Increasing ageing Population and Challenges for the welfare of the aged in Ghana

"If your parents look after you to grow your teeth, it is incumbent on you to look after them to loose theirs"

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Introduction

Worldwide there have been overall increases in expectation of life over the last 20 years, leading to increases in the number and proportion of older people. The demography of sub-Saharan Africa (SSA) is associated with high fertility, a young age structure, as well as low and in some cases declining expectation of life at birth as a result of high mortality from infectious, parasitic and respiratory diseases (World Health Organization, 2006). While fertility is declining in countries such as South Africa and Zimbabwe, it has stalled in others such as Kenya and Ghana (Kenya Bureau of Statistics, 2004; Ghana Statistical service, 2004). Another dimension of the demography of SSA that is less discussed is the increasing number and proportion of the population aged 65 years and above resulting from the increasing expectation of life at birth. Available evidence suggests that the proportion of the population aged 65 years and above in Africa increased from around 2.7% in the 1970s to 3.0% for males and 3.3% for females in 2005. The number of elderly persons increased from 17.4 million in 1997 to 23.1 million in 2007 and is expected to reach 33.4 million by 2020. Thus, the population 65 years and above is expected to double within the 23 year period from 1997-2020 (US Bureau of Census, 2007). The increase is due to significant declines in infant and maternal mortality, decreases in infectious and parasitic diseases, improvements in nutrition and education as well as reductions in fertility (US Bureau of the Census, 2007; Mba, 2004; United Nations, 2001; World Health Organization, 2000).

With the rapid mortality decline in developing countries in the last four decades, the changing age structure of the population has occurred more rapidly than was the case with the current more developed countries, raising concerns about the implications of the rapid increase in the aged population for the aged and for national development (International Social Security Association, 2003; United Nations, 2001). The rapid ageing of the population in Developing Countries is occurring at a time when the traditional old-age support system of relying on family members is under-going changes due to various reasons including increasing urbanization, rural-urban migration and changing living arrangements. These are also countries that lack universal social security systems.

Population ageing has become part of the developmental agenda in most developed countries over the last three decades, culminating in the first World Assembly on Ageing in Vienna in 1982 (World Health Organization, 1982). This was followed by the Second World Assembly on Ageing 20 years later in Madrid in 2002 (World Health Organization, 2002). In the developed countries, the activities of the elderly in social life, especially in national politics, have led to the emergence of the 'grey power' in voting. The Second World Assembly on Ageing reiterated some of the observations from the First world Assembly and identified three priority areas (each with sub-sections). These are issues surrounding older persons and development, advancing health and well-being into old age and ensuring enabling and supportive environment. Thus, the issues identified relate to aspects of individual living as well as national, societal and community support to ensure decent living for the elderly. In its follow-up agenda on the Madrid Plan of Action on Ageing in December, 2006, the United nations General Assembly reiterated continuing focus on the needs of the elderly as part of the strategies for achieving the Millennium Development Goals, (United Nations, 2007).

The political power of the elderly is yet to be recognized in Africa in spite of their growing numbers. Nonetheless, the African Union (AU) has acknowledged the increasing aging population in the sub-continent for the welfare of the elderly and for socio-economic development and developed a policy framework and plan of action on the aged in 2002. This was the culmination of decisions taken during a Session on the Organization of African Unity (OAU) in Windhoek, Namibia, in 1999, of the Labour and the Social Affairs Commission (African Union, 2003). Thus, there is now increasing interest in the elderly, at least at the continental level.

The changes in the population of the elderly in developing countries raise questions about the ability of such countries to take advantage of the demographic dividends. Available data indicate that the rate of growth of the aged in developing countries is higher than that of the developed world at the time of demographic transition, implying developing countries will not have the luxury to prepare for the demographic change (Mason and Lee, 2006). Sub-Saharan Africa, for instance, lacks the resources to take care of an increasing ageing population through public sector provision, a situation that will perpetuate inter-generational flow of wealth. The challenges of this scenario include the ability of the system to cope with the increasing number of aged people with their associated health, housing and other welfare needs. These issues are explored in this paper and it further examines some of the associated socio-economic conditions of the increases in the numbers and proportions of the aged population.

Objectives

The paper analyses trends in the population aged 65 years and above in Ghana (both categories) over a 40-year period, the economic activities of the aged and the implications of the changes for the welfare of both the aged female and male variability, if any, by rural-urban residence within the context of the changing socio-economic conditions.

Conceptualization

Among the theoretical models that have emerged on studies on demographic change and the aged are the demographic dividend and the individual perception of self as an aged person are used in this paper. The first, which is at the general level, is based on issues associated with changing age structure and the second deals with one of the stages in development.

The Demographic Dividend

The concept of 'demographic dividend' argues that declines in fertility, leading to increases in the working population in relation to the dependent population, will create conditions for countries and households to achieve increase in per capita income (Mason, 2003; Pool and Wong, 2006). According to Carvalho (1988), the changing age structure provides a 'window of opportunity' favourable for economic growth. That is, the demographic changes, which lead to low dependency ratios, contribute to "raise capital per worker, other things equal, and ---create a powerful incentive for individuals to accumulate assets to provide for old age" (Mason and Lee, 2006: 11). This window of opportunity occurs at two levels. The first dividend occurs with the initial changes in age structure leading to growth of producers and consumers

at the household and national levels. As the number of children is no longer increasing, the relatively large working population will accumulate wealth which can stimulate the economy. The second dividend, which emerges from the first, arises as a result of increase in wealth accumulation for old age which then relieves the younger generation from the burden of catering for the older generation. While the first is transitory and can close, the second can be permanent through capital deepening (Mason and Lee, 2006). Capturing the opportunities that the demographic changes present will depend largely on institutional arrangements.

Given the rate of change in the population structure and the policy environment the challenge for Ghana, and other African countries, is the extent to which the 'window of opportunity', if it opens, can be recognized and utilized.

Eriksson's Stage of Self actualization in old age
Ageing is a normal process of progressive changes in the all aspects of the body – physical, social, emotional and psychological. These changes are expected to occur to any person and the challenge is the extent to which individuals and society recognize and respond to these changes For many people, time after retirement which occurs after 60 years in many societies is either a time of joy and happiness or worry and indignation. Captured as the eighth Stage of "Eriksson's stages of development", it examines psychosocial, predominant social settings and favourable outcomes of individuals. According to Eriksson (1956), at the time of old age the individual may express one of two things at different points in time. The first is a feeling of favourable outcomes whereby the individual acquires a sense of satisfaction in looking back at life and the second is a sense of despair associated with a predominant social setting of retirement and impending death. The extent to which one of these two feelings will prevail, will depend among other things, the nature of preparation towards old age, state of health, and the prevailing support system and the environment, gendered relations, location, and type of economic activity. The questions these issues raise for Ghana include the support system for the aged, access to resources after retirement/old age, income and social security and health-related issues. In countries where there is no universal social security or retirement system and no supportive social environment, the aged are more likely to be despair. The traditional system provided a safety net which included respect for the elderly – as custodians of knowledge and corporate wisdom – communal living arrangements and support. To some observers, the situation of the elderly is undergoing dramatic changes some of which have disrupted the traditional safety net system (see for instance, International Social Security Association, 2003; UNFPA, 2000; van Apt, 1998; 2001).

Setting
The demographic features of Ghana over the last four decades include decline in mortality and fertility, increasing urbanization and expectation of life at birth. For instance, total fertility has declined from 6-7 children in the 1980s to 4-5 children in 2003 (Ghana Statistical Service/Macro, 2004). Within the same period, expectation of life has increased from the high 40s to the current 57 years for males and 58 years for females (Population Reference Bureau, 2006). Infant mortality has also declined form over 100 deaths per 1,000 live births to around 60 deaths per 1,000 (Ghana Statistical

Service). The results of these changes are rapid population growth and an increase in the aged population.

Among the various ethnic groups in Ghana, old people, as custodians of corporate memory are revered and aging has been associated with wisdom and giving the elderly status and responsibilities within the system such as socializing young ones and passing on certain societal norms and values. There is also the view that 'if your parents look after you to grow your teeth, it is incumbent on you to look after them to lose their teeth'. The statement encapsulates the general obligations of one generation to the other. The welfare of the aged was, and still is, the responsibility of their children and those who did not have any children were cared for by their kinsmen or other children through a complex fostering system (Oppong, 1987). The reciprocal wealth flow between the working population and the aged in the traditional system worked well within the agrarian economy with its associated proximity in living arrangements. Though, still in existence in some areas, this traditional system of social responsibility is undergoing rapid changes due to the general transformation of Ghanaian society from the purely agrarian system into a modern system in which children are involved in non-familial occupations, changes in the role of the aged, nucleation of families and changing living arrangements due to factors such as migration and urbanization. Notwithstanding the dwindling role of children in providing care and support for the aged, there is some level of expectation from parents, raising their children as an investment for old age.

The Government of Ghana, recognizing the new demographic challenge of an ageing population, has declared 1st July (Republic of Ghana Day) as day for the aged. A national Policy on Ageing was also developed in 1997. In spite of the recognition, there is very little preparation by individuals for old age due partly to life of subsistence and poverty and the absence of a universal social security system at the national level. The current older adults are those who looked after their children with the understanding that their children will be responsible for them in old age. In addition to the changing social set-up other systems such as health and social security have not been developed to cater for their welfare. It is within this context that the ageing of the population is being analysed.

Sources of Data

Data for the study are derived from the four post-independent censuses from 1960-2000. Data from the four post-independent censuses were used to examine age and economic activities of the aged. Some observers divide the aged population is divided into two: the "young-old" (65-79) and the "old-old" 80+. According to Neugarten and Neugarten, (1987), the young-old are early retirees who have physical vigour, new leisure times, and opportunities for community service and self-fulfillment whilst the old-old are those who are advanced in age and may be faced with health problems and other infirmities.

In addition to the census data, in-depth interviews were held with 10 women aged 40-65 years on their activities, and how they are preparing for retirement and/or coping with old age. This is part of an on-going study to understand some of the dynamics in this life altering experience for older people in Ghana. Five of the females were aged 35-40 year, two were aged over 70 and were still working and the rest, in their 60s

were not working. Those working were involved in selling the selling of manufactured items, raw or cooked food.

Results

Age Structure

According to the 1960 population census, the Ghanaian population aged 65 and above was 213,277. Out of this total, 53% were males with the rest being females. The total population of the aged increased to a total of 311,495 (50.6% males and 49.4% females) in 1970 with a drop in the proportion of males to about 51%. The 1984 census reported an aged population of 493,359 (49% males and 51% females). According to the 2000 Population and Housing Census report, the population of Ghanaians aged 65 and above was 998,940, of which 50.1% were females (Table 1). The results indicate that the aged population doubled between the last two inter-censal periods. This is against a backdrop of population increase from 6.8 million in 1960 to 18.9 million in 2000. Within the 40-year period, the population of the country nearly tripled and by 2000 the population aged 65 years and above was nearly 1 million (females, 500,860; male, 498,350). Thus, the growth in the aged population was faster than that of the total population. Between 1960 and 2000, the proportion of the population in Ghana aged 65 years and above increased from 3.2% in 1960, to 3.6% in 1970, 4.0% in 1984 and to 5.3 in 2000. The increase in the proportions of the aged in the various old-age groups became more apparent in 2000. The proportions in the old-old category had stagnated around 0.20% in the 1960, 1970 and 1984 Censuses. But in the 2000 census, the proportions for both males and females increased to over 0.30%, indicating the increased survival of elderly persons in the 1990s (Table 1).

Table 1 Age and Sex Distribution of Aged as a proportion of the total Population: 1960-2000

Age groups	1960		1970		1984		2000	
	Males	Females	Males	Females	Males	Females	Males	Females
65-69	0.95	0.86	1.12	1.08	1.16	1.20	1.38	1.36
70-74	0.88	0.80	0.99	0.94	1.05	1.04	1.14	1.24
75-79	0.48	0.44	0.51	0.48	0.60	0.57	0.79	0.74
80-84	0.44	0.41	0.47	0.48	0.55	0.59	0.72	0.77
85-89	0.22	0.20	0.23	0.24	0.24	0.26	0.62	0.52
90-94	0.16	0.14	0.17	0.17	0.18	0.19	0.30	0.30
95+	0.20	0.16	0.21	0.19	0.19	0.19	0.37	0.31
Total	3.33	3.02	3.71	3.57	3.98	4.04	5.32	5.24
Number	113,085	100,392	157,507	153,988	241,523	251,838	498,350	500,860

Sources: Ghana Statistical Service, (1964; 1975; 1988; 2005)

Table 2 shows the pattern of age-sex structure within the aged population. The proportion of the young-old (65-79 years) has declined from around 70% to about 60% in 2000, indicating the increase in longevity for both sexes over the period. That is, more people are living into the old-old category, a situation that has implications for planning for the welfare of elderly people.

The results indicate more aged males than females in 1960 and 1970, but more females than males in 1984 and 2000. The sex ratios from the two earlier censuses are contrary to the pattern in the general population while that of the two latter periods are

consistent with the general trend. The increase in the proportion of female indicate changes in survival between males and females in the last two decades and point to the implications of the general welfare for males and females (Table 1). The changing pattern in both the numbers and proportions of females and males in the aged population need to be tracked over the years, and this should include implications for their welfare.

Table 2: Age and Sex Distribution of Aged Population in Ghana 1960 - 2000

Age groups	1960		1970		1984		2000	
	Males	Females	Males	Females	Males	Females	Males	Females
65-69	28.6	28.5	30.3	30.2	29.2	29.7	25.9	25.9
70-74	26.3	26.6	26.7	26.2	26.4	25.8	21.4	23.7
75-79	14.3	14.7	13.8	13.4	15.0	14.1	14.9	14.1
80-84	13.3	13.7	12.5	13.3	13.9	14.6	13.4	14.8
85-89	6.6	6.5	6.3	6.7	6.1	6.4	11.7	9.8
90-94	4.9	4.8	4.6	4.8	4.6	4.7	5.7	5.8
95+	5.9	5.1	5.8	5.5	4.7	4.6	7.0	6.0
Number	113,085	100,392	157,507	153,988	241,523	251,838	498,350	500,860

Sources: Ghana Statistical Service, (1964; 1975; 1988; 2005)

The proportions of aged population in the total urban and rural population were 4.7% and 5.7% respectively in 2000. That is, the proportion of the older population in urban areas is far lower than that of rural areas, reflecting shifts in youth population from rural to urban areas. The population aged 65 years and above in urban areas increased from 20% in 1970, through 25% in 1984, to 39% in 2000. The proportions are indicative of the rural-urban population in the country over the years. Given the rapid urbanization and the migration of young people from rural areas to urban areas, the proportion of older people in rural areas is going to increase (see for instance, Awumbilah and Adayfio-Schnadoff, 2005; Tanle, 2003; Twum-Baah et al, 1995).

Table 3 Distribution of aged population by residence, 2000

Age groups	1970				1984				2000			
	Urban		Rural		Urban		Rural		Urban		Rural	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
65-69	33.9	29.2	29.5	30.5	33.6	30.4	28.0	29.4	26.7	26.3	25.4	25.6
70-74	26.9	26.4	26.6	26.2	27.7	26.4	26.0	25.6	20.0	22.8	22.2	24.3
75-79	13.9	13.7	13.7	13.3	15.3	14.5	15.0	13.9	14.4	14.2	15.2	14.0
80-84	10.8	13.5	12.9	13.2	12.0	14.2	14.4	14.8	12.6	14.2	14.0	15.2
85-89	5.8	7.1	6.4	6.5	4.7	6.1	6.5	6.5	13.1	10.5	10.8	9.4
90-94	4.1	4.6	4.8	4.8	3.4	4.3	5.0	4.8	5.6	5.8	5.7	5.8
95+	4.7	5.4	6.0	5.5	3.3	4.0	5.1	4.9	7.6	6.3	6.6	5.7
Total	27900	35349	129606	118639	52029	69566	189494	182270	192478	199222	305602	301638

Sources: Ghana Statistical Service, (1975; 1988; 2005)

Economic Activities
Inherent in the demographic dividend model is for the economy to be transformed through policies and programmes for the changing age structure to be employed and for changes in savings and consumption to occur. To ensure the welfare of workers in the formal sector, the government introduced retirement system, first through gratuity and later converted into a social security under the Social Security and National Insurance Trust (SSNIT). Although there are provisions for all working people to contribute to the scheme, at the moment only the formal sector contribute to the scheme.

As indicated in Table 4, over 70% of the 3,014,667 males and 80% of the 3,313,466 females were in the private informal sector which made up of people in agriculture, small and micro enterprises such as selling (Ghana Statistical Service, 2005). The proportions are even higher for females in rural areas. Only about a quarter of the females were in occupations that were likely to attract social security payments after retirement such as teaching, nursing, public service and non-governmental organizations. All things being equal, the 75% are going to depend upon their children and other family members for support in their old age.

Table 4: Distribution of employed population by sector of economy

	Public			**Private Formal**			**Private Informal**			**Other**		
	M	**F**	**T**	**M**	**F**	**T**	**M**	**F**	**T**	**M**	**F**	**T**
All												
Urban	13.4	7.9	10.6	22.6	17.2	19.9	60.2	72.9	66.5	3.8	2.0	3.0
Rural	4.6	2.5	3.6	12.4	10.8	11.6	81.8	86.2	84.0	1.2	0.5	0.8
Total	8.5	4.8	6.7	16.9	13.6	15.2	72.3	80.4	76.3	2.3	1.2	1.8
65+												
Urban	8.0	4.2	6.3	25.4	18.8	22.4	58.6	72.8	65.5	8.0	4.2	5.9
Rural	2.6	1.8	2.3	14.0	12.2	13.2	80.4	84.3	82.1	3.0	1.7	2.4
Total	4.4	2.7	3.7	17.9	14.6	16.4	73.0	80.2	76.2	4.7	2.5	3.7

Source: Ghana Statistical service, 2002

The in-depth interviews provide insights into some of the coping mechanisms being adopted by selected females. Of the ten women interviewed, none of the older ones had heard of social security and had none of them savings. Among those working, the women expected their children to be responsible for them in their old age and were, therefore, investing in the education or training of their children or by supplementing the income form their spouses or their children who were supporting them. Those who were not working felt that they had invested in their children and therefore expected the children to support them in their old age (see Box 1). Thus, there is continuing belief and investment in the traditional system of family support among aged females. To promote the welfare of this growing aged population, especially females in rural areas will call for detailed studies on their life cycles and coping mechanisms.

Box 1
Story of Ramatu (not her real name) aged about 62 years.

She is gave birth to nine children, with three are still alive, all females. Now a widow, she lives with two of her daughters, her mother and grandchildren. When she was young she prepared cooked food for sale. She has stopped and lives at home taking care of her grandchildren. Her three daughters are supporting her and her mother, with one of them taking up the cooked-food business. According to her, she looked after her children and, therefore, it incumbent on her to look after her.

She spent her income in taking care of the family and did not save anything from her earnings. She depends entirely on her three daughters. It is also her responsibility to take care of her grandchildren.

Her fifth daughter (aged 34 years), who has taken up the cooked food business, indicated that it was her responsibility to support her mother in her old age since she took care of them when she was young and is still assisting in caring for her children.

Disability
One of the factors of ageing is the burden of diseases. The continuous process of progressive change in bodily structure and functions and inadequate health services lead to disability for a number of old people. With the increasing number of people in the old-old category, it will be expected the proportion of old people with disability will increase over time.

About two per cent of both old males and females reported one type of disability or the other, compared to less than one per cent in the general population (Table 5). The levels were about the same for males and females, but slightly higher for those in rural than urban areas. While it is not possible to identify the nature of the disability from such data set, the results illustrate the health challenges that some old people face, especially in rural areas where health services are inadequate. The newly introduced health insurance system exempts people 70 years and above from the payment of premiums. Nonetheless, some of their health problems are beyond the general ones listed under the scheme.

Discussion
The World Health Organization (2007) has identified four Frameworks for Action on the aged. These are:

- A life course-approach;
- A determinants of Health approach
- Three pillars approach; and
- A gender-and age-responsive approach

Each of these four approaches provides a perspective for analyzing and addressing aging issues in member countries.

Table 5: Proportion of aged persons with disabilities - 2000

	Proportion with disability (%)		**Number of Total Population**	
	Male	**Female**	**Male**	**Female**
65-69				
Urban	1.9	2.0	51,742	52,335
Rural	2.1	2.3	77,618	77,284
Total	2.1	2.2	129,020	129,619
70-74				
Urban	2.0	2.0	38,523	45,337
Rural	2.3	2.3	67,990	73,308
Total	2.2	2.2	106,513	118,645
75-79				
Urban	2.2	1.9	27,696	28,335
Rural	2.7	2.5	46,572	42,227
Total	2.5	2.2	74,268	70,562
80-84				
Urban	1.9	1.6	24,266	28,203
Rural	2.2	2.1	42,675	45,703
Total	2.1	1.9	66,941	73,906
85+				
Urban	1.8	1.4	50,521	45,012
Rural	2.0	1.8	70,747	63,116
Total	1.9	1.7	121,268	108,128
Total Ghana				
Urban	**0.74**	**0.75**	**3,325,102**	**3,500,342**
Rural	**0.87**	**0.90**	**4,078,246**	**4,092,510**
Total	**0.81**	**0.83**	**7,403,348**	**7,592,852**

For Ghana, the emerging changes in population structure have aspects of each of the four frameworks for action. The increasing numbers and proportions of old people have occurred in a country with no universal social security system and where old people relied on family and kin to survive.

In the human report of Ghana, the only indicator on the aged is the proportion of the population aged 65 years and above. This index is calculated in spite of the fact that the retirement age is 60 years. Thus, there is a period of five years (60-64 years) where people are retired but is not tracked in any official document. The recent National Health Insurance Scheme also exempts old people 70 years and above from paying premiums. As in the case of the tracking, people are exempted from paying premiums 10 years after retirement. It will therefore be useful for national programmes to be re-examined and age limits harmonized in order to reduce the burden of support on the old generation and the young ones who are supporting them.

The government in its Growth and Poverty Reduction Strategy (GPRS), old people are considered under the section of vulnerability and exclusion. It is expected that Government will partner non-governmental organizations (NGO) to "provide facilities and basic materials to support … community-based programmes for the elderly" (Ghana, 2003:167). With the increasing number and the proportion of old people, subsequent government policies should be able to articulate the directions of support for the aged in the country.

In spite of the changing socio-economic conditions the working population seems to continue to invest in their children with the hope that they will take care of them in their old age. In some cases it appears this is not being realized leading to what has been described as the 'short-changing' of the old generation (van Apt, 1998). According to van Apt, the current old generation supported their parents in their old age and also invested in their children with the hope that the children will support them in their old age as they did for their parents, but this is not happening, thus they have lost out at both ends. This may signal the beginning of the reversal of the net inter-generational transfer of wealth which has been in favour of parents. For others, the traditional system of family support for the aged still exists and is supported by both the old and the young. Given the emerging patterns, these different strands need to be studied for a better understanding of the process.

It also appears that Ghana will not be able to take advantage of the demographic dividend when the expected decline in fertility occurs. This is because the working population is unable to save due to the nature of the economy. Nearly 80 per cent of the working population is involved in informal activities with little returns for investment. Parents also continue to invest in their children with the hope that they will be supported in their old age, perpetuating the inter-generation support of the aged inherent in the traditional system.

Conclusion

The ageing population of Ghana has not been given the attention it deserves in spite of the recognition of the increasing proportion and numbers of people aged 65 years and above. Since the 1980s, more females than males surviving into old age, in a system where most of them are involved in the informal economy which has no social security system in old age. The result is expected support from their children. There is, therefore, an emerging situation that needs to be studied and addressed comprehensively so as not to create another layer of poor aged females living in rural areas with minimum to inadequate support. The increase in longevity is also not without its health problems. The aged population reported relatively high levels of disability which will also have to be studied for redress, particularly their implications for the health system. So far, much of the attention has been on children, pregnant females, HIV and associated diseases and adolescents. The situation of the aged should be flagged as one other health issue without compromising on the programmes in other areas. The World Health Organizations' frameworks (2007) provide a good starting point for dealing with health of the aged in the country.

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