

Policy Brief

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Population Ageing in Ghana and its Implications

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The 2010 Population and Housing Census showed that although the proportion of older persons (60+ years) decreased from 7.2 percent in 2000 to 6.7 percent in 2010, in terms of absolute numbers there has been a sevenfold increase in the population of the aged from 215,258 in 1960 to 1,643,978 in 2010

As more and more people live longer as a result of Ghana's improving socio-economic situation, the necessary laws, policies, institutions, strategies and programmes that have been put in place must be made to work to enable this important segment of the population contribute to national development

1. Introduction

Over the past decade population ageing has become one of the most fundamental issues of our time. Persons aged 60 years and over already constitute over 11 per cent of the world population and by 2050 the proportion of the population aged 60 years and over will account for 21.1 percent of the global population. While all countries are experiencing ageing of their populations, the phenomenon is happening most rapidly in developing countries where 60 per cent of the world's older people live (United Nations Population Division, 2012).

Globally, the population aged 60 years and over is expected to almost triple, from 841 million in 2013 to two billion in 2050. These older cohorts will outnumber all children under the age of 14 by 2050, thus exceeding the number of young people in the world for the first time in history. According to experts, the trend towards older populations is largely irreversible, with young populations unlikely to occur again.

This policy brief explains the concept of ageing, and presents trends in population ageing globally and in Ghana. It further discusses the health and economic implications of a growing proportion of the aged population in Ghana and makes recommendations for policy and programmatic interventions and for mainstreaming ageing in national development frameworks.

2. Concept of Ageing

In many parts of the developing world, the definition of ageing is the combination of chronology, change in social role (i.e. change in work patterns, adult status of children and menopause) and change in capabilities (i.e. invalid status, senility and change in physical characteristics).

The population of any country is described as ageing when the median age of that population is rapidly increasing, resulting in a gradual shift in the age structure of that population in favour of older persons. This is a consequence of a number of factors, including declining fertility, decreasing premature deaths and prolonged life expectancies.

In developed countries, the population ageing is not a new phenomenon whilst in developing countries, it is a recent occurrence. Currently, the most aged populations are in developed countries but majority of the older persons live in developing

countries. Given that the rate of growth of older populations in developing countries is far higher than that of developed countries it is expected that over time, majority of the world's aged will live in developing country.

3. Trends and Future Growth of Ageing Population in Ghana.

The 2010 Population and Housing Census showed that although the proportion of older persons (60+ years) decreased from 7.2 percent in 2000 to 6.7 percent in 2010, in terms of absolute numbers there has been a sevenfold increase in the population of the aged from 215,258 in 1960 to 1,643,978 in 2010. The proportion of the female elderly population is 56 per cent compared with 44 per cent for males. Thus, even though Ghana's population remains largely youthful, consisting of a large proportion of children under 15 years of age (reported at 44.5 percent in 1960; 46.9 percent in 1970; 45 percent in 1984; 41.3 percent in 2000 and 38.3 percent in 2010), the size of the elderly population has been growing.

Life expectancy at birth has also improved dramatically since independence, increasing from an estimated 45.5 years in 1960 to 48.6 and 52.7 years respectively in 1970 and 1984 (representing an increase of 4.1 years over a period of 14 years). In 2010, the Ghana Statistical Service reported life expectancy of 60.7 years for males and 61.8 years for females.

4. Implications of Population Ageing.

The pace of population ageing is progressing faster in developing countries. As a result, developing countries will have less time to prepare for, and adjust to, the consequences of population ageing. Unlike developed countries, people in developing countries will become old before they become rich as population ageing is taking place at the lower levels of socio-economic development than is the case for developed countries. This has several implications for the aged population and the socio-economic development of developing countries.

This following section discusses the health, social, economic and labour implications of population ageing in Ghana.

Table I: Population of elderly, 1960-2050

Age	1960	1970	1984	2000	2010	2020*	2030*	2040*	2050*
60-64	118,039	146,378	225,776	366,351	475,849	667,892	989,840	1,418,131	1,911,096
65-69	60,958	94,218	145,309	258,709	293,871	475,550	728,508	1,065,316	1,513,288
70-74	56,529	82,392	128,866	225,158	351,330	363,517	489,350	743,971	1,090,699
75-79	30,961	42,262	71,813	144,830	205,953	219,708	284,338	451,772	681,441
80+	61,107	205,164	341,533	370,243	316,378	175,553	221,084	306,408	485,014
Total	327,594	570,414	913,297	1,365,291	1,643,381	1,902,220	2,713,120	3,985,598	5,681,538

Source: Ghana Statistical Service, Census Report and * National Population Council 2014 (Projections)

4.1 Health

A growing population of older persons comes with an increase in degenerative and non-communicable diseases such as high blood pressure, diabetes, cancers and cardiac related diseases. The Ghana Health Service lists hypertension, skin diseases, diarrhoea, acute eye and ear infections, rheumatic and joint diseases among the top 20 diseases affecting Ghanaians (GHS, 2007, 2008, 2009 and 2010).

Figure 1 shows the number of reported cases of these diseases for 2010, 2011, 2012 and 2013. The chart clearly shows that the number of reported cases of these diseases have been increasing over the years. This may be as a result of the increase in the number of population aged 60 years and above. According to Ayemor (2012), in his paper on "Diseases of Ageing in Ghana", he states that the prevalence of chronic non-communicable diseases among the elderly in the country will increase and that chronic non-communicable diseases will have significant health and economic implications for the individual, family and the country.

It is obvious that as the size of the population of older persons increases, the health challenges would be enormous and would require priority attention in the country. Healthcare cost in the country will therefore continue to rise as demand for health care increases with an ageing population. Furthermore since many of the aged will be at the lower ends of the socio economic strata they will depend heavily on the National Health Insurance Scheme (NHIS) making it an expensive venture

4.2 Economic

A population with a substantial proportion being aged has implications for the size and composition of its labour force, their participation in economic activities as well as the economic growth of the country. For instance, older people tend to work less, meaning that they offer less labor, productivity and capital to economies. Similarly, the capacity to save may diminish with age, which could impact on the generation of savings in the economy as a greater number of persons grow older. This may also have implications for the level of savings and availability of investment finance at both the national and individual levels.

4.3 Labour Force Participation

With an expected increase in the population aged 60 years and over in the near future, without the integration of those who wish to work in the current labour market, the economy of Ghana may face a shortage of labour force in the future. The proportion of persons of working age will decrease relative to the proportion of persons of retirement age. However as older people continue to work; employers could face increased costs that stem from absenteeism, lower productivity, and direct financial outlays to cover medical care and disability. On the other hand they come with a wealth of knowledge that could increase productivity. Furthermore, older persons will constitute a large percentage of consumers in societies with fertility rates below replacement level and will therefore influence consumer behaviour and the rate of economic growth.

4.4 Sustaining Social Security Issues

The public sector employment constitutes about six percent (6.3%), private formal seven percent (7%) and private informal approximately 87 percent (86.7%) of the total workforce in Ghana, (GSS, 2013). The vast majority of Ghanaians who work in the private informal sector retire without any social security. The sector is also dominated by women because of the limited skills, education and capital required to operate in that sector. Older persons in Ghana, particularly women are more likely to depend on others, given lower literacy and higher incidence of widowhood.

An additional challenge is the changing family structure and shrinking social support networks. The extended family support system that previously provided safety nets for its members particularly during old age is fast breaking down due to out-migration, growth of "individualism" in modern industrial life, the materialistic thinking among the younger generation, and eroding incomes of household members, making even working family members incapable of adequately caring for their ageing or older relations.

5. Policy Interventions

Several national policy documents as well as social protection programmes and projects have been instituted to provide for the needs of the aged in Ghana. These include

The 1992 Republican Constitution of Ghana, the Ghana Shared Growth and Development Agenda 2010-2013, the National Population Policy (Revised Edition, 1994), the National Ageing Policy (2010), the National Health Insurance Act 2003 (Act 650), and the National Social Protection Strategy.

Article 37(2) (b) of the 1992 Republican Constitution of Ghana, states that the **"state shall enact appropriate laws to assure the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled, the aged, children and other vulnerable groups in the development processes"**. Article 37 (6) (b) of the same constitution also adds that the "state shall provide social assistance to the aged such as will enable them to maintain a decent standard of living".

The National Health Insurance Act (Act 650) of 2003 also makes provision for exemption for persons who are over 70 years and non-contributors to the Social Security and National Insurance Trust (Non-SSNIT). Additionally, exemption is also provided for older persons who are 65 years and above, and registered under the Livelihood Empowerment Against Poverty (LEAP) Cash Transfer Programme from the payment of registration fees and premium to access health services under the NHIS.

The Persons with Disability Act, 2008 (Act 715) provides a comprehensive framework for policy formulation related to persons with disability. Although this Act and its accompanying strategic plan are not restricted to disability issues concerning older persons in Ghana, it is undeniable that the significant proportion of Ghanaians who benefit from these direct interventions are older people.

The Social Security and National Insurance Trust (SSNIT) Pension Scheme has recently been upgraded under the National Pension Act (Act 766) in 2008. The new National Pension Act (Act 766) provides for the creation of two more separate tiers to the existing scheme. The Second tier which pays a lump sum on retirement is mandatory for all SSNIT contributors. The third, however, is voluntary for both formal and informal sector workers to make contributions to preferred registered trustees towards their pension in their old age. This new reform was intended to reduce old age income poverty and vulnerability.

Furthermore as part of efforts towards addressing issues pertaining to ageing, the Government of Ghana adopted the National Ageing Policy in July, 2010 under the theme 'Ageing with Security and Dignity'. The Policy Document and its Implementation Action Plan were launched in 2011.

The National Population Policy, Revised Edition, 1994 also recognizes older persons as an important segment of the population of Ghana and outlines actions to promote their full integration into all aspects of national life through advocacy, enactment of laws and collaboration between all stakeholders.

In addition, the institutional framework for policy implementation specifies the role of government, family and community, the private sector, employers and organized labour, older persons' groups and associations, non-governmental organizations (NGOs), civil society organizations and development partners in dealing with the aged. Non – Governmental Organisations such as Help Age Ghana (HAG), Compassion Africa Aged Foundation (CAAF) and Jachie Society for the Aged-Ghana have aims to create public awareness on ageing issues and the problems facing older persons. Help Age Ghana also initiates and assists organizations working with and for older persons in Ghana to develop appropriate community-based services.

6. Initiatives and Outcomes

Stakeholders undertake different activities aimed at creating public awareness on ageing in Ghana, they include advocating for policy and programme interventions to address issues pertaining to the aged and providing community-based services to support the aged in communities.

The outcomes of these interventions have been the enrolment of many elderly persons aged 70 years and above on the National Health Insurance Scheme (NHIS) by the Ministry for Gender, Children and Social Protection in collaboration with the National Health Insurance Authority (NHIA). The Ministry is also in the process of drafting a bill for enactment by Parliament on the establishment of a National Council on Ageing. Subsequently, an ageing desk have been established at the Ministry to address issues related to the elderly. Another outcome is the declaration of 1st July (Republic Day in Ghana) as Senior Citizens' Day and annual Presidential Lunch for Senior Citizens. Furthermore many elderly persons who are poor have benefited from the LEAP. Finally Older People Monitoring Groups (OPMG) have been formed

and members trained to monitor the rights and entitlements of older people in health care, pension and social grants and also advocate for improvements in the lives of the aged.

7. Recommendations

While some interventions have been made there is still a lot to be done to improve the quality of life of the aged in the Ghanaian society and also provide for the future growth of that segment of the population. In view of this the following recommendations are made:

7.1 National Budgetary provisions

Government should make adequate budgetary allocation and releases to facilitate implementation and coordination of national policies and programmes on ageing.

7.2 National old-age pension schemes

There is an urgent need for more sustained dissemination of the provisions of the National Pension Scheme particularly among the less educated and informal sector workers as a way of encouraging and strengthening public-private partnerships (PPPs) towards promoting and expanding the scope of contributory pension schemes to cover more people to prepare before growing old.

7.3 Targeted health care

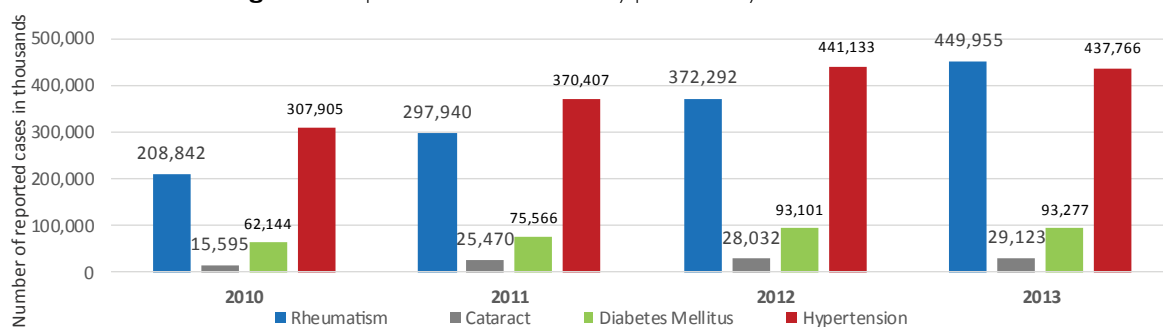
Health care systems will need to be responsive to the needs and demands of all persons including the elderly. The different age cohorts have different health needs. Growing old comes with degenerative/non-communicable diseases that require special attention by well-trained health care practitioners. Older persons require greater access to specialist health care services and treatment. In particular, the state should enforce the full implementation of the free health care for the elderly under the NHIS and consider reducing the minimum age for beneficiaries under the scheme from 70 to 60 years in order to cover many older people.

The state should also consider introducing a completely new policy to guarantee all persons aged 60 years and above access to free health care services outside the NHIS in order to make health care more accessible to the elderly. In addition, the Ministry of Health and the Ghana Health Service should, as a matter of urgency, consider incorporating effective geriatric care into their training programmes and train more health workers in geriatric care to adequately respond to the peculiar needs of the growing elderly population in Ghana.

7.4 Community and family care

The family and community in Ghana will for a long time remain the basic resource for the care and protection of older persons in the face of inadequately funded social security schemes that do not also cover all elderly persons. There is the need to support and promote community-based care to ensure that better services are provided to the aged. Furthermore there is a need to reinforce the values of care that are enshrined in the extended family system, particularly care for the aged

Figure 1: Reported cases of diseases by persons 60 years and above.



Source: Ghana Health Service, CHIMS (2010, 2011, 2012, 2013)

in young persons in Ghana. This will ensure they will not abandon their ageing parents and relations since the state alone cannot shoulder the responsibility of caring for the increasing elderly population. In order to sustain social protection through the extended family system, avenues for sustainable employment opportunities should be created for the youth to enable them mobilise resources to discharge their responsibility towards their ageing relations. Additionally, the implementation of a health care system that allows for service providers to deliver services to very old people in their own homes can be helpful.

7.5 Scaling-up the availability of age-disaggregated data

There is the need to strengthen the national statistical systems to collect and disseminate age-disaggregated data for all relevant sectors. This will allow Government and other stakeholders to design appropriate interventions and monitor progress in the implementation of programmes. Such data should be made readily available and accessible to policy makers and other data users.

7.6 Learning from experiences of older populations

As Ghana's population gradually ages, the country has an opportunity to learn from countries that have large proportions of population ageing. Japan has a huge aged population and has put in place laws, policies, institutions and strategies to support the elderly. The Long Term Care Insurance Policy enacted in 1997 and implemented in 2000 in Japan aims to support those in need of long-term care "to maintain dignity and an independent daily life routine according to each person's own level of abilities" (Tamiya et al, 2011).

Another key area worth exploring is the labour participation of the aged. Learning from the experiences of other countries would assist in developing good programmes adapted to suit the Ghanaian situation. This will help provide adequate support to the elderly and also enable them continue to participate and contribute to the economy of Ghana and ultimately to the development of the country while continuing to live in dignity until they die.

7.7 Increase retirement age from the current 60 years to 65 years.

With the increase in life expectancy and the increasing size of the aged population, consideration should be given to raising the retiring age from 60 to 65 for certain categories of workers. An increase in working life will ensure more workers' contributions to pension and health insurance schemes and reduce total (national) health expenditure on the economy.

8. Conclusion

The size of Ghana's aged population is growing, this can be a blessing as elderly populations are an asset to any nation. They have experience, wisdom and knowledge which can be harnessed for national development. However, comparatively issues of ageing do not attract much attention and resources. As more and more people live longer as a result of Ghana's improving socio-economic situation, the necessary laws, policies, institutions, strategies and programmes that have been put in place must be made to work not only to enable the elderly

continue to live healthy and comfortable lives but most importantly to enable this important segment of the population continue to contribute to national development for as long as they are capable.

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