Population ageing in Ghana: a profile and emerging issues

E.O. Tawiah, Ph.D
Regional Institute for Population Studies
University of Ghana, P. O. Box LG 96, Legon, Ghana
etawiah@ug.edu.gh

Abstract

Population ageing in Ghana is a consequence of a gradual fertility decline which is also occurring in many sub-Saharan African countries. Data from the 2005/2006 Ghana Living Standards Survey show that the percentage of the elderly (persons aged 60 years and above) has increased from 4.9 in 1960 to 5.3 in 1970, 5.8 in 1984 and 7.2 in 2000. Median age has increased from 17 years in 1970 to 18.1 years in 1984 and 19.4 years in 2000, implying a 14.1 percentage increase in 30 years. Socio-economic indicators show that elderly females are more vulnerable and disadvantaged than their male counterparts due in part to low educational attainment resulting in low female participation in the formal sector with its attendant low remuneration and inadequate retirement package. One important emerging issue is the branding of elderly females as witches and subjecting them to abuse and torture in certain parts of the country. This harmful practice infringes upon the human rights of these women and the government of Ghana should do well to abolish the witches' camps. A large proportion of workers engaged in the informal sector of the economy do not contribute to the Social Security Scheme and this makes it extremely difficult for them to cater for their needs in old age particularly when the extended family is unable to provide support and care. The government of Ghana should make strenuous efforts to bridge the gap between producing a concise National Ageing Policy and its implementation.

Introduction

Population ageing, a direct consequence of the demographic transition, began to receive increasing attention with the adoption of the International Plan of Action on Ageing in 1982 by the United Nations (UN). Since then issues of population ageing have been recognized as important at the international, regional, sub-regional and national levels. In July 2002, Heads of State and Government of the African Union adopted the African Policy Framework and Plan of Action on Ageing and in December 2004, the African Union Commission launched the Policy Framework and Plan of Action at a ceremony so as to raise awareness about the special situation, needs and welfare of elderly people on the continent (Economic Commission for Africa, 2004). The main goal of the Policy Framework and Plan of Action is to guide African Union Member States to design, implement, monitor and evaluate appropriate integrated national policies and programmes to meet the individual and collective needs of the elderly.

Population ageing has brought in its train a host of security, health, social and economic consequences ranging from high demands on welfare and social needs to changes in family structure. In addition, Ghana like most sub-Saharan African countries, has also to combat long standing problems related to education, health, poverty and employment which remain largely unresolved. Persisting economic crisis afflicting most sub-Saharan African countries is adding to the financial burden of older people thereby making them more vulnerable. The problem of population ageing has been heightened particularly because it is taking place with neither a comprehensive formal social security system nor a well-functioning traditional care system in place for elderly people (National Research Council, 200□). It is worth echoing Gro Harlem Brundtland's main Assembly statement at the Second World Assembly on Ageing in 2002, that "While developed countries grew affluent before they became old, developing countries are growing old before they get affluent … While in Europe we have seen the demographic shift towards an older population take place gradually over a period of a century, the pace of the shift taking place in the developing countries far outstrips these countries' socio-economic development". It needs to be stressed also that population ageing is the positive result of two victories that humanity has sought for centuries and is still seeking, namely the victory over unwanted births and that over premature deaths (Golini, 2004).

The challenges facing the elderly are legion. Several studies have examined demographic and socio-economic factors that affect living arrangements of elderly persons in Ghana and elsewhere (Mba, 2007; Mba, 2002; United Nations, 2005). Elderly men in Ghana are more likely to live in nuclear households, while older women are more likely to live in extended family households (Mba, 2007).

The age-old compact extended family system in Ghana and elsewhere in sub-Saharan Africa ensured that the elderly are cared for by the younger members of the family. It was like the modern social security system. It obliged its members to assist each other in times of crises and share the achievements and glory that its members bring (Apt, 1993). Elderly persons have depended on the younger generation for financial, social and health care support. It has been pointed out that traditional source of support is dwindling in the face of ever-growing numbers of the elderly (Apt, 199□). The wind of modernization, migration and urbanization is partly responsible for the gradual changeover from extended to nuclear family, resulting in shifting a greater part of the burden of providing care to the elderly on the nuclear family, which is somewhat ill-prepared to shoulder the responsibility. Apt (1993) lists some social and economic conditions which influence the ability of the nuclear family to provide adequate care to the elderly, namely limited financial resources, rising cost of living in urban areas, unemployment and underemployment.

Coping with old age has been a major challenge particularly to elderly women who have been subjected to abuse, human rights violation, neglect, marginalization, disrespect, exploitation, violence and destitution (Apt,

1993; Mba, 2007; Ferreira and Lindgren, 2008). The increasing incidence of superstition and some traditional beliefs and practices have effectively combined to worsen the lot of the elderly. Using case study data, Apt (1993) reports that the traditional belief among a certain community in the Upper West region of Ghana that the closest grandchild dies almost immediately after the grandparent's death has immense influence on the care and attention given to elderly people in this community. The practice of accusing an elderly woman of being a witch often results in stigmatization and banishment as a witch, poverty, malnutrition and desertion by her family. The accused witch is left to her own devices and her children and other family members feel justified in being absolved of their responsibilities of providing care and other kinds of help.

The population of Africa is in transition to the ageing process. With declining fertility and mortality, it is estimated that Africa will be one of the continents with the fastest growing elderly population in the world during the period 1998 to 2050 (Kalasa, 2001). Although persons aged 60 years and above are a small proportion of the total population in most sub-Saharan African countries, 4.8 percent in 2005 (United Nations, 2005), the number of older people is growing. In 2005, there were 34 million people aged 60 years and above in sub-Saharan Africa and this number is projected to increase to over 67 million by 2030 (Velkoff and Kowal, 2007). The medium variant projections of the United Nations for sub-Saharan Africa indicate an increase in median age from 18.6 years in 2010 to 27.2 years in 2050, a 46% increase (United Nations, 2009).

Population ageing in Ghana has been brought about mainly by a reduction in fertility rates and improvement in survival rates due to medical interventions based on the use of advanced technology and drugs. Ghana's total fertility rate has declined from 6.47 in 1979/80 to 4.0 in 2008 (Ghana Statistical Service and Ghana Health Service, 2009). Increasing longevity also contributes to population ageing. The male life expectancy estimated for the period 2010-2015 is to increase from 57.1 years to 67.5 years in 2045-2050. The corresponding figures for females are 59.0 years and 70.5 years and 58.0 years and 69.0 for both sexes combined (United Nations, 2009).

The objectives of this paper are to (i) analyse the situation of the elderly, (ii) identify some emerging issues and (iii) propose some possible policy responses/options for dealing with problems of population ageing.

Data sources

The analyses are based on the 1960, 1970, 1984 and 2000 Ghana population census reports, Ghana Living Standards Survey 5 (GLSS 5) conducted in 2005/2006 and secondary data from relevant national and international publications. The censuses collected basic demographic and socio-economic data which permit analysis of the age-sex structure of the population of Ghana. GLSS 5 covered a nationally representative sample of 8,687 households in 580 enumeration areas with 37,128 household members. It has two household questionnaires (Parts A and B). The Part A household questionnaire which has seven sections collected information on

household roster, education, health, employment and time use, migration, domestic and outbound tourism and housing. Section 1 collected data on demographic and socio-economic variables. The question on current marital status was restricted to persons aged 12 years or older. Section 3 of the questionnaire collected information on health condition in the last two weeks as well as insurance from household members.

The paper uses a definition of the elderly as persons aged 60 years and over in consonance with United Nations' definition of elderly persons. The 60 years' cut-off point is also in agreement with Article 199 (1) of the 1992 Constitution of the Republic of Ghana which states that "A public officer shall, except as otherwise provided in this Constitution, retire from the public service on attaining the age of sixty years" (Republic of Ghana, 1992). Although it is recognized that the living arrangements, care and support for elderly persons aged 60-69 years differ from those aged 70-79 years and 80 years and over, the age data for persons aged 60 years or more have not been grouped into five-year or ten-year age groups. This is to overcome age misreporting, particularly arising from a tendency to exaggerate length of life at advanced ages which is characteristic of sub-Saharan African population data (Kpedekpo, 1982; Gaisie, 2005).

Table 1 Percentage of elderly persons (60 years and over) by sex, Ghana 1960–2000

Years	Male	Female	Total
1960	5.2	4.7	4.9
1970	5.5	5.2	5.3
1984	5.6	5.9	5.8
2000	7.2	7.2	7.2

Source: Compiled from 1960, 1970, 1984, and 2000 Ghana Population Census Reports.

Trends in ageing

Population ageing as a process of continuous increase in the population of persons aged 60 years and over in the total population is shown in Table 1. The percentage of elderly persons (60 years and above) has increased from 4.9 in 1960 to 5.3 in 1970, 5.8 in 1984 and 7.2 in 2000. In terms of absolute numbers, the population of the elderly has increased from 331,510 in 1960 to 1,365,291 in 2000, a four-fold increase in 40 years. The population of the elderly is projected to reach 5,336,000 representing 11.8 percent of the total population in 2050 (United Nations, 2009). The pace of ageing is relatively more rapid for elderly females than for elderly males. Whereas the proportion of elderly females has increased from 4.7 percent to 7.2 percent in 1960 and 2000 respectively the corresponding figures for elderly males are 5.2 percent and 7.2 percent. The percentages of elderly males and females based on the 2008 Ghana Demographic and Health Survey are 7.1 and 7.5 respectively (Ghana Statistical Service, 2009). This is to be expected in view of higher female than male life expectancy. Median age which is used as an indicator of popula-

tion ageing has increased from 17 years in 1970 to 18.1 years in 1984 and 19.4 years in 2000, implying 14.1 percent increase in 30 years (see Figure 1). The median variant projections for Ghana show an increase in median age from 20.□ years in 2010 to 22.4 years in 2020, 24.4 years in 2030, 2□.8 years in 2040 and 29.1 years in 2050 (United Nations, 2009).

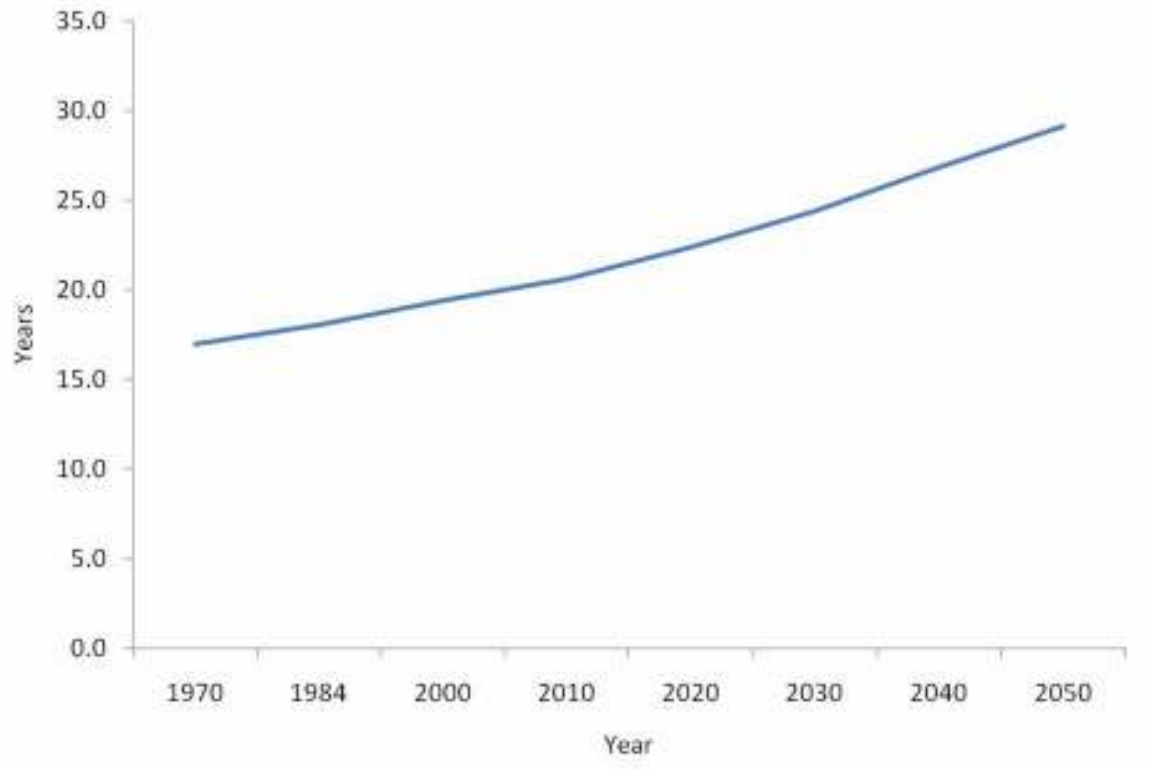

Figure 1 Trends in median age, Ghana 1970-2050

Relationship to household head

To some extent information on the elderly population by relationship to the head of a household can be used to get an insight into who is taking care of the elderly. Table 2 presents a percentage distribution of elderly persons according to relationship to household head and sex. It is seen that □9.2 percent of elderly persons are household heads, 13.7 percent are parents or parents-in-law and 4.5 percent are other relatives of the head of household. The pattern of relationship to household head varies by sex of the elderly person. As shown in Table 2, nine out of 10 elderly males are heads of household compared to one out of two elderly females. One out of five elderly females is a spouse of the household head compared to 1.4 percent of elderly males. Table 2 also shows that 21.4 percent of elderly females are parents or parents-in-law of the household head; the corresponding figure for elderly males is 4.5 percent. In other words, elderly females are 4.8 times more likely to be parents or patents-in-law of the household head than their male counterparts. This situation seems to point to the elderly females'

disadvantageous position which may compel them to live with their children and in-laws. Compared with elderly males, elderly females are three times more likely to be other relatives of the head of household. It is noted that whereas elderly female household heads, spouses and parents or parents-in-law together make up 92.□ percent, elderly male household heads alone make up 91.9 percent.

Table 2 Percentage distribution of elderly persons by relationship to household head and sex

Relationship	Male	Female	Total
Head	91.9	50.1	□9.2
Spouse	1.4	21.1	12.1
Child		0.5	0.3
Parent/parent-in -law	4.5	21.4	13.7
Son/daughter-in -law		0.1	
Other relatives	2.1	□.□	4.5
Non-relatives	0.1	0.1	0.1
Total	100	100	100
Number*	1,144	1,3□2	2,50□

*Totals do not agree with those of Tables 4, 5 and □ because of missing cases.
Computed from GLSS 5 dataset.

Marital status of elderly persons

Table 3 shows that half of elderly persons are married, a third are widowed and 9.8 percent are divorced. This high proportion of widows and widowers suggests high mortality at older ages. Analysis by sex shows that three out of every four elderly males are married compared to 29.4 percent of elderly females. In other words, elderly males are 2.□ times more likely to be married as compared to their female counterparts. Because traditional norms favour male dominance which is associated with power, males are more likely to have their way in matters of marriage and divorce. Unlike females, males may find it easier to re-marry after the death and divorce of their spouses.

It is important to note that 53.2 percent of elderly females are widows. This high percentage of widows corroborates Mba's (2002) finding based on the 199□ Lesotho census data file which showed that 54.8 percent of Lesotho elderly females are widows. The large proportion of widows has several social and financial implications for the elderly female population. Because men are usually older than their wives and have lower life expectancy, and because a large proportion of females depend on their husbands, the onset of widowhood makes elderly females become more disadvantaged and vulnerable to the vicissitudes of life. The divorcees and widows make up □5.5 percent of the elderly female population and this large group of elderly females has to fend for themselves in the absence of financial assistance, support and care from their children, rela-

tives and other social support networks.

Table 3 Percentage distribution of elderly population according to marital status and sex

Marital status	Male	Female	Total
Married	75.2	29.4	50.3
Consensual union	4.8	1.8	3.2
Separated	2.2	3.0	2.□
Divorced	□.9	12.3	9.8
Widowed	9.9	53.2	33.4
Never married	1.0	3.0	0.□
Total			
Number	1144	13□2	250□

Source: Computed from GLSS 5 dataset.

School attendance of elderly persons

Schooling is crucial for elderly females' future particularly in view of higher male mortality which in some cases deprives women of financial and social support. School attendance is more likely to open windows of opportunity particularly in the area of formal paid employment which may bring in its wake social security benefits that may compensate for lack of extended family support in old age. Educated individuals are more likely to get better jobs, higher income, and greater access to health insurance and social ties and resources. All these serve as armour in old age. The GLSS 5 collected school attendance data from all household members aged 3 years or over. The percentage distribution of the elderly population by school attendance and sex is shown in Table 4. As expected, school attendance is low among the elderly population. This is not unrelated to an inadequate number of schools and poor access to education earlier in life. Twenty six percent of elderly persons have attended school. The percentage of elderly males who have attended school is 2.4 times that of the corresponding female figure. The low school attendance of females is due in part to relatively less emphasis put on female education. It also forecloses formal job opportunities with attendant economic benefits and thereby giving rise to low quality of life in old age.

Table 4 Percentage distribution of elderly persons by school attendance and sex

School attendance	Male	Female	Total
Yes	39.1	1□.1	2□.2
No	□0.9	83.9	73.4
Total	100.0	100.0	100.0
Number	1,139	1,349	2,488

Source: Computed from GLSS 5 dataset.

Health condition of elderly population

One of the numerous challenges of old age is how to win the never-ending war against poor health arising particularly from degenerative and man-made diseases such as diabetes, heart diseases, hypertension, stroke, malignant neoplasm and trachoma and blindness that often lead to complications and permanent incapacity. The Health module of the GLSS 5 collected data on health condition in the last two weeks before the survey from all household members. Although the data are not detailed enough and limited in several respects, they provide a bird's eye view of the general health condition of household members. It is worth noting that respondents were not asked about the kind of illness they suffered from. Part F of the Health module also collected information on the person who pays for the greatest portions of the health expenses including consultations and hospital stays as well as insurance from all household members. Table 5 shows that one out of three elderly persons suffered from some kind of illness and injury in the last two weeks before the survey. With regard to illness, elderly females register a larger percentage (34.7 percent) compared to 28.□ percent for elderly males, whereas the reverse is the case for injury; 1.8 percent compared with 1.3 percent.

Table 5 Percentage distribution of elderly population according to health condition and sex

Suffered from illness	Male	Female	Total
Neither	□9.1	□3.4	□□.0
Illness	28.□	34.7	31.9
Injury	1.8	1.3	1.5
Both	0.5	0.□	0.□
Total	100.0	100.0	100.0
Number	1,138	1,349	2,487

Source: Computed from GLSS 5 dataset.

The percentage distribution of persons who pay for the greatest portions of the health expenses including consultations and hospital admissions for elderly persons is shown in Table □. Health expenditures are borne mainly by household heads (74.7 percent), other relatives (15.2 percent) and spouses (4.3 percent), while 2.9 percent are settled through health insurance. Government or employers' support is less than 1 percent. The pattern of persons who pay for medical bills differs according to sex of the elderly person. Heads of households feature prominently for both elderly males (89.2 percent) and females (□7.□ percent). It is noted that other relatives settle 20.□ percent of medical bills for elderly females compared to a corresponding figure of 8.9 percent for elderly males. Spouses and health insurance bear 8.4 percent of medical bills for elderly females compared with 5.8 percent for elderly males. The relatively higher payment made for elderly females may not be unrelated to the poor financial position of women particularly elderly females who are not covered by any social security scheme.

Table 6 Percentage distribution of who pays for health expenses of elderly persons according to sex

Person paying for medical bill	Male	Female	Total
Head	82.9	7.	74.7
Spouse	3.3	5.2	4.3
Child	0.7	1.2	1.0
Grandchild	0.4	0.2	0.3
Parent/parent-in-law	0.2	0.3	0.2
Son/daughter-in-law		0.1	
Other relative	8.9	20.	15.2
Adopted/foster/stepchild		0.2	0.1
Non-relative	0.1	0.1	0.1
Government	0.4	0.5	0.5
Employer	0.2		0.1
Household member's employer	0.1	0.1	0.1
Health insurance	2.5	3.2	2.9
Other	0.3	0.7	0.5
Total	100.0	100.0	100.0
Number	1,138	1,349	2,487

Computed from GLSS 5 dataset.

Health insurance and the elderly

One of the most important health safety nets to cushion and protect the elderly against poor health in old age is the National Health Insurance Scheme (NHIS) which was established under Act 50 in 2003 by the Government of Ghana (GoG) to provide basic health care services to persons resident in Ghana through mutual and private health insurance schemes. Children who are less than 18 years and whose parents or guardians are contributors are covered. Then too, all persons who are Social Security and National Insurance Trust (SSNIT) pensioners or aged 70 years and over who are resident in Ghana are exempted from payment of premium under the Community Mutual Health Insurance Scheme. However, persons aged 70 years and over should register to enjoy NHIS benefits. Figure 2 shows that 20 percent of the elderly are either registered or covered by the NHIS, while eight out of 10 elderly persons have neither registered nor are covered by the scheme. It is worth mentioning that the National Health Insurance Scheme had just started at the time of data collection of GLSS 5. There is not much variation by sex. The low coverage (20 percent) for elderly persons suggests that the NHIS is yet to make an impact particularly on one of the vulnerable groups that needs its services most.

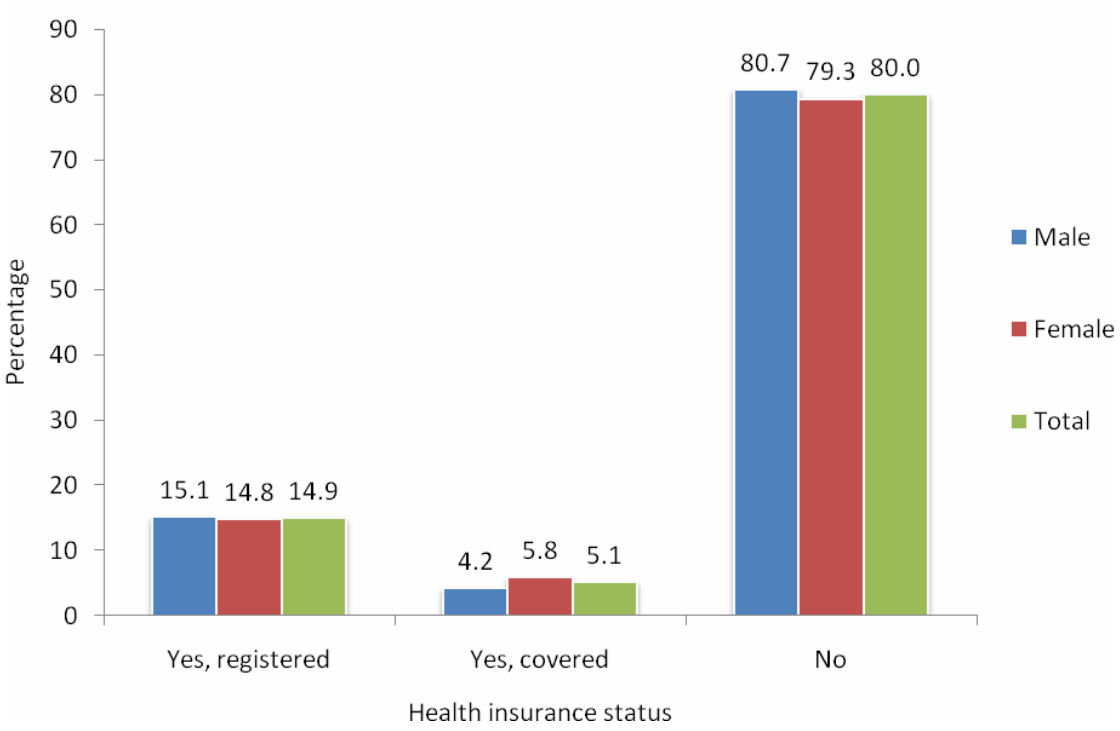

Figure 2 Percentage distribution of elderly persons by health insurance status and sex

Table 7 Percentage distribution of elderly persons who have not registered with health insurance by reason for non-registration and sex

Reason for non-registration	Male	Female	Total
High premium	39.3	40.4	39.9
Don't have confidence in operators	5.8	4.1	4.9
Covered	2.0	1.2	1.□
No knowledge of any scheme	15.0	19.3	17.3
Other	38.0	35.0	3□.4
Total	100.0	100.0	100.0
Number	91□	1,0□4	1,980

Computed from GLSS 5 dataset.

The data on health condition of household members in the last two weeks preceding the survey also provide a window of opportunity to analyse the respondents' reasons for non-registration of the NHIS. It is seen in Table 7 that four out of 10 elderly persons attribute non-registration to the "high premium" to be paid to the scheme. It may well be that elderly persons who have retired from formal paid employment as well as those in agriculture and the informal sector may not have adequate financial resources to cater for

their needs in old age let alone to pay for "high" annual health insurance premium. It is also seen that 17 percent of the elderly did not register because they have no knowledge of any insurance scheme. With regard to having no knowledge about the scheme the percentages are 19.3 and 15.0 for elderly females and males respectively. The low educational attainment of females may partly account for the higher female percentage. A relatively larger percentage of elderly males than females do not have confidence in the operators of the scheme. It is pertinent to note that many diseases that afflict the elderly are yet to be included in the NHIS drug list leaving elderly persons vulnerable. It is shown in Table 7 that more than one out of every three elderly persons gave "other reasons" for non-registration. This definitely calls for more intensive and sustained public education on the scheme in order to register more contributors.

Table 8 Proportion of the household population aged □0 years and over living alone by sex

Country	Date	Percentage alone		
		Total	Male	Female
Benin	2001	10.3	9.0	11.7
Burkina Faso	1998/99	2.3	2.3	2.4
Cameroon	1998	8.3	8.0	8.□
Cote d'Ivoire	1998/99	4.0	5.0	2.9
Ghana	1998	21.□	20.2	22.7
Kenya	1998	17.3	9.0	25.2
Malawi	2000	11.4	8.4	13.9
Mali	2001	□.8	5.1	9.8
Nigeria	1999	□.4	3.3	10.7
South Africa	1998	8.1	8.0	8.2
Togo	1998	8.0	□.9	9.0
Uganda	1995	12.1	11.9	12.2
United Rep. of Tanzania	1999	7.5	7.3	7.8
Zambia	2001/02	8.8	5.5	12.3
Zimbabwe	1999	8.8	8.1	9.4

Source: United Nations, 2005 Table 11.1, page 1□.

Living arrangements of the elderly

Living arrangements play an integral part in the well-being of elderly persons, in that; residential quality and satisfaction are indicators of quality of life (United Nations, 2005). Elderly persons living alone are more likely to need outside assistance in the case of illness or disability and are at greater risk of social isolation. An attempt has been made to assemble comparative data on living arrangements of the elderly for some selected sub-Saharan African countries including Ghana. It is noted that although the data pertain to the period

1995 through 2001 they mirror the living arrangements of the elderly in these countries in the past 15 years or so. In view of increasing urbanization and modernization it is more likely that the current living arrangements will be more disadvantageous to the elderly.

There is a considerable range of values as shown in Table 8. The proportion of elderly population living alone ranges from 2.3 percent in Burkina Faso to 21.□ percent in Ghana. Although the median percentage living alone in Africa is only 8 percent (United Nations, 2005), 22 percent of elderly persons live alone in Ghana. Except in Cote d'Ivoire where the male percentage is higher than the female value the other selected countries have higher proportion of females than males living alone. The higher female than male percentages seem to suggest that elderly females will bear the bigger share of constraints caused by lack of appropriate policies and plans aimed at improving the welfare the aged (United Nations, 2005). Women also stand more disadvantaged in terms of financial resources because of dependence on their husbands and living alone worsens an already difficult situation. It is noted that in Kenya elderly females are 2.8 times more likely to live alone compared to their male counterparts. Because elderly women live longer than their male counterparts their status as dependents tends to extend for a longer period of time especially when they become ill or disabled and need care.

The percentage distribution of the elderly population according to household composition is shown in Table 9. Ghana is among the countries with smallest percentages (5 percent) of couples living independently of others, while Mali has the largest percentage (18.3 percent). The percentage of elderly persons living with their children or grandchildren varies from □3.□ in Kenya to 82.8 in Burkina Faso. In Ghana, two out of three elderly persons live with their children or grandchildren. Living with other relatives features less prominently in the living arrangements of the elderly.

Elderly persons are more likely to live with their older than younger children probably because older children are more likely to have more financial resources than their younger siblings to care for the aged parents. As shown in Table 9, the percentage of elderly persons in Ghana living with their children or grandchildren aged 25 years or more is 27.5 compared with 22.3 percent for those living with their children or grandchildren aged less than 25 years.

Couples who live together in the same household are more likely to care for and assist each other in carrying out various tasks and activities. Living together also tends to provide an additional dimension to a relationship. GLSS 5 asked respondents aged 12 years or older who were married or were in consensual unions whether their spouses "live in this household". The percentage distribution of elderly persons according to whether spouse lives in the household is shown in Figure 3. As expected, elderly persons live with their spouses in the same household. Ninety percent of elderly males live in the same household with their spouses compared with 73.4 percent for elderly females. The relatively larger percentage of elderly females who do not live in the same household with their spouses may be partly due to the prevalence of polygyny which allows for separate living arrangements. Elderly females in polygynous unions who do not live with their spouses in the same household are probably more likely to experience financial hardship and hence become more disadvantaged and vulnerable.

Table 9 Percentage distribution of the population aged □0 years or over by household composition

Country	Date	Living independently of others			Living with child or grandchild					With other relative	With non-relative
						Child					
		Total	Alone	Couple only	Total	Total	Aged 25+ years	Aged < 25 years	Grandchild but not child		
Benin	2001	15.5	10.3	5.2	7□.7	□7.4	38.1	29.3	9.3	□.7	1.1
Burkina Faso	1998/99	9.4	2.3	7.1	82.8	7□.0	34.4	41.□	□.8	□.9	1.0
Cameroon	1998	14.9	8.3	□.□	□□.9	58.□	38.9	19.7	8.3	1□.□	1.□
Cote d'Ivoire	1998/99	7.2	4.0	3.2	71.3	□4.1	44.2	20.0	7.2	18.0	3.4
Ghana	1998	2□.□	21.□	5.0	□7.7	49.8	27.5	22.3	17.9	5.5	0.2
Kenya	1998	32.1	17.3	14.8	□3.□	49.7	25.7	24.0	13.9	2.9	1.5
Malawi	2000	23.1	11.4	11.7	71.5	4□.5	23.1	23.4	25.0	5.0	0.□
Mali	2001	25.1	□.8	18.3	70.2	□1.□	22.0	39.□	8.□	4.3	0.3
Nigeria	1999	14.4	□.4	8.0	78.8	□9.5	35.5	34.1	9.3	5.4	1.3
South Africa	1998	19.5	8.1	11.4	72.0	54.1	44.5	9.7	17.9	□.7	1.7
Togo	1998	13.4	8.0	5.4	7□.3	□5.9	41.8	24.1	10.4	9.7	0.□
Uganda	1995	20.□	12.0	8.□	70.9	48.4	24.7	23.7	22.5	7.7	0.8
United Rep. of Tanzania	1999	15.0	7.□	7.4	72.8	□0.4	3□.3	24.1	12.4	11.1	1.2
Zambia	2001/02	18.□	8.8	9.8	74.8	53.5	32.1	21.4	21.3	5.3	1.2
Zimbabwe	1999	18.0	8.8	9.2	74.□	5□.2	32.4	23.8	18.4	5.9	1.5

Source: United Nations, 2005, Table 11.4, page 33.

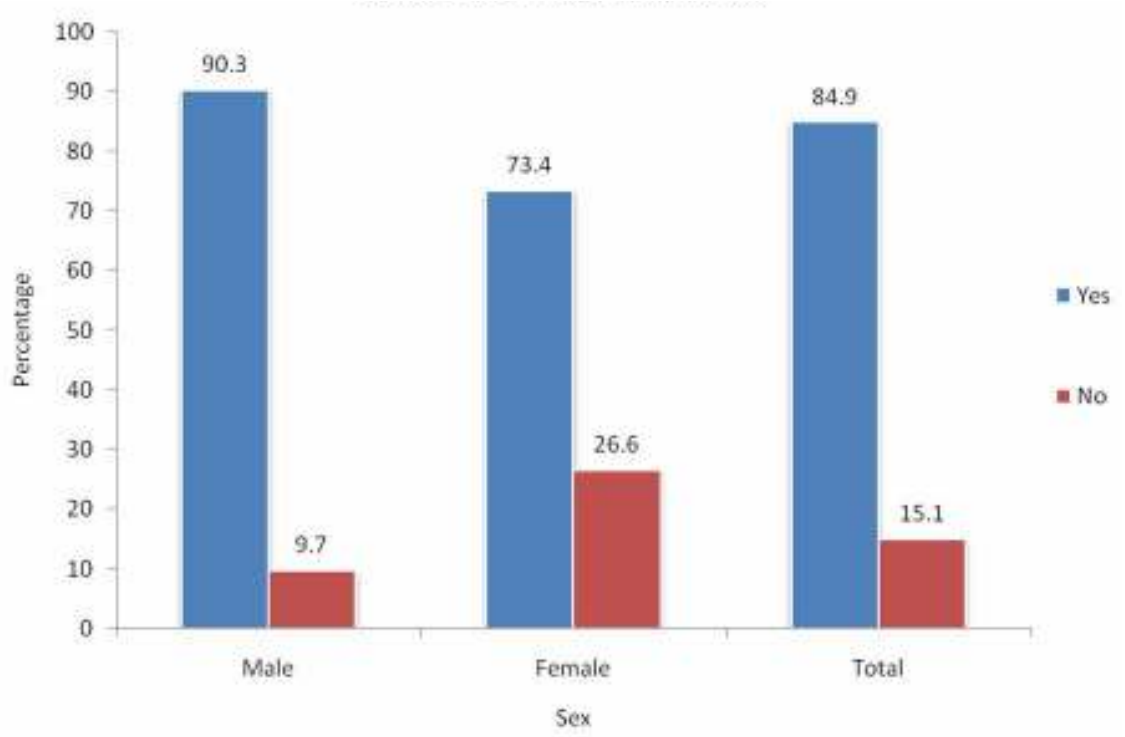

Figure 3 Percentage distribution of elderly persons according to whether spouse lives in household and sex.

Emerging issues

The ageing challenges that elderly persons face are mainly in the social, economic and health domains. One of the main social concerns that have attracted considerable attention is the issue of witchcraft and cultural practices in certain parts of the country that dehumanize people especially women. The belief in witchcraft is widespread in Ghana and transcends educational levels, social status and type of religious affiliation (Sefah-Dadeh, 2004; Drucker-Brown, 1993). The branding of women as witches and subjecting them to abuse and torture is a matter of great concern as it is against the laws of Ghana and several international laws to which Ghana is a signatory. The banishment of elderly women to live in the so-called witches' camp in the northern parts of Ghana strips them of their dignity and human rights.

The existence of the so-called witches' camp that can be described as a blot on the conscience of the nation is regarded by some people as safe haven for women, men and children who have all been abandoned by their families and communities after being branded as witches for one reason or another. What is most unsettling is that at the time that these elderly women need sympathy, protection, support and care, some of their own children have joined in perpetuating cruelty against their own parents.

The witches' camp issue is multidimensional. It has socio-cultural, religious, socio-political, legal and human rights dimensions and it is also an issue

of ignorance and lack of knowledge about disease causation. The inhuman treatment of women in the witches' camp has prompted civil society organizations, faith based organizations and human rights activists to call on the government of Ghana to take urgent steps to abolish the witches' camps in the northern parts of the country because they are not only grounds for human rights violations, but more importantly the rights and dignity of the people accused as witches and wizards.

Social security scheme

Population ageing poses challenges in terms of financing pensions, social care and health care as well as supplying the economy with labour (Bengtsson and Scott, 2011). The mandatory retirement age of 60 years in Ghana means that elderly persons need additional resources to support them in their old age either from younger persons of their own families or from a social security or pension scheme. The main formal social protection scheme in Ghana is the national social insurance scheme administered by the Social Security and National Insurance Trust (SSNIT). The SSNIT social insurance pension schemes are old age income security arrangements that pay retirement benefits to retirees out of contributions from current employees. The capacity of elderly persons in Ghana to cope with economic challenges in old age in the absence of adequate support and care from children and the extended family unit has not been increased by the establishment of SSNIT in 1972 under the National Redemption Council Decree 127. Before 1972, the social security scheme was jointly administered by the then Department of Pensions and the State Insurance Corporation. Until 1991, SSNIT administered a Provident Fund Scheme and this was converted into a social insurance pension scheme (SSNIT, 2007). The social insurance pension scheme was reformed in January 2010 by an Act of Parliament, Act 677.

SSNIT is governed by the National Pensions Act, 2008 (Act 766) which has a contributory three-tier pension scheme. The objectives of the National Pensions Act are to i) provide pension benefits to ensure retirement income security for workers ii) ensure that every worker receives retirement and related benefits as and when due and iii) establish a uniform set of rules and standards for the administration, payment of retirement and related benefits for workers in both the public and private sectors.

Unlike the South African social pension programme which is financed through general tax revenue (National Research Council, 2001), Ghana's pension scheme is financed by contributions from employers and employees. Membership of the SSNIT scheme is open to all workers in Ghana except officers and men of the Ghana Armed Forces and any other person who is expressly exempted by law. The Scheme is also optional for the self-employed. Under the new National Pensions Act, 2008 (Act 766), the worker contributes 5.5 percent of his/her basic salary and the employer adds 13.0 percent of the worker's basic salary, making a total of 18.5 percent. Thirteen and a half percent of the 18.5 percent is remitted to the mandatory first tier which is managed by SSSNIT, while the

5 percent is remitted to the mandatory fully-funded second tier privately managed occupational scheme. The third tier is a voluntary fully-funded and privately managed provident fund and personal pension scheme. It is not likely that the third tier of the pension scheme will be subscribed as expected. This is mainly due to poor saving habits of the majority of workers arising from poor remuneration and high cost of living.

The SSNIT level of coverage of the social security of the labour force is very low. The total number of registered active contributors nationwide as at March 2011 is 895,47□, representing 12.1 percent of employed persons aged 15 years and older (7,428,374) in 2000. The 2000 Ghana Population and Housing Census indicated that □.4 percent of employed persons aged 15 years and over were in the public sector, while 83.9 percent were in the private informal sector which remains the largest concentration of the working population and much of this is in agriculture and related activities. The percentages of the employed males and females aged 15 years or more in the private informal sector were 79.1 and 88.8 respectively. Because a majority of the contributors are likely to be public sector workers who comprised □.4 percent of the employed persons aged 15 years or more in Ghana in 2000, the scheme's impact on the economic welfare of the elderly is minimal. It is worth mentioning that 8.3 percent of employed males aged 15 years and over were in the public sector compared to 4.4 percent of employed females. It must be stated that for those covered by the social security scheme, the values of their benefits are eroded by inflation and mismanagement, thereby perpetuating poverty in old age (Ministry of Employment and Social Welfare, 2010).

The majority of workers in the private informal sector such as farmers, fishermen, transport conductors, retail market traders, hawkers, street and pavement vendors are not contributors to the scheme and hence have no pension benefits or any other form of reliable social security. This large population of non-contributors in the private informal sector poses a serious challenge to SSNIT in her quest to attain nationwide coverage. The implication is that a majority of these workers in the private informal sector will have to devise ways and means of getting financial resources to tide them over in old age. Workers engaged in subsistence agriculture or other forms of subsistence living are likely to rely on their families for support and protection when they can no longer work. Elderly women are more likely to be disadvantaged because a larger female than male percentage of workers is in the private informal sector. SSNIT should target the rural areas where most workers do not belong to any institution and have no retirement pension. The perception of the elderly as a burden for their adult children appears to be a myth in Brazil, Chile, Costa Rica, Mexico, Uruguay and the United States of America where the elderly far from being an economic burden to their families are an economic asset (Rosero-Bixby, 2011). It has been pointed out that on balance the elderly do not rely on contributions from their children to meet consumption needs. This is not the case in Ghana where net private transfers play a key role in sup-

porting the elderly.

Health security is one of the basic prerequisites of enjoyable and active life for the elderly. The issue of income security is closely linked to that of health security. The analysis of the social security scheme and pension benefits suggests that the majority of workers are not covered by the social security scheme and hence are not entitled to any pension benefits in old age. Because of inadequate retirement pension whose value is eroded by inflation, elderly persons who are aged between □0 and □9 years are less likely to access quality health care which is a *sine qua non* in old age.

Policy responses

The Government of Ghana has long been aware of population ageing and its social, cultural, health, environmental and economic challenges for sustainable socio-economic development. These challenges are at the micro-level for individuals and households and at the macro-level for populations and sub-populations (Golini, 1999). They require shift of financial, physical and human resources from one segment of the population to another. The Government of Ghana has initiated policy responses that target potential effects of demographic trends on the welfare of the elderly. In line with this awareness Ghana commemorates July 1, Republic Day, as Senior Citizens Day in recognition of the diverse and immense contributions of elderly persons to the development of the country. The 1994 Revised Ghana Population Policy states that "Policies will be adopted to ensure that adequate upkeep and full integration of the aged and persons with disabilities into the society and facilitate the adoption of children … Appropriate policy environment will also be created to enable the aged feel secure and useful in society" (National Population Council, no date).

The establishment of a national policy on ageing in 2010 is a policy response initiated by government to address the social, economic and health challenges of the elderly. It is also an indication of government's commitment to address ageing issues in Ghana. The Policy document promulgated by Parliament in 2010 and entitled "National Ageing Policy: Ageing with Security and Dignity" states that the overarching goal is "to achieve the overall social, economic and cultural re-integration of older persons into mainstream society, to enable them as far as practicable to participate fully in the national development process" (Ministry of Employment and Social Welfare, 2010). In order to achieve the goal of giving adequate opportunity to the elderly to continue to contribute to society after retirement, the Policy spells out policies and strategies which include:

- Upholding the fundamental human rights of older persons
- Ensuring active participation of older persons in society and development
- Reducing poverty among older persons
- Improving health, nutrition and well-being of older persons
- Improving housing and living environment of older persons
- Strengthening the family and community to provide adequate support to older persons
- Improving income security and enhanced social welfare for older persons

- Ensuring adequate attention to gender variations in ageing
- Strengthening research, information gathering and processing, and coordination and management of data on older persons
- Strengthening capacity to formulate, implement, monitor and evaluate policies on ageing
- Improving funding of programmes on older persons to ensure implementation sustainability (Ministry of Employment and Social Welfare, 2010).

In addition, the institutional framework for policy implementation specifies the role of government, family and community, private sector, employers and organized labour, older persons' groups and associations, non-governmental organizations (NGOs), civil society, development partners and National Council on Ageing.

The implementation of some legislation and development policies such as the 1994 Revised National Population Policy, National HIV/AIDS Policy 2002, Livelihood Empowerment Against Poverty (LEAP) Social Grants Programme, Persons with Disability Act, 200□ (Act 715), Growth and Poverty Reduction Strategy (GPRS 11) 200□-2009, and National Social Protection Strategy that seek to protect the elderly has been hindered by lack of adequate financial resources. However, the financing of the National Ageing Policy will be done by Government through the establishment of the Active Ageing Fund (AAF) as a development fund to support the implementation of the Policy. Government will provide seed money for the AAF and each year Metropolitan, Municipal and District Assemblies (MMDAs) will contribute a specific percentage of the District Assembly Common Fund as their contribution to the AAF in their districts. Other stakeholders such as private sector employers, NGOs, development partners and philanthropists will be encouraged to contribute to the Active Ageing Fund.

The National Ageing Policy has an elaborate implementation action plan whose purpose is to provide details of policy actions and implementation activities needed to achieve the policy goals and objectives. The Action Plan focuses on the following five key result areas:

- Enhancing effective planning and mainstreaming of ageing issues into national development
- Reducing poverty and ensuring income security of older persons
- Improving health and nutrition for older persons
- Creating a supportive environment for active ageing
- Enhancing implementation capacity of policies and programmes of older persons (Ministry of Employment and Social Welfare, 2010).

Each key result area has policy objectives, activities, time frame and output for each activity, indicators, means of verification and responsible agency (lead agency and collaborating agencies).

The National Ageing Policy's elaborate implementation action plan requires adequate financial resources to see it through. The crux of the matter is whether the government is committed to allocate adequate financial resources to promote active ageing with security and dignity in view of other numerous and competing demands on the national budget. It is not likely that the zeal

which ensured the development and promulgation of the Policy document will come in handy at the level of implementation of activities. There is a world of difference between developing a concise action plan and making adequate financial resources available for its implementation. Ghana is yet to master how to effectively link the two sides of the same coin.

The intervention activities to promote active ageing are not the preserve of government only. HelpAge Ghana (HAG), a non-governmental organization which is affiliated to HelpAge International based in the United Kingdom, and established in 1988 has designed intervention activities to address ageing issues and problems facing older persons. Its mission is "to advance the interest and welfare of older persons in Ghana". HAG's activities are on a very small scale and yet they are making an impact in their little corners. HAG runs two day centres at Derby Avenue, Accra and Bubiashie, a suburb of Accra where poor older persons are provided with lunch and recreation facilities. The third day centre at Osu, Accra provides health care in addition to the two services already mentioned. Each older person contributes 50 pesewas (about US$0.33) towards the cost of lunch. A major objective of the day centres is to build the capacity of older persons to manage their own affairs.

The major challenge facing HAG is financial. HAG relies heavily on donations from individuals, organizations and project grants to implement its major programmes and activities in the areas of health, adopt-a-granny scheme, building and support for day centres, advocacy, awareness creation, promotion of rights of older persons, research, relief supplies and projects' support to older persons/age care organizations. The activities in the area of health cover community clinic/health screening, training/awareness creation, eye care, purchase of prescribed drugs for poor older persons, adoption and support of the two geriatric wards of the Accra Psychiatric Hospital and running of a health post at HAG Day Centre at Osu, Accra.

The continued existence of the witches' camp in certain parts of northern Ghana has brought to the fore the need for National Commission on Civic Education (NCCE), traditional and opinion leaders, churches, assembly men and women and NGOs to embark upon vigorous public education on the issue of witchcraft and abusive practices that dehumanize elderly persons, especially the vulnerable like elderly women. Public education should sensitize communities about issues of human rights. People should be made to understand the falsehood, and cruelty, of the superstition of witchcraft as well as the causes of diseases and epidemics. The public education should also ensure that elderly women who have toiled to nurture sons and daughters are accorded the recognition, gratitude, security and dignity they deserve. Children should be sensitized to feel proud to provide care and support for their elderly parents when they retire or are unable to work any longer. Government should pass a law to dismantle the witches' camps and their inmates integrated into mainstream society as was done in the case of the *Trokos*i girls. *Trokosi* is a belief system in which infants and virgin girls are dedicated to serve in

a shrine by their kin to atone for sins and taboo breaches. The victims are not themselves the offenders.

The mandatory retirement age of □0 years as specified in the 1992 Constitution of Ghana must be raised because it makes it difficult for the public sector to re-engage the services of retired persons who could still contribute to the development of the country. Raising the retirement age seems to be the appropriate response to increasing life expectancy. A gradual retirement process to take place between ages □0 and □5 can be considered by government. There is high unemployment especially among the youth and policies to increase labour force participation by the youth need to embrace skills development; there seems to be a mismatch between courses taught at the tertiary level and requirements of the business sector. The failure of the Ghanaian economy to expand to absorb the rapidly growing labour force does not favour the proposition that enough job opportunities should be created for the elderly who are healthy and can still work. Government will have to seriously consider the trade-off because of the lack of requisite skills by the youth for the current job market situation.

Discussion

The era of globalization, urbanization and modernization have combined to deal a severe blow to the time-tested extended family unit which has provided care and support to the elderly. The widely-held view that having children is a kind of investment and security for parents against the vicissitudes of old age has come under close scrutiny. Adverse economic conditions and pervasive high youth unemployment have made it more difficult for the younger generation to provide adequate care and support to the elderly as expected. The disadvantageous financial position of children and relatives makes it extremely difficult to adopt 199□ China's People Congress Law of Security of the Right of the Elderly which stipulates that taking care of elderly parents is the duty of children (Qiao, 2001). It means that children would be in violation of the law if they did not support and care for their elderly parents. In Ghana, the great expectation of parents that their children will reciprocate the care and support they provided them when they were young is disappearing fast, with the result that elderly persons tend to be left in the lurch and elderly females become relatively more disadvantaged because they tend to have less financial resources.

The Social Security Scheme's level of coverage is very low coupled with inadequate retirement pension whose value is constantly eroded by inflation. The main challenge facing SSNIT is how to increase coverage particularly among informal sector workers. SSNIT should liaise with Information Services Department to mount continuous public education on the importance of contributing to the social security scheme among petty traders, farmers, fishermen, carpenters, masons, etc. The third tier of the National Pensions Act 2008, provides for a voluntary fully-funded and privately managed provident fund and personal pension scheme. However, the inadequate remuneration received by workers in paid employment may not encourage subscription to the third tier. In addi-

tion, the instability of the value of the Ghanaian cedi due to inflation discourages workers to register for personal life insurance as an additional security to cater for their needs in old age.

The continuous existence of the witches' camps is a blot on the conscience of the nation which professes to uphold human rights. The human rights of the women particularly elderly women in the witches' camps are being trampled upon. Government's intervention through enactment of a law banning the witches' camps will bring great psychological relief to these accused women. The passing of the law banning the witches' camps should be done with as little delay as possible. In addition, continuous and sustained public education to encourage the children and relatives of these women to take the accused women back into the family fold should be vigorously done by the Department of Social Welfare, faith based organizations, and NGOs.

The implementation of the National Ageing Policy requires adequate budgetary allocation of financial resources by government. The Ministry of Employment and Social Welfare must spearhead the implementation of the National Ageing Action Plan by ensuring that both lead and collaborating agencies effectively play the specific roles assigned to them in the Action Plan.

Conclusion

The consequences of population ageing go beyond the impacts considered in this paper. The National Ageing Policy and the pension's system reforms are necessary and urgent. Their sound implementation should bring great relief to the elderly in old age. Children and relatives must gird up their loins to provide adequate care and support to their elderly parents. There is a need for the government and NGOs to make strenuous efforts to bridge the big gap between producing a concise policy document and its implementation.

Acknowledgement

I would like to express my deep appreciation to the Executive Director of HelpAge Ghana for stimulating discussions on population ageing in Ghana as well as providing me with a copy of the National Ageing Policy and its implementation action plan.

References

Apt, N.A. 1993. Care of the elderly in Ghana: An emerging issue. Journal of Cross-Cultural Gerontology, 8, 4: 301-312.

____ 199□. Coping with old age in a changing Africa: Social change and the elderly Ghanaian. Averbury Aldershot, Brookfield.

Bengtsson, T. and Kirk, S. 2011. Population ageing and the future of the welfare state: The example of Sweden. Population and Development Review. A supplement to Volume 31, pp. 158-170.

Drucker-Brown, S. 1993. Mamprusi witchcraft, subversion and changing gender relations. Africa □3, 4: 531-549.

Economic Commission for Africa (South Africa Office). 2004. Mission Report. ECA/SA/MR/2004/34.

Ferreira, M. and Lindgren, P. 2008. Elder abuse and neglect in South Africa: A case of marginalization, disrespect, exploitation and violence.

Journal of Elder Abuse and Neglect, 20, 2: 91-107.

Gaisie, S. K. 2005. Assessment and adjustment of population age and sex structures, 19□0-2000 Ghana censuses. Population data analysis report. Volume 1. Socio-economic and demographic trends. Chapter 2.

Ghana Statistical Service. 2005. Population data analysis report. Volume 1. Socio-economic and demographic trends.

Ghana Statistical Service (GSS), Ghana Health Service (GHS) and ICF Macro. 2009. Ghana Demographic and Health Survey 2008. Accra, Ghana: GSS, GHS, and ICF Macro.

Golini, A. 1999. Population ageing: current demographic setting and the future. Paper presented to the Economic Commission for Europe International Conference on State of the Older Population: Prelude to the Twenty-first Century, Sion, 13-15 December.

____ 2004. Possible policy responses to population ageing and population decline: The case of Italy. Policy responses to population decline and ageing. Special Issues Nos. 44/45. United Nations. New York.

Ham-Chande, R., Palloni, A. and Wong, R. 2009. Aging in developing countries: Building bridges for integrated research agendas. International Union for the Scientific Study of Population policy and research papers number 22.

Kalasa, B. 2001. Population and ageing in Africa: A policy dilemma? Paper presented at the International Union for the Scientific Study of Population's XXIVth General Population Conference, August 18-24, Salvador de Bahia, Brazil.

Kpedekpo, G.M. K. 1982. Essentials of demographic analysis for Africa. Chapter 3. Heinemann, Ibadan.

Mba, C.J. 2002. Determinants of living arrangements of Lesotho's elderly female population. Journal of International Women's Studies, 3, 2: 1-22.

____ 2007. Gender disparities in living arrangements of older people in Ghana: Evidence from the 2003 Ghana Demographic and Health Survey. *Journal of International Women's Studies* 9, 1: 153-157.

Ministry of Employment and Social Welfare. 2010. National Ageing Policy: Ageing with security and dignity.

____ 2010. National Ageing Policy: Ageing with security and dignity. Implementation Action Plan.

National Research Council. 200□. Aging in sub-Saharan Africa: Recommendations for furthering research. Panel on policy research and data needs to meet the challenge of aging in Africa. Committee on Population. Cohen, B. and Menken, J. (Eds). Washington DC: National Academies Press.

Office of the Director-General. 2002. Second World Assembly on Ageing. Main assembly statement. World Health Organization.

Qiao X. 2001. Aging issues and policy choices in rural China. Paper presented at the International Union for the Scientific Study of Population's XXIVth General Population Conference, Salvador, Brazil, 20-24 August 2001.

Republic of Ghana. 1992. Constitution of the Republic of Ghana. Tema

Press of Ghana Publishing Corporation.

Rosero-Bixby, L. 2011. Generational transfers and population aging in Latin America. Population and Development Review. A supplement to volume 37. Population Council, New York.

Social Security and National Insurance Trust. 2007. SSNIT at a glance.

Sefa-Dadey, A. 2004. The witchcraft mentality in Ghana: Attribution for emotional turmoil and assertion of power mastery. In Occasional papers in cross-cultural studies number 1, Kirby J.P. (Ed). Tamale Institute of Cross-Cultural Studies.

United Nations, 1993. Demographic Yearbook. Special issue. Population ageing and the situation of elderly persons. United Nations, New York.

____ 2005. Living arrangements of older persons around the world. United Nations, New York.

____ 2009. World population prospects. The 2008 revision. Volume 1: Comprehensive tables. United Nations, New York.

Velkoff, V.A. and Kowal, P. R. 200. Aging in sub-Saharan Africa: The changing demography of the region. In Aging in sub-Saharan Africa: Recommendations for furthering research, (pp. 55-78). Committee on Population, Cohen, B. and Menken, J. (Eds). Washington DC: National Academies Press.