ELDERLY CAREGIVING IN GHANA: AN EXPLORATION OF FAMILY CAREGIVERS' PERCEPTIONS

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DEDICATION

This dissertation is dedicated to my parents, Albert Amos Mensah (Aka D.K.) of blessed memory and Mary Adjoa Aborkoma (Aka Madam) for all their support. Thank you for your kindness and love for humanity.

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ABSTRACT

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Providing caregiving to elderly family members is very important across all cultures. A qualitative methodology using a phenomenological approach was used to guide the research in order to capture the perceptions of elderly caregivers in Ghana. The norm of reciprocity in social exchange theory was used as a framework to explore and understand caregivers' perceptions of their roles as caregivers of their elderly family members and of their Pentecostal churches' support for elderly caregiving. The researcher interviewed 20 Pentecostal church members who were family caregivers' of their elderly relatives in Ghana. Semi-structured interviews were audio-taped, transcribed verbatim, and analyzed to determine themes. Three major themes emerged from the data: (1) reciprocity of personal obligations to provide caregiving to elderly family members, (2) reciprocity of financial support from the church for elderly caregiving, (3) reciprocity of services from the churches for elderly caregiving. The results of this study were compared to existing literature on elderly caregiving in Sub-Saharan Africa and conclusions were drawn. Limitations, implications, and recommendations for future research were discussed.

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CHAPTER I

INTRODUCTION

Providing care for elderly family members is very important across all cultures. Even though society is cognizant of the growth of the elderly population, many are uninformed about the personal care, health care, and the social support that the elderly population and their caregivers need (Bookman & Kimbrel, 2011; Treas, 2008). In addition to concerns about the elderly population receiving the care and the social support they need, globally, the number of working-age adult caregivers is declining (Population Reference Bureau, 2010).

Numerous studies provide insights about caregivers who reside in developed countries (Bradley, Frizelle, & Johnson, 2010; Dauwerse, Van, & Abma, 2012; Scott, Hwang, & Rogers, 2006). However, limited studies exist on elderly caregiving in developing and low-income countries (Apt, 2012; Kipp, Tindyebwa, Rubaale, Karamagi, & Bajenja, 2007). Furthermore, these limited studies are evident in the Sub-Saharan countries.

A country of specific interest is Ghana. Because of Ghana's current economic and political developments, the social support systems available to the elderly are eroding (Dosu, 2014). Decades ago, Apt (1993) predicted the emerging issues that the elderly population would likely face. Modern urbanization and family dispersal have affected the social protection systems that elderly individuals have enjoyed in Ghana. Darkwa (2000)

indicated elderly caregiving in Ghana is a filial obligation with a social responsibility that requires reciprocity in every respect. He suggested that government, faith-based religious organizations, and non-governmental organizations are to partner with families in providing caregiving to the elderly. The elderly have helped in the development of the Ghanaian society and their contributions are to be reciprocated by the current generation on the basis of the culture of reciprocity (Tsai & Dzorgbo, 2012).

Religious organizations play vital roles in Ghanaian communities. Apart from providing a source of spirituality to their adherents, many religious organizations have also engaged in other social services like, health care provision, hospitals, and schools (Gifford, 2004; McCauley, 2012). Ae-Ngibise et al. (2010) discussed the perceptions of Ghanaians about the role of religion in their society. In recent times, Pentecostal churches participated in religious movements by becoming partners in social development in Ghana (Campbell, Skovdal, & Gibbs, 2011; McCauley, 2012).

Statement of the Problem

According to Apt (1993; 2012), demographic trends, such as migration, urbanization, fecundity, changing of the family structure, and women joining the labor market are some of the causes of the decline of family caregivers of the elderly. These mitigating trends challenge the Ghanaian core value of *abusua* (family) caring for family members (Dosu, 2014). Generally, elderly caregiving is informal in Ghana, and it is provided mostly by adult children or extended family members. Nursing homes, assisted living facilities, and seniors' apartment complexes which are common in industrialized

nations are not in Ghana. Gerontology and geriatrics trainings in Ghana are limited, but the issues facing the aging society are enormous due to the limited information available to families. Designing an advanced gerontological system as found in the United States to meet the growing needs of Ghana would be difficult due to the lack of trained professionals and resources (Darkwa, 2000; Dosu, 2014). However, a simplified social support system, which is community based, would be an ideal prototype of providing services to the elderly.

Even though the churches in Ghana have been providing spiritual and social support to their communities (Ae-Ngibise et al., 2010), the provision of elderly caregiving has been reserved solely to the elderly person's family members. A major part of this study was about family caregivers' perceptions of social support from their local Pentecostal churches. Currently, Pentecostal churches are among the fastest growing churches in Ghana (McCauley, 2012). Due to this phenomenon, support systems of Pentecostal churches were explored. This research helped to brings attention to the needs of family caregivers of elderly persons in Ghana and also build on the limited information in this area.

Statement of the Purpose

The purpose of the study was to explore caregivers' perceptions of their roles as caregivers of their elderly family members and of their Pentecostal churches' support for elderly caregiving. This qualitative study gave opportunity to caregivers to voice their

past experiences and also to describe the social supports that they would like to receive from their local Pentecostal churches.

This study was needed as a contribution and a build-on to the current research about elderly family caregivers in developing and low-income countries. This study provided insights into the resources that families expect from social organizations like the churches. This study's results can be useful to family scientists as they educate policy makers and families about the needs of the elderly population. This study also provided knowledge about the demography of elderly persons and their family caregivers.

Role of the Researcher

The researcher of this study is an African male, husband, pastor, sociologist, certified family life educator, and a doctoral candidate. The researcher has served in different leadership positions in Pentecostal churches in Ghana and in the United States of America. The researcher has access to the Pentecostal community in Ghana and understands the participant-observation in qualitative research, which cannot be devoid of past knowledge, prior experiences or biases (Lopez & Willis, 2004). The researcher and the participants were part of the qualitative research process and the interpretations of the data were influenced by their own biases, beliefs, cultural worldview, and the topic of inquiry. However, bracketing was employed to reduce the researcher's biases.

This researcher is committed to exploring avenues of social support for families caring for elderly members. As a pastor, the researcher has offered assistance to congregation members with elderly parents. During these experiences, he saw the lack of

social support to families. A desire of the researcher is to provide needed information to church policy makers about the social support that families need from their Pentecostal churches. Moreover, it is aimed that sharing the perceptions of family caregivers may broaden the understanding of this phenomenon.

Theoretical Perspective

Social exchange theory was used as a lens to explore and understand how Pentecostal churches may provide a social support platform for their members who are elderly caregivers. This theoretical framework became prominent during the early 1960s through the works of George Homans, John Thibaut, Harold Kelley, and Peter Blau (Sabatelli & Shehan, 2004). They used economic metaphors as concepts for social associations and interactions. Social exchange is present and observed everywhere and not only used in market situations. Individuals and society exchange favors in many ways; however, the complexity of the theory goes beyond normal action of exchanging gifts (Blau, 1964). Social scientists, including family scientists have used the concepts of cost and rewards of the market metaphor in social exchange to address many social issues. The theory has been utilized in the study of marriage and courtship relationships (Sabatelli & Shehan, 2004). However, the theory generally explores how relationships develop and are experienced with respect to the patterns and dynamics of ongoing relationships and the factors influencing the stability of relationships (Sabatelli & Shehan, 2004).

In addition, social exchange relationships are guided by norms of behaviors considered within the society as acceptable and appropriate decorum. These norms are viewed in terms of fairness, equity, and reciprocity (Sabatelli & Shehan, 2004). Fairness focuses on how people evaluate rewards and benefits in relationships. The theory assumes that parties in relationship would be reasonably fair in their exchange dealings (Sabatelli & Shehan, 2004). The norm of equity attempts to explain relationships in terms of the individuals' perception of fair/unfair distributions of resources within relationship. These perceptions of fairness/unfairness thus regulate exchange relationships. Reciprocity is the practice of exchanging benefits (Lowenstein & Katz, 2012). This research focused on the norm of reciprocity because reciprocity is a commonly observed feature within African culture, especially the culture of taking care of elderly relatives. The concept of reciprocity, as known within the Ghanaian culture presents a natural setting for studying the relationships between caregivers and their Pentecostal churches.

In social exchange relationships, individuals are expected to be fair and make proportionally equal contributions to the relationship (Sabatelli & Shehan, 2004). The norm of reciprocity is an important component of the social exchange relationship. The notion that a kind gesture would be reciprocated strengthens a relationship. However, timing for reciprocity could be immediate or in the future. When persons adhere to the norms of fairness and reciprocity, trust and commitment are built in the relationships (Sabatelli & Shehan, 2004).

Social exchange theory has been used in many caregiving literatures (Li, Fok, & Fung, 2011; Lowenstein & Katz, 2012; Keefe & Fancey, 2002). In the present study, the norm of reciprocity in the social exchange theory looks at the scope of social support provided by Pentecostal churches to their members who are family caregivers. The norm of reciprocity is a common thread in elderly caregiving across Sub-Saharan Africa (Dosu, 2014; Okoye & Asa 2011; Van, 2002).

Reciprocity and the level of functioning of elderly persons are significant in social exchange relationship. Elderly persons are classified in terms of (1) age: as young – old (60-69 years), old – old (70-79 years), and oldest – old (80 year and older) and (2) their ability to function using the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scales, are classified as active, infirm, and incapacitated (Berger, 2011). Depending on the support that elderly persons need and based on their levels of functioning, the social exchange theory helps in understanding the social situations of elderly persons in an exchange relationship (Li, Fok, & Fung, 2011). Morrison (1991) indicated elderly persons with reduced material possessions, authority, and ability to function tends to have less power in the exchange relationship.

In light of the psychological benefits of reciprocity in exchange relationship, Li et al. (2011) examined the norm of reciprocity in social exchange relationship in terms of the emotional and instrumental support from family or friends and the relationship between life satisfaction and each support balance among elderly and young adults. In their study, 107 older adults and 96 young adults were rated on their life satisfaction, as

well as the emotional and instrumental support they provided to and received from family members and friends. The results showed, elderly people reported more emotionally reciprocal friendships than did young adults. In addition, age, type of support, and source of support are vital in social exchange relationships.

Fiori, Consedine, and Magai (2008) examined ethnic variation in the patterns of social exchange and the effects of education and income in the United States. The study consisted of 1,043 participants, aged 65 -86 years from four ethnic groups (US-born European-Americans, immigrant Russians/Ukrainians, US-born African-Americans, and immigrant English-speaking Caribbeans). Using hierarchical multinomial logistic regressions to predict patterns of social exchange, variations by ethnicity, income and education, Fiori et al. suggested norms and values of social exchange are resource sensitive and reciprocity in relational context is reflected in ethnic group membership.

In contrast, to the perceived benefits of reciprocity and other social exchange processes in caregiving relationship, Henretta, Soldo, and Van Voorhis (2011) suggested caregiving literature have not adequately looked at the differences between- and within-family dynamics of caregiving. Using data from multiple waves of the Asset and Health Dynamics Among the Oldest Old (AHEAD) cohort of the Health and Retirement Study (HRS; 16,719 observations on 5,607 mother–child dyads in 1,925 families), Henretta et al. (2011) analyzed the data in a multilevel model with a binary outcome. They predicted substantial differences between families in exchange relationship. They also estimated that family composition and family history account for about half the between-family

differences. They found no evidence of differences of the care provided by adult biological children and non biological children in -between and -within family settings; however, their analysis illustrated the understanding of -between and within- family distinctions in intergenerational exchange.

Research Questions

In order to gain better understanding of the issues facing family caregivers of elderly persons in Ghana, the following questions were investigated:

1. What are the caregiving experiences of family members who care for their older family members?
2. What are the social support roles expected from Pentecostal churches by family caregivers?
3. What other new roles can Pentecostal churches offer to family caregivers?

Definition of Terms

The terms used in this study are defined as follows:

1. Elderly Person – An individual who is 55 years or older (Agbényiga & Huang, 2012).
2. Caregiver – is an individual who helps an elderly person with one of more of the Activities of Daily Living and Instrumental Activities of Daily Living (United States Department Health & Human Services, 2003).

3. Activities of Daily Living (ADL) – Activities an individual usually performs for oneself on daily basis, including bathing, dressing, eating, and personal care stuff (Berger, 2011).
4. Instrumental Activities of Daily Living (IADL) - Skilled activities that includes financial, preparing meal, driving, and groceries shopping (Berger, 2011).
5. Pentecostal Church – A church denomination whose spirituality emphasizes on the Holy Spirit renewal and physical manifestation of "speaking tongues" (Wood, 2009).
6. Ghanaian – is a person born or naturalized citizen of Ghana.
7. Support – services and material resources provided to individuals by family, friends, neighbors, or community organizations (Morrison, 1991).
8. Basic education refers to elementary schooling or first cycle institutions (Ghana Education System, 2015).
9. Some college refers to secondary education or second cycle institutions (Ghana Education System, 2015).
10. Bachelor, Diploma, and Masters refer to education from tertiary institutions [e.g. teacher training colleges, four-year universities] (Ghana Education System, 2015).

Delimitations

Delimitations to the study include the following:

1. The participants of the study included only Pentecostal church members who are caring for an elderly family member.
2. The study took place in Ghana.
3. The participants of the study were self-selected.

Assumptions

This study was based on the following assumptions:

1. Participants shared their experiences openly and honestly.
2. Participants had common shared experiences.
3. Participants identified the social support they need.

Summary

There is an increasing global concern about the provision of care for the aging population. The dwindling of the social support system that elderly persons expect calls for pragmatic solutions (Apt, 2012). In low-income countries, like Ghana, the issues related to the elderly care are in a serious crisis (Dosu, 2014). To address these concerns, this study explored caregivers' perceptions of their own experiences and what Pentecostal churches may provide as social support platform for their members who are caregivers' of elderly family members.

CHAPTER II

REVIEW OF THE LITERATURE

Families do benefit from the social support their religious organizations offer to them when they are in vulnerable or challenging times (Este, 2004; Morrison, 1991). The experiences of family caregivers of older members and the social support these caregivers expect from their local Pentecostal churches in Ghana is lacking in the current research. This study aimed to better understand this phenomenon. This chapter outlines the theoretical concept of reciprocity in the current caregiving literature from an African perspective.

This chapter is divided into three sections. The first section focuses on reciprocity in the context of Sub-Saharan Africa. The second section is about reciprocity constructs within the Ghanaian context. The third section focuses on reciprocity from Pentecostal churches in Ghana.

The concept of reciprocity in social exchange theory has been utilized in many elderly caregiving studies (Fiori et al., 2008; Lowenstein, & Katz, 2012). Reciprocity and the level of functioning of the elderly person are significant in social exchange relationship. Varied forms of reciprocity are common across African society.

The concepts of "*Ubuntu"* in South Africa, "*harambee"* in Kenya, "*urukwavu rukaze rwonka abana*," in Rwanda literally meaning "an old hare suckles from the young", and the Ghanaian, the Akan proverb *"ma hwɛ wo ma wo si ɛfifi a wo nso hwɛ ma*

me si ntutu" (If I have taken care of you for your teeth to grow, so also you should care for me till my teeth fall off) expresses the cultural concept of intergenerational support and reciprocity (Yiranbon et al.,2014).

Reciprocity in Sub-Saharan Africa

This section focuses on studies done within the last decade in Sub-Saharan African countries. In Sub-Saharan Africa, elderly caregiving is the sole responsibility of family members and was provided within the extended family home (Yiranbon et al., 2014). According to Apt (2012), elderly caregiving has become more of a challenge due to (a) modernization of societies in the sub-Saharan region, (b) decrease of family sizes, (c) increase of life expectancies of elderly people, (d) increase of family migrations, and (e) increase of women working outside their homes. State governments or charitable institutions are being required to reciprocate the effort of family caregivers.

Another important factor in caregiving within the African context is that the multigenerational living in the extended family structure allows sharing of care among multiple caregivers (Dotchin et al., 2014). In addition, by virtue of their age, and role in the society, elderly persons in Africa are accorded much respect and support (Van, 2002). Nevertheless, the lack of formal caregiving programs and services has led to neglect and abuse of some elderly people (Apt, 2012).

Abdulraheem (2005) investigated the opinions of caregivers toward the caring of elderly in a Nigerian Metropolis of Ilorin. The cross-sectional study focused on the relationship between the elderly and their caregivers, caregivers' attitude, and

improvement of care to the elderly. In the study, which proposed that religious teachings were vital in the positive attitude of the caregivers did not yield any statistically significance ($p > 0.05$) on the education of the caregivers. However, majority of the caregivers (98.1%) had a favorable attitude towards the elderly.

Okoye and Asa (2011) also examined the caregiver burden and stress in Nigeria. They investigated 330 caregivers (201 females and 129 males) with median age of 27 years in south eastern Nigeria. Participants answered a questionnaire on their relationship with the care receiver and their level of stress. The results showed that there was a significant relationship between caregivers' ages and the levels of stress. For example, 50% teenage caregivers were highly stressed. Male caregivers were more highly stressed than their female counterparts. The study also showed that care receivers who were less than 90 years of age were at least six times more likely to have high stress than those who were 90 years and older. In addition, the gender of the care receiver, the level of education of care receiver, and the educational level of the caregiver were all factors that predicted the level of stress.

Also in Nigeria, Ayenibiowo, Obashoro, and Ayeni (2013) evaluated 224 (100 males and 124 females) adolescents' and young adults' attitudes toward their elderly grandparents. The study used an Attitude to Grandparent Scales designed to access their thoughts, feelings, and dispositions towards the grandparents. The age range of the participant was between 16 and 37 years. The findings showed that overall adolescents and young adult have positive attitudes towards their grandparents in terms of their

thoughts, feelings, and disposition. It also showed that female participants had more favorable attitudes than male participants. Also, attitudes toward grandmothers were more favorable than grandfathers. Furthermore, the study reported that adolescents (16-22 years) have more positive attitude toward grandparent than young adults (23-37 years).

In contrast to the above study, Baiyewu et al. (2012) focused on specific geriatric conditions of elderly patients in Nigeria. The study accessed 108 participants on the level of neuropsychiatric symptoms of elderly individuals with normal cognition, cognitive impairment, no dementia/mild cognitive impairment (CIND/MCI), and dementia. Participants were rated on Neuropsychiatric Inventory and Blessed Dementia Scale and were tested with Mini mental state examination. Finding revealed that 21(19.4%) were cognitively normal, 34 (31.5%) were demented, and 53 (49.1%) were CIND/MCI. CIND/MCI participants showed the more frequent symptoms of depression than normal cognition elders. In sum, significant neuropsychiatric symptoms and distress were present among cognitively impaired elderly people in Sub-Saharan Africa.

Dotchin et al. (2014) also studied caregiver burden for individuals with disabling diseases in Tanzania. They affirmed that little is known about chronic neurological conditions in Sub-Saharan Africa. The purpose of this study was to determine the relative burden of caring for two chronic neurodegenerative conditions (Parkinson's disease (PD) and dementia) in rural Tanzania. Dotchin et al. (2014) compared 25 PD patients and 75 people with dementia, using the Zarit Burden Interview (ZBI) to determine level of

caregiver strain. The findings showed five (20%) PD patients were significant on the ZBI and 32 (42.7%) people with dementia were also significant on the ZBI. Overall, even though, the study showed caring for an individual with PD may be more burdensome than taking care of an individual with dementia in Sub-Saharan Africa, caregivers felt the care they provided to elderly family members were normal intergenerational expectation.

Kodzi, Gyimah, Emina, and Ezeh, (2011) addressed the limited research on aging in Sub-Saharan Africa. Based on current trends in Sub-Saharan Africa, rapid urbanization is believed to weaken the social safety net of the past. Kodzi et al. (2011) indicated that apart from financial wellbeing and health status, religious and secular forms of social involvements of the elderly are key predictors of the subjective wellbeing. In their study, they examined the relationship between religious identity, religiosity, and secular social engagement on the wellbeing of the elderly in Nairobi, Kenya. They used a survey data of 2,624 participants, aged 50 years or older to analyze the relationship and wellbeing of the elderly people. The findings showed that personal sociability, community participation, and secular social support had positive impact on subjective wellbeing. The number of close friends, family support and the intensity of social participation had strong positive effect on general life satisfaction. They further discovered that health status and the social involvement of the elderly people were vital to their life satisfaction; for example, in Sub-Saharan Africa, Evangelical and Pentecostal worship experiences are associated with messages of hope, divine healing, and material provisions for adherents.

Obviously the vast cultural and ethnic similarities/differences between the countries in the Sub-Saharan Africa region, present a compelling challenge to scholars who want to study a group in the sub-region. This challenge also presents an opportunity to address some of the gaps inherent in the current literature from the sub-region.

In Botswana, Shaibu and Wallhagen (2002) examined the cultural sensitivity in elderly care by using a grounded theory method to explore the experiences of 24 elderly caregivers. They observed that family caregivers' perceptions differed from that of health workers. For those reasons, in order to achieve better quality outcomes, family needs must be incorporated into the care plan. The study yielded three categories: Stigma; Appropriate-inappropriate forms of care; and Sense of place. Three caregivers hesitated to receive support from the government for caregiving due the stigma attached to such programs. Forms of care varied and were determined as appropriate-inappropriate depending on the needs of the care receivers. In relation to the burden and stress in caregiving, Kangethe (2010) also examined the occupational caregiving conditions in Botswana. He observed that cultural and community attitude towards caregiving, health hazards and lack of compensation were some of the factors that affect caregivers. His study showed that (a) aging, (b) cultural and community attitudes toward caregiving, and (c) lack of compensation were some of the factors besetting caregivers' human rights. In contrast to family caregivers of people living with HIV/AIDS who receive governmental supports, Kangethe (2010) recommended government remuneration policy for caregivers,

gender education to encourage men and youth in caregiving, and institution of laws and policies to provide for the compensation of caregivers' occupational hazards and risks.

Fonchingong (2013) examined the wellbeing and the vulnerability of rural dwelling elderly people in the context of poverty in Cameroon. Harsh geographic and economic environments have a significant impact on the elderly. Using social capital perspective to poverty and aging, the study revealed difference of resources pooled together to enhance the wellbeing of rural dwelling elders. Sub-Saharan rural community lacking essential services such as clean drinking water, health facilities, and limited incentives made life difficult for elderly people. However, Fonchingong (2013) found family and community work together to fill the gaps left by the state government. Consistent with the studies done by Apt (1993; 2012), this study found that migration of families to urban cities was a major factor on care arrangements of the elderly in Cameroon. The study recommended that any design and delivery of social welfare programs need to incorporate necessary funding for community based organizations and improvement of rural infrastructure.

In another study, 22 African countries were analyzed to determine the relationship between HIV/AIDS epidemic and support of dependent elderly people by Kautz, Bendavid, Bhattacharya, and Miller, (2010). Longitudinal data (1991 – 2006) from Demographic and Health Surveys were used to understand the living arrangements of older people who have been affected by the HIV/AIDS pandemic. The three measures were (a) the number of older individual living alone, (b) the number of older person

living with one dependent child under 10, and (c) the number of adults age 18-59 in the household of the elderly person. The findings showed that increases in AIDS mortality were associated with fewer prime age adult in household with at least one elderly person. In addition, HIV/AIDS could be responsible for elderly individual living alone without prime age adults as caregivers. As expected, HIV/AIDS in Sub-Saharan countries might be responsible for large number of elderly persons losing their caregiving support and rather to care for young orphans.

Similarly, caregivers' favorable attitudes toward elderly care receivers were also reported in other studies across the sub-region (Ayenibiowo, Obashoro, & Ayeni, 2013; Dotchin et al., 2014; Okoye & Asa, 2011). However, Dosu (2014) indicated the lack of respect for older people in recent times. Two significant perspectives are common within the Sub-Saharan region: (1) studies focusing on the caregivers (Abdulraheem, 2005; Dotchin et al., 2014; Okoye & Asa, 2011) and (2) studies on the elderly (Fonchingong, 2013; Kodzi et al., 2011; Shaibu & Wallhagen, 2002).

Reciprocity in Ghanaian Context

Sub-Saharan Africa including Ghana has witnessed incredible changes in the understanding of aging issues since the last two decades (Apt, 2012). Providing care in Sub-Saharan African is a huge task with both physical and emotional dimensions. As the aging population is growing in Ghana, the support and care for the elderly becomes significant. Nevertheless, the limited research on the elderly population in Ghana tends to

show that few people are prepared for the tasks and responsibilities involved in caring for an elderly family member.

Yiranbon et al. (2014) evaluated the socio-economic situation of elderly persons in Ghana, on the onset of their retirement. The researchers analyzed a range of variables that captured the economic status of the elderly. Income, poverty rates, food consumption, housing consumption, leisure, social program participation, and their impact on the elderly welfare were examined. Five hundred participants were recruited from the Brong Ahafo Region of Ghana through a stratified sampling method for this study. Using factor analysis statistical method to determine the expectation gap in the social services available to the elderly, the study concluded government social welfare had a low priority to elderly people. As a result, policy makers have to harness energies and resources of the family and the community to resolve the needs of the elderly.

Kyei-Arthur (2013) studied the physical and mental outcomes of caregiving. Recognizing the burdens associated with providing care in Accra, the capital city of Ghana, the purpose of the study was to examine the relationship between caregiving on the physical and mental health of the caregiver. The study used EDULINK Urban Health and Poverty Project data collected among residents of Ga-Mashie (James Town and Ussher Town) and Agbogbloshie by using Binary Logistic regression. The results showed that caregiving was not related to physical and mental health. However, income and chronic status were significantly related to physical health. About 33% of the respondents earned between 101 Ghana Cedis and 25.8% earned less than 100 Ghana Cedis. The

study showed that there were significant positive association between income and social support. It also showed that age and education were positively associated to mental health.

Consistent with Kyei-Arthur's study, Mba (2013) also studied health condition of older women (50 years and older) in Accra. The study used a secondary data from the Accra Women's Survey, 2004. The study found that a majority of older women lacked basic education and were not in any form of paid employment. The study also indicated elderly people's concerns remained unimportant when compared to the major social and economic discussion in the country. In addition, health services need to be oriented to address the geriatric and chronic diseases of the elderly.

In regard to institutions and organizations' involvement in elderly caregiving, Agbényiga and Huang (2012) studied the impact of HelpAge Ghana role in elder care. Using data from the Ghanaian Gerontological Social Work Research Project, they found that HelpAge Ghana had offered alternative caregiving program to older people who lack family caregiving and inadequate governmental elderly services. Furthermore, HelpAge Ghana programs have reduced physical, mental, and social health risks of older people participants. The study found that governmental social services have failed to address elderly care issues appropriately. They also discovered organizational networking with HelpAge International and the government of Ghana had positive impact on the role to the elderly. For example, Ghana currently has a program of free healthcare for elderly persons who are 70 years or older.

Dosu (2014) conducted a qualitative study in which he provided a current overview of how elderly persons are cared for in Ghana. The study also showed the role of the elderly in their family and society. Using content analysis methodology to analyze materials derived from books, internet sources, articles and research materials, Dosu (2014) focused on old age, care of the elderly in Ghana, and sense of belonging and safety. The findings showed that caregiving to the elderly are family responsibility. However, an individual is exempted as a caregiver on the grounds of physical ageing, psychological, or biological changes. In addition, elderly persons are considered as advisors within the family and the society. Furthermore, Ghana rolled out a comprehension national elderly care policy to support the existing family arrangements towards effective welfare of the elderly citizens. The study also revealed spending time with family, church, and enjoying the company of other elderly people brings joy and safety to the elderly. Dosu reiterated that the broader society does not respect and support the elderly as in the past. Compared to the other studies in this section, Dosu's content analysis does affirm common issues discussed in the studies (Agbényiga & Huang, 2012; Kyei-Arthur, 2013; Mba, 2013).

Reciprocity from Pentecostal Churches in Ghana

Religion plays an important role among families in Ghana. Every facet of the Ghanaian cultural life is rooted in religion (Larbi, 2002). According to Central Intelligence Agency (CIA) World Factbook (2014), Ghana religion demographic is Christian 71.2% (Pentecostal/Charismatic 28.3%, Protestant 18.4%, Catholic 13.1%,

Other 11.4%), Muslim 17.6%, Traditional 5.2%, None 5.2%, and Other 0.8%. The rise of Pentecostal/Charismatic denominations constitutes a paradigm shift in religious influence in Ghana (Gifford, 2004). Larbi (2002) also reported that the rise and growth of the Pentecostal churches calls for these churches to reciprocate the social and community services that were provided by traditional systems.

Darkwa (2000) suggested that churches and other religious organizations could organize community based programs for the elderly. He further indicated the social roles these institutions play within the Ghanaian culture present unique opportunities for these organizations to serve as partners in elderly caregiving. Furthermore, the churches in Ghana have welfare programs that provide monetary assistance to bereaved families to cover funeral expenses. To date, major gap exists, as there are relatively no studies on Pentecostal churches involvement in elderly caregiving in Ghana.

There is clearly a need for additional research in this area of population. The current studies available on Pentecostal churches and their contributions within the Ghanaian community are on patronage (Asamoah, Osafo, & Agyapong, 2014; McCauley, 2012), spirituality [e.g. prayer, born again experiences] (Daswani, 2013; De Witte, 2011), and developments [e.g. economic empowerment] (Nyigmah Bawole, 2013). In Ghana, Pentecostal churches have been known primarily for offering spirituality services of hope, salvation, divine healing, and deliverances from spells. In recent times, some Pentecostal churches' developments have included schools, hospitals, and university colleges (McCauley, 2012).

Summary

The social support safety net undergirding the elderly population in Ghana is dwindling as the nation goes through social and developmental changes (Apt 2012). There are limited studies on elderly caregiving in Sub-Saharan African countries. This study explored caregivers perceptions of their own experiences and what Pentecostal churches may provide as social support platform for their members who are elderly caregivers in Ghana. Using a lens of reciprocity of social exchange theory, caregivers' perceptions of social support from their local Pentecostal churches was explored. Another significant shortcoming is that research on Pentecostal churches involvement in elderly caregiving in Ghana are practically nonexistent; therefore, new information was added to the body of current knowledge.

CHAPTER III

METHODOLOGY

The purpose of this study was to learn about the needs of family members who care for their elderly members and about what Pentecostal churches may provide as a social support platform for these members. Providing care in Sub-Saharan African countries is a huge task with both physical and emotional dimensions (Apt, 2012; Dosu, 2014; Okoye & Asa, 2011). As the aging population is growing in Ghana, the family support and care for the elderly becomes more significant. Included in this section are discussions about qualitative research, protection of human rights, participants, procedure, data collection, and analyses.

Qualitative Research

A phenomenological approach will be used in this study. Phenomenology is a process that emphasizes the experiences of phenomena in order to determine its essences (Bernard & Ryan, 2010). According to Creswell (2003), phenomenology is a form of inquiry that allows researchers to use different ways of knowing and understanding participants' perceptions. Through this methodology, one is able to capture the essence of participants' worldviews through their own unique descriptions of their experiences.

The purpose of using this methodology was the goal of understanding participants' unique experiences in their social contexts. Qualitative research gives the researcher better tools to capture the nuance of lived experiences. Another important part

of qualitative research is the participant/observer role of the researcher. However, the researcher must be aware of risk of biases as well as balancing the insider versus the outsider roles (Creswell, 2003). As mentioned in the introduction, my role as a pastor within the African community gave me an opportunity to work with families, who have elderly members. I saw many families struggle to provide caregiving to the elderly relatives. My interest in this topic has grown with my exposure to the elderly care in United States of America. There is a lack of research on Pentecostal churches involvement in elderly caregiving in Ghana. My intent as a qualitative researcher was to bring to light this small but significant population.

Protection of Human Rights

Human participants should never be injured in any social study (Babbie, 2013). Prior to this study, the researcher submitted an application to Texas Woman's University Institutional Review Board (IRB). The application included a description of the study, specific tools that were used to identify participants, collection, and storage of the data in order to ensure the protection of participants. The application was approved before the recruitment of participants (Appendix A).The researcher followed and complied with the IRB recommendations.

To safeguard and preserve the integrity of the study, each participant received and signed a consent form before participation in the study (Appendix B). Participants were informed of their rights to withdraw from the study at any time without any repercussion. Care was taken to maintain participants' confidentiality throughout the study. The data

collected will be kept in a locked box in the researcher's home office for five years and will be destroyed after that time.

Participants

This study was conducted in Ghana. Twenty participants who were 18 years or older, were recruited for the study. The participants were member of a local Pentecostal church for at least 12 months in order to qualify to participate. Based on my pastoral experience and observation in Ghana, a member in church for about 12 months would have developed enough social capital in their right to gain assistance when needed. In addition to their church membership, the participant must be a caregiver to an older family member in past 12 months. As a caregiver for about year, a person may be able to share a more valuable experience than someone with less amount of time. As a caregiver, the participant's roles must include helping an older family member with any of the Activities of Daily life (ADL) and Instrumental Activities of Daily life (IADL) duties.

Procedure

Participants were recruited from three southern regions of Ghana, namely Central Region, Greater-Accra Region, and Volta Region. A recruitment flyer (Appendix C) was posted in Pentecostal churches in these three regions. Also, since this study used snowball sampling, the participants were asked to identify other potential participants for the study.

Snowball sampling is a nonprobability sampling method where participants interviewed may be asked to suggest additional people, who could be included in the

research (Babbie, 2013). Through snowball sampling method, difficult populations can be reached. Snowball sampling method allows researchers to gain access to vulnerable or stigmatized group, who may be reluctant to share their stories or engage in any formal studies. The participants who volunteered for the studies contacted the researcher via phone so that the study was fully explained to them. Upon agreement to be part of the study, participants were interviewed in their home (n = 6: 30%), church (n = 12: 60%) or another safe location agreed upon by both researcher and participant (n = 2: 10%). In addition to the consent form (Appendix B), an audio digital recorder, pens, extra batteries, and note pad for field notes were brought.

At the beginning of the interview, I developed a rapport by describing the study again and offered an opportunity to participants to ask any questions they might have. Then, the consent form was presented to them. After signing the consent form, the participants filled out the demographic questions. Next, the researcher administered the qualitative questionnaire orally. The interview followed a semi-structured guide with probing questions to enable participants to clarify the information they are sharing. Each face-to-face interview was estimated to last around 30 minutes. Each interview was taped using an audio digital tape recorder. Also, the researcher took field notes from his observation of the participants and their environment. This observation which took place during the entire process of the interview also included participants' mannerisms, non-verbal expressions, and cultural cues that shed light on their role as a family caregiver. The qualitative research observation aids in constructing a world that is not visible in

quite the same way (Denzin & Lincoln, 2003). Following, participants received a t-Shirt as a souvenir gift after the interview and were asked to be phoned for follow up questions. The study included the following research questions:

1. What are the caregiving experiences of family members who care for their older family members?
2. What are the social support roles expected from Pentecostal churches by family caregivers?
3. What other new roles can Pentecostal churches offer to family caregivers?

Data Collection

Twenty participants responded to demographic (Appendix D) and qualitative interview guide questionnaires (Appendix E) developed by the researcher. These questionnaires were developed from the current literature review in respect to the social exchange theoretical framework. According to Babbie (2013), the qualitative questionnaire offers a frame to generate an in-depth conversation to help understand the phenomenon being explored. In this study, three forms of data were collected. First, participants filled out demographic questionnaire which provided basic background information for the study. Next, a face-to-face in-depth audio recorded interview was done. Finally, the researcher took down field notes about the participant and his or her environment.

Data Analyses

The researcher listened to each audio tape one time before transcribing them verbatim. The transcripts were read and coded for emerging themes. The transcripts were set aside, and reviewed later. Bracketing was used to reduce researcher's biases. Before any coding of the data occurred, the researcher took steps to listen to audio-recordings and reread the transcripts repeatedly to be familiar with the data. The researcher followed the process with a general question as "what is going on here?" in each segment of the data. Saldaña (2013) referred to this as descriptive coding. To further code the data, the researcher highlighted and underlined common terms, phrases and sentences that described basic topics of reciprocity. These categorized inventories of terms were organized into major themes that described the caregivers' perceptions of the roles and the support from Pentecostal churches. The common codes were categorized into cluster of groups. In order to ensure verification and validity of the study, triangulation was used to strengthen the study. According to Patton (2002), using triangulation as a form of different methods to determine credibility of data makes a study strong. The researcher compared and cross-checked the interview data, field notes, and the demographic questionnaire for consistency. Another step involved member checking, which involved checking consistency with what other participants were saying about the similar phenomena. Data were cross-checked against the theoretical framework. The researcher involved another person with qualitative background in reviewing the transcribed data. This person read and recoded the data for common themes, which was compared with the

researcher's findings/themes for consistency and validation in triangulation process. These steps were repeated until theme development was finalized. The emerging themes were reported in the narrative format, which included the participants' responses.

Summary

The purpose of this study was to learn about the needs of family members who care for their elderly members and about what Pentecostal churches may provide as a social support platform for these members. Using a snowball sampling method and a recruitment flyer, 20 participants, aged 18 years and older, who are caring for an elderly family member, were recruited from their local Pentecostal churches in Ghana. Data were collected through demographic questionnaire and face-to-face interviews. The audio-taped interviews were transcribed verbatim and then analyzed for emerging themes. The themes were then reported using a narrative format, which included excerpts derived from participants' interviews.

CHAPTER IV

RESULTS

The purpose of this qualitative study was to explore caregivers' perceptions of their roles as caregivers of their elderly family members and of their Pentecostal churches' support for elderly caregiving. This chapter contains the description of the participants and their responses to the interview questions that focused on their caregiving perceptions. The researcher interviewed 20 participants who were caregivers of their elderly family members for the past one year. They resided in one of the three regions of southern Ghana, namely Central Region, Greater-Accra Region, and the Volta Region. Prior to starting the interviews, each participant was assigned a numeric code.

Descriptive Analyses

The data were collected using a demographic questionnaire (Appendix D) that was divided into two parts. Part one consisted of nine questions that highlighted the profile of the family caregivers, and part two focused on the family caregivers' roles and responsibilities.

Table 1 shows that the tabulation of the descriptive statistics of the family caregivers demographic characteristics. The research participants consisted of 20 family caregivers; nine men (45%) and 11 women (55%). They ranged in age from 22 years – 68 years (M = 51.6, SD = 9.72). All participants were providing caregiving to their elderly family members for more than two years.

The majority of the caregivers (65%) were married. The participants had varied educational backgrounds. About 30% of the participants had masters' degree. About 50% of the participants earned 0 – 1000 GHC (Ghana Cedi), and 10% earned 2001 – 3000 GHC monthly income. The average duration of caregiving services provided was 11.2 years, (*SD* = 7.44) with a range from 3 years to 29 years.

Table 1.

Descriptive Statistics of Family Caregivers' Demographic Characteristics

Variable	*N*	*n*	*%*	*M*	*SD*	*Range*
Gender	20					
Women		11	55			
Men		9	45			
Age (years)	20			51.6	9.72	22-68
Marital Status	20					
Single		6	30			
Married		13	65			
Separated		1	5			
Education	20					
Basic		3	15			
Some College		2	10			
Bachelor		2	10			
Diploma (Associate Degree)		7	35			
Masters		6	30			
Income	20					
0 – 1000 GHC		10	50			
1001 – 2000 GHC		8	40			
2001 – 3000 GHC		2	10			

Table 2 shows care receivers' demographics. Participant 3 was a caregiver providing care for three female relatives (mother, mother-law, and sister) who were 94 years, 93 years and 70 years respectively. Participant 12 was also caring for his father and mother, who were 90 and 78 years. Participant 17 was a female caregiver caring for her 72 year old father.

Caregivers provided caregiving to 31 care receivers. Of the participants, 51.6% of the participants were providing caregiving service to their mothers and 22.6% were caring for their fathers. Fifty-five percent were caring for one elderly member, and 10% were taking care of three elderly family members.

Table 2.

Care Receivers' Demographics

Caregiver	Number of Care Receivers	Relationship to Caregiver	Duration of Care (Years)	Age of Care Receivers (Years)
1	2	Father	4	85
		Mother	4	68
2	2	Father	3	75
		Mother	3	70
3	3	Mother	20	94
		Mother-in-law	12	93
		Sister	15	70
4	2	Mother	8	94
		Sister	4	70
5	1	Grandmother	5	70
6	1	Mother	15	87
7	1	Father	5	72
8	1	Husband	10	70
9	1	Mother	10	94

10	1	Mother	10	81
11	1	Mother	22	93
12	2	Father	7	90
		Mother	4	78
13	1	Mother	15	74
14	2	Father	32	92
		Mother	32	84
15	3	Father	10	85
		Mother	10	76
		Uncle	8	69
16	1	Mother	20	75
17	1	Father	5	72
18	1	Mother	10	82
19	2	Mother	5	77
		Mother-in-law	3	80
20	2	Mother	8	78
		Mother-in-law	5	76

Table 3 shows the frequencies of caregivers' activities.

In respect to the ADL and IADL, Ninety-five percent of the participants participated in medical duties and 60% of the participants cooked for their care receivers. Fifty percent of caregivers participated in both bathing and toileting duties.

Table 3.

Frequencies of Family Caregivers' Activities

Variable	*N*	*n*	*%*
Activities of Daily Life (ADL)	20		
Bathing		10	50
Toileting		10	50
Feeding		8	40
Grooming		7	35
Instrumental Activities of Daily Life (IADL)	20		
Shopping		17	85
Financial		18	90
Cooking		12	60
Medical		19	95
Transporting		9	45
Socialization		19	95

Caregivers' Perceptions

The study yielded three major themes: (1) reciprocity of personal obligations to provide caregiving to elderly family member, (2) reciprocity of financial support from the church for elderly caregiving, and (3) reciprocity of services from the churches for elderly caregiving. The participants' confidentiality was protected by assigning each participant a numeric code. In order to ensure the credibility of the study, another reader reviewed the transcripts separately and independently coded for themes. Comparisons were made to reach a common consensus for triangulation of the data. According to Patton (2002), by including triangulation of data sources and the analytical perspective, one can increase the accuracy and the credibility of the qualitative findings. This study's process of triangulation involved comparing and cross-checking the transcribed data with field notes for consistency. The data was also compared to the theoretical framework and cross-checked with another coder's findings. Participants were encouraged to speak openly as much as they were comfortable. Follow up questions and prompts were used occasionally to gain clarity on participants' comments. The researcher highlighted and underlined common terms, phrases, and sentences that described basic topics of reciprocity. The common codes were categorized into cluster of groups. These categories of terms were organized into major themes that described the caregivers' perceptions of the roles and the support from Pentecostal churches. The second independent coder analyzed the transcripts and identified significant statements of reciprocity that were

consistent with the researcher's codes. Three major themes emerged from the study. Verbatim quotes from the participants were used to identify the themes emerged.

To guide this study, the researcher focused on the following research questions. After each research question are the overall results from the analysis of participants' responses to the interview questions designated for each research question:

1. What are the caregiving experiences of family members who care for their older family members? Participants shared the circumstances that led to their roles of providing caregiving to their family members. The theme of reciprocity of personal obligations to provide caregiving to family members evolved from analysis of the data. Specifically, personal responsibility and their position in the family led to the caregiving roles for their family members.
2. What are the social support roles expected from Pentecostal churches by family caregivers? A theme of reciprocity of financial support was revealed. Receipt of financial aid was indicated as way to obtain a variety of provisions such as medical needs, food, and transportation.
3. What other new roles can Pentecostal churches offer to family caregivers? Analysis of caregivers' responses showed the importance of reciprocity of services. In particular, prayer services, socialization, caregiving training workshops, and activity centers were identified.

Table 4 shows the summary of the main themes and the subthemes.

Table 4.

Main Themes and Subthemes

Main Themes	Subthemes
Reciprocity of Personal Obligations to Provide Caregiving to Elderly Family Members	Personal Responsibility Position of Child in Family
Reciprocity of Financial Support from the Church for Elderly Caregiving	
Reciprocity of Services from the Churches for Elderly Caregiving	Prayer Services for the Elderly Persons and Caregivers Socialization with the Elderly persons and Caregivers Basic Caregiving Training Workshops Activity Centers for the Elderly Person

Following are detailed information regarding the three themes. Participants' gender was assigned with the letter "F" for female and "M" for male in the participants' narratives.

Reciprocity of Personal Obligations to Provide Caregiving to Elderly Family Members

The cultural norm of reciprocity within the Ghanaian culture naturally predisposes persons' decisions to be a caregiver of their elderly family member. The obligation to provide caregiving to elderly persons was rooted in filial responsibility norms that required each generation to provide a social safety net to undergird the older generation. However many affirmed their decisions to be caregivers were personal responsibilities. The personal responsibility gave the caregivers personal sense of duty to care for their elderly family members. Many of the participants evolved into caregiving role due to illness of their family members or sudden death of the care recipients' spouses. Most of the male caregivers were thrust into caregiving roles as first-born or elderly sons with primary responsibilities to provide care to their parents.

Personal Responsibility

> I was in Accra, doing my teaching in Accra. I am teacher so it came to a time my father died and my mother was in the house alone. Six months after the death of my father died, my mother fell sick so there was no one staying with her so I decided to come and stay with her. (Participant 11F)
>
> Well, it all happened when my mother was becoming sick on and off she lived in different part of the country I also lived and I work in different part. So I decide that I should take her over, I should bring her over to where I lived, so that she

can be with me and I can supervise her. So, that is how come that I eventually become a caregiver. (Participant 6F)

Yeah, until my father became ill and we have to take him to the hospital, during the process we realize the medicine given to him was so strong for his age and that has weaken him from time to time he could not do certain things on his own so automatically somebody must help and I have to start doing some of his services. (Participant 12M)

Okay because my father is a friend to me and a brother to me that's why I want to help them. (Participant 1F)

Hmm, it was not easy taking care of him, but I just have to sacrifice for the period, now that he's sick I just have to sacrifice and stay, stay with him and take care of him. (Participant 7F)

Yeah, I have seen that the health of my mother is failing so I have to step in to assist her, in her finances, her medical you know issues, then transportation the hospital and then medication by giving her money in the form of money err yeah, I think so far that is how I became a caregiver, you know she brought me to this world and once I have observe that is her health is failing I have to assist her. (Participant 13M)

Position of Child in Family

Five male caregivers shared their sense of duty to care for their parents by the virtue of their position as sons, first-borns sons, or elderly sons in the family. This sense

of duty is undergirded by a strong cultural norm of reciprocity, thereby giving the participants a strong commitment to providing care to their loved ones.

> Yeah by being the first born of my parents… my father retired when I was in sixth form [pre-university] so after completing the university I feel I must be responsible enough to look after my parents. (Participant 14M)
>
> Well, after losing my father, I am the only son around for that matter I have to take the responsibility by taking care of my mother. (Participant 18M)
>
> Well eeeh I take a caregiving as a responsibility have a family who are aged and I have to support them that is how I become a caregiver because I felt is a family responsibility carry it up…. Well my mother and then my mother in-law, they are my direct responsibility then if they have gotten to a stage where they need care automatically I have to step in that I can do, that is how I became a caregiver because its my responsibility as a son and then as a son in-law to my mother-in-law my sister also. (Participant 3M)
>
> Yeah, it's became necessary because it got to a point, in fact…errrh…errrh, my mother she use to do everything by herself but it got to a point due to her age, her mobility became somehow limited, errrh…and in that case as the eldest …errrh son and also more or less, the breadwinner of the family, I had to assume that responsibility. (Participant 19M)

Reciprocity of Financial Support from the Church for Elderly Caregiving

Increasing number of participants who were caregivers also have the responsibility of handling the financial matters of their care receivers. These participants indicated the need for financial help to cover medical needs and other material needs. The medical needs included visiting the doctor's office for routine check-ups, laboratory works, physical therapies, and medication. The other material needs were money for food, clothing, housing, and public transportation. The participants reiterated the need for the churches to offer financial support to the elderly.

> At times we need, mostly we need money… like I was saying we need money… money is so difficult for us not me alone… plenty people who are looking for taking care of eem old people we need money and support like clothing and feeding and going to checkups mostly we need money to buy our drugs [medication] so I think if the church can help us. (Participant 1F)
>
> By supporting financially…because at times you take the sick old lady to the hospital, the sick old man to the hospital, or all is money matters. They [church] must support financially then praying to support their family. (Participant 4F)
>
> ehrr number one as I've already said is the financial aspect, alright the physical aspect maybe taking care of them… bathing them and taking them to the hospital, I don't think any other person can do it better than yourself who is rightly connected to that emm person you are helping thus your mother-in-law, your mother, your father, and your sisters. So I think yes, it still boils down to the

financial aspect of it. So you can tell, talk to them [church] and then maybe seek their assistance financially that will be the best thing to do. Sometimes if ehrr, maybe there also maybe some clothes, soap and other things ok you can also seek their assistance on that line. (Participant 3M)

Yes, that's financially… Yes, sometimes it's difficult for us to get money. (Participant 5F)

Umm, they [church] should give them, help them financially, yes and socially (Participant 15M)

Financial support…financial support because for some of them, they have left family, they have left home… they have left everything to follow Christ. So all their hope is in the church, they see the church members as their brethren, because whatever goes on their traditional homes, whatever they cannot be part because they claim they are Christian…so they have found a new [church] family, that family should be solely responsible for you. And because they have identified themselves with the church, the church should take sole responsibility especially where financial help is not coming from maybe children, family members whatever, the church should take up. (Participant 6F)

They should assist financially, because sometimes even though there is somebody who is providing the "pampers" and the food, sometimes the person doesn't have the money and it like… it become a little burden to even the person who is even

providing, so if the church can come in and assist… So if the church will come pray with you, assist financially. (Participant 7F)

like err food items and sometimes small small monies to old age people and they will feel happier living among people and living in society. (Participant 12M)

Well, everything boils down to…it's money issue, no matter how much prayer they do for us, everybody needs that cash flow to be able to do that one…I think Pentecostal… they should get involved, because I remember a sister left a church because she is in a Pentecostal church and she feels that they don't tackle some of these issues, so she has left the church. (Participant 17F)

I always need the money because if the money is there I can buy some things… even if the money is there I can go for a lady or old lady or someone who can take care of my mum when am not around. Especially when the time comes for me to travel it becomes a headache for me… Yeah if there is money I can go for someone to come and take care of my mum two or three weeks before I return. (Participant 10F)

My church, my church they will be involved financially, number one… (Participant 11F)

My Pentecostal church can take care emmm financially if we have the need. They can also take care socially, they can also take care by given basic daily needs, be with the people, helping feed them helping bath them, helping to socialize with them, they can also help with given them clothings. Some of them need clothings,

some of them need a day to day visitation. Our, my Pentecostal church can do that. (Participant 16M)

Reciprocity of Services from the Churches for Elderly Caregiving

Reciprocity of Services from the churches for elderly caregiving yielded four subthemes: (1) prayer services for the elderly persons and caregivers, (2) socialization with the elderly persons and caregivers, (3) basic caregiving training workshops, and (4) activity centers for the elderly persons.

Prayer Services for the Elderly Persons and Caregivers

I think the church can at times come and visit us… most can't come to church… even my father can't walk to church. So if he come to church he can't sit down listen to preaching. He has to rest…so they can come to visit us in our houses and preach to us and pray to us…they can share God's word with us so that we too will become okay. (Participant 1F)

Eerh the church also can once in a while go and visit them, sit with them, talk to them, encourage them, pray with them and then also talk to them about God… so that they will get closer to God sometimes when they get to that age old age they feel as if they've been abandoned by God and all that kind of something, I think when you visit them and then we talk more about God with them especially about the Lord Jesus… that will help them…(Participant 3M)

Yes, and also they should offer their prayers. Apart from the financial aspect, they should also come, once, they must come and pray with us, pray for the sick

person, and also encourage the person who is taking care of the, encourage the caregiver. (Participant 7F)

Yes the church have more to do. They have to get the passion by assisting them financially and then paying regular visits. Because if the person is sick and you don't go to the house you may not know... regularly visit. By visiting the person regularly, you know what is happening in the house. But if you don't pay the person a visit, the elderly sick person a visit, you may you may not know what is happening over there, so we have to pay regular visit all the time and then by praying to support the elder people. (Participant 4F)

Yeah, we need prayers, sometimes you feels stress-up, sometimes you will be disappointed… (chuckle)…you will feel bad, but if you…they are around maybe erh, once along… they come and then pray for me, pray for...they encourage the sick too, they they will encourage you too. (Participant 8F)

The most assistance I need is their prayers and their visiting to see how we are doing…and money… They can visit you and greet you to see the way you are doing and then eh, tell you on about the good work you are doing, God is in control, we are still thinking of you, don't worry, at the right time we will come and see you. (Participant 9F)

Okay, I will say prayer, prayer and money…visiting also… well, paying a visit to my mum is also part, that one can encourage her as well… (Participant 10F)

Socialization with the Elderly Persons and Caregivers

Some of the participants called on the church to make the conscious effort to socialize with the elderly persons among their congregations.

> The church should also pay regular visit to people who are old age and err…they visit and then socialize with them, share the word of God with them…and that will encourage them. I think the church can go that way. (Participant12M)
>
> I think in our Pentecostal setup we need to visit them…that is one; we need to pray for them and the same time, we need to chat with them and take them to shopping… organize some gathering for them…to also… to feel at home because at time they feel lonely and as a church, we need to draw closer to them, because they have been active in those days and now they are not active… (Participant 18M)
>
> Again, it would be…to also visit, come to the house and see her and sometimes sit with her and…we sit down, and we talk and offer some kind of counseling…errh that would go a long way to help. (Participant 20M)
>
> Visit sometimes … you need them [church] to visit and encourage you, but they don't …even if you go and tell them, they will never come. They will just tell you. Oh we will come, but they don't come. So if the churches will now come in to help financially, maybe once in a month, they say oh take this thing. Not only for the person who is sick, even for the caregiver, that will even encourage the person, because sometimes it's frustrating, sometimes you want to go out, you

can’t go out, you want to do certain things for yourself you can’t do it. (Participant 7F)

I expect them to come and visit once awhile so that they will preach to the old lady. See the old lady hasn’t been going to church these days. Despite the fact that she is in Global… the pastor has been given her communion. My church will come even assist me in counseling… I mean, counsel the old lady because as you are growing you know this people they fear death. (Participant 11F)

Basic Caregiving Training Workshops

Emm, the church once in a while should organize a seminar because as we are, as we live with our parents, as we stay around with them, once, they will grow old. So the church should always, once in a while organize a seminar and teach people. Because when I started taking care of, started taking care of my daddy, it was very frustrating. Sometimes you want it this way you don’t get it this way and you talk, talk to the person, but as the years go, you, you get adjust to the system, you know that this thing has come. So you just have to accept it and embrace it as it is from now. So I think the church, the church have to organize a seminar to teach people, they should bring in people who are expert to teach people how to take care of elderly people or sick people and that will also encourage the caregivers to know what to do, because sometimes it’s like you don’t know what to do. (Participant 7F)

well maybe err… once in a while they could organize some seminar you know to educate us on what we should do to the elderly or caregivers… maybe I may lack some information or knowledge in certain things…if the church could organize such things for us to know what to do…it will go a long way to help me (Participant 13M)

Yeah, that is, they, the church, they know better. Sometimes they can… like a talk, emm…they can organize workshop or talk where they will guide you. How to go about it…like caring for your family members. I think it is in the Bible…since they support…when they support with the word of God and you are…because lack of knowledge, people perish, maybe I, maybe am not doing something well…but if am taught or advice or I…so for workshop like that when I get…we will be able to do it. (Participant 8F)

Yes, I see that need, I haven't experienced one myself, I think the Pentecostal churches can come in… to sort of, once awhile…just…especially over the weekends, organize an old-age…kind of a weekend joints where we can bring them together, let them meet their peers, they talk about yesterday, you know, and the kind of works they did in the past, because they live in…errrh, yesterday; they remember what has transpired many years whilst they were working rather than…errrh…umm, today. (Participant 20M)

Activity Centers for the Elderly Persons

Some participants talked about the church developing extensive programs like building of nursing homes or senior centers to address the growing needs in elderly caregiving in Ghana.

> If they, if they can, they should build a home, whereby people can also take their elderly people there...so that they can be taken care of. (Participant 7F)
>
> New roles, no, ok hmm, if it is in the European world I may say the church should organize and put up a place, a comfortable place for old age people so that if they can't even go there...once awhile we take them there to mingle with their, with their colleagues…So if the church will be able to put up a place like that so the elder people would meet once in a while and interact...they will be happy. So if the church have got money I expect the church to do that for me. (Participant 11F)
>
> Looking at what I went through with my father, I think if the church would have a place for old age people...and when they are up to a certain age when people don't care...and they are brought into the church for visit...care and all these things it will help society and I think that is a challenge the church should start thinking about. (Participant 12M)
>
> The church creating a community center or a caregivers' home... I will also want the church to come with a team...like a visitation team where the…maybe the care…the home might not be feasible immediately, periodically they could be

visiting such homes, such people...pray with them, encouraging them, giving them gifts here and there as a support. (Participant 19M)

Number one...build some kind of a home...a home for the elderly where they could go and number two...visit - come to the house, visit them and check how they are doing and do some kind of errrh…club for the elderly where we can sit and even just go through a Bible study or ask them to remember some of their past life stories, the Bible quotations they memorized some time ago to recite them - something that would create activity for them. (Participant 20M)

Summary

This chapter contained the results of the phenomenological research study of caregivers' perceptions of their caregiving experiences and of their Pentecostal churches' support for members who are providing caregiving to their elderly relatives. Furthermore, this chapter included demographic characteristics of the samples and three emergent themes, with verbatim quotes of the participants to support the themes. The analysis of the interviews identified the following themes: (1) reciprocity of personal obligations to provide caregiving to elderly family members, (2) reciprocity of financial support from the church for elderly caregiving, (3) reciprocity of services from the churches for elderly caregiving.

CHAPTER V

DISCUSSION

A phenomenological approach was used to explore caregivers' perceptions of their roles as caregivers of their elderly family members and of their Pentecostal churches' support for elderly caregiving. Twenty Pentecostal caregivers in the southern regions of Ghana participated. The norm of reciprocity in social exchange theory was used as a lens to explore these caregivers' perceptions. This qualitative research used a snowball sampling method to recruit participants for the study. Participants filled out a demographic questionnaire and qualitative data were collected in face-to-face audio-taped interviews. The interviews were transcribed verbatim, coded, and analyzed for themes. To ensure trustworthiness of the research, the data were triangulated by comparing and cross-checking the interview data, field notes, and the demographic questionnaire for consistency. Member checking was conducted; this involved checking consistency with what other participants' similar experiences. The data was cross-checked against the theoretical framework. Another coder read and recoded the data for common themes, which was compared with the researcher's findings/themes for consistency and validation in triangulation process. Finally, the emerging themes were reported in the narrative format, which included the participants' responses. The research questions were

1. What are the caregiving experiences of family members who care for their older family members?
2. What are the social support roles expected from Pentecostal churches by family caregivers?
3. What other new roles can Pentecostal churches offer to family caregivers?

This chapter contains an overview of the results: characteristics of the caregivers and their care receivers and the themes developed from the analyses of the caregivers' responses. The strengths, limitations, and implications of the study are discussed along with identification of ideas for future research and practice and policy recommendations.

Overview of Results

This phenomenological approach of qualitative study provided an opportunity for these participants to speak openly about their caregiving experiences. These caregivers were a group of individuals who took charge to provide caregiving to their elderly family members at a critical point in their elderly family members' lives. Findings from the demographic questionnaire portrayed a clear profile of an under-researched population. The study participants willingly shared their caregiving experiences.

These 20 caregivers ranged in age from 22 years to 68 years, and served as the primary caregivers of their elderly relatives. The duration of caregiving these participants rendered to their family members ranged from 3 years to 32 years. The care receivers' ages ranged from 68 years to 94 years. The most frequent type of care activities are socialization (95%) and medical (95%).There was lack of research showing the duration

of caregiving and the ages of caregivers and care receive. However, Agbényiga and Huang (2012) study reported the mean age of care receivers was 71.7 years. In this study, almost 52% of care receivers were mothers. In Apt's (2012) study, most of the participants were providing caregiving to maternal family members. Apt indicated that maternal family support was facing challenges due to the demographic changes in Africa.

The research questions focused on three major areas: caregiving experiences, expectations of social support role from Pentecostal churches, and new roles of Pentecostal churches. For the first research question; "What are the caregiving experiences of family members who care for their older family members?," many of the caregivers described how they were thrust into the role as caregivers and their responsibilities were rewarding endeavors. Their personal responsibilities to care for their elderly relatives were acts of reciprocity which was consistent with the tenets of social exchange theory. Personal responsibility to care for elderly relative and position of child in family were the subthemes that supported the main theme that answered the question. Among Ghanaians the position of child in a family brings an important responsibility to that child. First-born sons are responsible to take care of their parents. Only son or only child in a family was also expected to cater to their aging parents.

The second research question: "what are the social support roles expected from Pentecostal churches by family caregivers?" yielded the theme of reciprocity of financial support from the churches. Participants' responses showed that financial contributions by the church would provide social safety nets for elderly persons and their caregivers. Apart

from two male caregivers who explicitly stated they did not need any assistance from the church, most of the participants wanted their Pentecostal churches to visit them and also offer some form of financial donations.

Caregivers' responses to interview questions for the third research question of "What other new roles can Pentecostal churches offer to family caregivers?" revealed that Pentecostal churches in Ghana need a comprehensive plan of action to provide specialized programs for families with elderly persons. These programs were described in terms of reciprocity of services from the churches. Four subthemes supported the main theme reciprocity of services: (1) prayer services for the elderly persons and caregivers, (2) socialization with the elderly persons and caregivers, (3) basic caregiving training workshops, and (4) activity centers for the elderly persons.

According to Yiranbon et al. (2014) the concepts of intergenerational reciprocity are woven into the African culture. *Ubuntu"* in South Africa, and "*harambee"* in Kenya connote the intergenerational ideas that "I do this for you and you do that for me." This study showed that family members helping one another across multi-generations are one form of reciprocity and churches providing supports are another form of reciprocity towards elderly persons and their caregivers. The following are the discussions of three main themes that arose from the statements made by the research participants, as well as comparison of the findings to the literature on caregiving from Sub-Saharan African countries.

Reciprocity of Personal Obligations to Provide Caregiving to Elderly Family Members

The culture of reciprocity within the Ghana naturally influences persons' decisions to be a caregiver of their elderly family member. The obligation to provide caregiving to elderly persons was rooted in filial responsibility norms that required each generation to provide a social safety net to undergird the older generation. Reciprocity of personal obligations to provide caregiving to elderly family members yielded two subthemes: (1) Personal responsibility and (2) Position of Child in family.

Personal Responsibility

Participants' responses in respect to personal responsibility to reciprocate care to their parents were very much in line with the cultural concept of intergenerational support and reciprocity (Dotchin et al., 2014; Yiranbon et al., 2014). Consistent with Apt's (2012) study, that caregiving in Ghana is a family responsibility, participants' open discussions of personal responsibility and obligation affirmed it. Apt argued that the family is the most central human institution in Africa, and African societies rely on families' benefits and welfare. The theme related to reciprocity of personal obligations to provide caregiving to elderly family member was in agreement with prior studies (Apt 2012; Dosu, 2014). Apt stressed on the younger generations providing benefits to the older family members. These benefits included regular stipends and provisions [e.g. groceries] to elderly parents. However, Dosu also reiterated that the broader society does not respect

and support the elderly as in the past. Participants' responses demonstrated the urgency, concern, and the frustrations confronting caregivers and the elderly family members.

Position of Child in Family

Care receivers' children are obligated to provide caregiving by virtue of their position in the family. Being a first born son is an honorific position (Van 2002) that also carries the obligation to be the custodian of elderly parents within the Ghanaian culture. First born sons or only son within the family makes the decisions regarding their elderly parents' caregiving.

In addition, prior studies have shown that the family caregivers need external social support in their caregiving roles (Abdulraheem, 2005; Baiyewu et al., 2012; Kangethe, 2010). However, some of the participants were very much proud of providing caregiving to their relatives, a role they may not want to trade or relegate to a non-family member.

Reciprocity of Financial Support from the Church for Elderly Caregiving

Previous research has described the importance of finance in elderly caregiving (Bookman, & Kimbrel, 2011; Kodzi et al., 2011). Many participants in the study echoed sentiments of financial needs. Money was needed for medical treatments, transportation to hospitals for check-ups, food, clothing, rent, and many more necessities. Three participants had to quit their jobs to take care of their parents full-time. One woman on a fixed retired income who was caring for her 93 year-old mother expressed appreciation to the church for a one-time donation of 10 GHC.

According to Kodzi et al. (2011) financial wellbeing, health status, religious involvements of the elderly persons are key predictors of their subjective wellbeing. Some participants wished that the church would donate and contribute financially towards their caregiving roles. The majority of the participants wanted assistance from their Pentecostal churches. This was similar to findings by Fonchingong (2013) in which families and communities work together to fill the gaps left by the state government. It also recommended that any delivery of social welfare programs for the elderly need to incorporate funding for community based organizations and improvement of rural infrastructure. Later research on caregiving in Sub-Saharan Africa (Fonchingong, 2013; Kangethe, 2010) marked the recognition of culturally directed care arrangement programs for elderly persons in their respective countries. In respect to Ghana, finances were vital to elderly caregiving in Ghana. For example, families with financial stability are able to afford the high cost of health services and medication needed by their elderly relatives.

Reciprocity of Services from the Churches for Elderly Caregiving

Churches are spiritual community. Apart from the spiritual roles they play in Ghana, they have some social responsibilities towards their members. The theme, reciprocity of services from the churches for elderly caregiving yielded four subthemes: (1) prayer services for the elderly persons and caregivers; (2) socialization with the elderly persons and caregivers; (3) basic caregiving training workshops; and (4) activity centers for the elderly persons.

Prayer Services for the Elderly Persons and Caregivers

Visitation has been significant to elderly caregiving (Apt, 1993; Darkwa, 2000). In Ghana, visitations are means by which churches reach out to their communities. Typically, prayers services are significant parts of visitations by religious group in Ghana. Whenever they visit a person, prayers are offered before any formal discussions of their purposes of visits are discussed. The visitation also ends with a time of prayers for the family. This study's findings were in line with Darkwa's recommendation about the involvement of faith-based organizations' provision of spirituality dimension [e.g. prayer, bible study] to elderly care in Ghana. There is a lack of research that has shown caregivers requesting prayers. Due to the health and the age of the care receivers in this study, church visitations were very important to participants. Establishing visitation teams to be responsible for elderly church members and their caregivers would be helpful.

Socialization with the Elderly Persons and Caregivers

Visitations also offer an opportunity for socialization (Darkwa 2002). Kodzi et al. (2011) asserted that developed positive social relationships offer support for daily living and at difficult times. Most of the participants stressed the importance of the church visiting to provide a platform for socialization. One male participant mentioned that the church should remember the past contributions of elderly persons and reciprocate their previous life works.

> Well in so many ways; one, I think in our Pentecostal setup we need to visit them –that is one; we need to pray for them and the same time, we need to chat with them and take them to shopping… in some gathering for them… to also to feel at home because at time they feel lonely and as a church, we need to draw closer to them, because they have been active in those days and now they are not active…so they feel lonely…(Participant 18M)

Basic Caregiving Training Workshops

Previous research has emphasized the importance of basic caregiving training in Ghana (Apt, 1993; Darkwa, 2002). Most participants also talked about basic training programs in caregiving. One person talked about her frustrations of not knowing what to do. She was not sure if she was providing an excellent service to her father. The lack of basic caregiving training can exacerbate the frustrations of informal caregivers (Dauwerse et al., 2012). The study showed that seminars, workshops, and training programs may be useful in Ghana as participants shared their desire to be trained. This concept of reciprocity exhibited within the Ghanaian culture is consistent with principles of reciprocity in social exchange theory.

Activity Centers for the Elderly Persons

Previous research has described many types of programs for elderly persons and their caregivers (Agbényiga & Huang 2012; Kodzi et al., 2011). Many participants in this current study echoed their desires of having a home or activity center for their elderly members. These centers would have the resources to help families in their caregiving

needs. The elderly persons would socialize with their peers in these centers. This could also give caregivers respite time for themselves. The recommendations of the participants about elderly centers were in line with prior classic studies (Apt, 1993; Darkwa, 2000; Agbényiga & Huang 2012). Darkwa suggested the introduction of adult daycare centers in Ghana where family caregivers may occasionally drop elderly relatives for some hours in order for them to gain some time for respite care.

Strengths

Apart from adding to the body of knowledge on caregiving in Sub-Saharan Africa, a significant strength of this study has provided a platform for communication among some Pentecostal churches about elderly caregiving. This study has brought elderly care into the public discourse. Studies of family caregivers in Ghana are limited, and this study has accomplished the following to expand knowledge on Ghanaian caregivers:

1. Gave caregivers in Ghana a new opportunity for their voices to be heard.
2. Provided a platform for caregivers to express their frustrations about the lack of social supports from the Pentecostal churches.
3. Collected information that Pentecostal churches can use in the plights of elderly persons in Ghana.
4. Brought to light an opportunity for ministry to elderly persons and their caregivers.

5. Gathered data that family scientists can use to educate policy makers and families about the needs of the elderly population.
6. Provided insights into the resources that families expect from social organizations like the church.

Limitations

Along with the strengths of the study, limitations also existed. Participants were drawn from only three southern regions of Ghana. The sample did not include caregivers of other religious bodies but it was limited to Pentecostal church caregivers. Due to cultural norms and mores, caregivers may have been careful not to expose their family difficulties to a stranger (researcher), therefore they may have been selective with information they shared. However, assurance of their confidentiality and strict adherence of the research protocol was conducted during the study.

Communication challenges were encountered during the study. The official language of business in Ghana is English. However, some of the participants could express themselves in only limited English language. They would have been comfortable in their local dialects, but the researcher did not speak the same dialects as some of the participants. The applicability of this study results is limited to families with similar characteristics and experiences of this study's participants.

Another limitation was the role of the researcher as a former Ghanaian Pentecostal pastor living in the United States of America. Participants could have been

careful in their criticism of the Pentecostal churches because of their high regard for the church within the Ghanaian community.

Implications

This research highlights the importance of reciprocity in exchange relationship to reflect the cultural relationship between caregivers and their elderly care receivers. The findings from this research provided implications for family science professionals and others working in the elderly caregiving field. This study will help church officials to develop better congregational policies that address the concerns of elderly persons and their caregivers. For example, most Pentecostal churches have funerary policy that pays for coffins and undertaking expenses for bereaved members. However, they do not have caregiving programs for their elderly members. Participants spoke explicitly about the social support they needed from the churches. Caregivers shared about the need of volunteers, who would help with some of their household chores. In addition, they reported that they wanted their churches to visit and encourage them. Furthermore, a major implication of this study is the need for elderly person's involvement in the caregiving programs in the church.

Family scientists, gerontologists, and social workers can further educate family caregivers about the basics of caregiving and its impacts on the family. According to Agbényiga and Huang (2012) involvement of professionals of social work in elderly caregiving showed positive trends in Ghana such as aging was not sickness. This training education can take place in churches or community centers. Partnership between

government agencies and religious organizations will be beneficial to family caregivers. Developing culturally sensitive programs within churches to help elderly persons and their caregivers are to be explored (Kodzi et al., 2008). The Pentecostal churches are to listen to the members who are caregivers and incorporate their inputs into any caregiving programs for families.

An importance of understanding and meeting the needs of the elderly in Sub-Saharan Africa was consistent with the African Union's declaration on aging that set up an Advisory Council to address the essential issues on aging in Africa at their conference for Social Development (Apt, 2012). Basic educational materials could be developed and disseminated in local churches about community resources and programs for elderly caregiving. Despite that the resources on caregiving are limited in Ghana and Sub-Saharan Africa, faith-based communities can collaborate with Ghanaian government agencies to provide relief to families with elderly persons needing support.

Future Research

This study has added to the limited body of literature on elderly caregiving in Sub-Saharan Africa. However, more research would broaden the field and better inform professionals who may work with family caregivers in Ghana. This study could be replicated to include participants from other regions in Ghana.

Future studies could be expanded to include other caregivers in other religious or faith-based organizations. Participants from Pentecostal churches freely shared their stories and expectations with the researcher. Participants appreciated the opportunity to

talk about their roles, frustrations, joys, and desire to see some supports from their local churches. Future research could also include

1. Exploration of types of training for family caregivers in religious organizations settings.
2. Study of the well-being of both the elderly caregivers and their care receivers.
3. Other participants from different demographic and basic educational backgrounds.
4. Needs assessment of elderly persons in Ghana.
5. Investigation of the partnership of government and religious organizations in caregiving.

Recommendations for Policy and Practice

Based on this research, caregivers reported wanting to learn more about caregiving and to receive financial assistance to help them with caregiving. Furthermore, the churches were not visiting and socializing with the elderly as the caregivers expected. Based on the results of this research, following are recommendations for policy and practice:

1. Family professionals can seek to provide basic caregiving trainings in local churches for families with elderly relatives.
2. Family professionals can educate churches and its leaders about the needs of elderly persons among their congregations.

3. Churches can create a special ministry to reach out the elderly and their caregivers.
4. Churches can create space for elderly persons to meet and socialize.
5. Pastors can serve as advocates of the elderly and promote their cause in their churches and communities.
6. Pastors and their church leaders could raise funds to help elderly persons who need special assistance.

Summary

The purpose of this qualitative research was to explore caregivers' perceptions of their roles as caregivers of their elderly family members and of their Pentecostal churches' support for elderly caregiving. The norm of reciprocity in exchange theory was used as a lens through which these caregivers' perceptions could be seen, and a phenomenological approach allowed the research to understand each caregiver's unique focus on their caregiving roles. The chapter included the overview of the study and provided a discussion of the three themes that arose from the data analysis. The chapter also included strengths, limitations, implications, future research, and recommendations for policy and practice. This study yielded data that shed light on elderly caregiving in the Sub-Saharan African country of Ghana; specifically on the importance of reciprocity within familial and church contexts.

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APPENDIX A

Institutional Review Board Approval Letter

Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378
email: IRB@twu.edu
http://www.twu.edu/irb.html

DATE: February 2, 2015

TO: Mr. Laud Brown
Family Sciences

FROM: Institutional Review Board - Denton

Re: Approval for An Exploration of Caregivers' Perceptions of Their Roles as Caregivers of Their Elderly Family Members and of Their Pentecostal Churches' Support for Elderly Cargiving in Ghana (Protocol #: 17951)

The above referenced study has been reviewed and approved at a fully convened meeting of the Denton Institutional Review Board (IRB) on 12/5/2014. This approval is valid for one year and expires on 12/5/2015. The IRB will send an email notification 45 days prior to the expiration date with instructions to extend or close the study. It is your responsibility to request an extension for the study if it is not yet complete, to close the protocol file when the study is complete, and to make certain that the study is not conducted beyond the expiration date.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp is enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. A copy of the signed consent forms must be submitted with the request to close the study file at the completion of the study.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Karen Petty, Family Sciences
Dr. Nerissa LeBlanc Gillum, Family Sciences
Graduate School

APPENDIX B

Informed Consent

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: An Exploration of Caregivers' Perceptions of their Roles as Caregivers of their Elderly Family Members and of their Pentecostal Churches' Support for Elderly Caregiving in Ghana.

Investigator: Laud Brown lbrown10@twu.edu 469-879-3545

Advisor: Nerissa LeBlanc Gillum, PhD NGillum@twu.edu 940-898-2696

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mr. Brown's dissertation at Texas Woman's University. The purpose of this study is to explore caregivers' perceptions of their roles as caregivers of their elderly family members and of their Pentecostal churches' support for elderly caregiving.

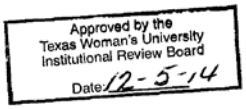
Description of Procedures

As a participant in this study you will be asked to spend 90 minutes of your time in filling out of demographic questionnaire and participating in a face-to-face interview with the researcher. The researcher will ask you questions about your role as a family caregiver. You and the researcher will decide together on a private location where and when the interview will happen. You and the researcher will decide on a code name for you to use during the interview. The interview will be audio recorded and then written down so that the researcher can be accurate when studying what you have said. After the visit, you may be phoned for follow-up questions.

Potential Risks

Possible risks in this study are fatigue, loss of time, discomfort, emotional distress, and coercion with these questions you are asked. If you become tired or upset you may take breaks as needed. You may also stop answering questions at any time and end the interview. Participation, non participation, or withdrawal from the study will not affect your membership in the church. If you feel you need to talk to a professional about your discomfort, the researcher has provided you with a list of resources.

Another risk in this study is loss of anonymity and confidentiality. Anonymity as a study participant cannot be guaranteed since the data may be collected in a public place, like a



Participant's Initials
Page 1 of 3

church. Participant written data will be anonymous since code names will be used. Interviews in local churches will be conducted when there are no services. The interview will take place in a room with doors for privacy of the participants. Any identifiable information in the audio recordings will be stored in a locked cabinet in the researcher's office. Confidentiality will be protected to the extent that is allowed by law. The interview will be held at a private location that you and the researcher have agreed upon. A code name, not your real name, will be used during the interview. The tapes and the written interview will be stored in a locked cabinet in the researcher's office. Only the researcher, his advisor, and the coder will hear the tapes or read the written interview transcripts. The tapes will be deleted and the transcripts will be shredded within 5 years after the study is finished. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. The results of the study will be reported in scientific magazines or journals but your name or any other identifying information will not be included.

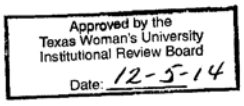
The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the study you will receive a Texas T-Shirt for your participation. If you would like to know the results of this study we will mail them to you.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.



Participant's Initials

Signature of Participant Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____
or
Address:

_____

_____

_____

Participant's Initials

APPENDIX C

Recruitment Flyer

Family Caregivers of Elderly Members Needed

You are invited to participate in a study that explores caregivers' perceptions of their roles as caregivers of their elderly family members and of their Pentecostal churches' support for elderly caregiving.

The study is entitled:

An Exploration of Caregivers' Perceptions of their Roles as Caregivers of their Elderly Family Members and of their Pentecostal Churches' Support for Elderly Caregiving in Ghana.

Researcher: Laud Abban Brown 469-XXX-XXXX lbrown10@twu.edu

Research Advisor: Nerissa LeBlanc Gillum, Ph.D. 940-898-2696 NGillum@twu.edu

Participant must be:

- A church member in a Pentecostal church for about 12 months.
- Providing caregiving to an older family member who is 55 years or older.

Participation includes: Completing a demographic questionnaire and participating in an interview.

Benefits of Participation:

- You will help contribute to the research literature on elderly caregiving in Ghana and Sub-Saharan Africa.
- Receive a copy of the findings if requested at the end of the study.
- Receive a Texas T-Shirt.

Informed Consent Statement: Before participating in the study you will be provided with consent form and the procedures and any potential risks will be discussed. Participation is voluntary and you may withdraw from the study at any time.

Participation is 100% voluntary

Contact: Laud Brown, 469-XXX-XXXX

APPENDIX D

Demographic Questionnaire

Demographic Questionnaire

Part 1 Caregiver

1. Case ID Number ----------(office use only)
2. Age_____
3. Gender: Male_____ Female_____
4. MaritalStatus:_____Single____Married_____Separated_____Divorced

   _____Widowed
5. Education: (select one)

   _____Some schooling, if yes how many _____

   _____Basic _____

   _____Some College_____ if yes how many_____

   _____Diploma Degree

   _____Bachelors

   _____Masters

   _____Ph.D.

   _____Other.
6. Income (Monthly)

   _____ 0 – 1000 Ghana Cedi (GHC)

   _____ 1001 – 2000 GHC

   _____ 2001 – 3000 GHC

   _____ Other

7. Name of your church_____

8. How many people do you care for? _____

9. How long have been performing caregiving duties?_____

Part 2 Family Caregiver Roles and Responsibilities

1. For which family member are you caring for?

Person	Gender Male/Female	Age (years)	Relationship to you	How Long as Caregiver (years)
1				
2				
3				
4				

2. What duties do you perform as a family caregiver?

   Please check all that apply.

   _____ Bathing _____Toileting ____Feeding

   _____Shopping _____Financial ____Grooming

   _____Cooking _____Medical ____Transporting

   _____Socialization _____Other, Please specify_____

APPENDIX E

Interview Guide

INTERVIEW GUIDE

Participant's Code: Male _____ Female_____

Date of Interview _____

R.Q. # 1.

What are the caregiving experiences of family members who care for their older family members?

1. How did you become a caregiver of your family member?
2. How do you manage being a caregiver of your family member and your other life responsibilities?
3. From whom do you receive help in caring for your family member?
4. Tell me about your unmet needs in caring for your elderly family member?

R.Q. # 2.

What are the social support roles expected from Pentecostal churches by family caregivers?

1. In what ways, do you think your Pentecostal church should be involved in assisting family members who take care of their elderly relatives?
2. What types of assistance do you need the most from the church in helping you care for elderly family member?
3. Do you feel comfortable with the church offering assistance to you personally as a caregiver?

_____Yes, Explain,_____

_____No, Explain_____

R.Q. # 3

What other new roles can Pentecostal churches offer to family caregivers?

1. Tell me about new roles you think your church could offer to help you to care for your older family member.
2. Do you have any additional information to share at this time about the church support of family caregivers?