CHAPTER 13

URBANIZATION AND THE AGED

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Concern about the aged springs partly from the assumption that with rapid urbanization and industrialisation in most developing countries, certain fundamental socio-cultural changes are taking place altering the whole social structure. It is further assumed that industrialization has greatest disintegrating effects on indigenous family life, separation from kin being one of the commonest features.

Traditionally the aged in Ghana formed an integral part of the family unit, holding definite and high ranking positions. Invariably, the aged became the man of wisdom whose advice the young eagerly sought. He was accorded the status of the all-knowing expert on social disputes and he officiated at marriage, birth and death ceremonies. He was the *Nana* of every young person including children outside the family compound, to whom any affront by the young was considered a displeasure to the ancestral gods, often needing elaborate and costly expiations.

Most Ghanaians believe their family ties are still very strong and doubt that there are citizens without a home to go to. And yet these days it is not uncommon for mothers to abandon their children and why not children parents? A study of the 1960-70 admission records of the Bekwai Central Destitute Infirmary in Ashanti—so far the only national home for destitutes in Ghana— revealed a total of 218 inmates. Out of this number 70 people were 60 years of age and over, 32.5 per cent of the population; 72 people were between 50-60 years of age, 33.5 per cent of the total, leaving 76 people (34 per cent) under 50 years. In other words 142 people or 66 per cent of the total population were in the ageing group of 50 and over.

Though the majority of the destitute in the infirmary are immigrants from neighbouring African countries, they are still to be taken as an integral part and responsibility of the Ghanaian population. In this particular study only 15 persons of the total number were indigenous Ghana-ians. No matter how small a percentage, the glaring fact is that there are some Ghanaians who have nowhere to go in their old age. A study of the backgrounds of these 15 Ghanaians revealed the following cases histories:

    (a)   Loss of children and close relations through death; death of immediate family;

    (b)   Loss of contact with extended family through migrations; and

    (c)   Surviving children and relatives who are economically unable to house and care for their aged relative.

Most referrals came from hospitals and the majority of them were in need of regular medical supervision. Annual reports of hospital welfare services since 1966 indicate increasing concern over the number of old people between 60-90, who have difficulty at discharge because of their relatives' reluctance to take home an aged patient who is not much improved in health. Such

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patients normally need purely geriatric care. There is a further concern in subsequent reports over increasing abandonment or 'dumping' in hospitals of old sick relatives due to difficult home situations.

A classical example found at Korle Bu Hospital in the course of this investigation was that of an old man of about 65 years, who had been in the hospital about eight times in the course of the year. On discharge, this man apparently sleeps on the verandah of the out patients department until the next bout of illness and then goes back into a hospital bed. As far back as 1962 annual reports of the Department of Social Welfare likewise indicated increasing concern for the aged, particularly in urban centres. The 1963 report states in part the following:—

> "in the main, old people are cared for by their families but there is an increasing need for more formal provision for such persons perhaps by social insurance. In the towns, however, there are some who are in need of care though they cannot always be described as destitute. The British Red Cross Society deals with a number of old people in this category."

Interviews with Senior Staff of the Department in Accra reveal that since about 1964, Ghanaian citizens working in the capital, in particular, Government officials have periodically made enquiries from the Department about homes where they can pay to have their elderly relations cared for properly.

There is yet another group of lonely and ignored Ghanaians who when they grow old constitute quite a problem. Reports from medical institutions reveal that many families are reluctant to take home the discharged mental patient or the cured leper. There are also a considerable number of old women who are regarded by their relations as being 'witches' and therefore shunned and psychologically isolated. Should these be left to suffer mentally in their old age?

This paper is based on the findings of a pilot survey on the aged conducted in all regions of Ghana between July and October 1971.

Urbanization and Migration

The pace of urbanization in the country has been so rapid in recent years that the focus of life is gradually shifting to the towns. Migration has therefore become an important aspect of demographic change in the country (See Caldwell, 1969). In the past, at least within living memory there was no migration to speak of but this pattern has changed quite considerably in recent years as a substantial proportion of the population move from the rural areas into towns, particularly into the large towns and cities as witnessed by the results of the 1960 and 1970 census figures. This situation has produced important changes in the socio-economic structure of the population living in towns as well as rural areas.

Certain amenities are available in the urban areas over and above those in rural areas. These include water supply, sewerage, administration and postal facilities, electricity and a concentration of business of all sorts. This centre of activities quite logically attracts interested people. All life of importance, reputation, ambition representation has a signboard there. Consequently whole professional groups are simply attached to the cities, and never tend to stay in the rural areas. Universities and supplementary educational institutions grow up, adding to the importance of the place. Trading develops into manufacturing, and still bigger industrial complexes attracting whole armies of needed and unneeded labour and supplementary staff. This

is a turmoil of a problem town, growing faster in population than in living accommodation and facilities.

The psychological effect is even stronger on the younger generation having some education but no chance of a profession in their villages. Gradually there is a permanent flow and drain on certain age groups losing their contacts from their village background and drifting into the cities in search of a job.

The trend of migration is still increasing; the rapidity of urbanisation is a cause of great concern. The remaining elders have no help in farming or in house keeping. As a direct result the yield of crops for the normal upkeep decreases and gradually in very great quantities, food-stuffs have to be imported even to the rural areas.

The period before 1966 in Ghana may be characterised by the desire for rapid urbanization and industrialization based on direct state ownership. This also applied to the agricultural sector, where big mechanised state farms were to provide food for the urban population and raw materials for the processing industries.

After 1966, Government however appeared to concentrate more on the rehabilitation of the economy and a change in social structure, giving great emphasis and importance to the private sector. It was part of the objectives to decrease the pace of urbanisation and to encourage agriculture so that a more balanced development and growth could evolve.

The intentions of the Government were stated in the "One Year Development Plan," saying inter alia "The urban unemployment is aggravated by the continued inflow of rural workers, which is partly due to the urban-rural income disparity and accessibility to employment and the lack of basic social and communal amenities in the rural areas."

And further: "The Government accords the highest priority to agricultural productivity." Through the application of improved inputs and practices, substantial programmes were being made towards increasing farm employment and income, thereby diminishing urban-rural income inequalities. Such a policy was to have served to increase and stabilise the supply of food stuffs and decrease the dependence on imported foodstuffs.

The provision of sanitary and health facilities, better educational facilities, potable water and elementary community projects are equally important in promoting economic development. The Government recognised that success in agriculture could not be achieved without provision of these amenities.

Social Aspects of Urbanisation in Relation to the Aged

Traditionally in Ghana, the bond between parent and child does not weaken after the child's marriage and it is this continuity of relationships with the "extended family" throughout individual life which affords some form of security in old age. The "extended family" as it exists in Ghana can best be described as "ancestral family" since it tends to have much wider connotation and includes the family of the generation of the grandfather, the grandmother or of the remotest known ancestors.

One important benefit derived from the "extended" or the "ancestral family" apart from actual financial assistance to members is the provision of replacements for intimate members of the family lost by death or migration, so that an old person does not have to stay alone. Another

benefit is the compensation for the absence of children, grandchildren and siblings by providing substitutes or preserving into old age some of the ties of childhood and adolescence. Thus in effect, social isolation and loneliness which are some of the most serious problems for the aged are at least minimized.

With urbanization and modernization it is assumed that things are not quite the same again due to the effect of social change on family cohesion. Forty-five policy makers of the last regime interviewed generally felt, that the rural communities are much more tradition bound and thus socially the aged are better off in rural than those in the larger urban communities. Besides, generally speaking, a small village with its relatively few inhabitants, is the other extreme to a big city. Smallness also promotes community consciousness and togetherness, everybody knowing everybody, and being concerned about each other's problems. The economic or commercial nature of the larger towns and cities on the other hand, does not afford this closeness even within neighbourhoods. More than likely togetherness would be more prominent at work or at one's church or social group outside the immediate neighbourhood. Thus retirement from work would be even more of a social loss to the urban aged.

Living Conditions of the Aged : Rural Aged

In the sample studied a total of 87 out of 180 people were married and living with a spouse in the rural areas, nevertheless the majority of them did not live alone. One hundred and fourteen people or 64 per cent in households with relatives other than husband or wife nearly all of them with children, grandchildren, siblings, nieces and nephews. This includes 8 of the 13 childless people in the sample.

Most of the aged in the rural sample lived in their own houses. Others lived in family homes or houses of their children or relatives and only 14 people lived in rented accommodation. These were the people usually found living by themselves.

Households were usually crowded, often buildings were rather dilapidated and the family compound busiest toward sunset, when most people returned from the farms and evening meals were being prepared. Married couples, if not infirm, continued life as usual, with the women preparing food for the husband, assisted by children or grandchildren and taking charge of general household chores and care of the husband. Husbands apart from providing house money, if they were able, usually in firewood or trapped animals for the family meal and occasionally made needed repairs around the house.

People with relatives in the same or nearby community normally had regular visits averaging between daily and weekly. Thirty-one people had daily visits from relatives and 29 weekly visits. Relatives out of the town visited once monthly or once a year. This is an indication of disintegration of old customary family links. Most of the people, questioned on this score, were eager to explain these irregular visits by their children being tied down with work and subsequent lack of time. Still many lamented about the fact that their children could not come and live with them or visit more often than they did. Ten people rarely had visits. Seven out of the group were women whose relations suspected them to be practising witchcraft and so were deliberately shunned. The three men had no surviving children. Those aged who were mobile did some visiting themselves and very often visited friends who could not walk. Frequently, the men particularly, sat in an arbitration of family disputes.

It was observed however that the aged who were bed-ridden or who could not comfortably move about, generally lacked companionship as they were by themselves most part of the day. Of the 25 bed-ridden cases, twenty lived with relations who were away on the farm the whole day. Often they were left in the care of young members of the household who mostly did errands asked of them by the sick aged. Frequently these young people disappeared so that many of the calls of the sick were unanswered.

Fewer people in the urban area in the sample survey undertaken than in the rural area lived in their own houses. More people lived in family homes and 20 per cent in rented accommodation; Table 1 shows the Urban/Rural comparisons.

TABLE 1

LIVING ARRANGEMENTS OF THE AGED

		Urban per cent	Rural per cent
(a)	Living in own house	34.0	55.2
(b)	Living in existing family houses	43.0	17.9
(c)	Living in homes of children	3.0	19.2
(d)	Living in rented accommodation	20.0	7.7
	Total	(N = 130) 100	(N = 180) 100

Physical and Mental Conditions

How any particular person will respond to the physical and psychological strains of old age is a highly individual matter and most likely will depend on the individual's whole life history and experience, physical and mental stamina. However, loss of physical adequacy accompanied by affectional deprivation occasioned through death of contemporaries and children, loss of gratification in work and in active social life, all these deprivations and frustrations combined give the aged person a deep sense of helplessness. These are some of the outstanding conflicts of the aged, any one of them frequently results in profound anxiety and acute fears.

Most people interviewed while not admitting to being neglected still complained about change in the attitudes of their children or relatives. Some blamed the change on the fact that they were no longer able to work, others, on their physical handicap and others philosophized and expressed their pessimistic views arising from noticeable changes in customary life of their environment.

Fear of physical breakdown in old age is not unreal for the elderly, as chronic disease tends to be recurrent for the aged and this in turn causes frailty. With the present inadequate medical health facilities in the country, not to mention shortage of beds in most of the larger hospitals, the fear of being incapacitated is even more realistic for the aged in this country. We have already indicated the disadvantaged social position of the rural aged, who are infirm or bed-ridden. Naturally, the urban aged were healthier, compared to the rural group, having the advantage while in youth, of social amenities, like good drinking water and hospitals. Eighty-seven urban as compared to 42 rural people did not complain of any malady during this enquiry.

On the whole, the male population appeared to be in better health than the female counterparts in both samples. Fifty-five urban males and 35 rural males were among the healthy. Simi-

larly there were proportionately more bed-ridden cases in the rural area than urban. Incidentally three of the needs, indicated by the aged themselves, were those of housing, medical care and income maintenance.

With regard to diet most of the aged ate what they got without much attention paid to nutrient value or suitability to their toothless gums. In the latter case several of them made reference to the fact that they could not always chew the food being given them and therefore went hungry. On first impression the aged look lean and rather ill fed.

Leisure Time

What to do with one's time is almost always a question that frightens those who are about to retire. In Ghana, recreational facilities are lacking not only for the aged but for the total population. In particular, young people in the larger towns and cities have problems in finding suitable playgrounds, as insufficient attention has been paid to this very important aspect of urban planning in the past.

Leisure time in urban areas, means boredom for most of the aged. Participation in whatever recreational activities there are, is restricted by factors of unaccustomed modernity (such as movies) long distances and lack of proper transportation facilities not to mention the unsuitable and inconvenient time of performance. Older people are therefore generally cut off from participation in the few cultural and recreational activities available to the public.

Fifty-four per cent of the urban aged usually sat around listening to the radio, playing chess or 'oware.' Since most of the aged were church goers, this was one area of social intercourse through participation in church programmed activities. Alternatively quite a number belonged to social clubs or benevolent societies which took them away from home in the evenings once weekly or monthly.

Summary and Conclusion

The values and basic rights of the aged remain the same and these include a need for meaningful relationships which may give them a feeling of security. Thus, due to the loss in status of the aged economically as well as psychologically, security is most necessary. The latter could be met through utilization of leisure time by participation in activities with family, friends and organisations. Consequently, a need for realistic planning of social services in the area of recreation becomes urgent in this country. A worthwhile social work goal is to assist any individual to make any day of his life one that has been worth living.

The feeling of boredom, uselessness and apathy that many people generally experience while on retirement should lend to development of special programmes to meet the need of the older people, particularly in the urban areas. While a number of people actually do welcome retirement, there are many who find it a time of deep frustration of increasing isolation from the larger community and of boredom and unhappiness. With the present government retirement policy, there will be increasingly many retired people in the community feeling disgruntled, frustrated and bitter if nothing is done to improve their social horizons.

It must be stressed that there are still so many unanswered questions which the questionnaire developed for the survey did not adequately explore. Certainly more intensified area studies will be needed to validate these findings and to find still further, answers to the many more questions left untouched and unanswered so far.

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ABSTRACT

The article studies the influence of migration on the structure of the village family. It is based on field-work carried out in the Eastern part of Southern Togo as part of a study of migration towards large urban centres and Ghana from Togo.

It was found that the migrant population between the ages of five and 15 was composed of 60 per cent girls against 40 per cent boys, who imigrated in search of work mostly to places within a 30-kilometre radius. This of course led its effect on their home-education and on the stability of the family.

In the over 15 age group on the other hand, migration is more common among the male sex, who migrate in search of employment which they find more easily than women. This commonly causes marital instability and modifies the family structure.

Consequences of migration on the sedentary population:—
slows down the introduction of new techniques into the villages;
inhibits cultural activity;
the departure of the young increases the age of the out-group;
an increase in polygamy, divorce, conjugal infidelity, and therefore, a general degradation of family morals.
Effect of reintegration of migrants into the family structures of the out-group:
the migrant in material contributions assure a certain status for themselves and their families but are insufficient to transform traditional social structures inside the family.

Problems of migrant families in the host-society:
rural-rural migration concerns 89 per cent men to 11 per cent women; in rural-urban migration the proportion of women increases enormously though remaining less than that of men; the family structure and problems differ according to the destination of migration;
Segregation in overcrowded immigrant-quarters;
discrimination in employment, unemployment;
problems of nixea marriages.

Conclusion

It is generally believed that rural-urban migration usually revolutionizes the traditional structures of village societies. However the partial results of this study suggest that migration often leads rather to the maintenance of conservatism in the villages.

Migration disturbs social links in the village family, creating or favouring deviant social relations. It does not revolutionize the traditional social structures in the family.

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