

SOCIO-ECONOMIC CHARACTERISTICS OF CAREGIVERS OF THE ELDERLY AND THE RELATED CARE RENDERED IN WINNEBA OF GHANA

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ABSTRACT

The study investigated the socio-economic characteristics of caregivers of the elderly and the related care rendered in Winneba of Ghana. The phenomenological research design was used for the study to uncover lived experiences of caregivers of the elderly. An unstructured interview guide was used to gather the data from fifteen caregivers who were purposively selected for the study. Responses were transcribed and analysed using atlas-ti software. The findings showed that caregivers involved in the study were aged between 15 and 65 years with 14 of the participants being female. Caregivers perform multiple tasks such as working and catering for their families alongside caregiving. The caregivers were mainly relatives of the care receivers who provide informal care ranging from two or more activities of daily living to instrumental activities of daily living. It was concluded that caregiving in Winneba assumes an informal type and caregivers mostly undertake cooking, washing, and administering of medication. It was therefore recommended that married female caregivers must be given some support by other relatives because they have to consider caring for their own families, parents, or elderly relatives alongside their jobs which might be very tedious.

Keywords: Caregiver, Care-recipient, Elderly, Activities of daily living (ADL), Instrumental Activities of daily living (IADL).

INTRODUCTION

The elderly will always need some kind of support from a caregiver either formally or informally because of the ageing, physical and health challenges that they go through. It is projected that there will be a world population of 9772 million in 2050, with 16% of individuals being aged 65years or older (Kong, et al., 2019). Meanwhile, the aging population will develop to varying extents in different countries. The percentage of elderly people aged 65years and above in the more-developed countries is projected to reach 27% in 2050, up from 18% currently, while the

percentage of older adults in less-developed countries is projected to double to 14% by 2050 (Do, Cohen & Brown, 2014). This means that there would be a need for more caregivers to support these elderly people who may not be able to take care of themselves. Caregivers will continue to play an important and valuable role in our lives as they provide this support ranging from *activities of daily living* to *instrumental activities of daily living*. However, the maintenance of such responsibility can result in caregiver stress, leading to negative physical and mental health consequences including loss or reduction in employment and decreased quality of childcare and marital relationships (Do, Cohen & Brown, 2014).

Mostly, the quality of care provided, level of caregivers' stress and other challenges they face in rendering caregiving to their care recipients are mostly as a result of their socio-economic characteristics such as being a woman, age, marital status, financial status, occupation, educational level as well as the type of care their care recipient might need (Govina, et al., 2015). Women in most developed countries are more frequent caregivers, they provide care at higher intensity, and experience higher social pressure to provide care (Carmichael, Charles & Hulme, 2010). This is similar to African families whereby traditionally, women, especially daughters and daughters-in-law, take responsibility for caring for older adults even for Asian-Americans, making them particular research interest, leading some studies to focus only on female care provision (Casado & Sacco, 2011; Johnson & Lo Sasso, 2006; Kotsadam, 2011). Women in Ghana are the sole and primary caregivers of their children during their reproductive period and extend the caregiving role to parents, spouses and grandchildren during their middle age stage. According to the 2019 data from the China Statistics Bureau, females are 2.8 and 1.3 times more likely than males to do housework and care for older people, respectively. Married females, in particular, deserve more attention because this group has to consider not only the care of their parents but also the responsibilities of taking care of their parents-in-law, as well as the pressures of taking care of their own families and working (Wang, *et al.* 2021).

According to the National Alliance for Caregiving and American Association of Retired Persons (2009), most family caregivers of older people are themselves elderly and the average age of those caring for someone aged 65years and above is 63years. Research conducted by the National Alliance for Caregiving and AARP in America in the year 2012 revealed that an estimated 44 million Americans aged 18 and above provide unpaid assistance and support to older people and adults with disabilities who live in the community. Edwards (2015) stated that 44.0% of caregivers who are in the age bracket of 45-64years are more, yet, there are millennials (45<) who are equally taking care of spouses and relatives. Becoming a person's caregiver significantly changes one's relationship with the person whether they are their parent, spouse, friend, or otherwise related to the care receiver. Research has shown that 72.0% of unpaid caregivers cared for a parent, step-parent, mother-in-law, or father-in-law, and 67.0% of caregivers provided for someone age 75years or older (Organisation for Economic Development, 2013). When potential caregivers are of working age, the time used for informal care competes

with that for paid work, meaning that the opportunity costs of informal care are often associated with paid employment (Becker 1965 cited in Bauer & Sousa-Poza, 2015). They, therefore, examine the evidence of a link between informal care and employment decisions and strive to identify which characteristics of the care arrangement matter and to what extent informal care affects caregiver employment.

The socio-economic characteristics such as being a woman, being younger in age or elderly, being the care recipients' spouse, having a lower socioeconomic status, being unemployed and lacking personal and/or social needs are associated with the kind of support provided and caregiver's burden. Caregivers' burdens end up affecting the type and quality of care given to the elderly. As such, the burdens that caregiving presents are multiple and often contribute to guilt feelings, worry and grief because they were not able to perform their task to expectation (Yakubu & Schutte, 2018). Despite the fact that informal caregiving has its own set of difficulties, including a lack of professionalism, role conflicts, little time for social activities, and financial burdens, it is mostly carried out by elderly women in Winneba, the study area, who are already battling with the difficulties of aging, such as declining physical stamina, financial insecurity, difficulty with daily tasks, and mobility. Although many researchers have researched on socio-economic characteristics of caregivers and how they pose challenges to them and their care recipients, less has been done on how the socioeconomic characteristics of these caregivers influence the type of care they render. The inadequate research on socio-economic characteristics of caregivers of the elderly and their influence on the type of care given in Ghana means that uncertainty exists regarding the extent of care needed, types of support received and burden of caregiving in Winneba. The information about the socio-economic characteristics of elderly caregivers may assist policymakers and other stakeholders to design appropriate training programmes for caregivers in Winneba. This study was therefore designed to investigate the socio-economic characteristics of caregivers of the elderly and the related influence on the care types they render in Winneba.

Objective of the study

The study;

1. identified the socio-economic characteristics of caregivers of the elderly in Winneba
2. examined the types of care given to the elderly by their caregivers

METHODOLOGY

A qualitative research approach and phenomenology research design were used to investigate the socio-economic characteristics of caregivers of the elderly and the related care rendered. The population for the study was caregivers of the elderly within Winneba Township. Purposive and snowball techniques were used to select the sample size. The purposive sampling technique was used to select the initial five caregivers who assisted through snowballing to get the additional

ten (10) participants. A sample size of fifteen (15) caregivers was used for the study. This satisfied the proposal made by Crouch and McKenzie (2006) that less than 20 participants in a qualitative study help a researcher build and maintain a close relationship with the participants and thus improve the ‘open’ and ‘frank’ exchange of information. An unstructured interview guide was used to gather data for the study. Data gathered through interviews in Fante (a local language), were analysed using Atlas ti version 7

FINDINGS AND DISCUSSIONS

Table I: Personal Characteristics of Caregivers of the Elderly

Age of Caregivers			Gender			Marital Status			Children of Caregivers			Ages of Children of Caregivers		
Years	F	%	Sex	F	%	Status	F	%	No. of Children	F	%	Age	F	%
15 – 24	2	13.3	Male	1	6.7	Single	3	20	None	5	33.3	1 – 9	3	17.7
25 – 34	2	13.3	Female	14	93.3	Married	5	33	2	4	26.7	10 – 18	5	29.4
35 – 44	1	6.7				Divorced	4	27	3	1	6.7	19 – 27	4	23.5
45 – 54	2	13.3				Widowed	3	20	4	2	13.3	28 – 36	3	17.7
55 – 64	5	33.3							5	3	20	37 – 45	1	5.9
65 +	3	20										46 – 56	1	5.9
Total	15	100		15	100		15	100		15	100		17	100

Source: Field Survey, 2018

Age of caregivers

Regarding the ages of caregivers under the socio-economic characteristics, 66.6% of the caregivers were above 45 years old (Table I). This implies that caregivers of the elderly in Winneba Township were mostly adults. It also came out that two participants representing 33.3% were within the age bracket of 15-24. Surprisingly, one (1) of the caregivers in the age bracket of 15-24 years was a 15-year individual, an adolescent who is expected to be a care recipient herself. Levine *et al.* (2005) also mentioned that although caregivers are predominantly middle-aged or older, there is growing recognition that even children can take up the role of a caregiver. From the interactions during the data collection, it was also revealed that adolescents and participants who were 65 years and above were not able to provide all the necessary support their recipients might need because they were supposed to be care recipients based on their socio-economic characteristics such as being unemployed and aged. Participants who were aged 65 or above complained of regular fatigue and illness which are associated with ageing, therefore, the intensity of care given to the care recipient is likely to be low. The 15-year-old participant

disclosed not having much time for studies and friends which indicate that the participant's social behaviour and school performance are likely to be affected. The outcome of the study agrees with the National Alliance for Caregiving and AARP (2015) that the average age of caregivers was 49.2 years old with about 34.0% being over 65 years old.

Gender

Majority (93.3%) of the respondents were females. (Table I). Women in Winneba are multiple primary caregivers who take care of their children, grandchildren, spouses, parents as well as in-laws. Sometimes, women who are of childbearing age leave their children with their mothers, who are caregivers of the elderly, and go for greener pastures leaving these women with multiple roles to perform as caregivers. This is therefore likely to affect the type of support they would render to elderly care recipients because it will increase the caregivers' burden and the intensity of care given is likely to be low. The finding also agrees with the proposal from the National Alliance for Caregiving and AARP (2009) as cited in Sharma, Chakrabarti and Grover (2016) that, not only is the majority of informal care provided by family members, but the majority of family-caregiving is also carried out by women.

Marital status

Results in Table I indicate that 47.0% of the caregivers had been married before while 33.0% were married. This implied that the married caregivers had multiple responsibilities of caring for their elderly care recipients, children as well as their spouses. This finding affirmed the statement made by Wang *et al.* (2021) that "married female, in particular, deserve more attention because this group has to consider not only the care of their parents but also the responsibilities of taking care of their parents-in-law, as well as taking care of their own families and doing their jobs". From the interview, it came up that these married caregivers were giving more attention to their children and spouses than the elderly care recipients. It was established that those who were not married had more time and gave much attention to their care recipient than those who were married and had children. It is unfortunate that these unmarried caregivers equally deprived themselves of social activities. During the interview, a participant boldly said that *she has no social life and has had many broken relationships because she could not leave her care recipient at home to attend any social gatherings and socialize*. This confirms what Gibbons, Ross and Bevans (2014) said: "there are social changes with a shift from usual participation in life activities to a focus on the challenge of being a caregiver".

Children of Caregivers and their ages

Most (66.7%) of the caregivers had children (Table I). The ages of these children were between the ages of one (1) and 56 years. Participants with children between the age bracket of one (1) and 27 years were of interest to the researchers because these caregivers are more likely to take up multiple caregiving roles which can make the caregiver give more attention to one recipient than others. This indicates that participants with children of that age are likely to take care of

these children, spouses as well as care recipients. Though children in the age bracket of 19 and 27 years were within the early adult stage where they were supposed to be working to earn an income to support the family, it was not the case. The economic situation in Ghana is such that people in that age bracket were usually not in any good employment and were being cared for by their parents. This finding agrees with the assertion of Thang and Johan (2017) that the competing interests and demands of care for dependent elderly weakens relationships between caregivers and their children which reduces the number of contacts due to guilt arising from the failure of filial responsibilities. Caregivers are therefore likely to be confronted with some challenges in the performance of their multiple caregiving roles by taking care of their children as well as the care recipients.

Table II: Socio-Economic Characteristics of Caregivers of the Elderly

Education			Occupation			Relationship with Care-Recipients		
Level	F	%	Type of work	F	%	Relationship	F	%
Tertiary	3	20	Fisher-folks	5	33.3	Grandchild	3	20
Secondary	4	26.7	Unemployed	4	26.7	Sibling	2	13.3
Technical	1	6.7	Teachers	2	13.3	Friend	1	6.7
Vocational	1	6.7	Traders	2	13.3	Spouse	3	20
JHS	1	6.7	Student	1	6.7	Children	6	40
None	5	33.3	Retiree	1	6.7			
Total	15	100		15	100		15	100

Source: Field Survey, 2018

Education

Touching on their level of education, 66.7% of the respondents had one form of formal education (Table II). Though this is quite impressive, it was to be expected since there is a national policy on free education at least to the Junior High School (JHS) level, which since 2017 had been extended to the Senior High School level. During the interview, it was established that caregivers who had formal education felt more in control to provide support and were able to plan ahead

better than those who had no education. Owing to their level of education, some of the participants were able to administer drugs to their recipients with no difficulties. One participant said and I quote *“Even though I am not a nurse, I can give injections to my diabetic mother every fortnight”*. Gibbons, Ross and Bevans (2014) affirm the assertion by saying that the confidence of the caregiver concerning their caregiving role is linked to the illness status of the care recipient and the caregiver's knowledge and skills in addressing care recipient needs.

Occupation of participants

Regarding the occupation of the participants as shown in Table II, 33.3% of the respondents were fisherfolks, two (13.3%) each were teachers and traders respectively. It also came up that one (6.7%) each being student and retiree respectively with four (26.7%) being unemployed. The unemployed, student and retiree had no major source of income and had to depend on other relatives for financial support to take care of the care recipients. Majority (60.3%) of the caregivers, were engaged in one occupation or the other, therefore caregiving was not the primary occupation of these caregivers. During the study, one participant who is a teacher said, *“I have to lock up my grandmother in the house when going to school when there is nobody to take care of her, and I will come back from school around 3 pm before the door will be opened.”* By this, it was deduced that this caregiver has been depriving the care recipient of emotional support by making her feel lonely. It is also evident that caregivers' time used for paid work will compete with that of caring for the elderly and this will influence the type and quality of care rendered to the elderly. Even though the caregivers who were engaged in one occupation or another were able to support the recipient financially, they were not able to provide other needs such as emotional support that could help bring relief from stress and heal an ailment such as depression of care recipients. A proof of the statement by Bainbridge and Broady (2017) that incompatibilities between work and care roles create inter-role conflict that can degrade day-to-day effectiveness in one or both roles.

Relationship of Caregivers to care-recipients

As shown in Table II, in bringing out the relationship of the caregivers to the care recipient, 40.0% and 20.0% of the respondents were spouses and children of the care recipients respectively, while 20.0% were grandchildren of the care receivers. With this outcome, it was established that caregivers were mainly children, grandchildren and spouses of care recipients. This, therefore, made the type of care being rendered informal. It was also revealed that caregivers see the caregiving role as a form of reciprocity whereby they were taking care of their parents because the parents also took care of them when they were young. Informal caregivers are usually relatives with no professional training and not paid for services rendered, yet they offer caregiving with passion. This finding reiterated what the survey research by the Organisation of Economic Development (2013) established that 72.0% of unpaid caregivers cared for a parent or a relative by providing informal care. Florida Policy Exchange Center on

Aging, (2020) also supported these findings by echoing that care recipients' relationship type was identified as parents, other family and friends.

Table III: Age of Care Recipient

Ages of Care-Recipients		
Ages	F	%
70 – 74	3	20
75 – 79	2	13.3
80 – 84	6	40
85 – 89	1	6.7
90 – 94	2	13.3
95 & above	1	6.7
Total	15	100

Source: Field Survey, 2018

Majority (74.0%) of the care recipients were aged between 70 and 84 years (Table III). The ages of the care recipients were gathered to give an idea of the age bracket that caregivers were catering for and confirm how elderly they were. The elderly at a point in time would not be able to function properly without help as a result of physical and/or cognitive deterioration. It was also confirmed that the recipients needed one help or another due to functional limitations ranging from ill-health to natural weakness that goes with ageing. Freedman and Spillman (2014) attest to this finding that between ages 85 and 89 years, more than half of older adults receive a family caregivers help because of health problems or functional limitations. This means they needed caregivers to offer assistance or support them with some of the Activities in Daily Living (ADL) or Instrumental Activities in Daily Living (IADL).

Table IV: Types of Caregiving

*Duty	Frequency	Percentage
Cook	14	93.3
Wash clothes	15	100
Fetch water	5	33.3
Bath care-recipient	7	46.7
Change diapers	6	40

Give medicine	6	40
Send care recipient to hospital	5	33.3
Feed care-recipient	4	26.7
Dress-up recipient	7	46.7
Laying of bed	5	33.3
Accompany care-recipient everywhere	1	6.7
Send the recipient around in a wheelchair to enable him/her to enjoy the fresh air.	2	13.4

Source: Field Survey, 2018

Types of caregiving

As presented in Table IV there were different duties that were undertaken or offered by caregivers within Winneba for their care recipients. From the table, most of the duties under the ADL and IADL were undertaken by between five (5) and seven (7) participants. All (100.0%) and 93.3% of the respondents cook and wash the clothes of their recipients respectively. Duties or supports such as laying of beds, giving medications, changing diapers and other duties mentioned by the participants during the interview confirmed what Thang and Johan (2017) enumerated, that, the common daily tasks undertaken by informal caregivers include going to the market, cooking, undertaking household chores such as washing, and cleaning and ensuring that dependent elderly take medication. It was also established that caregivers in Winneba provided an informal type of care to their recipients by supporting them with the activities of daily living (ADL) and the instrumental activities of daily living (IADL). These supports provided were mostly unprofessional because they have not been given any training on how to care for the aged so they are likely to affect the quality of care provided to their care recipients. This statement reiterated what Cross and MacGregor (2010) established that the quality of care provided by informal caregivers may be poor relative to what a professional caregiver could provide, but the low cost alongside socio-cultural norms means that it still remains the most popular option of caregiving.

CONCLUSION

Middle-aged females dominate caregivers of the elderly in an informal way seeing it as an obligation and reciprocity. Socio-economic characteristics like occupation was dominated by non-formal jobs as traders and fishmongers. Other social factors such as marital status and education were seen to have influence on caring for the elderly through service such as cooking, washing and administering of medication.

RECOMMENDATIONS

The study recommended that,

1. married female caregivers must be given some support by other relatives because they have to consider caring for their own families, parents or elderly relatives alongside their jobs which might be very tedious.
2. access to education, at least basic level, will be beneficial, to assist caregivers to undertake their duties diligently.
3. caregivers must be given some form of training on the activities of the daily living (ADL) and instrumental activities of the daily living IADL since most of the supports elderly care recipients require are within them.

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