasa wasa—a couscous-like food made from yam peel flour and served with hot oil seasoned with hot pepper, onion and salt. She sells in the early morning hours in her courtyard. For payment she accepts dry cassava (shown in photo), other produce, as well as cash. (January 2012)*

The weekly market in Makango is by far the preferred market (Figure 2.17). Located on the ferry port across from Yegi in the south, Makango is well connected for trade items from the southern regions, and importantly, fish. Trading goods for goods is preferred, and women use the peppers, groundnuts and other items they grow to trade for their soup ingredients and other items—such as soap, clothing, and shoes. This is not to say that cash is not used—in fact, many fishmongers will only accept cash, and women trade their goods with each other to accumulate larger quantities of a single item, which they then sell for cash. Less common is attending Salaga market; although the market is closer to Binalobdo it is generally more expensive. Many of the goods in the Salaga market are first moved through the Makango market, and Salaga market is more often relied upon as a market to get last minute needs. Women will also go to Salaga to sell certain items to earn cash—such as firewood or charcoal that they have collected and produced. Finally, women also trade with traders that travel through Binalobdo—buying and selling small quantities, but also large quantities of shea nuts, groundnuts, dried cassava (Figure 2.18). Similar to the selling of yams among men, women in Binalobdo do not market these items themselves, but sell them from the village.

#### *Understanding Age And Ageing In Binalobdo*

In Binalobdo, a large proportion of the population cannot accurately give their age in years. Age definition or estimation seems to be most reliable for individuals under 30 years old; many of these individuals have birth certificates with birth dates, or can easily place themselves in relation to their agemates in the community who do have birth certificates. In individuals over the age of 30, knowledge of chronological age is less likely.



*Figure 2.17. Women from Binalobdo sell their produce at Makango market. (March 2012)*



*Figure 2.18. An elderly woman and the researcher spread out shea nuts to dry after they have been roasted. She will then crack open the shells before selling the nuts to a market woman for cash. In the background, dried shea nuts are piled against the courtyard wall. (June 2012)*

For men in 50s or younger, it is likely that they were born in the village, and again can give their age in relation to others if they do not know their exact age. For women, however, age estimation proves more difficult. They grew up in other villages and moved to this village when they married. Women marry at different ages. In the mid-twentieth century, a girl would have been deemed of marriageable age when she reached puberty (Froelich 1954). Today, newly pubescent girls are not considered to be of marriageable age, but young women do marry as early as their mid to late teenage years. However, if a woman has more than one husband in her lifetime, she may find herself moving to new villages in later years.

Ageing and age are culturally constructed; meaning is given to the process as a result of both changes in the individual, and how the individual relates to others. Chronological age had little bearing in the community, and given the focus of this project, it was important to understand how ageing and old age are conceptualized. It was also important to be able to identify who is considered to be old and elderly in the community, and to avoid determining a priori which characteristics would be locally significant. Focus group interviews were conducted with these goals in mind (see Appendix A for detailed interview results).

Ageing involves two primary concepts. First, *pɔɔk*, (to mature/to be mature) refers to the growth and development of members of the community. As an individual grows into adulthood, they continue to mature as they take on new responsibilities within the community and with respect to others, particularly marriage and having children. A mature adult (women are *upii pɔɔk*; men are *ujal pɔɔk*) is one who is not yet *pur*, but they are mature enough to have wisdom; they have children and grandchildren, and they are still active in their work, although not as strong as they once were. The second concept is *nchil*



(stages) which are categories for organizing the stages of maturation. These stages group people in relation to others based on physical features and their role in society along lines such as labor, marriage and family obligations. To be *pur* is the stage and state of being old, and to be *pur pom* is to be truly or very old, the last stage of the life course here on earth.

*Pur* is the Likpakpaln word translated as 'old'. Much like in English, the word can refer a state of being (something *is* old) or a process of becoming (something *is getting* old or older). With reference to individual people, to be considered *pur* by others is a combination of social and physical characteristics. The process of becoming *pur*, however, lies in the gradual appearance of those characteristics and people too young to fall into the *pur* category would often describe themselves as old, because of their experiences with some of the *pur* characteristics. Individuals who embody the characteristics of *pur* are also referred to as *uninkpel* (women are *upininkpel*; men are *ujaninkpel*). In response to a question in the focus group interviews where participants were asked to describe what it means to be *pur*, many physical and social characteristics were identified. Here I have classified these characteristics under six headings, including those pertaining to (a) physical appearance; (b) sex and reproduction; (c) strength and labor; (d) mobility; and (e) mental capacities.

#### *(a) Physical appearance*

Physical characteristics of old age were widely agreed upon across the focus group interviews. When one is *pur*, the hair turns grey and white, and the skin becomes wrinkled and faded (Figure 2.19, 2.20). Skin is also described as no longer looking fresh—fresh skin is moist, tight and healthy—features that are thought to fade with age. Additional physical characteristics, associated with a woman's physical attractiveness and sexuality, were

mentioned in regards to elderly women. These features included sagging breasts and buttocks that no longer shake (smaller and softer).

*(b) Reproduction and sex*

Reproduction is also central to people's understanding of the body's ageing process and a person's reproductive status is often used to express an individual's age or to age them in relation to others. For ageing women, the cessation of menstruation and/or the cessation of pregnancies are indicative of an ageing body. Alongside this, the presence of children and grandchildren serve as an indication of a person's age or longevity. Reproduction was not, however, mentioned explicitly in reference to a man's age, as men are expected to continue to reproduce into old age if they have younger wives to bear them children. Even having children and grandchildren was an uncommon reference for men's age, again indicating that a man's offspring may be a poor indicator of their age, since he may have small children well into his old age. Changes to one's relationship with sex, were, however, discussed as a characteristic of *pur* for both men and women. Generally speaking, old age was seen to come with a decrease or cessation in the desire for sex. For women, the focus was on desire for sex, while for men, there was a tension between desire and performance. Women expressed that men can no longer perform properly during sex in old age or can no longer please a woman; women explained that when their husbands became old they could no longer perform during sex as they could when they were younger.



*Figure 2.19. An elderly woman sits inside her room with her granddaughter. (January 2012)*



*Figure 2.20. An elderly man and woman (husband and wife) sit with a bowl of fresh leaves brought to them by a friend. (February 2012)*

Men are seen as the actors in sex, with women fulfilling a more passive role – in Likpakpaln, men do sex to women. It cannot be said that women do sex to men. This likely accounts for why performance of sex was not used when speaking about old women, and for women it is only the desire for sex that is discussed.

*(c) Strength and labor*

Old age is also defined by a loss of strength and old people are described as *diin*, meaning soft which is contrasted with *pɔɔ*, meaning hard and typically associated with the youth and youthful strength and energy. Similarly, people refer to the strength of the blood and the tightness/looseness of the veins to express the body's strength or the loss thereof. This loss of strength was closely related to changes in one's ability to participate in and perform labor. Labor was discussed during every interview as an indication of a person having reached the stage of *pur*. One who is *pur* is said to be one who is no longer able to work efficiently or at all (Figures 2.21, 2.22, 2.23). They are experiencing a decrease in their ability to work; it was often stated that they can no longer work the way they used to. The work of those who are *pur* is to sit (Figure 2.24). Those who are very old just sit all day in the sun until someone brings them back inside. One person even suggested that is the work of the elderly to eat, suggesting that they are not responsible for providing food, only consuming food. Discussions of *pur* as ineffectiveness and/or inability to perform labor were often connected to statements describing the dependency of those who are *pur*. There was a general consensus that being *pur* means that you can no longer “cater” for yourself. The word “cater” is used in Ghana to describe access to, and the ability to use or give away resources including food, drink and money. For instance, it was mentioned that old people have to beg

for things that they need or want. They must be catered for by their children or others in the community.



*Figure 2.21. An elderly woman awaits sakulu (pounded yam). She prepared her own soup and boiled the yams before asking her grandson's wife to pound it into sakulu for her. (April 2012)*

#### *(d) Mobility*

Becoming *pur* also means experiencing reduced mobility. In Binalobdo, people walk almost everywhere. Among all the villagers, there were less than a handful of motorcycles, and among those motorcycles the ability to maintain them and fill them with fuel fluctuated. Many households had a least one bicycle; this was usually used by a man to get to the farm and if there were additional bicycles, sons may use them to get to farm and to travel between villages and town.

*Figure 2.22. An elderly woman shelling dawadawa seeds. She no longer has the strength to work on the farm, but often does tasks in the house to help other women. (April 2012)*

*Figure 2.23. An elderly woman planting groundnuts on her farm. At the time of planting, she was uncertain if she would have the strength or resources to complete the crop to harvest. (April 2012)*



Some children were also sent to school on a bicycle. I never saw a woman with a bicycle, and all women walked to farm. Walking was by far the primary form of travel within the village, to the farm, to town and between nearby villages.



*Figure 2.24. An elderly woman sits alone in her room. She suffers from blindness and is not strong enough to walk far. She spends all her time in this one room, which she shares with her son, his wife and their infant, as well as all the family's foodstores. (April 2012)*

For those becoming pur, walking becomes more and more difficult, especially when walking includes carrying a head load. With pur, one walks more slowly and can only travel increasingly shorter distances. They may walk with the assistance of a stick or staff (Figure 2.25). To be truly old, you lose your mobility; you spend the day in your room or in the sun if your house members take you outside (Figure 2.24). Eventually, you will spend the day lying down.



*Figure 2.25. An elderly woman on her way home, walking with the help of a staff, after walking to greet her granddaughter's newly born child. She only rarely walks beyond her own courtyard. (April 2012)*

*(e) Mental capacities*

Finally, to be *pur* was compared to being or becoming a child. As explained with respect to *pɔɔk*, ageing is a process of maturation, and when one reaches maturity, they are seen to possess wisdom. However, in later life, this wisdom became more tenuous and it was known that in old age some individuals lose some of their mental capacity. Old age is associated with changes in the ability to reason; an elderly person may be held in high regard for her/his wisdom until their manner of reasoning and speaking changes. It is then said that their thinking begins to resemble that of a child. The characteristics of childishness was also attributed to certain behavioral changes observed in old age, particularly if people would play and do silly things— behaving inappropriately as though they do not (yet) know how to behave in society.



*Pur* is a deceptively simple concept. Across the focus group interviews, common characteristics emerged to describe *pur*. Nevertheless, it is clear that *pur* is subjective and perhaps even ephemeral—one does not simply become old when they have lived a specific number of years. An individual's body may demonstrate particular characteristics that are associated with old age, and other characteristics that deny such categorization. The same can be true for social characteristics and the social relationships in which an individual is embedded. One is old because of the relationships in which one is embedded—such as parenthood, grandparenthood and perhaps even beyond. One becomes old as one's body ages, as one's abilities change and one becomes less efficient, slower, less productive.

In 2011-2012, 11 individuals—seven women and four men—were identified as *pur* and one additional woman was added in 2013. Through the course of focus group discussions, a few of these participants were subject to debate when someone would assert they were old. These moments were illuminating, particularly in the subjective nature of the application of these categories. For instance, one man was not regarded as old enough in years to be considered *pur*, but sickness and injury had positioned him within the compound and community as an old man, as the ability to work was central to the definition of 'old'. Another old man was invariably described as the oldest man in the village, but whether or not he was *pur* was contested. The man has adult children and grandchildren, but they are said to have abandoned him—his sons do not farm for him, they live in a distant village and do not have contact with the family. The man subsequently married a widow, with whom he has no children. In the last 15 years, however, he married a young woman who gave birth to their sixth child in 2011. He is the primary farmer for the family because his eldest son in the house, aged 14 years, attends school on the weekdays. His enduring youth in his long life,

however, was commonly attributed to the necessity to provide for his family.

What was striking was that on a few occasions, people stated that Binalobdo does not have any people who are *pur*, or at least not truly *pur* (*pur pom*). Finally, one individual suggested that no one in Binalobdo is *pur*; there are people who are becoming *pur*, but to be truly *pur* is to not have “desire for anything on this earth when they are totally *pur*” (focus group interview, adult male, 2012). Based on this definition, there may not have been anyone who was *pur pom* at the time of the interview, but some of the elderly women transitioned into this condition during the course of the research project. The absence of truly old people in the village reflects the absence of very old men. In particular, adult men asserted that there were no old men to sit under the tree with them. These men have women in the village they consider to be their grandmothers, women old enough to have given birth to these men who are estimated to be in their 50s and 60s. But in this patriarchal society, it is grandfathers who root a lineage to place and link the families together. Furthermore, while residents hesitated and debated over describing men as *pur*, there was little hesitation to describe women as *pur*. All the women identified were widowed or unmarried, had passed through menopause and had retired from the responsibilities of wifhood—cooking and sex (see Cliggett 2005 for a similar discussion of disparity between identifying men and women as old or elderly within a community).

### *Care Services And Social Welfare in Northern Ghana*

This dissertation concerns itself with the various everyday practices of care, and it is important to position these practices within a broader context of the care infrastructure currently in place in northern Ghana. The care practices discussed in this dissertation do not

take place within this formal structure of care, and yet the services and support available undoubtedly shape how care is provided outside this infrastructure. Whether or not individuals and their families are accessing the formal care services available in the region, the support of others is critical to gaining access to care. In addition, I will provide background to the social welfare system available to residents of northern Ghana, as it has potential implications of the well-being of individuals and their families.

As discussed above, Binalobdo is located in East Gonja District and has access via a road to the town of Salaga, as well as the town of Makango, where the ferry port is located for the larger town of Yegi in Brong-Ahafo Region, just on the other side of the Volta River. This road therefore also provides access to hospitals in both Salaga and Yegi. Salaga is the closer option; the town can be reached by walking or bicycling. Furthermore, residents of Binalobdo can access the hospitals in Tamale (the capital city of Northern Region), although with significantly more difficulty due to the distance, cost of travel and the expenses incurred when staying in the city.

Following independence in 1957, Ghana had a national health care system. This system was dismantled and replaced with a cash-for-service system in the wake of economic crash and subsequent harsh conditions of the Structural Adjustment Programs that came with World Bank and IMF loans (Mensah, *et al.* 2006). Not surprisingly, the loss of a health care system resulted in severe declines in the health of the Ghanaian population, and contributed to economic and health disparities in the nation (Oppong 2001) and a strong reliance on alternative sources of medicine and care (Gyasi, *et al.* 2011).

Ghana is among a group of African countries, including South Africa and Tanzania, working to develop national health care services with the aim of achieving equitable access to

services. Ghana replaced its cash-for-service system with the National Health Insurance Scheme (NHIS) in 2003, a program that is highly regarded and considered to be a potential model for the development of similar programs in the region (Agyepong and Adjei 2008; Jehu-Appiah, *et al.* 2010). While the system includes an insurance premium, the vast majority of citizens are eligible for free inclusion in the system. This includes citizens over the age of 70; pregnant women, children, orphans and various other conditions deemed as vulnerable (however, see discussion above, and Akazili, *et al.* 2014, suggesting poorer individuals continue to fail to benefit from the program). State-run hospitals, including Salaga, Yegi and some hospitals in Tamale, are funded through the NHIS; private run hospitals may also receive some level of funding support through the insurance scheme.

Hospitals are sparse and patients are responsible for meeting most of their own needs. At the Salaga hospital, patients need to provide their own bed coverings, purchase or supply a chamber pot—which they are also responsible for cleaning; food, drink and water also need to be supplied. While there are flush toilets in the hospital, access is barred because there is no water available for flushing. No other toilets are present in the hospital. There are bathhouse/urinals—simple, open-air but often dirty concrete boxes with a hole at the base of one wall for drainage. Water for bathing must be transported from off-site. Furthermore, many of the drugs needed for treatment –those not covered by NHIS—need to be purchased from the hospital or off-site pharmacy. The resources for purchasing the drugs, and the mobility to buy the drugs, are a necessary component of a hospital visit.

Finally, language barriers exist in the hospitals. All hospital staff will speak in English, and may have competency in other languages. However, the residents of Binalobdo speak Likpakpaln, and many residents, especially women, do not speak English. A visit to the

hospital often required having a community member who is fluent in English traveling with the patient to talk to hospital staff.

Residents of Binalobdo relied on a variety of others sources for health-care related needs. Drugs can be acquired in a variety of ways. Salaga has many chemist shops, and these small pharmacies often diagnose, prescribed and provide simple first aid. There are also itinerant drug sellers, who pass through the villages on bicycle selling an array of common medications. Again, when buying drugs, people often describe symptoms and rely on the sellers to give them the appropriate medication. Herbal remedies are also commonly for sale in the market.

Traditional forms of medical treatment are also widely available. This includes a vast array of plant, animal, mineral-based medicines, spiritual therapies and manual techniques to diagnose, improve and treat ailments or maintain well-being that reflect cultural knowledge and practices (WHO 2013). Generally speaking, there are individuals living in the village who are known to have the skills for certain kinds of treatment. For instance, there are midwives, bone-setters, and others knowledgeable of herbs for fevers and stomach ailments. More serious or complicated cases often require travel to a healer in another area; people will travel and stay in a community to receive treatment before returning home.

Social welfare programs are another important component of Ghana's developing care infrastructure. In 2008 Ghana launched a cash transfer program for vulnerable populations—especially the elderly, orphaned children and disabled persons. The Livelihood Empowerment Against Poverty (LEAP) program is managed by the Department of Social Welfare within Ghana's Ministry of Gender, Children and Social Protection (Debrah 2013). The program reaches select areas, which currently include the East Gonja District (head of

Social Welfare in East Gonja District, interview 2012). Registration for the program, to include a cluster of villages around Binalobdo, was organized in Binalobdo and disbursements also take place in the village. Because of this, the majority of beneficiaries who receive disbursements in this cluster live in Binalobdo. Among the beneficiaries were almost all the elderly residents of Binalobdo who also participated in this research project. These individuals were either registered directly or through a designated “caretaker”. One woman who participated in the project was not registered, although she was considered to be an elderly woman; she had been living in another village at the time of registration and there is no opportunity for subsequent registration with the program. LEAP beneficiaries and their families are entitled to free NHIS registration and citizens over the age of 70 are supposed to be exempt from premium costs (2013 promotional material published by the Department of Social Welfare in conjunction with UNICEF; see also Handa, *et al.* 2013; Mensah, *et al.* 2010). LEAP beneficiaries receive a cash benefit of a predetermined sum (this amount has increased between 2008 and 2013 and varies depending on household need as recorded at time of registration). As per the program design, disbursements are supposed to occur bi-monthly. However, disbursements occurred sporadically (for example, while I was living in Binalobdo for eight months in 2011-2012, two disbursements were made; Figure 2.26) and residents are given a single day's notice.



*Figure 2.26. Residents of Binalobdo and surrounding villages wait under a mango tree in Binalobdo to receive LEAP benefits. (May 2012)*

Nonetheless, residents reported that the payments were beneficial, and were sometimes used to make big purchases—such as cement to floor a room—or to support a family need—such as travel to a funeral—or on smaller items such as alcoholic drinks, simple medications, and school supplies. Residents asserted they did not plan for having the money; they did not know when the payments would arrive and remained perpetually skeptical that disbursements would continue in the future (field notes).

### **Conclusion**

This chapter has provided a detailed description of the research site. Binalobdo is a small village in rural East Gonja District, located near Salaga, a small administrative center. I have provided a concise description of the village, the houses and the households that make it up. Although the village has a settlement history that includes multiple ethnic groups, it is

currently home to two closely related Konkomba lineages. I have drawn on oral history to provide settlement history. This has been contextualized within a broader setting of colonial and post-Independence governance in northern Ghana that includes a combination of traditional (chief-based) and legislative government. I have also provided a description of the ecological context, highlighting the land management systems and agricultural practices that are the foundation of daily life in this community. Finally, I provided an overview of life in Binalobdo today. This section included a discussion of culturally-specific constructions of gender, including the division of labor; ageing and what it means to be old; as well as a description of health-related services available in the area. This chapter provides background information to help contextualize the discussions presented in the following chapters. In the next chapter, I discuss the methods employed in data collection and analysis.



## CHAPTER THREE

### METHODS

*...you have time. Sit with them with their everything.  
Whether they have bathed, not bathed, you have time with them, you chat with them,  
even you dash them money. So what kind of human being are you?  
You're well and wonderfully created, and that is good.*  
(Nyaa Hannah's daughter, interview 2013)

#### **Introduction**

In Chapter One, I introduced this project and its framework, built out of three components: a relational ontology, contingencies, and human experiences of vulnerability and dependency. These three components, I argue, lead us towards understanding the connections between people. In this chapter, I provide an account of the methods employed in this research project and the ways in which this project developed. The focus on human connectedness permeates the project. The research presented here is significantly shaped by the relationships I formed in Binalobdo, starting in 2006. I not only discussed people's relationships with each other, and observed how these relationships were maintained and strained through the course of everyday practices, but I had the privilege of building relationships, and being met with the expectations that imbue interpersonal relationships in Konkomba communities—that of a daughter and granddaughter, while at the same time being treated as an outsider who is welcomed as a guest—one undeniably not of the community. I therefore set out to develop a methodology that would at once allow me to engage with the relationships I had begun to foster in 2006 when I first stayed in Binalobdo while conducting research for my M.A. thesis

(Hanrahan 2007a), and a methodology that would draw me into these relationships in order to create a foundation upon which to work, one that is built out of connections with others.

I employed ethnographic methods in this research project. I lived in the village where I worked, and I lived with a family, engaging in daily domestic tasks, taking my meals with the family and participating in culturally appropriate sleeping arrangements (as an adult woman, I had a room to myself where I slept during the rainy seasons; I also slept in the courtyard with the entire family during the dry season). I slowly but steadily navigated my position between guest and family member. For instance, as a guest, I should be served my meal separately, eating privately in my room or the courtyard. Eventually, I convinced my mother, the senior woman in the family, to invite me to sit with her and her daughters. While she ate from a communal bowl with her daughters, she insisted that I have a private bowl of food and soup, but I was invited to sit every night with the women of the house to eat and talk. I was eventually allowed to help with certain domestic tasks—sweeping the courtyard, moving drying/dried produce from the sun to storage, fetching water, and even food preparation and some farming activities. I developed close relationships with some of the members of the family with whom I lived, and these experiences served as an important contextual setting for my understanding of social dynamics and family responsibilities.

In this chapter I provide a description of the methods employed in this research project. I start with a brief overview of the research site and timeline. I then move to discuss data collection techniques. I start with a critical consideration of working with an interpreter for field research. I then provide an outline of the ethnographic methods I used—including comprehensive household surveys, individual interviews, focus group interviews, and participant observation. This is followed by a brief discussion of data analysis. I then provide

very brief biographical descriptions of each of the primary research participants with whom I worked for this project. I close with a considering of the importance of personal relationships to the field process and the trajectory of this project.

### **Research Site**

This research project was undertaken in Binalobdo, a small rural village in East Gonja District, Northern Region, Ghana (see Chapter 2 for a detailed site description; Figure 1.1). Additional interviews took place in other locations where persons of interest—those engaged in or formerly engaged in significant relationships with the elderly residents of Binalobdo—were living. The small size of the community allowed for comprehensive data collection of a large sample of the households in the community, providing important baseline information on livelihood strategies, daily activities and relationships between individuals within and between households. This enabled the development of a highly localized and contextual understanding of the socio-spatial construction of everyday activities.

### **Research Timeline**

Fieldwork was undertaken in two distinct phases, allowing me to cover a total of ten months and experience the breadth of seasonal change in the region. The first phase took place over eight months, from November 2011 until June 2012<sup>9</sup>. July to September, the height of the rainy season, were avoided because of the difficulties associated with travel in the rural areas. The second phase was conducted across two months in October and November 2013<sup>10</sup>.

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9 The 2011-2012 field season was funded by a National Science Foundation Doctoral Dissertation Award, #1103184.

10 The 2013 field season was funded by a Barnhart-Withington Award from the University of Kentucky's Department of Geography, as well as funding from the National Science Foundation Doctoral Dissertation

Initially, I intended to conduct follow up focus group interviews to gain insight into the negotiations by those who provide care to elderly community members. However, logistical difficulties in October 2013 delayed the start of fieldwork, and time constraints made conducting focus group interviews an inappropriate strategy. I decided to concentrate on conducting individual interviews with both the elderly participants from the 2011-2012 field season, as well as getting to know an elderly woman who had recently moved to the village. Due to the changes in physical and mental health of some of the participants, which resulted in new relationships of care and the presence of people who had previously been absent, this second round of field work connected me with a variety of individuals who had recently entered into more intensive relations of care.

During the interim period between the 2011-2012 and 2013 field seasons, detailed notes on interview recordings were taken (see below), focus group interview recordings were transcribed and additional field notes were transcribed into a digital document. Initial coding of all interview materials also occurred during this period. In addition, a manuscript was prepared and submitted to *World Development*. This manuscript has since been published (Hanrahan 2015b) and is included as Chapter Four. Following the 2013 fieldwork, the interviews were again listened to and detailed notes taken and field notes were transcribed. The data was coded and dissertation writing was undertaken from 2014 to 2015.

## **Methods**

This research project draws on feminist methodologies with a concerted effort to imbue the research process with an awareness of both differences and connections (Staeheli and Kofman

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Award #1103184.

2004). Data was gathered from community members positioned by age, gender, marital status and intergenerational relationships within households, the community, as well as connected persons living in other areas, while focusing on the relationships and interdependency between these individuals.

The following is a discussion of the techniques that were employed in the field to address project research questions. These methods were outlined in the research proposal to form a structure to guide the research and data collection. While in the field data collection techniques were adjusted to respond to the context, and to pursue additional questions that arose through the course of the work. Taking an open approach to research allowed me to tailor the project in response to the dynamics of interpersonal relations within the community and to take advantage of opportunities as they arose. The use of a variety of techniques in ethnographic research, and the flexibility to modify techniques in the field is an important way to address the artificiality of the research context and allow for the social contexts of everyday life to become integrated with particular research techniques. This is not to negate the potential utility of fabricated contexts, but to allow for a variety of data collection techniques operating within a variety of social contexts, to complement each other.

Data collection occurred through both formal and more informal interactions, providing insight into the daily practices of these individuals and the relationships they engage in. The data was collected by this mixed-method approach in order that the methods complemented and supplemented each other, elucidating the interdependent nature of livelihood strategies and caring practices across familial and extra-familial relations in this community and how elderly women and men negotiate and secure their livelihoods as their social and spatial relations change. I will start with a discussion of (a) language interpretation

before moving on to discuss the specific techniques employed in data collection, including (b) comprehensive household surveys, (c) individual interviews, (d) focus group interviews, and (e) participant observation. This is followed by a brief discussion of data analysis.

### *Language Interpretation*

The research was conducted with the help of a local assistant for language translation purposes. I hired one interpreter to work with me throughout the course of the project. This interpreter, Ntesi, is a non-professional interpreter who has graduated from secondary school in Ghana. He is a life-long resident of Binalobdo, and therefore fluent in the Binalob dialect of Likpakpaln spoken by most residents, as well as proficient in the various other dialects spoken by women who have married into the community. I have previously worked with this interpreter in 2006, when conducting research for my M.A. thesis (Hanrahan 2007a).

The practice of language interpretation<sup>11</sup> in cross-language and/or cross-cultural context is a contentious one within qualitative research. While in certain contexts the practice is the norm (such as medical interpretation and therefore health research; see for example, Wallin and Ahlström 2006), the decision to work with an interpreter in social science research is less certain. Feminists working within post-colonial theory, for instance, have argued that working in a foreign language results in the researcher talking for others, with the potential to distort their intended meanings while reproducing problematic unequal relationship between Western persons and thoughts, and others (Spivak 1992). Temple

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11 Although the concepts “translation” and “interpretation” are sometimes used interchangeably, here I use the concept “interpretation” to indicate the act of translating back and forth between individuals. I will refer to in-situ interpretation, where the interpreter, researcher and research participants were all physically present for the conversation; I will refer to ex-situ interpretation, where the interpreter translates from a recording (see discussion of focus group interviews in this chapter).

argues that

researchers often use translators and interpreters as if they were transmitters of neutral messages across languages...ignoring the linguistic imperialism central to an unquestioning use of English as a baseline language. Researchers demonstrated long ago that concepts do not move unproblematically across cultures (2002, 847).

The reality, however, is that working with an interpreter is a common component of data collection method, particularly when work is conducted in a foreign context. The acts of interpretation are a key component of data collection—one that is often overlooked and hidden from view when research is presented (Borchgrevink 2003; Müller 2007; Crane, Lombard and Tenz 2009). I argue that working with an interpreter has been invaluable to my experience as a researcher and in the collection of data. The practical and theoretical issues of working with an interpreter are many, and need not only to be taken into consideration but made explicit to readers.

First and foremost, the interpreter's role is more than just the translation of words and phrases. Through his work, the interpreter is tasked with conveying “an understanding of the way language is tied to local realities... [to] make constant decisions about the cultural meanings which language carries and evaluate the degree to which the two different world they inhabit are 'the same'.” (Simon 1996, 137-138; see also Twyman, Morrison and Sporton 1999). When using an interpreter, the data we collect as researchers is immersed in the understandings that an individual has of a cultural context, their own personal perspective of the world.

It has been argued that the best research is conducted with a knowledge of the local language, and therefore it is the responsibility of the researcher to work towards proficiency

in appropriate languages (see, for example, Veeck 2001 and Watson 2004, arguing for language proficiency in foreign fieldwork in geographical research). Others, however, have noted that even when a researcher has knowledge of a language, working with an interpreter can facilitate critical thinking in the translation process, helping to ensure that cultural—not just literal—meaning is taken into consideration (Temple 1997; Crane, *et al.* 2009). The Likpakpaln language, though spoken by over half a million people, is not taught in North America or in Ghana. There is a dictionary available for a different (unspecified) dialect of Likpakpaln, which I used as a reference guide (Langdon and Breeze n.d.). Furthermore, while a particular dialect is spoken by members of a patriline—in Binalobdo, both lineages speak Binalob Likpakpaln—women who marry into the community come from different patrilines with distinct dialects. They maintain this dialect after marriage (Hanrahan 2008) and as a result, even small villages are host to a variety of dialects.

I decided to work with an interpreter, while simultaneously working to learn the language. In addition to language immersion, especially in everyday interactions with the family I lived with, I had language lessons with Ntesi and attended some School for Life courses (Likpakpaln-based schooling focused on writing and reading) offered in the village<sup>12</sup>. While my language skills improved over time, they were rudimentary. I was proficient at engaging in greetings, and gradually developed some understanding so that I could often follow what was being said. I could not, however, engage in complicated conversations, and as the research progressed, the conversations grew in complexity and having a language interpreter was invaluable to data collection.

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12 School for Life is a pre-primary education program focused on reading and writing skills in the student's primary language, and is intended to prepare the student for primary school, conducted in English.



It is important that I note that working with an interpreter is not a one-way process (Spivak 1992; Temple and Edwards 2002; Maclean 2007). I was conscious that the use of English words in Ghana can differ from their connotations in other places, and sought to ensure understanding of word choice to facilitate communication between myself and Ntesi. In the process, both Ntesi and I shaped our language to best communicate with each other, adjusting our vocabulary and sentence structure. It was common for us to have follow-up conversations during which time we would discuss problems that had occurred during interviews. We worked together not to force his English to conform to my expectations, but to facilitate our communication. This often meant working through word choice—I would ask him about a word he was using in the interpretations, and he would expand on what he meant by the word choice (see Bogusia and Young 2004 for a discussion on a similar process, “reflexive debating”). Occasionally we would decide on an alternative word that clarified between us what he was trying to say and agree on use for the future; other times these expanded definitions helped me to contextualize the data we were collecting. An example of this was the phrase “spirit of infirmity”. Ntesi would use this phrase, as a translation of “*Ma ki pɔɔ*”. I could understand and use the phrase—it translates directly as “not have hard/I’m not hard” and is commonly used to refer to a feeling of weakness. However, I was unsure of the interpretation “spirit of infirmity” associated with the phrase “*Ma ki pɔɔ*”. We discussed the phrase and Ntesi explained that by “spirit of infirmity”, he was conveying not only a feeling of weakness, but a more complete context of sickness in old age that is causing this weakness (field notes, February 2012). Through this conversation we were able to clarify how a person was expressing their state of well-being and how that was being communicated in the interpreted interview events.

There were also drawbacks to working with an interpreter. First and foremost, it was difficult to establish clear boundaries between myself and the interpreter when speaking to others. The interpretive process can be cumbersome and distracting from the flow of regular conversation and the dynamic of engaging in conversation with another person working through the voice of another is unfamiliar. It was common for the conversation to fall into a comfortable exchange—a conversation between the interpreter and the research participant. I engaged in regular conversations with my interpreter to establish my expectations of interpretation—that his work is to convey my words, and the words of the research participant, not to act as an additional research participant or to convey to the participant that it is he—not I—asking the questions. To deal with this, Ntesi and I would often check in with each other to ensure the interview setting was being maintained—and if not, it could be re-established. In addition, we gradually worked to develop a system whereby he would clearly state “I am adding this” when he wanted to clarify the meaning of what he has interpreted, or if he wants to add a thought of his own. In this way, I was able to gain a degree of control over which voice was being represented in the interpreted material.

A second issue that arose because of the decision to work with an interpreter was the presentation of the data, specifically whether or not to use direct quotes from the interviews. One of the criticisms of using an interpreter is that despite interpretation occurring during collection, data is ultimately presented in a fashion that obscures the interpretation process (Crane, *et al.* 2009). I have decided to include quotations at strategic points in this dissertation and associated published work. I do so only after having made note to the reader that these are in fact the product of interpreted dialogue, making the interpreter visible in the process (Temple and Edwards 2002). I have chosen to use quotes because they are the data

upon which I rely, and in providing them to the reader, I create a connection between the data I collected—the words of an individual, as interpreted in meaning and word choice, through an interpreter—and the reader. These are snippets of the conversations in which I participated, and the words through which I came to understand the everyday experiences of the people with whom I worked. I use their words within that framework of understanding.

### *Comprehensive Compound/Household Surveys*

The surveys were conducted once during this project, at the start of the field season (November to December, 2011). While primarily conducted for data collection, the surveying also provided the opportunity to introduce the research project to community members. Furthermore, it gave me the chance to re-introduce myself to community members after a three year gap since my last visit and five years since I had last conducted research in the village (Hanrahan 2007a).

Comprehensive compound/household surveys were used to collect standardized information on the population (see Appendix A), providing a summary of livelihood strategies and relationships of support within the community (deVaus 2004; Ferguson 1994). In order to ensure that every compound possible was surveyed, interviews were conducted with a single, adult person living within that compound. It is important to note that a compound does not necessarily represent a cohesive household—compounds are familial housing units that may house a single nuclear family or an extended family, co-habiting nuclear families (usually directly related), and some families were also polygynous. These surveys provide a baseline of data on the range of livelihood strategies, family, household and community composition, as well as provide general information on how people are

interconnected between compounds with respect to activities pertaining to livelihood strategies. Surveys collected data on activities contributing to livelihood strategies, including activities surrounding food, water, fuel, animals, trade and marketing, and care-giving. Elderly individuals were identified at this time and their interest in further participation was solicited at the time of the survey or during a follow-up visit.

Compound survey interviews were conducted with a least one member of each compound, or, in the case of multiple households (here defined as self-defined independent heads of households with separate economic interests) co-habiting within a single compound, the questionnaire was completed with at least one member of each household, where possible. A total of 50 households were surveyed (out of a total of 51 households in the village<sup>13</sup>). Survey findings were supplemented by data collected through the course of participant observation and individual interviews, including the particular activities that compose the everyday practices of particular individuals, how these activities are practiced through space, and the social relationships that intersect with these activities, including relationships that extend beyond Binalobdo. If, during the course of the remainder of the research, changes to household information occurred—such as changes in membership due to births, deaths and migration—an additional note was made in the survey record.

### *Individual Interviews*

In the original project design, I intended to conduct semi-structured life history narrative interviews to collect data that merges individual experience within wider social

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13 I was not able to gain access to the 51<sup>st</sup> compound in the village because the male head of household did not live in the village year-round, but worked in another area as a preacher. I was, however, able to gain access to households that I had not been granted access to in a previous research project in 2006. (Hanrahan, 2007a).

understandings (Jackson and Russell 2009) surrounding the themes of ageing, care and everyday labor. The goal of life history narrative interviewing is to contextualize daily experiences with past and present experiences, and memories of those experiences, as told by the participants themselves. During the course of fieldwork, this design was modified slightly, incorporating an unstructured interview style, and multiple interviews were conducted with each participant, building a picture of their life history and current experiences. This style of interviewing was more comfortable, fitting in with everyday social interactions familiar to the research participants (Briggs 1986). This format encouraged participation as well as facilitated building relationships between myself and the research participants. Furthermore, it allowed me to take advantage of arising circumstances with ease, such as incorporating multiple participants into a conversation. The format gave the participant more control over the content and direction of any single interview event, allowing the participant to take their narrative along themes they are most interested in sharing and that pertain to their daily practices and living circumstances. The interviews were casually moderated by asking questions to prompt further discussion or to follow up on previously explored information; this allowed for the exploration of themes that were initially unforeseen, resulting in the creation of richer data collection events.

Individual interviews were primarily conducted with a core group of elderly research participants, including seven women and four men. Each participant was interviewed a number of times, ranging from three interviews to well over 30 interviews. The number of interviews conducted was determined by a range of factors, including a participant's willingness and ability to participate, the developing nature of my relationship with a participant, as well as the nature of changing circumstances of interest to the project. In total,

175 interviews were conducted, with over half of these interviews including full audio recordings. Interviews varied in length, ranging from about 15 minutes to well over 1.5 hours.

Living and working in the village, I was able to develop close relationships with many of the core research participants. To do this, I regularly went to their homes to greet them. Greeting is an important act in this community, serving to demonstrate respect and care between individuals and households. During a greeting, information is exchanged on each other's well-being, as well as the well-being of family and household members. Greetings also traditionally begin by exchanging information on what one was recently doing—whether one has recently traveled or been ill, or more mundane information such as having eating a meal or taken a rest. Greetings therefore provided an important opportunity to demonstrate respect and cultivate interpersonal relationships, as well as providing information on daily activities and well-being.

Audio recordings were taken for all interviews where conditions permitted and permission was granted. In addition, general notes on observations, thoughts and follow-up questions were written up following each interview. Audio files were subsequently reviewed, and detailed notes taken. Due to the number of interviews recorded, transcriptions were not done for most interviews. Instead, detailed notes included time markers, and transcriptions of snippets were made when sections of interest were identified. While in the field, audio-files and written notes were reviewed to help inform and guide subsequent interviews and other interactions.

### *Focus Group Interviews*

Focus group interviews were conducted between March and May 2012. Focus groups are an effective strategy for gathering information on the range of ideas or opinions about a topic that emerges from group interactions (Krueger 2004) and were therefore used to cultivate discussion among members of the community on the topic of what it means to age in this particular cultural and social context. This included the contributions made by individuals at various stages of the life course towards individual and familial or extra-familial livelihoods; the social role of people at various ages, including the social and spatial relations in the community; what it means to be *pur* (old) in this community; and who is considered to be elderly within the community. Focus groups are social settings in which meaning can be explored and constructed (Goss and Leinbach 1996); it was therefore expected that the groups would not necessarily present a consensus on social norms surrounding age and the elderly (Stewart, Shamdasani and Rook 2006), but instead present a variety of ideas as participants interacted with each other to discuss their points of agreement and difference. Livelihood strategies and care relationships are socially negotiated and constructed relations and the focus groups provided an important entryway into understanding the perspectives regarding these relations.

It is also useful to derive comparisons along particular axes of social difference that are of interest to a project (Morgan 1996) by organizing focus groups along these lines. Towards this purpose, focus group interviews were organized to represent different life stages based on gender, relative age, and marital status. A total of eight groups were organized, each consisting of four to seven participants (see Table 2.1). These groups mimic the social division and integration between women and men that occurs at different ages and life stages

(for a more in-depth discussion of the construction of social position with respect to gender, age, and marriage in this community, see Hanrahan 2015a; see also Hanrahan 2007b). These groups are identified in Table 3.1 by the appropriate term in Likpakpaln (for example, young adult women who are unmarried are referred to as *usapᵛᵛpul*; their male counterparts are referred to as *unachipᵛᵛpul*). It is important to note that I decided not to organize focus group interviews with elderly women and men. Many of the elderly community members experienced limitations in their mobility that prevented them from moving between houses and it would have been difficult and demanding to request that these community members gather in a single location for the purposes of an interview. The topics discussed during the focus group interviews were discussed individually with elderly community members, but we do not have the benefit of the communal conversation offered by the focus group format.

Table 3.1. Focus Group Composition

Focus group (Socially-defined life stage)	Gender	Relative age	Marital status	Number of Participants
<i>upii</i>	Female	Mature adult	Married	7
<i>ujal</i>	Male	Mature adult	Married	6
<i>usapᵛᵛpul</i>	Female	Adult	Married	7
<i>unachipᵛᵛpul</i>	Male	Adult	Married	4
<i>usapᵛᵛn</i>	Female	Young adult	Unmarried	5
<i>unachapᵛᵛn</i>	Male	Young adult	Unmarried	6
<i>usapᵛᵛnbo</i>	Female	Girl	Unmarried	5
<i>unachapᵛᵛnbo</i>	Male	Boy	Unmarried	5



Focus group interviews can be difficult to schedule (Morgan 1988), and I therefore originally intended to conduct these interviews during the dry season (between November and December 2011), when farming responsibilities are less pressing and people have more free time. However, the logistics of organizing and executing these interviews proved to be time-consuming, and interviews were not conducted until 2012. Most significantly, I was concerned about the act of in-situ interpretation during the focus group interviews. Although this was the method of interpretation used during the household surveys and individual interviews, I was concerned that the act of interpretation would hinder the development of reciprocal conversation among the group interview participants. To address this concern, I first organized a trial interview with young men in the community. This first interview took place in January 2012 and was conducted with in-situ interpretation. I acted as the primary moderator of the interview, and all conversation was interpreted by Ntesi. An audio recording of the interview was taken for subsequent transcription and review. During this interview, my fears of the cumbersome nature of in-situ interpretation were borne out, and Ntesi and I strategized to revise the format of these interviews. A second trial interview was then conducted with another group of young men. In this second interview, I was present for the interview and Ntesi provided occasional summaries of the conversation so that I could move forward with questions as I saw fit. Again, this format was awkward and did not serve to stimulate active conversation. Finally, I decided that the purposes of the focus group interviews would best be met if in-situ interpretation did not take place. Indeed, my presence in the interviews prompted individuals to include me in the conversation, disrupting the flow of dialogue with the necessity of interpretation. Instead, I trained my interpreter to act as the moderator of the focus group interviews. I developed a questionnaire

(Appendix B), and we discussed all questions ahead of time to ensure we were in agreement about the intent of the questions. Ntesi conducted a group interview and we met to work through the interview. This comprised of sitting down together to translate the focus group interview recording into English. By working closely with the interview material in this secondary translation, this meeting also gave us the opportunity to work through problems and clarify expectations. Ntesi then moderated the remaining focus group interviews.

I was not present for the focus group interviews and an audio recording was taken of each interview. Once an interview was conducted, I met with Ntesi to produce a secondary recording, wherein the interview material was translated to English. Each secondary recording includes both the primary recorded interview content and translated content. This method of ex-situ translation, with both researcher and interpreter present, was an effective strategy. I was able to control the translation, ensuring that every exchange was translated. I was also able to interject and ask questions of clarification with word choice or meaning; these interjections are also contained on the secondary recording. I later transcribed the English portion of the secondary recordings. All focus group interviews were thus conducted, with recording occurring between March and May 2012, and transcriptions completed by July 2012.

### *Participant Observation*

Participant observation consisted of participating in and observing the daily activities and interactions of household members (Spradley 1980), particularly the households in which the elderly research participants lived, providing an opportunity to collect information on everyday practices pertaining to social relations and livelihood strategies. Participant

observation occurred throughout the research period in order to document activities across both the wet and dry seasons. Participant observation helped to illuminate discrepancies between the way people talk about their relations in interviews and how they are practiced. Observations also provided welcome fodder for the exploration of further information in interviews (Atkinson and Coffey 2002).

### *Data Analysis*

All field notes, interview transcripts and notes were coded manually to draw out common and contrasting themes (Coffey and Atkinson 1996). Narratives were also left intact for interpretation, ensuring stories told by participants remained unfragmented by the coding process (Riessman 2002). Focus group interviews were coded independently of individual interviews. In particular, focus group interviews were coded for an understanding of ageing in this community. This included the concepts of ageing, becoming and being *pur* (old)—including physical characteristics and social relationships—and expectations of support towards persons other other generations (both older and younger).

### **Short Biographies of Primary Research Participants**

As noted above, there were eleven primary research participants in this project. All research participants are identified by a pseudonym and elderly community members prefaced by a title of respect: *Nyaa* (grandmother), *Npul* (auntie) and *Nyaja* (grandfather). In what follows, I introduce the reader to each participant (presented in alphabetical order by pseudonym) with a brief biographic note.

*Nyaa Hannah*

Nyaa Hannah was an elderly woman who came to live in Binalobdo with her second marriage. She was first married to a Konkomba man in Togo, but ran away from the marriage to escape her husband's violence. She had no children in her first marriage. She bore two sons and three daughters in her second marriage. She has one living son, with whom she now lives, and her daughters are all married and living in their husbands' villages. She lives in a small two-room compound with a courtyard and two roofless rooms for bathing, as well as a small room used for storage. Between 2011 and 2013, Nyaa Hannah underwent significant changes in her well-being and living circumstances. In 2011, she was struggling to work for herself and garner enough resources to stay fed. In 2012, her daughter-in-law, living in another compound, began cooking and fetching water for her. Later in 2012, she suffered a fall that left her immobilized from a broken hip, and her daughters came to care for her, until her death in 2015.

*Nyaja Gmayeuwumbor*

Nyaja Gmayeuwumbor is the oldest man in the village, regarded as the community's *uninkpel* and performs the tasks of a *tindaana* (see Chapter 2; also Tait, 1961). Nyaja Gmayeuwumbor migrated to Binalobdo in the 1950s when he was a young man, and he was among the first settlers from the lineage to settle in the village. He is also the only remaining village member who was among these original settlers. He married as a young man and had a family, although his children all left his home as adults, and they do not have a relationship. More recently, he married a young woman, and they have six children, the youngest born in

2010. He also has a second wife, a woman living in Binalobdo who was widowed. They do not have children together. Nyaja Gmayeuwumbor continues to act as the primary farmer in the household, although increasingly his oldest son, who is just entering his teenage years, does the bulk of the labor when he is not in school.

Nyaja Gmayeuwumbor fell ill in 2013 following the death of one of his estranged sons.

During his illness, his daughter, who had also been estranged, came to provide care.

### *Npul Margaret*

Npul Margaret is a woman in a unique position in Binalobdo. She is an unmarried woman, related by blood to all the men in the village. She is considered to be the most senior woman in the village; although there are women who are likely older in years, her status as a lineage member gives her seniority. She entered into two marriages as a young woman, but both ended when she failed to fall pregnant. She returned to live with her brothers in Binalobdo, and has lived with two different brothers since that time. She also worked for many years cooking and washing for the Roman Catholic Mission in the nearby town of Salaga. Later, she acted as a foster mother to four children who were orphaned. She currently lives with a brother and his wife and children, maintaining her own food stores and cooking for herself. She continues to engage in some farming, but is increasingly reliant on the support of others for labor.

### *Nyaa Matulbi*

Nyaa Matulbi is an elderly woman who was brought to Binalobdo by her second husband. She married her first husband when she was quite young and they had six children together, including one son and five daughters. After her first husband died, she married a young man of her choosing. She had two more children with this man, both daughters. She now lives with her only son, his wife, their children and grandchildren. The house is a big, bustling house, including a small store run by her grandson, which sells alcohol in addition to dry goods like sugar, batteries and school supplies. Nyaa Matulbi can no longer farm or do many forms of domestic labor; she is impaired by a malady that has left her foot severely atrophied and prone to sores. She often spends her days sitting under the mango tree outside her home and watching over her youngest grandchildren. Although Nyaa Matulbi's daughters are all married, her youngest lives in Binalobdo as well, in the next door compound. Early in 2013, Nyaa Matulbi experienced a significant change in her well-being, and her middle daughter also came to stay with her for many months to provide care.

### *Nyaja Nabi*

Nyaja Nabi is an elderly man in Binalobdo who lives with his two wives and their children. They have older daughters who have married and left the house. It is a large family, and the youngest son, borne to his second wife, was breastfeeding when the study commenced in 2011. His oldest son, born to his first wife, lives away from home to attend post-secondary school. The second oldest son never attended school and stayed at home to farm with his father; he started attending primary school in his late teenage years but continues to be the primary laborer on his father's farm. Although Nyaja Nabi goes to farm most days during the

active season, he no longer engages in heavy physical labor but continues to actively plan and manage the farming for his family.

### *Nyaa Ngbalikbi*

Nyaa Ngbalikbi was an elderly woman who returned to live in Binalobdo early in 2012. Prior to that, she had lived with her son, and earlier, with her father's brothers' children in a village a few hours' walk from Binalobdo. She had been married as a young woman to a man in Binalobdo, but she spent much of her time as a married woman brewing *ndaan* (guinea corn beer, more generally referred to as *pito* in Ghana) and selling it in southern Ghana. She was eventually rejected by her husband in Binalobdo and therefore had a strained relationship with the community. She did not marry to another community, and her son is a member of the Binalob line, and therefore belongs in Binalobdo. Tradition dictates that a son belongs in the father's village, and an elderly mother belongs with her son. She returned with her son to live in Binalobdo in 2012 after they had been pushed to leave her paternal family's village where they had been living. Nyaa Ngbalikbi suffered from physical weakness that left her with limited mobility, compounded by blindness. She lived in a small, one-room home on the periphery of the village with her son, his wife and their infant child. In addition, Nyaa Ngbalikbi suffered from fear of violence, as it is widely believed that she was a witch. Nyaa Ngbalikbi passed away in 2012.

### *Nyaja Christopher*

Nyaja Christopher is an older man somewhat ambiguously considered to be *pur* in the community. He has a physical disability, the result of farming accident in his youth. This

impedes his ability to farm as efficiently as he would like and his wife and daughters perform much of the needed labor on the farm. He has a large family, living with his wife and their son, who is also married with children. In addition he has a son who has built his own compound in the village, where he lives with his wife and children. Nyaja Christopher also has two sons who live in cities elsewhere in Ghana, one attending school, and one working.

### *Nyaa Ntibi*

Nyaa Ntibi is an elderly woman living in Binalobdo. She came to Binalobdo with her first husband. Following his death, she was collected by his son from another wife. She lived with her second husband, but eventually left because she was unhappy in the marriage. She returned to Binalobdo to live with her son, born to her husband and her co-wife. However, his mother died when he was young and Nyaa Ntibi raised him. She lives with her son, his wife, their son and his two wives and children. Nyaa Ntibi occasionally works on her son's farm, and sometimes keeps her own small farm.

### *Nyaa Uchain*

Nyaa Uchain was a petite, quiet elderly woman. She lived in a large house with her son, his wife and children, her daughter and grandson, as well as with her one surviving co-wife and a woman with two young children recently divorced from her husband in another village. Nyaa Uchain was betrothed to her husband as an infant, and married him at a young age after her parents died and she fell ill. Nyaa Uchain had been in ill health for many years, and in 2012 she again fell ill. After a brief hospitalization, she returned home to die under care of her son and daughter-in-law, as well as her daughter. Nyaa Uchain passed away in 2012.



### *Nyaja Ntelabi*

Nyaja Ntelabi is an old man in Binalobdo, with a large house and family. Although he is not considered to be old in years, Nyaja Ntelabi suffered a bad accident that broke his hip and left him with severely reduced mobility and he is considered *pur* as a result. He lives with his two wives and their children, including a son who is recently married and has a small child. Nyaja Ntelabi no longer farms, and the farming is entirely managed by his two oldest sons.

### *Nyaa Wumbɔraliin*

Nyaa Wumbɔraliin was an elderly woman living in Binalobdo with her son, his wife and their children. Nyaa Wumbɔraliin is a midwife and has since trained other women in the community to do the work. She was often in ill health, although she continued to work around the house, kept chickens, and she frequently performed small tasks for neighbors. As of 2012, her daughter, who is divorced without children, had also come to stay with her and care for her. Nyaa Wumbɔraliin passed away in 2014.

### **Personal relationships**

The epigraph of this chapter is a quote taken from an interview I had with Nyaa Hannah's daughter in 2013. The quote is significant because it demonstrates—from the perspectives of others, while at the same time reflecting my own feelings—of the importance of the personal relationships I developed while living in Binalobdo and conducting this work. I focused on understanding others' personal relationships, but I also had the privilege of building relationships with members of this community. I spent my days greeting and sitting with elderly community members, listening to their joys and woes. I also embraced the

responsibilities that come with interpersonal relationships in this community— responsibilities that are elaborated on in the following chapters. I acknowledged when others were in need, providing small amounts of cash, as well as soup ingredients—bought at the market and grown in my garden—*ndaan* (local beer), medicines, and snack foods.

In Chapter Four I present a story about Nyaa Hannah, with whom I was quite close. I visited her almost everyday, and spoke often with her daughters who lived in other villages. I regularly brought Nyaa Hannah small amounts of money and food. In Chapter Four I describe an incident that arose when I went to visit her one day and found that there was no water in the house. As a result of a conversation that followed, Nyaa Hannah's daughter-in-law, who lives in another compound, overheard that there was not water and she came over to speak with me and Ntesi. In an interview I had with her at a later date, she told me that seeing me upset about her mother-in-law's situation served to remind her that she has obligations to care for this woman, despite the fact that they live in different houses and that they have had a strained relationship over the years. While it can certainly be argued that this is methodologically problematic—the care provided to Nyaa Hannah was prompted by an intervention on the part of the researcher—I argue that instead, my intervention was part of the wider system of care in this cultural context. I participated in personal relationships and in so doing, I became aware of—and drew awareness to—the cultural constructions of care I was learning about in the process. Many of the community members were skeptical of the care Bipuuteeb was providing to Nyaa Hannah and they were convinced that it would cease as soon as I was no longer in the village. This was not the case, however. When I returned to Binalobdo in 2013, Nyaa Hannah was no longer receiving support from Bipuuteeb; instead, Nyaa Hannah's own daughters had come to stay with her after she broke

her hip and was immobilized. The daughters told me that Bipuuteeb had brought food and warm bath water to their mother every day until the accident happened and the daughters themselves were able to arrive (see Chapter Five for more on the negotiations of care between adult married daughters and their mothers). While the course of Nyaa Hannah's care may have been different if I were not present in the village or had chosen to remain aloof, I was present and participated in a close relationship from which Nyaa Hannah ultimately benefited with respect to her care. However, the form of my relationship with Nyaa Hannah, and the practices of care taken on by multiple others to provide for Nyaa Hannah's needs are in line with the practices of care seen within this community.

## **Conclusion**

In this chapter I have provided an overview of the methods employed in conducting this research project. I have discussed the benefits and difficulties of relying on an interpreter to conduct cross-language/cross-cultural work, and outlined the ethnographic approach that included multiple data collection techniques (comprehensive household surveys, individual interviews, focus group interviews, and participant observation). This was followed by a brief discussion of data analysis. I then provided a very brief introduction to each of the elderly individuals with whom I worked.

This methodological approach is contextualized within the fundamental importance of personal relationships—both as topic and practice. Inspired by feminist methodologies that encourage the exploration of techniques that acknowledge the social dynamics that exist within the research process, including the potential for reproducing hierarchical relationships that situate research participants or research assistants as 'other', highlighting the voice of the

researcher while marginalizing others. This work has required me to reflect on my own position in the research, and the role I played in the daily experiences encountered during the research period.

Finally, this methodological approach has been successful at developing an understanding of the geographies of intergenerational care in this community. By returning to a community where I had previously established connections and conducted a brief period of field work (Hanrahan 2007a) and re-immersing myself into this community, I was able to observe and participate in these everyday practices of care. The methods employed overall were successful. However, there were challenges. I have discussed above the challenges of working with an interpreter—and these challenges were amplified when trying to conduct focus group interviews. However, the trial-and-error approach to developing a technique for conducting these interviews bore fruit. The results of these interviews were extremely interesting, particularly because they gave me entry into group conversations in a way that was not possible given the limitations of my language skills.

## CHAPTER FOUR

### LIVING CARE-FULLY: THE POTENTIAL FOR AN ETHICS OF CARE IN LIVELIHOODS APPROACHES

#### **Introduction**

In this chapter<sup>14</sup> I draw on a feminist ethics of care to consider how a perspective oriented towards the connections and relations between people has the potential to change our approach to studying livelihood strategies. Livelihoods are studied by a range of scholars who tend to focus on the documentation of activities and resources that support individuals and their dependents, or the “capabilities, assets (stores, resources, claims and access) and activities required for a means of living” (Chambers and Conway 1992, 5). Within livelihood studies, emphasis tends to be on the material outcomes of these activities, and on the various strategies entailed in securing a livelihood. While providing important insights into the complexity of making a living in a diversity of contexts, these studies, even when the highly social nature of the strategies is acknowledged, tend not to investigate the quality and character of the relational and interdependent nature of livelihood strategies. Thus, extant studies have tended to miss the complex webs of caring in which people seek to secure their livelihoods. I build on recent critiques of livelihoods approaches that seek to rectify the pervasive focus on material outcomes that has marginalized social life to an instrumental position within livelihood strategies. I further argue that livelihoods have also been influenced by concepts of individual autonomy and independence resulting in analyses that

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14 This chapter is published as an article in *World Development* (Hanrahan 2015b). The abstract has been omitted and the references are integrated within this dissertation's bibliography. For the sake of consistency within the dissertation, I refer to this chapter as 'chapter', not 'article' in the text.

prioritize the pursuit of self-interests. As a result, interdependency and the contingencies associated with interdependent living and caring for one another have been overlooked in livelihood studies. In this chapter I ask what a *care-full* approach to livelihoods could look like and how taking such an approach, one that accords interdependence a central place, could change the ways in which we understand people and their strategies for making a living. Drawing on qualitative research conducted in a rural village in Ghana's Northern Region, I recount the story of an elderly woman and her daughter-in-law to illustrate how these women have negotiated livelihood strategies that are interdependent. This story exemplifies that interdependency is a contingent arrangement, despite relationships being defined through formal cultural expectations of responsibility and obligation. These two women's relationships, and thus their livelihoods, are built through negotiations that shift as circumstances change.

In social science, considerations of an ethics of care arose as part of broader feminist criticism of masculinist understandings of moral reasoning, often unproblematically assumed to be at work in societies around the globe (Gilligan 1982; Noddings 1986; Held 1993; Tronto 1993). By raising the issue of care, critics sought to challenge the assumed autonomy of individual subjects. Privileging the twin concepts of autonomy and independence failed to account for the deeply relational nature of everyday experiences. Feminist theories of care have pressed for a re-valuing of the many responsibilities and relationships shaping an individual's life, stressing the importance of contingencies, rather than rules, that influence not only moral reasoning (Gilligan 1982), but the practices of everyday life (Tronto 1993). An ethics of care directs our attention to care values and practices of support and care, practices that sometimes indeed enable a sense of independence, but do not take such a state

as a starting point. The intentions and practices of caring and being cared for permeate and sustain our lives. Livelihood studies, however, have tended to overlook the interconnectedness of people's lives, and how caring—both as an activity and a value—is an important component of those lives. In order to capture interdependencies, we need to understand how people are interconnected. I draw on feminist ethics of care to provide a deeply relational ontology from which to critique livelihoods analysis. An ethics of care allows the conceptual space to open up what it means to make a living, incorporating values and work of care, as well as carelessness, in the decision-making and practices of everyday life. We can identify interpersonal relationships and subsequently explore how these relationships impinge upon the construction of livelihood strategies—not only how relationships are instrumental to fulfilling one's own needs, but how our own needs and the needs of others are inextricably embedded together in complex negotiations of our strategies.

In the first section of the chapter, I build on recent critical work which questions the overwhelming focus on material outcomes while marginalizing social well-being in livelihoods analyses. Towards building an argument for a relational ontology, I explore the ways in which livelihoods analyses have approached social relations and social connectedness, including in the discussion a consideration of social capital and social networks, the household as the scale of analysis and gender and intra-household dynamics. In the second section, I introduce feminist ethics of care, upon which I draw as a foundation for a relational ontology that conceptualizes social relationships as human connectedness rooted in interdependence and contingencies. The third section is a case study, which considers shifting circumstances and strategies of an elderly woman and her daughter-in-law, in order to understand how their livelihoods are interdependent. This case study is drawn from both

individual and focus group interviews and participant observation conducted between November 2011 and June 2012. I close with a discussion of this case study, and reflect on the potential of taking a care-full approach to livelihoods. An ethics of care, I argue, can productively reorient the focus of the frameworks used to study livelihood strategies. There is the potential to add new complexity to livelihood studies and better reflects what it means to make a living in particular places.

### **Are Livelihoods Care-less?**

Livelihoods approaches are one of the various approaches applied to understand the ways in which people support themselves and others. The appeal of livelihoods approaches lay in part in their broad scope. They encompass not only income generating and subsistence practices, but also account for larger social and environmental contexts. Livelihoods approaches emerged in the early 1980s out of a tradition of highly localized and in-depth understandings of how people make a living in particular places, a tradition that included, among others, household economics and gender analyses, political ecology, sustainability science and agro-ecosystem studies (Scoones 2009). They grew to prominence in the 1990s in reaction to staunchly economic macro-level approaches and the dominance of income-based poverty and employment-focused development policies that often failed to account for social and political complexity in rural development work (Chambers and Conway 1992; Chambers 1995; Ellis 1998; Scoones 2009). Livelihood approaches also gained some acceptance in prominent institutions, including the World Bank, (Scoones 2009; Fine 1999) and by the late 1990s, sustainable livelihood approaches were promoted by UK-based Department for International Development and the Institute of Development Studies. The popularity and



institutionalization of the approaches led to the development of livelihoods approaches as a standardized, comparative approach in rural development.

The adoption and development of livelihoods approaches within these prominent institutions required effective dialogue between economists and the ecological and anthropological work they relied upon. Livelihoods approaches applied the language of institutional economics, and livelihoods came to be understood in terms of assets, reduced to a five-part framework of 'capitals'; social and material life were partitioned into natural, physical, human, financial and social capitals (Bebbington 1999; DFID 1999). Access to these assets was regarded as critical. Livelihoods approaches proposed that various institutions—social systems and structures that define and delimit behavioral expectations—mediated access. For example, and somewhat awkwardly, social life found itself expressed in two ways; first as social capital (see below) and second as the social context in which livelihood strategies are negotiated. The social dimensions of life, instead of embedded within livelihood strategies, were reduced to an instrumental role in accessing assets.

There is a growing recognition of the need for a new orientation to livelihoods approaches, where the social is not seen as a merely peripheral concern, but where complex socio-economic practices lie at the very heart of livelihoods strategies. It has been argued that there is a need for a critical injection focused on knowledge, scale, politics and dynamics if the approaches are to remain relevant to questions of rural development (Scoones 2009; deHaan and Zoomers 2005). Most significant here, is the recognition that there has been a cost to the economic-orientation in livelihoods approaches. Livelihoods analyses have largely been reduced to economic decision-making, with material outcomes being accorded primary importance and social life relegated to an instrumental position (Scoones 2009; Carr 2013;

Jakimow 2013). In what follows, I discuss where and how social and material well-being have been incorporated or marginalized in livelihoods approaches.

Contemporary work has criticized livelihoods analyses for establishing an instrumental approach wherein the actors are positioned as rational decision-makers (deHaan and Zoomers 2005) whose economic well-being and social well-being are dissociated from one another. These critiques demonstrate that a rationalist approach overlooks the complex social influences that shape livelihood opportunities and outcomes. Jakimow (2012, 2013) and Carr (2013) are noteworthy because they offer alternative theoretical approaches—“serious games” and intimate government, respectively—that give equal consideration to how material and social concerns affect livelihood strategies. Carr (2013) argues that despite livelihoods approaches' acknowledgment that both social and material goals factor into the negotiation of livelihood strategies, there has been little effort towards systematizing an approach that studies the convergence of these goals. Carr (2013) puts forth an approach—based on the concept of intimate government—where livelihoods are seen as a form of government. Livelihoods are thereby the efforts to influence the practices of individuals or larger social units towards meeting outcomes that may be in flux or contradictory. This allows the researcher to focus on the negotiations of social and material well-being without unduly privileging material well-being in an individual's strategies. Revisiting earlier work that considered the competing interests of men and women within a household (Carr 2005), Carr argues that this approach will allow us to understand decision making that seeks to satisfy social needs that may not support positive material outcomes. Through the lens prominent in livelihood analysis, such behavior appears “illogical” (2013, 102) albeit as social processes with non-material yet essential outcomes that contribute to decision-making with respect to

people's livelihood strategies. Carr demonstrates how livelihood strategies of men and women can operate at odds to one another, negatively impacting household-level material well-being. By decentering material well-being and avoiding assuming a priori the most meaningful scale of analysis, Carr demonstrates that social outcomes can be pursued to the detriment of material ends, broadening the approach to livelihoods strategies beyond the economic.

In a similar vein, Jakimow (2012) uses Sherry Ortner's concept of 'serious games', which posits that people negotiate social, cultural and material factors through the 'games of life'--'serious' due to the power plays involved and the high stakes for many of the players (Ortner 1999, as cited in Jakimow 2012). Jakimow argues that paying attention to 'serious games,' where the rules of play exist, but are subject to resistance, fosters an analytical approach where livelihoods can be understood as the dynamic social and material contexts that exert pressure on actors even as those actors reshape them. Her approach, like Carr's (2013), aims to develop the integration of material and social well-being in livelihoods analyses.

The concepts of intimate government and serious games attest to the need to understand the social and material well-being goals and potential outcomes of particular livelihood strategies. These approaches decenter the rational actor from the core of livelihoods analyses. Actors are conceptually refigured as individuals who are deeply embedded in society; their everyday behaviors, which aim towards a variety of material and non-material ends, do not resemble the mechanistic image of the rational, autonomous economic actor. These frameworks continue livelihoods approaches' long tradition of attending to social and political complexities while insisting that we challenge the

assumption that social life is merely instrumental to achieving material outcomes. Here, I draw on these interventions to suggest that livelihoods approaches can be opened up to explore interdependencies and interpersonal relationships.

Making the assumption that actors are autonomous and independent expresses a particular understanding of how an individual relates to others. While autonomy and independence do not negate the existence of social relations and relationships, they do create distance from realities of connectedness, dependence and vulnerability. This blocks the potential to consider how these relationships impinge upon the pursuit of self-interests. These underlying assumptions mean that even when the analysis presents itself as relational, relationships are regarded as largely instrumental to fulfilling self-interests. In this following section I work through the ways in which livelihoods analysis have addressed relationality—specifically through (a) social capital and networks, as well as (b) the household as scale of analysis and gender as a critical entry point into intra-household dynamics. I also consider how, despite speaking to relationality, these approaches continue to ignore values of care through the unstated assumptions that prioritize self-interests and one's material needs, demoting relationality to a superficial and instrumental role. I will regard the relationality thus presented as a starting point within livelihoods approaches from which to explore how our decision-making and strategies incorporate the needs of others.

### *Social Capital And Social Networks*

Social capital is an ambiguous concept that lacks a clear definition, however we can trace the meaning it has acquired within development discourse to a few key works (Harriss 2001; Woolcock and Narayan 2000). The concept is frequently attributed to Bourdieu, who rooted

the idea in “connections” (Bourdieu 1977). Coleman, a sociologist, defined social capital as the social-structural resources that are inherent within relationships between people and are an asset to them (Coleman 1988). Within development discourse, however, a different definition of social capital gained a strong foothold, following from the work of Robert Putnam (Harriss and De Renzio 1997; Fine 1999). Putnam (1993) argued that social capital is a feature of collectivity, defined by norms, networks and trust that promotes the pursuit of common goals. Social capital refers to connections between individuals, but not endowed in individuals themselves. Having social capital enables access to resources through relationships of trust and reciprocity that bring individual and collective benefits.

The concept of social capital gained prominence in development studies as researchers sought to identify the social relations that produce material benefits. Social capital has been touted as the “missing link”, although some critiques express concern that the focus on microeconomic processes would ultimately fail to rectify the problems of macroeconomic politics (Fine 1999). Researchers have, nonetheless found that connections forged between organizations and networks play an important role in development project success (Mohan and Mohan 2002). In livelihoods approaches, social capital found itself a willing supporter—the local emphasis and holistic approach to socio-economic life provides the opportunity to understand how social connections offer opportunities for asset building (Bebbington 1999). However, social capital, as non-tangible assets continually redefined based on the social context, is a dynamic, intangible entity that is difficult to approach in a standardized way. As a result, social capital was applied at the organization and institutional level, all but ignoring smaller scale social connections that abide between and within households and between individuals. Despite the optimism surrounding its application, social capital has come to

exist overwhelmingly between networks and between organizations. This emphasis on broader scale units that marginalize micro-scale and informal connections such as the household (Lansing 2009) and the individual. Furthermore, social capital has largely relied on a rational economic actor that further alienates other social motivations that appear illogical within this framework (Rankin 2002).

Researchers have also used the heuristic of social networks to understand how people gain access to resources through their interpersonal relationships. This concept recognizes that social relationships create and preclude opportunities for individuals. Building on the work of Sara Berry (1989; 1993), who argued for the crucial role of social networks for accessing resources, MacLean (2011; see also MacLean 2004) shows that the dynamics of particular familial and extra-familial relationships have shifted in response to different state policies on cocoa production and the need to maintain successful livelihood strategies. In Ghana, reduced demand for land have eroded familial intergenerational relationships and support while increasing investments in extra-familial relationships that can yield monetary and labor support. In Côte d'Ivoire, land remains a vital resource and is accessed via intergenerational relationships, and therefore retained their importance. MacLean's work suggests demonstrates the need to understand how we situate our daily lives in relation to the lives of others by looking at the dynamics of the intersection of livelihoods and relationships. We can draw on MacLean's work to reinforce the ideas that people are not fixed into predetermined, immutable relationships of support to access land and labor. Instead, the negotiations of social relationships—in this case, prioritizing of particular interpersonal inter-and intragenerational relationships—are navigated to simultaneously address issues of social and material well-being, albeit in some cases, to the detriment of the needs of certain

people.

Studies of changing familial arrangements also highlight that supportive relationships are not immutable. Instead, people continually negotiate both material and social factors to address their needs and the needs of others. For example, families can come together in times of hardship or when there is a deficit of certain resources, and separate once the stress passes (Agurto and Guido 2001 and Ariza and Oliveira 2004, both cited in Franzoni and Voorend 2011). Families can depend upon the movement of extended family members between places and homes as circumstances change, drawing upon often distant relatives for material support (Young and Ansell 2003). Equally important are the ways in which people are creating families in forms that defy the nuclear family norm, and may therefore veer from the standard hierarchical structure expected in families and family-based households. This may include single parent families and co-habiting adults (Filguerira, Gutiérrez, and Papadópulos 2011), multi-family situations such as those often formed around men engaging in migratory labor (Bundlender and Lund 2011), or families with no adults (Evans 2010, 2011). In addition, families where grandparents play the role of primary caregiver and provide the majority of support have been recognized as vital for securing livelihoods (Case and Menendez 2007; Ingstad, Brunn, Sandberg, and Tlou 1992; Madhavan and Schatz 2007; Ssengonzi 2007; Zimmer 2009).

### *The Household And Gender*

As its pervasive use would suggest, the household is an attractive unit of analysis within livelihood studies (Barrett, Reardon, and Webb 2001; Ellis 1998; Whitehead 2002), touted as both cross-culturally relevant (Netting, Wilk, and Arnould 1984) and convenient

(Chamber and Conway 1992; Niehof 2004). We know of the importance of our connections with others in determining responsibilities, opportunities and constraints, and the household has allowed for the recognition of potentially common interests among household members (Ellis 1998). However, problems associated with the concept of household and its applications have been well demonstrated. Generally, a household is bounded within a common dwelling and connected by pooling of resources and labor. Although this can simplify the research process and ease comparative work, we also know that resources and labor move between people or are constrained by complex relationships beyond a common dwelling or cooking pot (Fortes 1958; Guyer 1981; Guyer and Peters 1987; Netting, Wilk, and Arnould 1984; Ekejuiba 1995) and even extends to connect people trans-nationally (Yeates 2011). The second problem is also one of definition—the household is often defined as a hierarchical structure, headed by the person acting as the primary decision-maker or the bearer of financial responsibilities (Collier, Rosaldo and Yanagisako 1982; Guyer 1981; Varley 1996) and underwritten by a concept of a generalizable (masculine) economic actor (Beneria 1999; Waring 1999; Folbre 2001). Posel (2001) demonstrates that decision-making, while tied closely with income, is not necessarily tied to headship. An emphasis on headship imposes a picture of internal cohesion, hierarchy and homogeneity that obscures the interplay of multiple actors in hierarchical and horizontal relationships and marginalizes non-normative arrangements, such as economically active women living with men, elderly women living alone, women and men with adult children, widows, single working women and divorced women living without their children, and children without adult support. Additionally, social markers such as age may be more important in self-definitions of headship than decision-making and financial responsibilities (Posel 2001).



Finally, the third problem lies in understanding the internal dynamics of the unit identified as the household—a problem that arises in part to address the difficulties encountered when working with the household unit. Intra-household dynamics, particularly along the lines of gender division, have been extensively studied and have mitigated concerns over cohesive and homogeneous conceptualizations of the household. Gendered analyses have repeatedly demonstrated that internal incoherence exists within households—women and men have unequal access to key assets (*e.g.*, Bassett 2002; Bryceson 1995; Carney 1993; Carr 2008; Chant and Jones 2005; Gray and Kevane 1999; Grier 1992; Grigsby 1996; MacKenzie 2003; Moser 1993; Rocheleau, Thomas-Slayter, and Wangari 1996; Schroeder 1993). Furthermore, women often face very different obstacles not only from their male counterparts in earning income and doing productive work, but also from one another, along lines of class (Grigsby 2004), ethnicity (Mandel 2004) and life-course (Hapke and Ayyanketil 2004; MacLean 2004; Mandel 2004). These critical gender studies within the livelihoods approach have highlighted that men and women have different interests and opportunities, which shape their livelihoods. Importantly, women make essential contributions to supporting themselves and others. As such, women's abilities and needs cannot be subsumed under those of a household nor negated on account of men's social position and contributions. This work has largely focused on how this creates *competition* within households—women and men's strategies are practiced in specific places and spaces and the complexity of negotiating the social terrain is critical to understanding how livelihood strategies are constructed, how they are successful and how they are vulnerable. Furthermore, these studies favor particular forms of labor and many forms of women's work—such as unpaid care labor—has been ignored (Razavi 2011) and yet undoubtedly shapes

livelihood strategies.

The problems with the household addressed here, in addition to considerations of social capital and social networks, have allowed us to grapple with the complexity of social connections as it relates to livelihoods. We know that individuals participate in and rely on diverse relationships that over time prove fluid and mutable, and livelihoods analyses have relied on the household, social capital, social networks and gender dynamics to recognize relationality within our everyday lives.

A focus on relationality, however, is not allowed to penetrate too deeply into how socioeconomic life is conceptualized. Taking intra-household dynamics, particularly along the lines of gender, into consideration here due to the popularity of this analytical focus, I argue that an ambivalence that has been left underexplored. Individuated interests working within a large unit with certain shared interests and resources do compete—but it is a competition that arises, at least in part, out of the negotiation of varied needs and interests. Women and men are not solely competing to fulfill self-interests. Because they engage in various relationships of obligation and responsibility—as a result of social expectations and personal decisions—they build livelihood strategies that take into consideration the needs of others.

We need to understand not only how gender and other social dynamics shape opportunities and relations, but what kinds of relationships are built and maintained, what kind of support emerges from those relationships and how these relationships create both opportunities and burdens for those involved. Furthermore, we need to approach interpersonal relationships not as constant but as contingent and actively fostered. Interpersonal relationships are negotiated, maintained, abandoned and rebuilt. Interpersonal

relationships may arise because a person needs to fulfill their own material and social needs, or to address the needs of others. They may not always appear rational or logical. I argue that by reorienting how we understand the world and the position of people within it—as fundamentally linked with the needs of others—we can begin to explore how individuals are embedded into the lives of others, and how these relationships influence livelihood strategies. It is the negotiation of obligations, responsibilities, love and care that connect people to each other. If we shift the focus to the ways in which people are oriented *towards* the needs of others, then we can identify the ways in which people are interdependent within their lives—competition and care can find a place in our approaches towards understanding livelihood strategies. This will strengthen livelihoods approaches' engagement with a relational ontology. In the next section, I draw on feminist ethics of care to define what a relational ontology rooted in everyday experiences can contribute to how we conceptualize the connections with others that fundamentally shape our lives and livelihoods.

### **An Ethics Of Care**

An ethics of care finds its origins in Carol Gilligan's work (Gilligan 1982). Drawing on a feminist approach seeking to overcome masculinist assumptions, she tackled psychological research on morality and decision-making processes. She criticized the understanding that decision-making was rooted in rights and the achievement of justice, arguing that evidence from the analysis of women's decision-making processes indicates a strong sense of responsibility that had thus far been overlooked. Despite being criticized for its essentialism (see, for example, Larrabee 1993; Tronto 1993), Gilligan's work has nonetheless been a powerful inspiration. It set the stage for a feminist line of thought exploring how morality

and values of caring, which were largely regarded as feminine and excluded from public and political concerns—values including “attentiveness, responsibility, nurturance, compassion, [and] meeting others' needs” (Tronto 1993, 3)—hold the potential for reconsidering political theory and understanding power relations in societies (Tronto 1993; Crittendon 2001; Robinson 2011). Early work in this vein focused on women's experiences, particularly on the care of children and other loved ones as forming the basis of ethical experiences (Gilligan 1982; Held 1993; Noddings 1986; Ruddick 1989), although this is increasingly understood today as a result of the feminization of caring, not an essential link between women and care (Groenhout 2004; Robinson 2011; see also Ehrenreich and Hochschild 2002; England 2010) and the associated tacit acceptance that men do not care (Kershaw, Pulkingham, and Fuller 2008). Cross-culturally, the emotional aspects of caring about and the laborious activities of caring for have been feminized and women overwhelmingly perform the labor required for rearing infants and children, tend to those who are ill, provide assistance to those who are disabled, provide for the needs of the elderly (Ehrenreich and Hochschild 2002; Noddings 2001; Robinson 2011; Ruddick 1989). This does not, however, mean that women are inherently better at or built to care, nor does it mean that men are incapable of caring. Care values and the work of care—and the persons involved with care—are devalued and non-caring practices on the part of men, who are not often socially obligated to provide care (Kershaw, Pulkingham and Fuller 2008), are even condoned when care is feminized. The result is social and economic practices that leave the labor of care to women while overlooking the social and economic impact this labor has on themselves or others. This labor is not seen as productive or economically valuable, yet caring (and not caring) has social and economic impacts on individuals and their communities, intimately entwined

with our livelihood strategies.

I draw on a feminist ethics of care and argue that they can contribute three elements towards helping us to reinvigorate an understanding of human experience into livelihoods approaches: (1) a relational ontology; (2) the recognition of dependency and vulnerability that creates human connectedness and interdependencies; (3) the rejection of universalizing assumptions and highlighting the importance of contingencies. In this section I present a brief overview of these three elements. I then discuss how they complement the broad pursuits of livelihoods approaches and enable us to move towards embracing relationality.

An ethics of care is based upon a relational ontology. It proposes that human life is formed through our connectedness with others and that the development of the self is inextricably tied to our relations with others. A relational ontology—and the starting point that our lives are intertwined with the lives of others—provides an alternative to theories that view individuals as independent, rational, and autonomous—which underwrite mainstream epistemologies in livelihoods approaches. Interdependence and dependence can become fundamental aspects of human existence. Tong characterizes this ontological shift as moving from a “self-versus-other ontology” to a “self-in-and-through-others ontology” (1993, 51, following Carol Whitbeck 1989; see also Thien 2011). Defining the self through relations with others produces relationships of responsibility whereas defining one’s self in opposition to others produces guarded relationships and obligations.

A relational ontology, however, can be an uncomfortable foundation. While an emphasis on relationships might feel reassuring, by so doing we replace a conceptualization of ourselves as independent with interdependence—entailing the recognition of human vulnerability and dependence. A focus on care reminds us that we will all experience

moments of complete dependence during our lives. These dependencies—infancy and childhood, illness, old age, disability—are part of our lives, and we have relationships with others that support us through these times. Eva Feder Kittay (1999; see also Feder and Kittay 2003; Kittay 2001; Lawson 2007) reminds us that dependency is neither an isolated, nor an exceptional state. Dependency is a state of being that ties together individuals and communities.

...the inevitable dependencies that arise in human life always serve to join us each to one another. We are connected through our own vulnerability when dependent and our vulnerability when caring for dependents, as well as through the potential of each of us to become dependent and to have the responsibility for a dependent (Kittay 2001, 527).

Although many of us will not spend most of our lives as completely dependent on others for our needs, we do in the very least pass through periods of dependency, as well as support others who are dependent. A consideration of dependency is helpful because it clearly illustrates our fundamental connections—we do respond to the needs of others and in so doing, we often put our own needs to the side. Our lives, including the ways in which we support ourselves, are entwined with the lives and needs of others. Dependency requires care, and the provision of care by a person then affects an individual's ability to care for themselves. One of the reasons we create interdependencies with others is to deal with the dependency of others, and our own potential, if not inevitable, dependency.

Ethics of care and livelihoods approaches show convergent interests that open up space for a productive conversation. Importantly, each field reflects a commitment to understanding particular experiences and practices. Livelihoods approaches achieve this by

focusing on small-scale analysis attuned to local context. Similarly, an ethics of care aims to understand human life via a full range of experiences. It is not a universalizing ethics—there is no intent to outline principles that will act as a standard for all reasoning in all circumstances. Instead, an ethics of care acknowledges the need for an understanding of contingencies. It concedes that the strategies to provide the best care are not always clear—that conflicting factors are often negotiated, that caring for certain needs may require not caring for others. To address the bias towards the autonomous individual and to adopt a relational ontology, we need to understand what it means to care in a particular context and what the governing ideologies in that context look like and how they shape care and how care in turn shapes these ideologies—who cares, how they care, what it means to care, as well as who does not care, how they circumvent care and what that means to providing and needing care, attuned also to the ways in which we respond to change—on a day-to-day or more long-term basis, in ways that may or may not be predictable.

Ongoing conversations among livelihoods researchers, as noted, have sought to move beyond the field's preoccupation with material outcomes and its devaluation of social well-being. An understanding of livelihoods as economic constructions risks ignoring the everyday realities of social needs, interests and connections imbricated with the emergence of livelihoods. First, we need to consider how our approach to livelihoods has been embedded within conceptualizations of social life as comprised of autonomous individuals, how independence has been valued and where dependency has been positioned with respect to understanding livelihood strategies. We need to think about where care values and the labor of care have been incorporated or excluded from considerations of livelihoods. Then, we need to develop an understanding of the specific context in which the livelihoods are being built

and how care is conceptualized within that context. To further explore why a relational ontology drawn from an ethics of care will strengthen livelihoods studies, I now turn to a case study from northern Ghana that illustrates the unfolding negotiation of livelihoods strategies between an elderly woman and her daughter-in-law. This case reveals how two people struggle to meet their individual needs, and the needs of the other person, in a caring yet tense relationship.

## **Discussion**

The following case study is part of a study conducted in 2011-2012, which focuses on the livelihood strategies of elderly community members in a small rural village in Northern Region, Ghana. This case study is presented to illustrate what I argue is often overlooked in livelihood analyses—the interdependence of people and its effects on building livelihood strategies. Furthermore, it illustrates how this interdependence bears with it a degree of vulnerability. It is not meant to negate the importance of material outcomes, but in its emphasis on interpersonal connections, aims to highlight the importance of social connectedness and decision-making contributing to other forms of well-being.

### *Research Context And Methods*

This chapter draws on empirical data collected as part of my dissertation project. I spent eight consecutive months in 2011-2012 and an additional two months in 2013 conducting qualitative fieldwork—including participant observation, household surveys, individual and focus group interviews. Those ten months of fieldwork yielded 50 household surveys, over 150 individual interviews and eight focus group interviews. I worked primarily with elderly



persons, but also family and neighbors. Interviews and observations were primarily collected from Binalobdo, a single rural community in Ghana's Northern Region. However, some interviews were conducted with persons living in other communities who have relationships of significance to the support of elderly community members, or were perceived to be neglecting their responsibilities of support. Individual interviews were conducted with the help of an assistant—a non-professional interpreter with whom I also worked for my MA thesis research (Hanrahan 2007a). Focus groups were moderated by my research assistant<sup>15</sup>; these interviews were recorded and subsequently recorded as a translation into English, and the English portion transcribed for analysis. Each focus group comprised of 5-8 participants and were roughly grouped by sex, age and marital status<sup>16</sup>. These are social relations that are cultural significant in shaping labor obligations, socio-spatial mobility, as well as defining intra- and intergenerational relationships.

Binalobdo<sup>17</sup> is a small rural village composed of approximately 50 compounds housing nuclear and extended families located in East Gonja District in Northern Region, Ghana, along the road joining the town of Salaga to the town of Yegi, across Lake Volta (see Figure 1.1). The village was settled in the 1950s by members of a Konkomba lineage who migrated from farther north in Ghana; the area had been previously settled by other ethnic groups, but

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15 Focus group interviews were conducted entirely in Likpakpaln (the local language). Practice interviews were first conducted to explore the potential of conducting interviews with in-situ translation, but the act of translation proved to inhibit the flow of conversation that was desired from the method. I therefore decided to train my assistant to conduct the interviews independently; I was therefore not present during focus group interviews but I did guide the line of questioning and was present for the subsequent translation of the interviews.

16 Eight focus group interviews were conducted. These groups are described as: (1) *unachapɔɔnbo*: male, youth, unmarried; (2) *usapɔɔnbo*: female, youth, unmarried; (3) *unachapɔɔn*: male, youth, married; (4) *usapɔɔn*: female, youth, married; (5) *ujal*: male, adult, married; (6) *upii*: female, adult, married; (7) *ujal pɔɔk*: male, mature adult, married; (8) *upii pɔɔk*: female, mature adult, married. Focus group interviews were not conducted with elderly community members of either sex due to physical limitations that made it difficult for most of them to travel between places.

17 Place name pseudonym, in compliance with the University of Kentucky's Institutional Review Board specifications.

following conflicts in the 1990s (Bogner 2000; Brukum 2001), the Konkomba are the sole residents. Today, residents of Binalobdo farm the surrounding lands with yams and grains, as well as legumes and a variety of vegetables. Farming is done primarily for subsistence, with small-scale trade conducted throughout the year. Some residents also earn income as teachers and preachers, and women engage in sporadic small businesses involving the sale of prepared foods.

Labor is generally divided between women and men, with children, as well as friends and family members contributing supporting labor. Men are responsible for providing the starchy staples—yams, sorghum, maize and cassava—to their families and others within their care. Women farm a more diverse set of crops, growing vegetables on their husband's farm—okra, legumes, leafy greens—while also tending separate farms for groundnuts, peppers, maize and legumes. These vegetables are used for making soup, or for trading for other items that are not locally produced, such as salt, fish and onions.

The majority of food production activities are labor intensive, and while generally speaking labor is divided between men and women, in practice these divisions are more complex in order to accommodate changing physical abilities (as will be developed further here) and access to resources across the life course (Hanrahan 2007a, 2015a). Instead, intra- and intergenerational relationships are sources of labor support to help ensure the fulfillment of labor responsibilities towards sustaining individuals, families and communities. This creates an inherently interdependent web of livelihood strategies in which the needs of others are just as much wrapped into decision making and activities as are one's own needs.

Elderly individuals, who reported experiencing decreasing abilities to engage in the same forms of labor as they had in previous years, explained that they would gradually retire

from activities. Both elderly women and men reported pursuing progressively less intensive tasks; for women, this often meant shifting from having their own farms to performing specific tasks on other people's farms and relying on the labor of others to maintain a personal farm, while men turned their farms over to their sons and participated in supervision and sporadic labor, eventually retiring completely from laborious activities. Although focus group interviews with youth and adults all described the work of the elderly 'to sit and enjoy' --indicating that others should provide for them because of socially-imposed obligations-- retirement is more of a social ideal than a lived reality for most elderly persons. These focus group interviews also indicated that it is tradition among the Konkomba that the son supports his mother in old age, providing for all her needs— although, tradition does not dictate practice. Other groups in northern Ghana allow elderly women and widows to return home to their paternal families (Bierlich 2007; Goody and Goody 1967) but this is not a viable option for Konkomba women. Elderly women reported experiencing conflict and neglect when attempting to relocate to live with their brothers. Konkomba wives are married into their husband's community, and they do not return to their natal communities. Therefore, in widowhood and old age, a woman is to live with her son (Hanrahan 2015a).

### *Shifting Relationships And Shifting Livelihoods Strategies In Binalobdo*

One woman with whom I worked is Nyaa Hannah<sup>18</sup>. Nyaa Hannah is an elderly woman and a widow of many decades. Nyaa Hannah lives with her only son, Baba. They live in a small,

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18 Pseudonyms are used to identify all participants. 'Nyaa', meaning 'Grandmother', prefaces Hannah's name to indicate her status as an elderly woman in the community and a mother to the men in the village.

two room compound with a walled-in courtyard at the front. She also has three daughters, all of whom live in other villages with their husbands. Nyaa Hannah's situation is such that she lives alone with her son—he has never married, nor have they succeeded in bringing a young female relative into the house to stay long-term and work. Because she has her son, Nyaa Hannah's needs falls outside of others' immediate scope of awareness and concern; Baba is responsible for meeting all of his mother's needs. Normally her son's wife would be charged with most domestic tasks, but as the only woman of the house, these responsibility fall to Nyaa Hannah. But her physical limitations restrict her capacity to work, and she is unable to perform many of the daily domestic tasks. Here I want to discuss the shifting strategies that Nyaa Hannah employed to support herself at a time when she was experiencing a significant limitations on her physical abilities which had forced her to retire from many of the strategies women engage towards supporting themselves and others. I will look at a relatively short period of time – between November 2011 and May 2012—during which time her strategies shifted.

When I first met Nyaa Hannah in 2011, she was no longer farming; she had not had her own farm for a few years and had stopped sporadically visiting others' farm to labor (an indirect form of begging often employed when people are in need; the owner of the farm will reciprocate your labor with a share of the harvest or allow you to return home having collected items from the farm, such as vegetables). At this point, she was not farming because she could no longer walk the distance to the farm, nor did she have the strength to perform tasks on the farm like planting, weeding and harvesting, nor finally to carry materials back and forth between home and farm. Nyaa Hannah did not, therefore, have a direct source of vegetables for meal preparation, nor produce to trade when in need of items or money.

She could, however, do some forms of work around the house. She regularly prepared meals—a laborious process that at first appears to be a manageable task for one person. However, in most kitchens the preparation of a meal is the result of the work of a group of girls and women (Hanrahan 2007a, 2015a). Preparing a morning meal involves roasting and pounding ingredients such as peppers and dried okra, cleaning fish, and stirring a heavy porridge over the fire. It means fetching water and firewood—both gathered from areas that required walking a distance of at least—and often more—half a mile while carrying a heavy head load. Sometimes women will pass her compound and give her firewood from their loads. Other times, she will wait for her son to bring firewood home from farm or beg small children to fetch scraps of wood from the nearby bush. She would also walk to nearby compounds to beg small amounts of water or wood in order to cook or quench her thirst in the short term. Her meals were by necessity simple—a watery soup eaten with a watery porridge because she no longer had the strength to stir the thick porridge. These meals were not meals she wanted to share with others because of their poor quality, nor would her son agree to eat the meals his mother prepared—choosing instead to eat with friends.

As Figure 4.1 illustrates, preparing a meal is more than a sum product of activities and resources; each task can be accomplished in a variety of ways, depending what resources are available, who is involved in the transfer of resources or conducting activities. Importantly, the arrows connecting each requirement are founded on interactions that succeed or fail through personal relationships. For example, her plans to prepare a morning meal were often derailed when she failed to solicit a child in the village to provide her with a few pieces of firewood; the same plans were facilitated when her son brought firewood home from farm. Similarly, the ability to prepare a soup was facilitated when the woman living in

the neighboring compound brought her a gift of peppers and okra from the farm, and was hindered when those stores ran dry. Resource acquisition and processing are negotiated through interactions that include receiving gifts, begging items and labor, in addition to independent work. These interactions, in turn, are negotiated through interpersonal relationships that orient individuals towards each other, directing labor on the farm and in the home towards the needs of another individual.

One day in 2012 I went to visit Nyaa Hannah and she told me there had been no water in the compound for two days, and that she had run out of drinking water. This would not be the only time I witnessed this state—on another occasion I happened upon Nyaa Hannah walking to a nearby compound to beg a bowl of water for drinking—a small bowl that she had to hold with one hand, because the other hand held a walking stick—and a small bowl that would likely lose half its contents on the walk back because Nyaa Hannah's hands often shook violently. She would tell me that she would call to girls passing the courtyard, asking them to fetch her some water, but no one had responded to the requests. The day I met her in the house with no water, I engaged in a heated discussion with my interpreter; I grappled to understand how this could happen—how is it that no one had responded to her requests for water, a basic necessity? As chance would have it, a woman was passing and asked what was going on. I did not know it at the time, but this brief conversation would lead to a significant shift in Nyaa Hannah's daily activities—and this woman would take on a significant shift in her own livelihood strategies.

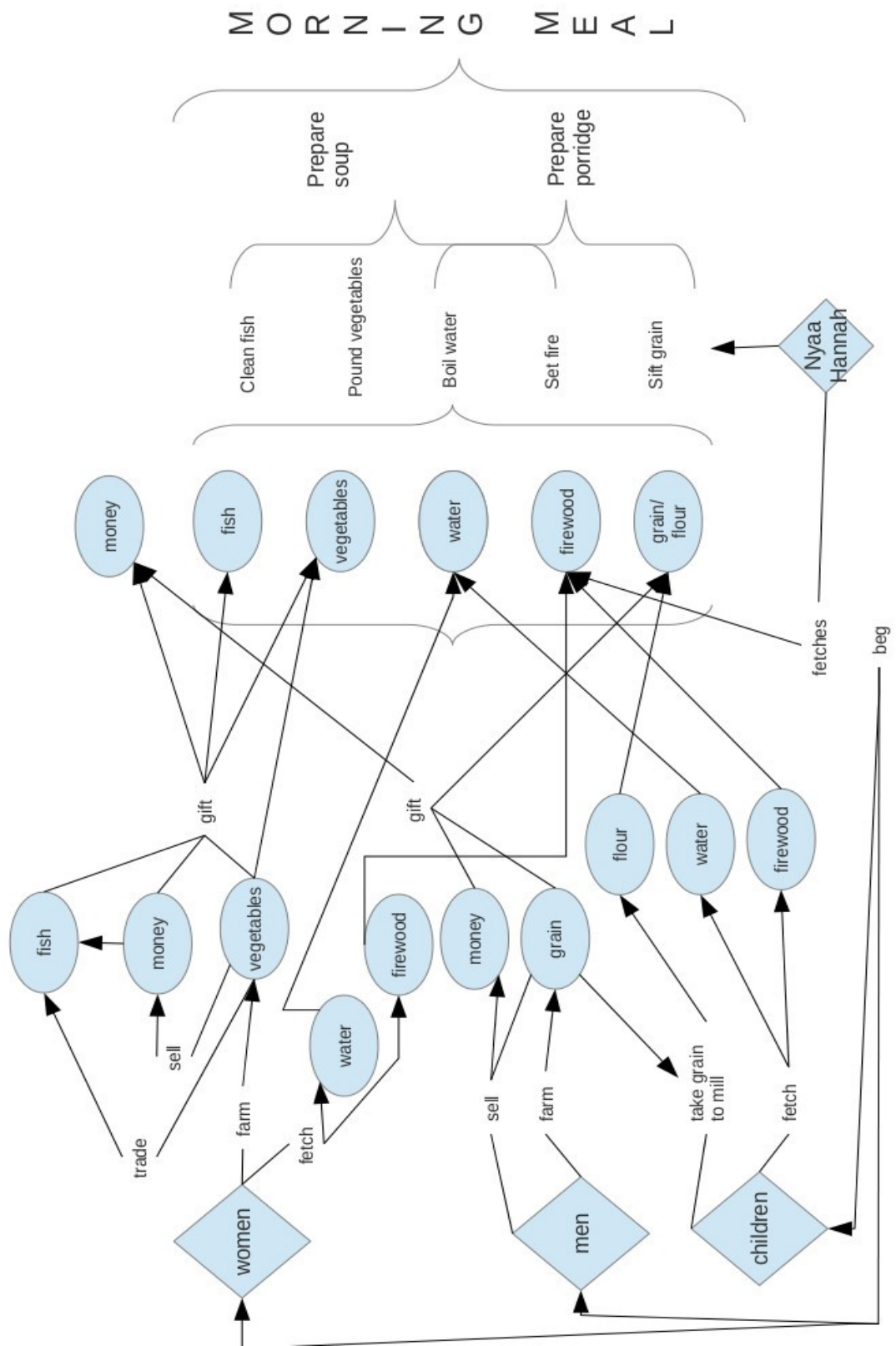


Figure 4.1. The preparation of a morning meal and the many contingent circumstances contributing to Nyaa Hannah's ability to prepare that meal.





The woman passing by was Bipuuteeb, the wife of Nyaa Hannah's husband's second wife's son and therefore considered Nyaa Hannah her mother-in-law. Because Nyaa Hannah's own son was not married, she was also, traditionally, in the position to provide labor support to her mother-in-law. In the past, Nyaa Hannah had lived in the same compound with this son and his wife, but the relationship became strained and Nyaa Hannah returned to live with her own son. Because they were no longer in the same compound, Bipuuteeb and Nyaa Hannah did not have regular contact. Bipuuteeb therefore did not directly witness Nyaa Hannah and Baba's living circumstances.

Some months later, Bipuuteeb explained to me that during the conversation that day, she was reminded of her duties towards Nyaa Hannah, that Nyaa Hannah's needs were to be met by herself and others (interview 2012). After this incident, Bipuuteeb started providing supportive labor. Every morning, Bipuuteeb delivered hot water for Nyaa Hannah's bath. These daily visits allowed Bipuuteeb to observe for herself Nyaa Hannah's circumstances and to assess any arising needs. Bipuuteeb then began delivering soup and food to Nyaa Hannah regularly. This generally meant she cooked on the days cooking was her responsibility within her rotation with her co-wife; she would try to provide extra food so that Nyaa Hannah would have food leftover to heat later in the day and on the days she would not deliver food.

With Bipuuteeb cooking for her, Nyaa Hannah gave Bipuuteeb the vegetables and fish that had been gifted to her. Often, these ingredients went into making Nyaa Hannah's own pot of soup; when Nyaa Hannah did not have anything to contribute, Bipuuteeb used her own stores to provide for her, as well as asked other women to help her by providing ingredients. The starchy staples for porridge were now often provided by Bipuuteeb's husband, not Nyaa Hannah's son, although Nyaa Hannah also shared the yams and grains

that were gifted to her from others in the community. While the source of ingredients for her daily meals continued to vary in unpredictable ways, a stability had been introduced as her relationship with her daughter-in-law was engaged.

Once Bipuuteeb started cooking for her, Nyaa Hannah felt less vulnerable on a daily basis. While she would still seek others to collect firewood and fetch water for her, and hint towards the need for gifts of vegetables and starches, her daily meal was not dependent on the success of these strategies. Instead, by continuing to pursue the assistance of others, Nyaa Hannah was able to contribute to the efforts of her daughter-in-law in supporting her, even though her ability to perform physical activities was limited.

#### *Interdependence and a Care-full Livelihood*

The strategies Nyaa Hannah employed day to day in 2011 and early 2012 were not predictable—they did not meet the expectations of intra-household support and familial obligations that community members expressed in focus group interviews, expectations that are more generally assumed to shape relations in traditional, rural communities with strong foundations in extended family networks (Aboderin 2004a, 2006). Instead, as she experienced new forms of dependencies as her physical abilities decreased, her strategies shifted and came to be defined by day-to-day negotiations and vulnerabilities. Her strategies were to a lesser degree enmeshed in a daily routine that built a more stable, long-term collection of strategies. The obligations of traditions of care within particular familial, intergenerational relationships was not enough to provide the support Nyaa Hannah needed. Fortunately, a shift in daughter-in-law's sense of responsibility meant that Nyaa Hannah's

needs became enmeshed into another person's strategies and daily routine<sup>19</sup>.

Not everyone is compelled to take into consideration the needs of others; while tradition might be interpreted to dictate the provision of care between mothers and sons, as well as between mothers-in-law and daughters-in-law, it is by no means a guarantee that this support will be exchanged. While her son should have been supporting her, the reality of her experiences were defined more by neglect and vulnerability than support. Furthermore, Bipuuteeb's co-wife, for example, did not help Bipuuteeb with caring for Nyaa Hannah—even though both women considered Nyaa Hannah their mother-in-law. Nyaa Hannah's relationship with her daughter-in-law, Bipuuteeb, also highlights the mutability—and vulnerability—of relying on particular people for support. In this case, the mother-in-law and daughter-in-law were living in different compounds after unsuccessfully attempting to live together. In the past, a tense interpersonal relationship and the pressure of other responsibilities were deemed priorities, resulting in a situation where this care was not reliably exchanged; Nyaa Hannah remained cognizant of the possibility of once more losing this connection.

Nyaa Hannah is not the typical actor in livelihood strategies. She did minimal work, and provided little to support others. She worked for herself when necessary and to the extent that she could manage; her needs shaped the daily strategies of others. Nyaa Hannah could not take her relationships with others for granted. Tradition itself was not enough to ensure care—being old and being in need were simply not enough. Her personal relationships with people were crucial to garnering the support she needed and desired. Nyaa Hannah was a tough woman, with a reputation for having been cantankerous and

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19 See Chapter 3 for a discussion of my role in creating a shift in this relationship between Nyaa Hannah and Bipuuteeb.

demanding. Through many interviews with Nyaa Hannah, it was clear that she grappled with her cantankerous nature and the difficulty she experienced in relying on others. This is not the first time Bipuuteeb has done work for Nyaa Hannah—earlier attempts to help her were abandoned, in part caused by frustrations over their tense relationship and the pull towards other work priorities. Bipuuteeb, however, recognized that Nyaa Hannah was getting older and her ability to work for herself was decreasing. Nyaa Hannah had to work to ensure she was appreciative of Bipuuteeb, and she gave what she had to help support their relationships, both socially and materially. She blessed Bipuuteeb's name around the community, raising her social standing—letting people know that Bipuuteeb was a good woman, and reminded people that she was in need of help.

Bipuuteeb, for her part, engaged in current livelihood strategies that included not only her responsibilities towards her husband and their children, as well as her co-wife and children, but she also incorporated Nyaa Hannah's needs into her strategies. The demands on her in her home and farm were many. She was the mother of three young children, including young twins who were still breastfeeding. She therefore did not have children who were able to help her with her work tasks, and twins in particular are regarded as making it difficult for women to work away from the house because she could not carry both on her back. She also provided for her mother-in-law living in another compound in the village—not only cooking for her, but fetching and heating water for her, and transporting these items across the village. Undoubtedly, this extra labor impacted how long Bipuuteeb could spend at the farm. She had to acquire extra staples, such as fish, to prepare extra food; she also had to fetch more water each day, which delayed her departure in the morning, and hastened her return in the afternoon. In return, Nyaa Hannah provided what ingredients and fish she could; she blessed

Bipuuteeb's name around the community, raising her social standing. There is no clear division between Bipuuteeb and Nyaa Hannah's livelihood strategies and it is clear that each woman's strategies would change significantly were they to become once more untangled.

### **Conclusion: A Care-full Livelihoods Approach**

Livelihoods approaches have overwhelmingly focused on the material outcomes of strategies, marginalizing social relationships to an instrumental position that obscures social outcomes and motivations for social well-being. In this chapter I started by asking how focusing on the connections and relations between people can change our understandings of livelihoods.

Towards this end, I have drawn on a feminist ethics of care to introduce a relational ontology into livelihoods approaches. A relational ontology compels us to see the world as fundamentally built through connections and relationships between people. Notions of independence and autonomy, which I argue undergird current understandings of livelihoods as economic constructions, are displaced by relationality. This makes way for interdependencies, which I argue are more compelling representations of people's lived experiences and can thereby provide important understanding of the negotiation of livelihood strategies. The second contribution of an ethics of care to livelihoods approaches is a focus on contingencies. Attuned to the lived realities of people embedded within interpersonal relationships pursuing both material and social well-being of the self and others requires the acknowledgment and incorporation of the changing nature of these relationships, as well as the potential changing external circumstances in which these strategies are being negotiated.

In this conclusion I discuss the potentiality of these two contributions for moving

away from economic constructions of livelihood towards an understanding of daily strategies that encompass a spectrum of needs based in material and social well-being.

Interdependencies and contingencies offer entrance into recognizing new actors in livelihoods; the ability to move beyond normative assumptions of labor division and construction of supportive relationships; and finally embraces the small-scale dynamism of everyday experiences in the face of vulnerabilities. From here, we can begin to imagine a care-full approach to livelihoods.

Interdependence requires us to see actors as those influencing and shaping strategies through the coming together of needs and capabilities of connected persons. Kittay (2001) thoughtfully reminds us that dependencies engender new dependencies—when one person orients themselves to addressing someone else's needs, it influences their own degree of in/dependence by shaping their own personal needs which are in their own right part of a fabric of needs and capabilities connected to the activities and responsibilities of other people. Actors thereby emerge when and where we failed to see them before. Those we characterize as economically unproductive members of societies, and thus position them as dependents—including children, people with physical or mental disabilities, the elderly—are instead participants within these interdependencies by asserting their own needs, and to varying degrees, creating and addressing the needs of others. Although the complex positions of children within livelihoods are receiving more scholarly attention (e.g., Chant and Jones 2005; Young and Ansell 2003) and a call has been made to examine care within the context of social policies in developing countries (Razavi 2011), the invisibility of other actors, such as the elderly, persists (an exception is the growing related literature considering the impact of cash transfer and pension programs for the elderly in developing areas; Bertrand,

Mullainathan and Miller 2003; Case and Deaton 1998; Case and Menendez 2007; Duflo 2000). This work does not, however, address the ways in which economically unproductive participants can be considered livelihoods actors.

A care-full approach can also enable us to move beyond assumptions regarding normative labor division and assumptions of the constructions of supportive:dependent relationships. Normative roles—based on gender, age, ability or other intersecting factors—are useful to researchers—they allow us to understand social structures that provide certain kinds of opportunities for people positioned in a particular way. But these norms can also act as blinders to situations where norms are consciously subverted or where other social relations complicate the fulfillment of the normative role. People's strategies are not simply the product of normative work division; who is a provider and who is a recipient is not simply determined by tradition, familial ties and social structure, or even the realities of human dependence and vulnerability. Nyaa Hannah's son does not consistently provide for her needs and among her daughters-in-law, only Bipuuteeb takes responsibility. Nor are these relationships fixed within spatial boundaries—Nyaa Hannah acquires resources and calls upon labor from individuals outside of her house and in turn Bipuuteeb organizes her work and resources around the needs of a woman living outside of her home. The needs of others are factors that promote and inhibit opportunities, abilities and needs, creating the circumstances negotiated in daily life towards building livelihood strategies. We free ourselves from the assumption that a particular relationship ensures exchange of these resources and labor.

This includes the assumptions associated with care. It is important to emphasize that caring relationships are in no way confined to positive transmission of resources, labor,

emotion and social support—caring is an ambivalent practice, experience and quality. The acknowledgment of care-lessness is just as important as the acknowledgment of care-fullness. Because we are fundamentally connected with others, the care-less practices are important forces in shaping relationships and needs, just as care-full practices shape relationships and needs. While familial care is expected, especially in societies deemed 'traditional' and where extended families typically live in close proximity (Aboderin 2004a, 2006) there exists also the inability, as well as the unwillingness, to provide for others (Biehl 2005; Cliggett 2005; also see discussions of ambivalence within familial intergenerational relationships; Bengtson, Giarrusso, Mabry and Silverstein 2002; Curran 2002). Assumptions regarding social norms and expected behaviors can begin to break down because assemblages can form, dissolve, strengthen or weaken as one moves between contexts and contingent circumstances.

Finally, this approach will allow us to explore the importance of small-scale changes in strategies that occur in response to the daily dynamics of access and relationships, particularly in vulnerable circumstances. People manipulate their strategies as circumstances change—be it their own ability to work, the results of that work, what they receive from others, and what they choose to provide for others. For a young, strong individual, daily work might proceed in largely predictable ways. However, for individuals in more vulnerable positions—as with Nyaa Hannah—something as mundane as a morning meal can be an unpredictable and uncertain undertaking. While contingencies can emerge in the form of uncertain and constantly negotiated access to resources and labor, as we observed with Nyaa Hannah, interpersonal relationships are also contingent. For Bipuuteeb, her ability and motivation to provide support to her husband's mother's co-wife shifted over time and therefore for Nyaa Hannah, this was a relationship that varied in its reliability. The women



shared a relationship that was fraught with frustrations and Nyaa Hannah was aware of the fragility of the connection. This was not the first time Bipuuteeb had worked to assist Nyaa Hannah, and both expressed their desire—and uncertainty—that current efforts would continue indefinitely. Furthermore, my own relationship with Nyaa Hannah enabled me to draw attention to Nyaa Hannah's hardships, thus serving to bring Bipuuteeb back into a space of awareness that led to her shifting her priorities to once again include some of Nyaa Hannah's needs.

Embracing interdependencies and contingencies addresses multiple issues with current livelihoods approaches. By rejecting universals, contingencies allow for an understanding of flexibility and mutability. In addition to moving away from economic constructions of livelihoods and working towards bringing in a fuller and more centralized focus on the intersection of material and social well-being, recent critiques of livelihoods approaches suggest that among other weaknesses, the approach can fail to provide an understanding of change over time (deHaan and Zoomers 2005; Scoones 2009; see also Carswell 2002; Cliggett, Colson, Hay, Scudder and Unruh 2007; Manvell 2006; Murray 2002). Interdependence and contingency also provide an alternative entrance into discussing livelihood diversification that has been an important line of inquiry in livelihoods approaches, particularly as issues of sustainability and vulnerability have been tackled (Ellis 1998; Scoones 1998; see also Carswell 2002; Niefhof 2004).

Nyaa Hannah's messy, tangled story of work, care and the negotiation of relationships illustrates how livelihoods are not simply steady strategies that can be measured over the months and years. One person's everyday practices and activities are not inconsequential to the well-being of others, nor to one's self. Strategies are also about

personal relationships; these relationships have social, material and emotional dimensions that result in complex realities of interdependence, where material and social well-being are negotiated amongst these connected individuals, not in spite of them. Here, contingencies and interdependence intersect in the negotiations that create, maintain, challenge and destabilize care-full and care-less relationships. If livelihoods approaches are to live up to their intentions of providing in-depth, contextually-specific understandings of the strategies practiced by people, then a relational approach, where social relationships are fundamental to the negotiation of these strategies—not only as an asset that enables the fulfillment of material goals, but is also a motivation, outcome and impediment—will bring us towards a care-full approach to studying livelihood strategies.

## CHAPTER FIVE

### WOMEN'S MOBILITY AND FAMILY OBLIGATIONS OF CARE: CHALLENGES FOR MARRIED DAUGHTERS PROVIDING A GOOD DEATH TO THE ELDERLY IN NORTHERN GHANA

*She knows that very soon, if my mother falls sick, I am there, I have to come and then handle my mother... And she knows it is her responsibility to do that. As a woman to the mother<sup>20</sup>*

(Nyaa Matulbi's son, interview 2013)

*After decades of living with a physical disability and experiencing difficulty supporting herself and others, Nyaa Matulbi begins to experience a much more frightening condition. Sitting with her under the mango tree in the heat of the day, she often speaks to me at length, expressing her distress and frustration. She is frightened and confused—she tells me about how others—people in the village and even her grandchildren—are accusing her of being a witch. They accuse her of traveling between places—being at the market and in the village at the same time; they accuse her of stealing food and clothing, of transforming into creatures, and killing infants. People want to kill her for being a witch. She is confused—she does not know that she is doing these things, but why else would they accuse her of these acts? It is frightening to her that she cannot stop doing these things of which she is being accused.*

*In the midst of Nyaa Matulbi's fear and confusion, her family is also struggling to understand their mother's condition. From their perspective, their mother is not behaving appropriately—she tells nonsensical, confusing stories, some of which include these stories of witchcraft activities, and they have found her crawling around in the mud and bush late at night.*

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20 All direct quotes reflect the in-situ translation provided by an interpreter. Where direct quotes are used, interviews were recorded and subsequently transcribed. The quotes therefore do not reflect an exact replication of the words of the speaker, but are an attempt to interpret the meaning of their statements to the best of our abilities. Conversations that were not audio-recorded, but interpreted in situ with notes made, are not directly quoted.

*Nyaa Matulbi's son and youngest daughter decide to send a message to their middle sister, Bisal. Bisal decides that, after decades of being away from her home village, she will come and see her mother. What she finds is alarming—to all appearances, her mother is a witch. She stays by her side, sleeping with her at night and working for her during the day. Her mother, she eventually decides, is not a witch; instead she is sick, as well as crazy. Shifting her fears from witchcraft to the possibility that her mother will die, Bisal, with the support of her siblings, commits herself to taking proper care of her mother, despite having to compromise her ability to provide for her own husband and children back home.<sup>21</sup>*

## **Introduction**

Providing intensive care to another person can substantially alter daily practices for all those involved in the provision of care. It can require a radical reorganization of priorities, including the production and distribution of resources such as food, materials and labor. It may also require spatial reorganization of family networks, with people moving between communities and homes as some people move to provide care and others are moved to help fill in for them. This article explores the politics of caring in a small Konkomba community in rural northern Ghana. In particular, it considers the experiences of married daughters who are at once expected to provide care to their mothers<sup>22</sup> as well as remain attentive to their obligations towards their husband's communities. When an elderly parent falls ill, it is usually the case that a daughter will have to relocate to provide the care expected. For many women, this means negotiating responsibilities that are divided not only between

21 A version of this chapter has been submitted for peer-review with *Social and Cultural Geography*.

22 Here, I focus on mothers. I was able to observe and discuss the care of mothers by married daughters in multiple families. It is likely that the responsibilities surrounding the care of an elderly father share similarities with these situations; however, elderly men often had younger wives who would be considered the primary caregiver, potentially altering the pressures faced by married daughters.

households, but often between communities that are physically distant. I explore the negotiation of the responsibilities on the parts of women, who are at once daughters, mothers and wives, as they work to provide care to an ill or dying parent.

There exists the assumption that traditional societies are solidly rooted within extended families, and these structures ensure the care of the elderly (Aboderin 2004a, 2006). In this paper I problematize this assumption. I start from the observation that not all elderly persons in this community receive care—many continue to engage in various forms of labor towards supporting themselves and others, others suffer neglect, and still others receive family-based care. Although individuals may be identified as elderly as a result of a long life and the intergenerational relationships in which they participate, being old does not necessarily ensure that you will be supported. Instead, elderly individuals participate in a variety of relationships that may include obligations and responsibilities. It is through these relationships that labor and care may shift in response to emerging needs and dependencies. Furthermore, these experiences of dependency create a foundation for the *need* for care, but these experiences do not guarantee the *provision* of care. From this starting point, I aim to understand the ways in which care labor is socially constructed—who is expected to provide care and to whom they are expected to provide that care. I then move on to understand how women negotiate the conflicting expectations imposed upon them in regards to their care labor.

In this Konkomba community in northern Ghana, the gendered division of labor is structured such that women are responsible for care-giving labor and in particular these responsibilities are embedded within specific intergenerational relationships. The emergence of dependencies in others can therefore create demands on women's time and resources.

These demands, however, have to compete with women's everyday responsibilities to her own husband and children. Therefore, while social structures position women as obligated to provide care within particular relationships, the mobility to do so is contingent upon their ability to negotiate stepping away from some or all of their obligations in their husband's home and their ability to legitimate their responsibilities to the needs of another person. In this article I argue that labor responsibilities significantly shape women's mobility, and this mobility is critical to their ability to provide end of life care to an elderly parent. To better understand the construction of these labor responsibilities, I first consider how ageing and old age are socially constructed, focusing on the particular characteristics of ageing that shape practices of care for the elderly. The concepts of age and care in old age are then examined alongside the gendered division of labor. I focus in on how labor responsibilities are shaped by relationships and how labor is oriented towards meeting the needs of others. Here it becomes clear that women face obligations to direct their labor towards their husband and children and this lies in competition with contingent obligations to provide care in times of a parent's increased dependency. In the final section of the paper, I discuss how the potential for death—and the responsibility of a good death—in times of increased dependency in an elderly person's experiences imbues these care labor responsibilities with additional meaning and importance. As a result, daughters may leverage the responsibility of providing a good death in order to open up their mobility, thereby negotiating between these competing labor responsibilities.

I draw on the experiences of multiple women providing care, but I focus primarily on

the story of Nyaa Matulbi<sup>23</sup> who experienced increasing dependencies as she experienced a confusing and frightening decline in her mental well-being. Although Nyaa Matulbi suffered reduced physical abilities for decades as the result of a physical deformity in her leg, her need for care increased significantly in late 2012 when she suffered a sudden onset of what was interpreted by herself and others as witchcraft and madness, respectively (interviews and observations 2011-2012, 2013). She has three daughters, and while each daughter was subject to a common expectation of caring for their mother at this time, they were also subject to very different constraints and opportunities in providing that care. The eldest daughter is married and lives with her husband in another village; she is considered by her mother and siblings to be crazy and irresponsible and is generally considered unreliable when it comes to fulfilling responsibilities. The second daughter, the daughter whose story we will focus on here, lives in a distant village in southern Ghana and had not previously returned home in decades, while the youngest daughter lives in the same village as her mother and the negotiations between these latter two sisters is briefly discussed towards the end of the paper.

### **Caring In Binalobdo, Ghana**

This study draws on empirical work conducted in Binalobdo, a small rural village in the East Gonja District in Ghana's Northern Region, near the town of Salaga (Figure 1.1). The rural areas surrounding Salaga are dotted with small villages. Although there is a history of multi-ethnic settlements in the area, following conflicts in the 1990s (see Talton 2010), many of these villages, including Binalobdo are now mono-ethnic. Binalobdo is one settlement in a cluster of ethnically Konkomba communities, intricately interwoven by blood

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23 Pseudonyms are used for all participants represented in this work.

and marriage connections; all of the families living in Binalobdo come from two closely related patrilineal lines, and the wives enter the community with marriage from other Konkomba lineages. Livelihoods in the village are primarily based in agriculture, with members of every compound managing several small farms to produce a variety of crops for subsistence and small-scale marketing.

The empirical work upon which this article is based was conducted over the course of two field seasons: eight consecutive months in 2011-2012 and an additional two months in 2013. Research methods included individual interviews, participant observation, as well as focus groups. Interviews focused on particular experiences of ageing and everyday life, while focus group interviews sought to identify the social norms of care and to understand how people in Binalobdo conceptualized care responsibilities within their families and communities. While there exists an overarching consensus as to the appropriate social expectations of care labor within intergenerational relationships, differences exist in the emphases placed on particular practices between people at different stages of their lives. The case study draws on interviews and observations with individuals and small groups. Nyaa Matulbi's illness emerged in between the 2012 and 2013 field seasons, and the vast majority of the interviews pertaining to this case were therefore conducted in 2013, although I also draw upon material collected in 2011-2012.

In rural northern Ghana, there is a sparse formal care service sector made up by a combination of public and private services. In the 1980s, Ghana's health care infrastructure deteriorated following a shift away from public provision of services to a pay-for-service model as part of the Structural Adjustment Programs imposed by the World Bank and International Monetary Fund (Mensah, *et al.* 2006). However, since 2003, Ghana has



sponsored the National Health Insurance Scheme (NHIS), which is intended to ensure equitable access of quality health services to all of its citizens, including maternal health services and the treatment of the region's most prevalent diseases (Mensah, *et al.* 2010). In Binalobdo, many community members have NHIS cards, although many reported that they wait until they fall ill to invest in the cost of renewing insurance premiums. For residents of Binalobdo, Salaga is the closest small hospital. However, many people reported that there is widespread distrust of Salaga's hospital, and if people could bear the journey and cost of staying so far from the village, they may also visit the hospital in Yegi, Brong-Ahafo Region or one of the hospitals in Tamale, Northern Region. Among the elderly members of Binalobdo, however, very few expressed willingness to visit the hospital at all. One elderly woman even asserted that she would avoid the hospital at all costs, because it is a space imbued with death (interview 2012). Furthermore, research suggests that the elderly in sub-Saharan Africa may experience unequal access to services if they were to go to hospital (Aboderin 2010). Residents of Binalobdo also rely heavily on other services, such as the numerous licensed and unlicensed chemist shops in Salaga—where conditions are diagnosed and drugs purchased, and minor first aid is also available. Itinerant drug sellers, as well as traditional and herbal treatments also provide a much-relied upon form of care service access. Much, if not all, care is expected to be provided for within the family and community. Alongside this sparse health infrastructure, there are few social welfare programs benefiting the elderly in Ghana. Only public sector employees have access to a pension. Since 2008, the Livelihood Empowerment Against Poverty (LEAP) program, a cash transfer social grants program managed by the Department of Social Welfare within Ghana's Ministry of Gender, Children and Social Protection, reaches elderly and other vulnerable Ghanaians in select

areas (Debrah 2013), including East Gonja District (head of Social Welfare in East Gonja District, interview 2012). LEAP beneficiaries and their families are entitled to free NHIS registration and citizens over the age of 70 are supposed to be exempt from premium costs (Handa *et al.* 2013; Mensah, *et al.* 2010), although in Binalobdo, no one I spoke with was aware of this particular benefit. In fact, the payment of NHIS benefit costs for elderly beneficiaries were reported as a consideration and cost incurred where hospitalization was decided upon by the individual or their family as the necessary course of action (interviews 2012, 2013). It is within this context of a minimal care infrastructure—and the concurrent emphasis on familial care—that I explore the politics of care and the difficult burden of competing responsibilities of women providing care labor.

### **Geographies of Care, Mobility and Caring In Northern Ghana**

The study of care has been primarily focused on Western, developed states, often those facing care reform in the face of neoliberal policies promoting familial care over state-supported care infrastructure (Razavi 2011). There is a need for the consideration of care in a diversity of contexts, however, where contemporary circumstances are shaped by particular cultural practices and values, as well as political and economic histories that have resulted in the current state of services and infrastructure in a particular place (Kofman and Raghuram 2009; Raghuram, Madge and Noxolo 2009).

Mobility and care is a critical issue—well-being depends on the ability to gain access to care. However, it has been argued that little work has been done in health geographies regarding mobility and care, especially the mobility of those engaged in health care work (Connell and Walton-Roberts 2015). Much of the recent work on mobility and care

considers the increasingly globalized nature of care—including migrant care workers (Dyer, McDowell and Batnitzky 2008; Connell 2014) and patients (such as Connell 2011, 2013). There is, however, strong evidence that in developing areas where care services are not available, are difficult to access and/or informal care practices are the norm, people move between places to provide care. This occurs at a variety of scales—people may move between houses to be closer to those in need, family members living away may travel to provide care (Young and Ansell 2003; Evans 2010; Bunlender and Lund 2011), as well as the transnational movement of care providers and consumers (Yeates 2011). Furthermore, these mobile caregivers are often providing intergenerational care; the caregivers are young, old and middle-aged (Ingstad, Brunn, Sandberg and Tlou 1992; van der Geest 2002b; Young and Ansell 2003; Ssengonzi 2007, 2009; Evans 2010; Filgueira, Gutiérrez and Papadópulos 2011; Njororai and Njororai 2013; Drah 2014). Mobility and well-being are intimately related, and it is critical to understand the kinds of constraints experienced by those trying to provide care to those in need.

The concept of mobility—the movement of people between places—connotes a sense of fluidity—a potential for, and the actualization of, dynamic changes in everyday life. Yet this same potentiality and actualization can also suggest uprootedness and fragmentation. Hanson reminds us that “mobility is not just about the individual...but about the individual as embedded in, and interacting with the household, family, community and larger society” (2010, 8). Feminist geographers have argued that mobility is gendered, with women widely experiencing constrained mobility compared to their male counterparts. For instance, research in sub-Saharan Africa has indicated that women experience hindrances towards building successful livelihood strategies due to constraints on their mobility such as restricted

access to public spaces and activities (Porter 1995; Flynn 1997; Mandel 2004; see also Bryceson, Mbarra and Maunder 2003). While these constraints can be viewed in a negative light, reduced mobility can in fact have positive ramifications for those impacted. For instance, Gilbert (1998; see also Robson 2006) demonstrated that constraints may lead to stronger connections in place, facilitating, for example, the development and maintenance of strong social networks that in turn provide opportunities and support. For individuals and for families experiencing the movement of members between places, everyday life includes the need to negotiate new opportunities and constraints imposed by the creation of social and physical distance between people occupying different places.

Mobility can be used to describe different scales of movement. In some cases, mobility is used to refer to everyday movements, while in other cases it can refer to more long-distance and/or long-term migration. I have chosen to focus on caring and mobility because the circumstances that are discussed here—adult daughters moving to care for an ailing parent—is about women's movement between homes. By and large, women are relocating to their parent's home to provide care for the duration of an illness or until the parent's death, although it is also possible that women will not stay for the entire duration, but will experience respite from care-giving responsibilities when other women—sisters and other women in the extended family—offer to stay and provide care. This can allow them to travel back and forth between locations to manage their various responsibilities. Here the discussion is focused not on how restricted mobility builds strong networks, but how strong networks impinge upon these restrictions, necessitating women and their family to negotiate towards legitimizing a reconsideration of the forces that restrict mobility in care-giving.

Consideration of caring practices and constraints in diverse contexts also contributes

to an understanding of what it means to care. With much of the research focused in western, developed contexts, there is a need to expand our understanding of what it means to care, to consider the cultural specificity of the construction of social connectedness and in what ways people living in particular places and times orient themselves towards the needs of others. Geographers are also increasingly engaging with questions of what it means to care (Lawson 2007; Raghuram, *et al.* 2009). For instance, Milligan and Wiles (2010) make a distinction between “caring for” and “caring about”. “Caring for” refers to the performance of care giving and focuses on the personal and proximate relations that are produced in the practices of “caring for”. “Caring about”, on the other hand, refers to the relational, emotional and affective elements of caring. These concepts, although to keep them unique and distinct runs the risk of obscuring their co-occurrences, provide a simple framework to work towards the inclusion of both the material and non-material elements of caring. But this binary may serve only to reproduce a distinction present in western conceptualizations—and even artificially strengthen a distinction that is ephemeral when considering the ambivalence of care practices in everyday life.

The social expectations of wives in Konkomba communities in northern Ghana are such that considerable constraints are placed on their mobility. Women are responsible for domestic tasks—such as cooking and cleaning—as well as child rearing, and the care of other dependants. Men provide the starchy staple foods for their families, while women are responsible for supplying all the soup ingredients. Primarily, women rely on farming and gardening to supply vegetables for soup. Other necessities—including salt, stock cubes, and fish—must be purchased. Although it is common for women to engage in trading in West Africa (Clark 1995; Flynn 1997), women in this Konkomba community only engage in

sporadic business activities. Their primary concerns are farm work and food preparation. Their farm products provide them with both soup ingredients and items they can trade or sell at a nearby market and among the women in the village. This gendered division of labor becomes solidified as labor responsibilities with marriage, when women take on the role of providing for her husband and their children (Hanrahan 2015a for a discussion of the division of labor in this community and how it is shaped by gender, age and marriage). While women face minimal restrictions on their mobility between spaces and places, their socially-imposed responsibilities— towards a husband's family, and the need to invest time and energy in farming and gardening—create a rootedness in place for women such that they are constrained from traveling distances and spending significant periods of time away from the home.

### **The Intersection Of Ageing And Care**

The concept of ageing has a geography; it is widely acknowledged in cross-cultural gerontology that 'old' is defined in different ways in different places—particularly in relation to years and physical health (Makoni and Stroeken 2002), and what constitutes old for women may be strikingly different than for men (Cliggett 2005). Drawing on her ethnographic and demographic research in The Gambia, Bledsoe (2002) has proposed a “contingency view” of ageing in West Africa, with ageing being understood as occurring in a non-linear form structured around individual experiences that take a toll on the body and the abilities of individuals to mitigate the effects of these experiences. Age, as seen through a lens of contingency, allows for the circumvention of an a priori assumption of linear progression, as well as the assumption that the passage of time is the defining factor. Ageing

was extensively discussed with individuals, as well as in focus groups, to provide a culturally appropriate foundation for understanding ageing, giving social context to the experiences surrounding later life.

As across much of Ghana (Apt 1996), in Binalobdo, a large proportion of the population cannot accurately give their age in years<sup>24</sup>. For men who are probably in their 50s or younger, it is likely that they were born in the village—the village was settled by Binalob Konkomba in the late 1950s—and can give their age in relation to others if they do not know their exact age. For women, however, age estimation proves more difficult<sup>25</sup>. They typically grew up in other villages and moved when they married, making it more difficult to determine age in relation to each other. Nonetheless, women and men both most often acknowledge a relative chronological age—one is younger or older than others, and grouped with their “agemates” in loosely-defined age cohorts.

First and foremost, in this community one's age is defined by individual experiences of body and one's body in relation to others. The word *pur* can refer to a state of being (something *is* old) or a process of becoming (something *is getting* old or older), encompassing physical and social changes later in the life course. While the process varies between individuals, becoming *pur* involves the gradual appearance of some or all of these characteristics. Physical characteristics include changes in appearance, fertility and strength. People become old not only as their bodies age, but also as their abilities change and they

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24 Even with children today, the year of birth reported in 2006 did not consistently correspond to year of birth reported in 2011 (household surveys, 2006 and 2011, conducted by the author).

25 Women marry at different ages. In the mid-twentieth century, a girl would have been deemed of marriageable age when she reached puberty (Froelich 1954; interviews 2006, 2012). Today, newly pubescent girls are not considered to be of marriageable age, but young women do marry as early as their mid to late teenage years. If a woman has more than one husband in her lifetime, she may find herself moving to a new village with each marriage in later years. For women, determining age in relation to agemates proves difficult because they enter their husbands' villages as strangers (Hanrahan 2007a).

become less efficient, slower and less productive. This characteristic of ageing is considered the most important as there were social and physical implications of these changes that resulted in demands placed on others when labor decreased or became inefficient. It is repeated throughout every focus group interview that to be old is to be incapable of working, and through observations and individual interviews this was clarified as occurring gradually, as elderly people decreased the intensity of their work and gradually retired from particular tasks. Ageing, becoming old and being old are therefore processes defined not only by an individual's own experience of physical ageing, but in turn how that physical ageing works to alter how others perceive her/him and the shifting of responsibilities towards that person as they are identified as old and/or demonstrate the characteristics associated with being and becoming old.

These shifting responsibilities can be seen as people move through the life course. People move through *nchil*—different stages of maturity—and these stages are identified in terms of the expectations that can be placed on them. For instance, a young boy becomes a human being as he grows and he is able to sit close to his father or other mature men and can then be trusted to run small errands within the community; likewise, a young girl may be sent to fetch water for her mother. From there, boys and girls gain strength, and are able to work harder. They are expected to perform increasingly demanding work, although expectations of good sense and the ability to make socially-appropriate decisions lags behind expectations of physical strength. It is not until a person has a spouse and children of their own that the community begins to attribute to her or him some intellectual responsibilities. It is also around this time that it is understood that a person's strength starts to decline. As adults age, they come to rely increasingly on the strength of younger family and community



members to help them fulfill their own labor responsibilities. In turn, the community comes to increasingly rely on them for their advice and experiences, including to mediate disputes within and beyond the community. The division of labor, and its relationship with socially defined responsibilities towards others, is therefore closely tied to people's experiences of ageing.

### **Labor And Responsibilities Towards Others Across The Life Course**

Among the Konkomba, the distinct divisions of labor previously discussed are not simply divisions between men and women, but are divisions across more nuanced lines of difference; members of society are relationally positioned based on their sex, age, marital status and even birthplace (Hanrahan, 2015a). As a result, the divisions of labor are shaped by social relations that are deeply interwoven within personal relationships and the social networks created by bonds of blood, marriage and birthplace. These and many other responsibilities are fulfilled by calling on others for assistance, creating important affiliations between members of society at different ages and social positions. These affiliations between people of different ages, position becomes especially pertinent when people also experience a decline in their physical and/or mental abilities. These declines create dependencies on others for various forms of labor to meet everyday needs. Dependencies are embedded within relationships that acknowledge these needs and incorporate the necessary labor to meet the needs of dependent others. While dependency does not necessarily imply dyadic relationships (Feder and Kittay 2003; Kittay 1999), of importance here with respect to ageing, dependency and the potential of death, is the situation in which elderly individuals experience increases in their dependency alongside a decrease in their ability to act to meet the needs of others.

Labor, therefore, is part of everyday practices that support one's self and others. The division of labor between women and men also extends to meeting the dependencies that emerge in later life, providing a structure that imposes expectations upon particular relationship to meet the needs of others. Founded upon this structure, a strong tradition of care exists among the Konkomba, with socially constructed expectations of individuals' responsibilities towards others in their family and wider communities. Traditions rooted in patrilineal affiliation and virilocal marriage dictate that sons live in their father's home or village, while daughters move to live in the husband's homes. As parents age, sons take over the management of a household and ageing parents shift to living with a son. Sons and daughters therefore are subject to different expectations not only along the lines of gendered division of labor, but also as a result of practices of residence. The expectations of a son to a parent are focused primarily on food and other material goods, while women are responsible for most other needs. This might include activities like taking over their farming activities, cooking, housecleaning and laundry, as well as more intimate forms of assistance, such as bathing and assistance with urinating and defecation. As dependency increases, women also take to sleeping with the individual in need during the night and sitting with them during the day, feeding them and offering other assistance as it is needed. This means that overwhelmingly, caring labor—for children, the elderly, the ill and the disabled—is the responsibility of girls and women, in line with a cross-cultural pattern of the feminization of care labor (Folbre 2001; Ehrenreich and Hochschild 2002; Robinson 2011). While a parent is healthy and able to participate in the livelihood strategies of the family, household or community, a married daughter is not responsible for providing for her parent, and caring responsibilities are transferred to the son's wives. As a parent becomes increasingly dependent

on others, the labor demands on a woman increase, and other women may be expected to provide assistance. This sometimes takes the form of young girls from other households moving in to provide assistance, or, as is our focus here, an increase in the pressures placed upon a daughter to return home to a parent.

I was once discussing with Nyaa Matulbi's son the expectations that are placed on daughters to provide care. He explained that every Konkomba girl knows how to provide care—girls grow up in households that include extended family, and at some time or another, they assist in caring for a sick or elderly family member. At times, they may also be sent to other households in the extended family to assist in providing care. It is, he explained, simply what they do.

...they know, their responsibility to, when my mother is seriously sick, I have to come and handle her. And it proceed that way...this is not a new topic to any young girl in a Konkomba society. She knows that very soon, if my mother falls sick, I am there, I have to come and then handle my mother... And she knows it is her responsibility to do that. As a woman to the mother. (Nyaa Matulbi's son, interview 2013)

The mother-daughter relationship demands care labor, and Konkomba daughters are raised with the knowledge and experience to provide care in times of need. The quote above obscures the intergenerational learning that occurs in everyday activities and moments of acute need that transmit this knowledge of care-giving between girls and women. This role is fulfilled in different circumstances by women, particularly of interest here are daughters-in-law and daughters. The degree of dependency and the severity of the condition—particularly concerning the potential for death—is a defining factor influencing decisions on whether or not daughters should take on care-giving for a parent.

As discussed above, there are few formal care services available in northern Ghana, and family and/or community-based care is an important source of care labor. This falls in line with widespread assumptions about “traditional” societies—including rural agrarian societies in sub-Saharan Africa—that care labor and the care of elderly persons is assumed to be not only provided by family members, but is a form of familial obligation (Aboderin 2004a, 2006; Apt 1996; Devisch, Makoni and Stroeken 2002). While research indeed suggests that there are normative expectations that obligate family members to care for each other, norms and practice do not consistently coincide (Qureshi and Walker, 1989) and research in Ghana and elsewhere in Africa has indicated elderly persons frequently expect support, and lament changing social norms when it is not given (van der Geest 1997, 2002a, 2004, 2007) and suffer from neglect (Aboderin 2004b; Cattell 1997; Cliggett 2005). This disconnect between norms and practice is in part due to the diversity of motivating factors and practical constraints. For instance, care is provided to reciprocate for the care they received earlier in life and to show respect for a successful life, as well as feelings of sympathy, gratitude and affection (Aboderin 2004a). However, elderly family members may also be cared for out of self-interest, in that elderly persons are believed to possess the ability to curse or bless others (van der Geest 2002a; interviews 2013). In other situations, it has been demonstrated that people over the age of 60 years in sub-Saharan Africa continue to work on a daily or near-daily basis out of the need to support themselves and dependent family members while facing decreasing ability and opportunity to work (HAI 2010); elderly parents and particularly grandparents continue to provide for younger generations of their families (Aboderin 2006; Case and Menendez 2007) and are dependent on a variety of relationships for support (Cliggett 2005).

Assumptions therefore exist in the literature as well as in the societies under consideration that traditional values of care can ensure the support of vulnerable community members such as elderly individuals in need of support. However, the everyday realities of care indicate that experiences are much more diverse than these assumptions would suggest. In speaking with Nyaa Matulbi's youngest daughter in 2012, when she was providing end of life care to her mother-in-law, this woman explained to me the contradictions existing in these social practices. She said to me,

To do good comes from the heart. Tradition doesn't mean people will do well; I see other old women who can't work well and sometimes when I care for my mother it reminds me others are there too. (Nyaa Matulbi's daughter, interview 2012).

Nyaa Matulbi's youngest daughter clearly challenges the premise of the power of tradition to obligate and recognizes the contingency of the provision of care. We can see that normative obligations of care are not enough to ensure the support of elderly family members. Support—whether it be providing assistance with labor and the provision of material needs, intimate care labor or emotional closeness, is often contingent and may fall subject to a hierarchy of priorities. The care of children and spouses may come first, or the elderly may be viewed as taking resources from the younger generation and the relative inability of the elderly to reciprocate may also be taken into consideration (Aboderin 2005; van der Geest 2002a, 2002b). The desire and inclination to invest in the elderly or those at the end of life is clearly fraught with ambivalence. This results in very different forms of support and care—ultimately shaping very different end of life experiences within the community. Nyaa Matulbi's daughter's mother-in-law was dying in 2012; she had refused to take food, water or other drink for days on end, but had started to ask for more costly items, such as meat and

*ndaan* (locally brewed guinea corn beer). I had gone with one young woman, and while we were visiting, the young woman sat admonishing the dying woman. This young woman saw the elderly woman as too old and too sick to do anything for herself, and thought therefore that she did not have the right to be enjoying all the best things as if she was on holiday<sup>26</sup>. This was clearly countered, however, in the decisions made by the son and daughter, as well as the daughter-in-law, of the woman who was dying—they invested a lot of energy and resources into ensuring that they were able to give their mother what she was asking for, even when it required spending their savings, going into debt and begging from others.

The uncertainty of receiving the care one needs in old age and at the end of life is a reality not only in Binalobdo. Research in other areas of sub-Saharan Africa demonstrates that some relationships may be more supportive than others. For instance, it has been documented that elderly persons may seek out a change in residence to gain access to a support network (Cliggett 2001, 2005). This is not, unfortunately, an option for married and widowed Konkomba women, who experience animosity if they attempt to reside in a home or community other than the one they were married into or in which a son is living. It was not uncommon for elderly women experiencing greater dependency on others to be frustrated with the level of support they were receiving. Women would lament that their daughters-in-law did not handle them properly, or that the extended community no longer valued their elders and provided them with a comfortable old age.

In those conversations held under the mango tree with Nyaa Matulbi, she would explain to me her desire to go and live with her daughters, away from her son and

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26 Unless otherwise indicated, observations and statements are taken from field notes, but are not direct transcriptions of a conversation. They represent, to the best of my ability, the intended meaning of our communication.

daughter-in-law's home. She wanted to escape the mistreatment she was receiving in that home. In part, these complaints are long standing and Nyaa Matulbi often complained she was not receiving adequate support (interviews 2011 and 2012). However, only after she fell ill in 2013, when she was accused of witchcraft and her children decided she was sick and mad, did she speak of wanting to be able to leave the community. She also told me that she could not actually go with her daughter, that it is necessary that she stay with her son (for a discussion of social restrictions regarding place of residence for widows in Konkomba communities, see Hanrahan 2015a). More drastically, another elderly woman, Nyaa Ngbalikbi, actually did spend many of her later life years moving back and forth between her father's brother's home (her closest living paternal relatives) and her husband's village. While her father's brother would temporarily give her a place to stay and his wives would cook and clean for her, care was often given grudgingly and they unabashedly explained to me that once a woman marries, it is not her father's community's responsibility to care for a woman—that she must receive that support from her husband's community, therefore they insisted she return to his village (interviews 2012). This old woman, hindered by blindness and suspicions of witchcraft, was pushed out of her father's brothers' home and lived the end of her life in her son's home, despite suffering neglect—including hunger, poor hygiene and verbal abuse.

### **A Good Death: Shifting Priorities And Mobilities For Women**

In the opening of this paper, I introduced Bisal, an adult, married daughter. She lives in a village in the area of Atebubu, in southern Ghana. Her mother, Nyaa Matulbi, lives in Binalobdo, in northern Ghana. To travel between these villages is a full day's journey, and a

potentially arduous one—a journey that Bisal had not taken in decades. Through an examination of their experiences with Nyaa Matulbi's changing health—and the associated concerns that she was experiencing the end of her life—I take a closer look at the ways in which a daughter negotiates competing priorities in order to provide end of life care to her mother. I draw on interviews with Nyaa Matulbi and Bisal, as well as with other family members, which took place while they were in the throes of these experiences of madness, witchcraft and end of life care. I consider the ways in which (a) the constraints on a daughter's mobility and therefore ability to provide care are overcome with the potential for death, (b) how a daughter is faced with the needs of her husband and children while trying to provide care to her mother and (c) how women work together to arrange for respite that opens up the opportunity for increased mobility.

Nyaa Matulbi, has not yet reached the end of her life, and her children continue to provide her with changing degrees of support as her physical and mental well-being shift. Her illness, in combination with *tipur* (the state of being in old age), means that the community understands her to be experiencing the end of her life. The concept of good death—and with it the fact that others bear this responsibility—are potentially important forces interacting with the prioritization of labor and resources and playing a key role in constraining and otherwise shaping women's mobility. When someone falls ill, it is uncertain whether or not the illness will lead to death, and death becomes a real concern. Certain expectations—in how people wish to die, and how people wish to see their family members die—emerged in the course of speaking to the elderly and others providing and witnessing care.



Nyaa Matulbi often spoke of her death, and what she expected for herself and from others. She would discuss end of life care that others are receiving to serve as a contrast to her own suffering, emphasizing the closeness of family members and the quiet and gentle manner they were handled<sup>27</sup>. Speaking of others, she said,

That the way [Nyaa Hannah] is just gentle in the room with her children, is it not good? It's good. And look at [Nyaa Ngbalikbi's son and daughter-in-law]. They were sleeping with [their mother]. She died, they didn't even know she died. The next day that they woke up and say that she is dead (Nyaa Matulbi, interview 2013).

Nyaa Matulbi's sentiments reflect commonly-expressed ideals of dying quietly, without suffering. While it is recognized that people do not always have control over the circumstances of their death, there was not only a hope for a good death but an expectation that the best possible death is provided by one's children and other caregivers. Nyaa Matulbi also repeatedly told me that she no longer wanted to live her life. Of her own death and the suffering she is experiencing because of the lack of care from her family, she said, "I've suffered, and I've seen strange things in my life. ...I want [death] to come, because this kind of life, they've all said lies about me; I don't want to live in this shape." (Nyaa Matulbi, interview 2013). Furthermore, she often questioned the decision-making of her family members in choosing to treat her poorly. After her death, it will be her responsibility, as an ancestor, to watch over and take care of the family. In the case of a bad death, however, the care of the ancestors is called into question. She therefore balks at the idea, stating, "So now, if you let me die unhappily, do you think your family will progress again? Because I'm sad and I'm gone. I'll be sad like that and I won't like to support you when I'm dead." (Nyaa

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27 It is important to note here that Nyaa Matulbi's accounts of the end of life care received by others did not necessarily coincide with how that care was perceived by its recipients.

Matulbi, interview 2013). Nyaa Matulbi is calling upon the consequences of a bad death as a motivator to receive proper care at the end of her life. The concept of a good death is therefore both a form of motivation for potential caregivers, as well as a threat used by those seeking care. The responsibility to provide a good death is therefore fraught with the pressures of the moment—to ease suffering of someone close and more long-term concerns about ensuring the protection of your ancestors.

### *The Emergence of New Priorities*

When an illness arises within a household, it is the responsibility of those living with the sick person to notify family members of the illness. It was stressed to me in every conversation I had on the topic that you cannot ask someone to come and provide care—you cannot request that they come to visit, you cannot request that they provide labor or financial support. Families communicate that a person is ill, and it is the responsibility of every individual to decide what to do with that information. Hope and trust is placed upon these individuals, resting not only on personal motivation, but the traditions of care and responsibility already discussed. Many people stressed that when a person hears that a family member is ill, that person needs to go to see for her/himself what the relative's condition is like, and determine whether or not she or he is needed to provide care. If they die and you have not visited them after learning of their illness, it is a bad death, with potentially adverse consequences. One man stressed that everybody knows their responsibilities—everybody knows what is expected of them—but it is up to them to fulfill their responsibilities (interview 2013).

One day Bisal was notified by her brother that her mother was not of strong health. Bisal decided that she had the responsibility to go and see how her mother was doing—whether or not she was needed to provide care, she would go to make sure her mother's condition had improved before she would return home to her husband and children. Bisal had not returned to her natal village in decades. She explained to me that it is difficult for her to leave her husband's home – she has 12 children to care for. Not only does she need to cook and farm for them, but they are also all attending school and her husband does not value education, leaving her with the responsibility of financially supporting her children's education. New priorities therefore emerge with new dependencies—such as a mother's illness. However, the priorities that occupied the prominent position previously—those for a woman to provide for the needs of her husband and children—are not readily displaced. Tension arises as a parent's needs begin to assert themselves and a daughter is compelled to travel to the parent to be a caregiver. Providing care in the case of illness or end of life thus emerges as a political activity with significant social and spatial factors shaping women's decision making.

After decades of not visiting with her mother, Bisal came to see her mother and encountered a serious alteration in her mental health. Bisal explained that when she arrived, it was clear to her that it was more than old age—this was possibly witchcraft, or a serious illness. She said when she first arrived, she was terribly upset and afraid; to all appearances, her mother was a witch. After a few days of being by her mother's side, Bisal came to realize that despite her mother's own talk of witchcraft, her mother was not a witch. She was, however, confused and distressed, and behaving in ways that put her in physical and social danger. Along with others, Bisal determined that her mother was suffering from *tipur*, or old

age, as well as illness that caused her to be mad. Nyaa Matulbi was saying things that did not represent reality for others. Nyaa Matulbi herself was the only one insisting upon witchcraft, while others in the community simply repeated that the things she said were nonsense. The suspicions of witchcraft and concerns about madness were compounded by the worrisome nature of some of her mother's other behaviours. Of particular concern was her sporadic habit of leaving the room in the middle of the night and crawling towards the forested area adjacent to the village. In order to reach this forest, however, one has to cross a main road that acts as a thoroughfare between Salaga to the east and Yegi to the southwest. Although it does not experience heavy traffic, it is regular enough to cause concerns that a truck or car could be passing.

For Bisal, it was clear that someone needed to sleep with her mother in the room at night. Mothers will normally sleep in a room with their children and similarly grandmothers may sleep with their grandchildren. However, despite living in a house filled with her grandchildren, Nyaa Matulbi was sleeping alone. Bisal decided it was her responsibility to stay with her mother. Her youngest sister, who lives in the neighboring compound, has a young child who was breastfeeding and so it was not acceptable for the young child to sleep in the same room as someone who is ill. Bisal was confident, however, that the youngest sister would perform other forms of care, such as cooking, fetching water and intimate care such as bathing. They also have an older sister, who has in the past stayed with their mother. However, this sister had left relatively recently to live with a boyfriend in another village. By no means was this an easy move for Bisal to make—she too, was leaving behind a household of children and a husband, as well as his ageing parents.

*The Pull of Other Priorities*

Once married, a woman shifts from being first and foremost a daughter in her father's home to a being wife in her husband's home (Hanrahan 2015a). Her priorities are expected to be to her husband, their children, and his family in their community. As Bisal's story demonstrates however, a parent's illness and a daughter's desire to ensure a good death for that parent can hold sufficient leverage to enable a woman to uproot herself from her husband's community—often indefinitely—to provide care. This is not without sacrifice. A woman leaves behind her husband and children, as well as the land upon which she supports herself for the coming year. A woman is fortunate if she has a fully grown daughter to manage the household for her, but it is often the case that the daughters who still live in the home are younger, and not yet mature enough to properly manage the household—including the cooking, cleaning, transport of water, farming, food preservation, and the distribution of resources, etc. When a woman leaves the house, a huge burden is placed upon other girls and women to make up for her absence.

After staying with her mother for a few months, Bisal explained that she had been thinking of going home— she had so many responsibilities to take care of there. Bisal explained that while she was taking care of her mother, her own daughters had been contacting her to let her know they were struggling and needed her to return home. Although they appreciated that she needed to care for their grandmother, they also knew that it was a time of year that was important for farming and the food security of the house for the coming year—the vegetables were being harvested and preserved, and there were decisions that needed to be made about selling certain crops, such as groundnuts, for which they had no experience. Although Bisal conceded that other women in the village would

assist her daughters, there would be a cost to this assistance and Bisal would be obligated to share some of the preserved ingredients with these women, thereby depleting her own food stores.

Husbands also expect their wives to remain at home and provide for their needs. While I spoke with wives who had supportive husbands who encouraged them to care properly for their mothers, other women faced hostility and even violence from husbands who felt slighted. As discussed, women have to legitimize their absence from their husband's home, and arguing that a parent is experiencing their end of life and deserves a good death is a strong argument justifying absence.

Bisal's sister and sister-in-law did not want Bisal to go back to her husband's house; they feared for her safety and were certain that she would face violence. In part these fears were because after Bisal had been staying with her mother for a couple of months, her husband arrived in the village to bring her home. This commonly occurs when a woman leaves a husband—it is the man's responsibility to follow up with the woman, in her family's place, and engage in any necessary negotiations to ensure her return. However, in the case of providing care, the act of following up with his wife, combined with his accusations, suggest that he did not respect her right to provide care for her mother in a time of need. He argued that his wife had essentially left him to stay with her mother—not because she needed care—which, he maintained, she did not—but because Bisal did not want to be at home. He also contended that since Bisal's youngest sister lives in the same village as the mother, she should be the caregiver. While it is possible that Bisal was escaping an undesirable home situation to provide care for her mother (although she did not admit to this form of motivation), the amount of stress her absence caused for her suggests that in the very least, leaving her

husband's home to provide care for her mother was a situation fraught with ambivalence, with sacrifices made to some priorities. Bisal's husband was strongly encouraged to leave and go home, with family and community members asserting that indeed her mother was sick and in need of Bisal's care.

### *Organizing Respite and Opening Up Mobility*

Bisal's conflict with her husband, as well as the pleas of her children, demonstrate how women face difficult choices when confronted with the potential for the death of a parent. While we have seen how the responsibility to provide care is clearly a socially constructed obligation, it is also clear that individuals have to make the decision to fulfill these obligations, and to do so, they have to navigate around barriers and develop strategies for managing new responsibility without abandoning other priorities. Many of the women I spoke with, including Bisal, ultimately negotiated strategies to loosen constraints on their mobility. Women worked together to provide respite and support in order for women to have the ability to travel between their husband's and parents' home. The responsibility to provide care towards ensuring a good death is held by each individual, and women therefore took the time to be with the ailing parent—to see, for themselves, their parent's condition, to assess the needs and determine what role they wanted to play towards providing care to nurture them back to health or provide a good death. The negotiations between women—sharing of work load, and staggering their time spent at home—therefore took place after women were able to determine for themselves the condition of the parent and decide on the role they wanted to play.

Nyaa Matulbi's condition was difficult. The family was clear in their understanding that their mother was sick, suffering from old age, as well as deteriorating mental health that put her at risk because she engaged in questionable behaviours and put herself into unsafe settings. However, this took place in September, October and November—the harvest season. Bisal wanted to return to her husband's home to prepare—to harvest and prepare her crops for long term storage. The vegetables she grows are a source of income for the year to come, as well as supplying daily ingredients for soup, and a source of seed for next season's planting. Staying away from her husband's place during this time of year is much more than simply an inconvenience to those staying behind, but creates hardship in the following year. Although Bisal is working on farms in her mother's village, the food received for this labor will not be sent back with her, but is used to support the mother while she is there to care for her. While the husband may have been at least partly correct that his wife did not want to come back to him, it was also clear that staying away was a hardship with lasting consequences, and the needs of her children were a constant source of concern while she stayed with her mother. Bisal, along with other women I spoke to who had traveled to provide care at this time of year, suggested that they really wanted to be able to go home, ensure that their crops are properly stored, check their children have received enough guidance to manage without their mother, and then return to care for the mother during the dry season when farm labor demands slow. The ability to 'go home and prepare' was facilitated by the support of other women, usually sisters.

Ultimately, Bisal decided to return home. Before she left, she spoke to me about her fears—she was still worried about Nyaa Matulbi sleeping alone at night, and about the potential consequences of her mother telling anyone who passes by that she is accused of



witchcraft. When asked about the possibility of her youngest sister—who lived in the same village as the mother taking her place, Bisal explained that yes, they had discussed this possibility and Bisal had stressed to her youngest sister that it was important that she take responsibility for sleeping with her mother. Although her youngest sister promised to sleep with the mother, Bisal did not believe that this will be the case because the sister had a very young child, and she needed to be sleeping in her own room. However, she knew that her sister would provide various other forms of care labor that were important while she was away preparing to return to her mother.

## **Conclusion**

With the continued increases in the world's elderly population, it is of critical importance, to understand the particular issues faced by communities with respect to care and the potential constraints surrounding the provision of care (Aboderin and Beard 2015). In particular, areas with weak formal care infrastructure (based on Western development expectations) may be particularly vulnerable to the social pressures of an ageing population. Relying on misleading assumptions of traditional values that ensure the support of the elderly, especially in areas that already rely so heavily on informal care provision, such as family-based care, will only serve to perpetuate inequitable support of the ageing populations. In Binalobdo, being old was not enough to ensure support. Ageing must be paired with greater levels of dependency until the potential for death acts as a motivator for care-giving. Care labor is overwhelmingly women's work, yet particular cultural contexts and societal structures place restraints on women's ability to fulfill these responsibilities or increase the burden incurred when they work as caregivers in their families and communities. This chapter contributes to this

growing awareness of the particular issues faced by vulnerable elderly populations and their communities who are responsible for taking on the necessary care labor.

In this chapter I have explored the challenges faced by women who bear the responsibility of providing end of life care to an ailing, elderly parent. These challenges emerge within complex intersections of diverse social relations particular to this community in northern Ghana—including age, gender, marital status, as well as place of birth and current residence—that interact with existing cultural traditions that divide labor between women and men in ways that serve to address the needs of others. Labor is divided such that particular people are subject to certain expectations—expectations to provide for the needs of others. These expectations serve to intertwine labor and intergenerational relationships in very particular ways that create the potentiality for the emergence of certain care labor responsibilities that may compete with the everyday labor responsibilities to which an individual is subject.

The dynamics of care-giving arise in a particular time and place, and yet the challenges and negotiations explored here speak to the challenges of familial care provision, especially in areas with weak formal care services. Women experience various forms of constraints on their mobility, yet mobility is key to ensure family participation in care-giving. Women are subject to a hierarchy of priorities that favors the husband and children, but become subject to competing responsibilities when their parents age and the potential for death emerges. While the hierarchy is in no way stagnant, it remains a powerful structure of responsibilities through which women have to navigate when trying to provide care between potentially distant locations. In this community in northern Ghana, it is the potential for death—emerging here in the combination of old age, illness and changes in mental

well-being that are experienced by the elderly person as witchcraft—that comes to demand women to provide care to a parent. In the case of serious illness or end of life (a distinction that is often not clear unless in retrospect) there occurs a convergence of different experiences. These overlap and demand action on the part of certain actors as a result. In the case of Nyaa Matulbi and Bisal, we see the convergence of Nyaa Matulbi's experiences—characterized by fear, confusion and need—and Bisal's experiences—of witnessing her mother's changes in behavior and the pressure to provide her care in order to improve her condition. The complexity of forces that may include love, obligation and even fear of postmortem retribution means that women bear the responsibility of providing care to their parents and other members of their family while continuing to face the pressures of their everyday responsibilities to their husband and children.

## CHAPTER SIX

### EMBODIED EXPERIENCES OF CARING LOVE AND SUFFERING: UNDERSTANDING EMERGING DEPENDENCIES AMONG ELDERLY WOMEN IN NORTHERN GHANA

*They don't know. Children don't know—one day I was like them.  
A butterfly was once a caterpillar before.*  
(Nyaa Hannah, Interview 2013)

#### **Introduction**

Difficult to define, love is nonetheless understood to be a complicated, deeply personal yet socially constructed feeling and understanding, an orientation to self and others. bell hooks defines love as “a combination of care, commitment, trust, knowledge, responsibility and respect” (2000, 7-8) and her definition works to convey the complexity of intersecting factors that (may) influence the building of connection between those loved. Here love is clearly something that emerges from, and is built through actions—love, felt in our bodies and minds, is conveyed to others in what we do. Durham (2002) provides a beautifully articulated discussion of love as experienced through death and funerals among the Herero in Botswana. She uses the English “care love” and “caring love” to articulate the cultural construction of love among the Herero. She explains that “love is deeply experienced as a form of caring about the well-being of others, a care and concern that motivates all sorts of actions to promote the well-being of the other/others” (2002, 167). This definition of love—as caring love—resonates with the ways in which people in a small rural Konkomba village in northern Ghana discussed love and how they were shown and felt love from others. What it means to give and receive love is steeped in a complex geography of our bodies, hearts and minds, and our relationships with others. Starting from the point that love is action and

feeling, embodied in individuals and shared between people, in this chapter I explore how love is experienced when individuals are also experiencing significant changes in their own bodies that result in changing relations with others.

Drawing on ethnographic research with elderly women in a small rural village in northern Ghana, I explore everyday experiences of elderly women struggling with the emergence of dependencies that accompany a loss of strength and health in their ageing bodies. I focus on the shifting of the body in relation to others as dependencies emerge and women experience changing dynamics with regards to their participation in material exchanges and interpersonal connections. I refer to these transitions as *emerging dependencies* to draw attention to the fact that we are focused on moments of transition—when people are experiencing these shifts as well as the fact that to experience dependency is not a necessarily singular event or singular facet of change, but may occur in fragments, shifting and/or accumulating as they impact particular parts of daily life. In the epigraph of this chapter, Nyaa Hannah laments the disconnect between her ageing body and young people in her family—that like the transition from caterpillar to butterfly, human beings go through changes into forms that in many ways are difficult to recognize. The emergence of dependencies in old age is a critical moment of transition in the life course in this context, where ageing is defined in large part by the ability to engage in productive labor, and old age is defined by the decrease of labor participation and the resulting dependence on others to do that labor (see Chapters Two and Five).

In the context of this community, material exchange works to generate affection and love towards building relationships of practical and emotional significance in a person's life. At the same time, dependencies emerge concurrently with struggles associated with gaining

and accepting access to the support they need and want from others. Emerging dependencies therefore encompass the processes of physical change in an individual and the concurrent processes of acknowledgment and address from others. It is therefore important to understand how when a body is displaced within or apart from that social relationship—no longer able to engage in material exchange and positioned to need nonreciprocal material transfer—the emotional experience and even the foundation for intimate connection is destabilized. Emerging dependencies are therefore imbued with the potential for embodied emotional experiences that include caring love as well as suffering when love wanes.

In this chapter, I start by outlining how feminist scholars have discussed the ageing body to understand where and how dependencies are incorporated into ageing and individual experiences. I draw on Elizabeth Grosz's work to argue for a consideration of the ageing and dependent body as a legitimate part of the ageing experience. From there, I explore the geographies of emotion, especially love, to argue that the embodied approaches taken in geographies of emotion suggest that experiences of ageing may include an emotional facet that significantly shapes everyday life experiences. In particular, I discuss the study of love in African contexts and challenge the dichotomy of material exchange and affection. Drawings on these literatures of ageing bodies and emotions, I move to discuss the experiences of elderly women living with emerging dependencies in a Konkomba village in rural northern Ghana, focusing on their discussions of their bodies, their changing participation in material exchange, and feelings of love and suffering.

## Ageing Bodies

Feminists have worked to intervene in social gerontology towards developing understandings of ageing bodies, resisting a strictly medicalized understanding of old age, as well as a purely social construction of ageing (Kontos 1999; Twigg 2004; Tulle and Krekula 2013). Feminists working within ageing studies have also sought to work beyond a mind/body split by exploring ageing as embodied (Kontos 1999; Laz 2003; Sandberg 2013). Laz (2003) points out that despite the indisputable carnality of the ageing process, studies of age have worked within binaries that maintain a distinct divide between bodily processes and social processes such as the construction and representation of identities. In part, these interventions have worked to overcome applications of successful ageing frameworks—a popular framework in gerontology and North American popular culture more generally—which may indeed, be more about resisting growing old than growing old well. Alternative experiences of ageing—such as experiences of frailty and dependence—are marginalized and othered such that the negative connotations of old age are maintained. This framework has begun to receive critique with regards to how it emphasizes the maintenance of youthful bodies as bodies age and the ability to maintain independence (Liang and Luo 2012; Sandberg 2013; see also Baars 2012). Additionally, critiques of such a framework have not worked towards understanding cultural variation in conceptualizing ageing and the life course, and what, in turn, ageing well might look like in different contexts (Lamb 2014). In this chapter, I focus on a northern Ghanaian community where physical abilities and well-being have less to do with maintaining *independence* and more to do maintaining an active role in the complex relations of *interdependence* that structures and supports families and communities in this setting (for a discussion of interdependence in livelihood strategies, see Chapter Four).

However, as Twigg (2004) notes, feminists have focused more on the transitional ageing of middle age and continue to avoid a deeper old age, frailty and dependence. As I develop here, however, the frailty and dependence that can be experienced in old age is an important moment in the life course that may include challenges to one's sense of self. Tulle and Krekula remind us that “our bodies, as the dynamic receptacles of our existence, are tied up with our deepest sense of self...over time [one] may grow to fear what happens to it and seek ways to reassert [one's self] by negotiating a changed relationship to [one's] body. This renegotiation might also be prompted by others for whom [one's] body represents something negative or undesirable” (2013, 8; see also Öberg 2003; Cruikshank 2008). The very carnality of our lived experiences throughout the life course bring us face to face with our vulnerabilities—and our bodies in old age are a reminder to others of the potential for ageing of all bodies and the potential disruption to our own understanding of our self and our relationships with others. It is therefore important to understand how cultural constructions of the ageing body and how those bodies are identified are part of cultural constructions and individual experiences of embodied emotions for those living with dependencies.

In her consideration of a feminist corporeality as a way of moving beyond patriarchal, masculinist, understandings of the body, Elizabeth Grosz argues that differences between bodies vary across time and space—with respect to not only subjectivities and identities, but physicalities and capabilities (Grosz 1994, 190). In *Volatile Bodies*, Grosz suggests that the female body is invisible in the process of the omission of the female body as distinct from the male body—often allowed to stand as the human body. From such a starting point, Grosz argues, feminists cannot begin to understand the particular experiences of the female body. She considers Kristeva's discussion of the abjection of the body—in the emergence of proper



bodies. Grosz is particularly interested in how this notion of abjection can bring together lived experiences with the “social and culturally specific meanings of the body...the privileging of some parts and functions while resolutely minimizing or leaving un- or underrepresented other parts and functions. It is the consequence of a culture effectively intervening into the constitution of the value of the body.” (1994, 192).

Drawing on Grosz, one can consider the ways in which it is not just the male body that can and does stand in as the normative standard. Other lines of difference—including age—create fissions of difference that give bodies meaning to one's self and others. The ageing body becomes the Other of the youthful body. Grosz therefore provides a starting point for understanding how an othered body is given—and stripped of—meaning and how this can shape societies' constructions of value regarding bodies that are different. In this chapter I explore the ways in which bodies are valued in this context—and how a body that comes into being as a mature, productive adult member of society (Hanrahan 2015a), starts to undergo changes in ways that pose a challenge to that value.

If bodies can be in and out of place (Nast and Pile 1998), can physical changes to a body in the form of emerging dependencies result in a displacement of a body within a particular place so that the framework for interpersonal connection becomes unfamiliar? If one can no longer participate in the practices through which people build connection, how does that shape one's experiences of the everyday? In this northern Ghanaian community, material exchange contributes to the building and maintenance of affectionate connection—experiences of caring love arise out of material exchange. Yet with the emergence of dependencies, one begins to experience the world through a body that is no longer positioned to participate in the building of those connections in expected or normative ways

—while at the same time, the desire to give and receive affection may not diminish.

Schildrick argues that

becoming signifies a process that shifts and flows just as the body itself undergoes changes and modifications...as the irregular and contingent transformations and reversals that unsettle subjectivity—and identity—itsself... How we come to know ourselves and others in the world is the matter of material engagement, often through the direct contact of flesh and blood encounters that do not simply *affect* us at the surface level but *effect* the very constitution of embodied being (2009, 25, as cited in Ervelles 2011, 28).

Understanding experiences of dependency in old age requires an embodied approach that deeply contextualizes the shaping of experience within the particular social context of everyday life, as well as understanding the personal histories and positionality of the individual within that social context.

Feminist approaches have been criticized for theorizing from a place that marginalizes the experiences of women additionally differentiated by living in areas of the world other than the Western context in which much of feminist theory is produced (Mohanty 2003). Any attempt to understand the lived experiences of women in this community requires, at its foundation, an attempt to understand the ways in which bodies are given meaning in this context. In particular, I want to understand the ways in which elderly women's bodies are positioned and how they experience differentiation twice over. As a female body in a society structured to enable the propagation of a patriarchal, patrilineal family, Konkomba women are married into a community of related men and their families—women are thereby rendered different by blood and incorporated physically by their labor obligations to men's

families, as well as their sexual responsibilities. As they grow into old age, they are further differentiated as an ageing body in a society where social position is influenced to a significant degree by labor responsibilities. As they age, their bodies transform, gradually making it more and more difficult to fulfill labor obligations and even positioning them such that they now expect and/or require others to meet their needs. Men's position in the community is therefore significantly different from women's, and I will focus on women in this chapter to explore the particular experiences of elderly women living in their marital communities.

In this chapter I develop an understanding of embodied ageing by exploring the cultural construction of ageing and the social meaning of ageing bodies alongside the lived experiences of elderly women who are struggling with emerging dependencies in later life. These emerging dependencies are experienced as physical and emotional experiences that transcend the dichotomy created by the limitations of language. I therefore work to create a cultural context that includes the construction of material-emotional understandings that shape interpersonal relationships. Below I provide background to the study of emotions in Africa, before turning to an exploration of the specific ways in which people in this community construct understandings of emotions, focusing primarily on the concept of *geehn*. I examine both the positive (to give caring love) and the negative (to not give caring love), which also includes a discussion of *falaa* (suffering). I develop these understandings of caring love in conjunction with women's emerging dependencies, thereby intertwining their bodies in a social context that results in embodied experiences. This provides a foundation for understanding the everyday experiences of elderly women in this community.

## Geographies of Emotion and Emotions in African Contexts

Within geographies of emotion, it is well established that emotions are socially constructed understandings of experience and that emotions take place in our bodies, with the potential to affect others—shaping and reshaping our social contexts (Davidson and Milligan 2004). Even where debate remains around the universal generalizability of the physiological phenomena in the brain, the eventual interpretation of those phenomena through language is inherently culturally and personally specific (Burkitt 2014).

Morrison, Johnston and Lyndhurst (2012) argue for a deeper exploration of a geography of love, arguing that 'bodies that feel love' feel love in particular spaces and places (see also Johnston and Lyndhurst, 2010). The meaning of love felt by particular bodies are shaped by the spaces and places in which they occur; temporality is a consideration as well (Morrison, *et al.* 2012; Burkitt 2014). The personal and social histories of those bodies feeling love shape love (and other emotions). Love can change form over the life course and between kinds of relationships. Of particular interest here is the idea that emotions are experienced through our bodies, bodies that have their own personal and social histories. In part, that history and potentiality are produced through the changes of the body itself in interaction with others. Therefore, the question arises as to how the meaning of an emotion for a body, and that of that body's relationship within a place and time, within relationships—will also change.

Although Morrison and colleagues (2012) suggest that love—in the sense that love is discussed within the realm of love and care—is a subject well engaged, there is a need to move beyond and explore other forms and spaces of love. This is not the case of considerations of love—caring or otherwise, as well as other emotions—in African contexts

—whether by geographers or Africanists working within other disciplines. We need to be attuned to the cultural particularities of the construction of emotions. There are some recent studies in Africa that have worked to understand particular emotions—including love (Cornwall 2002; Durham 2002; Cole 2009; Hunter 2009; Thomas and Cole 2009; see also Ahearn 2001; Hirsch and Wardlow 2006; Hirsch, Wardlow, Smith, Phinney, Parikh and Nathanson 2009 for examples of discussions of love in diverse cultural contexts), grief (Rosaldo 1984; Lee and Vaughan 2012; Noret 2012), and jealousy (Durham 2002). Generally, however, it has been argued that love—as value and emotion—is outside of the appropriate sphere of inquiry in the social sciences (Durham 2002; Thomas and Cole 2009). The idea of romantic love (passionate, erotic) in marital relations is regarded as an European-American phenomena and the emergence of partnerships based on this passionate form of love is interpreted as tied to modernization and Western influence in Africa (Jankowiak and Fischer 1992; van der Vliet 1991; Smith 2001; Thomas and Cole 2009).

Discussions of love in Africa often focus on the material, emphasizing the importance of material exchange over—or at the expense of—affection. Women, in particular, are seen to enter into intimate relationships in which they exchange sex for money and other material needs (Cornwall 2002). It has been argued, however, that material exchange is indeed at least in part about affection and commitment that extends beyond meeting material needs (Poulin 2007) and following Noret (2012), it can instead be argued that “attachments and feelings cannot be understood independently of material stakes and conditions of existence as a whole” (2012, 274). Love in Africa has been largely overlooked until more recently, when discussions of love have been wrapped up in concerns over the transmission of HIV in sexual relationships (Thomas and Cole 2009; see also Hirsch, *et al.* 2009). And while the medical

context created an accepted entrance into exploring love and intimacy, such a context once more marginalizes the affectionate facets of love, often reducing relationships to functional terms and reinforcing the material foundation of intimacy. The idea that love, as care and affection and focused on the practical, material exchanges that can and do work to sustain relationships, is forgotten.

The dichotomy between material and affection continues to persist, perpetuating what some regard as an inferior notion of intimacy in the African context that feeds into a long-standing colonial image of Africans as primitive and inferior to Europeans (Thomas and Cole 2009). Maintaining an opposition between material and affection is an ideal that fails to accurately represent the breadth of affectionate relationships in the Western context from which the ideal stems and obscures a layer of human experience and connectedness within relationships where material is an integral, but by no means singular, component. There has been only a few attempts to explore a more expansive notion of love, care and affection in African contexts, as an emotion that can motivate relationships of various forms, guiding decision making, relationship formation and the lived daily experiences of people in particular places.

In this chapter, I extend the application of 'love' beyond the common usage within romantic and/or sexual relationships. Research on love in Africa includes little exploration of the ideas of love as applied to non-sexual interpersonal relationships, including husband and wife relationships, familial relationships, friendships and love for strangers. When I explore caring love/*geehn* in this Konkomba community, various kinds of relationships are used to describe what it means to give and feel love, and while particular behaviors might be reserved to demonstrate love in very specific contexts (especially acts of passion between lovers and

within a married couple), the meaning behind a diversity of behaviors that are part of different relationships give meaning such that connection and affection are built between people.

### **Research Context and Methods**

This chapter draws on ten months of ethnographic research in Binalobdo, Northern Region, Ghana. Binalobdo is a small rural settlement located outside of the town of Salaga in East Gonja District (Figure 1.1). The village is flanked by yam and guinea corn fields, interspersed with fallow land and thin stretches of teak forests. The village is also located near to a reservoir where water is fetched year-round. The area is connected by minor roads and walking paths to other Konkomba villages. Binalobdo is a village currently inhabited by families who identify ethnically as Konkomba and belonging to two closely related patrilineages and the nearby villages are settled by other Konkomba lineages.

Research was conducted over the course of eight months in 2011-2012 and an additional two months in 2013. Data collection strategies include participant observation, individual interviews, and focus group interviews. I draw on focus group interviews which focused on understanding cultural constructions of ageing and old age. Focus groups were organized along lines of gender, age and marital status to capture socially-appropriate groups of interaction and significant lines of difference within the community that position individuals into relationships of obligation, especially with respect to labor, which is discussed below. Primarily, however, I draw from individual interviews conducted with elderly community members<sup>28</sup>. I include interview content from both elderly women and

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28 Research participants who are elderly are referred to by a pseudonym prefaced by a kinship term to demonstrate respect; elderly women are referred to as 'Nyaa' (grandmother) and elderly men are

men in the community; I draw on the interviews with women and men to provide an understanding of cultural constructions of *geehn*. The ways in which elderly people experience difference in this community is highly gendered and I have chosen to focus on the lived experiences of emerging dependencies within elderly women.

In what follows, I present direct quotations from interviews as elderly women and men discussed relationships and loving/caring activities and expectations. All interviews were conducted with the help of a research assistant who provided in situ language interpretation (see Chapter Three). Interviews were recorded and subsequently transcribed. Direct quotations have therefore been subject to a layer of interpretation before I had access them. It is also important to note that these interviews were conducted with individuals who I got to know quite well over the course of field work undertaken in 2006 (contributing to my MA thesis, Hanrahan 2007a), as well as research conducted from 2011 to 2013. These interviews and the words recorded are couched within an additional layer of communication that occurs between bodies as people expressed a variety of physical and emotional states, as well as an understanding of their general sense of well-being over the course of about a year in which I was in close contact. There is no perfect representation of one's emotions, but here I strive to contextualize statements in the social, cultural contexts and personal experiences that influence the meaning of their experiences imbued with significant emotional meaning.

Discussions of love in the social science literature are useful here to explore love in this community as a complex intertwining of material and affectionate exchange. Nevertheless, I hesitate to apply the English word “love” to the experiences described by community members because of the potential for readers to impose their own meaning onto

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referred to as 'Nyaja' (grandfather). The only exception is an elderly woman who was not married into Binalobdo, but born to Binalobdo and is not married or widowed. She is referred to as 'Npul' (Aunt).



the word. Following Durham (2002), I will translate “*geehn*” into English as “caring love” to provide a translation with a connotation that bears the image of entangled affection and material exchange, as well as allow for articulation with the scholarships on both love and care. I further rely on the Likpakpaln word '*geehn*' to emphasize and act as a reminder that it is not a concept to be easily translated into English and may not bear an entirely familiar connotation for the reader. As the discussion moves forward, it becomes clear that '*geehn*'/caring love bears a culturally constructed definition that includes material and emotional needs, woven as it is through obligations and choices, imbuing interpersonal relationships—between husbands and wives, parents and children, and within friendships—with significant meaning that provides a cultural context for understanding experiences of dependency.

### **Ageing Bodies and Becoming Old in Binalobdo**

As I argue elsewhere (Chapter Five), in this Konkomba community ageing and becoming old is in part defined by physical changes to the body, but it is also a social relation. An important component of the conceptualization of ageing in this community is the way in which changes in the physical body results in shifts in their relations with others, positioning them in new ways with others and in the community as a whole. The meaning of ageing and old age was discussed in focus group interviews; there was agreement between groups with respect to the physical characteristics defining old age, as well as the impacts on social relations, especially as it pertains to labor, discussed in what follows.

In Binalobdo, to become *pur* (old) includes physical changes—greying hair, faded and wrinkled skin, loss of teeth, as well as the possibilities of loss of hearing and vision. There

is also a loss of strength associated with *pur*; people become *diin* (soft) with age, in contrast with *pɔɔ* (hard) which is associated with youth and youthful strength and energy; to be soft therefore means that one loses muscle mass and stamina. This loss of strength was also described as “loose veins”, as strength resides in the blood. Certain physical characteristics of old age are different between men and women. With respect to reproduction, menopause and post-menopause were a signifier of old age in women, while men were not generally seen to undergo reproductive changes. Sexual desire was also seen to decline with age—women were expected to lose interest in sex and eventually retire from their obligations to their husbands, while men were generally perceived to continue to experience desire for sex well into old age, although once they become *pur pom* (very/truly old) their desires would cease. An individual does not immediately become unambiguously *pur*, however. Ageing is a continual process that women and men both spoke of experiencing over time. Long before others would consider them to be *pur*, people used the idea of *pur* to communicate their experiences of their changing bodies. Becoming *pur* was definitively conceptualized as a process of decline and a process that is experienced differently by different people. However, it was agreed that to be *pur pom* (very/truly old) was to attain a state of being defined by total dependence on others.

Labor and the ability to participate is regarded as particularly fundamental to the meaning of old age in this community. The loss of strength that was associated with ageing is linked to one's ability to perform labor in efficient and productive ways. The division of labor is structured around obligations people have towards each other to play complementary roles towards the support of families and the community. Division of labor thus plays a role in shaping interpersonal relations that are interdependent and will potentially incorporate

dependencies as they arise (Chapter Four). Men are farmers—they are responsible for providing the starchy staple foods (including yams, guinea corn, cassava, and maize) that keep their families fed. They are also responsible for maintaining the house. Women, on the other hand, are responsible for supplementary food production—growing vegetables and legumes—as well as food preparation and providing labor on their husband's farms. They are also responsible more generally for domestic tasks—fetching water, cleaning the home—as well as care-giving for children, the ill and other dependent individuals. These tasks are physical labor, and when someone is becoming *pur*, they can no longer work efficiently. This decline in abilities is understood in relation to youthful bodies—it was often stated that they can no longer work the way they used to. Eventually, as dependencies increase and abilities decline, the work of those who are truly *pur* is to sit, to eat. This highlights that those who are *pur* experience a shift away from food production responsibilities of younger women and men, towards the consumption of food—a more passive and non-reciprocal task. Bodily transitions therefore play an important role in shifting and shaping an individual's position in relation to others in later life.

### *Ageing Bodies and Labor*

In old age, however, individuals experience various factors that influence their ability to participate in these activities. Old age in and of itself does not preclude engaging in laborious activities; many individuals who were identified as *pur* continued to participate in at least some farming and household tasks. One elderly woman, Npul Margaret, is an unmarried woman living in her brother's home. One day she told me she had spoken to her grand-niece on the phone, and the grand-niece, had begged her to retire from work, citing cultural

traditions suggesting the elderly do not need to work. I asked her what would happen if she stopped working. In response, she asked me, “What will I eat?” and went on to explain that if I don't work, there will be no firewood; people will give me food [yams and grains], but not to my expectation, maybe they won't give meat and if I sell the food they give me, I'll be short. But I can still work, so I do (interview 2012).

Np̄ul Margaret often complained of her ageing body. She would point out the physical features that have changed with old age; she emphasized how she was thin and weak; she was no longer fat and she no longer had the voluptuous feminine traits she was endowed with as a young woman. Nevertheless, she rarely stopped working in the home and on the farm. I then asked her about her brothers, and whether or not they would support her if she stopped working. She insisted that “they don't have. They have big families and the children are in school. Because I can still work, it's my responsibility to continue until I no longer can” (interview 2012). Np̄ul Margaret was beginning to experience a decline in her abilities, although she was still very active relative to many of the other elderly women in the community. As women experienced more dependencies, however, their portrayals of their experiences with their bodies became less ambiguous and more fraught with emotion.

The ways in which dependent elderly women discussed their bodies in conjunction with their inability to do work conveys a sense of social displacement. They no longer occupied the social position of a Konkomba woman—productive and supportive of one's family and community (Hanrahan 2015a). Again returning to the epigraph, Nyaa Hannah (interview 2013) relied on a proverb to explain how she, and many women, felt about the perception of their ageing bodies, that others “don't know...a butterfly was once a caterpillar before”. The experience of a displaced social position was expressed by women who reflected

on how physical changes in their body and their physical appearance overshadowed their personal history as a productive member in the community and the ways in which they worked and contributed to support their families earlier in their lives.

Nyaa Wumbɔraliin is an elderly woman living in her son's home, with his wife and children, as well as her unmarried adult daughter who has come to stay to provide her care. Nyaa Wumbɔraliin explained to me the pain she felt at growing old and how it changed how she was perceived. She said to me,

when [I] was young, [I] used to work hard, but now you can't see that [I] was busy, [I] was beautiful. How [I] worked! Now you can just see that [I am] old (interview 2012).

Nyaa Wumbɔraliin was a striking looking woman—a graceful face, chest and shoulders covered in gorgeous tiny scars formerly used for beautification (Hanrahan 2008)—and the beautiful woman she remembers sat beside me, but she was no longer busy, no longer able to work hard. Similarly, Nyaa Ngbalikbi, an elderly woman struggling with severely limited mobility and blindness, expressed the distress caused by the neglect of her own children when she told me that

now when [I am] old and sick too, it's very painful ... when they just give birth to a child they just ...see this way. S/he can't know. That one day, this was once a beautiful woman (interview 2012).

This sentiment, that younger people only saw old age, sickness and inability, failing to see their future reflected in those ageing bodies or to give credit for the work that created the ageing body, was repeated by many women struggling with their changing abilities to engage in labor, as well as struggles to gain access to care from others. Even those who felt they were

well cared for struggled with the ways they felt their ageing bodies were perceived by others—that the body replaced the person behind the grey hair and wrinkled skin, displacing them from their place in the community. Displaced to a place that was, in many ways, uncomfortable and even unrecognizable. I now turn to discuss how these physical changes and the social displacement is intertwined with acts of, and feelings of, caring love.

*Geehn (to Caring Love)*

In Binalobdo, love is demonstrated when you do labor for others. Love, and doing something for the other to express love, is a construction of love that has been explored in other areas of Africa (Durham 2002) and has resonance with the strong emphasis of material exchange as love discussed in African contexts (Thomas and Cole 2009). It is in the acts of doing things for others that one can demonstrate and build an affectionate connection in the daily exchanges of everyday life. These exchanges can do the work of demonstrating that there is value in the relationship and that there is value in ensuring that the needs of others are met. By participating in material reciprocity, Npul Margaret remained active in the community and engaged in a variety of relationships that could maintain her physically and emotionally. While expressing her frustration over the potential costs that are incurred in asking for communal labor (she will be expected to provide a hearty meal for the laborers, despite her limited resources), she invoked changes over time that she has observed to demonstrate the shift in practice that is interpreted as a loss of love in the community. She told me that

in the past, people loved each other, but these days everyone for themselves; in the past [I] wouldn't even have to ask for communal labor—when it rains the young

people would go and help the old people and they wouldn't demand plenty food...In the olden days, it didn't happen; there was respect for human beings, not money. It was good to have a brother more than money (interview 2012).

Similar to the definition provided by Durham, where “love is deeply experienced as a form of caring about the well-being of others, a care and concern that motivates all sorts of actions to promote the well-being of the other/others” (2002, 167), there is a feeling of love within a community when people support others—here demonstrated in the practices of communal labor. For Npul Margaret, love within the community—her brothers, their wives and their children—was undeniably critical for her ability to gain access to resources and labor from others, but that access was also indication of other's awareness of her needs, and her value in their lives and within the community. Their labor—given in balance with her ability to give back—was experienced as affection and belonging in that place. As circumstances changed and Npul Margaret stopped experiencing that support, she interpreted and felt is as a loss of love in her life and in her community.

*Geehn*/caring love, can therefore be cultivated in a variety of interpersonal relationships that extend far beyond intimate, sexual and marital relations. It can be applied to a variety of connections that are shaped by the coming together of material exchange and emotional connection. In discussing *geehn*, Nyaa Ntibi, a quiet elderly woman living with her son and his wives and children, explained how love is build between people in the things they do for each other. She avoided speaking at length about her marriage; in particular, her second marriage was one defined by neglect and unhappiness (interviews, 2012, 2013) and is discussed in more detail below. She focused instead on our growing friendship. For many months, our relationship involved me coming to greet her on a regular basis, often sitting

with her to converse and bringing her small gifts of money or soap. I would also bring her medicine—such as pain relievers and oral re-hydration solution—and she used these acts to explain *geehn*: “When you are sick and someone helps you to buy medicine—that's love” (interview 2012). For her part, she would also occasionally come to greet me, and she frequently offered me food when I was in her home, which I rarely accepted because I knew she only had limited resources. One day, however, I accepted and while we ate, she explained to me that the way we were sitting down to eat together, shows love (interview 2012). She later expanded on this idea, explaining that

if your friend comes to you all the time and your friend refuses your food all the time, it means [she's] not your friend. [She's] just using [her] mouth to pretend [she's] your friend (interview 2013).

She agreed with me when I added that the way she offers me food demonstrates love. Our own friendship grew as we were able to both give something to the other—and accept what is offered. That is *geehn*/caring love.

In the above example, love was demonstrated by doing things for a friend in need—not out of obligation, but out of a sense of love and care. While undoubtedly obligations culturally imposed upon particular relationships—between parents and children, between husbands and wives, for instance—can be interpreted to govern these material exchanges, there is extensive support demonstrating that these obligations are not unfailingly met (Chapter Four; also Aboderin, 2006; Cliggett, 2005; van der Geest, 2002b). Instead, relationships with obligations provide a foundation for connection and create expectations between individuals—but the work of caring love is still required for the building of affectionate connection within a relationship. During a conversation with Nyaja Nabi, an



elderly man, who lives with his two wives and children in their home in Binalobdo, he explained that it is important for there to be love between individuals in a marriage relationship. I asked him what a husband is expected to do for a wife. He told me that

a husband is supposed to work hard and give food to his wife, support her financially and meet all her needs. If you do that, then the love will stay forever, but if not, your wife will become fed up with you and you'll be fighting, or she will even leave your house. If you don't handle women well, she will leave you and find someone else to take care of her (interview 2012).

He also explained that obligations between marriage partners—such as a wife cooking for a husband—are important acts where love can be demonstrated.

When you force them to marry people they don't want, they don't cook well for that person. And whenever they even eat, they don't eat well, because their heart don't sound good because they know they have to face difficult. But when they marry people they love, they cook well for them, they eat well, and they grow well (interview 2013).

The child-parent relationship is another important relationship imbued with obligations of care (Chapter Five), and these obligations of care also translate into expectations and experiences of emotional caring love. In a striking example of this, Nyaa Hannah, an elderly woman, experienced a significant shift in her well-being in 2013 after falling and breaking her hip. Prior to the accident, Nyaa Hannah had a reputation for being cantankerous and had struggled in the past to secure the assistance of her son and daughter-in-laws as it became more and more difficult for her to complete daily activities (Chapter Four). She often spoke at length with me about her pain and suffering caused by

the neglect of her son—who often did not provide enough food to keep her hunger at bay, nor ensure that their home had enough water. Rendered immobile by the accident, her daughters arranged to stay with her, providing daily care that included frequent companionship and regular access to assistance with intimate needs like bathing, urinating and defecation. While physically this elderly woman was in significant discomfort, she expressed that she was now content, and her shift in disposition was palpable to myself and others around her who regularly spent time in her company. Her accident had enabled her daughters to provide for her material, physical needs, and in so doing were able to demonstrate *geehn*/caring love for their mother. For Nyaa Hannah, there was a positive shift in her emotional well-being that came with the emergence of a serious state of dependence.

*Mageehn (to not Caring Love)*

In Binalobdo, if love is fostered through material exchange—by doing things for each other—then to not give caring love occurs within the failure to meet the needs of another.

*Mageehn*/to not caring love is therefore demonstrated and experienced through interpersonal neglect and disrespect. The loss of love and experiences of *mageehn* resulted in embodied suffering—physical failings in one's body and the associated emotional distress of the suffering and the loss of being loved by others.

Nyaa Ngbalikbi was an elderly woman who lived in a small, crumbling single-room home with her son, his wife and their infant child. She spent the days alone in the room while the family was at the farm, unable to move about due to physical weakness and blindness. She was further isolated by rumours of witchcraft and the location of the small house on the periphery of the village. This isolation meant that she often did not eat during

the day because she was unable to beg passersby for food; it also meant she was forced to relieve herself in a small depression in the floor when she could not take herself outside, where it would wait to be cleaned when her daughter-in-law came home. One day she explained to me how her daughter—who is married and living in another village—does not love her (for a discussion of married daughters providing care, see Chapter Five). Above, we saw how Nyaa Ngbalikbi struggled with her changing body, which was now weak and old and she knew was no longer seen as beautiful by others. She told me,

My own daughter, the [youngest] daughter I had, she rejected me. She should come and then work for me. Just cook for me, just for a week. She said she won't come. She's even insulting me, that I'm old, I should ... suffer to die and then they will come and bury me, she and the husband. But if I should tell her, one day you will also grow old, she doesn't want to hear that one day she will also grow old; when I tell her that, she always sad. And she will not respect me. She and the husband, they both don't respect me, because they want me to die so that they can come and then bury me. And I will not lie to you. I gave birth to her! I feed her! But this girl doesn't respect me at all... How I've suffered for that girl. And she doesn't respect me (interview 2012).

Nyaa Ngbalikbi's suffering was etched into her face, the pain she felt expressed through her voice and in her words, as well as in her desperation to maintain company when I would come to visit her. She would often lament at length that she was denied the love she deserved for having supported others when she was able, but now that she is no longer able to work, she is neglected, she is not loved.

Nyaa Ntibi is a quiet elderly woman in Binalobdo, who lives with her son. Her son is actually her husband's son, borne to one of her husband's three wives. The mother, however, died when he was young and Nyaa Ntibi raised him and his siblings. Although a woman will always consider the children borne to her husband's other wives as her own children, in this case there is an additional layer of connection that is acknowledged and experienced. Tradition dictates that a widow is “collected” (taken as a wife) by a man's brother. In Nyaa Ntibi's case, however, she was collected by one of her husband's adult sons and while she expressed to me that this was not a normal convergence of relationships (indeed, it is abnormal within patriarchal societies more generally), she felt obligated to accept the man and become the wife of a man she considered to be her son. Nyaa Ntibi's story of her second marriage helps to understand the meaning and experiences of *mageehn*. It is said that *geehn* is supposed to exist between husband and wife. A husband demonstrates this by fulfilling all of her needs—making sure she has the food and money she needs, the materials to provide for his family. She explained that by meeting a wife's needs, a husband demonstrates his affection and that a woman therefore feels a husband's affection through material exchange. When discussing her first husband, with whom she had a happy marriage, Nyaa Ntibi noted that he showed his love by providing food and “things you do when you're married. ” Sex, however, was not enough to show love. When I asked her if her second husband had loved her, she said, “He was too rude. He didn't take proper care of me, so I didn't regard him as a husband.” She told me he did not provide her with the food she needed. When asked about sex, she explained that yes, they had sex, but “even if we have sex... but he doesn't do what I want, I can't say he loves me... I decided to leave. He's my son and he does things I don't want, and he doesn't respect me” (interview 2012).

The loss of love is experienced as a form of suffering. “*Falaa*” (to suffer, suffering) is a term widely applied to discuss struggles in daily life—it may be used in a context as commonplace as someone working hard on the farm, or sitting down with nothing to ease one's hunger. The phrase “*ti ji falaa*” (“I am eating suffering”) was often employed, and serves to embody that suffering, invoking the physical toll of *falaa*; elderly women in particular would use this phrase to draw attention to their thin bodies, lacking in muscle and fat, bodies now absent of the signs of health, youth and richness. The phrase can be interpreted to mean they are suffering physically because of a lack of food—which was certainly part of the experience in certain situations, but by no means in all situations—but the use of the phrase could also communicate the physical feelings and outcomes of physical, social and emotional struggling, manifested as physical and mental suffering. When women no longer experience love, they suffer—physically, emotionally—and these experiences are intimately intertwined in embodied experiences that permeate their daily lives.

### *Displaced Bodies and Changing Interpersonal Connection*

Elderly women experience a displacement with their emerging dependencies and the consequent shift in their engagement in relationships with others. These emerging dependencies result in a declining ability to perform labor and they therefore have increasingly limited material resources to exchange with others. How, then, do elderly women navigate this disrupted social context?

As discussed above, caring love requires doing things for others, something that becomes increasingly difficult for women becoming *pur*. Some elderly women were able to mitigate their experiences of loss or lack of love and the suffering they felt in their dependent

bodies. Npul Margaret, discussed at the opening of the section on becoming *pur*, is growing old but is still able to perform many forms of labor. Npul Margaret continues to work on a daily basis to provide for her basic needs and supplement what others are able to provide for her. In addition, she also prepared food every afternoon, and her hearth was a source of sustenance for many small children, as well as men returning home from farm ahead of their wives. Her position was an ambivalent one—she could still work, but in order to support herself properly—ensuring she had enough food to cook for herself, to buy the cloths, soap and other things she needed—she needs the support of others in the form of their labor. Npul Margaret's discussion of the necessity to labor in later life demonstrates that retirement from activities is contingent on a diversity of factors—not simply a product of growing old. People continue to engage in the tasks for which they are physically able and have the appropriate resources, but they also increasingly rely on others to fulfill certain tasks (like fetching water), to provide particular resources (like food). As Npul Margaret expressed, however, this need to work everyday, and to suffer the reluctant or lack of other's labor, such as communal labor, was a daily reminder that there is not love in her community like she once believes existed (interviews, 2012). As an elderly women needing assistance, she acutely feels this loss of love.

Elderly women often insisted that there was nothing they could do, they were no longer able to show love. I asked Nyaa Ntibi how she shows loves to others in her family and community. She said, “I can't work, no money, so I have to go and greet the person to show love” (interview 2012). Elderly women and others explained that when you have nothing to give, nothing you can do, greeting is the last way to show love. Working and greeting becomes difficult, however, when a woman also loses her mobility. Nyaa Wumbɔraliin, the

beautiful elderly woman living with her son and his wife and children, as well as with her unmarried adult daughter, was extremely limited in her mobility and strength. She could not walk very far, and most days, she would sit on the veranda where she could watch the goings on in the village. She was a quiet woman, but in her conversations with me she conveyed the ambivalent emotions she struggled with on a daily basis. She said it made her happy that people were there to care for her; she also said she was frustrated because she could not work well for herself and others. Women, within her home and others, would bring her pans of leaves to remove from the stem, or seeds to shell—tasks which she explained they could easily do for themselves, but they knew she was sitting idle and so asked her to assist them (interview 2012). These small tasks were more than just busy work, however. By coming to her, women acknowledged her place in the community, showing her love in their visit and providing her with an opportunity to give back. On the veranda, she could not only watch others in the village, but she could occupy herself with small tasks for her son's wife and other women in the community. Nyaa Wumbɔraliin's situation can be starkly contrasted with Nyaa Ngbalikbi—who lives on the periphery of the village. Her end of life was one of suffering and loss of love. It was particularly striking that while most people in the village could speak to the general state of well-being of most of the community's elderly members, Nyaa Ngbalikbi was not included in this concern. People would claim to be unaware of her presence in the community, or resign her well-being to her son's responsibilities. She wasn't loved by many—others did not do things for her to ensure her well-being—and she felt that loss of love in her failing mobility, her hungry stomach and her old, and no longer beautiful, body.

While the acts may be small in comparison to contributions they would have engaged with in earlier years, the elderly women did find ways to work with their ageing bodies, working around and or in spite of the declines in their physical abilities to ensure that what they showed to others was not a lack of love. These small acts—sharing what they had and were able—allowed elderly women to participate in the exchanges that found affection and caring love. These experiences were fraught with the ambivalence of struggling with their dependencies as they worked through what it meant to occupy a different place in social relations—one that is marginalized in a society where a woman's place is defined by her obligations of labor to her husband's, their children and his community.

#### **Conclusions: Bodies, Dependencies and Struggles of Caring Love in Old Age**

Geographies of care often focus on the experiences of caregivers—and the ambivalent emotional and physical experiences of providing care. The experiences of those needing care, as they encounter dependencies within their own bodies, are also potentially deeply ambivalent experiences that intertwine emotional and physical realities. I contribute to an understanding of the geographies of care by bringing together embodiment in ageing studies with emotional geographies. In so doing, I also contribute to a further expansion of discussions of emotions, especially love, in African contexts. Although the cultural construction of love—and therefore the ways in which love is experienced by individuals—may not coincide with love experienced (or expected) in other contexts, understanding the construction and experience of emotions in everyday life is a critical component of human connectedness and experience and cannot be overlooked for a concern to understand care.



The experiences that I explore in this chapter emerged from daily conversations with elderly women who were experiencing—and struggling with—these dependencies. They often expressed their suffering—physical hunger and pain, and feelings that love was lost or now out of reach. They also experienced caring love in their relationships with friends and family. Love is about care, about the concern for the well-being of another, about material and affection. The realities of their ageing bodies cannot be detached from their emotional experiences and how these experiences work to shape relationships in their everyday lives. In this chapter, I ask what it might mean for women to encounter their own emerging dependencies in their bodies. How does the context in which they live—where the physical abilities of their body to do labor and to contribute to the material needs of others within a community where engaging in material exchange in large part works to construct affectionate, caring, loving connections between individuals—give meaning to their experiences? In a context where an unproductive body is displaced from the everyday relations of material exchange and affection, how do women—still living in place—experience everyday life? By understanding the material-emotional facets of everyday life in this place through a consideration of what it means to age, to *geehn*/caring love, *mageehn*/not caring love and *falaa*/to suffer, we can begin to understand an embodied ageing of later life dependencies.

Love engenders love—and the ability to doing things for other people allows women to build loving relationships. The personal histories of women's ageing bodies include the everyday experiences of caring for others. Care is the orientation of the self towards the needs of another, and in acknowledging and acting upon those needs, people are able to love. Loving relationships are built in these everyday activities and the emergence of dependencies

challenges women and positions them such that they may feel limited in their ability to act and engender love, while also positioning them such that the loss of love brings with it emotional and physical suffering. The elderly women with whom I worked are no longer engaged in sexual relationships; their husbands have died and they do not have lovers. In much of the literature on love in African contexts, this would preclude them from experiencing love. And yet love—caring love/*geehn*—is so much more than sex and it is also more than the material exchange it is all too often made out to be in African contexts. In taking an embodied approach, it is possible to understand a culturally appropriate love and the material-affection opposition that exists in conceptualizations of love in Africa is destabilized. It becomes possible to understand that material exchange—or the acts of doing something for others—cultivates love, and is fundamental to physical and emotional experiences of being loved. This understanding of love—and the potential impact on one's well-being through giving and receiving love—allows us to explore the role of a variety of relationships—husband and wives, parents and children, and friendships.

## CHAPTER SEVEN

### CONCLUSIONS

*We are laid bare from the start, dependent on those we do not know*  
(Butler 2004, 24)

#### **Introduction**

This dissertation has explored everyday experiences that demonstrate the complex plurality of practices of care. Through these explorations, I have presented the geographies of intergenerational care in a particular time and place emphasizing the connections between houses, communities and bodies. These geographies of connection are shaped by a multitude of factors, and in turn, shape everyday realities. Patriarchal expectations and traditions that structure familial relationships, the division of labor, and individual mobility, as well as cultural constructions of death and end of life, love and suffering, are interwoven to create the fabric of intergenerational care. This has been evident in the preceding chapters where I have focused on (1) how values of care are integrated into everyday activities that in turn shape interdependent livelihoods strategies; (2) the obstacles encountered by married women in providing care and the ways in which caring for someone at their end of life can alter daily responsibilities; and (3) the embodied, emotional experiences of elderly women struggling with the realities of the emergence of dependencies associated with ageing.

Theories of care, vulnerabilities, and dependencies are very much wrapped up in ethics of care (and related bodies of work, including ethics of vulnerability and precarity, see Mackenzie 2014; Butler 2006). I drew upon an ethics of care as an impetus to reconsider livelihoods approaches. From that point, I explored care practices not to determine whether

or not, or to what degree, an ethics of care operated in this community, but to understand the shape of care, what it means to be oriented (or not) towards the needs of others, and how the particular contingencies of social structures and personal relationships constructed specific practices of care. In this conclusion I will first revisit the three primary contributions that I make in this dissertation. I will then turn the lens back onto theories of care and ethics of care to consider how the contributions of this dissertation—and the practices of care in this community—can direct us towards an understanding of care that moves away from the social ideals present in western thought, including the feminist ethics of care that creates the framework for this dissertation.

### **Interdependency in Life, Mobility in Death and the Experiences of Love and Suffering**

In the introductory chapter, I presented an overview of feminist ethics of care, from which I draw three key components to build the framework of this dissertation: relational ontology; contingencies; interdependency and dependency. In this dissertation I have made three primary contributions to geographies of care—particularly, but not limited to, intergenerational care.

First, I critically examined livelihoods approaches within rural development studies, arguing that these approaches tend to conceptualize people as independent, autonomous, and productive economic actors (Chapter Four). To challenge this understanding, I presented the story of two women—Nyaa Hannah and her daughter-in-law, Bipuuteeb. Nyaa Hannah is an elderly woman who lives with her son and no other household members. Despite her old age and her reduced physical abilities, she is frequently left to take care of many of the daily responsibilities of women in this community, particularly cleaning and cooking. She is

not, however, able to farm vegetables or to fetch water or firewood. Her son is a farmer, but he is a poor provider and there is often a food shortage in the home. She often relies on gifts of food and money from others. As a result of an incident where it was revealed that there was no water in the house, her daughter-in-law, living in another compound, started to manage some of Nyaa Hannah's needs, bringing her regular meals, as well as warm water for bathing and water to be stored for drinking and washing.

As this story clearly demonstrates, in the context of livelihood strategies, actors are not independent, autonomous or even economically productive. Instead, livelihood strategies may be shaped around the needs of others, as well as one's own. Importantly, however, despite social structures dictating responsibility within particular relationships (here, between a woman and her daughter-in-law) there is no assurance that these responsibilities will be assumed (as is the case here between the mother and her son, as well as the woman and her daughter-in-law in the years preceding the incident presented here). An individuated conceptualization of an actor obscures the deeply social nature of interpersonal connections that frame everyday life and shape livelihood strategies in ways that may not maximize benefit to an individual, but may instead reflect that an individual is addressing the needs of others within those strategies.

In Chapter Five, I turned towards considering how expectations of care within the mother-daughter relationship are complicated by the realities of competing expectations of labor and resources once a daughter is married. Not only does a woman leave to live in her husband's community once she marries, but her primary responsibility shifts towards her husband and children. While the responsibilities of being a wife and mother are of primary concern, the responsibilities of being a daughter are not erased. These potentially conflicting

pulls to provide for the needs of others in different homes and communities impinge upon women's mobility. I focus on the story of Nyaa Matulbi, as she experiences changes in her mental well-being, which she interprets as witchcraft and her children eventually understand as madness and old age. In this case study, we see the struggles of her daughter, Bisal, who has come to provide her mother with care, and yet is pressured by her husband and children to return to the village, where she has left behind her farming and other daily responsibilities.

I explored how an additional expectation—that of a good death, and a woman's decision to acknowledge her responsibility and desire to provide a good death to a mother—creates a set of contingent circumstances that enable women to loosen the constraints on their mobility. Married daughters seek to provide end of life care for their mothers to provide a good death and ensure the support of their mothers after their death. This chapter contributes to an understanding of geographies of intergenerational care, highlighting the importance of the key contributions from feminist ethics of care. Specifically, we can see the importance of the relational ontology. Similar to what was presented in Chapter Four, the daughter in the case study practices livelihood strategies that are tightly connected to meeting the needs of others; the interdependency she experiences in her husband's home creates constraints when contingencies arise related to her mother's needs.

In Chapter Six, I turn to focus on the dependencies experienced as part of the ageing process in later life. Similar to the ways in which the elderly and other dependent persons are rendered invisible in livelihoods approaches, the ageing body—particularly the characteristics of frailty and dependency that emerge in later life—are marginalized in literatures on care and ageing. Despite the central role of a dependent person within practices of care, their embodied and emotional experiences are often overshadowed by the embodied and

emotional experiences of the caregiver. I contribute this perspective by exploring the embodied experiences of elderly women with emerging dependencies. Specifically, these dependencies are shaped by cultural constructions of love—where love is demonstrated through material exchange. The inability to engage in material exchange, as well as experiences of not receiving the material support they expect or need from others, challenges these women's sense of being loved and giving love. These experiences are emotional and physical, resulting in daily lives imbued with caring love and/or suffering the lack or loss of love. Women explain that they feel their bodies no longer fit into the community, can no longer participate in loving relationships—others can no longer see that their body once participated in society, once worked, cared and loved. I draw on the words and experiences of multiple women living in the community—each with different forms of dependencies, and different degrees of support from others.

This consideration of the physical and emotional experiences of dependencies in later life makes an important contribution to geographies of care. Our hearts, minds and the very flesh of our bodies feel, interpret and share what it is to care and be cared for within relationships, taking in both the love and pain of caring practices. These embodied emotional experiences of dependencies and care contribute to the shape of practices of care—communicating needs and expectations, and sculpting relationships with others entwined within these practices of intergenerational care. Again, this geography demonstrates the interweaving of individuals' lives and the fundamental importance of a relational ontology. Furthermore, in this chapter I highlighted the complex experiences of dependencies—realities that impact people engaged in caring relationships.

## Looking Back at Feminist Ethics of Care from Binalobdo

The analyses presented in the previous chapters speaks to more than just care in this community in northern Ghana. While the questions shaping this research were originally inspired by these key concepts from feminist ethics of care, I want to be clear that this dissertation is not trying to impose an ethics of care onto this community—trying to suggest who may or who may not have the responsibility to attend to the needs of others, especially those deemed most vulnerable or experiencing certain forms of dependency. Instead, this research has the potential to influence thinking on ethics. I now turn the lens back on the concepts of care, considering how these very time and place specific practices can contribute to our understanding. In what follows, I consider how the practices of care in this place in Ghana can contribute to an ethics of care, which has primarily emerged from a Western context where ideals of individuality and autonomy shape social thought. Specifically, I explore what the social ideal looks like in Binalobdo, and how this impacts the conceptualization of dependency, as well as vulnerability, and autonomy.

An ethics of care is just that – an ethics, a body of thought working to guide moral decision making. Feminists working with an ethics of care have sought to use this body of thought to argue for particular interventions to ensure care is provided for those in need—especially within neoliberal contexts where it is argued that the responsibility of care lies with those most closely related to the ones in need (and therefore placing the social responsibility and onus of care onto individuals). They have particularly argued that larger scale entities, such as the state, are responsible for ensuring that care for those in need is possible (Kittay 1999), including within the contexts of global security (Robinson 2011) and international human rights (Butler 2004). What these approaches have in common is that they emerge



from a Western context, one in which there is an awareness of an idealized social form that values the individual and one's right to autonomous existence. They further hold that these values are masculinist, valuing self-sufficiency and self-realization, sacrificing the connectedness of human life (Friedman 2000).

It is this idealized social form that feminists argue to overcome with an ethics of care, the same idealized social form that I argued permeates livelihoods approaches in development work (Chapter Four). I took an ethics of care as the first step in critiquing this ontological foundation in this body of work. With feminist ethics of care, this individual is destabilized for the preference of an individual connected with others. Independence is replaced with interdependence and dependence; autonomy is either rejected (Fineman 2008) or reconceived as relational (Mackenzie and Stoljar 2000).

Butler describes the inherent vulnerability of humans as rooted in our very embodiment, and the inescapable interplay of our bodies with others. She states that

We come into the world unknowing and dependent, and, to a certain degree, we remain that way... we can say that for some this primary scene is extraordinary, loving, and receptive, a warm tissue of relations that support and nurture life in its infancy. For others, this is, however, a scene of abandonment or violence or starvation... No matter what the relevance of that scene is, however, the fact remains that infancy constitutes a necessary dependency, one that we never fully leave behind (Butler 2004, 23-24)

Likewise, feminists working within ethics of care couch their arguments within a fundamental and universal condition of human vulnerability. However, vulnerability itself is too infrequently theorized, and the same argument has been made regarding dependency

(Kittay, 1999; Mackenzie, *et al.* 2014). And yet these concepts are wrapped up together, creating the connectedness that is fundamental to an approach couched within feminist ethics of care. Here I want to draw together the ideal form of self-connected-to-others which provides the social context for practices of care in everyday life, and the concepts of relational autonomy and temporal vulnerability.

I want to take a moment to consider an ideal social form in Binalobdo, with the caveat that it is an ideal, and it is around this ideal form that people succeed and fail, shaping and reshaping both practice and the ideal in their everyday activities (Butler 1990). When we look at care within the context of everyday lives, within the lives of individuals who are deeply entwined with multiple relationships each imbued with expectations to provide support—labor, material resources and other forms of support that arise in the contingent circumstances of a lived life—we also find instances where care is not given, or cannot be given, or does not fully meet the needs in question. Are these moments of care-lessness on the part of the caregiver? A failure to make an ethical, morally sound decision with regards to the allocation of resources and labor? What may be a failure at the scale of an individual, might overall appear successful for the needs of the community. As a result, individuals and families make decisions that are complex and the geographies of intergenerational care appear complex across time and space. In Binalobdo, there is a distinct social form in place shaping expectations, obligations, decision-making, actions and experiences of care. In Binalobdo, a communal form is valued, at a variety of scales, situating individuals within various relationships of significance. Individuals participate within these relationships as vital components of their daily lives. Social structures work to shape these relationships, suggesting connections between individuals along the lines of blood, marriage, place of birth

and place of residence. People then engage—or disengage—from these relationships as they relate to others within their everyday lives.

Care suggests the orientation towards the needs of another; vulnerabilities suggest that these needs will arise—and that human beings are subject to having their needs met, or not, by others. When we enter these caring practices from the starting point of the social structures, and allow these structures to take shape through practices, we see the everyday realities of interconnected people building, maintaining, as well as neglecting relationships. These relationships are about the care of individuals in need; they are also about care for the community, as these structures are reproduced over time and practices are shaped and re-shaped. Furthermore, caring practices within intergenerational relationships also extend beyond the lifetime to include the care of subsequent generations. What then, does this mean for the idea of care itself? Two concepts, related to, but thus far marginally incorporated into feminist ethics of care, help to illustrate the structures and practices at work in Binalobdo. In what follows, therefore, I ask if we can incorporate ideas of *temporal vulnerability* and *relational autonomy* into our understanding of the caring support within communities. These ideas thoroughly embrace the way in which this support takes place in and through individual bodies that take on interpersonal and intergenerational responsibilities in the here and now—as well for the future.

The first idea I want to bring into the fold is that of temporal vulnerabilities. Thompson argues that vulnerabilities are shaped by intergenerational dependencies wherein “a person has no fixed temporal address and thus what makes her vulnerable are not merely her present properties and her present relation to other generations but her being subject to the changes that time brings” (2014, 163; see also Thompson 2009). The practices of

intergenerational care that are described in this dissertation speak to the realities of, and the cultural and interpersonal acknowledgment of these temporal vulnerabilities. On a cultural level, social structures exist to define different roles for people across the life course in relation to attending the needs of others between the generations; on an experiential level, care practices are complex negotiations of meeting competing needs—and possibly failing to meet needs in the process, whether by circumstance, choice or willful neglect. Starting with the acknowledgment of temporal vulnerabilities in human life, we create the conceptual space to acknowledge and understand the dependencies that arise and emerge in bodies. From there, we can see that there exist—as demonstrated in Binalobdo—societies structured to address these dependencies.

The second concept I want to draw in is that of relational autonomy. Relational autonomy refers to the acknowledgment that autonomy is achieved through the support of and connection with others (Mackenzie and Stoljar 2000; Westlund 2009; Mackenzie 2014). So in Binalobdo, an individual is an individual in the sense that she/he has particular responsibilities to fulfill in support of her/his self and others. This is not to say that individuals do not have value, but that there is a communal emphasis to understanding the role of individuals. Therefore, it is possible to see autonomy—and the social valuing of autonomy—within subjects in Binalobdo, but only when that autonomy is defined as relational.

The concept of relational autonomy has been criticized for requiring egalitarian relationships (Christman 2004), thereby denying those in subordinate positions from experiencing autonomy. I agree with Westlund's critique (2009; see also Abu-Lughod 1990), however, that we cannot impose the value of egalitarianism upon an actor should they not

seek it (for instance, as Westlund develops, in a society where women are subordinate and an individual woman embraces the values and practices that work to subordinate her and her daughters), nor can we deny outright the possibility of agency for a person experiencing subordination. This is not to negate that individual decisions are made—this is clear, for instance, in the discussion of providing a good death. Here, it is up to an individual to ensure that they act in a way that is best for the person at their end of life, not only to ensure a good death for another, but to ensure a good life for one's self through their connectedness with the deceased, and the protection that relationship can provide. As can be seen, however, this individuality is always bound up in a relational setting, one where the individual is defined as a subject in relation to those with whom they hold particular connections, here the connections that shape practices of care.

Within this project, I explored what it meant, in a particular time and place, and through the experiences of particular bodies, to *live care-fully*—as well as the *care-lessness* illuminated when care is considered. From there, I returned to consider how these lives lived care-fully can contribute to constructions of an ethics of care and an understanding of care, that build on realities of bodies defined in relation to others, through their vulnerabilities and the dependencies and caring practices that emerge. When we bring together temporal vulnerabilities and relational autonomy, inspired by the structures and practices at work in Binalobdo, we can conceive of care as working towards the support of the community, the support of a social group. Autonomy—or the support of others towards the establishment of their autonomy—is not about developing self-sufficiency, but about maintaining a broader social unit, across time and space. An individual life is one deeply embedded within the lives for others, in ways that expand beyond a moment in time and between spaces. We have seen

that an individual is embedded within intergenerational relationships that include generations both living and those no longer living; after death, an individual continues to participate in the family, in the community, in particular ways. In such a setting, where the individual is so deeply and widely interconnected with others in ways that are significant for the realities of everyday life of those currently living, and the generations to come, we can bring to an ethics of care—and therein, an interconnected theorization of care, dependency, and vulnerability—a perspective that is inspired not only in reaction against, but by social organizations existing outside of the liberal Western ideal that much of the theorization has thus far been built. Drawing on a feminist ethics of care, combined with additional attention paid to relational autonomy and temporal vulnerabilities, I contribute to geographies of care—and intergenerational care—bringing the conceptual space to incorporate the complexity of material and social well-being, the very practical constraints of acknowledging and meeting the needs of others, and the realities of the emotional imprints of lives lived in connection with others.

## APPENDIX A

### HOUSEHOLD/COMPOUND SURVEY QUESTION OUTLINE AND SUMMARIES

1. Who is the head of the household?
2. Members of household. For each person named as living in the household and/or listed as a child of a member of the household, list the following information (as possible).
  - i. Name
  - ii. Estimated age or year of birth
  - iii. Place of birth (if other than Binalobdo)
  - iv. Marital status
  - v. Place of residence (if other than Binalobdo)
  - vi. Any children
  - vii. Occupation
  - viii. Relationship to others in household
  - 2a. Is the head of household married?
  - 2b. How many children does the head of household have with each spouse?
  - 2c. Are there any other people living in the house?
3. Farming (men)
  - 3a. Who is the farmer in the household?
  - 3b. Does the farmer do the farm work or is the farm managed by someone else? Who?
  - 3c. Which crops are farmed?
  - 3d. What is each cropped used for (subsistence, selling, other, combined)?
4. Farming (women)
  - 4a. Do women in the household farm? Who?
  - 4b. Do they have their own farms?
  - 4c. Do they farm their crops on men's farms? Whose?
  - 4c. Which crops are farmed?
  - 4d. What is each cropped used for (subsistence, selling, other, combined)?
5. Gardening
  - 5a. Does anyone in the house keep a garden? Who?
  - 5b. Where is it located?
  - 5c. What is grown in the garden?
  - 5d. What is each cropped used for (subsistence, selling, other, combined)?

6. Animals

6a. Does anyone in the house keep any animals? Who?

6b. What kind of animals?

6c. What is the animal used for?

7. Other (non-farm) work (men)

7a. Does any of the men in the house have additional form(s) of work? Who?

7b. What kind of work?

7c. Is the work income-generating?

7d. How often does he engage in that work?

8. Other (non-farm) work (women)

7a. Does any of the women in the house have additional form(s) of work? Who?

7b. What kind of work?

7c. Is the work income-generating?

7d. How often does she engage in that work?

9. Are any of the people in the house beneficiaries of the Social Welfare (LEAP) program?  
Who?

10. Does anyone in the house support others living in other houses in the community or in other villages?

10a. Who provides support?

10b. Who gives support?

10c. What kind of support is given?

11. Any additional information



Table A.1. Summary of Household Composition

No.	Household No.	Position in household <sup>29</sup>	Estimated Age <sup>30</sup>	Sex	Number of children	Number of children (living in the house)	Additional youth (living in the house)	Farming and or working?	Social Welfare (LEAP) beneficiary?	
01	1	Head	32	M	4	4	None	Yes	No	
02	1	Wife to head	28	F				Yes	No	
03	2	Head	65	M	4	2	None	No	Yes	
04	2	1 <sup>st</sup> Wife to head	58	F				Yes	No	
05	2	2 <sup>nd</sup> Wife to head	56	F	5	4		Yes	No	
06	2	Son to head and 2 <sup>nd</sup> wife	31	M	3	3		Yes	No	
07	2	Wife to son	28	F				Yes	No	
08	2	Son to head and 2 <sup>nd</sup> wife	28	M	2	2		Yes	No	
09	2	Wife to son	26	F				Yes	No	
10	2	1 <sup>st</sup> wife's brother	NG	M	3	3		No	No	
11	3	Head	54	M	5	4		None	Yes	No
12	3	Wife to head	38	F					Yes	No
13	3	Head's sister	70s	F	0	0	Yes		Yes	
14	4	Head	37	M	4 (+3 adopted)	7	None	Yes	No	
15	4	Wife of head	28	F				Yes	No	
16	5	Head	70	M	7	5	1 (wife's sister)	Yes	Yes	
17	5	Wife of head	65	F				Yes	No	
18	5	Son of head	33	M	2	2		Yes	No	
19	5	Wife of son	28	F				Yes	No	
20	5	Brother of head	NG	M	NG	NG		Yes	No	
21	5	Brother of head	NG	M	NG	NG		Yes	No	

29 Head of household as identified by the interviewee of that household

30 Age estimates provided by the interviewee

22	6	Head	28	M	5	5	None	Yes	No
23	6	Wife of head	30	F				Yes	No
24	6	Wife's sister	NG	F	1	1		No	No
25	7	Head	38	M	5	5	1 (head's brother)	Yes	No
26	7	Wife of head	33	F				Yes	No
27	8	Head	42	M	5	5	None	Yes	No
28	8	Wife of head	34	F				Yes	No
29	9	Head	70s	M	1	0	2 (son's children)	No	Yes
30	9	1 <sup>st</sup> Wife of head	50s	F				-Not in house	
31	9	2 <sup>nd</sup> Wife of head	35	F	7	6		Yes	No
32	9	3 <sup>rd</sup> Wife of head	35	F	5	4		Yes	No
33	10	Head	30	M	4	4	None	Yes	No
34	10	Wife of head	30	F				Yes	No
35	11	Head	35	M	3	3	1 (head's brother)	Yes	No
36	11	Wife of head	28	F				Yes	No
37	11	Head's brother	39	M	0	0		Yes	No
38	11	Head's brother's wife	NG	F	0	0		Yes	No
39	12	Head	39	M	9	8	None	Yes	No
40	12	Head's wife	36	F				Yes	No
41	12	Head's mother	75	F	NG	2		No	Yes
42	12	Head's sister	51	F	0	0		Yes	No
43	13	Head	60	M	7	5	None	Yes	Yes
44	13	Wife of head	-	F				deceased	
45	14	Head	45	M			None	Yes	No

46	14	1st wife of head	NG	F	1	1		-Not in house	
47	14	2 <sup>nd</sup> wife of head	35	F	5	2		Yes	No
48	15	Co-head 1	66	M	10	7	None	No	Yes
49	15	Wife of Co-head 1	50	F				Yes	No
50	15	Son of co-head's sister	50	M	1	1		Yes	No
51	15	Co-head 2	53	M	10	8		Yes	No
52	15	Wife of co-head 2	43	F				Yes	No
53	16	Head	35	M	3	3	None	Yes	No
54	16	Wife of head	25	F				Yes	No
55	16	Brother of head	30	M	3	3		Yes	No
56	16	Wife of brother of head	NG	F				Yes	No
57	17	Head	68	M	7	1	None	No	Yes
58	17	1 <sup>st</sup> Wife of head	60	F				Yes	No
59	17	2 <sup>nd</sup> Wife of head	NG	F	2	0		-Not in house	
60	17	Son of head and 1 <sup>st</sup> wife	32	M	1	1		Yes	No
61	17	Wife of son of head and 1 <sup>st</sup> wife	22	F				Yes	No
62	17	Wife of Son of head and 2 <sup>nd</sup> wife	NG	F	2	2		Yes	No
63	17	Head's father's wife	78	F				Yes	Yes
64	18	Head	28	M	3	3	None	Yes	No
65	18	Head's wife	25	F				Yes	No
66	19	Head	40	M	2	2	None	Yes	No
67	19	Head's wife	32	F				Yes	No
68	20	Head	26	M	1	1	None	Yes	No
69	20	Head's wife	21	F				Yes	No

70	21	Head	65	M	10	8	2 (grand children)	Yes	Yes
71	21	Head's wife	55	F				No	No
72	22	Head	62	M	9	6	None	No	Yes
73	22	Wife of head	48	F				Yes	No
74	22	Son of head	29	M	2	2		Yes	No
75	22	Wife of son of head	25	F				Yes	No
76	23	Head	41	M	4	4	None	Yes	No
77	23	Wife of head	28	F				Yes	No
78	23	Mother of head	70s	F	–	–		Yes	Yes
79	23	Brother of head	29	M	0	0		Yes	No
80	24	Head	62	M	6	3	None	Yes	Yes
81	24	Wife of head	55	F				Yes	No
82	25	Head	38	M	3	3	None	Yes	No
83	25	1 <sup>st</sup> Wife of head	NG	F				–Not in house	
84	25	2 <sup>nd</sup> Wife of head	27	F	4	4		Yes	No
85	26	Head	65	M	9	8	None	Yes	Yes
86	26	1 <sup>st</sup> Wife of head	40	F				Yes	No
87	26	2 <sup>nd</sup> Wife of head	38	F	5	4		Yes	No
88	26	3 <sup>rd</sup> Wife of head	35	F	4	4		Yes	No
89	26	4 <sup>th</sup> Wife of head	26	F	2	2		Yes	No
90	27	Head	65	M	7	7	None	Yes	Yes
91	27	1 <sup>st</sup> Wife of head	42	F				Yes	No
92	27	2 <sup>nd</sup> Wife of head	NG	F	4	0		–Not in house	
93	27	3 <sup>rd</sup> Wife of head	28	F	5	3		Yes	No
94	28	Head	62	M	7	7	None	Yes	Yes
95	28	Wife of head	55	F					

96	28	Sister of head	30s	F	4	2		No	No
97	28	Mother of head	78 or 80	F	–	–		No	Yes
98	29	Head	30	M	3	3	2 (head's brother; head's brother's son)	Yes	No
99	29	Wife of head	29	F				Yes	No
100	30	Head	30	M	4	4	2 (head's brothers)	Yes	No
101	30	Wife of head	28	F				Yes	No
102	31	Head	-	M	-	-	None	Deceased	
103	31	Head's son / acting head	27	M	0	0		Yes	No
104	31	1 <sup>st</sup> wife of head (mother of acting head)	NG	F	6	2		–Not in house	
105	31	2 <sup>nd</sup> wife of head	NG	F	3	2		–Not in house	
106	31	3 <sup>rd</sup> wife of head	35	F	6	6		Yes	No
107	32	Head	61	M			2 ( 1 <sup>st</sup> wife's brother's children)	Yes	No
108	32	1 <sup>st</sup> wife of head	50	F	0	0		Yes	No
109	32	2 <sup>nd</sup> wife of head	45	F	10	8		Yes	No
110	32	2 <sup>nd</sup> wife's son	28	M	2	2		Yes	No
111	32	Wife of 2 <sup>nd</sup> wife's son	NG	F				Yes	No
112	32	2 <sup>nd</sup> wife's son	25	M	1	1		Yes	No
113	32	Wife of 2 <sup>nd</sup> wife's son	NG	F				Yes	No
114	32	3 <sup>rd</sup> wife of head	45	F	10	9		Yes	No
115	32	3 <sup>rd</sup> wife's son	28	M	2	2		Yes	No
116	32	Wife of 3 <sup>rd</sup> wife's son	NG	F				Yes	No
117	32	3 <sup>rd</sup> wife's	26	M	1	1		Yes	No

		son							
118	32	Wife of 3 <sup>rd</sup> wife's son	NG	F				Yes	No
119	33	Head	30	M	6	6	1 (Wife of head's sister)	Yes	No
120	33	Wife of head	25	F				Yes	No
121	34	Head	60	M	8	4	2 (Head's sister's daughter; Head's brother's son)	Yes	Yes
122	34	Wife of head	50	F				Yes	No
123	35	Head	70s	M	4	2	1 (1 <sup>st</sup> wife's daughter's child); 3 (3 <sup>rd</sup> wife of head's children from previous marriage)	No	Yes
124	35	1 <sup>st</sup> wife of head						Deceased	
125	35	2 <sup>nd</sup> wife of head	NG	F	2	0		-Not in house	
126	35	3 <sup>rd</sup> wife of head	40s	F	4	4		Yes	No
127	35	Brother of head	63	M	0	0		Yes	No
128	35	Wife of Brother of head	60s	F	NG	0		No	Yes
129	35	Son of Brother of head	40s	M	0	0	Yes	No	
130	36	Head	40	M	5	5	None	Yes	No
131	36	Wife of head	30	F					
132	36	Mother of head	70	F	-	-		No	Yes
133	36	Father of head's wife	68	F	NG	1		Yes	No
134	36	Sister of head	30	F	1	1		Yes	No
135	36	Wife of son of brother of father of head	29	F	3	3		No	No
136	37	Head	40	M	0	0	None	Yes	No
137	37	Mother of head	70s	F	-	1		No	Yes

138	38	Head	68	M	7	4	None	Yes	Yes
139	38	Wife of head	55	F				Yes	No
140	39	Head	34	M			None	Yes	No
141	39	1 <sup>st</sup> wife of head	25	F	0	0		Yes	No
142	39	2 <sup>nd</sup> wife of head	36	F	4	4		Yes	No
143	39	Mother of head	68	F	–	–		Yes	Yes
144	40	Head	90	M			None	Yes	Yes
145	40	1 <sup>st</sup> wife of head	-	F	6	0		Deceased	
146	40	2 <sup>nd</sup> wife of head	Late 60s	F	NG	0		Yes	No
147	40	3 <sup>rd</sup> wife of head	35	F	6	6		Yes	No
148	40	Sister of head	50s	F	NG	0		Yes	No
149	41	Head	70s/80s	M			None	Yes	Yes
150	41	1 <sup>st</sup> wife of head	-	F	1	0		Deceased	
151	41	2 <sup>nd</sup> wife of head	46	F	8	7		Yes	No
152	41	3 <sup>rd</sup> wife of head	42	F	8	7		Yes	No
153	42	Head	30s	M	1	1	None	Yes	No
154	42	Wife of head	20s	F				Yes	No
155	42	Mother of head	70s	F	–	–		No	No
156	43	Head	28	M	5	5	1 (brother of head)	Yes	No
157	43	Wife of head	30	F				Yes	No
158	44	Head	25	M	2	2	None	Yes	No
159	44	Wife of head	20	F				Yes	No
160	45	Head	32	M	3	3	None	Yes	No
161	45	Wife of head	28	F				Yes	No
162	45	Mother of head	52	F	NG	5		Yes	No

163	46	Head	62	M	5	2	None	Yes	Yes
164	46	Wife of head	50s	F				Yes	No
165	47	Head	60s	M	8	7	1 (head's daughter's child)	Yes	Yes
166	47	Wife of head	60s	F				Yes	No
167	47	Son of head	32	M	3	3		Yes	No
168	47	Wife of son of head	28	F				Yes	No
169	48	Head	30	M	2	2	None	Yes	No
170	48	Wife of head	28	F				Yes	No
171	49	Head <sup>31</sup>	Early 60s	F	1	1	3 (Head's daughter's children)	Yes	No
172	50	Head	60	M	7	5	None	Yes	No
173	50	Wife of head	45	F				Yes	No
174	50	Wife of son (deceased) of head	30	F	4	4		Yes	No

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31 This is the only female-headed household in Binalobdo. The head of household is a widow.



Table A.2. Summary of Primary Household Livelihoods Activities

No	Household No.	Farming (men) – crops, produced for subsistence **	Farming (men) – crops, produced for market	Other farm produce (men)	Farming (women) – crops, produced for subsistence	Farming (women) – crops, produced for market	Farming (women) – crops, grown on men's farm	Garden	Animals
01	1	Yam Maize Groundnut Guinea Corn Cassava Beans	NR	Papaya Dawa- dawa Shea	N/A	NR	N/A	Mango Banana Papaya Orange	None
02	1	N/A	N/A	N/A	Groundnut Pepper	NR	Okra Pepper Tomatoes Groundnut	None	None
03	2	Yam Guinea corn Maize	Groundnut	NR	N/A	NR	N/A	NR	None
04	2	N/A	N/A	N/A	NR	Groundnut	Tomatoes Okra Kaer	NR	None
05	2	N/A	N/A	N/A	NR	Groundnut	Ingredients	NR	None
06	2	Yam Guinea corn Maize	Groundnuts	NR	N/A	NR	N/A	NR	None
07	2	N/A	N/A	N/A	NR	Groundnut	Ingredients	NR	None
08	2	N/A	N/A	N/A	NR	NR	NR	NR	None
09	2	N/A	N/A	N/A	NR	Groundnut	Ingredients	NR	None
10	2	None	None	None	N/A	N/A	N/A	N/A	N/A
11	3	Yams Maize Cassava Guinea corn Beans	Yams Groundnut	NR	N/A	N/A	N/A	NR	NR
12	3	N/A	N/A	N/A	Peppers Groundnut Tomatoes	Peppers	Ingredients	NR	NR
13	3	N/A	N/A	N/A	Peppers	Groundnut	N/A	N/A	Chick

					Maize					-ens
14	4	Yam Cassava Groundnut Guinea corn Beans	NR	None	NR	NR	NR	NR	NR	NR
15	4	N/A	N/A	N/A	Pepper Groundnut Okra	NR	Ingredients	NR	NR	NR
16	5	Yams Cassava Maize Guinea corn	Groundnut Yams	Mango Cashew Papaya Moringa Shea Dawa- dawa	N/A	N/A	N/A	None	NR	NR
17	5	N/A	N/A	N/A	Groundnuts Cassava	NR	Pepper Kaer Okra Sesame	None	NR	NR
18	5	Groundnut Yams Maize Guinea corn Cassava	Groundnut	Dawa- dawa Shea Papaya	N/A	N/A	N/A	None	Goat Chick -en	NR
19	5	N/A	N/A	N/A	Pepper groundnut	N/A	Okra tomatoes	None	NR	NR
20	5	NR	Groundnut Yams Cassava	NR	N/A	N/A	N/A	NR	NR	NR
21	5	NR	NR	NR	N/A	N/A	N/A	NR	NR	NR
22	6	Yam Cassava Maize Guinea corn Groundnut	Yam	Shea Dawa- dawa Papaya	N/A	N/A	N/A	NR	Goats Chick -en	NR
23	6	N/A	N/A	N/A	Okra Pepper Beans Groundnut	NR	Pepper okra	NR	NR	NR
24	6	N/A	N/A	N/A	NR	NR	NR	NR	NR	NR
25	7	Yam Cassava Guinea	Groundnut	Mango Cashew Papaya	N/A	N/A	N/A	None	Chick -en Goat	NR

		corn Maize		Moringa Shea Dawa- dawa					Dog
26	7	N/A	N/A	N/A	Groundnut Beans Pepper	NR	Kaer Okra Peppers	None	None
27	8	Yams Cassava Guinea corn Beans Groundnut Maize	NR	Shea Dawa- dawa Papaya Mango	N/A	N/A	N/A	Morin- ga Papaya Mango	Chick -en Goat
28	8	N/A	N/A	N/A	Peppers Groundnut	NR	Okra Tomatoes Kaer Ayuyu	None	None
29	9	Yam Cassava Maize Guinea corn	Groundnut	Papaya Shea Dawa- dawa	N/A	N/A	N/A	Mango	Pigs Chick -en
30	9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	9	N/A	N/A	N/A	Maize Peppers Okra	Groundnut Guinea corn Peppers Kaer Beans	NR	None	None
32	9	N/A	N/A	N/A	Maize Peppers Okra	Groundnut Guinea corn Peppers Kaer Beans	NR	None	None
33	10	Yam Cassava Guinea corn Maize Beans	Groundnut	Shea Dawa- dawa	N/A	N/A	N/A	Mango	None
34	10	N/A	N/A	N/A	Groundnut Okra Pepper	NR	Kaer Okra Peppers	None	None
35	11	Maize Cassava	Yams Groundnut	Shea Dawa-	N/A	N/A	N/A	NR	Goats Sheep

		Guinea corn Yams Groundnut		dawa Papaya Moringa					Dogs Chick -en Guinea fowl Cats
36	11	N/A	N/A	N/A	Groundnuts Pepper Okra Beans Kaer Tinyangban Ayuyu Tomatoes	NR	NR	NR	NR
37	11	NR	NR	NR	N/A	N/A	N/A	Palm nut tree	None
38	11	N/A	N/A	N/A	NR	NR	NR	NR	NR
39	12	Yam Guinea corn Maize Cassava Beans	Groundnut	Shea Dawa- dawa	N/A	N/A	N/A	Mango	Goat sheep cattle Chick -en
40	12	N/A	N/A	N/A	Groundnut Beans Pepper	NR	Okra Pepper Kaer	NR	None
41	12	N/A	N/A	N/A	None	None	None	N/A	N/A
42	12	N/A	N/A	N/A	Groundnuts Pepper Beans	Guinea corn	None	N/A	N/A
	13	Yams Groundnut Guinea corn Maize Cassava Beans	Yams	Dawa- dawa Shea	N/A	N/A	N/A	Mango Morin- ga	Goats Cattle Chick -ens
44	13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45	14	Yam Cassava Guinea corn Maize Beans	NR	Papaya Shea Dawa- dawa	N/A	N/A	N/A	None	Goat
46	14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

47	14	N/A	N/A	N/A	None	None	None	None	None
48	15	Yam cassava Maize Guinea corn	Groundnut	Shea Dawa- dawa Papaya Mango	Albasa (timber)	NR	N/A	Mango	Goat Chick- en
49	15	N/A	N/A	N/A	Groundnut Beans Pepper	NR	Okro Kaer Pepper	NR	NR
50	15	NR	Yam	NR	N/A	N/A	N/A	None	None
51	15	Yam Cassava Groundnut Guinea corn Maize Beans	NR	NR	N/A	N/A	N/A	None	Dogs Chick- en Goat
52	15	N/A	N/A	N/A	Pepper Groundnut	NR	Kaer Okra	None	Goat Chick- en
53	16	Yam Guinea corn Maize Cassava Beans	Groundnut	Shea Dawa- dawa	N/A	N/A	N/A	Mango	Goat Pigs Chick- en Guin- ea fowl
54	16	N/A	N/A	N/A	Pepper Okro	Groundnut	NR	None	None
55	16	None	None	None	N/A	N/A	N/A	None	None
56	16	N/A	N/A	N/A	NR	NR	NR	NR	NR
57	17	Yam Cassava Guinea corn Maize Beans	NR	Dawa- dawa Shea	N/A	N/A	N/A	None	Goat
58	17	N/A	N/A	N/A	Peppers	Groundnut	Okro Kaer Pepper	None	Chick- ens
59	17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60	17	NR	NR	NR	N/A	N/A	N/A	None	Chick- ens Goat
61	17	N/A	N/A	N/A	Peppers	NR	NR	None	None

62	17	N/A	N/A	N/A	NR	NR	NR	None	None
63	17	N/A	N/A	N/A	Peppers	NR	None	None	None
64	18	Cassava Yam Maize Guinea corn Beans Groundnut	Groundnut	Papaya Dawa- dawa Shea	N/A	N/A	N/A	NR	Chick- -ens
65	18	N/A	N/A	N/A	Peppers Tomatoes Beans Okra	Groundnut	NR	NR	None
66	19	Yams Guinea corn Cassava Maize Beans	Groundnut	Shea	N/A	N/A	N/A	NR	None
67	19	N/A	N/A	N/A	Groundnut Peppers Okra Beans Tomatoes	Groundnut	NR	NR	None
68	20	Yams Cassava Guinea corn Maize Beans	Groundnut	Cashew Shea	N/A	N/A	N/A	None	None
69	20	N/A	N/A	N/A	Peppers	Groundnut Peppers	Okra Peppers	None	None
70	21	Yam Maize Cassava Guinea corn Rice Groundnut Beans	NR	NR	N/A	N/A	N/A	None	None
71	21	N/A	N/A	N/A	NR	NR	NR	NR	NR
72	22	Yam Cassava	Groundnut	Cashew Moringa	N/A	N/A	N/A	None	Chick- -ens

		Maize Guinea corn Beans		Guava					
73	22	N/A	N/A	N/A	Groundnut Pepper Okra Beans	Groundnut Pepper Okra	NR	None	None
74	22	None	None	None	N/A	N/A	N/A	None	None
75	22	N/A	N/A	N/A	Groundnut Maize Okra	NR	NR	NR	NR
76	23	Guinea corn Maize Cassava Yam Beans	NR	Mango Shea Dawa- dawa	N/A	N/A	N/A	Guava Cashew Morin- ga	Goat Dog
77	23	N/A	N/A	N/A	Pepper Okra Agusi Tomatoes Beans	Groundnut	N/A	None	None
78	23	N/A	N/A	N/A	Beans Okra Pepper	NR	None	None	Cats
79	23	None	None	None	N/A	N/A	N/A	None	None
80	24	Maize Cassava Yam Guinea corn Beans	NR	None	N/A	N/A	N/A	None	Cattle Sheep Ducks Chick- en
81	24	N/A	N/A	N/A	Pepper Okro Agusi Beans	Groundnut Pepper	NR	None	None
82	25	Yam Maize Guinea corn Cassava Beans	Groundnut	Papaya Shea	N/A	N/A	N/A	N/A	Cattle Goat Pig Chick- en
83	25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
84	25	N/A	N/A	N/A	Pepper Okra	Groundnut	NR	None	None

					Beans Agusi Tomatoes				
85	26	Cassava Maize Yam Groundnut	Groundnut	Shea Dawa- dawa Papaya	N/A	N/A	N/A	Mango Banana Morin- ga	Sheep Cattle Goat Chick- ens
86	26	N/A	N/A	N/A	Groundnut Maize Guinea corn Pepper Okra Agusi Beans	NR	NR	None	Chick- ens
87	26	N/A	N/A	N/A	Groundnut Maize Guinea corn Pepper Okra Agusi Beans	NR	NR	None	Chick- ens
88	26	N/A	N/A	N/A	Groundnut Maize Guinea corn Pepper Okra Agusi Beans	NR	NR	None	Chick- ens
89	26	N/A	N/A	N/A	Groundnut Maize Guinea corn Pepper Okra Agusi Beans	NR	NR	None	Chick- ens
90	27	Guinea corn Cassava Maize Yam Groundnut Beans	NR	Dawa- dawa Shea Papaya	N/A	N/A	N/A	None	Cattle Goat Chick- ens Ducks Pigs
91	27	N/A	N/A	N/A	NR	NR	Okra	None	None



							Pepper Agusi		
92	27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
93	27	N/A	N/A	N/A	NR	NR	Okra pepper agusi	None	None
94	28	Yam Guinea corn Maize Cassava Rice Beans	Groundnut	Shea Dawa-dawa Papaya Cashew	N/A	N/A	N/A	Mango	Goats Pigs Chick-ens
95	28	N/A	N/A	N/A	Groundnut Okra Peppers Kaer Beans	Groundnut	NR	None	None
96	28	N/A	N/A	N/A	None	None	None	None	None
97	28	N/A	N/A	N/A	None	None	None	None	None
98	29	Yam Cassava	N/A	Shea Dawa-dawa	N/A	N/A	N/A	Mango	Sheep Goat
99	29	N/A	N/A	N/A	NR	Groundnut Pepper	Okra Agusi	None	None
100	30	Yam Cassava Maize Guinea corn Beans	Yam Groundnut	Shea Dawa-dawa Mango Pineapple	N/A	N/A	N/A	Maize Papaya Banana Cocoyam Cassava	Goat Pig Chick-ens
101	30	N/A	N/A	N/A	Groundnut Cassava Pepper Tomato	NR	Okra Pepper Agusi	Okra Tomato Alefú	None
102	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
103	31	Yam Maize Guinea corn Rice Cassava Beans Groundnut	Yam	Papaya Shea Dawa-dawa	N/A	N/A	N/A	None	Goat
104	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
105	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
106	31	N/A	N/A	N/A	NR	NR	Pepper	None	None

							Okra Kaer Tomato		
107	32	Groundnut Guinea corn Cassava Yams Maize Beans	NR	Shea Dawa- dawa	N/A	N/A	N/A	None	Cattle Goat Guinea fowl Chick- en Dove
108	32	N/A	N/A	N/A	Groundnut Pepper Okra Maize	NR	Kaer Pepper Okro	NR	NR
109	32	N/A	N/A	N/A	Groundnut Pepper Okra Maize	NR	Kaer Pepper Okro	NR	NR
110	32	NR	NR	NR	N/A	N/A	N/A	NR	NR
111	32	N/A	N/A	N/A	Groundnut Pepper Okra Maize	NR	Kaer Pepper Okro	NR	NR
112	32	NR	NR	NR	N/A	N/A	N/A	NR	NR
113	32	N/A	N/A	N/A	Groundnut Pepper Okra Maize	NR	Kaer Pepper Okro	NR	NR
114	32	N/A	N/A	N/A	Groundnut Pepper Okra Maize	NR	Kaer Pepper Okro	NR	NR
115	32	NR	NR	NR	N/A	N/A	N/A	NR	NR
116	32	N/A	N/A	N/A	Groundnut Pepper Okra Maize	NR	Kaer Pepper Okro	NR	NR
117	32	NR	NR	NR	N/A	N/A	N/A	NR	NR
118	32	N/A	N/A	N/A	Groundnut pepper okra maize	NR	Kaer Pepper Okro	NR	NR
119	33	Yam Maize Guinea corn Cassava	NR	Shea Dawa- dawa Papaya	N/A	N/A	N/A	None	None

		Groundnut Beans							
120	33	N/A	N/A	N/A	Groundnut Pepper	NR	Okra Kaer Pepper	None	None
121	34	Yam Guinea corn Maize Beans Cassava Groundnut	Groundnut	Shea Dawa- dawa Papaya	N/A	N/A	N/A	Mango Papaya Banana Medic- inal grasses	Chick -ens Goat Cattle Dogs Cat
122	34	N/A	N/A	N/A	NR	Groundnut Peppers	Okra Pepper Agusi Kpaka	None	None
123	35	Yam Cassava Maize Guinea corn Beans	Groundnut	Sugarcane Cashew Mango Moringa Shea Dawa- dawa	N/A	N/A	N/A	Morin- ga	Goats Chick -ens Cat Guin- ea fowl
124	35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
125	35	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
126	35	N/A	N/A	N/A	Groundnut Pepper	NR	Kaer Okra Pepper Ayoyo	NR	NR
127	35	NR	NR	NR	N/A	N/A	N/A	NR	NR
128	35	N/A	N/A	N/A	NR	NR	NR	NR	NR
129	35	NR	NR	NR	N/A	N/A	N/A	NR	NR
130	36	Yam Cassava Guinea corn Maize Beans	Groundnut	Dawa- dawa	N/A	N/A	N/A	Mango	Goats Chick -ens
131	36	N/A	N/A	N/A	Pepper Beans Tomato Groundnut Maize	NR	Kaer Okra Pepper Shea	None	None
132	36	N/A	N/A	N/A	None	None	None	None	None
133	36	N/A	N/A	N/A	None	None	None	None	None

134	36	N/A	N/A	N/A	None	None	None	None	None
135	36	N/A	N/A	N/A	None	None	None	None	None
136	37	Yam Guinea corn Maize Cassava Beans	NR	Okra Kaer Pepper Papaya Shea	N/A	N/A	N/A	None	Chick- -ens
137	37	N/A	N/A	N/A	None	None	None	None	None
138	38	Yam Guinea corn Cassava Maize Rice Groundnut	NR	Pepper Shea Dawa- dawa	N/A	N/A	N/A	Mango Banana Palm tree Morin- ga	Pigs Chick- -ens Dogs
139	38	N/A	N/A	N/A	Okra Groundnut Pepper Beans	Okra Groundnut Pepper Beans	NR	Pepper Banana Tomato Lichal- chal	None
140	39	Yam Guinea corn Maize Beans Cassava	NR	Papaya Mango Shea Dawa- dawa	N/A	N/A	N/A	Papaya Mango Neem	Goats Chick- -ens
141	39	N/A	N/A	N/A	Beans Pepper	Groundnut Guinea corn Beans Pepper	Okra Kaer	None	None
142	39	N/A	N/A	N/A	Beans Pepper	Groundnut Guinea corn Beans Pepper	Okra Kaer	None	None
143	39	N/A	N/A	N/A	None	None	None	None	None
144	40	Guinea corn	Groundnut	Papaya Shea	N/A	N/A	N/A	Morin- ga	Goat Pigs

		Cassava Maize Yams Beans Rice		Dawa- dawa					Chick- ens Guinea fowl Dog
145	40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
146	40	N/A	N/A	N/A	Groundnut Pepper	Groundnut Pepper	Agusi Okra Pepper	NR	NR
147	40	N/A	N/A	N/A	Groundnut Pepper	Groundnut Pepper	Agusi Okra Pepper	NR	NR
148	40	N/A	N/A	N/A	Pepper Groundnut Guinea corn Okra	NR	None	None	None
149	41	Guinea corn Cassava Maize Yam Beans	Groundnuts	Shea Dawa- dawa Papaya	N/A	N/A	N/A	Mango	Chick- ens
150	41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
151	41	N/A	N/A	N/A	Groundnuts Pepper	NR	Ingredients	None	None
152	41	N/A	N/A	N/A	Groundnuts Pepper	NR	Ingredients	None	None
153	42	Yam Maize Guinea corn Cassava Beans	Yam Groundnut	Shea Dawa- dawa	N/A	N/A	N/A	Mango	None
154	42	N/A	N/A	N/A	Groundnut Pepper Beans	NR	Pepper Okra Kaer	NR	None
155	42	N/A	N/A	N/A	None	None	None	None	None
156	43	Yam Cassava Guinea corn	Groundnut	Papaya Dawa- dawa Shea	NR	NR	NR	Mango	Goats Chick- ens Duck

		Maize Beans Groundnut							
157	43	N/A	N/A	N/A	Groundnut Pepper	Groundnut Pepper	Okra Kaer Pepper	None	None
158	44	Yam Guinea corn Maize Cassava Beans	Groundnut	Mango Papaya Shea Dawa- dawa	N/A	N/A	N/A	None	Chick -ens Goats
159	44	N/A	N/A	N/A	Pepper Maize	Groundnut Pepper	Okra Kaer Tinyangban Sesame Pepper	None	None
160	45	Yam Maize Cassava Guinea corn	Yam Maize Cassava Guinea corn	Papaya Shea Dawa- dawa Moringa Teak	N/A	N/A	N/A	Mango	Sheep Goat Chick -ens
161	45	N/A	N/A	N/A	None	None	None	None	None
162	45	N/A	N/A	N/A	Groundnut Beans Pepper	NR	Okra Pepper Tomato Kaer	None	None
163	46	Maize Guinea corn Cassava Beans Groundnut Yams	Groundnut Yams	Cashew Shea Papaya Dawa- dawa	N/A	N/A	N/A	Banana Mango	Goats Chick -ens
164	46	N/A	N/A	N/A	Groundnut Maize Pepper Beans	Groundnut	Okro Kaer Nori Peppers	None	None
165	47	Cassava Maize Guinea corn Beans Rice	Yam Groundnut	Shea Papaya Dawa- dawa	N/A	N/A	N/A	Dawa- dawa	Goats Chick -ens

		Yam Groundnut							
166	47	N/A	N/A	N/A	Groundnut Maize Pepper Beans	Groundnut	Kaer Okro Pepper	None	None
167	47	None	None	None	N/A	N/A	N/A	None	None
168	47	N/A	N/A	N/A	NR	NR	NR	NR	NR
169	48	Yams Maize Cassava Guinea corn Groundnut Beans	NR	Papaya Shea Dawa- dawa	N/A	N/A	N/A	None	Goats Chick- ens Dogs
170	48	N/A	N/A	N/A	Groundnut Maize Okra Pepper	NR	Kaer Okra Tinyangban Pepper	None	None
171	49	N/A	N/A	Moringa Shea Dawa- dawa	Cassava Pepper Okra Beans Maize Yam Guinea corn	Groundnut	NR	None	Chick- ens
172	50	Guinea corn Maize Beans Cassava Yam Groundnut	NR	Teak Mango Shea Dawa- dawa Papaya	N/A	N/A	N/A	Palm nut Mango Orange	Goat Chick- ens Dogs
173	50	N/A	N/A	N/A	Groundnut Maize Beans Pepper	Groundnut	Okra Pepper Kaer Sesame	None	Chick- ens
174	50	N/A	N/A	N/A	Groundnut Maize Okra Pepper Beans	Groundnut	NR	None	None

Table A.3. Summary of Men's Work Activities

No.	Household No.	Non-farm work (men)	Secondary Farm Work <sup>32</sup> (men)	Farm wage labor <sup>33</sup> (men)
01	1	None	None	None
03	2	None	None	Young men do farm labor for day wages
06	2	LEAP liaison	NR	NR
08	2	None	None	None
10	2	None	None	None
11	3	None	None	Son will do farm labor for day wages
14	4	Church Leader Sells cold drinks	NR	NR
16	5	Works for church; Operates grinding mill (occasional)	None	None
18	5	Teacher	NR	NR
20	5	NR	NR	Migratory farm labor
21	5	NR	NR	Migratory farm labor
22	6	Works at hospital	NR	NR
25	7	None	None	Brother does migratory farm labor
27	8	Pastor Teacher (volunteer)	NR	NR
29	9	None	Son runs a small store; Sons manage farm; Sons grow/sell groundnuts;	Son does migratory labor (mining)
33	10	None	None	None
35	11	NGO worker (formerly)	NR	NR
37	11	None	None	None
39	12	None	None	Son does migratory labor (mining)
43	13	None	None	Son does migratory farm labor

32 Secondary Farm Work denotes farm work performed for others in the family and community; is not considered to be employment

33 Farm Wage Labor denotes farm work performed by the individual for wages, either paid by day, or by task. This labor may take place in the village or in other areas. Any distinction made by the interviewee is denoted in the entry for that individual.



45	14	None	None	None
48	15	None	Son manages farm	None
50	15	None	None	None
51	15	Government position; NGO worker (former)	NR	NR
53	16	Teacher	NR	NR
55	16	NR	Farms for head of household	NR
57	17	None	Son manages farm	None
60	17	None	None	None
64	18	None	None	None
66	19	None	None	None
68	20	Carpenter	NR	NR
70	21	Former church leader	NR	NR
72	22	None	Farm managed by sons	Son does migratory farm labor
74	22	NR	Manages father (head of household)'s farm	NR
76	23	Church volunteer	NR	NR
79	23	NR	Farms for brother	migratory farm labor (occasional)
80	24	None	None	None
82	25	None	None	None
85	26	Owens a grinding mill (occasional operation)	NR	NR
90	27	None	None	None
94	28	None	None	None
98	29	Electrician	NR	NR
100	30	Church pastor	NR	Brother does migratory farm labor
102	31	NR	NR	NR
103	31	None	None	None
107	32	Owens a market truck	NR	NR
110	32	NR	Farms for father	NR
112	32	NR	Farms for father	NR

115	32	NR	Farms for father	NR
117	32	NR	Farms for father	NR
119	33	None	None	None
121	34	None	NR	Son does migratory farm and mining labor
123	35	Traditional healer	Son manages farm	NR
127	35	NR	NR	NR
129	35	NR	NR	NR
130	36	NR	NR	Does farm labor for wages by day
136	37	NR	NR	Farm labor for day wages
138	38	None	NR	Sons do migratory farm labor
140	39	Repairs electronics	NR	Farm labor
144	40	None	None	None
149	41	None	Sons help with farm	None
153	42	None	None	None
156	43	NR	NR	Works farm labor for day wages
158	44	NR	NR	Farm labor for day wages
160	45	Teacher; Brother is a teacher	Farms in town where working	NR
163	46	None	None	None
165	47	None	None	None
167	47	NR	Farms for father	NR
169	48	Works on market truck	NR	NR
172	50	None	None	None

\*NR indicates no response was given to the question

Table A.4. Summary of Women's Work Activities

No.	Household No. <sup>34</sup>	Non-farm work (women)	Non-farm work: marketing activities (women)	Non-farm work: food production activities (women)	Farm wage labor <sup>35</sup> (women)	Secondary Farm Work (women)
02	1	NR	Shea nuts	NR	NR	Dawadawa
04	2	NR	Ingredients	Makes kenkey	NR	NR
05	2	NR	Ingredients	None	NR	NR
07	2	NR	Ingredients	None	NR	NR
09	2	NR	Ingredients	Makes wasa wasa	NR	NR
12	3		Ingredients Shea nuts	Makes wasa wasa, rice	NR	NR
13	3	Cook at Catholic Mission (former); Cooks at school	Ingredients Shea nuts	None	NR	NR
15	4	None	Ingredients Groundnuts Beans	NR	Farm labor for wages	NR
17	5	Daughter is hairdresser	Ingredients Shea nuts, butter	Makes banku, wasa wasa	NR	NR
19	5	None	Ingredients	Brews pito	None	None
23	6	None	None	Brews pito	None	None
24	6	NR	NR	NR	NR	NR
26	7	None	Shea nuts Dawadawa seed	Brews pito	None	None
28	8		Ingredients Shea nuts Dawadawa seed	Makes beans		
30	9	N/A	N/A	N/A	N/A	N/A
31	9	None	Ingredients Kola	Makes beans Makes shea butter Brews pito	None	None
32	9	None	Groundnuts Shea butter Ingredients	Brews pito	None	None

34 All households that did not report giving or receiving gifts from outside the house are omitted from this table.

35 Farm Wage Labor denotes farm work performed by the individual for wages, either paid by day, or by task. This labor may take place in the village or in other areas. Any distinction made by the interviewee is denoted in the entry for that individual.

34	10	None	Groundnut, Ingredients Shea nut Dawadawa seed	Brews pito	None	None
36	11	None	Ingredients Shea nuts Dawadawa seed	None	None	None
38	11	NR	NR	NR	NR	NR
40	12	None	Shea nut Dawadawa seed Ingredients	Brews pito	None	None
41	12	None	None	None	None	None
42	12	NR	NR	Brews pito	NR	NR
44	13	N/A	N/A	N/A	N/A	N/A
46	14	N/A	N/A	N/A	N/A	N/A
47	14		Shea nuts Dawadawa seed	Brews pito		
49	15	NR	Ingredients, Yams, Groundnuts, Cassava Fish Shea nuts Dawadawa seed	Brews pito	NR	NR
52	15	NR	Fish Ingredients	NR	NR	NR
54	16	NR	Ingredients Shea nuts Dawadawa seed	Brews pito	NR	NR
56	16	NR	NR	NR	NR	NR
58	17	NR	Groundnuts Ingredients Shea nut Dawadawa seed	NR	NR	NR
59	17	N/A	N/A	N/A	N/A	N/A
61	17	NR	Ingredients Shea nuts	Brews pito	NR	NR
62	17	None	None	None	None	None
63	17	NR	Ingredients Shea nuts	NR	NR	NR
65	18	NR	Groundnuts Ingredients Shea nuts	Brews pito	NR	NR
67	19	Makes charcoal	Shea nuts			

69	20	Seamstress (with apprentices)	Ingredients Shea nuts	NR	NR	NR
71	21	NR	NR	Brews pito	NR	Daughter manages farm
73	22	NR	Ingredients Shea nuts, butter Dawadawa seed	NR	NR	NR
75	22	NR	Shea nuts, butter Dawadawa seed	NR	NR	NR
77	23	NR	Groundnuts Shea nuts Dawadawa seed	NR	NR	NR
78	23	NR	Groundnuts	NR	NR	NR
81	24	NR	Cooking oil Kola	Brews pito	NR	NR
83	25	N/A	N/A	N/A	N/A	N/A
84	25	NR	Shea nuts Ingredients	Brews pito	NR	NR
86	26	NR	Ingredients Shea butter	Brews pito	NR	NR
87	26	NR	Ingredients Shea butter	Brews pito	NR	NR
88	26	NR	Ingredients Shea butter	Brews pito	NR	NR
89	26	NR	Ingredients Shea butter	Brews pito	NR	NR
91	27	NR	Shea nuts, butter	Brews pito	NR	NR
92	27	N/A	N/A	N/A	N/A	N/A
93	27	NR	Shea nuts, butter	Brews pito	NR	NR
95	28	NR	Ingredients Shea nuts Dawadawa seed	Brews pito	NR	NR
96	28	NR	NR	NR	NR	Begs farm labor (works for food)
97	28	NR	Tobacco	NR	NR	NR
99	29	NR	Shea nuts Dawadawa seed Okra	Brews pito	NR	NR
101	30	NR	Shea nuts Dawadawa seed Ingredients	Makes wasa wasa Brews pito	NR	NR
104	31	N/A	N/A	N/A	N/A	N/A
105	31	N/A	N/A	N/A	N/A	N/A

106	31	None	None	Daughters brew pito	None	None
108	32	NR	Shea nuts, butter	NR	NR	NR
109	32	NR	Shea nuts, butter	NR	NR	NR
111	32	NR	NR	NR	NR	Farms for mother-in-law
113	32	NR	NR	NR	NR	Farms for mother-in-law
114	32	NR	Shea nuts, butter	NR	NR	NR
116	32	NR	NR	NR	NR	Farms for mother-in-law
118	32	NR	NR	NR	NR	Farms for mother-in-law
120	33	NR	Shea nuts	NR	NR	NR
122	34	Midwife	Ingredients Cassava	Makes wasa wasa Brews pito	NR	NR
124	35	N/A	N/A	N/A	N/A	N/A
125	35	N/A	N/A	N/A	N/A	N/A
126	35	NR	Ingredients	Brews pito	NR	NR
128	35	NR	NR	NR	NR	NR
131	36	NR	Shea nuts Ingredients Firewood	Brews pito	NR	NR
132	36	Daughter provides care	None	None	None	None
133	36	None	None	None	None	None
134	36	Cares for mother	NR	NR	NR	NR
135	36	NR	NR	NR	NR	Begs labor on farms (for food)
137	37	None	None	None	None	None
139	38	NR	Shea nuts	NR	NR	NR
141	39	NR	Peppers Shea nuts Dawadawa seed	Brews pito	NR	NR
142	39	NR	Shea nuts Dawadawa seed	Brews pito	NR	NR
143	39	NR	Shea nuts Dawadawa seed	Makes kosi (bean cakes)	NR	NR
145	40	N/A	N/A	N/A	N/A	N/A
146	40	NR	Shea nuts Dawadawa seed	Brews pito	NR	NR
147	40	NR	Shea nuts	Brews pito	NR	NR

			Dawadawa seed			
148	40	NR	Shea nuts Dawadawa seed	Brews pito	NR	NR
150	41	N/A	N/A	N/A	N/A	N/A
151	41	NR	Shea nuts	Brews pito	NR	NR
152	41	NR	Shea nuts	Brews pito	NR	NR
154	42	Charcoal	Ingredients Shea nuts Dawadawa seeds Firewood	NR	NR	NR
155	42	None	None	None	None	None
157	43	NR	Shea nuts	NR	NR	NR
159	44	NR	Shea nuts Dawadawa seeds	NR	NR	NR
161	45	Seamstress (with apprentices)	NR	NR	NR	NR
162	45	NR	Shea nuts Dawadawa seeds	Makes kenkey Brews pito	NR	NR
164	46	NR	Ingredients Shea nuts Dawadawa seeds	NR	NR	NR
166	47	NR	Shea butter	Brews pito	NR	NR
168	47	NR	NR	NR	NR	NR
170	48	NR	Shea nut Dawadawa seeds Ingredients	NR	NR	NR
171	49	Daughter sells kola	Shea nuts Ingredients	NR	NR	NR
173	50	NR	Shea nut	Makes kosi (bean cakes)	NR	Daughters manage farm work
174	50	NR	Shea nut	NR	NR	NR

\*N/A indicates the question was not applicable to that member of the house; NR indicates no response was given to the question

## APPENDIX B

### FOCUS INTERVIEWS DIRECTIONS AND QUESTION OUTLINE

#### Directions for interview moderator:

Before starting, explain to all participants that the interview is part of the project. If they would like to continue to participate, they agree to have the interview recorded. They will not be identified by their real name in any public presentation of the interview material.

They can decline to answer a question at any point in the interview; they can choose to leave the interview at any point. Turn the recorder on.

#### Questions:

1. Ask all participants to identify themselves. Provide name and an age estimate.
2. What is *pur*? What is the meaning of *pur* to you?
3. What is *pɔɔk*? What is the meaning of *pook* to you?
- 4a. What are the stages (*nchil*) of growth before someone reaches *pur*? What are the characteristics of people in those stages of growth?
  - 4b. [if not covered by 4a] What are the characteristics of someone who is *pɔɔk*?  
For women? For men?
  - 4c. [if not covered by 4a] What are the characteristics of someone who is *pur*?  
For women? For men?
5. In Binalobdo, who among you is *pur*? Women? Men?
6. In Binalobdo, how are you expected to treat those who are *pur*?
7. In Binalobdo, what do you expect from those who are *pur*?

At the end of the interview, thank all of the participants.



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## VITA

### 1. Place of birth

\*Red Deer, Alberta, Canada

### 2. Educational Institutions

\*University of South Carolina

M.A., Anthropology (Concentration Archaeology), 2007

Graduate Certificate, Women's Studies, University of South Carolina, 2007

\*University of Calgary

B.Sc. Archaeology (Concentration Physical Anthropology), with Distinction, 2005

### 3. Professional Positions

\*Teaching Assistant, University of Kentucky, 2009-2011, 2013, 2014

\*Traditional Knowledge Facilitator, Project Lead, FMA Heritage Inc, Calgary, Canada, 2009

\*Archaeological Field Assistant, FMA Heritage Inc, Calgary, Canada, 2008

\*Archaeological Field Technician, Integrated Archaeological Services, Bluffton, SC, 2008

\*Research Assistant, University of South Carolina, 2008

\*Archaeological Field Technician, Historic Columbia Foundation, Columbia, SC, 2007

\*Graduate Assistant, Women's Studies Program, University of South Carolina, 2007

\*Teaching Assistant, University of South Carolina, 2006-2007

\*Research Assistant, University of South Carolina, 2005-2006

### 4. Scholastic Honors

\*Barnhart-Withington Award, Dept. of Geography, University of Kentucky  
(\$775), 2014

\*Dissertation Year Fellowship, Graduate School, University of Kentucky  
(\$16 000), 2012-2013

\*Barnhart-Withington Award, Dept. of Geography, University of Kentucky  
(\$1750), 2012

\*National Science Foundation Doctoral Dissertation Research Improvement Grant  
(\$11 980), 2011

\*Daniel R. Reedy Quality Achievement Fellowship Award, University of Kentucky  
Graduate School (\$9000), 2009-2011

\*Scholarly Poster: Arts, Social and Life Sciences, First Place, Graduate Student Day,  
University of South Carolina (\$750), 2007

\*Harriett Hampton Faucette Award, Women's Studies Program, University of South  
Carolina (\$500), 2007

\*International Research Grant, Department of Anthropology, University of South  
Carolina (\$1500), 2006

\*Ceny Walker Graduate Fellowship, Walker Institute of International and Area Studies,  
University of South Carolina (\$3000), 2006

\*Jason Lang Scholarship, Government of Alberta Ministry of Education  
(\$1500), 2004

\*Academic Excellence Award, University of Alberta  
(\$1000), 2001

\*Faculty of Science Academic Excellence Award, University of Alberta  
(\$1500), 2001

\*Rutherford Scholarship, Government of Alberta Ministry of Education  
(\$1500), 2001

#### 5. Professional Publications

2015. Hanrahan, K. Living Care-fully: The potential for an ethics of care in livelihoods approaches. *World Development* 72:381-393.

2015. Hanrahan, K. 'Mɔn' (To Marry/To Cook): Negotiating becoming a wife and woman in the kitchens of a northern Ghanaian Konkomba community. *Gender, Place and Culture: A Journal of Feminist Geography*. DOI: 10.1080/0966369X.2014.993360

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