

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 the Ghanaian government, like many other governments in Africa, is not making sufficient efforts to cater for the needs of the elderly. This study proposed the “Old People’s Home” as a solution to the increasingly relevant problem of long-term, managed, geriatric care and investigated whether such a solution will be viable in Ghana. The context of Ghana is pertinent, given its historical traditional mode of elderly care which is common in Africa and because Ghana’s economy has improved slightly in the last two decades. This makes an ex ante prediction of acceptance of a market based care solution pre-mature, given entrenched traditional beliefs and the likely resistance to change in methods of care characteristic of a prospering population.

With regards to the study design, in addition to reviewing available published research on the subject matter, a qualitative research design was designed and executed – complimented by analysis of quantitative data - to answer the research question.

Findings indicate that majority of the respondents did not want to patronize “Old People’s Homes” as a result of their attitudes, cultural beliefs and inability to afford such a service due to general current prevailing economic hardship, albeit recent. It is possible for the “Old People’s Home” to be viable if Ghanaian’s views about care homes change and demand for the service increases. However, given the difficulty in attracting customers, and in altering people’s often long-held, traditional views about what constitutes “socially acceptable and appropriate care for the elderly”, the study finds evidence against such a venture in the short term.

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Chapter 1: Background

Compared to the developed countries like the United States, United Kingdom, Japan and Germany, the concept of establishing institutions that cater specifically for the physical and health needs of the elderly in society is quite new to Sub-Saharan African (SSA) countries (Douglas, 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. In theory, this is still the case but the once dominant traditional model of elderly care is losing its shine among Africans as modernization and globalization takes root on the continent.

In the traditional model, such as found in Ghana, extended family members support the elderly in the family when the latter grow too old and weak to cater for themselves (Walker, 2011). It appears though that globalization, modernization, and expanding female labor force participation are presenting real challenges to traditional beliefs and posing serious problems for the sustainability of elderly care via the traditional model in Africa (Apt, 1993). Other efforts such as the implementation of National Health Insurance (NHIS) policies, supposed to provide more access to healthcare for the elderly care are largely moribund, plagued by management challenges, often rooted in government corruption.

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 and is considered 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 population growth rate of about 2.13% (GSS, 2016) heavily influenced by increasing urbanization and in-migration into the cities.

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 Douglas, 2016). This is because in such situations, it cannot be taken for granted that the old will receive adequate via the traditional model. Ghana's elderly, 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

(Douglas, 2016, pp 5).” This poses significant downside risks to the quality of life of the aged post-retirement making long term care for the elderly an important concern.

At the moment, in Ghanaian society, the responsibilities of children towards their parents in old age is clearly spelt out. 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). This saying is steeped in culture and has over the years inspired many Ghanaians to develop positive attitudes towards caring for the elderly.

This culture of caring for the aged in Ghana is, however, fading with time in the urban areas like Accra, Ghana’s capital, as westernization and pressure on time for education and work have moved the younger generation from family houses. 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 even in traditional African societies like Ghana. Popular among these institutions and significant to this research is the “Old people’s Home”.

The “Old people’s Home” is also known as a “*Nursing home,*” “*Home for the Elderly*” or an “*Aged home.*” These names are often used interchangeably in the literature. 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).

Although, it can be argued that home care for the elderly delivered to the doors step on an “as needed basis” to the elderly by nurses could be a viable option for long term managed care in Ghana, we ignore that option for now due to likely higher costs. Another option for elderly care requires nurses to stay with the elderly in the latter’s house full time and take care of the old person’s health needs. Both options could be more socially acceptable in Ghana than the Old People’s home. However, the latter option is likely to be substantially more expensive than the first. We therefore focus for the purposes of this paper on investigating the viability of the Old People’s Home idea as a business in Ghana.

Historically, Old' people homes first emerged in the USA after the industrial revolution in the 18th and 19th century which brought many people to the cities and destroyed the extended family support system (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 enrol 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 are allowed to freely live (Merriam-Webster, 2015). The few religious institutions for the elderly that existed 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 behaviour to be residents in religious institutions for the elderly. Inability to meet such requirements left impoverished old people to turn to alms-houses (Brown, 2015 & FATE, 2016). Living in alms-houses was characterized by abandonment, disgrace, poverty, loneliness, humiliation, and degradation (Brown, 2015).

The Federal government of the United States of America instigated the elimination of alms houses after these alms houses gained a negative reputation of horror and abuse (FATE, 2016). Inspired by the pressure from pension advocates, the government through the social security legislation in 1935 barred inmates of alms-houses from receiving their pensions while inmates of the few religious homes were not barred from receiving pensions (FATE, 2016). The 1935, social security act created a situation where unless an old person was in one of the religious homes or lived independently, they were deprived of their pensions (FATE, 2016). This government's intervention deterred old people from patronizing alms-houses as the old did not want to give up their pensions.

The exodus of the elderly poor from alms houses exposed the fact that while pension advocates were lobbying for sustained and reasonable pensions for the elderly, they failed to realize that old people needed more than financial support to survive. They did not anticipate that, in fact, monthly pensions alone were not going to solve the problem of elderly care (FATE, 2016). Rather, as advocated by Homer Folks what old people needed was nursing or medical attention.

By 1954, new legislation including the Medical Facilities Survey and Construction Act of 1954 allowed institutions for the neediest old people to be established. Public and private nursing-home residents were granted federal support for their assistance (FATE, 2016). More private old peoples' homes began to spring up in the USA to care for the elderly as the almshouses folded up (Legal, 2015; Brown, 2015).

In comparison to the historical account of Old people's care in the USA, caring for the elderly in Ghana, and in SSA in general, was not an issue that needed serious attention in the past. The traditional model of care was doing an adequate job in securing care for Ghana's elderly. However, the situation has changed because the extended family support system which was strong and supported the aged is now weakening (Apt, 1993). In particular, certain factors including the ageing of Ghana's population, improved life expectancy and the changing roles of women have all contributed to the current problem of inadequate and ineffective elderly care.

Traditionally, women are expected to perform roles such as carrying out household chores and caring for children and the elderly in the family (Our Africa, 2015). Such roles have served as limiting factors in women's ability to take on paid jobs (Our Africa, 2015). Recently, these roles have changed as many women are taking up government positions and challenging jobs (Our Africa, 2015). There are fewer women staying at home to cater for the elderly these days especially in the cities.

Presently, Ghana's youth on whom the elderly depend, tend to shun the old in their families. Some do this intentionally, others do so inadvertently because of other issues such as financial constraints and lack of contact with their elderly members (Apt, 1993). There is also the issue of increasing rural-urban migration in Ghana that has led to the abandonment of Ghana's elderly in the rural areas (Sakyi, 2014). However, elderly care is considered an urban problem, because majority of the working population are more likely to be in formal employment leaving no one at home to care for the old.

To effectively tackle the issue of elderly care in Ghana, the existing statistics on Ghana's elderly population must be analysed and discussed 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 (and increasing) compared to its neighbours.

Ghana's population structure has also changed over the years in a way that is consistent with the Demographic Transition theory.¹ The Demographic Transition model is a four-stage model that is used to describe the changing pattern of mortality, fertility and growth rates as societies move from one demographic regime to another. Simply put, it describes the movement from high birth and death rates to low birth and death rates as hither to agrarian societies experience sustained economic growth (Pappiussp.org, 2015).

Currently, Ghana is transitioning from the 2nd stage of the demographic transition which is characterised by high birth rate and low death rate to Stage 3 where birth rate declines and death rate continues to fall (Davies, 2014). This is evident in Ghana's birth rate records. Records show that Ghana's birth rate fell from 31.7 births /1000 in 2013 and to 31.4 births /1000 in 2014 (Mundi, Demographic Birth rate: Ghana). The 2015 estimate revealed that Ghana is ranked 38th in the world with a birth rate of 31.09 births /1000 population (CIA, 2015).

The current birth rate of Ghana may be considered high when compared to that of developed countries such as the United States of America and Germany whose birth rates are 12.49 births /1000 and 8.47 births /1000 respectively (CIA,2015). Nevertheless, Ghana's birth rate, in comparison to that of developing countries like Nigeria, Zambia and Burkina Faso whose birth rates are 37.64 births /1000, 42.13 births /1000, 42.03 births /1000 (in that order) is regarded as low.

Ghana's death rate on the other hand is estimated to be 7.22 deaths /1000 population (CIA, 2015). Evidence of the fall in Ghana's death rate is seen in the decline (albeit modest) of 2013's death rate of 7.53 deaths /1000 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 provide evidence to back the claim that, Ghana's population is living longer, making the problem of geriatric care for Ghana all the more pertinent going forward.

¹ See Todaro, 2006 for an exposition of the demographic transition theory

Out of Ghana's total population of 25,758,108 as per the 2014 estimate, the population aged 54 years and over was 2,287,816 representing 9% of the population (Index Mundi, 2014). Furthermore, according to the 2010 population census, the population of the elderly grew by 87 % between 1960 and 2010 (GSS, 2013). These statistics support the assertion that Ghana's population is living longer and will in all likelihood live even longer in the future.

On the other hand, the corresponding state institutions responsible for caring for the elderly population in Ghana have been growing at a rather slow rate if at all. This situation clearly does not bode well for meeting the care needs for the elderly in Ghana. This is because, though the proportion of the population considered elderly is increasing, the government does not seem to be addressing the needs of the aged. Given the situation how can the private sector contribute and does the "Old People's Home" constitute a profitable market-based option for provision of managed long term elderly care in Ghana. This paper discusses the related issues in detail.

In December 2011, Ghana's Ministry of Employment and Social Welfare launched an aging policy. However, Ghana is presently still battling with the problem of caring for the aged as there is obviously no concrete implementation plan for this policy (World Health Organization, 2014). Currently, there are 3,217 health care facilities that provide citizens with general health care (Ghana Health Service , 2010). In correspondence to the stated number of health care facilities, the overall doctor to patient ratio as at 2013 was 1 (one) doctor to 10,170 citizens (Quaicoe-Duho, 2015). This ratio is alarming, and undermines the ability of each citizen to enjoy quality healthcare.

Unfortunately, only about six of these institutions, all of which are privately-owned, cater solely for the elderly in Ghana. Each of the institutions is located in the Greater Accra of Region. Even when we focus on Accra, the oligopolistic market structure of the "old age care" sector suggests that prices will include significant premium above the competitive price. While that signals profitable opportunities for potential new elderly care providers what this means for poor old people is that, they are unable to benefit from the special care that these few institutions provide because they cannot afford to pay for their services.

As at 2010, 54.2% of the elderly population lived in the rural areas (GSS, 2013). This 54.2% of the elderly population struggle to gain access to the general healthcare and geriatric care institutions because there are non-existent in the rural areas where they live. Although the extended family system is stronger in the rural areas where old people do get care, for

those without the support of an extended family, things can be very tough. The deprivation of rural elderly of elderly care institutions is very unfortunate. However, they are not the focus of this paper. This paper will focus mainly on investigating the Old People's Home as a viable business in Accra because, the demand for old age care as a service is more or less an urban problem in Ghana.

Considering that Accra is the capital city of Ghana, where people on average earn higher incomes, old people's homes are more likely to be commercially viable in Accra than in rural areas. From the perspective of some entrepreneurs, capitalizing on the failure of the government of Ghana to implement effective policies on ageing may seem like an ideal business opportunity in Ghana. Other entrepreneurs may shun this idea on moral grounds given poverty among the elderly in Ghana and the ethical issues of exploiting the poor old.

Despite the respite that the Old People's Home can give the working young that have responsibility for taking care of the elderly, issues of culture and other factors may undermine the ability of old people's home to survive as a business in Ghana because they undercut demand for the homes: hence the need for this study. This paper therefore attempts to answer the question of whether an old people's home will be profitable in a country like Ghana where the concept of family and culture are held in high esteem.

Recently, elderly welfare has gained prominence in the Ghanaian media with a plethora of statistics pointing to the fact that Ghana's population is clearly aging. This research is timely as it sets out to serve as a reliable reference point for the government and citizens of Ghana in making decisions relating to the welfare of old people.

Chapter 2: Related Literature

2.0 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 (Douglas, 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 considered to be 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 Mexico, the strength of family relationships contributes significantly to elderly care given the paltry support that the government provides for the elderly. With a background in Confucianism, the country considers caring for the elderly, the sick and the poor as a social responsibility of the family (Tong, 2009). The concept of filial piety in Confucianism requires that children respect their parents and reciprocate the care they received from them (Oxnam & Bloom, 2015). Reciprocity emphasizes mutual responsibility between parents and children.

In Sub-Saharan Africa, most people largely depend on the extended family for elderly care (Aboderin, 2004; Apt 1993). The idea of familial responsibility, in a similar manner to the Mexican situation as espoused by Tong (2009), is once again the reason why families in this region cannot escape the duty of elderly care. 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 also gave some respite to elderly Ghanaians, is struggling to manage the NHIS, leaving the old particularly vulnerable.

Tout's book, *Elderly Care, A world perspective*, a number of researchers shared their research findings on the topic, using their home country as their standpoint. Apt (1993) established that in Ghana, the duty of elderly care rested on the extended family until modernization and migration increased and undermined this arrangement. These same factors have now deprived the older Ghanaian citizens the assurance of constant care from family members. As at 1993, the extended family support system was already considered be in decline because family members were moving to cities in search of a life upgrade, better education, jobs and utilities. (Apt, 1993 and Tout, 1993).

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. The disabled elderly therefore rely on their own resources. In the case where their resources are exhausted, they end up turning 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 attendance allowance and disability living allowance.

The Welfare System in United Kingdom (UK) differs slightly 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's 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 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).

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. These private out-of-pocket has become a dominant option in American long-term care (Rivlin & Wiener, 1988). However, the cost involved in the patronage of nursing care services seems to be beyond the reach of many American families.

It is important to note that Nursing home patronage improved by 1998 from its 21% patronage in 1985 (Rivlin & Wiener, 1988). However, today, patronage of nursing homes has dropped in the United States of America. Only 2.8 % of the over-65 populations and 10.2 % of the over- 85years population are in nursing homes. This corresponds to 1.4 million of the US elderly population (Nursing Home Data, 2013).

2.1 Caring for the Elderly: A focus on Ghana

Old age in Ghana is characterized by respect (Geest, 1997; Sarpong 1983: Apt 1993). In the Akan tribe- the largest tribe in Ghana-, this characteristic of respect shapes the social behaviour 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 in order to enjoy advice of wisdom from them (Geest, 1997). Those who fail to show respect to their elderly by not reciprocating their care, are considered to be ungrateful. It is an intolerable act in Ghana (Sarpong, 1983).

However, according to Aboderin, (2004) the care that family members give to their elderly in Ghana has declined over the years. She argues that the decline is as a result of a fall

in the resource capacity of the youth [as youth unemployment seems to be climbing with an expanding population] undermining their ability to provide support for their elderly. Aboderin (2004) also establishes that there has been a breakdown in family familial ties that has resulted in a decline in support for the elderly and ultimately led to an increased dependence on parent's past conduct. She argues that the principle of reciprocity has died and that [as in the west] the idea of old people depending on themselves has started to emerge (Aboderin, 2004).

Apt, (1993) agrees with Aboderin, (2004) that, caring for the elderly, once taken for granted in Ghana has become an issue. From her study that sought to find out 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, in spite of the latter having the relevant resources, and this adds to the increasing number of destitute elderly in the country.

Apt (2003) in another article, *The Storm clouds are grey (1993)*, sums up the breakdown in the extended family system and comes to similar conclusions as Aboderin (2004). The article makes a claim that in Ghana, the duty of elderly care rested on the extended family until modernization and migration increased significantly. She identifies that these same factors have now deprived the older Ghanaian citizens the assurance of constant care from family members. As at 1993, the extended family support system was already considered to have started diminishing because family members were moving to cities in search of a life upgrade; better education, jobs and utilities (Apt, 1993). This is therefore likely to give 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.

2.2 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 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 are able to 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 on the grounds that these needs have to 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 centres, retired persons' groups, Community Opportunities Club for the disabled etc. in the United States. They held the view that assisted living facilities are more homelike than 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 provide both residential and personal services. Assisted living facilities provide basic residential services such as laundry as well as maintenance of a residence's living quarters. They are different from nursing homes in that, nursing homes provide accommodation for individuals who need hospital care but need 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.

2.3 Quality of Life in Care Homes: An exposition of the Advantages and Challenges in Care institutions

Care homes have been a good option for families who seek for a more drastic solution to all that old age comes with. For elderly people who patronize long-term care institutions, it is a place where their survival is ensured. For them, entering into these homes slows down the rate of deterioration, helps to maintain their residual capacities, and restores 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, disorganised, 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. In that view, in-mates 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.

Others authors, including Goffman (1961) have equally criticized the quality of life that is provided by care homes but from a different perspective. Goffman claims that inmates 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 inmates of nursing homes are confined and held against their will. Given the issues raised by Goffman 1961, Douglas (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 hidden.

On the other hand, there have been testimonies by inmates of various nursing homes in the United Kingdom that have challenged the negative perception associated with nursing homes (Owen & NCHRDF, 2006). In care homes where the staff is in tune with what the inmates 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 that affected 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. They include: Finding out individual ambitions and exploring how best to meet them (Tester et al, 2003), 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, Help the Aged 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.

2.4 Profitability of Nursing homes

The nursing care industry is one of the five most lucrative sectors in United States of America (Franchise Business Review, 2012). In Australia, nursing homes are also seeing growing profits (Allard, 2016). Profitability of nursing homes is largely influenced by two factors: ownership and chain affiliation (Weech-Maldonado et al., 2012). The research undertaken by Weech-Maldonado et al., (2012) established that there are three categories of ownership. They are the private for-profit (FP), private not-for-profit (NFP) and the government.

Literature suggests that FP nursing homes are known to have lower costs (Davis, 1993) while NFP on the other hand have higher costs due to their focus on quality care than on profits. Much is spent on providing quality, which justifies why costs are higher in NFP (Gertler & Waldman, 1992). In terms of profitability, FP nursing homes is considered more profitable than NFP as a result of their focus on controlling cost and devising aggressive strategies to increase revenue (Weech-Maldonado et al., 2012). According to Fukui et al. (2014), factors that affect profitability of nursing homes, specifically home-visit nursing agencies include the operating structure of the agency, regional cooperation, staff employment, patient utilization, and quality control of care. Fukui et al. (2014) also added that ensuring quality management is necessary to achieve stable financial performance.

2.5 The Way Forward

Following the growing discussion about long term care for the elderly around the globe, with special emphasis on market solutions and its viability or not given the cultural context, many solutions have been recommended as the way forward. Community based care is a care system where medical, long-term and social care are provided altogether in a given (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’. The 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. In Nigeria, community-based care has been proposed as a policy option. Community based care is geared towards encouraging the elderly to remain at home. According to Okoye, (2004), if specialized institutions existed in Nigeria, a lot of elderly

Nigerians would have been better cared for. Due to the Nigerian belief that institutionalizing an elderly is equal to abandonment, guilty parties of institutionalism would have to bear the consequences (Okoye, 2004).

From Okoye's point of view, until the government intervenes with acceptable community-based care especially for the elderly who are home bound, the situation of elderly abuse and poor care of the elderly will not cease (Okoye, 2013). Okoye, (2013) foresees an improvement in elderly care if the Nigerian government considers adopting some of the community-based service models that exist in other countries. The study proposes that government intervenes by making policies that consider setting up adult day care centres, incorporated with other medical and recreational services in the neighbourhood for the elderly. This will be a good way to approach Nigeria's cultural situation on the issue of institutionalization and will go a long way to help elderly persons to age in one place (Okoye, 2013).

An example of community based care programmes is currently being run by Britain and called is "*hospital-at home*". It is a programme that allows medical personnel to visit the elderly in their homes. Another example is the 'adult day care centre'. There are also programmes 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 provide 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 from work places of family caregivers (Xu & Chow, 2011). These are just a few of the numerous benefits.

Even though Okoye suggests that community based care is the way forward, there are a number of opposing views that recommend that government intervention is not only necessary, it is non-negotiable. For instance, in the case of Ghana, 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).

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 the country. This is why 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.

Chapter 3: Procedures

The research is exploratory in nature because it is aimed primarily at investigating into the situation of elderly care to provide insights to the researcher. The research design can be described as largely qualitative research although some complementary quantitative data was also analysed. Qualitative research is ideal for studies [like this one] that seek to obtain specific cultural information about the values, opinions, behaviours, and social contexts of particular populations (Northeastern University, 2015).

For the purpose of this study, purposive sampling techniques were used. Purposive sampling is a non-probability sampling technique that is used to identify and select cases that have rich information in order to make the most effective use of limited resources. This sampling technique allows that researcher to use his own discretion to select participants that are likely to have the knowledge and experience in the field of study (Palinkas, et al., 2013). Due to the fact that the research is interested in understanding the views of a specific group of people, purposive sampling emerged as ideal. Using purposive sampling is where the judgement of the researcher is relied on in selecting the units to be studied (Lund Research Ltd., 2012), ensured that people who are irrelevant to the research were eliminated

Using purposive sampling, a Sample of 60 caregivers were chosen as the sample size for this study. These respondents were either active caregivers or were potential caregivers since they had living parents. The sample were selected from within Ghana's working population. This was based on the assertion that they are the demographic 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, in order 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 or not 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 particular 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 biased results due to gender. 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). This made it easy to get access to respondents within the target population who may have jobs but still have to 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. This is because the traditional model still works in the rural areas, allowing the elderly to obtain the care they need.

3.5.1 Collection and Analysis of Data

For the purpose of this study, a mixture of close-ended and open-ended questionnaires and semi-structured interviews were employed. Questionnaires and interview questions that were used were developed around the research questions. The research instruments helped gather information on whether the old people's home will be viable in Ghana.

Data was collected within a period of three weeks. Places where interviews and questionnaires were administered include offices, markets, shops and the roadside. Interviews were conducted following a brief conversation with respondents, summarizing the purpose of the questionnaire. Respondents were allowed to decide whether or not to partake in the research. Interviews were administered only when respondents' permission was received. Interviews were conducted on the first group of the sample considering they have a lower educational background and may not be comfortable with filling questionnaires.

For respondents who filled questionnaires, a summary of the purpose of the research was made available to them. Potential respondents were made to sign a consent agreement form before filling the questionnaires. Data collected was collated using Microsoft Excel and analysed using charts and tables. A descriptive account of the data is given in chapter four in correspondence to the 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 also included in the results section. In the opinion of the authors, the results of this study are highly reliable as data collected were analysed with caution. These results are also consistent with the ethical considerations laid down by the Human Subjects Review Committee of Ashesi University College. This committee has the mandate to ensure Ethical Research Conduct. Respect for the dignity and views of all respondents were prioritized.

Chapter 4: Results

In this chapter, all findings obtained from the data collected are analysed and presented in the form of graphs and charts, each of which is included in the appendix. These findings are interpreted in order to answer the research questions and achieve the research objective outlined in chapter one.

4.1.1 Demographic Characteristics of Respondents

Out of the sixty (60) respondents who participated in this research, the highest educational level attained by 50% of the respondents was Junior High School. The other half had attained higher education, specifically from the Senior High School level and beyond. Within each group of respondents, gender balance was established since there was an equal number of males and females.

Apart from the above characteristics that were intentionally chosen, every other result came from the nature and type of data collected. These characteristics were chosen to prevent issues of 'gender' and 'educational background' bias from affecting the validity of the results. The decided characteristics were closely followed in the process of collecting data.

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.

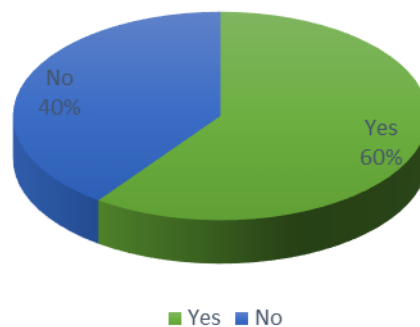
4.2 Responses and Analyses

4.2.1 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% of the respondents had an elderly person whom they were taking care of. 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.

Having already established in chapter that Ghana is ageing and there is an increased number of old people presently living in the country, the finding that 60% of the respondents had an elderly whom they taking care of finding is hardly surprising. The research results confirm statistics provided on Ghana’s elderly population by the World Bank, the National Population Council of Ghana and Index Mundi. It also 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 is consistent with the literature because they bear out Aboderin’s claims.



4.2.2 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.

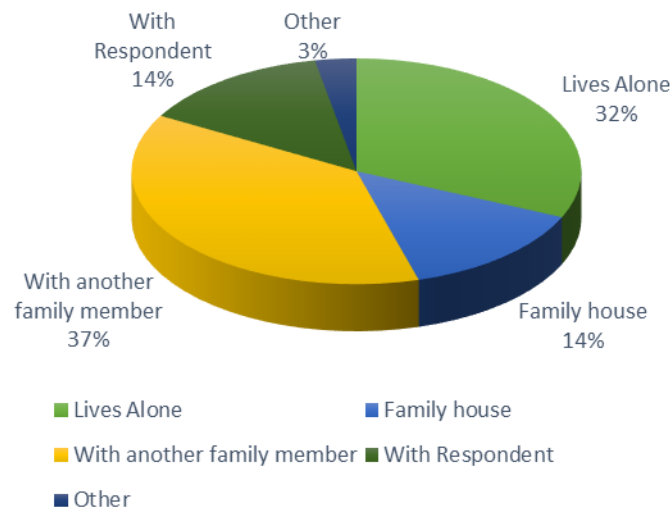


Figure 1.1: The

4.2.3 Challenges in caring for the Elderly

There were a 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

Challenges	Percentage of Respondents
<ul style="list-style-type: none"> I have Financial difficulties 	42%
<ul style="list-style-type: none"> The elderly are too Bothersome 	17%
<ul style="list-style-type: none"> Other Challenges: <ol style="list-style-type: none"> No time to visit them Difficulty in monitoring their daily activities and health Difficulty in monitoring caretakers 	17%
<ul style="list-style-type: none"> No Challenge 	25%

Table 1.1

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 real GDP

for Ghana is much lower than \$2000 per year, translating into less than \$200 per month-The 2015 figure is \$1325 (GSS, 2016)-. Recently the economy has been stalling. In dollar terms, the nominal GDP per capita decreased from \$1841 in 2013 to \$1426 in 2014 before declining further to \$1325 in 2015 (GSS, 2016). The country has had to battle with problems of depreciation of the currency (the Cedi); a serious energy crisis; rising interest rates with cost of borrowing among the highest in the world; an unstable macroeconomic environment and inflation (Okudzeto et. al 2015; Armah, 2016).

Ghana's Inflation rate as recorded in January 2016 rose from 17.7% in the previous month to 19%. In March, 2015, Ghana's inflation reduced to 18.5% then inched up and hovered around 20% for several months before inching down to 17% in August. Though there has been a fall, the current rate is still not encouraging. Unfortunately, general prices of goods and services are rising at this rate even if their rate of increase has slowed down. Hence, it is quite understandable that the respondents do not have stable finances to enable them plan how to take care of their elderly family members the way they would want to, in addition to financing their own expenditure.

The unexpected observation however, with regards to this finding is the fact that 6 of 15 respondents who stated financial difficulty as their challenge have high income jobs. 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."*

It is heartening to realize that there are people who will go lengths to cater for their elderly family members even to the extent of starving themselves. Such lengths imply that but for economic issues within the country people would give their best in caring for the elderly. This finding also implies that, probably, the idea of the Old people's home did not appeal to these respondents because of the general economic hardship in the country. It is likely that their responses would have been 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 expected given the effects of westernization. As discussed in chapter one, children in Ghana are expected to care for their elderly parents until they die just as these elderly ones cared for their children when they

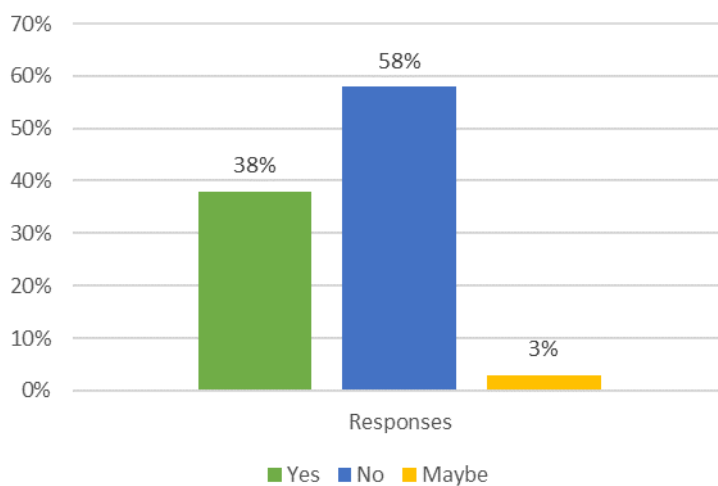
were younger. It seems there has been some cultural shift to an extent as Ghanaians are beginning to regard the elderly as bothersome as is common in the west. It would be correct to say that the impact of the Akan adage “*Obi hwe wo ma wo se fifi a, wo nso wohwe no ma ne de tutu*” as a guide for dealing with the elderly is waning in the Ghanaian society.

“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 only challenge and it is clear that this respondent was not happy about it.

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.”*

4.2.4 Willingness to Patronize an Old People’s Home

One would expect that as people are unable to find the time to physically take care of their elderly, the idea of Old People’s Homes will appeal to them. However, that is 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. 12% of them expressed distrust in the care that would be provided by an Old People’s Home. Based on this distrust they said they would prefer to take

care of their elderly on their own instead of sending them to a 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 with 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 must be invested into educating Ghanaians about the benefits of an Old People's home if an Old People's Home is to be established as a business venture. This may convince more families as some respondents stated that their reason for not wanting to send their parents to a home was family. They explained that their families will never allow them to do so. There were others who also felt that sending their elderly to a home meant dumping them there.

On the other hand, there were respondents who 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”.*

4.2.5 Willingness to pay for an Old People’s Home

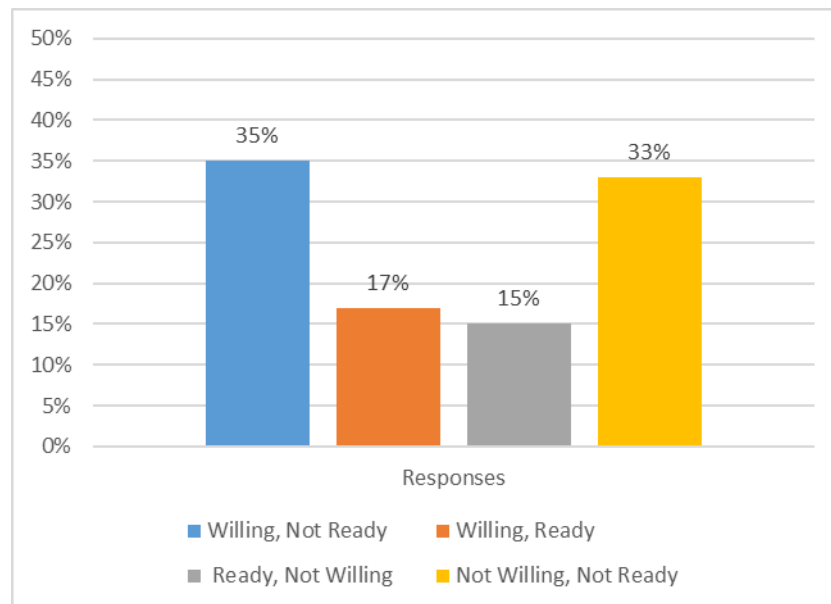


Figure 1.3.

The chart above in Fig 1.3 is a representation of the respondents’ thought pattern with regards to financial instability as the major challenge in caring for the elderly.

Respondents’ unwillingness to patronize an Old People’s Home in Fig 1.2 supports the finding in Fig 1.3 that that majority are unwilling to spend money on a home. It is therefore not surprising that 33% of the respondents said that they are not ready to spend money to pay for the expenses that come with Old People’s Home. Once again, many of the respondents gave ‘financial problems’ as their reason for not being ready and willing.

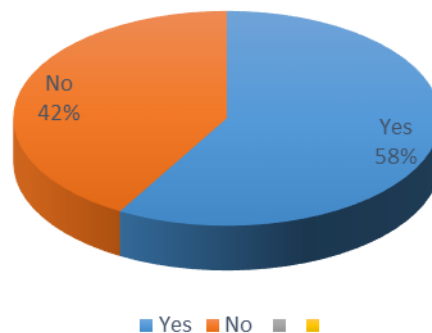
Exactly, 50% gave this reason. A respondent explained that she had a family member taking care of their elderly for free. Another also said that she had hired someone to take care of her elderly mother which is relatively cheaper than what she would have to pay in a home. Based on respondents' complaint about financial incapability, it can be deduced that probably the cheaper alternatives discussed above are better options to the Old People's Home.

While money was a hindrance for some, 17% said that they were financially sound but were just not willing to spend their money on a home. What this reveals is that although individual finances may affect the survival of an old People's Home in Ghana, there may be cheaper alternatives such as house helps so the Old People's Home will not deliver value for money spent. Also, the Ghanaian tradition that requires family members to take care of the elderly will have a huge negative impact on the survival of the business here in Ghana.

4.2.6 Opinion on profitability of Old People's Home in Ghana

In addition to the insight that the interviews and questionnaires sought to obtain, respondents were required to share their personal opinions on whether or not this business will survive in Ghana.

Respondents' opinions are discussed in this section. Figure 1.4 below shows that majority (58%) held the opinion that the Old People's Home will make money in Ghana.



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 said that the existence of Old People's Homes will bring relief to busy Ghanaians. In the words of a respondent, he said, *"Increasingly, people have less time to adequately act as care-givers for their elderly relations"*.

For 20% of the respondents, they shared the same view and for that reason were sure that Old People’s Home will be profitable in Ghana. Another 20% held the view 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 in caring for the elderly and hence the need for Old People’s Homes in Ghana. On the other hand, 12% of the respondents felt that Ghana’s cultural values will not allow Old People’s Home to survive in Ghana. Respondents believed that only the rich within the Ghanaian society would patronize the service of a home. One respondent explained his view in these words;

“The culture of caring for the aged in the Ghanaian setting is deep-rooted and that would definitely make it difficult for people to take their old folks to such homes. Moreover, it is mainly, if not only, the elite and well to do in society who would engage the services of such homes.”

Other respondents who agreed with this respondent said that Ghana’s culture is such that there are always family members available within the extended family system to take care of the elderly and that our culture does not support the idea of sending them to a home.

4.2.7 Likely Challenges that will affect the running of Old People’s Home

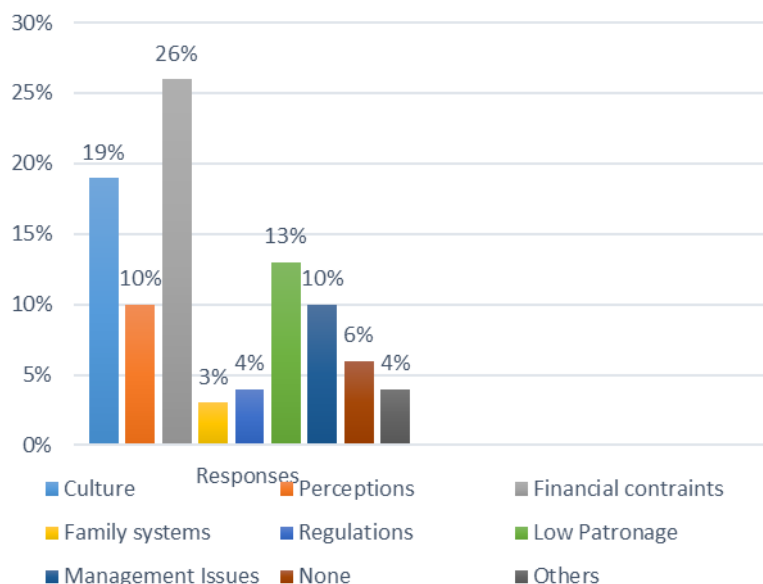


Figure 4.2.7: Likely Challenges

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 also very high. 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

Chapter 5: Conclusions

5.1.1 Summary

Per GSS statistics Ghana is ageing, yet, not much is being done by the government to cater for the care needs of the elderly in Ghana. As a result, work done by researchers around the topic were reviewed and led to a proposal that the Old People's Home concept could be a viable solution to the issues of elderly care in Ghana. The research therefore sought to determine whether an Old People's Home will survive in Ghana, being a country with rich cultural heritage. It also sought to discover what factors will affect the survival and evaluate the profitability of the business. Based on the findings obtained from analysing data the following conclusions can be made.

5.1.2 Conclusions

Respondents' opinions suggest that attitudes and cultural beliefs of Ghanaians will undermine patronage of homes in Ghana. Hence, it is fair to say that majority of Ghanaians are 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 Home would naturally attract richer folk 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, 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 most Ghanaians have of Old people's, advertising and marketing expenditure would have to increase in order to get Ghanaians to patronize Old People's 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. Below are recommendations based on the findings and conclusions of this study:

Firstly, 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 costs. 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. Another option could be "day care centres" for the elderly which reduces the abandonment factor and may be culturally more acceptable albeit time consuming. 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'

5.1.5 Limitations of the study

Apart from time and resource constraints, the major limitation associated with this research was its scope's limitation to just Accra. Time and financial constraints did not allow the researcher to cover other areas. This may therefore fail to capture the views of Ghanaians in other parts of the country. Therefore, it is recommended that further research considers an investigation of the desirability and viability of the old people's Home in other parts of the country to determine if there are ideal parts of Ghana for this business. This will help discover other factors that may improve or undermine the survival of old people's homes in Ghana. Further, more careful and more detailed anthropological research should also be conducted to understand why most Ghanaians prefer alternative means of caring for the elderly to Old People's Homes.

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APPENDICES

List of Figures

Figure 0.0, Demographic Transition Model

Source: papp.iussp.org, (2015)

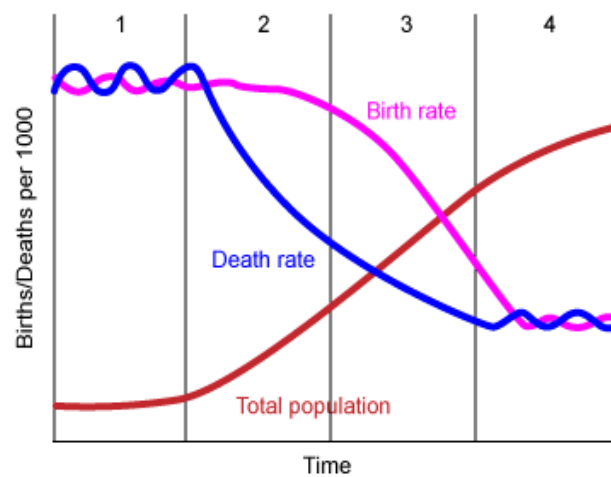


Figure 0.1, Population Pyramid of Ghana

Source: (Index Mundi, 2015)

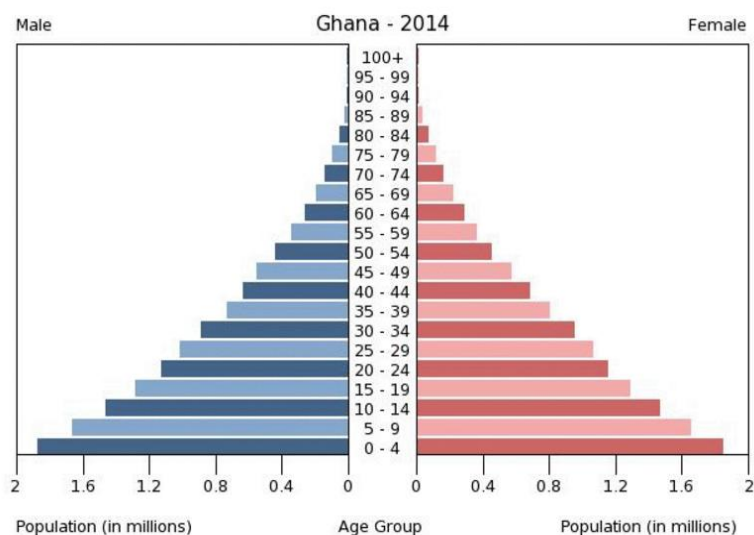


Figure 0.2 Proportion of total national population aged 60 and 65 years and above, 1960-2010

Source: Ghana Statistical Service, 2010 Population and Housing Census

Year	60+ years	65+ years
1960	4.5	3.2
1970	5.4	3.6
1984	5.9	4.0
2000	7.2	5.3
2010	6.7	4.7

Figure 0.3 Income Tax

Source: Ghana Revenue Authority

Chargeable Income (GHS)	Rate (%)	Tax (GHS)	Cumulative Chargeable Income (GHS)	Cumulative Tax (GHS)
First 2,592	Free	NIL	2,592.00	NIL
Next 1,296	5	64.80	3,888.00	64.80
Next 1,812	10	181.20	5,700.00	246.00

Next 33,180	17.5	5806.50	38,880.00	6,052.50
Exceeding 38,880	25			
Exceeding 38.880 – 25%				
