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TOPIC: Gender and feminist geographies

TITLE: Caring across living-dying-death: End-of-life care in rural northern Ghana

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ABSTRACT:
(max 500 words)

Drawing on interviews with older people who have experienced periods of serious illness, as well as their caregivers and those who have cared for older people at end-of-life, this paper examines the ways in which care practices in later life and at end-of-life, including decisions whether to engage with formal health services, are situated within interdependent relationships that span a living-dying-death course that encompasses past, present, dying, and life-after-death. These interviews were conducted in 2019 and 2023 as part of broader ethnographic research focused on later life in a rural Konkomba community in northern Ghana. Formal health services in Ghana have developed in line with international development goals focused on communicable diseases and maternal and infant health; familial and community-based care are therefore regarded as critical sources of support during later life and end-of-life in this context. More recently, attention has turned to the development of formal services related to chronic illness and aging, but barriers exist to access: research in West Africa has shown that older people are resistant to formal care services; hospitals and other formal services are regarded as spaces where people are not cared for, where they die undesirable deaths, and where older people and ethnic minorities like the Konkomba face discrimination. This project confirms that while older people do resist formal care services at end-of-life, many also agree to seek them out at earlier stages of illness and dying as part of a broad range of care strategies.

This paper contributes to Raghuram's 2016 call to challenge our conceptualizations of care ethics through an understanding of how care practices are embedded into particular places and contexts, particularly as feminist theorizations of care ethics have been deeply enmeshed in global North care practices. I attend to how care decisions in this community are navigated in relation to local capacities to provide care for ill and dying bodies, alongside a formal health system in which older persons' needs have not been prioritized. I also fold in how the community regards illness in later life as the potential for end-of-life. This connection to end-of-life brings care decision-making into relation with the culturally specific beliefs of ancestral care alongside the embodied realities of living through dying that includes material and psychical connections to people and practices in the past, present and future. These topological relations of care are navigated by both the person experiencing illness or dying and their caregivers, as care is not only about attending to the needs of the person who is ill or dying, but also includes ensuring the caregivers will be cared for by their ancestor after the older person has passed away.

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REFERENCE:

Raghuram, P. 2016. Locating Care Ethics Beyond the Global North. *ACME: An International Journal for Critical Geographies*, 15(3) pp. 511–533.