

Ageing Without Social Security and the COVID Pandemic in Ghana

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Abstract

Provisioning for the aged remains problematic in developing countries due to the absence of reliable social security systems that cater for majority of the population who operate under precarious conditions in the informal sector. How did the aged cope with existential costs before and during the COVID pandemic? This paper discusses insights on the care of the elderly, their coping mechanisms, and obligations of the State as a duty bearer. Methods used for the study include a cross-sectional survey and qualitative semi-structured interviews in 2019 and follow up in 2021. Findings show that the elderly experience poverty through lack of income, lack of food and ill-health. Less than a third could meet their living expenses, and over 60 percent of them continued to work in old age for their upkeep, and by relying on family support in challenging times. The State as a duty bearer was absent in the care of the aged. The COVID pandemic compounded their situation through jeopardised social relations, emotional stress, economic hardship, and fear of patronising health facilities for regular care. The paper concludes that there is a lack of reliable social safety net for the care of the aged, except those who worked in the formal sector and are therefore covered by the national social security scheme. However, over 70 percent of the working population operates in the informal sector. The paper recommends establishment of a universal social security system to guarantee the welfare of the

elderly and set up specialised units within the health care system for the elderly.

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Introduction

The elderly population continues to rise steadily in the global North and South. Indeed, the United Nations Department of Economic and Social Affairs (UNDESA) reported in 2019 that there were 703 million people aged 65 years and over worldwide. This number is projected to double to 1.5 billion by 2050 (UNDESA, 2019, p.1), constituting 16 percent of the global population. This represents a significant revision of earlier projections by the World Bank (2013) that elderly persons, aged 65 years and over, would constitute 8-9 percent of the total world population by 2050. In Ghana, the elderly population, 60 years and over, has increased seven-fold from the 1.5 percent in the 1960s to 7.2% of the population in 2019 (GSS, 2019). This paper discusses the living conditions of the burgeoning elderly without pension income and their coping mechanisms, in view of statutory expectations from the State as a duty-bearer regarding the care of the elderly.

This challenge of increasing life-expectancy in the face of dwindling savings for retirement is forcing a rethink and redesign of post-retirement social security schemes (Morgan & Lothia, 2017). For example, Finland has introduced a guaranteed pension system which pays 713.73 Euro per month to qualifying beneficiaries, to ensure a minimum level of pension income for those who do not have any other source of official pension income (Kuivalainen et al., 2018). This was aimed at strengthening social security which the International Labour Organisation (ILO Convention 102, 1952) defined as the protection society provides

to households and individuals to enable access to health care, income to guarantee a reasonable standard of living during old age, unemployment, sickness, invalidity, or survivor benefits.

Globally, the number of people with effective access to at least one social security benefit ranges from 84.1 per cent in Europe and Central Asia, to 67.6 per cent in the Americas, 38.9 per cent in Asia and the Pacific, and 17.8 per cent in Africa, less than 1 in 5 persons (International Social Security Association, 2019, p.15). A study by Van Ginneken (1999, p. 179) also indicated that coverage rates of social security in most developing countries ranged between 10 to 25 percent, and in sub-Saharan Africa and South Asia, more than 90 percent of the population were not covered. This was due to erratic incomes and uncertainties faced by informal sector workers, which severely constrained their ability to contribute regularly to social security schemes (Van Ginneken 1999, pp.1-11). Given the situation of workers in developing countries where most of the labour force operates in the informal sector, the number of people covered by social security has remained extremely low (Nyanguru, 2003; Van Ginneken, 1999).

The difficulties associated with pension coverage in economies with large informal sectors have also been well-articulated by Kidd (2009), arguing that universal pension schemes funded from general fiscal measures have better possibilities to succeed in developing economies than pensions funded from payroll taxes, since most workers operate in the informal sector in such economies. The informal sector situation unfavourably impacts income security and results in lack of stable income to sustain a decent material standard of living (ILO, 2018) or reduces the ability to meet basic human needs such as physical and psychological health, including nutritional food, a home, social participation, and self-esteem (Dean, 2010). It has also

been shown that the elderly with higher education tend to have more income or more favourable social security at retirement in developed societies (Alstead et al., 2019); and that formal employment increases access to social security, implying that the higher the number of people working in the formal sector, the greater the likelihood that more people will be covered by social security (Kuivalainen et al., 2018). In Africa, Nyanguru (2003) revealed that in Lesotho, 50 to 70 percent of the elderly were not covered by any social security and lived on incomes which were less than the minimum wage in both urban and rural areas. Some non-contributory schemes do exist in a few African countries including South Africa, which is financed from general revenues of the State, but the provisions offered are still considered inadequate to meet needs of the elderly (Gumede, 2017).

Previous studies on the elderly in Ghana focused on several dimensions; these include the work of the leading gerontologist Apt (1995) which argued that financial constraints and inadequate housing have worked together to curtail the capacity of families to cater for elderly relatives as they did in the past. This, she argues, has created a situation where elderly relatives have come to be seen as liabilities rather than integral members of families. Studies by Kumado and Gockel (2003) and Nukunya (2003) have articulated the importance of the extended family in the Ghanaian society as backup to individuals or the nuclear family in times of financial difficulties or other distress. However, the capacity of the extended family has been severely eroded under the economic pressures of contemporary times, with dire consequences on vulnerable family members, especially the elderly. Sossou and Yogtiba (2015) have pointed to the problematic welfare situation of the elderly in Ghana such as pervasive poverty, illiteracy and subjection to unacceptable cultural and religious practices which denigrate and dehumanise them in parts of the country.

Curiously, it is the poor and powerless elderly women who are subjected to such abuses, while those in stable economic circumstances remain untouched, revealing an unwelcome association between poverty, gender, and susceptibility to abuse in old age. Recent work by Kpessa-Whyte (2018) confirmed the continuous weakening of the traditional family support system and its detrimental impact on the elderly due to urbanisation, socio-economic hardships, and processes of globalisation in Ghana, and the inability of the retirement system to cater for their needs. Recent studies have also pointed to inadequacies regarding the health care of the elderly and called for expansion of the exemption policy for the elderly under the National Health Insurance Scheme (NHIS) to include all vulnerable persons and all persons aged 60 years and over, instead of only those 70 years and above (Fenny, 2017). Awuviry-Newton et al. (2020) have also explored feelings of abandonment and neglect experienced by the elderly in Ghanaian society.

This paper contributes to the scholarship shedding further light on how the elderly experience poverty and cope with living expenses, followed by a juxtaposition of the findings vis-à-vis international, regional, and domestic legal provisions and policies regarding the care of the elderly. With this point of departure from earlier studies, the research questions of this paper were as follows: How do the elderly experience poverty, and how do they cope? Do the support systems available to them meet the obligations of the State as a duty bearer under international, regional, and domestic statutory provisions and policies regarding the care of the elderly? Furthermore, how did the COVID-19 pandemic affect the elderly and how did they cope?

The paper proceeds as follows: the subsequent section discusses the statutory provisions which serve as an analytical framework

to assess the performance of the State in meeting statutory obligations towards the elderly. This is followed by the methods, findings, discussion, and conclusion.

Statutory provisions on social security for the elderly

Internationally, social security remains a basic human right as enshrined in the Universal Declaration of Human Rights (UDHR) of 1948, the International Covenant on Economic Social and Cultural Rights (ICESCR) of 1966, United Nations Principles on Older Persons of 1991, and ILO convention 102 (1952). The UDHR which was adopted and became operational in 1948, states in article 22 that every member of society has a right to social security. Article 25 (1) of the UDHR also states that everyone has a right to a standard of living which is adequate for their health and well-being including food, clothing, medical care, and the right to social security in the event of old age or other life eventualities beyond their control.

These provisions under the UDHR clearly emphasis the place of social security as a right which must be respected and persons in old age are specifically mentioned in article 25(1), leaving no ambiguity about the place of social security for the elderly. State Parties to the UDHR bear the duty to ensure that these provisions are respected, but many have shifted this responsibility unto individuals or to non-State actors, who undertake such responsibilities as charity (UNFPA, 2012). As much as such organisations have become the only resort for many vulnerable persons, the State remains the legal duty-bearer to ensure social security. However, several reports on the social security situation in the world have raise questions about the effective performance of this duty by States especially in developing countries (ILO, 2018; ISSA, 2019).

The International Covenant on Economic, Social and Cultural Rights (ICESCR) which was adopted and opened for signature by State Parties in 1966 eventually came into force in 1976. Article 2 of the ICESCR states governments who are parties to the convention recognize the right of everyone to social security, including social insurance. Article 11 of the ICESCR also provides that governments take appropriate steps to ensure realisation of the tenets of the convention. Here, there is a clear, unequivocal duty imposed on States to ensure that these rights are made available to citizens and is further articulated in article 2 of the ICESCR which states that party to the Covenant take steps to progressively achieve full realization of the rights, particularly the adoption of legislative measures. These provisions make clear the responsibility of States to ensure a decent standard of living for its citizens spelling out the necessities of adequate food, clothing, and housing, and to take legislative or statutory measures to ensure that these were provided. While developed societies have made reasonable strides in this direction, developing countries have lagged, or implemented policies that benefit only a small section of the population (Adesina, 2011; Mkandawire, 2012).

The United Nation's principles on Older Persons (46/151) adopted in 1991, enjoins State Parties to ensure independence, care, self-fulfilment, dignity, and participation of older persons, but doubts have been raised by the preparedness of States to implement these provisions. Thus, there are strong legal obligations on States that have duly signed and ratified these statutory instruments to implement the enshrined rights and provisions as duty-bearers. However, the social security situation in the developing world, especially regarding the elderly, casts significant doubts on the realization of these rights.

The ILO established the minimum standards for social security in 1952, stipulating that social security must cover medical care, benefits in case of sickness, unemployment, old age, and employment injury. Furthermore, ILO Convention 102 enjoins social security schemes to consider family size, maternity, invalidity, and widowhood, and make provision for both contributory and non-contributory systems (statutory payments from the State) to cater for those who may be unable to join contributory schemes. Despite these existing standards, several studies have found that most social security schemes in developing countries are contributory ones, which cover only those in formal employment, leaving most of the population without cover (ISSA, 2019; Nyanguru, 2003; Van Ginneken, 1999).

On the regional level, the African Charter on Human and Peoples' Rights (ACHPR) adopted in 1981 makes special provisions for Older Persons, referring to persons aged 60 years and above based on the United Nations designation. Article 18(4) of the ACHPR states that older persons and people with disabilities shall also have the right to purposeful measures of protection in keeping with their physical and moral needs. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa, adopted on January 31, 2016, contains more far-reaching provisions. Article 7 of the Protocol provides that States Parties shall develop policies and legislation that ensure older persons who retire from their employment are provided with adequate pensions and other forms of social security; to ensure that universal social protection mechanisms exist to provide income security for those older persons who did not have the opportunity to contribute to any social security provisions; to ensure that the processes and procedures of accessing pensions are decentralised, simple and dignified; to take legislative and other measures to enable individuals to prepare for income security in old age; and take legislative and

other measures that facilitate the rights of older persons to access services from state providers.

The Protocol further provides in article 10 that family members who provide care to older persons need to be incentivised by States Parties, and that traditional support systems should be strengthened to enhance the abilities of families and communities to care for older persons. Article 15 of the Protocol also enjoins States Parties to guarantee rights of older persons to health services and to take reasonable measures to facilitate access to medical insurance cover within available resources. On the face of it, these provisions look positive and progressive; however, there are serious doubts about their implementation. For example, even though the Protocol is expected to come into effect with the deposition of the 15th instrument of ratification by States Parties, since its adoption in 2016, only two countries, Benin, and Lesotho, have duly signed, ratified, and deposited their instruments of ratification at the AU Commission, as of October 2019. Ghana signed the Protocol on July 4, 2017, but no further action has been taken on it.

On the domestic level, article 37, clause 2(b) of the Fourth Republican Constitution of Ghana, 1992, provides that the State shall enact appropriate laws to assure the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled, the aged, children and other vulnerable groups in the development process. Consequently, in 2010, the Government of Ghana introduced the *National Ageing Policy: Ageing with Security and Dignity*, with the aim of addressing the needs of the elderly (Ministry of Employment and Social Welfare, 2010). Programmes that have targeted the welfare of the elderly include the National Health Insurance Scheme (NHIS) which provides free medical care for persons 70 years and above, and the Livelihood Empowerment Against Poverty (LEAP),

which partially targets the elderly poor (Hamel & Flowers, 2018). However, significant challenges remain regarding the social security and living conditions of the elderly in Ghana.

Method

The study followed a cross-sectional design to obtain quantitative and qualitative data on the living conditions of the elderly and to investigate the coping mechanisms on which they rely for support. The cross-sectional survey involved participants who were purposively selected based on criteria such as age, gender, educational attainment, occupation, and location (in both rural and urban settlements). The age categories of participants included the young-old (60-74 years) constituting 58.3 percent; middle-old (75-84 years) forming 35.9 percent; and the old-old (85 years and above) made up of 5.8 percent. To obtain empirical evidence from the life experiences of the elderly, primary data was obtained through face-to-face semi-structured interviews involving 211 elderly persons drawn from five adjoining districts in the central region of Ghana, namely, Effutu Municipal Assembly, Agona West Municipal Assembly, Agona East District, Gomoa East District, and Gomoa Central District. Data collection took place from July-September 2019 in the homes or workplaces of participants, with due observance of research ethics principles such as informed and voluntary consent, confidentiality, anonymity of research participants, beneficence or no harm to participants, and reciprocity (Halai, 2006). The question items covered basic demographics, level of education, employment, experience of poverty, coping mechanisms against poverty and income insecurity, awareness of programmes and organisations that support older people, and any other comments they wished to make on the subject. Data was analysed with spreadsheets to obtain information on distributions, trends, key issues, patterns,

and associations. Of the 211 participants, 104 were females constituting 49.3 percent and 107 were males, constituting 50.7 percent and in terms of place of residence, 60.7 percent lived in rural settlements while 39.3 percent lived in urban towns in the selected districts and municipalities.

The follow up qualitative study involved about 30 participants in August 2021, drawn from Agona East, Agona West and Gomoa Central Districts in the Central region. Qualitative interviews focused on the effects of the Covid on health care, social relations, emotional stress, economic activities, and upkeep during the crisis. All Covid protocols were observed during qualitative interviews, and the data obtained was analysed thematically.

RESULTS

Employment and Education

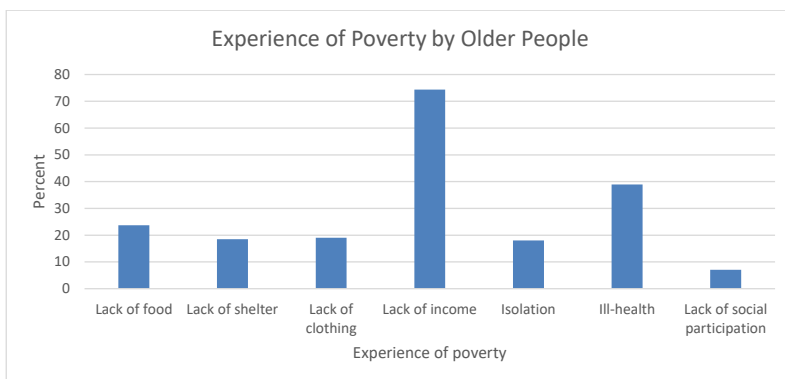
Concerning employment and education, more than 60 percent of the elderly who participated in the study continued to work in old age, with 30 percent involved in agriculture, 31.9 percent in services, while 37.6 percent were not working. This was mainly because they were own-account workers and had to continue working to earn a living since they had no pension income. With reference to education, a gendered analysis showed that male participation in education was higher than females, indicating a clear trend that males went further and participated more in education than their female counterparts. For example, of the 211 participants, only 25 males had no schooling in comparison to 47 females in the same situation. Furthermore, 27 males completed junior high school while 19 females did same. At the secondary school level, the situation is more telling: 18 males completed senior high, technical, or vocational education whereas only 4 females reported same. At the tertiary level, 12

males fully completed whereas only 2 females attained this level of education. This situation reinforces the need to aggressively promote female participation in education at all levels.

Experience of poverty and ability to meet living expenses

Regarding poverty and ability meet expenses, lack of income emerged as the leading experience of poverty among the elderly. In response to how the elderly experience poverty in a multiple response schedule, the most frequent experience of poverty mentioned by the elderly was lack of income (74.4%); this was followed by ill-health (38.9%), lack of food (23.7%), lack of clothing (19%), lack of shelter (18.5%), isolation (18%) and lack of social participation (7.1%). However, it is important to state these components of poverty mentioned by the elderly do not stand in isolation but are closely related and reinforce each other. Figure 1 below presents an overview of how the elderly or older people experience poverty.

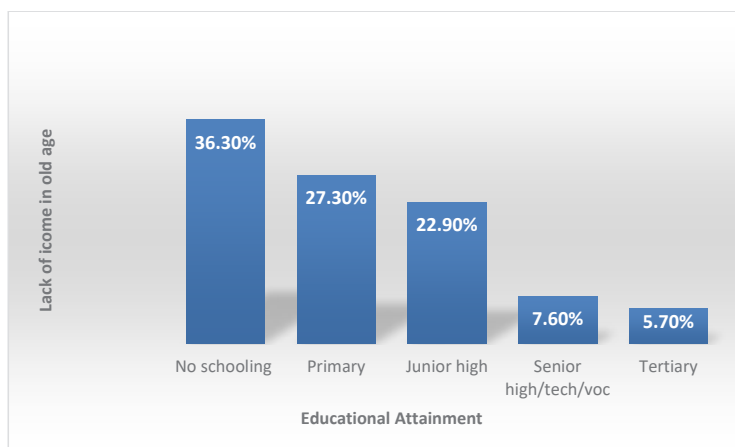
Figure 1: Experience of Poverty by Older People



Source: Author, 2019.

Furthermore, the findings show that higher educational attainment was associated with low-income poverty; conversely, lower educational attainment was associated with higher-income poverty in old age. Income poverty was less among those with higher educational attainment. For example, of those who reported lack of income as an experience of poverty, 36.3 percent had no schooling, 27.3 percent completed primary education, and 22.9 percent completed junior high school. Secondary, technical, and vocational education was the watershed after which point, experience of income poverty dropped into single digit, viz., 7.6 percent for those who completed senior high, technical, or vocational education, and 5.7 percent for those who completed tertiary education. Figure 2 below presents an overview of the finding.

Figure 2: Educational Attainment and Lack of Income in Old Age

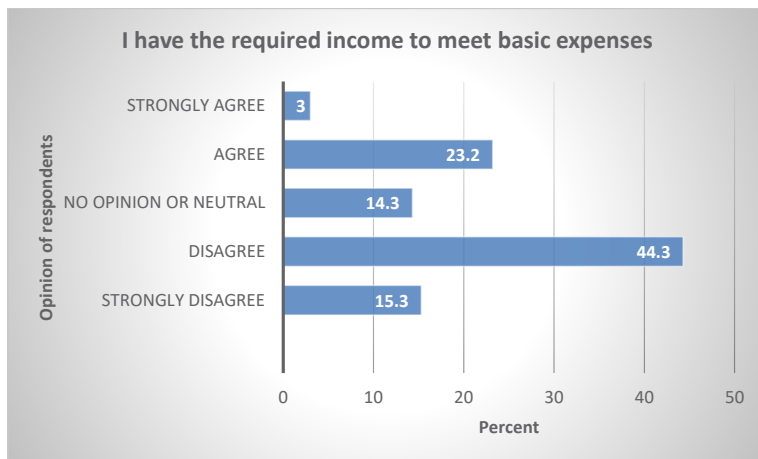


Source: Author, 2019.

Ability to meet basic living expenses remains one of the fundamental requirements to maintain a reasonable standard

of living, but only one in four of the elderly surveyed reported having enough income to meet living expenses. Only 26.2 percent of the elderly either strongly agreed or agreed that they had the required income to meet their basic expenses, with as much as 59.6 percent strongly disagreeing or disagreeing, and 14.3 percent remaining neutral. A gendered analysis of the responses provides further nuance to this finding; 35 percent of male respondents indicated that they strongly agreed or agreed having required income to meet basic expenses, whereas only 18 percent of female elderly respondents indicated same. This points to a disparity in income between the male and female elderly surveyed. Figure 3 below provides a clearer view of the responses by the elderly regarding their ability to meet basic expenses.

Figure 3: Required Income to Meet Basic Expenses

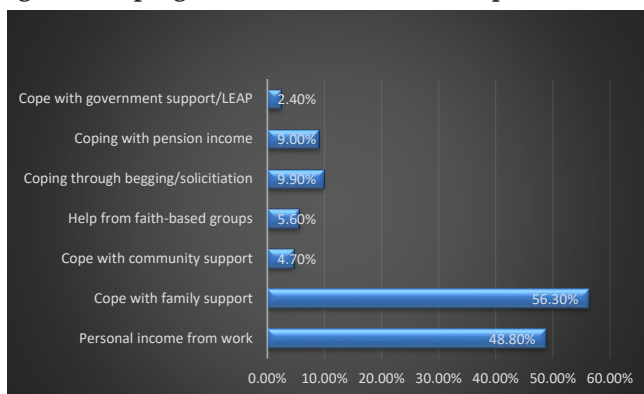


Source: Author, 2019.

Coping mechanisms

Reliance on family support and income from business activities emerged as the top two coping mechanisms against poverty by the elderly. Over 56 percent indicated that they rely on family support, 48.8 percent cope with personal income from the work, 9.9 percent cope through begging or solicitations, 9.0 percent cope with pension income, 5.6 percent cope with help from faith-based groups, and 4.7 percent rely on community support (multiple responses allowed). Only 2.4 percent indicated that they received government support to meet living expenses, through the Livelihood Empowerment Against Poverty (LEAP) programme. This was a striking revelation because the State as a duty-bearer under international, regional, and domestic statutes has greater obligations towards the care of the elderly. However, its role remains negligible from this finding (See Figure 4). Furthermore, a gendered analysis of the finding revealed that male elderly relied more on pensions and income from work to cope with poverty and less on family support, whereas female elderly relied more on family support, and less on pension and income from work.

Figure 4: Coping Mechanisms of Older People



Source: Author, 2019.

The findings also showed that those with limited or no education relied more on family support than those with higher education, who with higher educational attainment who relied more on income from pension. A closer analysis of the elderly who rely on family support as a coping mechanism revealed that more than 96% of them had no schooling, completed only primary or junior high school. Thus, it was observed from the analysis that as the level of educational attainment increased, there was less reliance on family support during old age, but greater reliance on pension income from formal employment.

Other sources of support

Faith-based groups and non-governmental organisations emerged as the next most important sources of support for the elderly. Faith-based groups were mentioned by 5.7 percent of respondents as a source of support, and they included Church of Pentecost, Anglican Church, Seventh-Day Adventist Church, International Central Gospel Church, Jehovah Witnesses, Islamic Faith groups, and Latter-Day Saints. These were mostly involved in providing small loans, farming materials to the elderly who participated in farming or other economic activities. The USAID provided free healthcare screening and free registration for elderly people, including payment of NHIS re-activation and subscription fees, especially for those less than 70 years of age and therefore did not qualify for free health care under the NHIS. Plan Ghana was also involved in providing money to pay educational expenses of children and grandchildren that live with the elderly to cater for uniforms, books, and materials, where government supplies fail or were inadequate. CAMFED was also involved in sponsoring brilliant but needy girls living with the elderly through their education by ensuring that they had everything needed to complete successfully. The findings

showed that 4.3 percent of the respondents received support from non-governmental organisations. Community-based organisations provided care for the sick elderly, small loans to support economic activities of the elderly, and support for orphans living with the elderly; 2.4 percent of respondents reported receiving help from such organisations.

Effect of Covid-19 pandemic on the aged

Qualitative interviews conducted in August 2021 to investigate the challenges faced by the aged during the Covid-19 pandemic show that the Covid indeed affected the aged with reference to health, social relations, emotionally and economically.

With reference to health, some of the aged reported in interviews that they have blood pressure problems, so the wearing nose mask is difficult for them, and having to wear it constantly frightens them sometimes (female, 60yrs, 19/08/2021; male, 71yrs, 17/08/2021). Some having difficulty in breathing when they wear the nose mask at their age but have no choice but to wear it to protect themselves against the Covid (female, 82yrs, 19/08/2021). Some of the aged reported not being able to go to the hospital often for regular check-ups because they feared contracting the virus or other infections from the hospitals, since they were no longer safe places (male, 75yrs, 17/08/2021; female, 63yrs, 17/08/2021). Others complained of having to inhale the same air they breathed out, which made them uncomfortable and sick sometimes (female, 72yrs, 17/08/2021).

Social relations of the aged appears to have been affected seriously during the Covid, and the respondents expressed these in many ways during interviews when commenting on the subject. Their comments include the following:

Oh yes! Since there were a lots of restriction social gathering, I found it difficult to relate with friends and loved once. Some of us our daily routines is home to church and home to market and this was disrupted by the pandemic (female, 78yrs, 17/08/2021).

I wasn't able to relate with my friends because we were scared of contracting the virus (female, 75yrs, 2021)

Yes, because as a chief I have to protect myself and my people. All activities like our festivals are put on hold. My sub-chiefs and elders cannot visit me at the palace for us to think about our community (chief, 70yrs, 18/08/2021).

I could not meet my own children after they returned from abroad, and they had to be quarantined for almost two weeks (male, 75yrs, 17/08/2021).

The constant wearing of nose mask gave people new identity, making it difficult to see my own friends (male, 61yrs, 17/08/2021)

I was quarantined which made my friends scared of coming close to me (male, 64yrs, 19/08/2021)

I could not attend the annual family re-union and also as an Ebusuapanyin (head of clan), but we could not have our normal family meetings (head of clan, 75yrs, 17/08/2021).

On a brighter note, the pandemic brought some relatives home from overseas since they felt Ghana was safer as compared to where they were living abroad (female, 61yrs, 17/08/2021). The lockdown also made it possible for the aged to spend more time with grandchildren and were happy for their company (female, 61yrs, 17/08/2021).

Many of the aged were also affected emotionally by the pandemic because much of the information shared with the public indicated that they were most at risk. The daily updates also evoked much fear among them, as revealed in the following excerpts:

Yes, imagine you are being told the chance to get the virus is high due to your age. It kept me thinking. The fear that the normal allergies can mean you might have the virus was even disturbing (female, 75yrs, 18/08/2021).

The daily news update made me scared for my children in the city (female, 80yrs, 19/08/2021).

It has brought fear on us. You can't even go out to do what you want to do (male, 65yrs, 18/08/2021).

How they report the news is scary and I always get scared going out. I didn't get any personal education on the covid, so the news got me scared (male, 70yrs, 18/08/2021).

The normal symptoms of malaria were likened to the symptoms of COVID and this put me fear in me especially when I was not feeling well (male, 61yrs, 17/08/2021).

Those who educated us made us feel that coughing was the main symptoms, so I was scared when anyone close to me coughed constantly (female, 60yrs, 17/08/2021).

The very few people who wore the nose mask were nicknamed and this infuriated me at times (female, 75yrs, 17/08/2021).

Economic activities and upkeep during the pandemic

In relation to economic activities and access to food, water, shelter, clothing, and electricity, many of the aged respondents indicated that life was not easy for them because everything

came to a standstill and the cost of living increased for them due to low production food and basic items (male, 80yrs, 18/08/2021). Some respondents indicated that people hardly contracted them for work, and as a result, things were difficult for those who must work in old age and depend on their own resources (male, 62yrs, 18/08/2021). Others who were not working but depended on their children faced economic challenges because the children who provided for them were also out of work due to the pandemic (female, 61yrs, 18/08/2021). The lockdown prevented some from going to the market to trade and make a living (female, 72yrs, 17/08/2021), and some respondents who were farmers could not send their farm produce to the market (male, 61yrs, 17/08/2021). However, the living costs of the aged went up because all the grandchildren and children had come home and they spent more money feeding all of them (female, 61yrs, 17/08/2021).

When asked about what could be done to support the care of older persons in this pandemic and beyond, some of the aged indicated that those who are on pension depend on their pension pay for support, but the most difficult problem lies on those who are not on any pension at all, and they think government or community leaders can support to take care of the aged (female, 74yrs, 19/08/2021). They argued that old age is part of our life, and the government must make it a point to assist the aged (chief, 70yrs, 18/08/2021). Some also proposed that community health personal should constantly visit the aged and educate them about their health issues (female, 72yrs, 17/08/2021).

DISCUSSION

The elderly, social security and obligations of the state

Government support to the elderly identified in this study were through the Livelihood Empowerment Against Poverty (LEAP) and the National Health Insurance Scheme (NHIS). However, only 5 participants representing 2.4 percent indicated that they received income support from the LEAP programme. Regarding the NHIS which provided free registration for the elderly 70 years and above, 47.4 percent of the respondents indicated that they received health care support from the scheme. Even though as much as 66.3 percent of the respondents were aware of programmes that supported the elderly, such as the LEAP and NHIS, only 38.9 percent reported benefiting from these, mostly the NHIS.

Several key findings stand out for consideration from this study. First, lack of adequate income emerged as the main experience of poverty reported by 74.4 percent of the elderly, and this was related to lack of coverage by any formal pension scheme. Indeed, only 9 percent of the respondents reported receiving pension, leaving 91 percent without pension income. Subsequently, only 1 in 4 of the elderly surveyed (26.2%) reported having the required income to meet their basic living expenses. This finding corroborates earlier studies which reported that pension coverage in developing countries range between 10-25 percent, and in Africa, over 90 percent of the population has no pension coverage (Van Ginneken, 1999). The study by Yanguru (2003) in Lesotho also found that between 50-70 percent of the elderly were not covered by pensions. International statutory provisions on social security for the elderly such as ILO Convention 102 (1952) stipulates that social security must provide income to guarantee a reasonable standard of living during old age. However, the

findings of this study stand in sharp contrast to the provisions of the convention.

The second key finding is that higher educational attainment is associated with less income poverty in old age. The findings show that experience of income poverty drops by 9 percentage points after completion of primary schooling and by 4.4 percentage points after completion of junior high school. The biggest drop of 15.3 percentage points occurs after completion of senior high, technical, or vocational school. This remains a very instructive finding in relation to the promotion of secondary, technical, and vocational education.

A third finding, related to education was that higher educational attainment was associated with increased likelihood to be on a formal pension scheme, and less dependence on family for support. This was mainly because higher educational attainment increased the likelihood to be employed in the formal sector, and thereby, to be on a formal pension scheme. Thus, promoting higher educational attainment could lead to expansion of social security coverage for more persons, which confirms similar findings by Elstada et al. (2019) in Nordic Welfare States, that the elderly with higher education tend to have more income or more favourable social security at retirement.

The fourth finding concerned intersecting experiences of poverty among the elderly. The experiences of poverty reported by the elderly included lack of adequate income, ill-health, lack of food, clothing, shelter, isolation, and lack of social participation. These were found to be reinforcing and not mutually exclusive. This pointed to the lack of provision to meet multiple human needs such as physical and psychological health, including food, shelter, social participation, and self-esteem discussed by Dean (2010). Thus, tackling poverty effectively among the elderly would have to take these multiple dimensions into account.

The next most important finding is that there is still heavy dependence on family relations and income from work as a coping mechanism by the elderly surveyed. The family emerged as the first line of support especially for those with limited or no education but was less important in same respect for the elderly with higher educational attainment. An earlier study by Kpessa-Whyte (2018) found a weakening of the family as source of support in old age. However, the finding in this study indicates that the family remains an avenue or refuge for the elderly who fall into challenging times, reinforcing the position of Kumado and Gockel (2003) on the importance of the extended family in the Ghanaian society. Article 10 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa (2016) enjoins State Parties to incentivise family members who provide care for the elderly and to strengthen traditional support systems and abilities of families and communities to care for the elderly. However, not much has happened in this regard in view of findings from this study.

Fundamentally, the findings of the study indicate that the support of the State to the elderly as a statutory duty bearer under international, regional, and domestic legislation has been very negligible. Not much has changed during the Covid-19 pandemic. Only 2.4 percent of the elderly surveyed reported receiving any income support from the State, and this was under the Livelihood Empowerment Against Poverty (LEAP) programme. Faith-based groups (5.7%) and non-governmental organisations (4.3%) were doing much better than the State, in supporting the livelihood of the elderly. However, Article 22 of the Universal Declaration of Human Rights (UDHR), to which Ghana is a signatory, states that every member of society, including the elderly, has a right to social security. Article 25 of the same UDHR states that everyone, including a person in old age, has the right to a standard of living that is adequate for their

health and well-being, including food, clothing, housing, and medical care. Article 37, clause 2(b) of the 1992 Constitution of the Republic of Ghana, enjoins the State to pass legislation to ensure social security as a basic right for specifically named persons such as the aged. However, apart from the health coverage of the elderly 70 years and above, and coverage given to the elderly poor under the LEAP, a vast majority of the elderly are struggling to survive, at least, according to the findings of this study. The State as a statutory duty-bearer remains virtually absent in the care of the elderly, despite international, regional, and domestic obligations in this regard. However, it is recognised here that further studies would be required to examine the full extent and depth of these findings.

Conclusion

Based on the findings of the study, the following conclusions have been drawn. Majority of the elderly surveyed were struggling to maintain a reasonable standard of living, with as much as 74.4 percent of them experiencing income poverty, followed by experience of ill-health and lack of food, which intersect and were not mutually exclusive. Indeed, only about 1 in 4 of the elderly surveyed reported that they had adequate income to meet their basic living expenses. However, it was also found that higher educational attainment was associated with reduction in income poverty, and that the biggest drop in income poverty occurs after completion of senior high, technical, or vocational education. About coping mechanisms, the elderly cope with poverty through reliance on family relations for support. However, the elderly with higher educational attainment relied less on family support in comparison to those with limited or no education. More than 60 percent of the elderly continue to work after age 60, with some continuing into their eighties to earn income to cater for their needs. Apart from family and income from work,

faith-based organisations and non-governmental organisations emerged as the most important sources of support for the care of the elderly.

The obligations of the State as a duty bearer to ensure a reasonable standard of living for the aged remains unfulfilled. Indeed, only 2.4 percent of the elderly surveyed reported receiving such support from the State under the Livelihood Empowerment Against Poverty (LEAP) programme. Faith-based organisations (5.7%) and non-governmental organisations (4.3%) performed better than the State in this regard. However, 47.4 percent of the elderly reported receiving healthcare support under the National Health Insurance Scheme (NHIS), which gives free coverage for those 70 years and above. Aside these provisions under NHIS and LEAP, the State as a duty bearer under international, regional, and domestic legislation is absent regarding the care of the elderly. It is therefore the position of this paper that the State has not lived up to its obligations towards the care of the elderly under statutory commitments it has made. On the bases of these conclusions, it is recommended that a statutory, guaranteed, non-contributory social security scheme be established to ensure a reasonable standard of living for the elderly. However, further studies may be needed to examine the extent and depth of elderly poverty and their coping mechanisms to respond effectively.

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