

# Quality of life, health and social needs of slum-dwelling older adults in Ghana

Citation for published version (APA):

Attafuah, P. Y. A. (2023). *Quality of life, health and social needs of slum-dwelling older adults in Ghana*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20231204pa>

## Document status and date:

Published: 01/01/2023

## DOI:

[10.26481/dis.20231204pa](https://doi.org/10.26481/dis.20231204pa)

## Document Version:

Publisher's PDF, also known as Version of record

## Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

## General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

[www.umlib.nl/taverne-license](http://www.umlib.nl/taverne-license)

## Take down policy

If you believe that this document breaches copyright please contact us at:

[repository@maastrichtuniversity.nl](mailto:repository@maastrichtuniversity.nl)

providing details and we will investigate your claim.

# Summary

## SUMMARY

In Ghana, communities can be categorized under two main umbrellas: urban and rural communities. The vibrant and highly resourced nature of urban communities causes the migration of people from rural communities to urban regions, in search of jobs and better standards of living. Consequently, large urban communities such as the capital city Accra, are overcrowded but with a limited number of affordable houses. This leads to the creation of informal settlements or slums. Slums are characterized by pollution, violence, poor drainage systems, improper disposal of waste, improper housing, and absence of easily accessible potable water.

The WHO (2015) states that an estimated 33% of people living in urban areas live in slums and informal settlements. Ghana has 23 slums, of which the majority (n=11) are situated in the capital city (Accra). People living in slums who are particularly vulnerable are older adults. The older adult population has increased in Africa, which is the case for Ghana as well. Because of an increasing life expectancy, the population of older adults living in slums is also increasing. With the rapid increase in the older adult population, most countries in sub-Saharan Africa, including Ghana are ill-prepared to meet the needs of their older population, especially in slums. Slums are not the most suitable place for older people. When comparing formal settlements with slums, people living in slums lack basic amenities like water, electricity and proper collection and disposal of solid waste. They are also exposed to health risks by noise pollution, poor sanitation and hygiene and violence, and face poor housing conditions and overcrowding. Therefore, although life expectancy in slums also increases, likely, these additional years will not be experienced as being of the same quality.

Even though there is a general hypothesis that the QoL of older slum-dwellers is poor, there is no evidence available on the QoL of older adults in slums in Ghana, and even very little research done on the QoL of slum-dwellers in Africa as a whole. Quality of life, according to the World Health Organization, is “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad-ranging concept, affected in a complex way by the person’s physical health, psychological state, level of independence, social relationships, and their relationships to salient features of their environment”. To help the older population age in place well, it is essential to gain more knowledge about the QoL of this population. This dissertation aims to get more insight into this topic.

## SUMMARY

**Chapter One** introduces the topics of this dissertation. It provides an overview of the ageing of the population and the organization of healthcare in Ghana. Additionally, urbanization and the associated creation of slums are described together with evidence of what is known about ageing in slums. This chapter further introduces the concept of quality of life (QoL) and describes health and social care in slums. The chapter ends with the five objectives of this dissertation: 1) to identify which instrument is suitable for assessing the QoL of slum-dwelling older adults; 2) to assess the QoL of slum-dwelling older adults using the appropriate tool/instrument; 3) to explore the health and social care needs of older adults from their perspective; 4) to examine health professionals' views on the health and social care needs of older adults living in slums as well as practical recommendations for meeting these needs; and 5) to engage student nurses regarding their perception of ageing and their attitude toward caring for older adults.

**Chapter Two** focuses on identifying instruments, which can be used by researchers to assess the QoL of older adults living in African countries, especially those dwelling in slums. A scoping review of instruments used to assess QoL in African countries was done. A total of 18 studies were included in the review and 7 unique instruments from these studies were used to measure QoL (EUROHIS-QOL-8, SWLS, WHOQOL-OLD, the WHOQOL-BREF, SF-36, SF-12, and RAND-38). All instruments could be interviewer-administered and had 5–36 items. It proved to be difficult to identify the psychometric properties of the tools (validity and reliability), as well as information on time investment and cultural sensitivity of the domains included in the instruments.

**Chapter Three** presents' findings from a cross-sectional study to assess QoL and its associated factors among older adults in two Ghanaian slums, using the WHOQoL-Bref. Slums in Teshie and Ashaiman were visited and older adults who were living in either slum for at least one year were eligible to participate in this study. The results revealed that the QoL scores were poor in the physical and psychological domains, but moderate in the social and environmental domains. The overall perceived QoL of older adults in slums appeared to be “moderate” and in all domains, male participants have a significantly higher mean QoL than their female counterparts.

In **Chapter Four**, a qualitative study was performed to gain a deeper understanding of the QoL findings in the cross-sectional study of Chapter 3. In this study, the health and social care needs

## **SUMMARY**

of the older slum-dwelling adult were explored using individual face-to-face interviews. The results from this study showed that older adults believed that witchcraft or evil spirits were causing illnesses, which negatively influenced their use of formal healthcare services. Other barriers to using formal healthcare services were issues such as distances and long queues at healthcare facilities, lack of insurance and negative attitudes of healthcare workers. Concerning the social domain, this study identified feelings of neglect by family members, a need for companionship, requiring assistance with activities of daily living, and the need for financial support. Participants had more health needs than social needs. The older adults also perceived that healthcare providers do not prioritize the care of slum-dwelling older adults.

**Chapter Five** describes the results of a qualitative study performed among healthcare providers focusing on the health and social care needs of slum-dwelling older adults. Healthcare providers mentioned rather similar hindering factors in healthcare service use among slum-dwelling older adults as older adults themselves. Factors mentioned were financial difficulties, queueing issues, distances to healthcare facilities, health illiteracy among the population and negative attitudes of healthcare professionals. Social care services were described by healthcare providers as non-existent, not structured, and as having limited resources to cater for older adults. The healthcare professionals also provided recommendations for improving these needs including the withdrawal of licenses of nurses who exhibit negative attitudes.

**Chapter Six** involved student nurses in focus group discussions regarding their attitude toward caring for older adults and their interest in geriatric practice. Students expressed that they regarded the older adults they had to care for, as their grandparents. Therefore, they tried to treat them with respect and care. The students also stated that registered nurses delegated basic care tasks such as changing incontinence materials, bathing, and feeding, to the student nurses. However, the older adults were usually not positive towards students taking care of them. Students generally were not enthusiastic about future geriatric nursing practice as most of them saw it as a huge responsibility. Most of the students advocated for special training to enable nurses to take better care of older adults.

**Chapter Seven** discusses the main findings of the studies included in this dissertation, followed by empirical and methodological considerations. It describes implications for practice, policy, and future research, following the results of this dissertation. The main conclusion of this study

## **SUMMARY**

is that the older adults in the slums, that have been studied for this PhD thesis, appeared to have a moderate QoL and a variety of health and social care needs. The studies in this dissertation, therefore, advocate for more and better health care and social services for these older slum-dwelling adults, which must be supported by tailored national policies. A partnership of both the government and non-governmental organisations and the right attitude and performance of health care professionals may help change the misfortunes of slum-dwelling older adults and improve their QoL.