2010
POPULATION & HOUSING CENSUS REPORT

THE ELDERLY IN GHANA

Preface and acknowledgement

Activities of the Ghana Statistical Service, like many other national statistical offices, include data collection, compilation and analyses as well as dissemination of statistical information in an accessible and user-friendly manner. This means analysing and interpreting the statistics in a form that makes it easily understood for people to appreciate the value of the statistical information and disseminating it widely.

Ghana like many other developing countries relies mainly on survey and population census data for planning at the national and sub-national levels. Characteristics of the population such as age, sex, education and occupation are obtained from census data and complemented by other relevant indicators from national sample survey data. The 2010 Population and Housing Census (PHC), which is the fifth post-independence census to be conducted in the country was, therefore, implemented to provide data for effective planning at all levels.

The success of the 2010 Population and Housing Census, including the preparation of analytical reports and monographs, has been a collaborative effort of the Government of Ghana, various Development Partners (DPs) and the people of Ghana. Local consultants from research institutions and universities in Ghana were engaged to prepare the national and regional analytical reports including six monographs using the 2010 census data. In order to strengthen the report writing capacities of the Ghana Statistical Service (GSS) and Ministries, Departments and Agencies (MDAs) which are engaged in population-related activities, professional staff of GSS and these MDAs were paired up with consultant writers to prepare the reports.

The monograph on the Elderly in Ghana' is one of the six monographs that have been prepared from the 2010 Population and Housing Census data. The aim of the monograph is to assess the ageing situation in Ghana and its implications for national development.

The Ghana Statistical Service wishes to thank the United Nations Population Fund (UNPA) for the lead role it played in mobilizing resources from the UN System and other Development Partners for the 2010 PHC and for providing technical and financial support for the preparation of this monograph. Our appreciation also goes to Dr   Delali Badasu and Araba Forson for the dedication and competence they demonstrated in the preparation of this report.

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EXECUTIVE SUMMARY

Introduction

The concept elderly refers to a category of adults who have attained advanced ages, 60 or 65 years.. The United Nations uses 60 years to refer to the elderly. In the developed countries where life expectancy is high and the age of retirement from active public economic activity is 65 years, the elderly are defined as persons aged 65 years and above. In developing countries on the other hand, since life expectancy is lower and the age of retirement is 60 years, the elderly are considered as persons aged 60 years and above.

The elderly are also known as the aged, with an associated concept of ageing that can be applied to an individual person or a total national population. An individual person is ageing when he/she attains ages that are classified as old ages. Population ageing on the other hand refers to a process whereby the proportion of the aged or the elderly in a total national population increases. This process which until recently was characteristic of the populations of developed countries is now being experienced by the developing countries as well. Globally, there are 810 million persons aged 60 years and above, representing 11.5 percent of the world's total population of 7 billion. Although the oldest region of the world today is Europe, with 22 percent of its population aged 60 years and above, and Japan has the highest proportion (31.6%) of older persons, the pace of population ageing is progressing faster in the developing countries. Africa, which has the youngest population today, will have 10 percent of its population aged 60 years and above by 2050. There are marked differences among the major regions of the world and countries in national experiences of the ageing process and differences in social and cultural values, economic development and the degree of government response, among others.

Population ageing is occurring as result of declining fertility rates and increasing life expectancy. Globally, the population aged 60 years and above is increasing at 3.2% per annum, and will continue at this rate for the next few years. The global process of ageing is an achievement for the world's population. The United Nations has championed the celebration of this demographic shift. It has also sought to draw the attention of governments and other bodies to population ageing, noting that population ageing (the celebration of the 60th birthday by increasing numbers worldwide) is one of humanity's greatest achievement though population ageing comes with challenges. The efforts made by the UN to address the challenges, began three decades ago when in 1982 it held the First World Assembly on Ageing in Vienna and later designated 1999 as "The Year of the Older Person" and October 1 as the day of the aged. The culmination of the efforts of the UN regarding the aged led to the adoption of an International Plan of Action on Ageing at the second UN Assembly on the Aged at Madrid in 2002. The adoption of the Madrid Plan of Action marked the beginning of taking concrete step towards addressing the needs of the elderly with a globally concerted effort. The main elements of the plan indicate that the main needs of the elderlythat require public attention are health, nutritional status, living arrangements and conditions as well as better access to amenities. The provision of these needs, and adequately, are the challenges of the demographic shift. Re-integrating the elderly back into the wider economic and social lives of their countries, thereby preventing economic and social exclusion will however yield dividend to themselves, their families and their societies. In 2012, the UNFPA spearheaded the celebration of the day of the elderly, October 1, in partnership with HelpAge and with the aim of raising awareness about ageing, with a publication under theme: *Ageing in*

the Twenty-First Century: A Celebration and A Challenge 2012. The report that was launched in Tokyo, Japan was followed by a global day of outreach and activism through media activity. Another component of these activities include a campaign dabbed "Age Demands Action". The main message in the celebration activities is an emphasis on the fact that "population ageing is one of the most significant trends in the 21st Century"

Ghana's response to the UNFPA recommendation led to the adoption of the National Ageing Policy for the country in July 2010. The policy has all the elements of the Madrid Plan of Action that qualifies its sub-caption to be rendered as "Ageing in Security and Dignity". But for Ghana and other sub-Saharan African countries, their present socioeconomic conditions can militate against the political will that will be required to implement the policy and thereby contribute to the wellbeing of the elderly. The process of ageing is taking place in an era in which the traditional systems that support elderly care have been transformed by the processes of modernization and globalization and in the absence of public welfare systems. Sub-Saharan African countries have not made enough economic progress before population ageing sets in. Moreover, they have to invest in their young populations- especially in the areas of health, education and other components of the social sector. But preparing for a secure ageing begins from childhood and early adulthood. Furthermore, knowing the situation of the elderly can contribute to the adoption of programmes and other forms of intervention that can ensure that the aged in Ghanaian society enjoy a life of security and dignity.

Methodology

Accordingly, the present report examined the characteristics of the elderly in Ghana based on the 2010 Population and Housing Census (PHC). It also used data and other information from the previous post-independence censuses (1960, 1970, 1984 and 2000) and other secondary sources. The analysis employed the functional age brackets: 60- 74 (young-old), 75- 84 years (old-old) and 85+ years (very old).

Demographic and Socio-economic Characteristics of the Elderly

The population of the elderly has increased by more than seven-fold since the 1960 census, rising from 213,477 in 1960 to 1,643,381 in 2010. The proportion of the female elderly population is 56 percent as compared with 44 percent of the male elderly population, an indication of higher life expectancy of the female population. A higher proportion of the elderly population (54%) resides in the rural areas whilst 47 percent the females 44 percent of the males are resident in urban areas.

Approximately 3 out of every 4 of the males are married as compared with only 1 out of every 3 of the females. Sixty three percent of the females and 19 percent of the males were formerly married. Almost half (49.1%) of the females as compared with 8.8 percent of the males were widowed, an indication of higher female life expectancy. However, a higher proportion of the men tend to remarry, even at advanced ages, as compared with their female counterparts.

A vast majority of both the females (95%) and the males ((91%) are affiliated to a religion. The Churches, mosques and other religious institutions and organizations offer social protection to the elderly and their families and the elderly may also enhance the social capital from the

networks and interactions with people they share the same faith with. Regarding nationality, almost all the elderly are Ghanaians.

Literacy and Educational Attainment

Literacy rate and educational status is generally low among the elderly and their various subgroups. Sex differentials in educational status are very wide among the elderly. Almost three quarters of the female elderly compared to less than half of the males are not literate. It is the same proportions which have no formal education. Disparities in educational attainment also exist between the elderly in rural and urban areas. The highest proportion of educational attainment at the Middle/JSS/JHS level is 20 percent for both sexes and 30 and 13 percent for the males and females respectively. A negligible proportion has higher education (tertiary) particularly among the females

Economic Activity Status of the Elderly

A relatively high proportion of the elderly (58.5 percent) are economically active, 74.4 percent of the 60 and 64 year-olds are economically active as compared with 73.1 percent of those in the working age group 15 - 59 years. The proportion of the economically active, however, declines to as low as 38.5 percent among the elderly aged 80 years and above.

The proportion of the elderly males who are economically active is slightly more than that of the females; the greater social reproduction responsibility of the females may account for the higher proportion of economically inactive females. Almost 63 percent of the elderly are rural dwellers as compared with 46 percent of their urban counterparts. Of the total number of economically active elderly, almost all (96.3%) are employed while a very small proportion (3.7%) is unemployed. This was also the case for both males and females though the proportion unemployment is higher among the elderly females (4.1%) than among the elderly males (3.3%).Most of the elderly who are economically active are either skilled agricultural and forestry workers who are mostly food crop farmers (63.1%) or service and sales workers (13.3%) or craft and related traders (8.4%). These three are major occupations of 84.8 percent of the elderly. A small proportion of the elderly are professionals (2.7%), managers (2.2%) and technicians and associated professionals (1.3%). This is due to the low level of educational attainment of the elderly, with 6 out of 10 without formal education and only 1.5 percent attained higher education (tertiary).

More than three quarters (77.0%) of the elderly who are economically active are self-employed without employees, the corresponding proportions of the rural and urban dwellers are 82.0 and 68.7 percent respectively. Most of the elderly have low earnings since self-employed without employees earn much lower incomes than the other categories of workers. Most (nine out of ten) of the elderly who are economically active are engaged in the private informal sector while 5.8 percent are engaged in the formal sector. Re-integrating the elderly into the economic productive sector should be expected to be successful

Disability Status of the Elderly

Twelve percent of the elderly has one or more kinds of disability as compared with 2 percent of the population aged less than 60 years. The proportion with disability increases with

advancement in age. The proportions with disability among the 80 and above year-olds and the 60- 64 year-olds are 18.5 and 8.1 percent respectively. Disability is slightly more prevalent among the rural dwellers (13.0%) than among their urban counterparts (11.5%).The commonest types of disability include sight (29.0%), physical (18.4%), emotional (13.4%), intellectual (11.0%) and hearing (10.8%).

Living Arrangements of the Elderly

The majority of the elderly are household heads (62%) or spouse of heads in the households in which they reside. Children, aged less than 15 years, form a third of the members of all the households in which the elderly live and the proportion of the household members in the productive ages (15- 59 years) ranges from 39 percent in the households headed by the very old (85 years and above) to 45 percent in the households headed by the youngest age group, 60- 64 years. These characteristics of the living arrangements of the elderly indicate that less than a tenth (8.3%) of the   elderly may receive care and support from an extended family member they stay with and the proportion who stay alone ranges from 9 percent of the 65-69 year-olds to 11.4 percent of the 75-79 year-olds.

Living Conditions of the Elderly

Most of the elderly (71.1%) live in a dwelling owned by a household member (not necessarily the elderly) and almost a fifth (23%) resides in houses that are owned by a relative. Ownership of house is quite low among the elderly, considering that the elderly are expected to have their own houses and command some respect accordingly. The young old, especially have the lowest proportion that owns a house. A high proportion of the elderly reside in dwellings, particularly compound houses, with limited access to sanitation facilities and amenities. As high as 22 percent of them have no access to a toilet facility and 34 percent use public toilet facility.

Access to ICT varies among the elderly, particularly by educational background but not so much by employment status. As high as 81 percent of those with higher education own a mobile phone compared to 26 percent of those who have no formal education.

Projected Population of the Elderly

The population trends of Ghana indicate the ageing of the population will continue in the 21st century with the females outnumbering the males. The sex structure cannot therefore be ignored in policy considerations. Virtually all the ageing and elderly support indicators including ageing index, median age, old dependency ratio, parent support ratio and the proportion of the population aged 15-59   will continue to rise in the 21st century with major consequences and implications for all aspects human life as examined in this study.

Conclusion and Recommendations

The ageing of Ghana's population has been rapid over the past two decades and will continue into the future with increasing number of Ghanaians surviving to 60 years and beyond.

Since Ghana already has a population policy that seeks to address the needs of the elderly, strategies for implementing it should target the specific subgroups of the population by background and/or geographical location. Improving the opportunity of the elderly to own a

house and have access to improved sanitation should be areas of priority. Sustaining their economic status should also be one of the areas of priority. All policy initiatives should include investing in the youth and adults today so that when they become the elderly in future their wellbeing will be ensured.

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CHAPTER ONE
INTRODUCTION

1.1   Introduction

The concept elderly refers to a category of adults who have attained advanced ages. The demographic understanding of the concept refers to persons aged 60 or 65 years. In the developed countries where life expectancy is high (more than 70 years) and the age of retirement from active public economic activity is 65 years, the elderly are defined as persons aged 65 years and above (Population Reference Bureau 2012). In developing countries on the other hand, since life expectancy at birth is lower, around 60 years, though it is gradually increasing, the age of retirement is 60 years and the elderly are considered as persons aged 60 years and above. At the international level, age 60 is now being used as the cut-off age for defining the elderly (United Nations Population Fund and HelpAge 2012).

The elderly are also referred to as the aged or older people. The concept of *ageing* is an associated word that refers to the process by which persons or adults are attaining chronological ages that are classified as old ages. Ageing also refers to a process by which the elderly or older persons constitute higher proportion of the total national population than at an initial period (Weeks 2012). This process has been a characteristic of the populations of the developed countries for a long time but is now being experienced by developing countries. (Ham-Chande et al.2009). When the proportion of the aged in a total national population is more than 10 percent or 15 percent, the population is referred to as an old population. A young population, on the other hand, has a high concentration of children, 35 percent or more aged less than 15 years..

The populations of sub-Saharan African countries, including Ghana, are typically young, with children constituting between 40 percent and 50 percent of the total national population and the aged forming about 5 percent or less (Population Reference Bureau 2012). Old populations are typical of the developed countries with 15 percent or more of their total national population in age groups 65 years and above; and a few for instance France, Italy and Germany have over 25 percent at the older ages. Japan has the highest proportion of 32 percent of aged persons (United Nations Population Fund and HelpAge 2012).Young populations have the built-in potential to increase into the future even when replacement fertility rate - 2.1 children per woman- is achieved while old populations may experience population decline because they have low fertility rate.

The component of the total national population of any country that is aged is important for several reasons. On the positive side, an increasing proportion of the elderly in any population is seen as a public health achievement; the survival of more people into the older age groups is an indication of better living conditions and increasing life expectancy as well as improving human well-being. Notwithstanding, population ageing has some demographic, social and economic implications for the wellbeing of the elderly themselves, the future generations and social and economic development of the country.

Though some elderly may be dependent others may be economically active before attaining retiring age. Others, and even some of those who are still working, may depend on their pension while others may depend on relations and children for their livelihood. Some may have financial resources from other sources. A higher proportion of the elderly compared with that of the younger adults suffers from non-communicable (mostly chronic) and debilitating diseases such as cardiovascular diseases, diabetes, among others, that are medically costly to manage and treat (Amoah 2005). The elderly also report higher prevalence rate of disabilities than among other age groups. These health needs and pension payments, among other needs of the elderly, have implications for their own wellbeing and their families. They also pose difficulties for the national economies of the countries that have large proprtion of the elderly in their population (PRB 2012). For these and other reasons, it is important for countries to have adequate knowledge about their elderly, even when they do not form a large component of their population. The relatively little interest shown in the elderly by many countries and academia and the perception that the elderly are a financial and health burden for their societies may fade away gradually as the United Nations and its agencies, such as the United Nations Population Fund (in partnership with HelpAge International and others) draw attention to the elderly. This year, 2012, the UNFPA spearheaded the celebration of the day (i.e. October 1) with the aim of raising awareness about ageing on frequently asked questions and answers on ageing from the report on the celebration (Box 1.1).

1.2   Global perspectives on population ageing and the elderly

The United Nations and its agencies, particularly the United Nations Population Fund (UNFPA),

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Box 1.1: Q&A: Why Population Aging is a Priority

Q. Why should population ageing be a priority for developing countries?
A. 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. In addition, population ageing in developing countries is taking place at lower levels of socio-economic development than was the case for developed countries. Unlike developed countries, the developing countries will become old before they become rich.

Q. Why should ageing be a priority when developing countries are struggling to meet basic necessities of their sizeable young population – why is investment needed now?
A. Ageing should be a priority even though countries are struggling to meet the needs of youth to avoid a crisis tomorrow. As the pace of ageing is progressing rapidly, developing countries will be unprepared to meet the needs of the growing numbers of older persons if they do not plan for it now. If countries do nothing to prepare for their ageing populations, they will be faced with greater social and economic problems.   Investing in young people today by promoting healthy habits and ensuring education and employment opportunities, access to health services and social security coverage for all workers is the best investment to improve the lives of future generations of older persons.

Q. **What should be the priorities for policymakers?**
A. Priorities should include: improving access to quality health care, especially by focusing on prevention, healthy ageing across the lifecourse, and treatment of non-communicable diseases including dementia; providing flexible employment and business opportunities for older persons who are able and wish to continue working; providing pensions to prevent impoverishment in old age; supporting older persons who care for grandchildren, supporting the oldest-old and the sick; exposing and working to prevent abuse, violence and discrimination of older persons. Other important issues that need to be addressed are: strengthening national and local capacities, and supporting research and data collection efforts.

Q. Why is the issue of population ageing important?
A. The world is ageing rapidly, but most developing countries are not prepared for this demographic shift which will occur more rapidly in developing countries at a time when many of them still have large youth populations As a result, developing countries will have less time to adjust to the consequences of population ageing. Moreover, population ageing in developing countries is taking place at lower levels of socio-economic development than has been the case for developed countries.

Q. Population ageing – is it a celebration or a challenge?
A. Population ageing is a celebration. Increasing longevity is one of humanity's greatest achievements. Population ageing comes with challenges, especially economic and social challenges. Increasing numbers of older persons require health care and economic security. With political commitment, proper planning and appropriate policies, the challenges can be overcome and society can reap the benefits of the longevity dividend. Most importantly, population ageing should not be viewed as a problem and older persons should not be seen simply as a burden to society. The elderly should be given the opportunity to contribute to development and should share in its benefits.

have played leading roles in drawing attention to the elderly at the international level. In 1982, the First World Assembly on Ageing was held by the United Nations in Vienna (United Nations 1982). It later designated 1999 as 'The Year of the Older Person'. It also instituted October 1 as the day of the aged. The efforts in this regard culminated in the adoption of an International Plan of Action on Ageing in 2002 at Madrid at the second UN Assembly on the Aged (April 8- 12, 2012). This marked the beginning of a concrete step towards addressing the needs of the elderly with a globally concerted effort. An examination of the main elements of the Madrid Plan of Action shows that the needs of the elderly that require the attention of governments are quite comprehensive and can all be subsumed under the human development agenda of all nations worldwide. Improvements in the health, nutritional status, living arrangements and conditions as well as better access to amenities among the elderly are some of the needs. These are areas that contribute to human development and can fit into the human development agenda of every country, especially when population ageing is perceived as an achievement since greater numbers and proportions of the population worldwide are surviving to older ages. Some countries have responded to the Madrid Plan of Action. Ghana's response is the adoption of an ageing policy. Its main features are presented in Box 1.2.

Box 1.2 An Ageing policy for Ghana

Ghana's Ageing Policy

Ghana adopted a policy on ageing in July 2010. The policy document is titled: 'National Ageing Policy: Ageing with security and dignity'. The caption of the ageing policy suggests that security and dignity are important components of the ageing experience of the elderly in Ghana. In traditional setting in Ghana, the aged are perceived as having wisdom more than any other in society. Their social roles include counselling. As custodians of tradition and culture (together with chiefs), they are also expected to have positive influence on their society and ensure the transmission of cultural values. Most of the perceptions about the elderly have changed with socio-cultural transformation of society. Ghana's ageing policy also acknowledges that the implications of ageing and the policy imperatives are vast. The objectives of the ageing policy are eleven; and the overall is to ensure the wellbeing of the elderly by fully realizing all their human rights and fundamental freedoms and to empower them to 'fully and effectively participate in the economic social and political lives of their societies' (Ministry of Employment and Social Welfare 2010).

The major areas of wellbeing that the ageing policy seeks to address include poverty, health challenge and the living environment of the aged. Other issues stated in the policy document include fundamental human rights issue associated with ageing, development challenge of ageing and gender dimensions of the process. The policy seeks to enhance the income security of the elderly and social welfare provision for them, with consideration for the sustainability of the implementation of policies and programmes for the aged.

Another landmark in the efforts being made by the United Nations and its agencies, particularly the United Nations Population Fund (UNFPA), and its partners on ageing and the aged is the celebration of the 2012 UN International Day of Older Persons on October 1 with a publication under theme: *Ageing in the Twenty-First Century: A Celebration and A Challenge 2012*. The report that was launched in Tokyo, Japan was followed by a global day of outreach and activism through media activity. Another component of these activities includes a campaign dabbed "Age Demands Action". The main message in the celebration activities is an emphasis on the fact that "population ageing is one of the most significant trends in the 21st Century" (UNFPA and HelpAge International 2012). The key messages are presented in See Box 1.3.

Box 1.3 Key messages and Recommendations of the *Ageing in the Twenty-First Century: A Celebration and A Challenge 2012*

1. The world is quickly becoming much older.
   a. Within only 10 years, there will be one billion older persons worldwide.
   b. This unprecedented silent revolution of population ageing is happening everywhere but is progressing faster in developing countries: by 2050, nearly 80% of the world's older persons will live in developing countries.

2. Population ageing is both an opportunity and a major challenge.
   a. The demographic shift is a triumph of development that presents endless opportunities: harnessing the contributions a socially and economically active, secure and health ageing population can bring to societies will be key.
   b. Still, population ageing also means an increasing demand for income security, health and long-term care, which creates huge social, economic and cultural challenges that will need to be addressed with strong political will and appropriate policies.

3. Urgent action around population ageing will be needed to leverage the opportunities and overcome the challenges.
   a. Everyone must be involved, including governments, civil society, communities, families and older persons themselves.
   b. All must develop a new culture in which older persons are considered active members of their society and their contributions and rights are recognized and promoted.

The message from the 2012 celebrations is supported by the observed trends in the population of the elderly over the past six decades or so and the expected future growth. Even though there are marked differences in the proportions of the populations that are elderly in the various major regions of the world, the phenomenon is not limited to some regions. See Box 1.4

Box 1.4: Population ageing: A global demographic trend

In 1950, there were 205 million persons aged 60 years or over in the world. By 2012, the number of older persons increased to almost 810 million. It is projected to reach 1 billion in less than ten years and double by 2050, reaching 2 billion. There are marked differences between regions. For example, in 2012, 6 percent of the population in Africa was 60 years and above, compared with 10 percent in Latin America and the Caribbean, 11 percent in Asia, 15 percent in Oceania, 19 percent in Northern America, and 22 percent in Europe. By 2050, it is expected that 10 percent of the population in Africa will be 60 years and above, compared with 24 percent in Asia, 24 percent in Oceania, 25 percent in Latin America and the Caribbean, 27 percent in Northern America, and 34 percent in Europe.

1.3   Dynamics of the Aged Population at the Global Level

In the 20th Century, the world's population of the elderly increased sharply in both relative and absolute numbers even though not uniformly. The developing countries recorded the highest increase of the population of the elderly, having almost quadrupled from 67 million in 1950 to 250 in 2000, increasing by 3.73 percent as compared with 2.67 percent of the developed countries (Ham-Chande et al. 2009). But forecasts by UNFPA indicate that population ageing is occurring globally and why. See Box 1.5

BOX 1.5 Q&A

Q. What causes a population to age?

A. Population ageing is an inevitable consequence of the demographic transition i.e., the shift from higher to lower levels of fertility and mortality.

Q. Why is the world ageing?

A. Population ageing is occurring because of declining fertility rates and increasing life expectancy. In 2010-2015, life expectancy at birth is 78 years in developed countries and 68 years in developing countries. By 2045-2050, life expectancy is projected to be 83 years in developed countries and 74 years in developing countries.

Q. Is population ageing occurring in all world regions?

A. Yes, but there are marked differences between regions in the proportion of elderly in the population. Currently, the proportion of older persons is higher in developed countries. In 2012, 6 percent of the population in Africa was 60 years and above, compared with 10 percent in Latin America and the Caribbean, 11 percent in Asia, 15 percent in Oceania, 19 percent in Northern America, and 22 percent in Europe.

By 2050, it is expected that 10 percent of the population in Africa will be 60 years and above, compared with 24 percent in Asia, 24 percent in Oceania, 25 percent in Latin America and the Caribbean, 27 percent in Northern America, and 34 percent in Europe.

There are also marked differences in national experiences of the process of population ageing that are associated with differences in social and cultural values, levels of economic development, degree of government involvement and, above all, the speed with which fertility and mortality decline is ageing populations.

Q. Which is the oldest region in the world?
A. Europe, with 22 percent of its population aged 60 or over, is the oldest region.

Q. Which countries have the largest proportion of older persons?

A. Japan (31.6%), Italy (27.0%), and Germany (26.7%)

Q. Which countries have the largest number of older persons?

A. China (180,690,000), India (100,213,000) and the United States (60,361,000)

Q. Which regions are ageing fastest?

A. Population ageing is occurring fastest in developing countries. Whatever the current ageing situation in a country, the demographic transition is taking place at a much faster pace in developing countries and consequently, population ageing is occurring at a more rapid rate in these countries.

Globally, the population aged 60 and over is increasing at 3.2 percent per year in 2010-2015, as compared to 1.1 percent for the total population. In developed countries, population aged 60 and over is increasing at 1.9 percent per year in 2010-2015, as compared to 0.3 percent for the total population. In developing countries, the population of elderly is increasing at 3.9 percent, as compared to 1.3 percent for the total population.

The proportion of those aged 80 and over are increasing by 2.1 in developed countries and 4.2 in developing countries during 2010-2015.

Developing countries not only have less time to adjust to their growing elderly populations, but they are at much lower levels of economic development than developed countries were when faced with population ageing. Two-thirds of all older persons live in developing countries and their numbers and proportions are growing. These are the countries least able to cope with the increasing numbers of elderly.

Q. Who is old?

A. The United Nations uses 60 years to refer to older persons. Many developed countries use 65 years as a reference point for older persons because this is often the age at which a person becomes eligible for social security benefits. In many developing countries, chronological age is not as important as a change of social roles or activities – becoming a grandparent or pensioner. Older persons themselves often define old age as a stage in which functional, mental or physical capacity is declining

Q. How many older persons are there?

A. Today, there are 810 million persons aged 60 years or over. This represents 11.5 percent of the total global population of 7 billion.

Globally, one in nine persons is at least 60 years old, and the number of older persons continues to rise in all regions.

The number of older persons is projected to reach 1 billion in less than ten years.

In 2000, there were already more people aged 60 or over than children under 5.

Q. How many older persons will there be in 2050?

A. By 2050, 2 billion people—one in five of the world's total population—will be age 60 or older. By that time, older persons will outnumber children aged less than 15 years old.

The rapid expansion of the elderly population is due to mortality decline in the populations of the developing countries about five decades ago. Significant drops in infant, child and maternal mortality resulted from decrease in morbidity and improvements in nutrition and living standards. The young population age structure has gradually recorded large population of persons aged 60 years and above as more of the births of previous decades have survived to adulthood and subsequently celebrating their 60th birthday (PRB 2012, WHO 2001).

Economic and social transformations are also associated with population ageing. Better living standards and improvements in the status of women such as better educational attainment lead to adoption of small family size and subsequent fertility decline and, in the long-term, population ageing.

There exists a general perception that population ageing has implications for any population that experiences it because the elderly population is characterized by dependency and high burden of chronic non-communicable diseases and disabilities, several economic challenges, including access to social security and pensions. At the individual family level, family support is required for the performance of daily living activities for the very old. However, some elderly have resources from other sources apart from pension benefits. Some might have invested in economic ventures from which they can receive dividend in their old age. They may neither be financially dependent nor suffer any want.

1.4 The aged/elderly in Sub-Sahara Africa (SSA) and Ghana within the context of The young population structure of the region

The populations of sub-Saharan countries, including Ghana and other developing countries are referred to as young because they have high concentrations in the younger age groups with at least 40 percent aged less than 15 years. In fact, in a few countries such as Niger and Guinea, 50 percent of the population is aged less than 15 years. In contrast, only a small proportion of the national populations in sub-Saharan Africa - between 3 and 8 percent- is aged 60 years and above. The apparent lack of concern about the elderly population in SSA may therefore be attributed to the small proportion that they constitute of the total national populations.

A greater concern for the rest of the population- children, youth and other adults -dominates policies and programmes on population and related areas. The population policies and programmes of SSA countries focus mainly on family planning and child and maternal health. Adolescent or young reproductive health has also received an increasing attention of governments and other policy makers over the past two or three decades. The greater attention being given to these areas at national and international levels, results largely from the paradigm shift in development planning and practice to human development with an associated concept of human resource development.

Human development is a statistic that is a composite measurement of purchasing power, educational status, life expectancy at birth and other human wellbeing indicators. The human resource of a country is developed when human development is pursued. The quality of the human resource of any country is perceived as crucial for its future economic progress. Investment in education, for example, is expected to prepare the youth for their contribution to

development of the economy in future. Thus, adequate consideration has not been given to other subgroups of the population and this can easily lead to a neglect of the elderly and their needs.

Another reason that accounts for the apparent lack of concern for the elderly population is their living arrangements. Most elderly persons live with their extended family or their siblings. They are then part of the family of a relative (Dsane 2010, Mba 2005).By this type of living arrangements, the elderly receive support and care from their family members and others. Traditionally, it is expected that elderly people are cared for or reciprocated for all the care they gave to their children and others during earlier stages of their life. Consequently, public sector policies neglect the aged. Human development policies fail to address their needs adequately. Meanwhile, the support given to the elderly by their adult children and extended families has dwindled over the years (Dsane 2010, Apt 2002). The problems associated with the life of the elderly range from neglect to poverty and poor health as well as lack of or limited access to social infrastructure, housing and amenities (ObiriYeboah 2002). According to the findings of Obiri Yeboah's study, the conditions of some of the male elderly are compounded by childbearing in old age, with the attendant need of the elderly to pay school fees for their young children beyond the age of retirement when they experience reduction in their earnings. Even though associational life of the elderly mitigates some of their difficulties, the needs regarding maintaining young children and housing cannot be addressed through social networks.

It must be noted that the conditions of the elderly in Ghana and the rest of the sub-Saharan African region are not unique. Sub-Saharan African countries, like other developing countries, have not made as much progress in social and economic development before recording the unprecedented increase in the population of their elderly. Meanwhile, their traditional systems of elderly care and the economic and social roles of the aged have been undermined by processes of modernization and globalization. The population ageing is not accompanied by substantial socioeconomic development that can ensure the provision of some basic needs such as water and sanitation for the elderly (Ramashala 2000) as well as opportunity for participating in economic activity beyond the age of retirement.

As noted above, the traditional systems of care for the elderly (and children and other vulnerable groups) have been undermined by the processes of modernization. As children and other kin move to urban areas and other destinations, kinship ties become weak and obligations are not binding as lack of proximity and application of sanctions encourage irresponsibility towards the elderly and others (Oppong 2007, Badasu 2004, Nukunya 1969).

Moreover, public attempt at addressing domestic irresponsibility in the area of care for people has not targeted areas beyond child care or maintenance. In Ghana, neglect of elderly people has not been criminalized as that of the child neglect at the moment. The Domestic Violence and Victims Support Unit (DOVVSU), formerly Women and Juvenile's Unit (WAJU) is located within the Police Service that prosecutes persons brought to the unit for alleged child neglect and other cases.

The increase in life expectancy offers new opportunities to developing countries to enhance programmes and policies that can sustain the trend and contribute to the wellbeing of the elderly population. Presently, however, the health status of the elderly poses challenges to both the

elderly population and the health systems of their countries. Non-communicable diseases (NCDs) remain the main types of diseases that afflict the aged. Even though a lesser proportion (70%) of all deaths due to (NCDs) are recorded among persons aged 60 years and above in the developing countries as compared with 87 percent in the developed countries (Population Reference Bureau 2012), the prevalence of NCDs among the elderly population in the developing countries poses great challenges to the elderly who are poor.

1.5 The role and transformation of the extended family system in elderly care practices in Ghana

1.5.1 Traditional system of elderly care

In traditional African societies, adults have children as security against old age. Other reasons for childbearing include wealth transmission through offspring and social status resulting from parenthood. As agrarian societies, traditional African societies also need children for farm labour and other domestic tasks. The desire for large family size attributable to these reasons has persisted to contemporary times. There have been some transformations in the economies and societies of African countries.Nevertheless, children continue to be desired as economic resource (source of family labour) and security against old age by some parents. Adults with no biological children would normally foster children of their kin or of non-kin for similar reasons. Persistent high fertility in sub-Saharan has been explained as a consequence of the economic and social value of children (Caldwell and Caldwell 1990).

The elderly in sub-Saharan Africa therefore enjoy support and care from their children both biological and social. The cultural value of reciprocity ensured that children, having been cared for by their parents (biological and social) would in turn provide all their needs during their old age. An Akan saying goes: "*Sɛ obi w'awowohwewomawo se fifiria, wonsowohwe no (wɔn)manese tutu*". Traditional practices of child care ensured that parents provide the needs of their children. In cases of irresponsible parenthood, sanctions are applied and members of the kin group of the parents foster the children.

It must be noted that in the Ghanaian context, *respect* is one major aspect of care that the elderly have been denied in contemporary times. This is noted by a study by Karlberg (2003) that focussed on the views of the elderly themselves in Accra, Akropong and two villages. The issue of lack of respect for the elderly was noted by the interviewees in the villages and even in small towns. The observations confirm Kalberg's conclusion that the transformations are being noticed in villages as well, contrary to earlier studies such as Apt's (2000) which found transformations in urban centres only.

1.5.2 Care of the aged in view of weakening of the extended family system as informal source of social protection

Changes and deficits in care for adults (Apt 2002, Mba 2000)and even children (Baataar 2011, Badasu et al. 2010, Ayayo 2004), have been explained as consequences of transformation of traditional societies. There has been emergence of foster homes even in rural settings of Ghana (Badasu 2009) which would normally have a home for all children. Non-orphans (children who have not lost any of their parents) also constitute high proportion of all the children in foster homes and orphanages (Serwa 2010). Such situations are indications of child neglect by parents.

Inadequate care for the elderly and outright neglect of elderly may be explained as a consequence of earlier child neglect by the elderly that are persistent in Ghanaian society. Neglect of the elderly may actually be perceived as a cycle of child neglect by parents and consequent neglect of adults by children and this is explained by the interaction of several economic and social factors that have eventually undermined the value of children.

The processes of modernization, particularly migration and urbanization and the consequent dispersal of kin group members have undermined traditional practices of care (child care, sick care and elderly care). The main factors associated with the changing practices are the dispersal of kin and values that promote individualism in place of collectivism (Oppong 2004, Nukunya1969). A number of studies published in a volume by a NUFU (Norwegian acronym for Norwegian government fund for universities) project of the Institute of African Studies at the University of Ghana also identify the crises of family/kin care in Ghana and attribute the phenomenon to processes of globalization and changes in the cultures of care survival (Oppong et al. 2012).

1.5.3   The political economy of elderly care in contemporary Ghana

There have been indications that some elderly persons are cared for by domestic workers because their own children are unable to co-reside with them or provide care for them due to occupational and other demands. Sackey's (2004) study in Cape Coast and Dsane's (2010) in Teshie, a suburb of Accra indicate that non-family sources of care for the elderly are emerging as a result of the inability of children and extended family members to care for their elderly parents and relatives (Apt 2005, Mba 2004,Walugendo 2002, Nyanguru et al. 1994).

According to the sources cited above, domestic care workers and nurses provide care for some elderly persons in Ghana. This is because family obligations and occupational demands do not permit the children and relatives of the elderly to meet the moral duty of caring for the aged. Migration, especially the children living outside Ghana, has also rendered co-residence of the elderly with their children impossible in some cases. Consequently, an industry of care with workers from the labour market has been gradually emerging in response to these dynamics of inter-generational relationship.

In the developed countries, the care industry has assumed importance not only as a response to the dwindled support of children for their parents but also due to the low fertility and the consequent absence of adult children in some families to care for parents. Migrant care workers from the developing countries have filled this gap for those who can afford their services (Mitchell 2011). But for most of the elderly in need of care for daily activities or sick care, the family, especially the spouse, provides them care (Razavi and Staab. 2008).

1.6   Objectives and significance of this study

There is a dearth of research on the elderly in Ghana. Moreover, the available studies have been based mainly on surveys and micro studies. Comprehensive studies covering the total population is relevant to any policy formation, implementation and action plans. The adoption of the Ghana ageing policy benefited from the results of the 2000 population and housing census (2000 PHC) .A thematic report on the elderly based on the population and housing census (2010 PHC) is

timely for several reasons such as serving as a basis for assessing the implementation of the Ghana National Ageing Policy and the Madrid International Plan of Action on Ageing.

1.7   Organization of the Study

The results of the study are presented in ten chapters. The introductory chapter gives the background to the study. The methodology of the study is presented in the second chapter. Population characteristics, Social characteristics, Educational status and Economic activity of the elderly are presented in chapters three, four, five and six respectively. The subject of disability status among the elderly is in chapter seven. In chapter eight, the living arrangements of the elderly are discussed while their dwelling and living conditions are discussed in chapter nine. The tenth chapter is on the population projection of Ghana, with the proportion of the elderly and policy implications as main point of reference.

CHAPTER TWO
METHODOLOGY OF THE STUDY

2.1   Introduction

The purpose of the study guides its methodology as is the case in all social science research (Patton 2002). The general purpose of the study is to examine the demographic, socio-economic and other characteristics as well as the wellbeing of the elderly. One of the specific purposes of the study is to describe the political-economy and social contexts of their wellbeing. It is expected that the findings of the study will provide evidence for an assessment of the Ghana Ageing Policy and the programmes and strategies adopted and implemented to address the living experiences and conditions of the elderly. For this reason, data and other types of information were gathered from other sources apart from that of the 2010 PHC. Different types of statistical procedures were used in analysing the data and presenting of the results, bearing in mind policy makers and development practitioners as the main audience.

2.2   Data Sources

This report is based on the results of the 2010 census. Other sources of data used include the censuses of 1960, 1970, 1984 and 2000. The Ghana National Ageing Policy on the elderly also provided information on the elderly in Ghana. Data and other information were obtained from the Ghana Poverty Reduction Strategy (GPRSP).

2.3   Classification of the Elderly

In the literature, as stated in Section 1,1 the elderly, or the aged are persons aged 65 years and above. For example, Weeks (2002) made a distinction between two broad categories of the aged based on their functional ability: 'young old' and 'old old'. The former refers to those aged between 65 and 74 years. They are physically active, relatively strong and can engage in economic activities. The latter (75 years and above), however, are becoming weak and may need assistance for daily activities. They are beset by poor health conditions and suffer from non-communicable diseases.

While the above classification is appropriate in the context of developed countries where the age of retirement is 65 years, it may not be so in Ghana and other developing countries with a younger age of retirement. In Ghana, the age of retirement is 60 years although the retiree at such an age may be able to perform economic and other activities. Accordingly, in the present study, those aged 60- 64 years are included in the population classified as elderly. In a Nigerian report on the elderly (National Population Commission, Nigeria 2004), three broad categories of the elderly were identified: 60- 74 years (young-old), 75- 84(old-old) years and 85+ years (oldest – old), or the very old. Persons in the first two broad age-groups may still be quite active, particularly in the agricultural sector. In Ghana, women in the very old age-group may perform some reproductive health tasks such as attending to delivery (birth attendants), bathing infants and feeding them because of the wealth of knowledge about social reproduction that they have acquired during their reproductive ages. The childbearing practices of the various ethnic groups in Ghana require the aged even in such advanced ages to actively participate in child raising activities in the household. From 85 years, the involvement of the elderly in any economic, social

reproduction and social activity may be unlikely or limited. The classification in the present report has, therefore, taken into consideration the Ghanaian context.

2.4   Concepts and Definitions

The concepts and definitions in this report cover all sections of the 2010 Population and Housing Census questionnaires (PHC1A and PHC1B). The sections were: geographical location of the population, Household and Non-household population, Literacy and Education, Emigration, Demographic and Economic Characteristics, Disability, Information and Communication Technology (ICT), Fertility, Mortality, Agricultural Activity and Housing Conditions. The concepts and definitions are provided to facilitate understanding and use of the data presented in this report. The results must therefore be interpreted within the context of these concepts and definitions.

Region

There were ten (10) administrative regions in Ghana during the 2010 Population and Housing Census as they were in 1984 and 2000.

District

In 1988, Ghana changed from the local authority system of administration to the district assembly system. In that year, the then existing 140 local authorities were demarcated into 110 districts. In 2004, 28 new districts were created; this increased the number of districts in the country to 138. In 2008, 32 additional districts were created bringing the total number of districts to 170. The 2010 Population and Housing Census was conducted in these 170 administrative districts (these are made-up of 164 districts/municipals and 6 metropolitan areas). The six metropolitan areas in all have 33 sub-metros which the Statistical Service considered as districts for the purpose of the exercise. Thus, the total number of statistical districts was 197.

Locality

A locality was defined as a distinct population cluster (also designated as inhabited place, populated centre, settlement) which has a NAME or LOCALLY RECOGNISED STATUS. It included fishing hamlets, mining camps, ranches, farms, market towns, villages, towns, cities and many other types of population clusters, which meet the above criteria.   There were two main types of localities, rural and urban. As in previous censuses, the classification of localities into 'urban' and 'rural' was based on population size. Localities with 5,000 or more persons were classified as urban while localities with less than 5,000 persons were classified as rural.

Population

The 2010 Census was a "de facto" count and each person present in Ghana, irrespective of nationality, was enumerated at the place where he/she spent the midnight of 26th September 2010.

Household

A household was defined as a person or a group of persons, who lived together in the same house or compound and shared the same house-keeping arrangements. In general, a household

consisted of a man, his wife, children and some other relatives or a house help who may be living with them. However, it is important to remember that members of a household are not necessarily related (by blood or marriage) because non-relatives (e.g. house helps) may form part of a household.

Head of Household

The household head was defined as a male or female member of the household recognised as such by the other household members. The head of household is generally the person who has economic and social responsibility for the household. All relationships are defined with reference to the head.

Household and Non-household population

Household population comprised of all persons who spent the census night in a household setting. All persons who did not spend the census night in a household setting (except otherwise stated) were classified as non-household population. Persons who spent census night in any of the under listed institutions and locations were classified as non-household population:
>   (a) Educational Institutions
>   (b) Children's and Old People's Homes
>   (c) Hospitals and Healing Centres
>   (d) Hotels
>   (e) Prisons
>   (f) Service Barracks
>   (g) Soldiers on field exercise
>   (h) Floating Population: The following are examples of persons in this category:
>> i. All persons who slept in lorry parks, markets, in front of stores and offices, public bathrooms, petrol filling stations, railway stations, verandas, pavements, and all such places which are not houses or compounds.
>> ii. Hunting and fishing camps.
>> iii. Beggars and vagrants (mentally sick or otherwise).

Age

The age of every person was recorded in completed years disregarding fractions of days and months. For those persons who did not know their birthdays, the enumerator estimated their ages using a list of district, regional and national historical events.

Nationality

Nationality is defined as the country to which a person belongs. A distinction is made between Ghanaians and other nationals. Ghanaian nationals are grouped into Ghanaian by birth, Ghanaian with dual nationality and Ghanaian by naturalization. Other nationals are grouped into ECOWAS nationals, Africans other than ECOWAS nationals, and non-Africans.

Ethnicity

Ethnicity refers to the ethnic group that a person belonged to. This information is collected only from Ghanaians by birth and Ghanaians with dual nationality. The classification of ethnic groups

in Ghana is that officially provided by the Bureau of Ghana Languages and which has been in use since the 1960 census.

Religion

Religion refers to the individual's religious affiliation as reported by the respondent, irrespective of the religion of the household head or the head's spouse or the name of the person. No attempt was made to find out if respondents actually practiced the faith they professed.

Marital Status

Marital status refers to the respondent's marital status as at Census Night. The question on marital status was asked only of persons 12 years and older. The selection of the age limit of 12 years was based on the average age at menarche and also on the practice in some parts of the country where girls as young as 12 years old could be given in marriage.

Literacy

The question on literacy referred to the respondent's ability to read and write in any language. A person was considered literate if he/she could read and write a simple statement with understanding. The question on literacy was asked only of persons 11 years and older.

Education

School Attendance
Data was collected on school attendance for all persons three (3) years and older. School attendance refers to whether a person has ever attended, was currently attending or has never attended school. In the census, school meant an educational institution where a person received at least four hours of formal education.
Although the lower age limit of formal education is six years for primary one, eligibility for the school attendance question was lowered to three years because pre-school education has become an important phenomenon in the country.

Level of Education

Level of education refers to the highest level of formal school that a person ever attended or was attending. This information was obtained for persons 3 years and older.

Activity Status

Activity status refers to economic or non-economic activity of respondents during the 7 days preceding census night. Information on type of activity was collected on persons 5 years and older. A person was regarded as economically active if they:
  a. Worked for pay or profit or family gain for at least 1 hour within the 7 days preceding Census Night. This included persons who were in paid employment or self- employment or contributing family workers.
  b. Did not work, but had jobs to return to.
  c. Were unemployed.

The economically not active were persons who did not work and were not seeking for work. They were classified by reasons for not being economically active. Economically not active persons included homemakers, students, retired persons, the disabled and persons who were unable to work due to their age or ill-health.

Occupation

This referred to the type of work the person was engaged in at the establishment where he/she worked. This was asked only of persons 5 years and older who worked 7 days before the census night, and those who did not work but had a job to return to as well as those unemployed who had worked before. All persons who worked during the 7 days before the census night were classified by the kind of work they were engaged in. The emphasis was on the work the person did during the reference period and not what he/she was trained to do. For those who did not work but had a job to return to, their occupation was the job they would go back to after the period of absence. Also, for persons who had worked before and were seeking for work and available for work, their occupation was on the last work they did before becoming unemployed. If a person was engaged in more than one occupation, only the main one was considered.

Industry

Industry referred to the type of product produced or service rendered at the respondent's work place. Information was collected only on the main product produced or service rendered in the establishment during the reference period.

Employment Status

Employment status refers to the status of a person in the establishment where he/she currently works or previously worked. Eight employment status categories were provided: employee, self-employed without employees, self-employed with employees, casual worker, contributing family worker, apprentice, domestic employee (house help). Persons who could not be classified under any of the above categories were classified as "other".

Employment Sector

This refers to the sector in which a person worked. The employment sectors covered in the census were public, private formal, private informal, semi-public/parastatal, NGOs and international organizations.

Disability

Persons with disability were defined as those who were unable to or were restricted in the performance of specific tasks/activities due to loss of function of some part of the body as a result of impairment or malformation. Information was collected on persons with visual/sight impairment, hearing impairment, mental retardation, emotional or behavioural disorders and other physical challenges.

Information and Communication Technology (ICT)

ICT questions were asked for both individuals and households. Persons having mobile phones refer to respondents 12 years and older who owned mobile phones (irrespective of the number of

mobile phones owned by each person). Persons using internet facility refers to those who had access to internet facility at home, internet cafe, on mobile phone or other mobile device. Internet access is assumed to be not only via computer, but also by mobile phones, PDA, game machine and digital television.

Households having Personal Computers/Laptops refer to households who own desktops/laptop computers. The fixed telephone line refers to a telephone line connecting a customer's terminal equipment (e.g. telephone set, facsimile machine) to the public switch telephone network.

Agriculture

The census sought information on household members who are engaged in agricultural activities, including the cultivation of crops or tree planting, rearing of livestock or breeding of fish for sale or family consumption. Information was also collected on their farms, types of crops and number and type of livestock.

Housing Conditions and Facilities

The UN recommended definition of a house as "a structurally separate and independent place of abode such that a person or group of persons can isolate themselves from the hazards of climate such as storms and the sun'' was adopted. The definition, therefore, covered any type of shelter used as living quarters, such as separate houses, semi-detached houses, flats/apartments, compound houses, huts, tents, kiosks and containers.
Living quarters or dwelling units refer to a specific area or space occupied by a particular household and therefore need not necessarily be the same as the house of which the dwelling unit may be a part.

Information collected on housing conditions included the type of dwelling unit, main construction materials for walls, floor and roof, holding/tenure arrangement, ownership type, type of lighting, source of water supply and toilet facilities. Data was also collected on method of disposal of solid and liquid waste.

CHAPTER THREE

POPULATION SIZE, DISTRIBUTION AND COMPOSITION

Key Findings:

i.   The population of the elderly has increased seven-and-half times (770%) from 1960 (213,477 to 2010 (1,643,381), constituting 6.7 percent of the total national population in 2010 compared with 4.5 percent in 1960.

ii. Over two-thirds of all the elderly (68.2%) are aged 60-74 years and approximately one tenth (9.6%) are very old (85 years and above).

iii. The population of the elderly females (918,378) is larger than that of their male counterparts (725,003); 56 percent and 44 percent of the female and male populations respectively.

iv. The population of the elderly females expanded more than that of elderly males and has a higher proportion in advanced ages, 75 years and above, than that of the males; an indication of a higher female life expectancy at birth.

v.   More than half (54%) of the elderly population compared with 49 percent of the total national population resides in the rural areas. But a higher proportion of the elderly women (47%) as compared with 44 percent of the elderly men reside in the urban areas.

vi. Forty three percent of the elderly population resides in three regions that are also the most populous regions in Ghana where 46 percent of the total national population also resides: Greater Accra, Eastern and Ashanti Regions.

vii.

viii.

ix. Ashanti regions,

The population size, composition and distribution of the population of the elderly in Ghana are the main focus of this chapter including the distribution by place of residence and. The patterns and trends in these characteristics of the elderly population are also examined to show why the current and future population of the elderly should be given attention.

3.2   Population Size

A total of 24,657,823 people were enumerated in the country in 2010. The distribution of the population by age and sex is presented in Table 3.1. The population is concentrated in the young ages, 0-14 years and tapers off to the older ages, reflecting high fertility and the typical age structure of a young population. A total of 1,643,381 persons aged 60 years and above were enumerated in the 2010 census, constituting 6.7 percent of the total population.

Table 3.1: Population by age and sex, 2010

Age	Male Number	Male Percent	Female Number	Female Percent	Total Number	Total Percent
All	12,024,845	48.8	12,633,978	51.2	24,658,823	100.0
0 - 4	1,731,787	7.0	1,673,619	6.8	3,405,406	13.8
5 – 9	1,589,632	6.4	1,539,320	6.2	3,128,952	12.7
10 – 14	1,477,525	6.0	1,438,515	5.8	2,916,040	11.8
15 - 19	1,311,112	5.3	1,298,877	5.3	2,609,989	10.6
20 - 24	1,100,727	4.5	1,222,764	5.0	2,323,491	9.4
25 - 29	943,213	3.8	1,106,898	4.5	2,050,111	8.3
30 - 34	790,301	3.2	888,508	3.6	1,678,809	6.8
35 - 39	676,768	2.7	744,635	3.0	1,421,403	5.8
40 - 44	572,620	2.3	613,730	2.5	1,186,350	4.8
45 - 49	452,975	1.8	485,123	2.0	938,098	3.8
50 - 54	394,600	1.6	438,498	1.8	833,098	3.4
55 - 59	258,582	1.0	265,113	1.1	523,695	2.1
60 – 64	227,050	0.9	248,799	1.0	475,849	1.9
65 - 69	136,244	0.6	157,627	0.6	293,871	1.2
70 - 74	149,512	0.6	201,818	0.8	351,330	1.4
75 - 79	89,149	0.4	116,804	0.5	205,953	0.8
80 - 84	62,357	0.3	96,727	0.4	159,084	0.6
85 - 89	32,937	0.1	50,133	0.2	83,070	0.3
90 - 94	19,004	0.1	32,077	0.1	51,081	0.2
95 - 99	8,750	0.0	14,393	0.1	23,143	0.1

Source: Ghana Statistical Service, 2010 Population and Housing Census

The population pyramid of the total national population shows a broad base and a narrow top, reflecting a young age structure of Ghana's population (Figure 3.1).

Figure 3.1: Population pyramid of Ghana, 2010
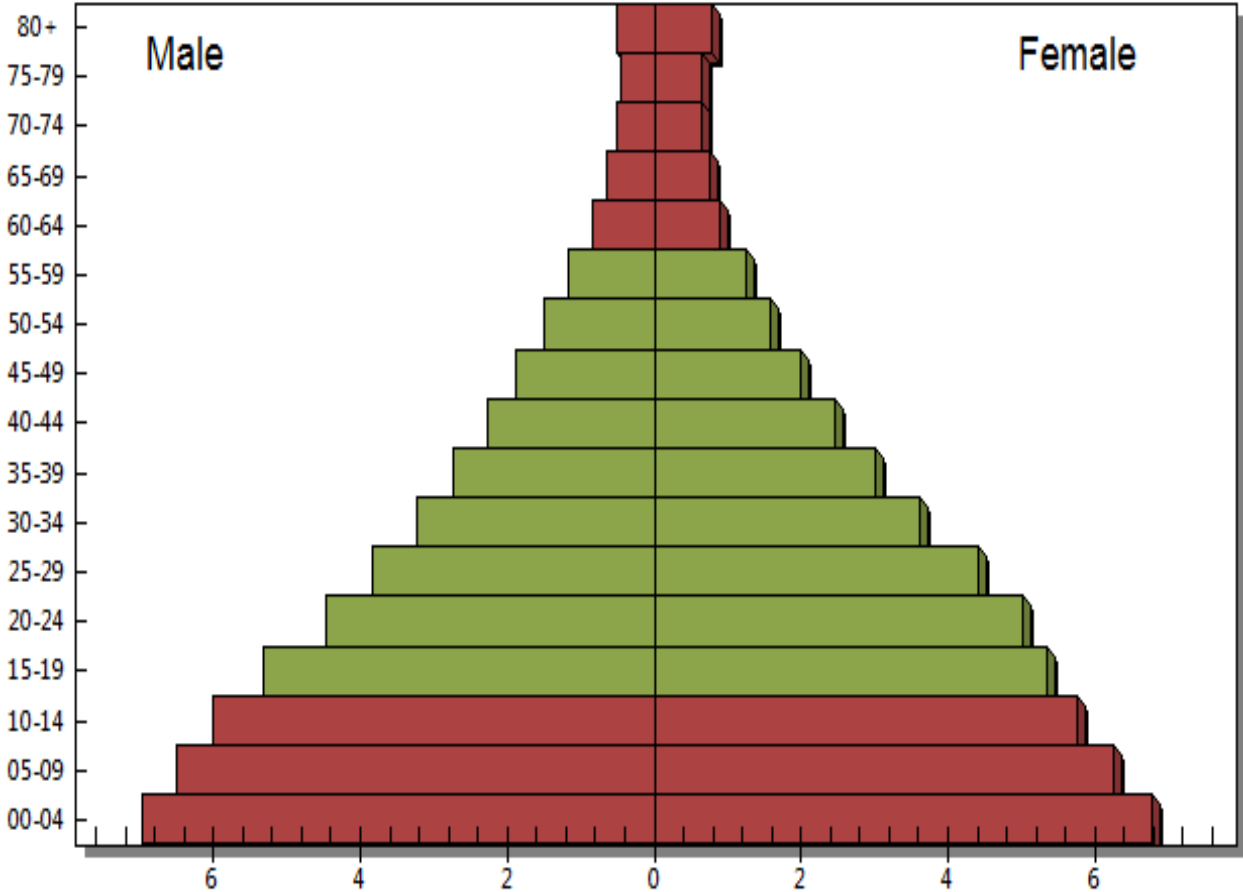
Source: Ghana Statistical Service, 2010 Population and Housing Census

There are more females than males in the various age groups except age groups aged less than 20 years (Table 3.2). The higher proportions of females are more pronounced among the elderly, constituting more than 60 percent the population aged 80 years and above.

Table 3.2: Population by age and sex, 2010

Age	Male Number	%	Female Number	%	Total Number	%
All	12,024,845	48.8	12,633,978	51.2	24,658,823	100.0
0 - 4	1,731,787	50.9	1,673,619	49.1	3,405,406	100.0
5 – 9	1,589,632	50.8	1,539,320	49.2	3,128,952	100.0
10 – 14	1,477,525	50.7	1,438,515	49.3	2,916,040	100.0
15 - 19	1,311,112	50.2	1,298,877	49.8	2,609,989	100.0
20 - 24	1,100,727	47.4	1,222,764	52.6	2,323,491	100.0
25 - 29	943,213	46.0	1,106,898	54.0	2,050,111	100.0
30 - 34	790,301	47.1	888,508	52.9	1,678,809	100.0
35 - 39	676,768	47.6	744,635	52.4	1,421,403	100.0
40 - 44	572,620	48.3	613,730	51.7	1,186,350	100.0
45 - 49	452,975	48.3	485,123	51.7	938,098	100.0
50 - 54	394,600	47.4	438,498	52.6	833,098	100.0
55 - 59	258,582	49.4	265,113	50.6	523,695	100.0
60 – 64	227,050	47.7	248,799	52.3	475,849	100.0
65 - 69	136,244	46.4	157,627	53.6	293,871	100.0
70 - 74	149,512	42.6	201,818	57.4	351,330	100.0
75 - 79	89,149	43.3	116,804	56.7	205,953	100.0
80 - 84	62,357	39.2	96,727	60.8	159,084	100.0
85 - 89	32,937	39.6	50,133	60.4	83,070	100.0
90 - 94	19,004	37.2	32,077	62.8	51,081	100.0
95 - 99	8,750	37.8	14,393	62.2	23,143	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

The distribution of the population of the elderly by 5-year age groups shows that over two-thirds (68.2%) of all the elderly are young-old (60-74 years). Approximately one tenth (9.6%) of the elderly are very old (aged 85 years and above). The distribution of the population of the elderly shows concentration of the elderly in the age groups 60 to 74 years.

Table 3.3: Population of the elderly, 2010

Age	Number	Percent
60- 64	475,849	29.0
65-69	293,871	17.8
70- 74	351,330	21.4
75- 79	205,953	12.5
80- 84	159,084	9.7
85+	157,294	9.6
Total	1,643,381	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

The results of the various censuses show that the population of the elderly has increased rapidly over the past four decades. This is shown in Figure 3.2. There were 213,477 persons aged 60 years and above according to the 1960 Ghana Population Census. By 1984 the number of the elderly had more than doubled when it reached 493,359. The population size of the elderly as at the 2010 Population and Housing Census was 1,643,381. The population size of the elderly in 2010 is more than seven times that in 1960; that is an increase of 770 percent over a period of fifty years.

Figure 3.2: The growth of the elderly population, 1960- 2010
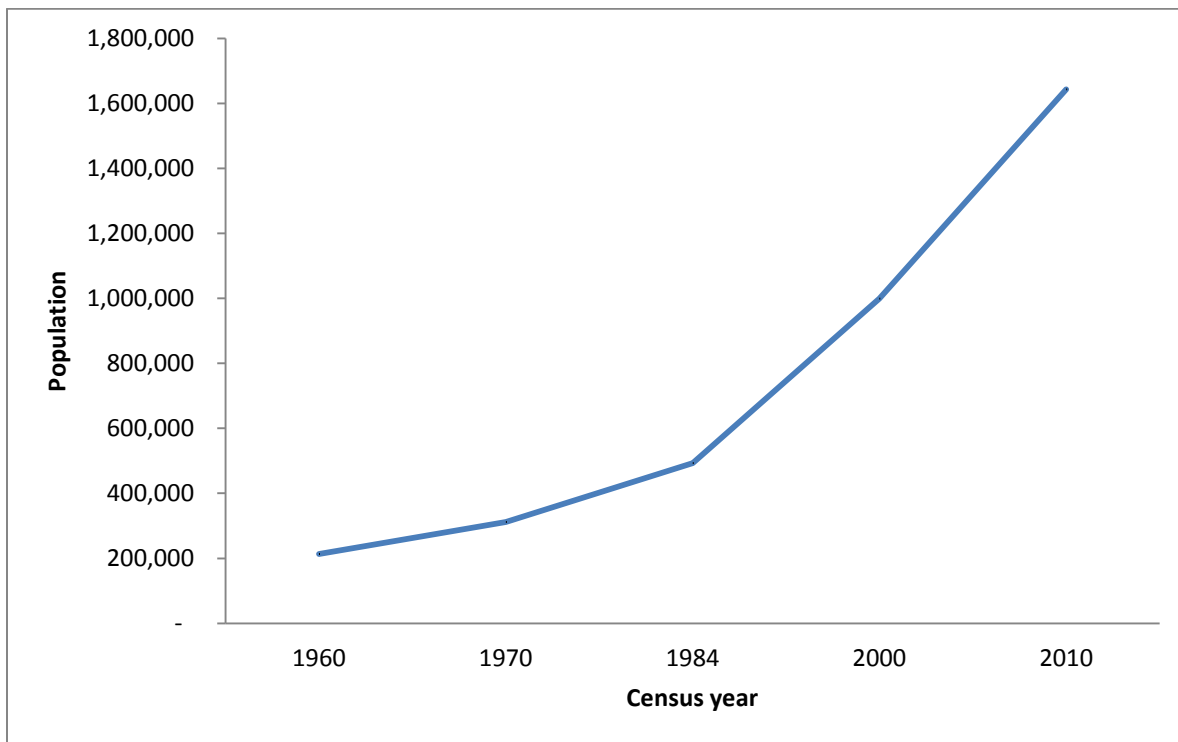
Source: Ghana Statistical Service, 2010 Population and Housing Census

It can be observed from Figure 3.3 that the female population of the elderly increased more than that of the males, constituting a higher proportion of the population of the elderly. This is attributable to increase in the life expectancy in Ghana. Though both sexes are living longer, the female population has higher life expectancies than that of the males. Results of the 2010 PHC show that the life expectancy at birth for males and females are 60.2 years and 63.4 years respectively (National Census Report Chapter Ten: Mortality). Thus, a larger number of the female population than that of the males attains the age of 65 years and above.

Figure 3.3: The growth of the male and female elderly population, 1960- 2010
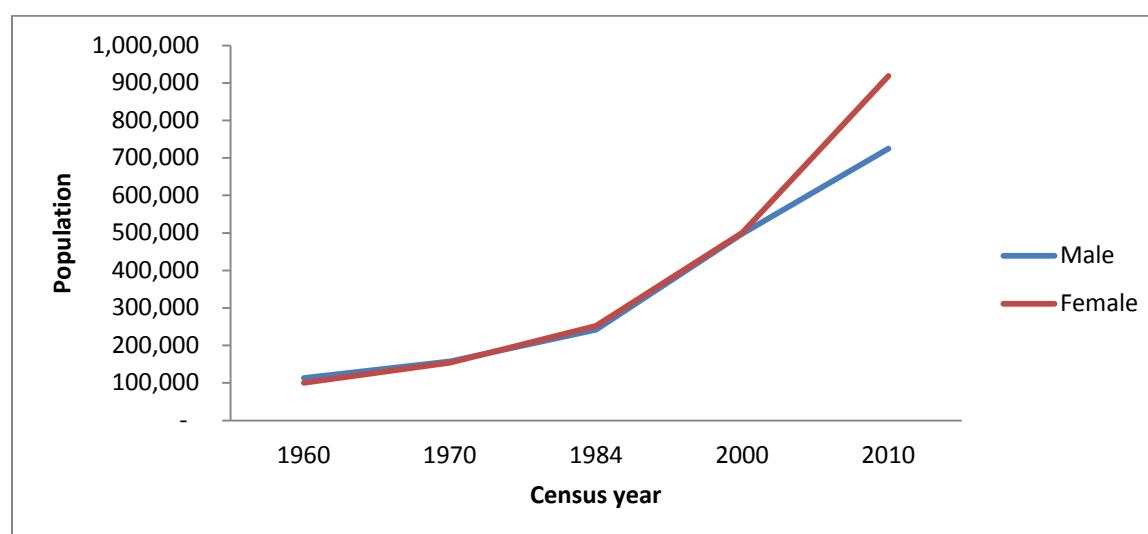
Source: Ghana Statistical Service, 2010 Population and Housing Census

The results of the 2010 PHC indicate that larger number of deaths occurred among males than females in the total national population (Table 3.4). With the exception of women in their reproductive ages of 15- 49 years, proportions of deaths that occurred among females in the remainder of the age groups are lower than that of their male counterparts. Thus, higher of females than males will eventually survive to advanced ages.

Table 3.4: Deaths in the last 12 months by age

Age	Male		Female		Total	
	No.	%	No.	%	No.	%
Total	84,214	51.5	79,320	48.5	163,534	100.0
<5	25,231	15.4	20,705	12.7	45,936	28.1
5-9	3,437	2.1	2,838	1.7	6,275	3.8
10-14	1,587	1.0	2,054	1.3	3,641	2.2
15-19	1,752	1.1	2,647	1.6	4,399	2.7
20-24	2,117	1.3	3,350	2.0	5,467	3.3
25-29	2,516	1.5	3,809	2.3	6,325	3.9
30-34	3,397	2.1	4,821	2.9	8,218	5.0
35-39	3,579	2.2	4,636	2.8	8,215	5.0
40-44	4,141	2.5	4,714	2.9	8,855	5.4
45-49	3,715	2.3	3,858	2.4	7,573	4.6
50-54	4,376	2.7	4,201	2.6	8,577	5.2
55-59	3,564	2.2	2,092	1.3	5,656	3.5
60-64	4,418	2.7	2,741	1.7	7,159	4.4
65-69	3,360	2.1	2,310	1.4	5,670	3.5
70+	17,024	10.4	14,544	8.9	31,568	19.3

Source: Ghana Statistical Service, 2010 Population and Housing Census

The difference in the growth rates of the male and female elderly populations is underpinned by the low sex ratio of Ghana's population. The reported sex ratio of the total national population is 95 (Table 3.5). It is higher than 100 for all age groups under 20 years. It then falls inconsistently from 90 in the age group 20- 24 years to as low as 60 among the cohorts in their 90s, an indication of more females surviving to advanced ages than males.

The reported sex ratio of the total national population has declined, though not consistently, since 1960. The ratio was far above 100 for most age groups in the 1960s but below 100 for most of them since the 2000 population and housing census. The trends in the sex ratios of the elderly population are presented in Table 3.5. There has been a general decline in the sex ratio of the elderly population. The ratios were high before 1970, even higher than the usual range of 100-104 observed in African populations. The declines after 1960 may partly be explained by a higher rate of male emigration from the 1970s till the late 1990s due to the downturn in the economy of Ghana. Millions of Ghanaians emigrated to Nigeria and other traditional destinations in Europe and North America as well as Saudi Arabia and other oil-producing countries in the Middle East (Twum-Baah, 2005). Even though some returned or were repatriated, the imbalance of sex ratio may exist for some time.

Table 3.5: Sex ratio of the elderly population by age, 1960- 2010

Age	1960	1970	1984	2000	2010
60- 64	116.3	105.9	91.3	83.8	91.3
65-69	113.3	102.7	94.3	99.6	86.4
70- 74	111.6	104.0	98.0	89.8	74.1
75- 79	109.5	105.3	102.5	103.9	76.3
80- 84	--	99.1	92.7	--	64.5
85+	--	--	--	--	62.8

Source: Ghana Statistical Service, 2010 Population and Housing Census

The low sex ratios for five-year age groups are presented in Table 3.6. The sex ratio for the total national population is 95.2 percent   With the exception of the age groups below 20 years, all the others have sex ratios far below 100, with those of the oldest ages, 90 years and above,being the lowest as expected.

The sex ratios ranging from 85 to 91 within the ages 20- 39 years may be explained by recent emigration that is probably male dominant to new destination areas such as the Middle East, China and other countries in Asia, Brazil, among others. The sex ratios ranging from as low as 59- 74 in the age groups 70 years and above are rather too low. They are indications that a far higher proportion of the elderly females survive to advanced ages than their male counterparts as life expectancy increases. Probably, age misreporting could also be more prevalent among the elderly females as their level of educational attainment is lower than their male counterparts. At the 1991 Nigeria Population Census, elderly males constituted a higher proportion at every age of the elderly population, constituting 48.4 percent as compared with 45.9 percent of the females at ages 70 and above (National Population Commission, Nigeria, 2004: 14). Ghana's elderly population may not have sex ratios of even 100 at advanced ages because sex ratios are generally low in the West African sub-region (Shryock et al. 1976). The Nigerian case gives support to the

need for investigation of the rather low sex ratios observed though it also contradicts the empirical evidence of low sex ratios of elderly people at advanced ages worldwide, as cited by the Nigerian study and Weeks (2012: 336).

Notwithstanding, the higher proportion of females than males attaining 75 years and above is an achievement for the female population because it has been characterized by lower socioeconomic status and an increasing burden of social reproduction. Despite these circumstances, a higher proportion of the females have survived to advanced ages (Table 3.6).

Table 3.6: Population by age group and sex ratio, 2010

Age group	Male	Female	Sex Ratio
All ages	12,024,845	12,633,978	95.2
0 - 4	1,731,787	1,673,619	103.5
5 – 9	1,589,632	1,539,320	103.3
10 – 14	1,477,525	1,438,515	102.7
15 - 19	1,311,112	1,298,877	100.9
20 - 24	1,100,727	1,222,764	90.0
25 - 29	943,213	1,106,898	85.2
30 - 34	790,301	888,508	88.9
35 - 39	676,768	744,635	90.9
40 - 44	572,620	613,730	93.3
45 - 49	452,975	485,123	93.4
50 - 54	394,600	438,498	90.0
55 - 59	258,582	265,113	97.5
60 – 64	227,050	248,799	91.3
65 - 69	136,244	157,627	86.4
70 - 74	149,512	201,818	74.1
75 - 79	89,149	116,804	76.3
80 - 84	62,357	96,727	64.5
85 - 89	32,937	50,133	65.7
90 - 94	19,004	32,077	59.2
95 - 99	8,750	14,393	60.8

Source: Ghana Statistical Service, 2010 Population and Housing Census

Although the population of the elderly has expanded rapidly since the 1960, the proportion of the total national population declined since 2000; it actually rose gradually over the four decades but declined during the period 2000-2010 (Table 3.7). The population of the elderly aged 60 years and above increased from 4.5 percent in 1960 to 7.2 percent in 2000 and then declined to 6.7 percent in 2010. The proportion of those aged 65 years and above of the total national population also declined from 5.3 to 4.7 percent in 2010, age misreporting may partly, if not mostly, account for the decline. Overall, the proportion of the total national population that is classified as elderly, 60 years and above or 65 years and above has increased since the 1960. Further ageing of the population should be expected as life expectancy is rising.

Table 3.7: Proportion of total national population aged

60 and 65 years and above, 1960- 2010

Year	60+ years	65+ years
1960	4.5	3.2
1970	5.4	3.6
1984	5.9	4.0
2000	7.2	5.3
2010	6.7	4.7

Source: Ghana Statistical Service, 2010 Population and Housing Census

The proportion of the total national population aged less than 15 years declined from 45 percent in 1960 to 38 percent in 2010 while the working age group, 15- 59 years, has been increasing (Table 3.8).The working age group rose from 48 percent in 1970 to 55 percent in 2010. This increase suggests an increased potential of the working age group to support those in the dependency age brackets (< 15 years and 65+ years).

Table 3.8: Age structure of Ghana's population, 1960- 2010

Year	<15 years	15-59 years	60+ years
1960	44.5	51.0	4.5
1970	46.9	47.7	5.4
1984	45.0	49.1	5.9
2000	41.3	51.5	7.2
2010	38.3	55.0	6.7

Source: Ghana Statistical Service, 2010 Population and Housing Census

3.3   Age-Sex Characteristics

The age-sex distribution of the elderly population shows that approximately 3 out of every 10 of them are in the age group 60-64 years (Table 3.9). In general, the elderly males tend to be younger than the elderly females. Specifically, the population of the elderly females has higher proportion of old-old persons (75 years and above) than that of their male counterparts (Figure 3.3). Conversely, a higher proportion of the males are young-old compared to the females. Although both men and women are living longer in Ghana, a higher proportion of the females (34%) than the males (29%) are attaining the age of 75 years and above. Thus, the population of the elderly females is not only larger than that of the males but is also older (Tables 3.4 and 3.9)

Table 3.9: Age-sex distribution of the elderly

Age	Male	Female	All
60-64	31.3	27.1	29.0
65-69	18.8	17.2	17.9
70-74	20.6	22.0	21.4
75-79	12.3	12.7	12.5
80+	17.0	21.1	19.2
All	100.0	100.0	100.0
Number	725,003	918,378	1,643,381

Source: Ghana Statistical Service, 2010 Population and Housing Census

Figure 3.4: Age-sex distribution of the elderly
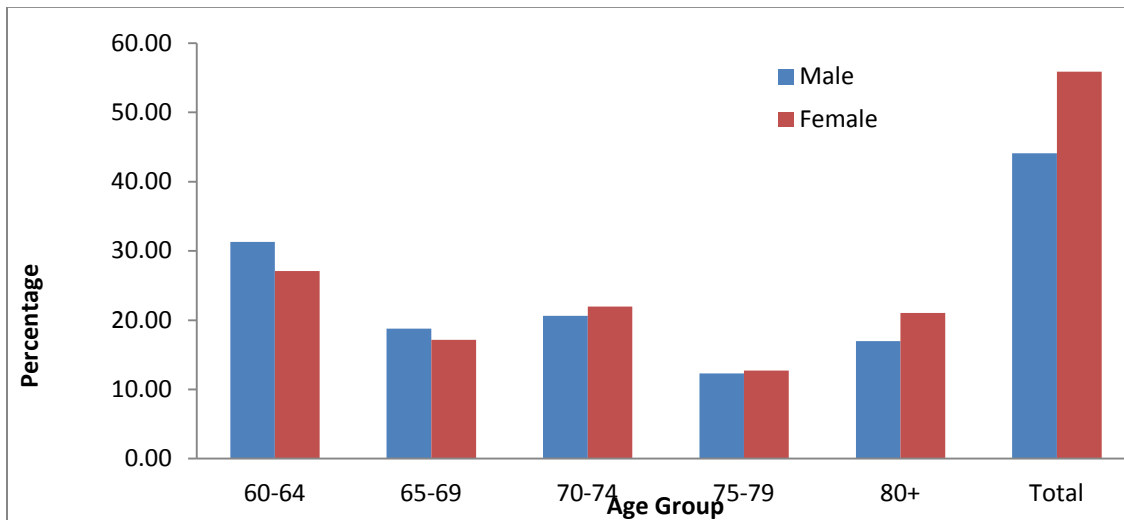
Source: Ghana Statistical Service, 2010 Population and Housing Census

3.4   Place of residence

3.4.1 Residential status by sex

A higher proportion of the rural population of the elderly males live in the rural areas while a higher proportion of the population of the elderly females reside in the urban areas (Tables 3.10 and Figure 3.5).

Table 3.10: Distribution of the population of the elderly by place of residence by sex

Place of residence	Male	Female	Total
Urban	44.4	46.9	45.8
Rural	55.6	53.1	54.2
Total	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

Figure 3.5: Place of residence by sex
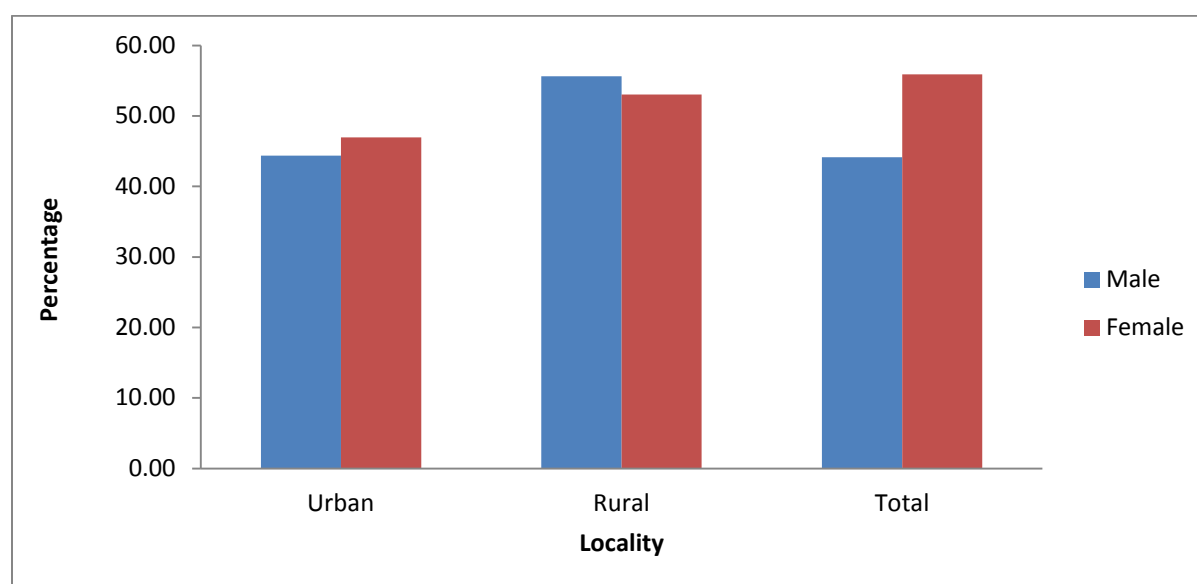
Source: Ghana Statistical Service, 2010 Population and Housing Census

3.4.2 Urban-rural residence by age

There is some variation in the residential status of the elderly among the age groups (Table 3.11). Generally, as age increases, the proportion of the elderly living in urban areas decreases. Thus, almost half (49%) of the elderly aged 65- 69 years are urban residents compared with 43 percent of those aged 80 years and above. While 6 out of 10 of those aged 80 years and above reside in rural areas, 5 out 10 of those aged 60- 64 years are rural residents, suggesting the tendency among males to return to their town/villages after retirement.

Table 3.11: Residential status by age

Age	Rural	Urban	Total
60-64	52.9	47.1	100.0
65-69	51.5	48.5	100.0
70-74	56.4	43.6	100.0
75-79	54.9	45.1	100.0
80+	56.9	43.1	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

Residential status has implications for the wellbeing of the elderly. Generally, Ghana's rural areas do not have adequate provision of basic infrastructure and amenities, sanitation facilities and safe drinking water. The elderly, the old-old especially, need these basic inside housing facilities as some may not have the strength to walk to publicly provided facilities, which may also not be adequate or available at all. This situation may create a problem for care givers in accessing alternative means of getting the basic amenities and facilities. The increasing poverty in the urban areas, as reflected by slums and overcrowded communities with poor housing and other living conditions, has also resulted in the lack of some basic needs in some urban centres,

including even the big cities- Accra and Kumasi. Indeed, 40 percent of Ghana's urban population live in urban slums as indicated in the 2008 data sheet of the African Population and Health Research Centre (APHRC). Furthermore, there is some evidence that lack of access to toilet facilities is a major daily living problem that confronts some of the elderly in Teshie, a suburb of Accra (Dsanie 2010).

Research findings also indicate that some elderly people who migrate from urban centres to home town/village when they retire from public service may also face some problems. In some of these cases, the elderly have not built their own homes (Obiri-Yeboah, 2000, 1991). They retire into their family homes where they share the housing unit with extended family members. There are both positive and negative implications of this type of residential and living arrangement for the elderly, their extended families and community as a whole. The elderly then become dependent on the extended family for some basic needs and become vulnerable to poor health if the extended family cannot provide their needs. When the elderly returning home has higher income status than the rest of the household members, he/she is depended upon by the extended family for the provision of some of their needs.

It must be noted, however, that there may be more available care givers in rural settings than in urban areas where the demands of the labour market and poor human inter-relationships prevent even family members from providing adequate care for the vulnerable, including the elderly, children and the sick. Several studies have documented that in Ghana, deficit in care giving in urban settings is becoming a major challenge to human wellbeing (Badasu 2012, Baataar 2011, Dsane 2011, Atobrah 2010, Sackey 2009, Bawa 2005). Sackey's study (2009), for example, noted that the children and families of some elderly people in Cape Coast employ domestic workers to care for them.

The phenomenon of employing care givers to look after the elderly is yet to fully emerge in the rural areas because of the stronger kinship ties and associated obligations, as well as closer proximity to extended family members. Furthermore, the social capital and associated social networks and safety nets in rural settings may ameliorate the difficulties that emerge with ageing, such as loneliness. Levels of interaction are also higher in rural settings as proximity of dwellings and compound houses encourage interaction and dependency among the occupants. These factors encourage the provision of care for the elderly by the extended family.

In urban areas, with the exception of the indigenes, the elderly may have nuclear families and may not enjoy proximity to the homes of extended family members. They may need to reach their extended family by some means of transport for interaction. The same may apply to reaching friends who may not be in the neighbourhood of the elderly. Meanwhile, in urban areas of Ghana, as in other developing countries, mobility of the elderly may be highly restricted by inaccessibility to some areas in the peri-urban areas. Long hours of travel due to vehicular traffic jams are also common features of Accra, the national capital and other large towns in Ghana, which do not have adequate transport network and facilities (Badasu 2012, Addo 2008). Moreover, most public vehicles are not made with the physical disability and fragility of the elderly in mind. Public transport may be uncomfortable for the elderly. Thus, the poor transport infrastructure may also be a major reason why some elderly may not enjoy as much interaction with family, friends and other social networks or attend programmes as much as their rural

counterparts. Such problems were identified in Odufuwa's (2005) study on how the mobility of the elderly in sub-Saharan African countries can be enhanced..

3.5   Regional Distribution of the population of the elderly

More than two-fifths (43%) of the elderly reside in three regions- Greater Accra, Eastern and Ashanti Regions, the most populous regions in Ghana (Table 3.12). The distribution of the elderly population reflects more or less the regional distribution of the national population of the country, with 46.4 percent of the national population residing in the three regions.

Table 3.12: Distribution of the elderly population by region and sex

Region	Male	Female	Total
Western	8.5	7.5	7.9
Central	8.9	10.6	9.9
Greater Accra	13.3	12.6	12.9
Volta	10.6	12.1	11.4
Eastern	12.7	12.9	12.8
Ashanti	17.2	17.6	17.5
BrongAhafo	9.0	8.5	8.7
Northern	10.5	8.6	9.4
Upper East	5.7	6.0	5.9
Upper West	3.5	3.7	3.6
Total	**100.0**	**100.0**	**100.0**

Source: Ghana Statistical Service, 2010 Population and Housing Census

The 60-64 year-olds constitute the highest proportion in all the regions, with proportions ranging from 25.9 percent in the Upper East to 31.1 percent in the Western Regions (Figure3.6) The distribution by age appears to reflect digit preference for zero; 70-74 year-olds constitute the second highest proportion in all the regions, except the Greater Accra Region with a proportion of 18.3 percent while that of the other regions exceed 20 percent.

It is expected that the proportions will decrease with advancement in age but this is not the case; the proportions of the 80-year-olds are higher than that of the 75-79 year-olds in all the ten regions. It is possible that digit preference still exists in Ghanaian society. The preference for zero and even numbers accounts for the relatively higher proportions recorded for age groups 60-64 years, 70-74 years and 80 years and above.

Figure 3.6: Regional distribution of the elderly population, 2010
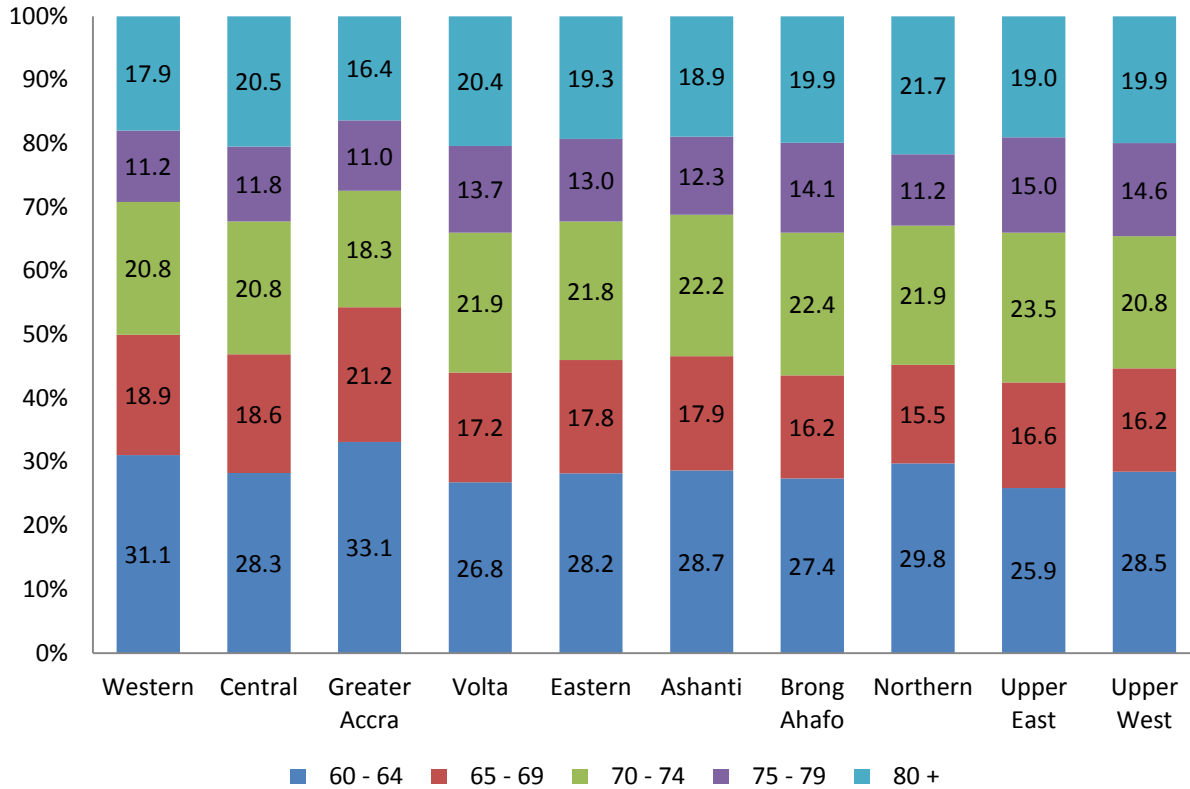
Source: Ghana Statistical Service, 2010 Population and Housing Census

3.6 Summary

The population of the elderly, 60 years and above, has expanded rapidly by more than seven and-half times (770%), from 213,477 in1960 to 1,643,381 in 2010. The elderly share of the national population also rose from 4.5 percent in 1960 to 6.7 percent in 2010. The numeric increase has been phenomenal, especially that of the females between 2000 and 2010. The female elderly constitute 56 percent of the elderly population and also form the higher proportion of those aged 75 years and above. Consequently, the sex ratio of the elderly is low, 79 compared with 95 of the national population. Higher proportions of the females are urban residents but with most of them residing in the less urbanized and more economically deprived regions of Ghana. Overall, more than two-fifths (43%) of the elderly were enumerated in three out of the ten the regions, which are also the regions where 46 percent of national population reside.

CHAPTER FOUR
SOCIAL CHARACTERISTICS

Key Findings:

i.   While approximately 3 out of every 4 of the males are married only 1 out of every 3 of the females is married.
ii. Almost two thirds (63%) of the females compared with less than a fifth (19%) of the males were formerly married (separated, divorced and widowed).
iii. Almost half (49.1%) of the females compared with 8.8% of the males are widowed.
iv. A higher proportion of those in the rural areas (53%) compared with their urban counterparts (49%) are married and a slightly higher proportion of the elderly who are resident in the urban areas (4.4%) as compared with that of their rural residents (3.1%) have never married.
v.   More than 90 percent of the elderly adhere to a religion, 94.6 percent of females and 90.5 percent of the males are religious.
vi. Almost all the elderly (97%) are Ghanaian by nationality- by birth, dual nationality (Ghanaian and other nationality) and naturalisation.

4.1   Introduction

The social characteristics of the elderly examined in this chapter include marital status, religious affiliation, ethnic background and nationality. These, to a very large extent, have implications for their wellbeing. These background characteristics of the elderly also provide information that is essential for adoption of policies and designing of programmes that may target the elderly, even in the various subgroups with different social status.

4.2   Marital Status of the elderly

More than half (53.2%) of the elderly are in a marital union, married or living together; more than two-fifths were formerly married (widowed, separated or divorced and 4 percent has never married.

Marriage is universal in traditional African societies. The presence of unmarried adults aged 60 years and above among the elderly population signals the transformations that have been taking place in the Ghanaian society. During the four or five decades ago when these elderly people were entering their reproductive ages, children were security against old age. By traditional norms and values, children were born within marriage because non-marital child bearing was not acceptable. Men could be polygynous, that is, have more than one wife. The social standing of men was measured in terms of the number of wives and children they have; polygynous marital relationships are therefore common in the traditional Ghanaian societies. Children are economic (family labour) and social assets. Since some of the elderly did not experience these traditional reproductive and social ways of living, it could be concluded that some socio-cultural

transformations in Ghanaian society have influenced them and they probably have not prepared for their old age. If they have not prepared for retirement by other means, for example bearing children outside marriage and fostering other children, they might face some financial and other difficulties in their old age.

4.2.1   Marital Status by sex

Differences in marital status with respect to sex among the elderly are presented in table 4.1. Three out of every 4 of the males as compared with only 1 out of every 3 of the females is married. Almost two thirds (63%) of the females compared with less than a fifth (19%) of the males were formerly married (separated, divorced and widowed) and nearly half (49.1%) of the females compared with 8.8 percent of the males are widowed. It is very common to find males re-marrying after divorce or when widowed at advanced ages while females in these circumstances may not usually marry again but live as widows for the rest of their lives. Men would usually marry so that they can have household chores and other domestic work performed for them while women may not need assistance with domestic work. They may remarry for other reasons. All these practices and behaviours are determined by gender relations and expectations, and they have implications for the wellbeing of both men and women because marriage may protect older people from loneliness and the risk of ridicule and witchcraft accusations which many old people face in Ghanaian society. Mental health condition of the elderly are closely linked to these conditions.

Table 4.1: Marital status of the elderly by Sex

Marital status	Male	Female	Total
Never married	4.7	3.0	3.8
Informal/Consensual union/Living together	2.5	1.3	1.8
Married	74.3	33.3	51.4
Separated	2.9	3.2	3.1
Divorced	6.8	10.2	8.7
Widowed	8.83	49.1	31.3
Total	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

4.2.2   Marital status by residential status

Some differences are noted among the elderly regarding their marital status with respect to their residential status (Table 4.2). A higher proportion of those in rural areas (53%) compared with that of their urban counterparts (49%) are married. This may be due to adherence of rural residents to traditional practices that frown upon singlehood. The proportion of the never married, as expected, is slightly higher among the elderly who are resident in urban areas (4.4%) than among the rural residents (3.1%). But a higher proportion of the urban (45%) dwellers as compared with 42 percent of their rural counterparts (42%) were formerly married.

Table 4.2: Marital status by place of residence

Marital status	Urban	Rural	Total
Never married	4.4	3.2	3.8
Informal/Consensual union/Living together	1.8	1.8	1.8
Married	49.1	53.3	51.4
Separated	3.4	2.8	3.1
Divorced	9.1	8.4	8.7
Widowed	32.2	30.6	31.3
Total	100.00	100.00	100.00

Source: Ghana Statistical Service, 2010 Population and Housing Census

4.3   Religious Affiliation

Religious affiliation and the presence of religious bodies also contribute to the mental wellbeing of the adherents while in some cases, witchcraft accusation and related spiritual exercises threaten the well-being of the elderly. Religious bodies and the social networks therein are sources of social capital for those who belong to them. Ghanaians are religious (Bohim 2009) and they use their religion for several reasons aside spiritual exercise. According to the findings of all the censuses and surveys conducted over the past few decades, not less than 9 out of 10 are affiliated to a religion. The results of the 2010 population and housing census also indicate that more than 90 percent of the elderly adhere to a religion.

4.3.1   Religious affiliation by sex

The results of the analysis further indicate that a higher proportion of the females (94.6%) as compared with that of the males (90.5%), have a religious affiliation (Table 4.3). With the exception of the Catholic denomination, higher proportions are affiliated to all the Christian denominations.

Table 4.3: Religious affiliation by Sex

Religion	Male	Female	Total
No religion	9.5	5.4	7.2
Catholic	15.1	14.9	15.0
Protestants	21.4	24.3	23.0
Pentecostal/Charismatic	14.6	19.7	17.5
Other Christian	8.5	10.6	9.6
Islam	18.8	15.0	16.7
Traditionalist	11.3	9.3	10.2
Other religion	0.8	0.8	0.8
Total	**100**	**100**	**100**

Source: Ghana Statistical Service, 2010 Population and Housing Census

4.3.2 Religious affiliation by age and sex

Higher proportions of the elderly females of all age groups are affiliated to all the religious categories (Figures 4.1, Figure 4.2, Figure 4.3 and Figure 4.4). Anecdotal information indicates that generally, women in Ghana practice religion more than their male counterparts and that they constitute a higher proportion of any religious body in the country. Churches and other religious bodies provide some social services for their members, including the performance of some aspects of their burial and funeral rites and assistance to the widow/widower and bereaved family. The religious bodies then become an informal source of social protection for the elderly and their families. Some of the elderly may join some of such churches for some of such benefits apart from spiritual purposes.

Figure 4.1: Religious affiliation: Catholic by age-sex distribution
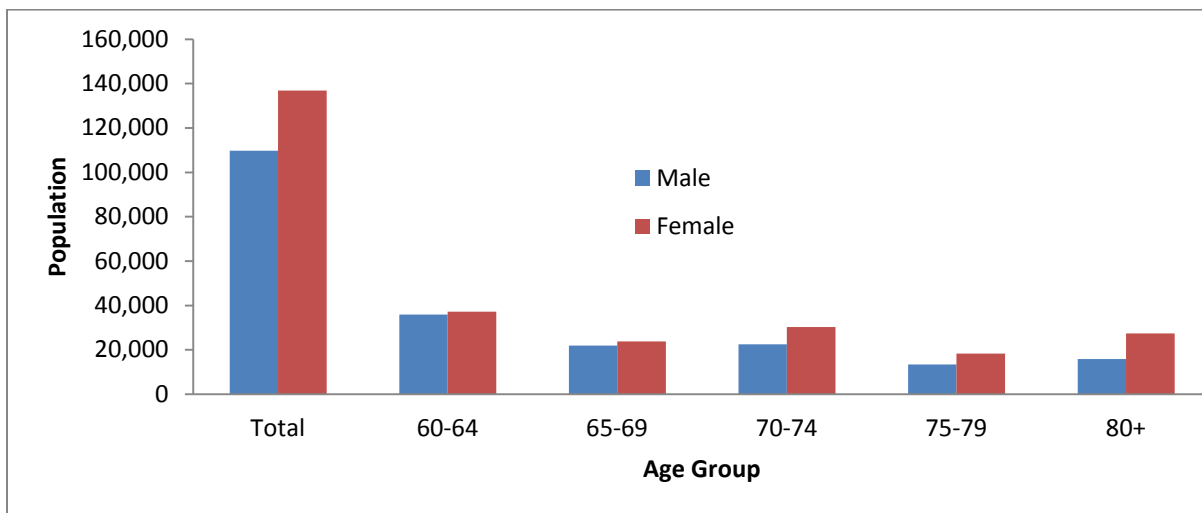
Source: Ghana Statistical Service, 2010 Population and Housing Census

Figure 4.2: Religious affiliation: Protestants by age-sex distribution

Source: Ghana Statistical Service, 2010 Population and Housing Census

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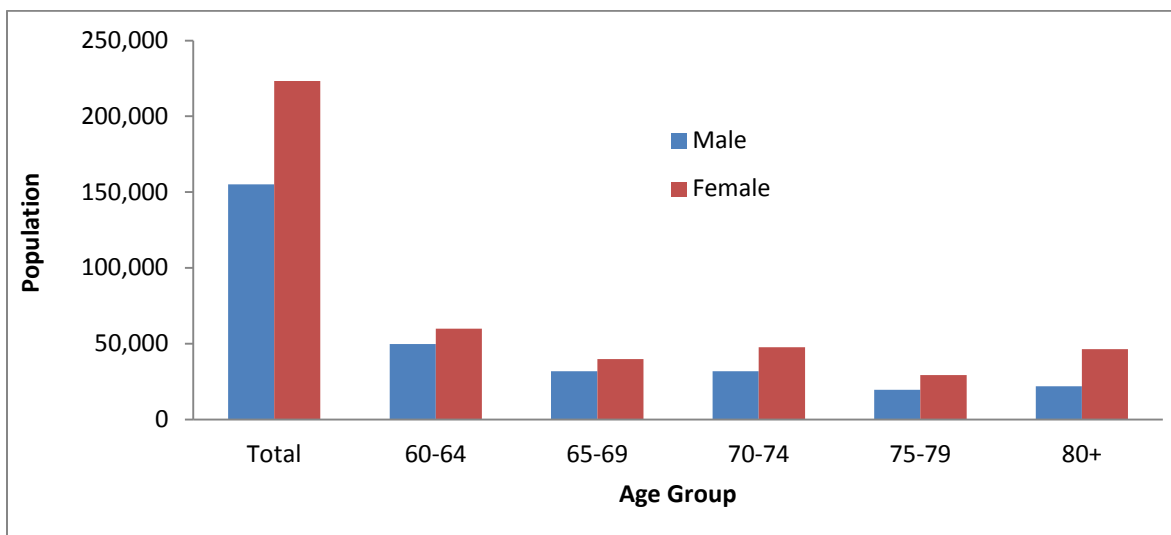
Figure 4.3: Religious affiliation: Pentecostals/Charismatic by age-sex distribution
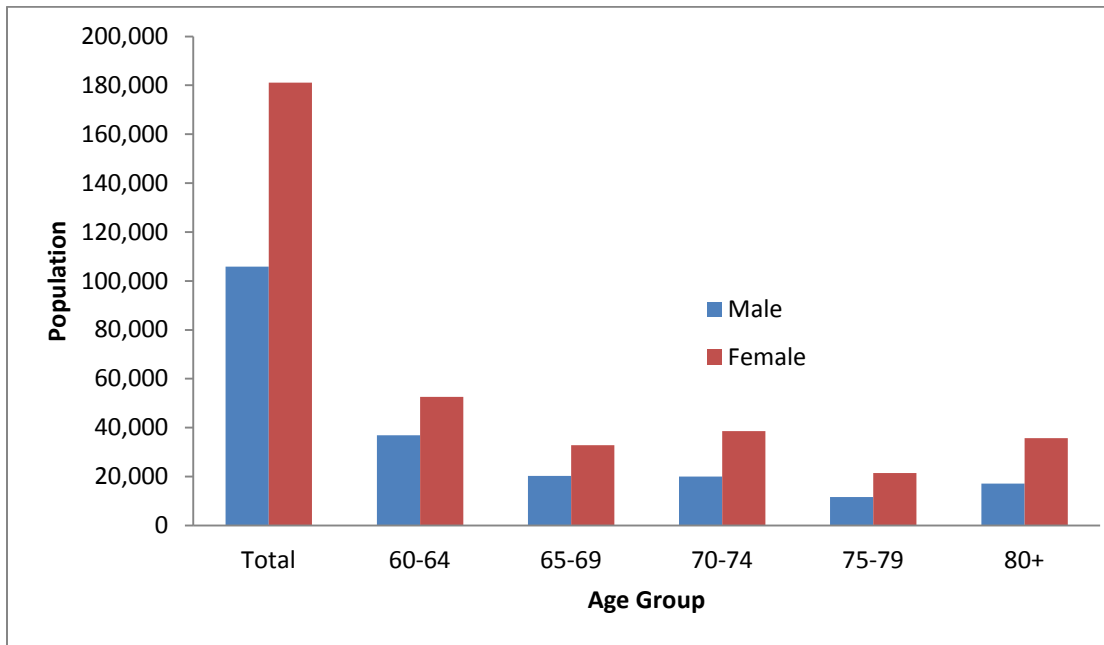
Source: Ghana Statistical Service, 2010 Population and Housing Census

Figure 4.4: Religious affiliation: Other Christian by age-sex distribution
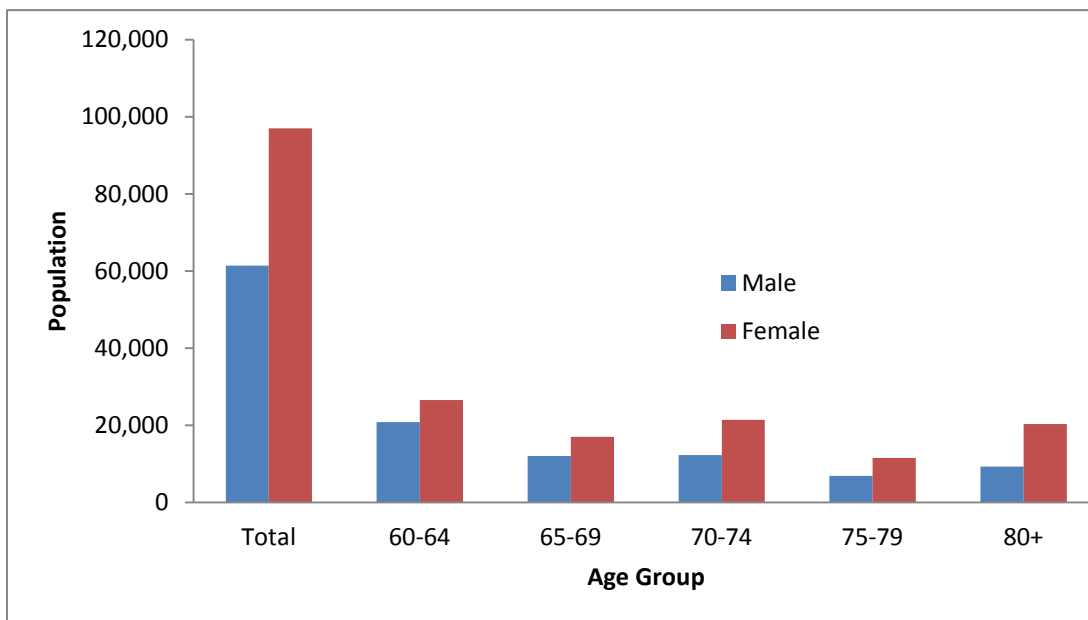
Source: Ghana Statistical Service, 2010 Population and Housing Census

The proportions of the female elderly adherents of Islam and Traditional African religions are exceptions. The proportions of the elderly female Moslems and Traditionalists are not much higher than that of the males, they are almost the same (Figure 4.5 and Figure 4.6). Moslem males, particularly husbands, play leadership role in religious matters in the family and lead their

household members to practice the Islamic faith. For that reason, the proportion of the male and female adherents to the Islam should be expected to be about the same.

Figure 4.5: Religious affiliation: Islam by age-sex distribution
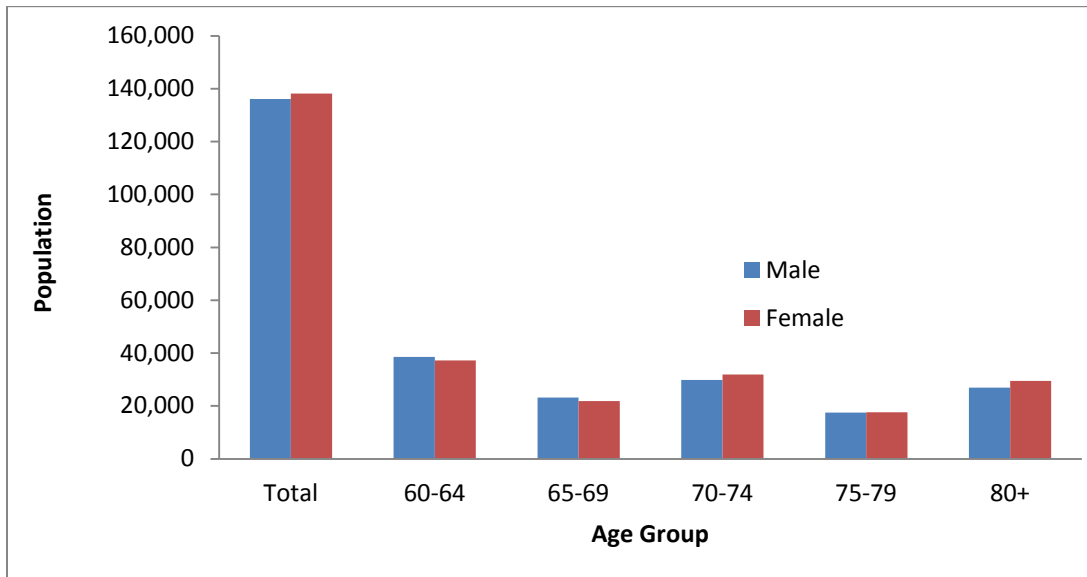
Source: Ghana Statistical Service, 2010 Population and Housing Census

Figure 4.6: Religious affiliation: Traditionalists by age-sex distribution
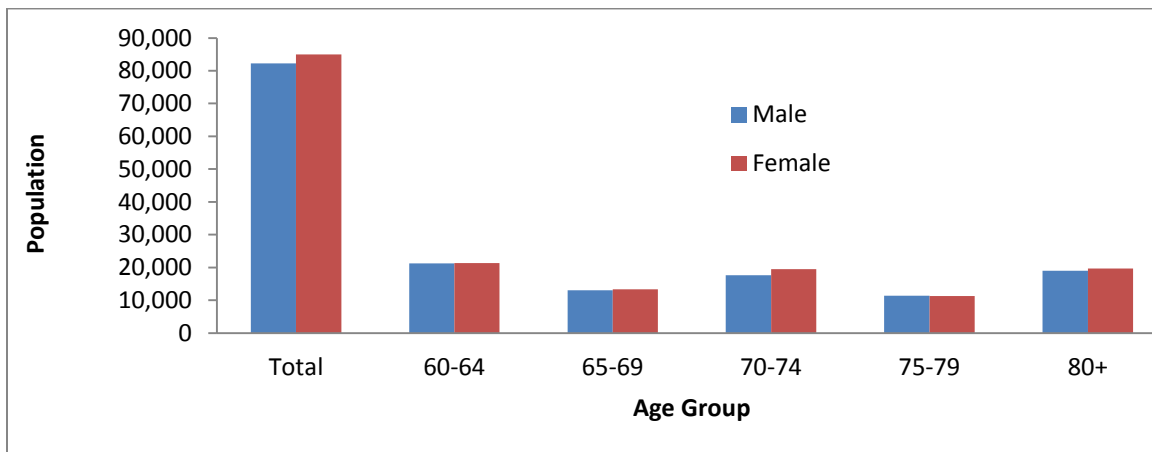
Source: Ghana Statistical Service, 2010 Population and Housing Census

4.3.3   Religious affiliation by residential status

Religious bodies and institutions have been the most available and accessible institutions for association and source of social networking and social capital for most Ghanaians in the absence of other public sources. The church, mosque and other religious institutions support families financially and provide them with other resources towards the performance of funeral rites and other rites of passage. Such support is important for rural residents especially because of higher levels of poverty. Overall, the elderly in rural areas of all ages constitute higher proportions of the adherents to all the religious categories than their urban counterparts (Figure 4.7).

Figure 4.7: Religious affiliation by residential status
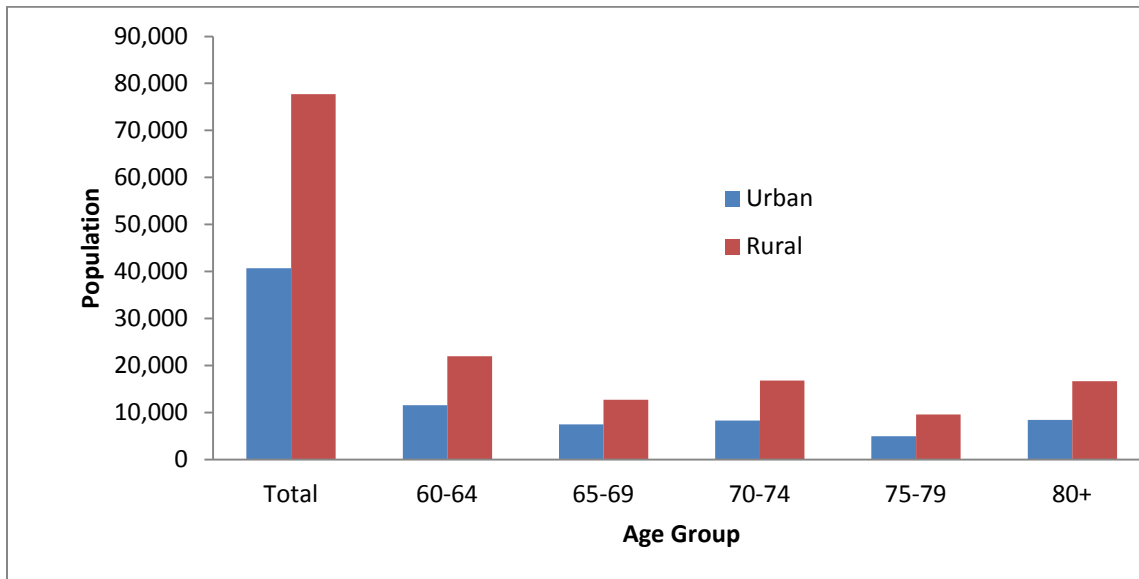
Source: Ghana Statistical Service, 2010 Population and Housing Census

The various denominations also have more rural elderly adherents than the urban elderly. The proportions of the rural population of the elderly of all the age groups that are Catholics are higher than that of their urban counterparts (Figure 4.8).

Figure 4.8: Religious Affiliation: Catholics by place of residence
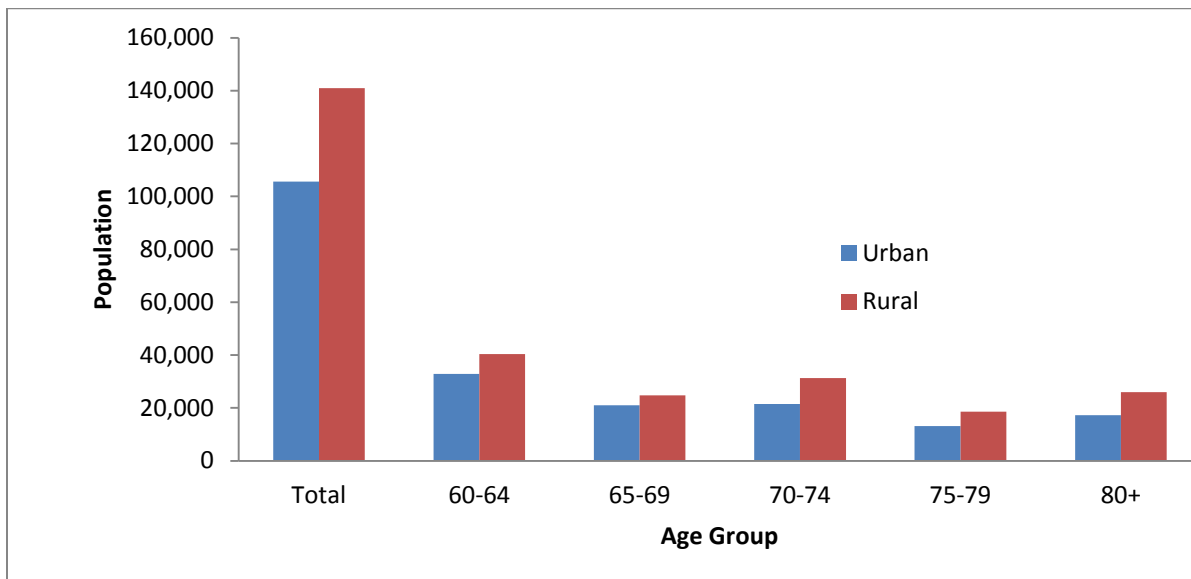
Source: Ghana Statistical Service, 2010 Population and Housing Census

The Pentecostal and charismatic categories of the Christian religion and Islam are the exceptions. The proportions of the male and female elderly members are about the same in both rural and urban areas (Figure 4.9).

Figure 4.9: Religious Affiliation: Islam by place of residence
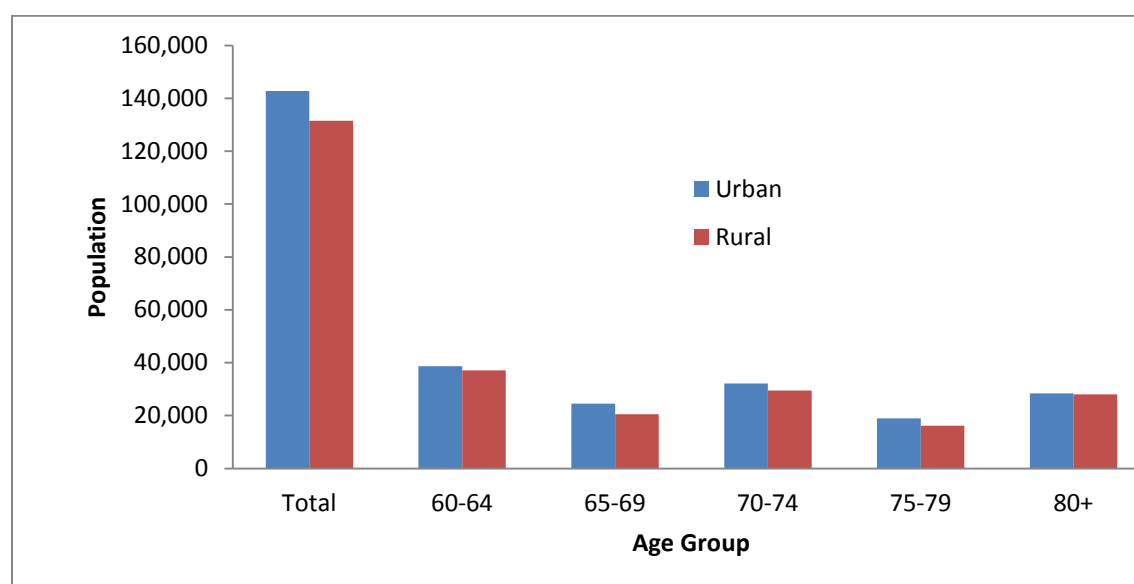
4.4 Ethnic Background

Eighty-seven percent of the elderly belong to four major ethnic groups in Ghana: Akan, Mole Dagbon, Ewe, Ga-Dangme. These same four major ethnic groups constitute 85 percent of the national population (Table 4.4).

Table 4.4: Ethnic background of the elderly

Ethnicity	60-64	65-69	70-74	75-79	80+
Akan	47.7	48.1	47.0	45.9	46.3
Ga-Dangme	8.3	8.9	7.3	7.9	7.6
Ewe	14.8	15.2	14.7	14.9	14.6
Guan	4.1	4.2	4.3	4.3	4.3
Gurma	4.6	4.1	4.8	4.9	5.6
Mole-Dagbon	16.1	15.1	16.9	16.7	16.6
Grusi	2.4	2.4	2.6	2.8	2.4
Mande	1.0	1.1	1.3	1.4	1.4
Other	1.0	1.0	1.1	1.1	1.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Ghana Statistical Service, 2010 Population and Housing Census

4.5 Nationality of the Elderly

Majority of the elderly are Ghanaians by nationality (birth, dual nationality- Ghanaian and naturalisation), 97.5 percent as compared with 97.6 percent the total population with Ghanaian nationality. Almost all the elderly with foreign background are from several countries in the ECOWAS region.

Table 4.5: Nationality of the elderly population of Ghana, 2010

Nationality	Male	Female	Total
Ghanaian by birth	92.91	93.77	93.39
Dual nationality (Ghanaian & Other)	3.10	3.15	3.13
Ghanaian by naturalization	0.96	0.99	0.98
Nigerian	0.97	0.43	0.67
Liberian	0.02	0.02	0.02
Gambian	0.01	0.00	0.01
Togolese	0.17	0.12	0.14
Burkinabe	0.17	0.08	0.12
Ivorian	0.01	0.01	0.01
Other ECOWAS states	0.87	0.71	0.78
African, other than ECOWAS	0.43	0.40	0.41
European	0.05	0.02	0.03
Americas (North, South/Caribbean)	0.02	0.02	0.02
Asian	0.31	0.29	0.30
Total	100.00	100.00	100.00

Source: Ghana Statistical Service, 2010 Population and Housing Census

4.6   Summary

The elderly population of Ghana exhibits diverse social backgrounds. A higher proportion of the males (76.8 %) as compared with 34.6 percent of their female counterparts are in a marital union (married or living together). A higher proportion of the females (63%), on the other hand, were formerly married (widowed, separated or divorced) as compared with only 19 percent of the males. Almost half (49.1%) of the females compared with 8.8 percent of the males are widowed. A higher proportion of the rural residents are married. Conversely, a slightly higher proportion of the urban residents (4.4%) as compared with that of the rural residents (3.1%) have never married. A vast majority of the elderly adhere to a religion, 94.6 percent of the elderly females as compared with 90.5 percent adhere to one religion or the other. With regard to their nationality, almost all the elderly (97%) are Ghanaians by nationality- by birth, dual nationality (Ghanaian and other nationality) and naturalisation,

CHAPTER FIVE
LITERACY AND EDUCATIONAL ATTAINMENT

Key Findings:

i.   The literacy rate and educational status of the elderly are low.
ii.   As high as 40 percent of the elderly are not literate in any language.
iii. Those with no education constitute 60.4 percent
iv.   The educational attainment with the highest proportion (21%) is Middle/JSS/JHS.
v.   Only 1.5 percent has higher education.
vi.   Vast disparities in literacy rate and educational attainment are found among the elderly: 73 percent of the females compared with 45 percent of the males have no education and the same proportions of the females and males are not literate; 16.7 percent of the males have secondary, post
vii.   secondary and higher education as compared with 5.6 percent of the females.

5.1   Introduction

Literacy is an important social attribute that contributes to the wellbeing of people and their involvement in society. It prevents social exclusion, especially when social interaction is made possible via various languages, including the official language (English in the case of Ghana). Literate adults can also benefit from the various electronic media (radio and the television) that use both local languages and official languages to supplement what may be read. Reading in local languages is also possible in Ghana because there are newspapers that are published in local languages. Elderly people can participate in political discussion and other social matters better when they are literate.

Educational status is therefore an important indicator for examining the wellbeing and social status of people. It determines, to a very large extent, the income status and access to and affordability of some social amenities and services- safe drinking water, health services, among others. Education also provides opportunity for social mobility and escape from poverty. It is therefore important to examine the educational status of the elderly for these reasons.

The introduction of formal education into the Ghanaian society dates back to the colonial period. Over the years, the various governments introduced policies to expand educational facilities in the country. The earliest policy aimed at mass education in Ghana was introduced by the Kwame Nkrumah government (1957-1966) of the first republic. The most recent education policy, implemented since 2008, has laid emphasis on retention of children in school. It has not departed completely from the Free Compulsory Universal Basic Education (FCUBE) policy which was introduced in 1987. Considering the attempts made since independence to improve access to basic education, the average Ghanaian would be expected to have a Middle/Junior Secondary/Junior High education, that is up to nine or ten years of formal education. The school-

going years of the elderly coincided with the late colonial and early post-independence years when basic education was relatively cheaper than now and free at some levels.

The 2010 PHC asked questions on literacy (English and local languages) and educational attainment. The question on literacy was:In what language can [NAME]read and write? That on schooling was posed as follows:

> *Has [NAME] ever attended school or is [NAME] attending school now? For highest level of education, the question was: What is the highest level of schooling [NAME] is attending now/attended in the past?*

5.2   Literacy

Literacy rate is quite low among the elderly, only two out of five persons aged 60 years and above are literate in 2010 (Table 5.1). The languages of literacy reported include Ghanaian languages, English and French. There is a wide variation in literacy rates between males and females. Almost three-quarters of elderly females are not literate compared with less than half (45%) of elderly males. Among the literate, the proportion of the males (40%) who are literate in English and Ghanaian language is more than twice that of the females (16.4%) (Table 5.1).

Table 5.1: Literacy Rate among the Elderly

	Population Aged 60+ years		
Language of literacy	**Male**	**Female**	**Total**
None (Not literate)	44.9	72.5	60.3
English only	8.7	5.1	6.7
Ghanaian language only	5.6	5.7	5.7
English and Ghanaian language	40.0	16.4	26.8
English and French	0.2	0.1	0.1
English, French and Ghanaian Language	0.6	0.2	0.4
Total	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

There are differences in literacy rate according to residential status. Elderly persons resident in urban areas have higher literacy rates than their rural counterparts (Figure 5.1).

Figure 5.1: Literacy by place of residence
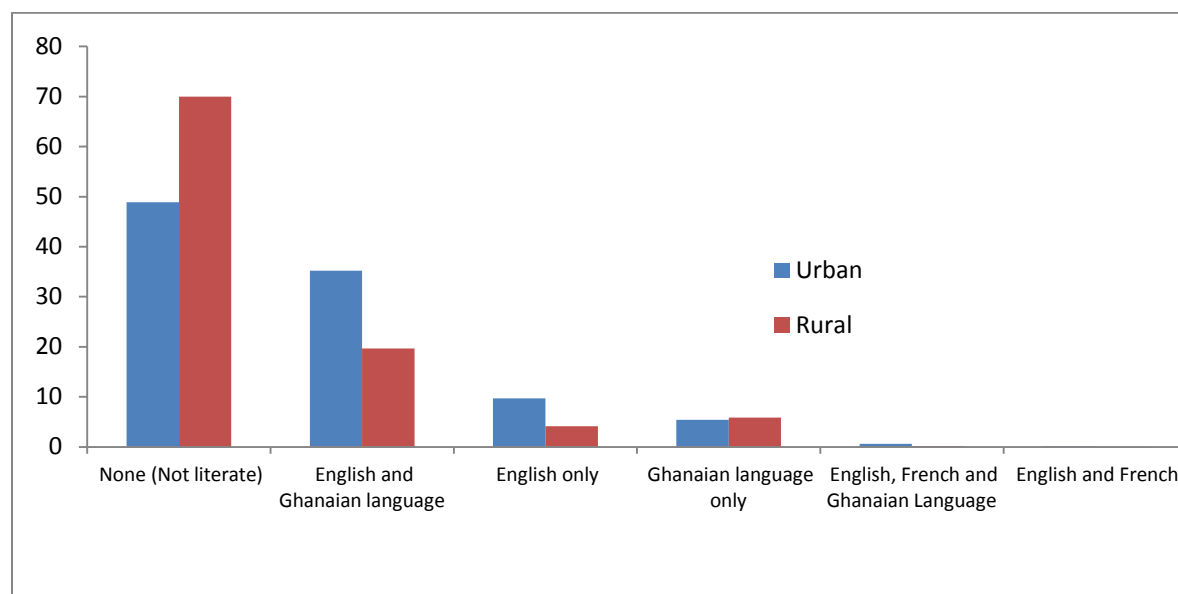
Source: Ghana Statistical Service, 2010 Population and Housing Census

5.3   School attendance

The census question on school attendance covered past and present participation. Those who have never attended school are those who failed to do so in the past and are not doing so currently. In this section, we examine school attendance among the various age groups of the elderly. Current school attendance is higher among the young-old (those aged less than 75 years). All the 189 elderly who reported that they are currently going to school are in the age groups 60-64 years (83.1%) and 65-69 years (16.9%).

5.3.1   School Attendance by Place of Residence

Almost two-thirds of the rural residents never attended school compared with less than half (49%) of their urban counterparts (Figure 5.2) and small proportions of both the rural and urban elderly attended school in the past. The proportion of the elderly attending school now in both urban and rural areas is less than one percent.

The differentials in school attendance among the two categories of the elderly people have implications for their socioeconomic status and associated wellbeing conditions. The urban may enjoy better living conditions than the rural if educational status is the main means of securing livelihood opportunities and preparation towards retirement. The analysis of the economic characteristics of elderly population shows that the majority of them (76%) are farmers and traders by profession. Educational qualification is not normally required for these professions in Ghana. The agricultural and commerce sectors of the economy of Ghana would have performed better if those employed in it, like these elderly, have some sort of educational qualification.

Figure 5.2: School attendance of the elderly population by place of residence
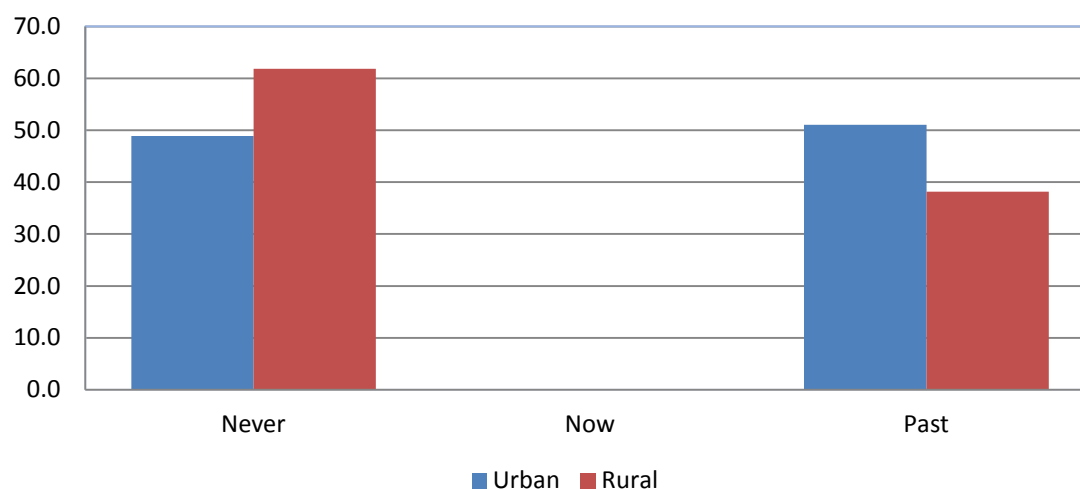
Source: Ghana Statistical Service, 2010 Population and Housing Census

5.4   Educational Attainment

The low levels of educational attainment may also have implications for the living conditions of the elderly. Generally in Ghana, higher income, better employment opportunities and better living conditions are associated with higher levels of educational status. Indeed, rural-urban migrants, until the last decade or so, are mostly educated people (both highly skilled and not so skilled) who seek employment opportunities and better living conditions in urban centres.

Educational attainment is very low among the elderly population even as their school attendance is low. As high as 60 percent of them have never attended school but about 40 percent of them have some formal education (Table 5.2). Only 10.5 percent of them attained secondary or higher levels of education. Those who have Middle/Junior Secondary education recorded the highest proportion of 20.5 percent, followed by those who have primary education (9%).

Table 5.2: Educational status of the elderly

Education	Male	Female	Total
No education	44.9	72.6	60.4
Primary	8.4	8.8	8.6
Middle/JSS/JHS	30.0	13.0	20.5
Secondary (SSS/SHS/'A' Level)	5.4	1.8	3.4
Post-Secondary	8.5	3.4	5.6
Higher	2.8	0.4	1.5
Total	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

Considerable differences in educational attainment are observed between the male and the female elderly as in the national population (Table 5.2 and Figure 5.3). While less than half (45%) of the elderly males have no education, close to three quarters (73%) of their female counterparts are without formal education. A Higher proportion of the males than that of the females attained virtually all the levels of education from JSS/JHS/Middle to higher education except at the primary level where the proportions are almost equal.

Figure 5.3:   Educational Attainment by Sex
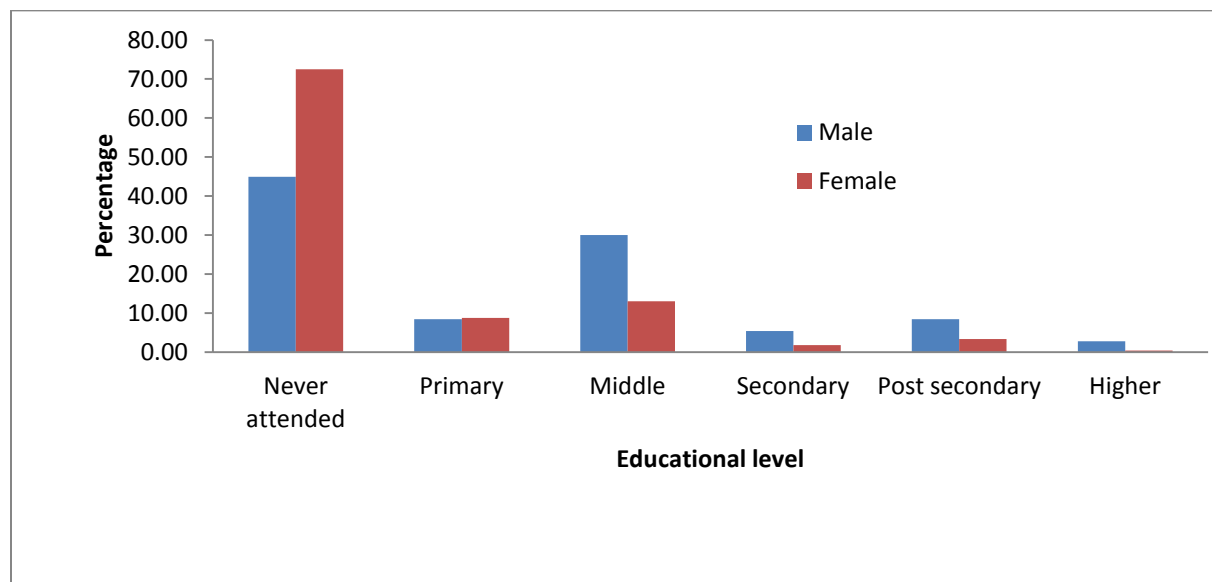
Source: Ghana Statistical Service, 2010 Population and Housing Census

Even though the cost of education was quite low during the period in which the elderly were supposed to be attending school, only a small proportion of them attended school for one reason or the other, particularly beyond secondary school. Large family size prevented some parents from sending their children to school and gender perceptions and other socio-cultural factors also led to the neglect of girls' education. Consequently, educational status of the elderly is not as high as expected and that of females is expected to be much lower than that of the males, due largely to these economic and social reasons.

5.5   Summary

Literacy rate and educational status is generally low among the elderly and their various subgroups. Sex differentials in educational status are very wide among the elderly. Almost three quarters of the female elderly compared to less than half of the males are not literate. It is the same proportions which have no formal education. Disparities in educational attainment also exist between the elderly in rural and urban areas. The highest proportion of educational attainment at the Middle/JSS/JHS level is 20 percent for both sexes and 30 and 13 percent for the males and females respectively. A negligible proportion has higher education (tertiary), particularly among the females

CHAPTER SIX
ACTIVITY STATUS OF THE ELDERLY

Key Findings:

i.	Nearly 6 out of 10 of the elderly are economically active
ii.	Economic activity status declined from 63.8 percentin 2000 to 58.5 percent in 2010.
iii.	Almost all (96.3%) the economically active elderly are employed.
iv.	Almost 63 percent of the elderly resident in rural areas are economically active as compared with 46 percent their urban counterparts.
v.	The occupations of most of the elderly (84.8%) are skilled agricultural and forestry workers
vi.	Since the educational status of the elderly is low, a small proportion of them are professionals (2.7%), managers (2.2%) and technicians and associated professionals (1.3%)
vii.	Nine out of ten of the economically active elderly are engaged in the private informal sector which offer the lowest wages in Ghana.
viii.	Only 5.8% are employed in the public (government) and private formal sectors where wages are highest in the country.
ix.	Ten percent of the elderly who are economically inactive cited sickness or disability as reasons for their inactivity.

6.1   Introduction

As the United Nations championed the celebration of the day of the elderly on October 1, 2013, it drew attention to the need to celebrate the attainment of the 60th birthday by increasing number of persons worldwide. While acknowledging the challenges that this brings, he UN also emphasised the need to have the aged re-integrated into the economies of their countries.

In Ghana as in many parts of the Africa, ageing has not been considered a hindrance to participating in economic activity. The type of economic activity that the elderly are engaged in, mostly agrarian and private employment does not have stipulated age for retirement. It should therefore be expected that the aged will be economically active until they have no strength to work. The elderly may derive emotional and psychological satisfaction by participating in both economic and social activity in their communities.

Data on the elderly who were economically active with respect to their activity status, occupation, industry, institutional sector of employment and employment status were collected in the 2010 census. The economically inactive elderly are those who did not work and were not seeking for work. The information on the economic activity of the elderly will serves as a basis for planning and policy formulation to improve their income security, health and standard of living of the elderly and that of their family members.

The chapter focuses on analyses of the data on activity status of the elderly, followed by that of elderly who are not economically active. For the economically active the analysis continues with the employed and unemployed elderly. Their occupation, industry of employment and

employment sector are also examined with respect to age group, sex and type of locality (urban/rural) and, in some cases, region.

6.2   Economically Activity Status of the Elderly

The economic activity status of the elderly as reported at the 2010 PHC is relatively high; almost 6 out of every 10 of elderly aged 60 years and above is economically active and 52.1 percent of those aged 65 years and above are also economically active (Table 6.1).

6.2.1   Economically Activity Status of the Elderly by Age

The proportion of the economically active declines with advancement in age, ranging from 74.4 percent among the youngest age group of the elderly (60- 64 years) to as low as 38.5 percent among those aged 80 years and above (Table 6.1.). Physical weakness at advanced ages (particularly at very old ages) may prevent the very old from being economically active. The proportion of the young-old (60- 64 years) is slightly higher than that of the 15-59 year-olds, 74.4 percent as compared with 73.1 percent.

The proportion of the economically active of the elderly aged 75 years and above declined during the period 2000 and 2010, the drop in activity status is highest among the old-old, that is 75 years and above. Among the very old (80 years and above), for example, the proportion dropped from 51.1percent in 2000 to nearly 39 percent in 2010. The proportion of the economically active of the 15-59 years age group also dropped from 76 percent to 73 percent during the same period, an indication of what is happening in the entire economically active population itself. Nevertheless, the decline in the economic status of the elderly must be given public attention.

Table 6.1: Economic activity status by age, 2010 and 2000

| Age group | Total population | | Economically active population | | | |
| | | | Number | | Proportion | |
	2010	2000	2010	2000	2010	2000
15-59	13,565,044	9,739,942	9,914,694	7,420,665	73.1	76.2
60-64	475,849	366,350	354,005	278,007	74.4	75.9
65-69	293,871	258,709	189,304	182,791	64.4	70.7
70-74	351,330	225,158	197,789	138,051	56.3	61.3
75-79	205,953	144,830	98,849	83,311	48.0	57.5
80+	316,378	370,243	121,829	189,285	38.5	51.1
60+	1,643,381	1,365,290	961,776	871,445	58.5	63.8
65+	1,167,532	998,940	607,771	593,438	52.1	59.4

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.2.2 Economic Activity Status of the Elderly by Age and Sex

Among the 15-59 year-olds, the proportion of economically active is higher among the females (51.4) than that of the males (48.6). As regards the elderly, the difference between the proportions of the economically active is virtually negligible, 50.1 percent as compared with 50.0 percent (Table 6.2). But the differences are appreciable among the age groups. The pattern of economic status by age is, however, irregular and this may partly due to differential age-misreporting among the sexes (Table 6.2).

Table 6.2: Economic active status by age and sex

Age Group	Total	Percent	Male	Percent	Female	Percent
All	10,876,470	100.0	5,288,880	48.6	5,587,590	51.4
15-59	9,914,694	100.0	4,808,566	48.5	5,106,128	51.5
60-64	354,005	100.0	179,247	50.6	174,758	49.4
65-69	189,304	100.0	94,112	49.7	95,192	50.3
70-74	197,789	100.0	94,727	47.9	103,062	52.1
75-79	98,849	100.0	50,495	51.1	48,354	48.9
80+	121,829	100.0	61,733	50.7	60,096	49.3
60+	961,776	100.0	481,314	50.0	481,462	50.1

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.2.3   Economic Activity Status of the Elderly by Type of Locality

Among the elderly residing in urban areas, almost 1 out of every 2 is economically active and 2 out of every 3 are economically active the rural areas (Table 6.3). The proportion of the rural dwellers is higher than that of their urban counterparts, presumably because the rural economies are predominantly agrarian with self-employment opportunities for family members. In the urban areas, on the other hand, though employment opportunities exist in the informal sector (sales and services industries in particular), some conditions associated with working such as commuting may prevent some elderly from being economically active. Moreover, some of the elderly who formerly worked in public and private formal sectors of the urban economy may not be re-engaged by their employers. Consequently, such elderly persons become inactive when they retire from active service.

It can also be observed from Table 6.3 that the proportions of economically active declined during the period 2000 and 2010, falling from 56.7 to 49.2 percent and from 68.5 to 66.4 percent in urban and rural areas respectively.

Indeed, worsening economic conditions that engulfed many countries in the developed (including giant economies such as that of the United States) world since 2008 has gradually been experienced in the economies of countries in the developing world. Popularly known as "credit crunch", it is a constellation of economic conditions that include increasing unemployment, hikes in food and energy prices. If the decline in the economic activity of the elderly in Ghana is an indication of the symptoms of the credit crunch in Ghana, then the policy

implications are worthy of note. Moreover, rural-urban differentials in the decline of the proportion of economically active of the elderly should underpin evidence-based policy that needs to be adopted to address the situation. Notwithstanding, other factors associated with the economic activity status of the elderly must also be considered.

Table 6.3: Economic Activity Status of the elderly (60 years and above) by type of locality

| Activity Status | Type of locality | | | | | |
| | 2000 | | | 2010 | | |
	Urban	Rural	Total	Urban	Rural	Total
Economically Active	56.7	68.5	63.8	49.2	66.4	58.6
Not active	43.4	31.5	36.2	50.9	33.5	41.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.2.4 Regional Distribution of the Economically Active Population of the elderly

There is some variation in the activity status of the elderly by region. The distribution of the economically active elderly by region follows the same pattern as the regional population distribution. Ashanti, Greater Accra, and Eastern Regions have the highest proportions of the economically active elderly, 17.4, 12.9 and 12.8 percent respectively. The Upper West and Upper East Regions have the smallest proportions, 3.6 and 5.9 percent respectively (Table 6.4).

The distribution of economically active elderly by region seems to suggest that there are some other factors that might also influence the variations in economic activities by residential status. Thus, policies that may aim at addressing inactivity status of the elderly would have to consider the residential status of the elderly.

Table 6.4: Regional distribution of the economically active elderly by sex

Region	Share of Total Population	Proportion Urban	Male	Female	Total
Total	**100.0**	**50.9**	**44.12**	**55.88**	**100.0**
Western	9.6	42.4	8.5	7.5	7.9
Central	8.9	47.1	8.9	10.6	9.9
Greater Accra	16.3	90.5	13.3	12.6	12.9
Volta	8.6	33.7	10.6	12.1	11.4
Eastern	10.7	43.4	12.7	12.9	12.8
Ashanti	19.4	60.6	17.2	17.6	17.5
Brong Ahafo	9.4	44.5	9	8.5	8.7
Northern	10.1	30.3	10.5	8.6	9.4
Upper East	4.2	16.3	5.7	6	5.9
Upper West	2.8	21	3.5	3.7	3.6

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.3   Employment Status of the Economically Active Population of the Elderly

The employment status of the elderly as recorded at the 2010 Ghana PHC is presented in Table 6.5. Nearly Ninety six percent of the economically active population of the elderly are employed while 4 percent are unemployed, lower than that of the country as a whole (6.9%). A slightly higher proportion of the females (4.1%) than that of the males (3.3%) are unemployed, reflecting the national pattern of 7.3 percent of the females and 6.6 percent of the males unemployed.

Table 6.5: Employment status of the elderly by sex, 2010

| Economic Activity | Sex | | | | Total | |
| | Male | | Female | | | |
	Pop.	%	Pop.	%	Pop.	%
Economically Active	**480,314**	**100.0**	**481,462**	**100.0**	**961,776**	**100.0**
Employed	464,340	96.7	461,724	95.9	926,064	96.3
Unemployed	15,974	3.3	19,738	4.1	35,712	3.7

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.4   Contribution of the Elderly to the Labour Force of Ghana

The contribution of the elderly to the labour force of Ghana is quite substantial. Even though they constitute less than a tenth (6.7%) of the total national population, they form 8.8 percent of the total labour force of the country (Table 6.6). The proportion of the male elderly (9.2%) of the labour force of Ghana is slightly higher than that of their female counterparts (8.6%). For both sexes, the proportion of the elderly of the labour force generally declines with age, ranging from over 3 percent in the 60-64 age group to 0.9 percent in the 75-79 age group, and then rises slightly to a little over one percent among those aged 80 years and above.

The level of participation of the elderly in economic activity in Ghana is quite considerable. The recommendation of the UNFPA and its partners to governments integrate the elderly into the workforce is probably already achieved in general terms in Ghana. What may require further attention is the specific requirements of the subgroups of the population of the elderly.

Table 6.6: Elderly Labour force as a proportion of the Total National Labour Force (15 years and over) by Sex and Age Group

Age Group	Total	Percent	Male	Percent	Female	Percent
15-59	9,914,694	91.2	4,808,566	90.9	5,106,128	91.4
60+	961,776	8.8	481,314	9.2	481,462	8.6
60-64	354,005	3.3	179,247	3.4	174,758	3.1
65-69	189,304	1.7	94,112	1.8	95,192	1.7
70-74	197,789	1.8	94,727	1.8	103,062	1.8
75-79	98,849	0.9	50,495	1.0	48,354	0.9
80+	121,829	1.1	61,733	1.2	60,096	1.1
Total	**10,876,470**	**100.0**	**5,288,880**	**100**	**5,587,590**	**100.0**

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.5 Occupational Characteristics of the Economically Active Elderly Population

The occupations of the majority of the economically active elderly are skilled agriculture, forestry and fishery workers, service and sales workers and craft and related trade workers. (See Table 6.7). Approximately 85% of them have these occupations. Negligible proportions of the economically active population of the elderly have occupations that require high levels of education, for example, managers and professionals. As indicated earlier, only 1.5 percent of the elderly have higher education (tertiary) and as high as 60.5 percent of them have no education (See Section 5.4 of Chapter Five in this volume). The occupational characteristics of the elderly are a reflection of their educational attainment. The majority of the elderly have occupations that are generally characterized by low skills and low wages.

6.5.1 Occupation of the Economically Active Elderly by Sex

A higher proportion of the males (68.1%) than that of the females (58.2%) are skilled agriculture, forestry and fishery workers. Conversely, the proportion of the females (19.9%) that are service and sales workers is more than three times that of the males (6.6%). Higher proportions of the males than that of the females are professionals and other occupations that require specialist skills since educational attainment of the males is generally higher than that of the females (Table 6.7).

Table 6.7: Occupation of the Economically Active Elderly by sex, 2010

Occupation	Total		Male		Female	
	No.	%	No.	%	No.	%
Total	**961,776**	**100.0**	**480,314**	**100.0**	**481,462**	**100.0**
Managers	20,683	2.2	10,789	2.2	9,894	2.1
Professionals	26,165	2.7	18,397	3.8	7,768	1.6
Technicians & Associate Prof.	12,364	1.3	9,580	2.0	2,784	0.6
Clerical Support Workers	7,614	0.8	6,243	1.3	1,371	0.3
Service and Sales Workers	127,725	13.3	31,806	6.6	95,919	19.9
Skilled Agric& Forestry	607,152	63.1	327,092	68.1	280,060	58.2
Craft and Related Trades	81,218	8.4	37,146	7.7	44,072	9.2
Plant and Machine Operators	18,545	1.9	17,420	3.6	1,125	0.2
Elementary Occupations	32,411	3.4	9,522	2.0	22,889	4.8
Other	27,899	2.9	12,319	2.6	15,580	3.2

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.5.2 Occupational Characteristics of the Elderly Population by Residential Status

Differences exist between the occupational characteristics of the economically active by their residential status. Skilled agriculture, forestry and fishery workers, service and sales workers and craft and related trade workers are the major occupations in both rural and urban areas. They are

predominant occupations of almost 94 and 55.1 percent of the economically active rural and urban residents (Table 6.8). More than a tenth (12.4%) are managers, professionals and technicians and associated professionals. This is a reflection of the higher educational qualification of the elderly in urban areas.

Table 6.8: Occupational characteristics of the economically active elderly by type of locality, 2010

Major occupation	Type of locality		
	Urban	Rural	Total
Total	**100.00**	**100.00**	**100.00**
Managers	4.44	0.84	2.21
Professionals	5.50	1.14	2.80
Technicians and associated professionals	2.49	0.61	1.32
Clerical support workers	1.78	0.22	0.81
Service and sales workers	7.39	5.22	13.67
Skilled agricultural, forestry and fishery workers	34.23	83.91	64.98
Crafts and related trade workers	13.47	5.75	8.69
Plants and machine operators and assemblers	3.87	0.82	1.98
Elementary occupations	6.70	1.48	3.47
Other occupation	0.13	0.02	0.06

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.5.3 Occupational Characteristics of the Economically Active Elderly Population by Sex

Even though the predominant occupation of both sexes is agriculture, animal husbandry and hunting (66% of males and 65% of females), there are differences between them with respect to the rest of the other occupations (Table 6.9). Production and related work and sales workers also constitute important occupations for both sexes. However, a far higher proportion of the females (15%) as compared with 6 percent of the males are sales workers. This occupation requires little or no educational qualification or skills. Thus, it is dominated by the elderly females who have lower educational status than their male counterparts. It must be noted that, traditionally, females dominate sales work in Ghana. It is an occupation that can be combined more easily with childbearing, child raising and other maternal roles.

On the other hand, higher proportions of the males are engaged economic activities that require at least some level of formal education. For example, 6 percent of the males compared to 4 percent of their females counterparts are professionals, technical and related workers. Again, 3 and 1 percent of the males and females are clerical and related workers respectively; an occupation that also requires some level of formal educational skills. Thus, differences in the occupational characteristics of males and females reflect their levels of educational attainment.

Table 6.9: Occupation of the Elderly by Sex

	Sex		
Occupation	**Male**	**Female**	**Total**
Professional, Technical and related workers	5.67	3.53	4.69
Administrative and managerial workers	0.41	0.16	0.30
Clerical and related workers	3.32	1.02	2.28
Sales workers	5.95	14.99	10.06
Service workers	4.35	4.09	4.23
Agriculture, animal husbandry and hunters	66.04	65.12	65.62
Production and related workers	12.89	10.52	11.81
Labours not elsewhere classified	1.27	0.48	0.91
New workers seeking employment	0.10	0.08	0.09
Total	**100.00**	**100.00**	**100.00**

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.6   Industry of Employment of the Economically Active Elderly

The major industries in which the elderly are employed include agriculture, forestry and fishing (62.6%), wholesale and retail, repair of motor vehicles and motor cycles (13.5%), manufacturing (6.9%), accommodation and food service activities (3.3%) -Table 6.10. Almost 9 out every 10 (86.3%) of the elderly are employed in these four industries. The predominance of the agriculture, forestry and fishing industry reflects the level of the economic development in the country. The low levels of educational attainment among the elderly also account for their concentration in primary industries where low skills may generally be adequate for employment. For the whole country, less than half (41.6%) of the population aged 15 years and above are employed in the agriculture, forestry and fishing industry and 18.9 and 10.8 percent are in the wholesale and retail, repair of motor vehicles and motor cycles and manufacturing industries respectively.

6.6.1   Industry of Employment of the Economically Active Elderly by Sex

The major industries of employment of both males and females are agriculture, forestry and fishing wholesale and retail, repair of motor vehicles and motor cycles, manufacturing, accommodation and food service activities (Table 6.10). A higher proportion of the males (67.6%) than that of the females (57.6%) are employed in the agriculture, forestry and fishing industry while a higher proportion of the females (20.3%) are in the wholesale and retail, repair of motor vehicles and motor cycles industry as compared with 6.6 percent of the males. Retailing is a major economic activity of females in Ghana. A higher proportion of the females (8.5%) than that of the males (5.3%) are engaged in the manufacturing industry. Again, a higher proportion of the females (5.8%) as compared with 0.8 percent of the males are engaged in the accommodation and food services activities industry. Traditionally, women dominate the food services sector of the economy. With increasing supply of hotel and restaurant services in the hospitality sector and the modernization of the sector, some level of education is required for employment in the sector. Females trained in vocational and technical institutes as well as catering schools have been employed in the sector. Consequently, females have continued to

constitute a higher proportion of workers in the accommodation and food services activities industry, as is the case of the elderly.

On the other hand, a higher proportion of the males (3%) is engaged in the transportation and storage and education industries as compared with only 0.1 percent of the females. Transportation is always dominated by of males. The education industry, on the other hand, has been one of the industries that have employed considerable numbers of females as teachers and clerical workers. Though the males still outnumber the females in this sector, the difference between the proportions is not as large as in the other industries such as the transportation and storage, 2.4 percent as compared with 1.1 percent. Nevertheless, the sex differentials are quite considerable and policies that seek to address the economic activity of the elderly must recognize the gender concerns.

6.6.2   Industry of Employment of the Economically Active Elderly by Age

Agriculture, forestry and fishing; wholesale and retail, repair of motor vehicles and motor cycles; manufacturing, accommodation and food service activities are the major industries of employment for all the age categories of the elderly. The variations in the proportions of the age groups employed in the specific industries are comparable to those observed between the sexes. For example, the proportion employed in the agriculture, forestry and fishing ranges from 57.9% among the 60- 64 age group to 69.3% among those aged 70- 74 years (Table 6.10.) The proportion in the manufacturing industry decreases with increasing age, from 7.2% among those in 60- 64 years group to 6.3% among the 75- 79 years age group but increases slightly to 6.8% among the oldest (80+ years). The proportions for the wholesale and retail, repair of motor vehicles and motor cycles, accommodation and food service activities and education industries also vary by age but follow the same pattern as those for the other major industries of employment, with the young-old exhibiting higher proportions in all cases than that of the old-old but the oldest have slightly higher proportions than that of the 75- 79 years age group. Age misstatement may be partly responsible for the distortion of the pattern.

The rest of the industries in which the elderly are employed include the construction industry. Perhaps the kind of work done by the elderly in the construction industry is not manual but supervisory. They may also be employed as security officers on site.

Table 6.10: Distribution of the economically active elderly by type of industry by sex and age group, 2010

	Both sexes		Sex		Age group				
			Male	Female	60-64	65-69	70-74	75-79	80+
	N	%	%	%	%	%	%	%	%
	961,776	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Agriculture forestry and fishing	602,108	62.6	67.6	57.6	57.9	62.1	69	69.3	61.1
Mining and quarrying	3,183	0.3	0.5	0.2	0.4	0.3	0.3	0.2	0.4
Manufacturing	66,379	6.9	5.3	8.5	7.2	7.2	6.5	6.3	6.8
Electricity, gas, stream and air conditioning supply	529	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.1
Water supply; sewerage waste management and remediation activities	1,247	0.1	0.2	0.1	0.2	0.1	0.1	0.1	0.1
Construction	13,134	1.4	2.7	0.1	1.6	1.5	1.0	1.0	1.3
Wholesale and retail, repair of motor vehicles and motorcycles	129,599	13.5	6.6	20.3	14.7	14.6	12.1	11.5	12.1
Transportation and storage	15,001	1.6	3.0	0.1	2.0	1.6	1.0	1.0	1.5
Accommodation and food services activities	31,741	3.3	0.8	5.8	3.7	3.5	2.9	2.6	2.9
Information and communication	1,298	0.1	0.2	0.0	0.2	0.1	0.1	0.1	0.2
Financial and insurance activities	2,434	0.3	0.4	0.1	0.3	0.2	0.2	0.2	0.3
Real estate activities	396	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0
Professional scientific and technical activities	4,102	0.4	0.7	0.1	0.5	0.4	0.3	0.3	0.4
Administrative and support service activities	7,184	0.7	1.4	0.1	0.9	0.9	0.6	0.5	0.5
Public administration and defence; compulsory social security	6,751	0.7	1.2	0.2	1.0	0.7	0.4	0.4	0.6
Education	16,583	1.7	2.4	1.1	2.5	1.8	0.9	0.9	1.3
Human health and social work activities	8,857	0.9	1.1	0.8	1.1	1.0	0.7	0.7	0.8
Arts entertainment and recreation	4,177	0.4	0.8	0.1	0.6	0.5	0.3	0.3	0.2
Other service activities	14,304	1.5	2.0	0.9	1.6	1.5	1.3	1.4	1.7
Activities of households as employers; undifferentiated goods - and services - producing activities of households for own use	5,273	0.5	0.6	0.5	0.5	0.6	0.5	0.6	0.6
Activities of extraterritorial organization and bodies	157	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	27,339	2.8	2.5	3.2	3.0	1.3	1.7	2.3	7.1

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.7   Employment Status of the Elderly

The vast majority of the elderly (80.3%) are self-employed with or without employees. Approximately 3 out of every 4 (74.8%) of them are self-employed without employees and 5.5 percent with employees. Less than a tenth (8.9%) are employees and another 6.3 percent are contributing family workers. It is worth noting that some of the elderly are casual workers and domestic employees, and may be performing manual tasks. A very small proportion (2.8%) is seeking work for the first time.

The employment status of the elderly has implications for their income status or wellbeing. In Ghana, most self-employed workers who do not have employees are predominantly workers in the agricultural, forestry and fishery industries and the informal sector in the urban centres. Their earnings are relatively lower than that of all other employees. Some of them are farmers who may not work during the dry season because they depend on rain-fed agricultural production methods. Casual workers and domestic employees also earn relatively lower wages. Moreover casual work can be seasonal and unreliable. Those who are self-employed with employees, on the other hand, earn higher income than those without employees. Employees also work in the public and private sectors and receive higher salaries and usually with social security earnings. The majority of elderly are, therefore, among the category of workers with low earnings and an appreciable proportion that are contributing to family labour may also not be awarded cash for their labour or receive remuneration for the work done.

Table 6.11: Employment status of the elderly economically active by sex, 2010

	Total		Male		Female	
Status of employment	N	%	N	%	N	%
Employee	85,948	8.9	67,007	14.0	18,941	3.9
Self-employed without employee(s)	719,281	74.8	346,765	72.2	372,516	77.4
Self-employed with employee(s)	52,465	5.5	31,878	6.6	20,587	4.3
Casual worker	8,478	0.9	5,269	1.1	3,209	0.7
Contributing family worker	60,326	6.3	13,706	2.9	46,620	9.7
Apprentice	1,651	0.2	732	0.2	919	0.2
Domestic employee (House-help)	4,940	0.5	2,408	0.5	2,532	0.5
Other	1,348	0.1	721	0.2	627	0.1
Persons seeking work for the first time	27,339	2.8	11,828	2.5	15,511	3.2
Total	961,776	100.0	480,314	100.0	481,462	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.7.1   Employment Status of the Elderly by Sex

Majority of both males and females are self-employed with or without employees. However, a higher proportion of the females (almost 8 out of every 10 as compared with nearly 7 out of every 10 of the males) are self-employed without employees while a higher proportion of the males than that of the females are self-employed with employees. The proportion of the males (13%) who are employees is also more than twice that of the females (6%). The difference between the proportions employed as unpaid family workers is not significant.

On the whole, differences in type of employment exist between the males and the females, and are to a very large extent a reflection of their educational qualifications. Thus, higher proportion of the males with higher educational status are employees while the females predominate self-employment without employees sector of the economy.

Table 6.12: Employment status by sex, 2000

	Sex		
Status in employment	**Male**	**Female**	**Total**
Employee	12.85	5.73	9.61
Self-employed without employee(s)	68.59	79.22	73.43
Self-employed with employee(s)	6.85	5.40	6.19
Unpaid family worker	7.72	7.44	7.59
Apprentice	1.33	0.67	1.03
Domestic employee (househelp)	0.64	0.36	0.51
Other	2.02	1.19	1.64
Total	100.00	100.00	100.00

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.7.2   Employment Status of the Elderly by Locality

The rural-urban differentials in employment status are more pronounced than that between the sexes. The urban residents who are employees are more than four times that of their rural counterparts, 18 percent as compared with 4 percent (Table 6.13). This should be expected since higher educational status of urban residents gives them the opportunity to be employed by government and other private employers. The rural dwellers, on the other hand, are predominantly self-employed without employees (usually as workers in the agricultural, forestry and fishery industries) and with a higher proportion (8.75%) than that of the urban residents (2.73%) contributing to family labour.

Table 6.13: Employment status of the elderly by type of locality, 2010

	Type of locality		
Status of employment	**Urban**	**Rural**	**Total**
Employee	18.03	3.76	9.20
Self-employed without employee(s)	68.75	82.04	76.97
Self-employed with employee(s)	8.27	3.98	5.61
Casual worker	1.19	0.73	0.91
Contributing family worker	2.73	8.75	6.46
Apprentice	0.33	0.08	0.18
Domestic employee (househelp)	0.52	0.53	0.53
Other	0.18	0.12	0.14
Total	**100.00**	**100.00**	**100.00**

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.8   Institutional Sector of Employment of the Elderly

As discussed in Section 6.1, there are a number of reasons why the institutional sector of employment has to be examined, the most important being the working conditions. Some institutions, for instance the private sector and the informal sector in particular, are more likely than the public (government) to fail to adhere to labour regulations that protect the rights of the workers.

The vast majority (94.1%) of the elderly are employed by the private formal and private informal sectors. Only 2.4 percent of them are employed by the public (government) sector, a proportion that is lower than that in the private formal sector (3.4%). (See Table 6.14).

If the government does not ensure that the rules and regulations that safeguard the rights of workers are not observed by the private sector, then a very large proportion of the elderly might be at risk of facing poor working conditions or being denied their rights or entitlements.

Meanwhile, the results of the fifth round of the Ghana Living Standards Survey (GLSS 5) carried out in 2007/8 show that public sector employees had the lowest incidence of poverty in 2005 while those working in the private informal sector experienced the second highest incidence of poverty, followed by the farmers who had the highest incidence of poverty (Ghana Statistical Service, 2008).

Data on incomes in the public and private informal sectors collected from Social Security and National Insurance Trust's (SSNIT) Department's database on contributions paid by employers for their employees for social security, reveal that public sector employees receive more incomes than those engaged in the private informal sector.

The information noted above suggests that policies on private sector employment must be adequately implemented to protect the workers in the sector, particularly the aged, from poverty and deprivation in order ensure or contribute to their wellbeing.

6.8.1   Institutional Sector of Employment of the Elderly by Sex

The private informal sector is a single largest employer of both the male and female elderly. The proportions of the male and female elderly employed by the various institutional sectors vary across all the categories. As high as 94 percent of the females are employed by the private informal sector as compared with 87.5 percent of the males while higher proportions of the females are working in the public and private formal sectors.

The differences in the educational qualifications between the sexes and the related skills as discussed in the previous sections, account for the differences regarding the institutional sector of employment as well. It must be noted that the elderly with low levels of education whose knowledge about rights of workers and entitlements is limited are working in the private informal sector where problems related to these areas are more likely to prevail.

Table 6.14: Institutional sector of employment of the elderly by sex, 2010

Institutional sector of employment	Total N	Total %	Male N	Male %	Female N	Female %
Public (Government)	23,004	2.4	17,704	3.7	5,300	1.1
Private Formal	32,891	3.4	26,794	5.6	6,097	1.3
Private Informal	872,745	90.7	420,047	87.5	452,698	94.0
Semi-Public/Parastatal	635	0.1	485	0.1	150	0.0
NGOs (Local and International)	4,938	0.5	3,273	0.7	1,665	0.3
Other International Organizations	224	0.0	183	0.0	41	0.0
Persons seeking work for the first time	27,339	2.8	11,828	2.5	15,511	3.2
Total	**961,776**	**100.0**	**480,314**	**100.0**	**481,462**	**100.0**

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.8.2 Institutional Sector of Employment of the Elderly by Sex, 2000 and 2010

The institutional sector of employment of the elderly at 2000 PHC and the 2010 PHC are examined and the results are presented on Table 6.15. The proportion of the elderly working in the private formal sector has decreased more than four times over the decade from 15.6 percent in 2000 to 3.5 percent in 2010. The proportion engaged in the government/public sector has also declined by 50 percent over the same period, from four percent to two percent. There was a corresponding increase in the proportion of the elderly who are economically active working in the private informal sector, rising from 77 percent in 2000 to 93 percent in 2010.

Table 6.15: Institutional sector of employment of the elderly by sex, 2000 and 2010

Institutional sector of employment	2000 Male	2000 Female	2000 Total	2010 Male	2010 Female	2010 Total
Public (Government)	5.31	2.66	4.10	3.78	1.14	2.46
Private Formal	17.21	13.77	15.65	5.72	1.31	3.52
Private Informal	73.63	81.62	77.27	89.66	97.16	93.40
Semi-Public / Parastatal	1.47	0.58	1.07	0.10	0.03	0.07
NGOs (Local and International)	1.08	0.48	0.81	0.70	0.36	0.53
Other International Organizations	1.29	0.89	1.11	0.04	0.01	0.02
Total	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.8.3   Institutional Sector of Employment of the Elderly by Locality

The proportion of the urban residents that are employed in the in public and private formal sectors is 12.3 percent as compared with 2.12 percent of their rural counterparts (Table 6.16). Almost all the rural dwellers are working in the private informal sector. The characteristics of the institutional sector of employment of the elderly by locality suggest that the urban dwellers may

be earning higher income than their rural counterparts. Indeed, rural-urban income differentials account for rural-urban migration in Ghana as in other parts of the developing world.

Table 6.16: Institutional sector of employment by type of locality, 2010

Institutional sector of employment	Type of locality		
	Urban	Rural	Total
Public (Government)	4.77	1.04	2.46
Private Formal	7.48	1.08	3.52
Private Informal	86.69	97.53	93.40
Semi-Public/Parastatal	0.13	0.03	0.07
NGOs (Local and International)	0.88	0.31	0.53
Other International Organizations	0.05	0.01	0.02
Total	**100.00**	**100.00**	**100.00**

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.9   The Economically Inactive Elderly

The results of the Ghana 2010 PHC show that 46 percent (755,222 out of the 1,643,381) of the elderly aged 60years and above are economically inactive. The elderly have a number of reasons for their inability to be economically active. These are presented in Table 6.17 by age and sex. Over 90 percent of them including all the age groups did not work and were not seeking for any job. As expected, highest proportion of the very old (aged 80 years and above) were not seeking for any because they might not be physically fit for work. Thus, 2.2 percent of them did not work but had a job to go back to, as compared with 4.8 percent of all the elderly aged 60 years and above.

6.9.1   Sex Differentials in the reasons for economically inactivity

There are differences between the sexes regarding the reasons cited for economic inactivity. Higher proportions of the females of all ages compared with that of their male counterparts were not working because they were not seeking for any job (Table 6.17). Also, a lower proportion of the females compared to that of the males did not work but had a job to go back to. For example, six percent of the males aged 60 years and above did not work but had a job to go back to as compared with four percent of their female counterparts.

The higher proportion of the females than that of the males who were not seeking for any job needs further clarification. Culturally, females are expected to perform social reproduction tasks by supporting not only their children but members of their extended family to provide care for children. As a result, they may not seek for any jobs though they may be physically fit to work. Such reasons may be included in those labelled as "other".

Table 6.17: Reasons for economic inactivity by age and sex, 2010

Age Group/ Sex	Total	Percent	Did not work but had job to go back to	Percent	Worked before seeking work and available for work	Percent	Did not work and not seeking work	Percent	Other	Percent
Both sexes										
60+	755,222	100.0	36,144	4.8	8,373	1.1	681,605	90.2	29100	3.8
65+	605,483	100.0	23,060	3.8	4,726	0.7	559,761	92.4	17936	3.0
80+	208,968	100.0	4,629	2.2	864	0.4	194549	93.1	8926	4.3
Male										
60+	278,260	100.0	16,823	6.0	4,146	1.5	244,689	87.9	12602	4.5
65+	216,995	100.0	10,543	4.8	2,310	1.1	196,886	90.7	7256	3.3
80+	67,651	100.0	2,149	3.1	382	0.6	61,315	90.6	3805	5.6
Female										
60+	476,962	100.0	19,321	4.0	4,227	0.9	436,916	91.6	16498	3.5
65+	388,488	100.0	12,517	3.2	2,416	0.6	362,875	93.4	10680	2.7
80+	141,317	100.0	2,480	1.7	482	0.3	133,234	94.3	5121	3.6

Source: Ghana Statistical Service, 2010 Population and Housing Census

6.9.1 Reasons for economically inactivity: age differentials

The proportions of the various age groups that cited the reasons for economic inactivity vary. Overall, approximately six out of every ten (59.7%) indicated that they were too old to work. Among the young-old especially, an appreciable proportion (over a tenth) are not working because they perform household chores or are full-time homemakers. While financial remuneration may not be associated with such work, the exercising of the body that goes with the various tasks can promote good health among them. Moreover, the elderly may have fulfilment from performing household chores. The category of the economically inactive that need to receive the attention of public policy is the approximately one fifth (19.8%) who did not work because of retirement. Probably, they think they do not have to work once they are on retirement or they may not have a job. This category of the elderly may be a target of any policy that seeks to recommend work beyond retirement in line with the recommendations of the UN to governments to reintegrate the aged into the labour force, as stated in the report launched in Tokyo on October 1, 2012. (Refer to Section 1.2 in Chapter one.). The recommendation aims to promote good health among the elderly through work and their participation in nation-building. The end result is prevention of social exclusion among the elderly.

Table 6.18: Economically inactive elderly by age group and reason, 2010 (Proportions)

Age group	Total	Did home duties (household chores / full time homemaker) duties	Pensioner/ retired	Disabled/ too sick to work	Too old to work	Other
Total	100.0	6.9	19.8	9.7	59.7	3.8
60 - 64	100.0	14.3	31.0	13.4	33.9	7.3
65 - 69	100.0	10.1	28.9	11.5	39.9	9.7
70 - 74	100.0	5.8	20.4	10.4	61.4	2.0
75 - 79	100.0	4.4	17.2	9.4	67.6	1.5
80 - 84	100.0	3.1	9.2	7.1	79.6	1.1
85+	100.0	2.8	8.9	5.4	81.9	1.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

Summary

The economic activity status of the elderly is quite high. Nearly 6 out of every 10 (58.5%) elderly aged 60 years and above are economically active. The proportion of economically active declines with advancement in age. The 60- 64 year-olds exhibit the highest proportion of those who are economically active (74.4%), slightly higher than that of the 15-59 year-olds (73.1%). The lowest proportion of the economically active (38.5%) is noted among those aged 80 years and above. The elderly in rural areas have a higher proportion of those who are economically active (62.6%) as compared with 46 percent of their urban counterparts.

However, the most urbanized regions such as Greater Accra and Ashanti Regions exhibit the highest proportions of the elderly who are economically active, 12.9 percent and 17.5 percent of the total population of the elderly.

The economically active population of the elderly have three predominant occupations: skilled agricultural and forestry workers (63.1%), service and sales workers (13.3%) and craft and related trades (8.4%). The low proportions of the elderly who are professionals (2.7%), managers (2.2%) and technicians and associated professionals (1.3%) are attributable to the low level of educational attainment of the elderly in Ghana, only 1.5 percent attained higher education (tertiary).

Almost eight out of ten of the elderly who are economically active are self-employed without employees with a higher proportion among the rural dwellers (82.0%) than that of their urban counterparts (68.7%).

The characteristics of the elderly who are economically active by sector of employment show that most (nine out of ten) of them are engaged in the private informal sector and only 5.8 percent are in the formal (public and private) sector of the Ghanaian economy. The private informal sector has the lowest wage earnings in the economy. Thus, earnings of the majority of the elderly must be expected to be low.

A fifth of the elderly who are economically inactive do not work because they are on retirement. This category of the elderly must be given attention by public policy in order to reintegrate those among them who may be fit to work.

CHAPTER SEVEN
DISABILITY AMONG THE ELDERLY

Key Findings:

i.   More than a tenth (12.3%) of the elderly has one or more kinds of disability, compared to 2.3 percent of the population aged less than 60 years.

ii.   The proportion with disability increases with advancement in age, the proportion of the elderly aged 80 years and above with disability is more than twice (18.5%) that of the 60- 64 year-olds (8.1%).

iii. Disability is slightly more prevalent among the rural dwellers (13.0%) than among their urban counterparts (11.5%).

iv.   The commonest types of disability reported among the elderly include sight (29.0%), physical (18.4%), emotional (13.4%), intellectual (11.0%) and hearing (10.8%).

v.   The predominant occupation of the disabled elderly is skilled agricultural, forestry and fishery workers (69%).

7.1   Introduction

The wellbeing- physical, emotional, psychological and social- of the elderly is affected by disability. Disability can further constrain the movement of the elderly and reduce their interaction with others. The end result may include social exclusion, especially when stigma is associated with the disability condition. Disability in Ghanaian society has attracted the attention of policy makers and a bill has been passed in parliament in 2010 for adequate public attention to be paid to the conditions of persons with disability. It is therefore important to examine the disability status of the elderly.

7.2   Disability Status of the Elderly and the Population aged less than 60 years

Prevalence of disability is relatively high among the elderly compared with the rest of the population (Table 7.1).The proportion of the elderly who have disability (one or more)is more than five times that of the rest of the population aged less than 60 years. It should be expected that older people would have higher prevalence rate of disability in any case. For example, occupational hazards can expose adults to the risk of disability over the period of their working years. By the age of retirement, some disability may set in and those already being experienced may become worse. Moreover, a higher proportion of the elderly aged 65 years and above than that of the 60-64 year-olds is more likely to suffer from non-communicable (NCDs) diseases some of which cause disability. Loss of sight is associated with diabetes and paralysis from stroke is often experienced as a complication of hypertension. These two NCDs are quite common among the population aged 50 years and above in Ghana as discussed in Section 1.1 of Chapter One.

Table 7.1: Proportion distribution by disability status of the elderly and

the population aged less than 60 years

Disability status	0- 59 years	60+ years
With no disability	97.7	87.7
With disability	2.3	12.3

Source: Ghana Statistical Service, 2010 Population and Housing Census

7.3   Disability Status by age

The disability status of the elderly in Ghana as shown in Table 7.2 indicates that a high proportion of the elderly have some disability. The proportion with disability increases with advancement in age, ranging from 8.1 percent among the 60-64 year-olds to 18.5 percent among those aged 80 years and above. The risk of disability increases with ageing process and that is why the elderly at advanced ages depend on others for even daily living activities.

Table 7.2: Disability status of the elderly by age, 2010

Age	No disability		Disability		Total	
	No.	%	No.	%	No.	%
60- 64	436,986	91.1	38,863	8.1	475,849	100.0
65- 69	265,206	90.2	28,665	9.8	293,871	100.0
70- 74	306,337	87.2	44,993	12.8	351,330	100.0
75- 79	174,676	84.8	31,277	15.2	205,953	100.0
80+	257,856	81.5	58,522	18.5	316,378	100.0
Total	1,441,061	100.0	202,320	100.0	1,643,381	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

7.4   Types of disability among the elderly

Disability regarding sight is the commonest disability among all the elderly (Table 7.3). Almost twice as many elderly in virtually all the age groups reported disability with sight as compared with the population aged less than 60 years. The proportion with physical disability is also higher among the elderly than the rest of the population and more than 10 percent of the elderly are reported to have three other types of disability-speech, emotional and intellectual.

Table 7.3: Proportion distribution of types of disability among the elderly and 0-59 year-olds

Type of disability	0- 59	60- 64	65- 69	70- 74	75- 79	80+	All
Sight	24.7	38.6	40.0	41.9	42.5	39.9	29.0
Hearing	10.5	9.6	9.8	11.1	11.5	14.1	10.8
Speech	11.8	5.9	5.2	4.4	4.0	4.3	9.9
Physical	15.9	23.1	24.4	25.2	26.1	26.4	18.4
Intellectual	12.9	6.8	6.2	5.3	4.8	5.7	11.0
Emotional	15.8	9.2	8.2	6.7	6.3	5.8	13.4
Other	8.4	6.7	6.3	5.5	4.8	3.9	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	745,552	51,137	37,324	59,728	41,936	84,958	1,020,635

Source: Ghana Statistical Service, 2010 Population and Housing Census

In the Ghanaian society, stigma is attached to most types of disability. Moreover, some forms of stigma also expose the victim to violence and/or social exclusion. The high rates of disability among the elderly may expose them to high risk of stigmatization and violence, especially when they lack protection from their children or family.

Some types of disability such as sight and physical can influence the ability of the elderly to engage in economic activity. As indicated in Section 6.6 of Chapter Six, the industry in which majority of the elderly are employed (62.6%) include skilled agriculture, forestry and fishing, wholesale and retail trade (13.5%) and manufacturing (6.9%). The productivity of those working in these industries can be affected by these disabilities.

7.5   Disability Status and Socioeconomic Status among the Elderly

As discussed above, disability can expose the disabled to stigma, social exclusion, among other adverse conditions. Consequently, the disability status of the individual becomes a determinant of his socioeconomic status. Disability status and some socioeconomic characteristics of the elderly such as marital and literacy are examined in the following paragraphs.

7.5.1   Disability Status and Marital Status

A higher proportion of the elderly with no disability are married, 53 percent as compared with 40 percent of those with disability. Conversely, more than half (56%) of the elderly with disability compared with 41 percent of those with no disability were formerly married, that is separated, divorced or widowed. A slightly higher proportion of those with disability (1.8%) than those without (1.3%) are in informal marital union. As indicated earlier on, marriage can provide some form of social protection for the elderly through support of the spouse and offer social capital or network from affinal relations. The disability status of some elderly denies them such social resource in their old age. It may be suggested that the higher proportion of the elderly with disability (14.3%) as compared with 11.4 percent of those without disability were separated and divorced because of their disability status, especially if the disability condition set in after they were married. The slightly higher proportion of those with disability (3.9%) who have never

married as compared with 3.0 percent of those without disability is an indication of a lower probability of the former getting married.

Table 7.4: Marital Status by Disability Status

Marital Status	Total	Percent	No disability	Percent	With a disability	Percent
Never married	61,708	3.8	55,562	3.9	6,146	3.0
Informal/Consensual	29,254	1.8	26,541	1.8	2,713	1.3
Married	844,202	51.4	764,343	53.0	79,859	39.5
Separated	50,366	3.1	43,165	3.0	7,201	3.6
Divorced	143,272	8.7	121,330	8.4	21,942	10.8
Widowed	514,579	31.3	430,120	29.8	84,459	41.7
Total	1,643,381	100	1,441,061	100	202,320	100

Source: Ghana Statistical Service, 2010 Population and Housing Census

7.5.2   Literacy Status of the Elderly with Disability

Literacy status is one of the indicators of human development. Governments have been encouraged by the UN recommendations to enhance the chances of even adults who have no formal education to enrol in non-formal education programmes and thereby become literate. Ghana's various governments have implemented adult literacy programmes. However, the implementation of the programmes has not led to an increase in the enrolment of persons with disability. The existing special education programmes in the country have been for the blind and the deaf. As indicated earlier, the bill on the disabled has been passed just a couple of years ago and much cannot therefore be expected to have been done to address such areas as adult literacy among persons with disability.

The literacy status of the elderly presented in Table 7.5 shows that literacy rate among the elderly is considerably low. Nearly seven out of ten of them are not literate in any language, local or foreign. Just a little over a fifth are literate in English and a Ghanaian language and only small fractions with respect to a Ghanaian language and a combination with English or French. The low rate of literacy among the elderly with disability is one of the challenges of the ageing process that Ghana has to address in respect of the recommendation by the UNFPA and HelpAge regarding the integration of the elderly into society.

Table 7.5: Literacy status of the elderly with disability

Literacy Status	Number	Percent
None (Not literate)	132,570	65.5
English only	10,895	5.4
Ghanaian language only	11,463	5.7
English and Ghanaian language	46,574	23.0
English and French	202	0.1
English French and Ghanaian Language	616	0.3
Total	202,320	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

7.5.3 Occupational Characteristics and Economic Activity Status by Disability Status

As noted in Chapter Six, a large proportion of the elderly are economically active and they have several types of occupations, including professional types. This section describes the economic activity status and occupational characteristics of the elderly with respect to disability status.

Table 7.6 shows that only 7.5 percent of the elderly with disability are engaged in any economic activities even though 12.3 percent of the elderly reported to have one or more types of disability. A higher proportion of the elderly are in occupations that require little or no training, for example elementary occupations and those classified as "other" also.

Table 7.6: Distribution of occupational characteristics by disability status

Occupation	Total	No disability	With a disability
Managers	100.0	93.4	6.6
Professionals	100.0	94.2	5.8
Technicians and associate professionals	100.0	94.0	6.0
Clerical support workers	100.0	93.8	6.2
Service and sales workers	100.0	93.2	6.8
Skilled agricultural forestry and fishery workers	100.0	92.1	7.9
Craft and related trades workers	100.0	92.6	7.4
Plant and machine operators and assemblers	100.0	95.7	4.3
Elementary occupations	100.0	92.0	8.0
Other occupations	100.0	95.0	5.0
All	100.0	92.5	7.5

Source: Ghana Statistical Service, 2010 Population and Housing Census

There were differentials in economic activity status of the elderly by their disability status. Nearly 62 percent of those with no disability are economically active compared to 36 percent of those with disability. The proportions of the elderly with various types of disability who are economically active vary, ranging from as low as 24 percent of those with physical disability to 40 percent of those with emotional disability as well as in the category classified as "other". Physical disability poses greater hindrance to participation in economic activity among the elderly than any other form of disability.

Table 7.7: Economic activity status by disability status

	Number	Economically Active	% Economically Active
All	1,643,381	961,776	58.5
No disability	1,441,061	889,839	61.7
With a disability	202,320	71,937	35.6
Type of Disability			
Sight	111,351	40,834	36.7
Hearing	31,972	12,021	37.6
Speech	12,955	4,500	34.7
Physical	69,320	16,507	23.8
Intellectual	15,757	5,051	32.1
Emotional	19,335	7,708	39.9
Other	14,393	5,692	39.5

Source: Ghana Statistical Service, 2010 Population and Housing Census

7.5.3 Disability status by residential status among the elderly

There is a slight difference between the proportion of the urban and rural elderly who reported that they have disability (Figure 7.1). Disability risks appear to be of virtually the same magnitude in both rural and urban areas but it is most likely that there was an under-reporting in the rural areas where opportunities for treatment are less than in the urban areas; specialist services are not available in the rural areas as in the urban centres. Moreover, access to financial resources may be restricted in the rural areas as their level of poverty is usually much higher. Again, negative cultural beliefs about disability may be adhered to by rural residents than their urban dwellers, restraining the elderly in rural areas from reporting some of their disability. The rural-urban differentials in disability status should therefore be taken with some caution.

Figure 7.1: Disability status of the elderly by place of residence, 2010
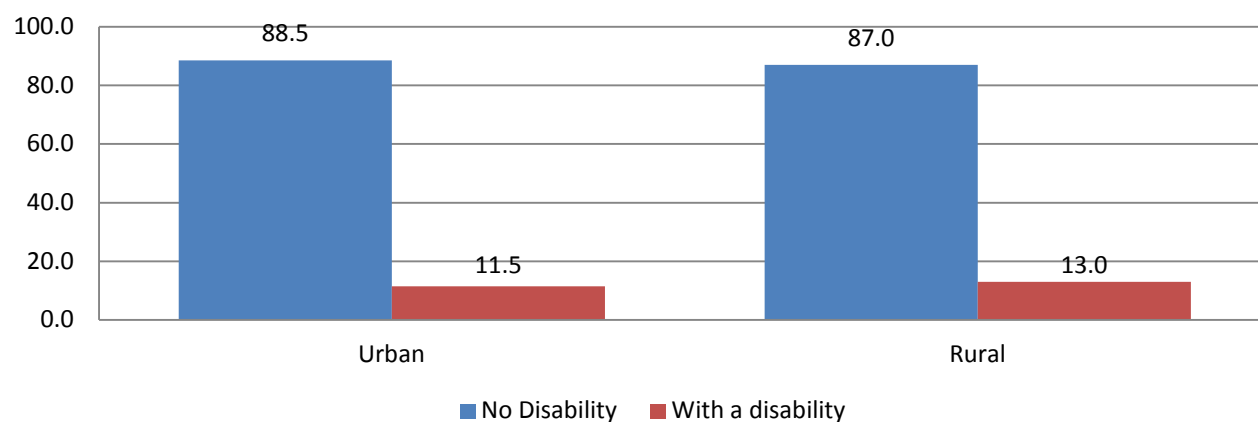
Source: Ghana Statistical Service, 2010 Population and Housing Census

7.6   Summary

Compared with the rest of the population, disability is highly prevalent among the elderly, and increases with age. The proportion of the elderly with disability that is literate is very low. Even though the elderly with disability constitute more than a tenth of the elderly population far less than that were among the elderly who have an occupation.   The difference between the proportions of the elderly with disability in both urban and rural areas is very small.

CHAPTER EIGHT

LIVING ARRANGEMENTS AND HOUSEHOLD COMPOSITION

Key Findings:

i. The majority of the elderly (62%) are heads of households in which they reside.

ii. Children aged less than15 years, form a third of the members of all the households in which the elderly live and the proportion of the household members in the productive ages (15- 59 years) ranges from 39 percent in the houses headed by the very old (85+ years) to 45 percent in those headed by the youngest age group, 60- 64 years.

iii. Less than a tenth (8.3%) of the elderly resides with an extended family member.

iv. Proportion of the elderly living alone ranges from 9.4 percent among the 65-69 year-olds to 11.4 percent of those aged between 75-79 years. .

8.1   Introduction

The position of the elderly in the households in which they reside is highly esteemed in traditional settings in Ghana. Their relationship with the various members is also important. They are counsellors as well as social and spiritual heads. In addition, they act as arbiters on family and kinship matters. Their arbitration is regarded as sacred as they are deemed close to ancestors who are regarded more or less as gods (Nukunya 2006, Oppong 1975, Goody 1973). All these responsibilities assumed by the elderly and the associated privileges that come with them may determine the resources that may be available to them. For example, in Ghana, the elderly are usually the custodians of family property, including land and other livelihood resources in both rural and urban indigenous communities. The elderly may depend on some of family property as a source of income for their daily living. Consequently, the wellbeing of the elderly may be determined by the extent to which family property is entrusted to them and how they may appropriate some of the family property for their own benefit.

In traditional Ghanaian societies, fertility behaviour, particularly family size achieved during reproductive years, determines family relations that may be experienced in old age, including the living arrangement of the elderly. Since socio-cultural transformations in the Ghanaian society have brought about changes in family formation, organization and relations (Apt 2000, Nukunya 1969), the living arrangements of the elderly might have been changing.

8.2   The living arrangements of the elderly

In traditional settings in Ghana, the main status that is reserved for adults is household headship. More often than not, an adult is accorded that position in the household because he is expected to assume both economic and social responsibility for the household. Indeed, for the succession of their lineage and for some religious rites to be performed, adult members of traditional Ghanaian

society prefer to own their own house or reside in the family house which they might have inherited from their extended family. Ownership of a house is a symbolic of authority over the household, and was reserved for males. Traditional values that accord the elderly positions of honour and responsibility have been transformed in Ghana. Consequently, elderly persons may not be recognized as heads of their households, especially when they become economically dependent on the household members.

The living arrangements of the elderly should therefore be examined within the context of changing traditional practices that may explain the tendency for old people to live on their own or in non-extended family units. Generally, nucleation of the family may require that persons attaining older ages live with their children or spouse(s) but not with extended family members that they have not lived with before attaining older ages.

Presently, the inability of many families to build their own house or purchase from an estate company means that renting of housing units has become a major characteristics of the life of older people and their families. The problem of not saving towards acquiring houses for themselves mean that the elderly will also spend their old age with their children or other relatives. In this regard, they may cease to be household head or spouse of household head. Instead, they will be part of another household.

The conditions of the dwelling in which the elderly reside will determine their well-being. They may either be better off than what they themselves can afford or worse off, depending on the resources that may be at their disposal as head of household as well as head of extended family. Thus, household headship of the elderly may not necessarily translate into better living conditions as portrayed in the literature on gender. The discourse on gender, household headship and access to resources identifies male household heads as having greater share of household resources than their counterpart female household heads. . Of course, household headship in old age may at least translate to some level of autonomy for elderly female household heads.

Composition of the household in terms of age, economic activity of household members and their wealth or income status have implications for the wellbeing of the members, including the elderly. These conditions can either promote or adversely affect the wellbeing of the elderly.

8.3   Household headship and relationship with household head

The major types of relationships of household members with the head derived from the analysis of the 2010 PHC are presented in Table 8.1. Two-thirds of the households in which the elderly live are headed by the elderly themselves. A higher proportion of the younger elderly aged 60-64 years are household heads compared with the other age groups This should be expected since a higher proportion of the younger elderly are more likely to be economically active than the older ones, 74 percent of those aged 60- 64 years compared with   48 percent of the 75- 79 year-olds are employed (Table 6.1). Some of the elderly are residing with their spouses; the highest proportion of the elderly who live with their spouses are the young-old (12.7%) as compared with 7.0 and 6.1 percent of the old-old and the very old respectively. The young-old have lower prevalence rate of widowhood compared with the old-old and very old because of a relatively lower rate of mortality among the young old. As a result, a higher proportion of the young-old

would have their spouses still alive and reside with them. On the average, 1 out of every 5 of the elderly persons resides as a parent or parent-in-law (11.1%) with their children or spouses of their children. While about the same proportions of all the categories of the elderly are living with their siblings and non-relatives, higher proportions of the old-old and very old reside with those classified as other relatives as compared with that of the young old.

Small proportions reside with non-relatives or in group quarters or as outdoor sleepers. These last three types of living arrangements of the elderly are indications that family care is not available for some Ghanaian elderly people. Socio-cultural transformations account for such situations where the elderly are living in non-family situations (Dsanie 2010, Apt 2000). Institutional care for the elderly has been provided by Helpage Ghana, an international non-governmental or non-profit organization, as a response to their neglect. The Gambaga Witch Camp in the Northern Region is another group home where some female elderly accused of witch craft find abode.

Table 8.1: The elderly population by relationship with head of household, 2010

Headship/Relationship with head	60- 74	75- 84	85+	All ages
Head	63.9	60.2	52.6	62.0
Spouse (wife/husband)	12.7	7.0	6.1	10.8
Child (son/daughter)	2.3	0.0	0.0	1.6
Parent/Parent in-law	8.1	15.8	21.2	11.1
Brother/Sister	3.5	3.2	2.8	3.4
Other relative	6.6	10.8	14.1	8.3
Non-relative	1.1	1.2	1.6	1.2
Group quarters/Outdoor sleeper	1.8	1.7	1.6	1.7
Total	100.0	100.0	100.0	100.0
Number	1,121,050	365,037	157,294	1,643,381

Source: Ghana Statistical Service, 2010 Population and Housing Census

8.4   Household composition

The household composition of the elderly may reflect the level of their wellbeing. The presence of children aged less than15 years is indicative of available family members to do light household chores that the elderly may not be able to perform themselves. Those in the productive ages (15- 59 years) may contribute to the budget of the household if they are employed.

The children form one-third in the households of the elderly. The proportion of the household members in the productive ages ranges from 39 percent in the houses headed by the very old (85+ years) to 45 percent in those headed by the younger age group, 60- 64 years. The elderly themselves constitute more than a fifth in all the elderly-headed households (that is households whose heads are aged 60 years and above -Table 8.2). On the average, there are approximately three persons to one elderly in all the households that are headed by the elderly, indicating that the average elderly person can have support from three persons (two adults and one young

person/child). These persons may assist the elderly with daily living assistance or any other type of support that the elderly may need. It must be noted, however, that some of the members who are aged less than 15 years may be the children of the elderly themselves and may be dependent on them or on the other adult members of the elder-headed households. As indicated in section 1.5, caring for young dependents is a major problem facing some elderly in Ghana as highlighted by the findings of a study on pensioners in Akwapim in the Eastern Region of Ghana (Obiri Yeboah, 2002). The household structure of the elderly as shown in Table 8.2 suggests that Ghana's elderly-headed households have as high as a third of the members aged less than 15 years and some of these children may be dependent on the elderly. The rest may be either grand or great-grand-children of the elderly or being fostered by them.

Traditionally, grand-parents are expected to foster their grand-children under various cultural practices including institutionalized fostering. Crisis fostering is also done by grand-parents and other family members or non-relatives under the following circumstances: divorce, separation and death of parents of children. The composition of the household suggests that fostering is practised among the elderly.

Table 8.2: Composition of households headed by the elderly aged 60 years and above

Age-group	60-64	65-69	70-74	75-79	80-84	85+	Total
<15	32.9	32.3	32.9	32.0	32.4	32.4	32.6
15-59	44.7	43.7	41.5	41.4	40.2	39.4	42.6
60-74	21.3	23.0	24.5	5.2	5.3	5.1	17.6
75-84	0.6	0.5	0.6	21.0	21.7	2.3	5.2
85+	0.4	0.5	0.4	0.4	0.5	20.7	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

There are differences in the household composition by residential status. Overall, children constitute a higher proportion of households headed by the elderly in the rural areas that have higher fertility levels than the urban areas, a total fertility rate of 4.9 as compared with 3.1 in the urban areas (2008 Ghana Demographic and Health Survey). Thus, their households may have more children than the urban households.

The urban households headed by the elderly have higher proportions of their members in the productive ages than their rural counterparts, 46 percent as compared with 40 percent.

Table 8.3: Composition of households by age, headed by elderly aged 60 years and above and type of residence

Age-group	60-64	65-69	70-74	75-79	80-84	85+	Total
Urban							
<15	28.7	28.7	29.5	28.7	29.3	29.8	29.0
15-59	47.9	46.4	44.5	44.4	43.3	42.1	45.6
60-74	22.4	23.9	25.0	4.8	4.7	4.6	18.3
75-84	0.6	0.5	0.6	21.6	22.3	2.0	5.1
85+	0.4	0.5	0.4	0.3	0.4	21.5	2.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Rural							
<15	36.6	35.7	35.6	34.6	34.6	34.2	35.6
15-59	42.0	41.1	39.3	39.0	37.9	37.6	40.1
60-74	20.3	22.2	24.0	5.5	5.8	5.5	16.9
75-84	0.7	0.6	0.6	20.4	21.3	2.6	5.3
85+	0.4	0.5	0.5	0.4	0.5	20.1	2.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Ghana Statistical Service, 2010 Population and Housing Census

More than half of the households in which the elderly reside have five or more people. Those living in three- and four-person households also constitute a little more than a fifth while two-person households form a little more than a tenth. The household size shows that the vast majority of the elderly live with at least one other person. However, some of the elderly live alone. The proportions of the elderly persons living alone ranges from 9.4 percent among those aged 65-69 years to 11.4 percent among the 75- 79 year-olds. Some of these elderly, particularly the very old (85+ years) are not expected to be living alone. By Ghanaian cultural practices regarding the aged, they should be living with their children or extended family member. Probably, they have never had any child or a surviving child. Some probably have surviving children who may be living in another place in Ghana or abroad. Some of the elderly may be living alone as a matter of choice for various reasons such as avoidance of being depended upon by extended family members in an extended family house, a practice noted in some studies such as Obiri Yeboah's (2002).

Table 8.4: Household size of households in which the elderly reside

Age group	Household Size					
	1	2	3	4	5+	Total
60 - 64	10.4	10.9	10.7	11.0	57.0	100.0
65 - 69	9.4	10.5	11.0	11.6	57.6	100.0
70 - 74	10.3	11.0	10.8	11.4	56.4	100.0
75 - 79	11.1	11.4	10.8	10.5	56.2	100.0
80 - 84	11.4	11.4	10.5	10.5	56.2	100.0
85+	10.8	10.8	10.4	10.7	57.3	100.0
All Ages	10.0	10.6	10.1	10.8	58.6	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

8.4 Children Ever Born

The family has been the main source of security and care for the aged in many countries, including Ghana. As stated in an earlier section, children are security against old age in traditional Ghanaian societies as in other traditional African societies. Large family size is therefore cherished in the Ghanaian society. The number of children ever born and number of surviving children can determine the prospects of care and support in old age among the elderly.

The majority of the elderly (66.5%) have five or more children and another 22.8 percent have one to four children. Those who have never had a child constitute 10.7 percent. While the majority has ever had a child who may be their source of security and support, a little more than one out of every ten of them have no child and will have to depend on other sources for family care.

Table 8.5: Children Ever Born by the Elderly

Number of Children	Percent
0	10.7
1	3.7
2	4.8
3	6.1
4	8.2
5	66.5
All	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

The proportion of the elderly with five or more children increases with advancement in age, ranging from 64 percent among the young old to approximately 70 percent among the 70-79 year-olds and the proportion with no child ranges from 9.3 percent in the age group 60- 64 to 14 percent among those aged 85 years and above who also have the lowest proportion with 5 or more children (Table 8.6).

In Ghana, as in other African countries, childlessness is associated with stigma. Elderly people who have no children may experience greater discrimination associated with old age than their counterparts who have children. Elderly women, but not their male counterparts, are accused of practising witchcraft which is considered to be one of the factors responsible for childlessness. Moreover, the childless elderly may not have children as security against old age, unless they adopt or foster non-biological children of their relatives or non-relatives. They may also invest in alternative means of social security against old age.

Table 8.6: Number of Children ever born by women 60+ years

Age	Children Ever Born

	0	1	2	3	4	5+	Total
60-64	9.3	3.8	5.6	7.4	9.9	64.0	100.0
65-69	10.2	3.3	4.8	6.4	8.8	66.5	100.0
70-74	9.9	3.4	4.2	5.4	7.4	69.7	100.0
75-79	11.0	3.8	4.3	5.2	6.9	68.7	100.0
80-84	13.1	4.0	4.6	5.5	6.8	66.0	100.0
85+	14.0	4.2	4.9	5.8	7.2	63.7	100.0
All ages	**10.7**	**3.7**	**4.8**	**6.2**	**8.2**	**66.5**	**100.0**

Source: Ghana Statistical Service, 2010 Population and Housing Census

It must be noted that fostering has been a widespread reproductive behaviour in Ghana as in many West African countries. Therefore, some of the elderly women who never had a child or had one or two children could foster children of their relatives or non-relatives and expect them to be their security against old age.

Furthermore, the probability of receiving care from extended family members has been reducing among the elderly in Ghana. But the practice has not been completely discontinued. Again, since the rate of migration has been high in Ghana, some of the elderly who have children may not have them living in the same locality with them to care for them if the need arises. The results of the 2010 census reveal that 34.2 percent of the persons enumerated in a locality other than the one in which they were born, 13.8 percent in another locality in the region in which they were born and 1.5 percent of Ghanaians born in Ghana were living outside the country. The benefits of having children as security against old age may be undermined by migration which may limit the intergenerational flow of gifts in kind and cash from children to parents in their old age as it flowed earlier to the children from their parents.

8.5   Summary

Majority of the elderly are heads or spouse of heads of the households in which they reside. Children and adults in working age groups form approximately three quarters of the members of the households in which the elderly reside, implying that the elder can receive support for care (but not necessarily every need) from their household members. But the proportion of the elderly who live alone must be of great concern. Majority of the elderly women have ever had one or more children but some have never had any child and may have to depend on alternative sources such as fostered children for support.

CHAPTER NINE
DWELLING AND LIVING CONDITIONS

Key Findings:

> i. Almost three out of every four dwellings in which the elderly live are owned by a household member (not necessarily the elderly).
>
> ii. Almost a quarter (23%) of all the elderly resides in houses that are owned by a relative.
>
> iii. Ownership of housing facility is a major need among the elderly, especially the young-old.
>
> iv. More than half live in compound houses and other dwelling types with limited or no access to sanitation facilities and other amenities.
>
> v. A sizeable proportion (22%) of the households of elderly has no access to a toilet facility and is probably using free range and 34 percent depends on public toilet facility
>
> vi. Access to ICT varies greatly by educational background, with ownership of mobile phone ranging from 26 percent among those who have no education to 81percent among those with higher education.

9.1   Introduction

Dwelling conditions, to a large extent, influence human wellbeing. Children and adults are affected by dwelling conditions more than other household members. Quality of the housing unit and availability of or access to basic amenities in the dwelling as well as environmental sanitation of the dwelling, among other factors, may influence the health of the elderly. The existing ownership or tenure status may also affect the quality of the dwelling unit. For example, some dwellings lack access to sanitation facilities and some amenities because the landlord has not provided them for the tenants. Provision of facilities and amenities within dwelling units may also be largely dependent on whether the occupier owns the unit or not. The housing market is characterized by huge deficits in supply to such an extent that renters are sometimes offered sub-standard housing facilities, and sometimes without amenities (Badasu 2010, Songsore 2005). Elderly people need basic facilities within their dwellings as some may be unable to walk to public facilities due mainly to disability.

This Chapter examines ownership of dwelling and the conditions therein as aspects of living conditions that affect the well-being of the elderly. When the elderly do not own their dwelling unit, or do not stay in their children or relative's houses, they will have to pay for their accommodation from their meagre financial resources. At advanced ages, home ownership can provide greater financial security to the elderly.If they have empty nest, they may decide to rent part of their house and thereby earn a regular income.

9.2   Ownership of Dwelling

A considerably small proportion of the elderly live in the houses owned by them; 28.9 percent as compared with 57.2 percent of the population aged 0- 59 years. The corresponding proportions of the elderly who live in rented accommodation are 17.2 percent and 24.6 percent respectively. Some of the elderly may not be earning enough to have the required financial resources to rent accommodation as the younger persons. Since relatively small proportions of the elderly are in occupant owned and rented dwellings, a sizeable proportion (22.2%) are perches and squatters and approximately 1 out of every 10 is living by other types of tenancy arrangements. The proportions of the elderly with these three categories of tenancy arrangements are high compared to the negligible proportions recorded for the population aged less than 60 years. Obviously, the elderly are worse off in tenure arrangement. Low earnings may account for the large proportion (22.2%) that are perching and squatting. Such dwelling condition can make them vulnerable to disrespect and even poor health, particularly in the case of the squatters.

Table 9.1: Present holding/tenancy arrangement

	Total	0-59 years	60+
Owner occupied	58.2	57.2	28.9
Renting	23.8	24.6	17.9
Rent-free	17.3	17.4	21.4
Perching	0.3	0.3	12.5
Squatting	0.2	0.2	9.7
Other	0.2	0.2	9.6
Total	100.0	100.0	100.0
Total Number	24,075,944	22,461,277	1643381

Source: Ghana Statistical Service, 2010 Population and Housing Census

It would be expected that at the end of their working years, a larger proportion of the elderly may be living in their own homes. Having other tenancy arrangements is a signal to the government to tackle this aspect of the living conditions of the elderly. As indicated earlier, financial constraints can prevent the elderly from living in rented accommodation. In Ghana, as a whole, ownership of one's dwelling unit is generally low. This is due mainly to high cost of building materials and bottlenecks in the land title registration process which prevent many from owing their dwelling units.

9.2.1   Ownership of Dwelling by Age

There are some variations in tenancy/holding arrangements among the six age groups (Table 9.2). The proportion of the young-old (60- 64 years) who own their dwellings is lower than that of all the older age groups but slightly higher proportion of them compared with that of the older age groups live in rent-free dwellings/perching/squatting. Thus, virtually all those reaching retirement age in recent times do not have a house of their own; a situation that has implications for their wellbeing.
A number of economic conditions that prevailed in Ghana during a substantial period of the working years of the young-old probably contributed to their inability to own a house. There was a downturn in the economy from the late 1970s till mid 1980s when the Economic Recovery

Programme of the Provisional National Defence Council (PNDC) of Flt. Lt. Jerry John Rawlings was instituted with recommendations and financial aid from the World Bank and other Breton Wood Institutions. By the early 1990s, Ghana had joined other developing countries to launch an economic policy popularly known as the Structural Adjustment Programmes (SAPs). The SAPs essentially promoted a market-driven economy and the removal of subsidies on social amenities and services, including health, education, water, electric power, among others. The cost of living rose drastically and prices of building materials increased (Yeboah 2006, Manuh 2004). As new school fees were instituted and a health-user fee was implemented, the average Ghanaian could not probably save towards building or purchasing a house by the age of retirement.

As noted earlier with reference to Obiri-Yeboah's (2000) study among retired workers and other staff associations in Ghana, many basic needs of the elderly that were accessed through associational life did not include housing; a critical issue that the government has to take into consideration if it seeks to address the problems related to the wellbeing of the elderly.

Table 9.2: Proportion distribution of present holding/tenancy arrangement by age

	60 – 64	65 - 69	70 - 74	75 - 79	80 - 84	85+	Total
Owner occupied	27.9	36.0	28.5	31.6	30.8	32.0	28.9
Renting	17.6	19.7	17.7	18.6	19.6	17.8	17.9
Rent-free	21.9	18.5	21.0	20.9	19.3	19.2	21.4
Perching	12.9	10.2	12.5	10.3	9.3	11.5	12.5
Squatting	10.0	7.7	9.9	8.3	10.7	9.5	9.7
Other	9.7	7.9	10.3	10.4	10.3	9.9	9.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

9.3   Type of dwelling

The type of dwelling determines the quality of facilities and amenities therein. In Ghana, dwellings that are separate houses, apartment/flats and semi-detached houses are most likely to have improved sanitation facilities such as water closet (WC). Tenants in compound houses may lack these facilities and therefore depend on publicly provided sources or share with other tenants within or outside the compound.

Overall, about 40 percent of all the elderly live in separate houses, flats/apartments and semi-detached houses and more than half live in compound houses (Table 9.3).The rest live in huts, uncompleted houses and other types of dwelling. Thus, access to sanitation facilities may not be adequate for the majority of the elderly.

There are small variations in the distribution of dwelling types by age among the elderly with the same proportions living in all the different types of dwelling. The proportions of the elderly aged 70 years and above and also residing in compound houses are higher than that of the other age groups. Comparison with the population aged 0- 59 years also shows that variations are not considerable. Thus, majority of Ghanaians including the elderly live in compound houses.

Table 9.3: Type of dwelling by age, 2010

Type of housing	0-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85+ years	Total
Separate house	28.0	29.2	29.0	28.6	27.7	27.4	26.7	28.0
Semi-detached house	7.1	7.3	7.4	6.8	6.9	6.7	6.6	7.1
Flat/Apartment	4.4	4.3	4.3	3.4	3.5	3.1	3.3	4.3
Compound house (rooms)	52.7	52.4	53.0	54.7	55.6	56.2	57.1	52.8
Huts/Buildings (same compound)	4.1	4.1	3.7	4.1	4.0	4.3	3.9	4.1
Huts/Buildings (different compound)	0.8	0.9	0.9	0.9	0.9	0.9	0.9	0.8
Tent	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Improvised home (kiosk/container etc.)	1.2	0.5	0.5	0.4	0.4	0.4	0.4	1.1
Living quarters attached to office/shop	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.3
Uncompleted building	1.2	0.7	0.6	0.6	0.6	0.5	0.6	1.1
Other	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	22,461,277	467,439	288,637	344,979	202,331	156,461	154,820	24,075,944

Source: Ghana Statistical Service, 2010 Population and Housing Census

The main source of lighting in the dwellings of the elderly is presented in Table 9.4. More than half of the dwellings of all the different age groups of the elderly have electricity as their main source of lighting while 40 percent rely on kerosene and flashlight/torch. The proportion of the national population with access to electricity as a source of lighting is 59.5 percent which is higher than that of the elderly. Of course, a higher proportion of the elderly (54%) compared to that of the total national population (49%) is resident in rural areas where the supply of utilities such as electricity is much more inadequate than in the urban areas.

Meanwhile, some old people need electricity supply for the treatment of some health conditions such as severe asthmatic conditions. Lack of access to electricity supply can mean denial of treatment of certain diseases. The need of the elderly to have access to electricity may be treated as their basic right, especially with regard to the old-old and very-old who have higher prevalence rate of non-communicable diseases than the young–old. The regulations regarding utility supplies in Ghana permit households with the aged and those with persons who are dependent on electricity supply for the use of medication/treatment to be entitled to continued power supply even when they fail to pay their electricity bill. While this concession is good for these vulnerable persons, a better policy to extend electricity to all households can make it more beneficial to them.

Majority of the elderly also depend on wood fuel and charcoal for cooking (Table 9.5). At advanced ages, these are not convenient sources of energy for cooking. Such bio-sources of fuel also have health implications for the elderly. Upper respiratory tract infections are major infections associated with their use. For this and the environmental impacts of wood fuel and charcoal use in Ghana, the government has recommended clean sources of fuel, particularly

liquid petroleum gas (LPG) for household and commercial use. And, indeed, the LPG has been cheaper than the other environmentally-unfriendly sources. But many households, including those of the elderly are unable to buy the cylinder and the gas cooker. Moreover, such households can afford to spend small amounts of money on charcoal or harvest wood fuel free of charge but may not have enough money to fill the cylinder periodically. Over 70percent of the households of those aged 0- 59 years also depend on charcoal and wood fuel for cooking.

Table 9.4: Main source of lighting for the dwelling by age

	Total	0-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85+ years
Number	24,075,944	22,461,277	467,439	288,637	344,979	202,331	156,461	154,820
Electricity (mains)	59.5	59.7	57.4	58.8	54.8	56.5	54.1	56.3
Electricity (private generator)	0.7	0.7	0.6	0.6	0.6	0.7	0.6	0.6
Kerosene lamp	20.6	20.3	23.7	23.4	26.1	25.3	27.2	26.0
Gas lamp	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Solar energy	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Candle	0.5	0.5	0.4	0.4	0.4	0.3	0.3	0.3
Flashlight/Torch	17.7	17.8	16.9	15.8	17.0	16.2	16.5	15.6
Firewood	0.3	0.3	0.3	0.3	0.4	0.3	0.4	0.4
Crop residue	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2
Other	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

Table 9.5: Main source of cooking fuel for household by age

Type of cooking fuel	Total	0-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85+ years
None/ no cooking	2.1	2.0	2.2	2.4	2.7	3.1	3.2	3.5
Wood	49.9	49.5	54.4	53.2	59.0	56.7	59.4	57.3
Gas	15.0	15.3	12.9	12.6	8.7	9.1	8.3	8.7
Electricity	0.4	0.5	0.3	0.3	0.2	0.3	0.3	0.2
Kerosene	0.4	0.4	0.5	0.5	0.5	0.5	0.4	0.4
Charcoal	30.7	30.9	28.0	29.1	27.0	28.2	26.5	28.0
Crop residue	1.1	1.1	1.4	1.5	1.7	1.8	1.6	1.5
Saw dust	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Animal waste	0.04	0.04	0.03	0.04	0.03	0.03	0.03	0.05
Other	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	24,075,944	22,461,277	467,439	288,637	344,979	202,331	156,461	154,820

Source: Ghana Statistical Service, 2010 Population and Housing Census

9.4   Access to other Facilities and Amenities

9.4.1   Access to Toilet Facility

Access to toilet facility is critical for the eldely. With reduced mobility, having toilet facility within the dwelling is preferable. It will be seen from Figure 9.1 that 22 percent of all the elderly

persons have no acess to a toilet facility and 20 percent use a pit latrine. Only 13 percent use a water closet (WC) which is the most improved type of toilet facility.These prportions are not far different from that of the poplation aged less than 60 years (Table 9.6).

As discussed in Chapter Seven, over a tenth of the elderly has a disability. Disability of the physical type and sight, depending on the extent of the disability, can make it difficult for the elderly to access toilet facilities that are not in their dwellings. The considerable proportion (22%) of the elderly who have no access to a toilet facility and are using free range and 34 percent of those who depend on public toilet facility may include disabled persons. The difficulty of walking to such facilities can be cumbersome for an elderly person who has sight and physical disability.

Figure 9.1: Toilet Facility used by households of the elderly
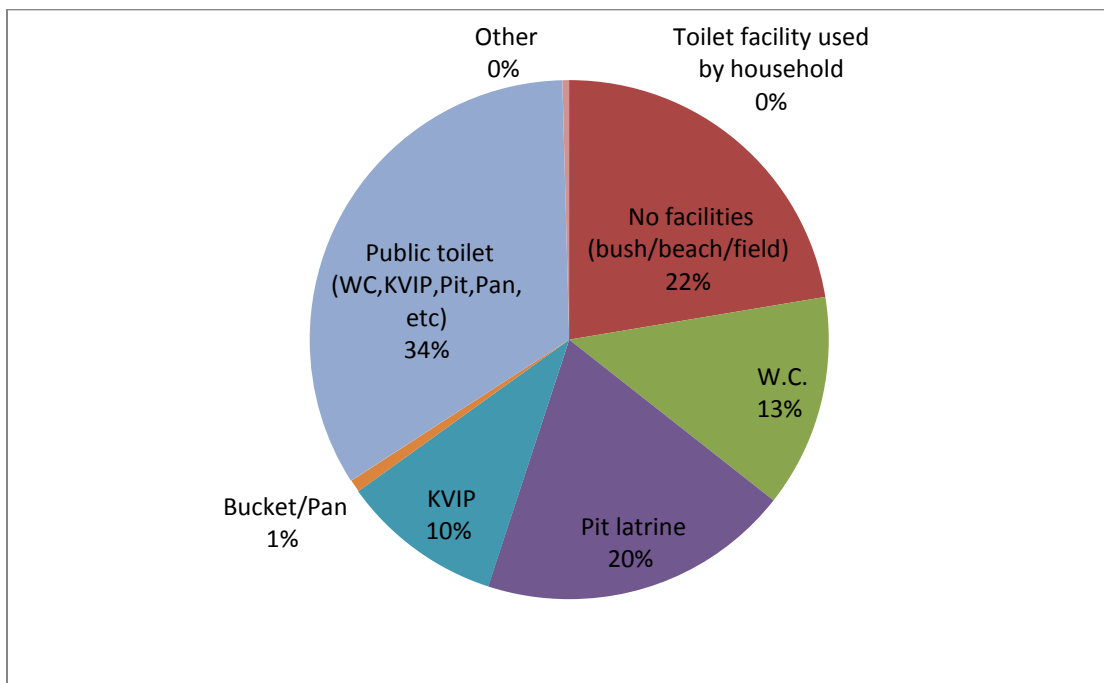
Source: Ghana Statistical Service, 2010 Population and Housing Census

Table 9.6: Access to Toilet Facility

	Total	0-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85+ years
Number	24,075,944	22,461,277	467,439	288,637	344,979	202,331	156,461	154,820
No facilities (bush/beach/field)	24.4	24.3	24.9	23.4	26.2	25.9	28.3	26.1
W.C.	13.6	13.6	14.8	15.4	11.6	12.5	11.0	11.4
Pit latrine	19.5	19.6	18.9	18.7	19.0	18.7	18.3	18.9
KVIP	9.7	9.7	9.6	10.0	9.5	10.0	9.7	10.3
Bucket/Pan	0.6	0.6	0.7	0.7	0.6	0.7	0.7	0.8
Public toilet (WC/KVIP/PitPan etc)	31.8	31.8	30.8	31.4	32.6	31.9	31.7	32.1
Other	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

9.4.2 Access to ICT

With the importance of ICT in Ghana as in all other countries, the ownership of mobile phone, desktop and laptop computers among the elderly is examined in this section. Their use can reduce social exclusion among the elderly and help them to enjoy social interaction through the social network.

Ownership of the ICT infrastructure and amenities varies among the elderly by their socio-economic background. The ownership of the mobile phone by educational status, age and sex is presented in Table 9.7. The proportion of ownership is smaller among the elderly compared with that of the population aged less than 60 years. However, the proportion increases with advancement in the level of education as in the case of the population aged less than 60 years.

Access to the internet by employment status is also shown on Table 9.8. Among the elderly, the proportions of ownership among the employed, unemployed and the economically inactive are low as compared with the rest of the population. The proportions of the elderly who are employed, unemployed and economically inactive with access to internet are 1.6, 2.4 and 1.7 percent respectively while the corresponding proportions of the population aged less than 60 years are 6.7, 12.4 and 11.4 percent. Similar pattern is noted among both males and females (Table 9.8).

Table 9.7: Mobile phone ownership by age and educational status and sex

Educational Status	Total			15-59			60+		
	Total Pop.	Pop. owning mobile phone	Prop. owning mobile phone	Total Pop.	Pop. owning mobile phone	Prop. owning mobile phone	Total Pop.	Pop. owning mobile phone	Prop. owning mobile phone
Total	16,886,306	8,049,408	47.7	15,242,925	7,496,497	49.2	1,643,381	552,911	33.6
Never attended	4,459,510	1,115,036	25.0	3,467,534	939,936	27.1	991,976	175,100	17.7
Primary	2,713,710	707,645	26.1	2,571,669	663,828	25.8	142,041	43,817	30.8
JHS/Middle	6,067,030	3,276,906	54.0	5,730,080	3,084,250	53.8	336,950	192,656	57.2
Secondary/SSS/SHS	2,105,935	1,524,439	72.4	2,050,216	1,483,083	72.3	55,719	41,356	74.2
Vocational/Technical/Commercial	369,365	319,673	86.5	342,287	298,098	87.1	27,078	21,575	79.7
Post middle/secondary certificate	243,739	216,444	88.8	204,763	184,629	90.2	38,976	31,815	81.6
Post-secondary diploma	484,766	459,269	94.7	458,318	435,379	95.0	26,448	23,890	90.3
Higher	442,251	429,996	97.2	418,058	407,294	97.4	24,193	22,702	93.8
Male									
Total	8,072,481	4,275,211	53.0	7,347,478	3,962,247	53.9	725,003	312,964	43.2
Never attended	1,627,628	488,372	30.0	1,301,798	419,002	32.2	325,830	69,370	21.3
Primary	1,248,156	315,102	25.2	1,186,993	294,890	24.8	61,163	20,212	33.0
JHS/Middle	3,084,022	1,740,903	56.4	2,866,705	1,616,346	56.4	217,317	124,557	57.3
Secondary/SSS/SHS	1,191,239	877,306	73.6	1,152,246	848,036	73.6	38,993	29,270	75.1
Vocational/Technical/Commercial	192,496	166,924	86.7	175,141	153,205	87.5	17,355	13,719	79.0
Post middle/secondary certificate	125,572	108,769	86.6	101,114	89,519	88.5	24,458	19,250	78.7
Post-secondary diploma	304,666	287,769	94.5	285,203	270,317	94.8	19,463	17,452	89.7
Higher	298,702	290,066	97.1	278,278	270,932	97.4	20,424	19,134	93.7
Female									
Total	8,813,825	3,774,197	42.8	7,895,447	3,534,250	44.8	918,378	239,947	26.1
Never attended	2,831,882	626,664	22.1	2,165,736	520,934	24.1	666,146	105,730	15.9
Primary	1,465,554	392,543	26.8	1,384,676	368,938	26.6	80,878	23,605	29.2
JHS/Middle	2,983,008	1,536,003	51.5	2,863,375	1,467,904	51.3	119,633	68,099	56.9
Secondary/SSS/SHS	914,696	647,133	70.7	897,970	635,047	70.7	16,726	12,086	72.3
Vocational/Technical/Commercial	176,869	152,749	86.4	167,146	144,893	86.7	9,723	7,856	80.8
Post middle/secondary certificate	118,167	107,675	91.1	103,649	95,110	91.8	14,518	12,565	86.5
Post-secondary diploma	180,100	171,500	95.2	173,115	165,062	95.3	6,985	6,438	92.2
Higher	143,549	139,930	97.5	139,780	136,362	97.6	3,769	3,568	94.7

Source: Ghana Statistical Service, 2010 Population and Housing Census

Table 9.8: Internet access by age group, economic activity status and sex

Economic activity Status	Total			15-59			60+		
	Total Pop	Pop. owning internet	Prop. owning internet	Total Pop	Pop. owning internet	Prop. owning internet	Total Pop	Pop. owning internet	Prop. owning internet
Total	16,886,306	1,312,971	7.8	15,242,925	1,283,807	8.4	1,643,381	29,164	1.8
Employed	10,500,292	654,059	6.2	9,574,228	637,087	6.7	926,064	16,972	1.8
Unemployed	665,795	81,841	12.3	630,083	81,075	12.9	35,712	766	2.1
Not active	5,720,219	577,071	10.1	5,038,614	565,645	11.2	681,605	11,426	1.7
Male									
Total	8,072,481	832,789	10.3	7,347,478	812,339	11.1	725,003	20,450	2.8
Employed	5,142,599	440,775	8.6	4,678,259	427,876	9.1	464,340	12,899	2.8
Unemployed	299,646	51,041	17.0	283,672	50,546	17.8	15,974	495	3.1
Not active	2,630,236	340,973	13.0	2,385,547	333,917	14.0	244,689	7,056	2.9
Female									
Female	8,813,825	480,182	5.4	7,895,447	471,468	6.0	918,378	8,714	0.9
Employed	5,357,693	213,284	4.0	4,895,969	209,211	4.3	461,724	4,073	0.9
Unemployed	366,149	30,800	8.4	346,411	30,529	8.8	19,738	271	1.4
Not active	3,089,983	236,098	7.6	2,653,067	231,728	8.7	436,916	4,370	1.0

Source: Ghana Statistical Service, 2010 Population and Housing Census

Summary

A vast majority of the elderly do not own their dwelling and almost a quarter of them reside in houses that are owned by a relative. Three out of every four reside in a dwelling that is owned by a household member but not necessarily the elder. Access to facilities such as toilet is limited among the elderly. More than a fifth of the elderly uses free range. This undermines their wellbeing, especially since more than a tenth of them have disability (e.g. physical and sight). Access to ICT is also limited among the elderly but high among those with high level of education.

CHAPTER TEN

DEMOGRAPHIC PROFILE OF THE POPULATION AGED 60 YEARS AND ABOVE, IN 2000 AND PROJECTED TO 2050

10.1   Introduction

It is important that policies addressing the challenges of population of Ghana recognize the dynamic nature of population and its characteristics and processes over time. The need to construct projections and integrate them into the development planning processes cannot therefore be over-emphasized. The projected elderly population is critical for formulation and implementation of policies required to address the major consequences and implications of ageing that permeate virtually all aspects human life.

As follow-up activities to the Second World Assembly on Ageing held at Madrid from April 8-12, 2002, the United Nations provided population projections for each country. The projections for the various countries have been intended to provide a solid demographic foundation for the debates and follow-up activities. The Madrid conference itself was dedicated to the overall review of the outcome of the first as well as First World Assembly on Ageing heldin 1982 in Vienna. A unique feature of the strategy is its objective of addressing the socio-cultural, economic and demographic realities of the twenty-first

The Projected Elderly Population and Indicators

Estimates based on historical profiles and projections

Fertility and mortality levels and trends are basic type of information needed for planning for the future. They also constitute a map of their demographic history and they may therefore be considered as a view of the past. Comparison of the historical fertility and mortality rates assists in the analysis of data consistency as well as derivation of plausible population estimates for further research and policy analysis. The pieces of data collected in censuses and surveys over the past five decades were put together to map the historical trends of fertility and mortality. The estimated trends were then used in determining the expansion of the population of Ghana.

Sources of data

The adjusted age and sex distribution and the recorded total population of Ghana in 2000 were employed in deriving the base population for the projections. The 2010 census data were utilized in estimating the most recent fertility and mortality levels and trends.

Fertility levels and trends

Plausible estimates of total fertility rate (i.e. average number of children per woman) derived from tidy census and sample survey data indicate a significant and steady fertility decline, falling from 6.9 children per woman in the 1960s and 1970s to 6.43 in 1988, 5.50 in 1993, 4.6 in 2003,

4.4 in 2008 and 2010. Fitting the logistic function to the estimated total fertility rates indicates that the fertility level will reach 2.9 children per woman in 2050.

Mortality levels and trends

The estimated q(5) values derived from the censuses' and surveys' data indicate a steady decline of under-five mortality since the 1940s, falling from 343 deaths per 1,000 children in the late 1930s to 274 in the late 1940s and early 1950s and to 209 deaths per 1,000 children in the mid-1960s. The downward trend continued throughout the 1970s and the 1980s with the mortality rate dropping to between 126 and 132 in the late 1980s. The tempo of decline slowed down significantly during the 1990s with the estimated q(5) value of 112 in the early 1990s more or less stalling towards the end of the 20th century. The downward trend resumed at a very slow pace at the beginning of the 21st century, falling to between 88 and 90 deaths per 1.000 children during the period 2000-2007.

The implied life expectancies at birth are presented in Table10.1. The life expectancy at birth increased from 33.6 years in the late 1930s and early 1940s to 62.7 years between 2000 and 2007, increasing by 87 percent over the seven decades.

Table 10.1: Under-five mortality rate, implied life expectancy at birth and reference period, 1948- 2010

Census/survey Year	q(5)*	Implied e^o_0 (Years)		Reference period
		Female	Male	
1948	343	34.4	31.9	1937-1941
1960	274	42.9	37.7	1949-1953
1971	209	47.5	44.5	1960-1965
1980	126	57.1	54.8	1970-1971
1988	157	-	-	1980-1984
1993	132	56.7	52.7	1985-1990
1998	112	58.4	54.9	1989-1994
2000	167	-	-	1992-1996
2003	113	59.1	55.6	1996-2000
2008	88	63.8	60.7	2000-2005
2010	90	63.4	60.2	2003-2007

Source: Ghana Statistical Service, 2010 Population and Housing Census

Future mortality trends were determined by fitting a logistic function to the estimated life expectancies at birth for the periods 1995-2000 to 2003-2007 (Table 10.2). Like the Gompertz curve, the logistic curve fits many types of growth data much better than that of the other curves (e.g. exponential curve). It has been demonstrated that logistic curves possess a certain predictive value and that future estimates derived by means of logistic extrapolation have, in many cases, been reasonably confirmed by actual observations as censuses were taken subsequently (UN 1961:33).

Table 10.2: Life Expectancy Values Used in the Projections, by Sex, 2000-2050

Period (Years)	Male	Female
1995-2000	56.2	59.4
2000-2005	58.2	61.2
2005-2010	60.2	63.1
2010-2015	62.3	65.2
2015-2020	64.3	66.9
2020-2025	66.4	70.7
2025-2030	68.3	72.6
2030-2035	70.4	74.5
2035-2040	72.4	76.4
2040-2050	74.3	78.3

The demographic profile of the population aged 60 years and above

The recorded and projected population aged 60 years and above are presented in table 10.3. The population aged 60 years and above increased from nearly 1 million in 2000 to 1.4 million in 2010 and it is projected to rise to 6.3 million in 2050. The populations aged 65 years and above will climb up to 4.3 million and that of the 80 years and above to more than 0.5 million by 2050.

Table 10.3: Demographic profile of the population aged 60 years and above

by age groups, 2000-2050

Year	60 years and above (thousands)	65 years and above (thousands)	80 years and above (thousands)
2000	988	633	74
2005	1,167	750	91
2010	1,386	893	110
2015	1,648	1,068	135
2020	1,974	1,278	165
2025	2,371	1,541	203
2030	2,849	1,864	251
2035	3,494	2,255	310
2040	4,291	2,791	388
2045	5,301	3,457	486
2050	6,319	4,314	611

The proportions of all the three age groups have been rising since 2000 and they are expected to increase by more than two times by 2040. The proportions of females surviving to older ages are higher than that of the males, implying continuing higher life expectancy among the females as the years unfold (Table10.4). However, the number of males will continue to increase over the years as indicated by the sex ratios presented in table 10.5. Virtually all the ageing and elderly support indicators including ageing index, median age, old dependency ratio, parent support ratio and the proportion of the population aged 15-59   will continue to rise whilst that of the population aged less than 15 years will tumble from 39 percent in 2010 to 25 percent by 2050 (Table 10.5). Thus, population ageing will continue in the twenty-first century with major consequences and implications for all aspects human life as spelt out in the previous chapters.

Table 10.4: Percentage distribution of population aged 60 years and above

by age groups, 2000-2050

Year	Total			60 years and above		65 years and above		80 years and above	
	60+	65+	80+	Male	Female	Male	Female	Male	Female
2000	5.0	3.2	0.4	4.7	5.4	3.0	3.5	0.3	0.4
2005	5.2	3.4	0.4	4.9	5.6	3.1	3.6	0.3	0.5
2010	5.4	3.5	0.4	5.1	5.8	3.2	3.8	0.3	0.5
2015	5.8	3.0	0.5	5.4	6.2	3.5	4.0	0.4	0.5
2020	6.2	4.0	0.5	5.8	6.6	3.7	4.3	0.5	0.6
2025	6.8	4.4	0.6	6.4	7.2	4.1	4.7	0.5	0.7
2030	7.5	4.9	0.7	7.0	7.9	4.5	5.2	0.6	0.7
2035	8.4	5.4	0.7	8.0	8.9	5.1	5.8	0.7	0.8
2040	9.6	6.2	0.9	9.0	10.1	5.9	6.6	0.8	1.0
2045	11.1	7.3	1.0	10.6	11.6	6.9	7.7	0.9	1.1
2050	12.6	8.6	1.2	12.1	13.1	8.2	9.0	1.1	1.3

Table 10.5: Ageing and elderly support indicators

Year	Ageing Index	Broad Age groups		Median Age	Dependency ratio			Potential support ratio	Parent support ratio	Sex Ratio (per 100 women)		
		0-14	15-59		Total	Youth	Old Age			60+	65+	80+
2000	12.3	41.1	53.9	19	79.6	73.8	5.8	11.0	1.7	86.5	84.3	73.3
2005	13.1	39.7	55.1	20	75.7	69.8	5.9	10.9	1.9	86.5	84.4	74.5
2010	13.9	39.0	55.5	20	74.0	67.9	6.1	10.6	2.1	86.6	84.4	74.9
2015	15.1	38.3	56	21	72.4	65.9	6.5	10.0	2.2	86.9	84.8	75.5
2020	17.2	36.3	57.5	22	67.6	60.8	6.8	9.6	2.3	87.2	85.1	76.1
2025	20.0	34.0	59.2	23	62.3	55.2	7.2	9.1	2.5	87.7	85.5	76.6
2030	23.0	32.4	60.2	24	59.3	51.6	7.8	8.4	2.6	88.5	86.1	77.6
2035	27.4	30.7	60.9	26	56.6	48.1	8.5	7.6	2.8	89.6	87.1	78.3
2040	33.1	29.0	61.4	27	54.5	44.8	9.7	6.7	2.9	90.35	88.3	79.2
2045	40.9	27.2	61.7	28	52.5	41.5	11.1	5.9	3.3	91.3	89.3	80.5
2050	50.0	25.1	62.3	30	50.9	37.9	12.9	5.3	3.9	92.0	90.3	82.4

Ageing Index: is the number of persons 60 years old or over per hundred persons under age 15

The **total dependency ratio**: is the number of persons under age 15 plus persons aged 65 or older per one hundred persons 15 to 64. It is the sum of the youth dependency ratio and the old-age dependency ratio.

The **youth dependency ratio:** is the number of persons 0 to 14 years per one hundred persons 15 to 64 years.

The **old-age dependency ratio:** is the number of persons 65 years and above per one hundred persons 15 to 64 years.

Parent support ratio: is the number of persons 85 years old and over per one hundred persons50 to 64 years.

Potential Support Ratio: is the number of persons aged 15 to 64 per every person aged 65 or older. (Population Division, Department of Economics and Social Affairs (DESA), United Nations 2012: 40- 43)

Summary

The population trends of Ghana indicate ageing of the population will continue in the 21st century with the females outnumbering the males. The sex structure cannot therefore be ignored in policy considerations. Virtually all the ageing and elderly support indicators including ageing index, median age, old dependency ratio, parent support ratio and the proportion of the population aged 15-59   will continue to rise in the 21st century with major consequences and implications for all aspects human life as examined in this study.

CHAPTER ELEVEN
CONCLUSION AND POLICY RECOMMENDATIONS

11.1 Conclusion

Ghana's population has been ageing just as those of other developing countries. The ageing of Ghana's population has been rapid, especially over the past two decades and will continue into the future. This is a great achievement for the country as increasing proportion of the population is surviving up to 60 years and beyond. The characteristics and needs of the elderly vary by their background and other characteristics. The old-old are predominantly females. They also constitute a higher proportion of those widowed who might need some special assistance. The young-old have greater need of housing than the old-old and very old.

Majority of the elderly reside in the rural areas where living conditions are generally poorer, with the males having a higher proportion of their population residing there. The elderly females with lower socioeconomic status constitute a larger proportion that resides in urban areas, especially the oldest. They, however, reside in the poorest regions of the country and may be poorer than the males who have a higher proportion that is economically active than that of the females.

The prevalence of disability is quite high among the elderly and increases with age. This is an indication that the old-old compared to the young-old have greater need of interventions that can address disability among the elderly.

11.2 Policy Recommendations

Since Ghana's population policy with implementation action plan and Madrid International Plan of Action address the needs of the elderly, strategies for implementing them should target the specific subgroups of the population by background and/or geographical location. Enhancing the opportunity for the elderly to own a house and have access to improved sanitation should be a priority. Improving and sustaining their economic activity status should be another area of priority. All policy initiatives should include investing in the youth and adults today so that when they become the elderly in future their wellbeing will be ensured.

Public policies must therefore not fail to address the challenges associated with the elderly. Creating awareness about the social and economic implications of the ageing process, much more conducive attitudes can be generated among policy makers and the citizenry as well as the elderly themselves. The UNFPA and HelpAge advocacy efforts address misconceptions about the ageing process, stresses the benefits and appeals to governments especially (and all) to celebrate the achievement of survival to old ages while managing the associated challenges.

Managing of the ageing process is very important in developing countries such as Ghana. These countries have been characterised by neglect of population issues in their development plans even though their population and development processes are intricately interrelated. Moreover, since their populations are young and have the momentum to rapidly expand, their policies must

focus, among other things, on population growth and the youth. A good management of the populations of the developing countries, however, requires that all subgroups, including the elderly, are given due policy attention. The particular case of the sex structure must be stressed.

There are policy implications for the sex distribution of the elderly by residential status. Programmes in the different places of residence have to take cognizance of the sex composition and related gender issues. The concentration of the female elderly population in the poorest regions and the males in the regions with better living conditions has policy implications regarding their relative wellbeing opportunities. The regions with better opportunities are also net migration regions where both skilled and unskilled male migrants may find employment opportunities in both urban and rural areas. The mining sector also offers opportunity for employment. It must be noted that policy implementation regarding the condition of the elderly needs to take into consideration such gender issues that characterize the elderly population in Ghana.

Box 11.1 Sex Structure of the Elderly Population and Ageing Policy

The sex structure is of importance for policy purposes so that appropriate gender considerations can be given to programmes and interventions for the different administrative regions.

There are policy implications of this aspect of the age-sex distribution of the elderly population. The old-old are more dependent than the young- old. In Ghanaian society, females are expected to provide care for their households as part of their gender roles. In their advanced ages, these old-old women will also need care. If they do not have their children providing them care, they may not receive it from their husbands/sexual partners as they (the women) normally give to others throughout their life cycle. Their husbands are likely to die before they do. Thus after providing care for their children, family and others, even as primary care givers, old-old women may not be reciprocated. This situation can be compounded by the gender inequalities that are evident in women's limited access to the means of wealth acquisition over their life course with inadequate or no pension plan apart from investment in their children as security against old age. Women in Ghana, like in other sub-Saharan African countries and the rest of the developing world have deep time poverty due to the gender division of labour that has led to their provision of labour for family production activities as well as domestic work, particularly household fuel and water provisioning, child bearing and child raising and general care required for social reproduction (Blackden and Wodon).

Meanwhile, reduction in the intergenerational flow of wealth from children to their parents (Apt 2000) also prevails the higher prevalence rate of material poverty among women may persist. The increasing responsibility of females as household heads indicated by the rise in female-headed households over the past few decades also suggests that the life course of women in general and ageing in particular may continue to be characterized by unequal burden on women to provide sustenance and care for their families and thereby not securing a more secured old age. Unless social protection policies are adopted to address the gender issues identified above at these early stages of Ghana's population ageing process, the country will have compounded human development problems as the transition from young population to old population advances. As women begin to live longer than men but have less opportunity to prepare towards retirement or the period of old age, then they will experience lifelong deprivation though they contribute to the wellbeing of their families, communities and the nation as a whole as family labour, primary care givers and increasingly now as household heads and bread winners.

Presently, the developing countries, including Ghana, are characterized by weak health systems and resource-constrained health facilities as well as under-staffing of health institutions. Demand for health services for the treatment of NCDs among the elderly, which is also costly, increases demand for family financial resources and government budgetary allocations. Thus, risk of impoverishment of the families of the elderly may soar. If governments of developing countries including Ghana implement their ageing policy in such a way as to reintegrate the elderly into the development process in order to enable them to contribute to national development goals as well as their own wellbeing, then the challenges of the ageing process of the national population cannot overshadow the achievement of increased life expectancy. This is the spirit behind the theme of the 2012 celebration: *Ageing in the Twenty-First Century: A Celebration and A Challenge.*

Furthermore, the different needs of the rural and urban elderly also require that different sets of programmes be considered for their individual needs. In the same vein, engaging the elderly and preventing social exclusion among them require that cognizance is taken of their different settings and how to overcome any barriers. The religious bodies can be sensitized to offer more assistance in this regard. Already most elderly persons are affiliated to a religion.

Even though personal efforts may ensure participation of the elderly in social matters and earning of respect (these are some of the most transformed areas), innovative ways can be considered at local levels to ensure greater integration of the elderly in social life. By so doing, loneliness can be reduced among the elderly (Kalberg 2003).

National and international policies on the elderly together with their action plans seem to be comprehensive and adequate for all the needs and conditions of the aged. The national policy has, moreover, underlined the partnership of non-public institutions and families in providing

services and care for the elderly and re-integrating them into society as well as involving them in the development process of the country.

What rather constitutes a missing link in the policy documents is the identification of the root causes of the poor living conditions of the elderly. Simply put, the opportunities that they should have had to prepare for their old age were either inadequate or absent. Some did not even have children who would have been the traditional security against old age among Ghanaian parents. Traditionally, fostering of children by the childless serves as protection for the aged, indeed, society requires them to foster children.

In the absence of adequate salaries or income that could secure a future with dignity and security, the average Ghanaian can use the traditional methods. In the meantime, the hurdles in the housing sector that people have to overcome must be removed. Taking care of parents has to be encouraged with some incentives such as income tax rebate since it also contributes to human resource development.

In summary, a number of key policy areas issues are noted:
1. Improvements in living and dwelling conditions, especially access to sanitation facilities
2. Housing schemes that make ownership of housing more affordable for the elderly
3. Adequate remuneration for workers and schemes that can make housing affordable to a larger proportion of those who will enter retirement should also be considered. This recommendation is based on the observations made on the tenancy/holding arrangement among the various age groups
4. Health policy initiatives that include treatment of NCDs and provision of services for treatment or management of disability.
5. Pension reforms with more sensitization with incentives to cover the informal sector especially persons who are self-employed with no employee.
6. Public social protection policies for the elderly, for example subsidies on utilities to households of the elderly.
7. Identifying and improving informal sources of social capital and social protection for the elderly; NGOs, the religious bodies and institutions and the family must be supported to continue to be sources of social protection for the elderly.
8. Sustained interest in elderly women's needs as specified in the ageing policy

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