Investigating the Desirability and Feasibility of the "Old People's Home" as a Viable Business in Ghana

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Ghana's population is ageing but its government is not making sufficient efforts to cater for the elderly. This study proposed the "Old People's Home" as a solution to the problem of long-term, managed, geriatric care. It investigated whether such a solution will be viable in Ghana. In addition to reviewing published research, a mixed research design was executed. Findings indicate that respondents did not want to patronize "Old People's Homes" due to low incomes, cultural beliefs and attitudes. The study calls for alternative business models and on government to implement its own "aging policy" to help care for Ghana's elderly.

INTRODUCTION

Compared to the developed countries like the United States, United Kingdom, Japan and Germany, the concept of establishing formal institutions that cater specifically for the physical and health needs of the elderly in society is new to Sub-Saharan African (SSA) (Douglass, 2016). In fact, Africa's premiere home for the elderly was set up as recently as July 23rd, 2003 in Bakoteh, the Gambia (Secka, 2003).

Historically, SSA's approach to caring for the elderly was based largely on the "traditional model" where older people received free care typically from female family members in an "extended" family system. Free care was possible in this extended family system because kin such as uncles, aunts, cousins, parents and grandparents resided in the same household (Walker, 2011). The once dominant traditional model of elderly care, is however, losing its shine among Africans as modernization and globalization take root on the continent. In addition, expanding job opportunities for females is challenging traditional beliefs and institutions and posing serious problems for the sustainability of elderly care via the traditional model in Africa (Apt, 1993). Further, apart from the paltry pensions benefits that the old receive, other efforts such as the implementation of the National Health Insurance (NHIS) policy in Ghana (Ramachandra and Hsiao, 2007 & Agyepong and Agyei, 2008) and the Livelihood Empowerment Against Poverty (LEAP) program (Alidu, Dankyi and Tiboe-Darko, 2016), which are supposed to respectively improve access to elderly healthcare and wellbeing, are largely moribund. They are plagued by management challenges, often rooted in government corruption (Nketsia, 2015). To explain the traditional model of elderly care in SSA more fully, we focus on Ghana, a West African country that has enjoyed sustained periods of political stability since independence (Armah, 2016) and is considered as one of the safest places to live in Africa (CNN, 2015). Ghana has also recorded recent increases in life

expectancy (GSS, 2016) in addition to having a non-trivial, although regionally moderate, population growth rate of about 2.13% (GSS, 2016) heavily influenced by increasing urbanization; pushing up the population of the urban old.

An urbanizing population like Ghana, that is living longer and letting go of traditional values, needs to prioritize the problem of long term care for the elderly (Apt, 1993 and Douglass, 2016). This is because in such situations, it cannot be taken for granted that the elderly in society will receive adequate care via the traditional model. Ghana's elderly citizens make for an interesting case study because, like other African countries, "it is very difficult in Ghana for the near old (50-64 years) to consolidate debt, retire mortgages, and reach fiscal security prior to retirement [due to low incomes] (Douglas 2016, p 5)." The retirement benefits of the elderly are often meagre, given low incomes during their work life, and is subject to erosion of value due to inflationary trends. This poses significant downside risks to the quality of life of the aged post-retirement, making long term care for the elderly a pertinent concern. Further, the NHIS has a significant timing challenge for the elderly as it is free for adults above 70 years though the retirement age for Ghana is 60 years. This leaves the aged without healthcare for the 10-year period following pension (Alidu, Dankyi and Tiboe-Darko, 2016).

In Ghanaian society, the responsibilities of children towards their parents in old age are clearly spelt out. According to Apt (2000), the Akan adage; "Obi hwe wo ma wo se fifi a, wo nso wohwe no ma ne die tutu" puts these responsibilities of children towards the aged in perspective: The adage literally translates that, "if someone takes care of you till you grow teeth, then you must also take care of that person till he/she loses all teeth". The adage employs children to reciprocate the care they received from their parents while they were younger" (Tetteh, 2006; Alidu, Dankyi and Tsiboe-Darko, 2016). This saying is steeped in culture and inspires Ghanaians to develop positive attitudes towards caring for the elderly.

This culture of caring for the aged in Ghana is, however, under attack, especially in the urban areas like Accra, Ghana's capital, as westernization and pressure on time for education and work has moved the younger generation from the traditional "extended" family houses (Coe, 2016). This situation has paved the way for active labour force participants who bear the burden of taking care of the aged to consider market-based service providing institutions for the old, an option for elderly care. Popular among these institutions and significant to this research is the "Old People's Home", "Nursing home," "Home for the Elderly" or an "Aged home." These names are often used interchangeably in the literature, but the contemporary name appears to be "Managed Long-Term Care Homes."

An Old People's Home is a place where old people can live together and be cared for when they are too weak or ill to take care of themselves (Cambridge, 2015). Historically, Old people homes first emerged in the USA (in the form of alms houses) after the industrial revolution in the 18th and 19th century attracted many people to the cities in search of paid factory work and destroyed the extended family support system in the USA (US Legal, 2015). Following the industrial revolution, there was an upsurge in the number of neglected old people who settled for "alms-houses" when they fell short of the requirements to enroll in the few homes for the elderly that had been established by religious groups at the time. Alms-houses are buildings in which poor old people can freely live (Merriam-Webster, 2015). However, the few religious institutions for the elderly that existed in the USA at the time, spent more on taking care of the needs of the elderly than alms-houses did, and often provided better care (FATE, 2016). However, old people had to meet certain requirements such as the ability to pay entrance fees and the submission of a certificate of good behavior to be residents in religious institutions for the elderly. Inability to meet such requirements compelled impoverished old people to turn to alms-houses (Brown, 2015 & FATE, 2016). Living in alms-houses was unfortunately characterized by abandonment, disgrace, poverty, loneliness, humiliation, and degradation (Brown, 2015). In contrast to the alms-houses, modern "Old People Homes" in the USA have shed the negative perceptions because they charge high fees and provide a range of services by trained personnel for the elderly. Ex ante, it is not clear whether the "Old People's Home" concept would work for Ghana because although there is need for elderly care, the issues of affordability, negative traditional believes and capital requirements could undermine its successful survival as a business.

To effectively tackle the issue of elderly care in Ghana, it makes sense that existing statistics on Ghana's elderly population must be analyzed to provide context for tackling the problem. The Ghana Statistical Service defines the elderly as adults who have attained the age of 60 and over (GSS, 2013). Per available data, the life expectancy in Ghana is presently approximately 65.75 years (Index Mundi, 2015). In comparison with other African Countries such as Togo, Cote d'Ivoire and Nigeria whose life expectancies have been estimated at 58, 64 and 53 respectively (Index Mundi, 2015), Ghana is regarded as an ageing African nation because its life expectancy is relatively higher.

Ghana's population structure has also changed over the years in a way that is consistent with the Demographic Transition theory. Currently, Ghana is transitioning from the 2nd stage of the demographic transition which is characterized by high birth rate and low death rate to Stage 3 where birth rate declines and death rate continues to fall (Davies, 2014) leading to an increasing elderly population. This is evident when one compares Ghana's birth and death rate records. Records show that the birth rate fell from 31.7 births /1000 in 2013 to 31.4 births /1000 in 2014 (Mundi, Demographic Birth rate: Ghana). The death rate was 7.22 deaths /1000 population in 2015 (CIA, 2015) having declined from 7.53 deaths /1000 in 2013 to 7.37 deaths /1000 in 2014 (Index Mundi, 2014). Per the estimate of the International Futures at the Pardee Center, Ghana's life expectancy will increase to 72.23 by 2030 and 81.80 by 2060 (IFs, 2015). These statistics support the claim that Ghana's population is living longer and making the problem of geriatric care for Ghana more pertinent going forward.

In December 2011, Ghana's Ministry of Employment and Social Welfare launched an "aging policy" which has never been effectively implemented (World Health Organization, 2014). Currently, there are over 3,217 health care facilities that provide citizens with general health care (Ghana Health Service, 2010) but the overall doctor to patient ratio as at 2013 was 1 (one) doctor to 10,170 citizens (Quaicoe-Duho, 2015). This undermines the ability of each citizen to enjoy quality healthcare. Only about six of these institutions, all of which are privately-owned, cater solely for the elderly in Ghana. Each of the institutions is new and located in Accra where average incomes are high. Even when we focus on Accra, the oligopolistic market structure of the current "old age care" sector suggests that prices will include significant premiums above the competitive price. While that signals profitable opportunities for potential new health care facilities aimed at the old, it means the poor old may be unable pay for the special care that these few institutions provide.

RELATED LITERATURE

Elderly Care as a Global Concern

The debate on caring for the elderly in the society has intensified over the past three decades not just in the developed world but more recently in the developing world, and particularly in Sub-Saharan African (SSA) countries like Ghana (Douglass, 2016). As a result of better diet, improved sanitation, growing availability of vaccines, pharmaceuticals, screening programs and medical treatments, people are now living longer all over the world than in previous eras (Tong, 2009). It is therefore no surprise that caring for the elderly has become a global affair. In different parts of the world, the responsibility of caring for the elderly lies on specific groups of people in the society (Tong, 2009). For instance, the Scandinavian countries (Denmark, Sweden and Norway) are regarded as good examples of countries whose governments are the most committed in caring for the elderly (Pederson, 2002). According to Pederson (2002), in these Scandinavian countries, traditionally, the onus for caring for the elderly lies on the government. These governments have effectively used the tax system to subsidize social and medical care for elderly citizens.

The Israeli government's loyalty to its elderly citizens is also strong. Long term care in Old People's Homes has been made a legal right for all elderly Israeli citizens through the Long-Term Care Insurance law (Schmid, 2005). This law allows the citizens whose income fall below a certain level to enjoy a 100% disability allowance if their dependence on others to carry out majority of their day to day activities is very high. A 150% disability allowance is made available for those who depend entirely on others.

(Schmid, 2005 & Tong, 2009). The Israeli system seems to provide acceptable assisted living options for the elderly.

In SSA, most people largely depend on the extended family for elderly care (Aboderin, 2004 & Apt 1993). Unfortunately, unlike in Scandinavia and Israel, the poor economic conditions of African countries have rendered the governments incapable of helping even if they wanted to. Among African countries struggling with the problem of elderly care are Uganda, Mali, and Sierra Leone (Tong, 2009). More recently, Ghana which had instituted a National Health Insurance Scheme (NHIS) that gave some respite to elderly Ghanaians (Nketsia 2015), is struggling to manage the NHIS, leaving the old very vulnerable.

In the United States of America, the family, the government and the individual all play different roles in elderly care. The government contributes its quota through Medicare and Medicaid. Medicare is a federal program that provides health coverage for citizens who are 65 and above or who have a severe disability no matter their income (Interactive, 2015). Medicaid is another state and federal program that provides health coverage only for citizens with low income (Interactive, 2015). Medicaid covers some health services that Medicare also covers including hospital and medical insurance. However, Medicare and not Medicaid (Medicare.gov, 2015) cover services such as nursing care and personal care. American citizens have realized over time that these government policies and other private insurances do not cover their long-term care to any significant extent. Disabled elderly Americans therefore rely on their own resources and on any help available from children and family. When the old exhaust their resources, they turn to welfare (Rivlin & Wiener, 1988). Welfare refers to the help that the state gives members of the society to live a good life. It could be in the form of financing, delivery of services and transfer of income (Greve, 2008). Relying on welfare means that poor and disabled old people get to enjoy welfare benefits such as hospital attendance allowance and disability living allowance. Even though the family is the principal provider of elderly care in America, there is the issue of the great pressure it puts on family members. As a result, families sometimes use other paid services such as home health workers, respite and nursing homes. This private out-of-pocket option now dominates American long-term care (Rivlin & Wiener, 1988). However, the cost involved in the patronage of nursing care services often seems to be beyond the reach of many American families and is available to well to do families

The Welfare System in United Kingdom (UK) differs from the USA system. In the UK, the Disability Living Allowance (DLA) is a cash benefit that is claimable only before age 65. Receipt can sometimes continue beyond age 65. It is a non-means-tested benefit which means that receipt is not affected by an individual's income or savings (Ruth, Marcello, & Stephen, 2012). As at 2001, the range for the disability weekly living allowance was £14.05-£89.95 (Memel et al., 2002). Attendance allowances are awarded to citizens ages 65 and above. These range from £35.40 to £52.95 per week (Memel et al., 2002).

Aging in Africa: A Synthesis of Available Literature

Until very recently, international research on aging seemed to have almost by-passed Africa because it was characterized by periods of brief activity interspaced by longer periods of inactivity (Aboderin, 2017; Apt and De-Graft Aikins, 2016). Except for a few key notable works by, among others, Apt (1993a, 1993b, 1994, 1996 and 2005); Aboderin (2005 and 2017); Grieco (Grieco and Apt, 1998, Apt and Grieco, 1994) and Van Geest (1997), the momentum in aging research in Africa that led to the founding of the African Research on Aging Network (AFRAN) (Aboderin, 2005 and 2017; Apt 2005) and a conference on Aging in Africa organized at Oxford University appeared to lose steam before recently picking up in the last few years.

According to Apt (2012), while international research on aging was booming in the 80s and 90s, African countries were either oblivious of the aging problem; were in denial of it or had ignored the aging problem and focused instead on issues of family planning and curbing birth rates. In many ways, the lack of planning for elderly care in Africa was not surprising as life expectancy was generally low. From a policy standpoint, there seemed to be little need to plan for the old. Further, the African family system was supposed to take care of the old and seemed to be doing a good job (Apt. 1993). The generalization of the challenge of elderly care as a nonissue was, however, in hindsight, clearly a big over-simplification

given the diversity of the aging experience across the continent and represented a lack of recognition of the demographic transition that had started to take place across the continent. The research that was available especially from the southern part of Africa concentrated on the now well-known example of the role of grandmothers taking care of children orphaned by the HIV/AIDS epidemic (Aboderin, 2017).

Aging research is back in vogue in Africa evidenced by, for example, the recent Ghana Studies volume dedicated entirely to issues of aging in 2016. Apt and De-Graft Aikins (2016) note that in 2001, "the African Regional Office of HelpAge International successfully included aging issues on the agenda of an African Union meeting." Further, while the now expired Millennium Development Goals (MDGs) never seemed to directly address the welfare of the elderly, some authors argue that the Sustainable Development Goals (SDGs) that replaced them seem to do so if only indirectly. The international focus on aging with at least attempts to include Africa is timely as the continent is expected to experience significant aging of its population (Apt and De-Graft Aikins 2016).

The recent literature on aging in Africa, as was the case several decades ago, is dominated by research from Ghana, Nigeria and South Africa, reflecting little gain in geographical diversity of such research (Aboderin 2017). Current research on the elderly in Africa, spans aspects of their living arrangements, family and intergenerational relations, work and migration patterns, experiences of care receipt and provision; their exposure to poverty, exclusion, abuse, and emergency situations as well as health (Aboderin 2017). Important authors on African aging such as Apt (1993) documented the gradual erosion of the traditional model of care that older Africans enjoy in recognition of westernization trends, pressure on the youth to secure jobs and the erosion of cultural beliefs. This gradual undermining of the traditional system of care is what has spawned alternate market based models of care such as the Old People's Home which is the focus of this paper.

Caring for the Elderly: A Focus on Ghana

Old age in Ghana is characterized by respect (Geest, 1997; Sarpong 1983 and Apt 1993). In the Akan tribe- the largest tribe in Ghana-, this characteristic of respect shapes the social behavior of people towards the elderly in the community (Geest, 1997 & Apt 1993). Old people are considered to have acquired a lot of wisdom from their life experiences and therefore one needs to respect them to enjoy their advice and wisdom (Geest, 1997). Those who fail to show respect to their elderly by not reciprocating their care, are ungrateful. It is an intolerable act in Ghana (Sarpong, 1983).

Apt, (1993) notes that, caring for the elderly, once taken for granted in Ghana, is now an issue. From her study that sought to find the factors that contribute to the problem, she points out that some family care givers do not have the resources with which to cater for the elderly. Other old people are neglected by their families, despite the said families having the relevant resources; this adds to the number of destitute elderly in the country. As at 1993, the extended family support system was already crumbling as family members moved to cities in search of better education, jobs and utilities (Apt, 1993). This has given rise to the need for care alternatives such as assisted living facilities and nursing homes to cater to the growing needs of the elderly in the society. In their editorial comments on Ghana Studies' edition on aging in Ghana, de-Graft Aikins and Apt (2016) discuss Coe's (2016) work where she ideintifies a new emerging profession of healthcare providers in Ghana who are neither house helps nor nurses but provide care for the elderly. Though formal institutions may yet emerge to regulate and educate these new healthcare providers for the aged, strong opposition from trained nurses and other healthcare providers could undermine their survival.

Theories of Assisted Living

Assisted living facilities are nonmedical, residential settings that provide housing, food service, personal services, and watchful oversight to frail elders and other persons with physical and mental disabilities (Ball, Whittington, Perkins, & Combs, 2000). Within the concept of assisted living, there are a few dominant theories that have contributed to shaping the concept. Primary among these theories is Abraham Maslow's theory of needs. The theory of needs, propounded by Abraham Maslow explains that individuals have general needs including physical needs, safety needs, love needs, and self-esteem needs

(Fuchsberger, 2008). The hierarchy of these needs in the order listed above establishes that every individual requires all these needs and must find a way to satisfy whichever need they lack (Fuchsberger, 2008). Fuchsberger, (2008) agrees with Maslow's theory of needs. He believes that every individual has his own wants, situations, and experiences. He therefore points out that specific needs such as 'elderly needs' do not exist. Fuchsberger, (2008) proposes that focus should be placed on how to use ambient intelligent technology to meet the needs of the elderly. He calls it ambient assisted living. Ambient living is a technological approach to health care that helps people like the elderly and the handicapped who have specific demands. It involves the development of technological devices and applications to support the elderly in monitoring physical parameters. For instance, in Hungary, a project in ambient assisted living has been established where computers and mobile phones are used to connect to and manage the health of the elderly. Using data, they can create diet and exercise plans for the elderly (Fuchsberger, 2008).

Another core concept of assisted living is the ageing in place theory (Chapin & Dobbs-Kepper, 2001). The theory is also consistent with the Maslow's theory because it agrees that these needs must be met. The ageing in place theory suggests that old people can seek the services of assisted living facilities and when they do, they should remain in one assisted living facility (Chapin & Dobbs-Kepper, 2001). Chapin & Dobbs-Kepper (2001) stated that aging in place would only work when the facility adjusts its service provision as residents' needs change. This will prevent the movement of individuals to higher care facilities. Ageing in place comes with advantages such as a sense of attachment and social connection, feelings of security and familiarity in relation to both homes and communities. It also creates a sense of identity both through the independence and autonomy and through the caring relationships and roles in the places where they live (Wiles, Leibing, Guberman, Reeve, & Allen, 2011).

However, there is growing concern about the quality and appropriateness of housing stock for ageing in place, for instance in terms of insulation, heating/ cooling, housing size and design (Chapman, Signal, & Crane, 1999). In addition, according to Fausset, Kelly, & Fisk (2011), older people who 'age in place', have difficulties in performing certain home maintenance tasks. Results of their study showed that old people require people related support rather than environment related support in the quest to perform many maintenance tasks (Fausset et. al. 2011).

In a study by Imamoğlu & Imamoğlu (2006) that explored people's attitudes and preference for assisted living facilities in comparison to nursing homes, it was revealed that assisted living facilities were most preferred. Respondents were recruited from senior resource centers, retired persons' groups, community opportunities clubs for the disabled etc. in the United States. They held the view that assisted living facilities were more homelike as opposed to the institution-like vibe in nursing homes (Imamoğlu & Imamoğlu, 2006). According to Abromowitz & Plaut, (1995), assisted living is a housing model for the elderly that provides both residential and personal services. Assisted living facilities provide basic residential services such as laundry as well as maintenance of a resident's living quarters. Assisted living facilities are different from nursing homes in that, nursing homes provide not only accommodation and basic residential services but offers nursing care and related medical care as well. In nursing homes, these services are provided by people who are licensed to do so. (Abromowitz & Plaut, 1995). Supporting literature such as Wilson (1990), Brummett (1997) and Dobbs (2004) have all concluded that assisted living facilities have homelike settings that make room for attributes such as privacy, individuality and dignity. However, Schwarz (1999) believes that assisted living facilities are "ambiguous, confusing and controversial". In agreement with Imamoğlu & Imamoğlu (2006), assisted living facilities have been also described as difficult to define (Kane & Wilson, 1993) and are "mirror images of nursing homes" (Steinhauer, 2001). Generally, assisted living facilities and nursing homes both have their pros and cons. It therefore leaves the individual to decide which of them best fits the kind of needs they have.

Quality of Life in Care Homes: An Exposition of the Advantages and Challenges of Care Institutions

Care homes are a good option for families who seek a holistic solution to all that old age comes with. For elderly people who patronize long-term care institutions, it is a place where, they hope, their survival is ensured. Entering these homes, helps slow down the rate of deterioration, maintain their residual

capacities, and restore their lost functioning (Nyanguru, 1990). Regardless of how much care institutions have been recommended as a viable solution to long term elderly care, others have expressed grave disapproval for institutional care. Elderly people who live in institutions have been described as disoriented, disorganized, withdrawn, apathetic, depressed and hopeless (Nyanguru, 1990).

According to Townsend (1962), institutions such as nursing homes and assisted living homes reduce one's privacy, restricts one's movements and limits one's access to societal experiences [even if they guarantee a secure environment and responsible round the clock monitoring by caregivers]. In that view, inhabitants of care institutions do not only lack relationship with their families, but their talents go to waste from disuse, thereby causing them to become depressed. Goffman (1961) also criticized the quality of life provided by care homes but from a different perspective. Goffman (1961) claims that the elderly in care homes undergo dehumanization because they are made to do three vital things; sleep, play and work all in the same place (Goffman, 1961). Goffman's argument presupposes that clients of nursing homes are confined and held against their will. The issues raised by Goffman (1961) and Douglass (2016) highlights the potential human rights violations that can be suffered by the poor old who patronize these care institutions because much of the services provided are covert instead of overt.

On the other hand, there have been testimonies by inmates of various nursing homes in the UK that have challenged the negative perception associated with nursing homes (Owen & NCHRDF, 2006). In care homes where the staff is in tune with what customers think and feel, quality of life is improved. According to one in-mate, the staff made her feel important. They saved her life because they helped her live when arthritis and Alzheimer's disease compromised her ability to do certain things on her own (Owen & NCHRDF, 2006). To another, having staff with whom in-mates could develop a strong relationship was enough for her to want to keep living in a nursing home. Being able to maintain one's identity contributes to the quality of life from the perspective of old people. Therefore, some approaches have been suggested to help residents maintain their identity in care homes. They include: finding out individual ambitions and exploring how best to meet them (Tester et al, 2003) and enabling in-mates to decide how to dress and choose the items they will bring into the home (Tester et al, 2003). Other approaches include allowing the in-mates to have control over their personal space (Tester & al, 2003) and getting key people and groups from the local community involved in care home activities (Lewin, 2002). Although Goffman has argued that inmates of homes end up dehumanized, the "Help the Aged" society believes that homes could be ideal if quality of life of inmates is given more attention by incorporating some of the strategies that Tester et al (2003) suggested.

The Way Forward

Many solutions have been recommended to address elderly care needs including community based care. Community based care is a care system where medical, long-term and social care are all concurrently provided in a given community (Tsutsui, 2014). In Japan, this system is defined as 'a system in the community which provides appropriate living arrangements and appropriate social care such as daily life support services in addition to long-term and medical care to ensure health, safety and peace of mind in everyday life'. Community-based integrated care according to Tsutsui (2014) requires the existence of home settings where people can live long and safely, regardless of their income. Okoye (2004) has recommended community-based care as a policy option for Nigeria. She argues that since community based care is geared towards encouraging the elderly to remain at home, it will be culturally more acceptable to Nigerians who tend to believe (as Ghanaians do) that institutionalizing an elderly is equal to abandonment. Okoye (2013) also advocates for more committed government participation in elderly care and foresees an improvement in elderly care if the Nigerian government adopts some of the community-based service models that exist in other countries. Okoye's suggestion clearly makes sense for Ghana as well.

An example of community based care currently being run by Britain is the "hospital-at home". It is a program that allows medical personnel to visit the elderly in their homes. Another example is the 'adult day care center'. There are also programs that pay relatives for providing care to the elderly at home if the elderly chooses to remain at home (Lassey & Lassey, 2001). Okoye (2004) proposed community-

based care because of the benefits that come with it. One such benefit is that community based care provides social and emotional needs that can help to reduce feelings of solitude, boredom and improve quality of life of older people (Gaugler, Jarrott, Zarit, Stephens, & Townsend, 2003). Another benefit is that, it relieves family members from care-giving stress and it reduces absenteeism of these family caregivers from work (Xu & Chow, 2011).

In support of Okoye's (2004) suggestion that community based care is the way forward, Apt (1993) suggests that government intervention is the best solution to prevent a ripple effect of the fall in extended family support on the generations to come (Apt, 1993). In the view of the current authors, however, suggestions of a community based program for elderly care using the existing family group or "abusua" system may not work so well. Proponents suggest contributions by family members during family meetings to a common pot under the management of the "abusuapanyin" or leader of the family group. Although a sensible solution, this system is unlikely to work given the numerous complaints of embezzlements of monies often managed by such "abusuapanyins" for funeral purposes.

From existing literature, recommendations about government intervention have dominated the discussion about the way forward. The absence of the government as a partner in geriatric care can be regarded as problematic because it leaves the issue to individuals and families who due to economic difficulties hardly have the means to take care of the aged. Within this problem lies an opportunity for individuals to set up organizations and businesses to curb long-term care issues in Ghana and similar SSA countries. Therefore a focus solely on government intervention may be short-sighted because it fails to consider what individuals in the private sector can do to help improve elderly care. This study therefore proposes that private Old People's Homes may be a viable solution for elderly care specifically in Ghana.

METHODS

Procedures

This research is exploratory and investigates the plight of elderly care to provide insights to the researcher about possible market-based solutions to long-term managed geriatric care. The research design is largely qualitative, complemented by analysis of quantitative data obtained via questionnaires. Qualitative design is ideal for studies seeking to obtain specific cultural information about the values, opinions, behaviors, and social contexts of particular populations (Northeastern University, 2015).

For data collection, purposive sampling techniques were used. Purposive sampling is a non-probability sampling technique used to identify and select cases that have rich information to make the most effective use of limited resources. This sampling technique allows the researcher to use his own discretion to select participants likely to possess the knowledge and experience in the relevant field of study (Palinkas, et al. 2013). As this research is interested in understanding the views of a specific group of people, the potential care-givers to the elderly, purposive sampling applies since it also helps eliminate respondents that are irrelevant to the research (Lund Research Ltd, 2012).

Using purposive sampling, a sample of 60 current and potential caregivers to elderly parents or relatives were chosen as the sample size for this study. These respondents lived in Accra, the commercial and political capital of Ghana and were either active caregivers or were potential caregivers since they had living parents. The sample were selected from within Ghana's actively employed population. This was based on the assertion that they are the demographic group who are most likely to have the monetary capabilities to pay for the services of the Old people's home. The working population in Ghana falls between the ages of 15 and 65 (Trading Economics, 2015). However, to narrow the scope of the population to enhance effective data collection, the age range between 25 and 59 was used. This range is considered as the active working population in Ghana.

The sample was then divided into 2 equal groups based on whether respondents had more than 9 years of formal education. This decision was made to prevent the data from being skewed towards the views of a group: highly educated or otherwise. Both groups of the sample had 30 respondents. Out of the 30 respondents of each group, 15 were male and 15 were female. This was also an intentional decision made to prevent gender bias. Considering the limited amount of time that was available to spend on the

field collecting data, a sample size more than 60 would have been infeasible due to time and resource constraints. Accra was chosen as the study area because it is the most urbanized city in Ghana and also the most densely populated (Geonames, 2015). While focusing on Accra came along with limitations in terms of the scope of the research, it was a pragmatic economic choice that made it easy to get access to respondents within the target population who may have jobs but still must care for elderly family members. The choice of Accra is consistent with the reality that the problem of elderly care in Ghana is largely considered an urban problem. In the urban areas, majority of families are single units with only the husband, wife and children living together under the same roof. The older parents and aunts of the husband and wife live by themselves. This is different from the rural areas, where there are numerous compound houses, with grandparents, aunts, cousins and the husband and wife living together. In the rural areas, the traditional form of care still works, allowing the elderly to obtain vital care.

Collection and Analysis of Data

For this study, a mixture of close-ended and open-ended questionnaires as well as semi-structured interviews were employed. Questionnaires and interview guides that were used were developed around the research questions. Data was collected within a period of three weeks. Interviews and questionnaires were administered to potential and existing caregivers in offices, markets, shops and the roadside. Interviews were conducted following a brief conversation with respondents, detailing the purpose of the research and summarizing the contents of the interview guide or questionnaire. Interviews were administered only after obtaining respondents' consent. Interviews were conducted on the sub-sample with a lower average level of education first considering they may typically speak limited English and may not be comfortable with filling questionnaires.

Data collected was collated using Microsoft Excel and analyzed using charts and tables. The analysis of qualitative data involves identification, examination, and interpretation of patterns and themes in the data (Pell Institute, 2016). An explanation of how these patterns and themes helped to answer the research questions is included in the results section. In the opinion of the authors, the results of this study are highly reliable as data collected were analyzed with caution. These results are also consistent with the ethical considerations laid down by the Human Subjects Review Committee of Ashesi University College, the home institution of both authors, which has the mandate to ensure Ethical Research Conduct. Respect for the dignity and views of all respondents were prioritized.

RESULTS

Demographic Characteristics of Respondents

Though the target age group for this study was between the ages of 25 and 59, data collected revealed (43%) were between the ages of 36 and 46; 42% of them were between the ages of 25 and 35, while the remaining 15% were within the ages of 47 and 59. With regards to the occupations of respondents in both groups, the group whose highest educational level was Junior High School had low income jobs such as second-hand clothes sellers, taxi drivers and hairdressers. On the other hand, the respondents who had obtained higher education had higher income jobs including employment as bankers, insurance brokers and accountants. Interestingly, and perhaps ironically, despite the different characteristics of the respondents, most of them shared similar sentiments on the topic.

RESPONSES AND ANALYSES

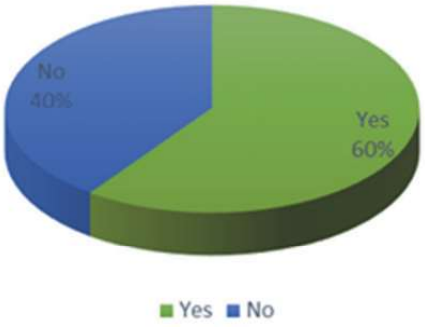
Caring for Elderly Family Members

Prior to asking questions that sought to determine respondents' willingness to patronize Old People's Homes and hence its profitability, the questionnaire tried to find out how many of the respondents were currently bearing the responsibility of caring for an elderly person. As can be seen from fig.1, 60% were caring for an elderly person. Some respondents within the remaining 40% explained that they were not caring for any elderly person because their parents were still strong and able to take care of themselves.

However, the parents were aging so they were potential care-givers. Another reason was that the parents and grandparents had passed away. The views of those who were not taking care of any elderly person now –but potentially could- were also recorded so as to identify the true viability of the Old People's Home in the future.

Given that the population of Ghana is ageing (GSS 2016 and Alidu, Dankyi and Tsiboe-Darko, 2016) it is hardly surprising that 60% of the respondents had an elderly whom they were taking care of but validates the work of Aboderin, (2004). She documents that Africa is one of the parts of the world where the responsibility of caring for the elderly lies on the family. This finding bears out Aboderin's claims.

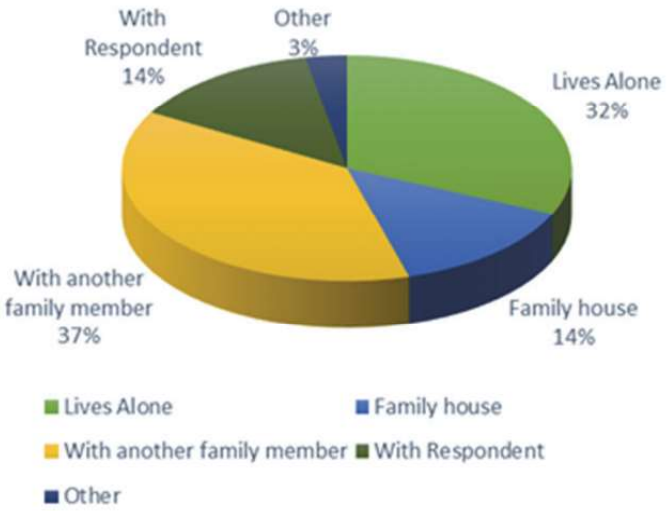
FIGURE 1
PERCENTAGE OF RESPONDENTS TAKING CARE OF AN ELDERLY FAMILY MEMBER



Residence of Elderly Family Members

Another finding that validates the literature and supports the claims of Aboderin, (2004) in the preceding section is figure 1.1. The figure 1.1 shows that a total of 65% of the elderly family members of respondents reside in the company of family, as 37% of them live with family members, 14% live in a family house and 14% live with the respondent.

FIGURE 1.1
RESIDENCE OF ELDERLY FAMILY MEMBERS



Challenges in Caring for the Elderly

There were few challenges expressed by respondents who were currently taking care of an elderly family member. From table 1 below, the major challenges that these family care givers face are clearly 'financial difficulties' and 'bother' by the elderly family members.

TABLE 1
CHALLENGES FACED BY RESPONDENTS

Challenges	Percentage of responses
I have financial difficulties	42
The elderly are too bothersome	17
Other Challenges: • No time to visit the them • Difficulty in monitoring their daily activities/ health • Difficulty in monitoring care takers	17

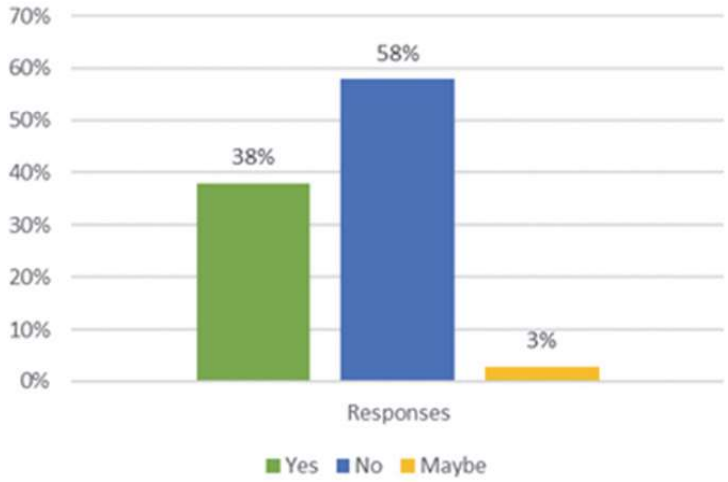
Having 42% of the respondents complain about financial challenges comes as no surprise as Ghana is a developing country where incomes are low on average. The historical real GDP for Ghana has been much lower than $2000 per year, translating into less than $200 per month. For example, the 2015 nominal annual GDP was $1325 or about $110 /month (GSS, 2016). Inflation has been historically high (double digit) although recently declining. It is understandable that the respondents have neither sufficient, nor stable finances to plan how to take care of their elderly family members and finance their own expenditure. 6 of 15 respondents with relatively high-income jobs listed financial difficulty as their challenge. This suggests that even reputable companies are struggling within Ghana's unstable economy hence are unable to pay these workers as much as their job requires. In a respondent's words, she said, "I do not have enough money. Sometimes when I send money to my mother, I am unable to eat. Everything is expensive." This finding also implies that, the idea of the Old People's Home did not appeal to respondents because of general economic hardship. It is likely that responses would be different if this research was done during a period of stronger economic growth.

Discovering that 17%, as shown in table 1 find their elderly "bothersome" is rather surprising from the traditional point of view, but is perhaps, not entirely shocking given the arguments by Apt (1993) and others that the traditional "respect for the elderly" in Ghanaian society is being undermined. By "bothersome" in the Ghanaian context, the respondents mean the elderly are irritating and too demanding. "She is quarrelsome. Even when you do something for her and someone else comes around, she tells the person that you have not done anything" − This was a respondent's comment and this respondent was not happy. . Other challenges that other respondents revealed included their inability to find time to go and take care of their elderly. Another respondent expressed her worry and said, "Sometimes I have to stop work and go and stay with her for a while. It is hard for me because I am married too, and I have to leave my husband and children."

Willingness to Patronize an Old People's Home

It is reasonable to expect that full-time workers unable to physically take care of their elderly, will enthusiastically subscribe to the idea of Old People's Homes but that was not the case. Fig.1.2 reveals that 58% in response to the question, "Would you take your elderly family member to an Old People's Home?" expressed their disapproval for such an action. A number of reasons emerged from respondents' explanation for the decision to not send their elderly to an Old People's Home. 23% of the respondents believed that they must take care of the elderly themselves while 12% of them expressed distrust in the care that would be provided by an Old People Home and so will prefer to care for the old on their own.

FIGURE 1.2
RESPONDENT'S WILLINGNESS TO SEND THEIR PARENTS TO AN OLD PEOPLE'S HOME



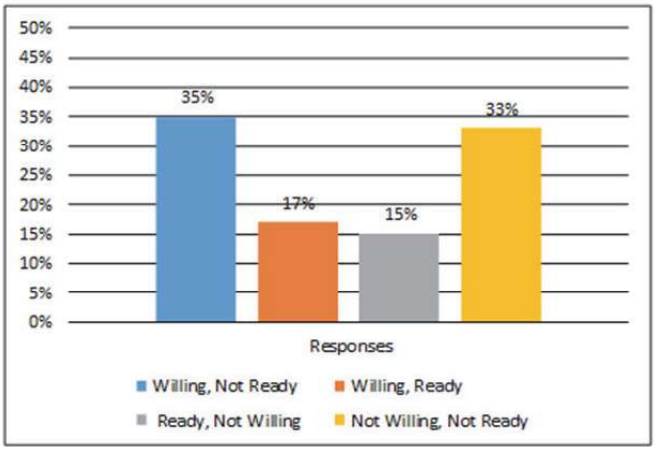
Others also explained that considering how well they know their elderly, they (their elderly) would not want to stay in an old people's home. Below are some explanations given by some respondents:

a. "*I believe nobody can take good care of that relative of mine except myself, but if I'm indisposed, I will employ someone to do that but that will be done in my house.*"
b. "*She is my mother. I need to take care of her. She didn't complain when she took care of me. I can't go and dump her there. The whites have brought this thing. It is not good.*"
c. "*My elderly relative is part of me and I would like him to live on the same compound with me. In the case of accommodation challenges, I will do my best to rent a room for him or her to enable me visit regularly*"

These responses show that Ghanaians are not ready to embrace the idea of Old People's Home which presupposes that a lot of education, marketing and advertising about the benefits of an Old People's home must be done if an Old People's Home is to thrive as a business. Other respondents loved the idea and believed that an Old People's Home can provide better care than others would and that, it will be a great source of companionship for their elderly. They believed that having their elderly in a home will make them live longer because of the companionship available in care Homes. They also reported that, considering that they do not have so much time on their hands to take care of their elderly, they would gladly send their elderly to a home because it would be more convenient. They further explained that it will allow them to focus on their jobs and other aspects of their lives. This was how excited four respondents were about the idea;

1. "*As she grows old, she will get weaker and I will not have time to go and stay with her. So I will send her there so that I can focus on other things, and while knowing that someone else is taking good care of her*".
2. "*He or she will have the opportunity to associate with his/ her age mates and his/her health can be properly monitored there*"
3. "*She can live long because of the companionship she will get from there. Leaving her at home is not a good idea*".
4. "*If my elderly relative will stay at home alone without anyone to take care of him, or even if there is someone who will eventually end up shouting at him or her, then I would prefer the Old People's Home*".

FIGURE 1.3
RESPONDENTS WILLINGNESS TO SPEND MONEY ON A HOME

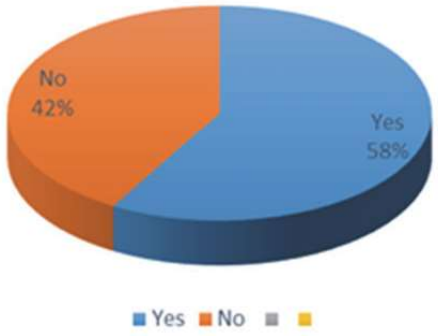


The chart above in Fig 1.3 tries to explain respondents' thought pattern underlying their willingness to patronize an Old People's Home. The results in Fig 1.3 support the finding in Fig 1.2 and make the point that respondents are unwilling to spend money on an Old Peoples Home. Only 17% were ready and willing to pay for the expenses that come with an Old People's Home. A respondent explained that she had a family member taking care of their elderly for free. Another also said that she had hired someone to take care of her elderly mother which was cheaper than what she would have to pay in a home. Based on respondents' complaint about weak finances, it can be deduced that available cheaper alternatives are currently better options to the Old People's Home.

Opinion on Profitability of Old People's Home in Ghana

Respondents shared their personal opinions on whether or not this business will survive in Ghana. Figure 1.4 below shows that majority (58%) held the opinion that the Old People's Home will make money in Ghana, but they advised that it be targeted at the rich.

FIGURE 1.4
RESPONDENTS' OPINION ON THE PROFITABILITY OF THE BUSINESS



The most dominant reason that was given by respondents who thought that an Old People's Home will make money in Ghana was that people were busy and had less time to care for the elderly. They explained that the existence of Old People's Homes will bring relief to busy but wealthy Ghanaians. In the words of a respondent, he said "increasingly, people have less time to adequately act as care-givers for

their elderly relations." They claimed that Old People's Homes were a necessity in today's Ghanaian society because many Ghanaians are becoming more individualistic and hardly care for their elderly. Others further explained that many Ghanaians had hired house helps to play the role of care givers to their elderly. These house-helps and maids were not doing a good job of caring for the elderly and hence the need for Old People's Homes in Ghana. Despite the sanguinity of respondents, however, credible high-end alternatives for elderly care do exist. Coe (2016) has identified the recent emergence of "elder carers" who are neither nurses nor house helps but provide care for the elderly in the home of the elderly. They typically wear uniforms and try to differentiate themselves by providing general knowledge about elderly health (Coe, 2016). It remains unclear whether the Old People's Home is a better alternative to the 'elder "elder carers."

Likely Challenges that will affect the Running of Old People's Home

FIGURE 1.5
POSSIBLE CHALLENGES TO AFFECT THE BUSINESS ACCORDING TO RESPONDENTS

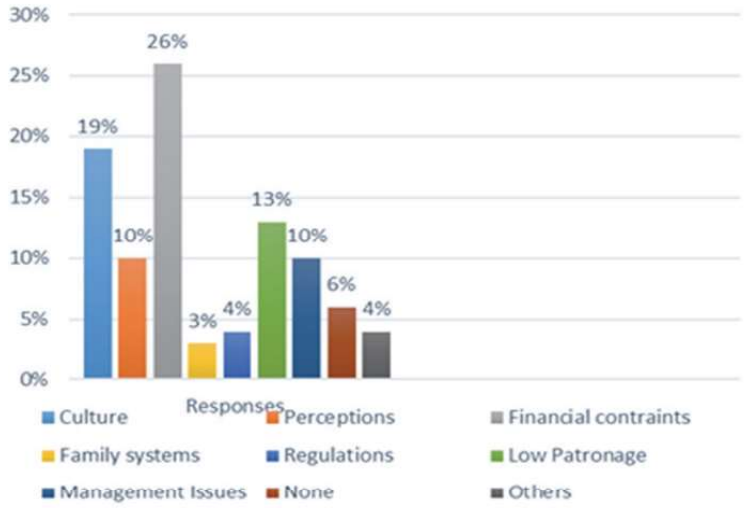


Figure 1.5 reports respondents' personal thoughts on the likely challenges that can affect the running of the Old People's Home as a business in Ghana. The graph shows that most of the respondents (26%) held the view that financial constraints were going to be the biggest challenge in running the business here in Ghana. Respondents said that financial constraints on the part of Ghanaians are going to translate into inability to pay for the services of the home. They explained that this is likely to cause patronage of the home to be low. Others explained it from the perspective of the entrepreneur and said that raising funds in Ghana for the business will be very difficult as cost of borrowing was among the highest in the world. Again, it was widely held that culture is going to be a barrier that will prevent Ghanaians from being attracted to the services of a home.

Respondents' opinion was that Ghanaian families feel obligated to take care of their elderly themselves. However, they explained that if the people are educated about the existence of homes and the benefits of their services, patronage may improve. The issue of culture which respondents believe will in turn cause patronage to be low is directly linked to the point that perceptions may be the obstacle. Respondents held that it will take time for Ghanaians to get used to the idea.

Management challenges is another pertinent issue that was raised by respondents. Respondents felt that getting good and compassionate workers to work in the home will be hard for entrepreneurs. They

likened this to the uncompassionate nature of nurses in Ghana. They said that finding compassionate workers who would not mistreat the elderly can be a great challenge in this business. The implication of this finding is that if professionally trained nurses are hired, the problem of finding compassionate workers will be reduced. However, it will greatly increase the cost of care provided by the Old People's Home.

CONCLUSIONS

Respondents' opinions suggest that attitudes and cultural beliefs of Ghanaians will undermine patronage of homes in Ghana. Hence, it seems fair to say that majority Ghanaians are most likely not in favour of sending their parents to an Old People's Home. The discovery that there are still an encouraging proportion of respondents that love the idea of a home and are willing to patronize it, infers that there is a moderate demand for Old People's Homes in Ghana. In fact, even among respondents that held negative views about patronage, when asked whether an old' people's home will make money, majority of the respondents said yes as the Old People's Home would naturally attract richer folks with high willingness to pay.

The results therefore imply that, all things being equal, an Old People's Home in Ghana will only be profitable if it is targeted at a specific group of Ghanaians; that is those who have a positive mind-set about such homes and are financially well-off. It is reasonable to conclude, though not assured that Old people's Homes will be most profitable in the years ahead when people's attitudes change and more people become convinced that the Old people's home is a good idea.

Again, it is reasonable to conclude that considering the negative perceptions that most Ghanaians have of Old People's Homes, advertising and marketing expenditure would have to increase to get Ghanaians to patronize the Homes. This will increase costs and undermine profitability. Overall, this research suggests that patronage will be the biggest challenge in setting up an old people's home in Ghana. Entrepreneurs who would like to set up an Old People's Home should not target the average Ghanaian but should focus on the group of high-earning Ghanaians who are willing to cater for their elderly at all cost. Such people will not mind paying for a premium home service. Marketing strategies should be directed at this customer base for maximum returns. Also, whoever intends to set up this business should ensure that service provided is of high quality. This will help change the mind-sets of the majority Ghanaians who believe that care provided by homes cannot be trusted. The service provided must be able to prove that Old People's Homes are better than other alternative means of caring. Finally, the government of Ghana can set up subsidized homes that require cheaper fees or are free. Such homes will attract Ghanaians whose reason for not liking the idea of Old People's Home is 'financial incapability.'

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