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FORGOTTEN BUT NOT LOST: REVITALIZING ELDERLY CARE IN RURAL GHANA AND THE PATH FORWARD

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Abstract

Population ageing is an undeniable phenomenon with significant social, economic, and health implications for nations, including Ghana. Historically, the primary caregivers for older adults in rural Ghana have been family members, as formal/state support remains limited in these areas. However, this traditional caregiving model is in decline due to factors such as urban migration, economic challenges, and cultural shifts. This paper explores this decline's multifaceted causes and implications, including poverty, inadequate healthcare access, and the erosion of traditional family structures. It also highlights the stigmatisation and marginalisation faced by elderly individuals, particularly women. In response to these challenges, the paper calls attention to strengthening community-based support systems, Strengthening existing formal social protection programs, such as the National Health Insurance Scheme and the Livelihood Empowerment Against Poverty initiative, and addressing harmful cultural practices.

Keywords: *Elderly care, Family support systems, Population ageing, Rural Ghana, Social protection programs.*

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INTRODUCTION

Population ageing remains a critical global health, economic, and social challenge, affecting nations across all income levels, including Ghana. The United Nations, Department of Economic and Social Affairs (2019) estimated that as of 2019, the global population of individuals aged 60 years and older had reached 703 million, with over half residing in low- and middle-income countries such as Ghana. The World Health Organization (2024) estimates that by 2030, one in every six people globally will be aged 60 or older. The number of individuals in this age group is expected to grow from 1 billion in 2020 to 1.4 billion. Furthermore, by 2050, this figure is expected to rise to 2.1 billion, with the population aged 80 and above predicted to increase threefold to 426 million. Locally, data from the Ghana Statistical Service Population and Housing Census (2021) reveal a nearly tenfold increase in the elderly population over six decades, rising from approximately 213,477 in 1960 to nearly 2 million in 2021. This demographic includes 861,830 males (43.3%) and 1,129,906 females (56.7%), with about 59% living in rural areas. Projections by HelpAge International (2015) indicate that older adults will account for 9.8% of Ghana's total population by 2050.

The significant growth in Ghana's elderly population has been linked to declining fertility rates, improved healthcare systems, and increased life expectancy (Kpessa-Whyte, 2018). While these advancements are celebrated as milestones in public health (Biritwum et al., 2013), they also introduce new challenges. Ageing is often accompanied by frailty, disability, and chronic illnesses, which can diminish functional and economic independence (Abekah-Carter et al., 2022; Kelly et al., 2019; Patelphy et al., 2018).

Older Ghanaians encounter various challenges that impact their well-being. These include poverty, chronic health conditions, inadequate access to healthcare information, long waiting times in hospitals, and poor nutrition after retirement (Aboh & Ncama, 2017; Atakro et al., 2021; Essuman & Mate-Kole, 2021). Additionally, functional impairments, declining social status, and food insecurity compound their vulnerabilities (Braimah, 2020). Research by Awoke et al. (2017), Agyemang-Duah et al. (2019), and Patel (2021) has further highlighted the multifaceted nature of these issues, emphasizing the need for targeted interventions to address the physical, psychological, social, and economic needs of this demographic.

In rural areas, the challenges faced by the elderly are more pronounced. Factors such as low literacy rates, limited employment opportunities, and the erosion of traditional family support systems exacerbate their difficulties (Essuman & Mate-Kole, 2021; Mba, 2004). Economic pressures and urban migration have led to a weakening of extended family structures, which historically played a pivotal role in supporting older adults (Agyemang, 2022). Furthermore, rural settings often lack basic infrastructure and healthcare amenities, leaving the elderly with limited access to essential services.

TRADITIONAL CARE SYSTEMS FOR THE ELDERLY IN RURAL GHANA

In rural Ghana, informal care systems play a pivotal role in supporting the elderly. These systems are deeply rooted in cultural practices and societal norms, reflecting values of reciprocity and respect (Agyemang-Duah et al., 2020; Nukunya, 2003). The principle of reciprocity is particularly significant, as family members often feel a moral obligation to reciprocate the care and support they received from older relatives during their younger years. This dynamic, as noted by Brown (2015) and Ofori-Dua (2014), creates a cycle where those who care for others in their youth are more likely to receive care in old age, a phenomenon also observed by Van der Geest (2002).

The motivation to care for the elderly in rural communities primarily stems from cultural values that emphasize respect for elders and the importance of maintaining strong familial bonds (Deku et al., 2021). Most older adults prefer to remain within their communities, a preference supported by family and community networks. Community-dwelling arrangements are often viewed as more dignified and culturally appropriate than institutional care, aligning with the findings of the National Institute on Aging (2017). These care networks include family members, friends, and neighbours, who collectively provide various forms of support—financial, health-related, emotional, and social (Abdullah et al., 2020; Abekah-Carter et al., 2022; Awuviry-Newton et al., 2021a).

Despite their importance, traditional care systems in rural Ghana are under strain. Urbanization, globalization, and evolving social dynamics have contributed to a gradual decline in culturally informed caregiving practices (Agyemang & Tei-Muno, 2022; Agyemang-Duah et al., 2020). Extended family networks, once the backbone of elder care, are eroding as younger generations migrate to urban centres in search of better opportunities. These networks, historically essential for providing emotional, financial, and practical assistance, are becoming less reliable in the face of these demographic and social shifts (Essuman & Mate-Kole, 2021; Kpessa-Whyte, 2018).

The challenges faced by traditional care systems are further compounded by limited formal care options in rural areas. Extended families, which have traditionally acted as safety nets for the elderly, are struggling to adapt to the demands of modern life. Agyemang (2022) and Owusu & Baidoo (2020) emphasize that this erosion of communal living and collective responsibility threatens the well-being of older adults, who increasingly face the risk of isolation and inadequate care. Addressing these challenges requires a nuanced approach that balances the preservation of traditional care practices with the development of formal support systems to meet the evolving needs of Ghana's ageing population.

FACTORS CONTRIBUTING TO THE DECLINE IN CARE AND SUPPORT

Economic Factors

Economic hardships significantly contribute to the decline in care and support for older persons, particularly in rural Ghana. Family caregiving, which has traditionally been a cornerstone of elder care, now imposes substantial economic burdens on caregivers. Nortey et al. (2017) highlight this challenge in their study, which estimates the average monthly cost of caregiving for an elderly person in a peri-urban district in southern Ghana at approximately US$186.18, with 66% of these costs being direct. Such expenses place immense financial strain on families, with about 87% of caregivers in the study reporting significant financial stress. Furthermore, caregiving burdens disproportionately affect women, who often experience higher levels of strain due to the caregiving roles traditionally ascribed to them.

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This financial pressure limits caregivers' ability to provide consistent and adequate support, even when they are willing to do so. Lai (2012) emphasizes that economic constraints can restrict the resources available for elder care, creating a gap between the desire to care for older relatives and the capacity to meet their needs. Compounding this issue, traditional family structures, which once provided a robust safety net for the elderly, are weakening. Agyemang (2014) notes that younger generations are increasingly migrating to urban areas in search of better job opportunities, leaving fewer family members available to care for elderly relatives in rural settings. This rural-urban migration not only reduces the number of potential caregivers but also weakens the familial bonds that are critical to the emotional and social well-being of older adults (Essuman & Mate-Kole, 2021; Dzramedo et al., 2018).

The challenges of rural elder care are further exacerbated by infrastructural deficits. Many rural areas lack basic amenities such as healthcare facilities, clean water, and adequate sanitation. These deficiencies contribute to deteriorating health conditions among older adults, as families may struggle to afford the healthcare costs associated with treatment or preventive measures. Agyemang & Tei-Muno (2022) argue that the economic burden of healthcare often deters families from seeking necessary services, leading to a decline in the overall well-being of older adults. Additionally, long-term care facilities, which could alleviate some of these challenges, are often financially inaccessible to most families (Mensah et al., 2023).

Cultural Shifts

The influx of Western norms, such as individualism, has significantly impacted family structures in Ghana and other African societies, leading to the gradual adoption of nuclear family systems over extended family networks. As Aboderin (2004a) and Annim et al. (2014) observe, this shift has weakened the strong reciprocal ties and support traditionally provided within extended families. The implications of this transformation are profound, particularly for older adults who have historically depended on these networks for care and support. Ofori (2016) notes that the erosion of these familial bonds undermines the sense of responsibility towards older relatives, leaving many without the robust support systems that were once a hallmark of Ghanaian culture.

This phenomenon is not unique to Ghana. In Nigeria's Esan community, for instance, the weakening of extended family ties is similarly evident. Research by Eboiyehi and Onwuzuruigbo (2014) attributes this trend to a combination of factors, including the influence of Westernization, rural-urban migration, and economic hardships such as declining caregiver incomes. These dynamics have created generational gaps and reduced the capacity of families to care for their elderly members. This mirrors the broader impact of socio-economic changes across African societies, where traditional caregiving norms are increasingly at odds with contemporary realities.

Aboderin (2004b) further highlights the emergence of new norms that emphasize self-reliance among older adults. While this shift might appear to reflect changing values, Aboderin argues that it is primarily driven by material changes in family circumstances. Economic challenges have redefined what families can provide, rather than signaling a wholesale abandonment of traditional values. Moreover, evolving roles within families have also contributed to this transformation. Coe (2017) and Read and van der Geest (2019) point out that women, who have traditionally been central to caregiving, are now entering the workforce in greater numbers, thereby limiting their availability to care for elderly family members.

Socio-Cultural Beliefs and Stigmatization

In certain communities, socio-cultural beliefs contribute significantly to the stigmatization of elderly individuals. These stigmas often portray the elderly as burdens or link them to negative stereotypes, such as accusations of witchcraft. This perception not only isolates the elderly but also deprives them of the care and support they need from family members and society at large. Particularly in rural areas, elderly women are disproportionately targeted by such accusations, which result in social ostracism and neglect (Kpessa-Whyte, 2018; Tawiah, 2011).

Belief in witchcraft is a pervasive issue in Ghana, often leading to violence against elderly individuals, especially women who are economically disadvantaged or marginalized (Crampton, 2013). As highlighted by Adinkrah (2011), these accusations often result in mistreatment, physical abuse, or outright rejection by their communities. Mabefam and Appau (2020) conducted a study in northern Ghana, uncovering the detrimental effects of these cultural practices. Their findings indicate that elderly individuals accused of witchcraft are violently banished from their communities and sent to live in “witch camps.” These camps, while serving as temporary refuges, ultimately deepen the stigmatization and severely impact the well-being of the accused.

The existence of witch camps not only reflects the prevalence of these beliefs but also exposes the systemic lack of protection for the elderly in such settings. The accusations weaken family and community ties, leaving the elderly isolated and vulnerable. These social exclusions have far-reaching implications, including poor physical and mental health outcomes, reduced quality of life, and heightened emotional distress for those accused.

Challenges in Healthcare Systems

Access to healthcare remains a significant challenge for older adults in rural Ghana, where the majority of the elderly population resides (Essuman & Mate-Kole, 2021). Various factors contribute to this issue, including the lack of specialised healthcare facilities, limited motivation among healthcare staff, and insufficiently defined policy frameworks (Dei & Sebastián, 2018; Atakro et al., 2021). Additionally, rural residents face unique disadvantages related to the physical accessibility of healthcare facilities. Poor transportation infrastructure, long travel distances, and the unavailability of services exacerbate the problem (Sulemana & Dinye, 2014).

A study by Agyemang-Duah et al. (2019) highlights the barriers to formal healthcare utilisation among poor older adults in rural Ghana, categorizing these challenges into physical, economic, social, and environmental factors. Physical barriers include poor transport systems and inaccessible healthcare facilities. Economic barriers involve low incomes, high healthcare costs, and limitations of the national health insurance scheme, which often fails to cover essential services. Social barriers stem from communication difficulties and a lack of family support, while unfriendly attitudes among healthcare providers serve as environmental deterrents.

Similarly, Atakro et al. (2021), in their paper exploring the healthcare challenges and expectations of elderly persons in Ghana, found key issues including inadequate information from healthcare workers, frustrations with long queues, and financial

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burdens. They noted that financial challenges are compounded by healthcare costs not being fully covered by the National Health Insurance Scheme. Notably, this scheme provides coverage only for individuals aged 70 years and older, leaving a gap for those below this threshold, despite the national life expectancy being 63 years. Reducing the exemption age to 60 years would align better with Ghana's life expectancy and retirement norms, ensuring broader coverage for older adults.

IMPLICATIONS OF THE DECLINE IN ELDERLY CARE

The decline in care and support for older persons in Ghana presents significant challenges that demand critical examination. This issue profoundly impacts multiple dimensions of the elderly's well-being, including their social, mental, and physical health. With the weakening of traditional support systems, particularly due to the shift from extended to nuclear family arrangements, many older adults face heightened vulnerability and frailty. This erosion of communal support and familial ties deprives older individuals of vital safety nets that once safeguarded their well-being (Abekah-Carter et al., 2022; Frimpong & Arthur-Holmes, 2022). Moreover, the lack of robust formal welfare policies exacerbates social isolation and financial insecurity, leaving many without the economic and emotional support historically provided by extended families and community networks (Braimah & Rosenberg, 2021).

Furthermore, the health implications of reduced caregiving systems are particularly concerning. There has been a noticeable rise in physical frailty, the prevalence of chronic illnesses, and the risk of falls among the elderly in Ghana (Oppong-Yeboah et al., 2024). Adding to these health issues are financial challenges, as many older adults cannot afford healthcare services, leading to untreated conditions and deteriorating health (Amegbor et al., 2021). These realities emphasise the interplay between economic constraints and health outcomes, highlighting a critical area for intervention.

Notwithstanding, the weakening of traditional caregiving systems in Ghana also carries profound mental health implications for older adults. Isolation, often worsened by rural-urban migration (Agyemang, 2022), erodes their psychological well-being. Furthermore, social stigmatisation—particularly accusations of witchcraft—leads to emotional distress, low self-esteem, and feelings of worthlessness. Marginalised elderly individuals, especially women, are more vulnerable to anxiety, depression, and other psychological disorders (Mabefam & Appau, 2020; Adinkrah, 2015). In rural areas, cultural beliefs that associate ageing with witchcraft further isolate the elderly from their families and communities. Women face disproportionate risks, including ostracism, abuse, and neglect, with some being banished to 'witch camps' (Crampton, 2013). These settings fail to meet their needs and perpetuate psychological harm (Mabefam & Appau, 2020). This isolation also severely limits access to emotional and social support networks.

Equally pressing are the social ramifications of this decline in elder care. Older adults, particularly those in rural communities, experience heightened levels of isolation and vulnerability as support networks erode (Nkansah et al., 2021; Agyemang & Tei-Muno, 2022). This growing isolation disproportionately affects elderly women, who often face abuse, neglect, and violence. Factors such as poverty, low literacy levels, and harmful cultural practices further amplify their marginalisation and stigmatisation (Sossou & Yogtiba, 2015). Agyemang and Gyambiby (2025) highlight that weakened social networks among older individuals stem from various factors. For example, studies suggest that the shift toward nuclear family structures and the rise in rural-urban migration have reduced the frequency of contact between older persons and their relatives or community members (Agyemang, 2014; Ahmad, 2020).

Moreover, the absence of intergenerational cohabitation, a hallmark of Ghanaian culture, has led to significant increases in loneliness among older adults. Loneliness is a recognised risk factor for depression (Erzen & Çikrikci, 2018; Sutin et al., 2020), and the lack of familial support exacerbates feelings of abandonment and helplessness. Agyemang-Duah et al. (2019) highlight that the combination of economic constraints and social disconnection often leaves elderly individuals in a state of chronic stress, compounding their vulnerability to mental health disorders.

Additionally, isolation and reduced social interactions have been directly linked to cognitive decline in older adults (Piolatto et al., 2022). The lack of engagement in meaningful social or intellectual activities, coupled with inadequate access to healthcare and support, accelerates the onset of conditions such as dementia and Alzheimer's disease (Joshi & Tampi, 2024). Research by Awuviry-Newton et al. (2021) underscores that cognitive stimulation through community activities or family involvement can significantly slow cognitive deterioration. However, the decline in traditional caregiving systems limits these opportunities, leaving older adults at greater risk of accelerated cognitive decline.

Finally, the cultural implications of declining elder care highlight broader societal changes that diverge from Ghana's traditional values of respect and care for older adults. Urbanisation and the increasing dominance of nuclear families contribute to a loss of intergenerational connections, leaving many older individuals without adequate support systems. This shift threatens the transmission of cultural knowledge and wisdom from older generations to younger ones, resulting in a gap in cultural heritage and shared societal values.

FORMAL SUPPORT SYSTEMS AS A RESPONSE TO THE DECLINE IN CARE AND SUPPORT

In Ghana, the evolution of formal support systems for older persons arises as a response to the weakening of traditional caregiving structures, particularly in rural areas. Historically, extended families played a central role in providing care for the elderly; however, demographic changes, urbanisation, and socio-economic pressures have disrupted these traditional arrangements (Agyemang, 2022). As a result, formal support systems have become increasingly vital to address the growing needs of an ageing population and to ensure their well-being.

National Health Insurance Scheme

A notable development in this regard is Ghana's National Health Insurance Scheme (NHIS), introduced in 2003. This scheme marked a significant shift from the 'cash-and-carry' system, where individuals were required to pay for healthcare directly out-of-pocket. The NHIS aims to improve healthcare access and affordability for Ghanaians, with specific provisions for vulnerable groups, including the elderly, children under 18, and the poor (Barimah & Mensah, 2013; Fusheini et al., 2017). Elderly individuals aged 70 and above are exempt from paying premiums, as part of government efforts to ensure access to healthcare

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services without financial constraints. The Pro-Poor Premium Exemption Policy also extends to other vulnerable groups, aiming to reduce healthcare disparities and improve health outcomes for older adults (Kuuire et al., 2017). To ensure its long-term viability and seamless operation, NHIS established the National Health Insurance Fund (NHIF) which is funded in a variety of ways, including a health insurance charge, payments from the Social Security and Pension Scheme Fund, parliamentary allocations, NHIS Council investments, and voluntary contributions (Kipo-Sunyehzi et al. 2019).

The NHIS has yielded several positive outcomes for older adults. One significant achievement is the inclusion of premium exemptions for individuals aged 70 and above, reducing financial barriers to healthcare. Through the Pro-Poor Premium Exemption Policy, the scheme also extends benefits to other vulnerable groups, enhancing equity in healthcare access (Kuuire et al., 2017). This initiative has facilitated the utilisation of essential healthcare services, including outpatient care, inpatient care, and chronic disease management, which are critical for the elderly who often face conditions such as hypertension and diabetes. Rural older adults with NHIS membership are 6% more likely to use inpatient care and 9% more likely to access outpatient services than non-members (van der Wielen et al., 2018). These achievements have not only reduced out-of-pocket expenses but also shielded households from catastrophic healthcare costs (Kusi et al., 2015).

Despite its successes, the NHIS faces considerable challenges that undermine its effectiveness in addressing the healthcare needs of older persons. The scheme's age threshold for premium exemption—set at 70 years—has been criticised, as it does not align with Ghana's lower life expectancy and retirement age of 60 (Fenny, 2017). Additionally, while NHIS increases service utilisation among the elderly, it has struggled to ensure equitable access, with significant disparities persisting across different socio-economic groups (Gyasi et al., 2018). Implementation inefficiencies further hinder the scheme's performance. Managerial capacity issues, inadequate distribution of medical facilities and professionals, and escalating costs are persistent challenges (Fusheini et al., 2017). Reports of long wait times and substandard facilities under the NHIS have deterred some individuals from seeking care, even when insured (Christmals & Aidam, 2020). Financial sustainability also poses a critical threat to the scheme's long-term viability, as funding shortfalls limit its ability to consistently provide services (Wang et al., 2017)

Livelihood Empowerment Against Poverty

The Livelihood Empowerment Against Poverty (LEAP) program is one of Ghana's flagship social protection initiatives, designed to address the pressing issue of poverty and improve the living conditions of the nation's most vulnerable populations. Launched in 2008, the program specifically targets households living in extreme poverty, with a focus on those with elderly members aged 65 and above, orphans, and persons with disabilities. LEAP provides cash transfers to beneficiary households, aiming to alleviate immediate financial challenges while fostering long-term resilience and livelihood improvement. Since its inception, the program has witnessed substantial growth. Starting with just 1,645 households, LEAP rapidly expanded to cover over 346,000 households by the end of 2022 (Ministry of Gender, Children and Social Protection, n.d.). By May 2024, the program had reached approximately 360,000 households across Ghana (Ghana LEAP 1000 Evaluation Team et al., 2024), reflecting its increasing significance as a tool for poverty alleviation and social protection.

LEAP has achieved notable successes in improving the quality of life for its beneficiaries. One of its key contributions is enhancing healthcare access for eligible elderly individuals through free health insurance under the National Health Insurance Scheme (NHIS) (Alidu et al., 2016). Research by Agyemang-Duah et al. (2019) found that 85% of poor older adults participating in the program utilised healthcare services, indicating a significant boost in healthcare access facilitated by LEAP. Beyond healthcare, the program has positively influenced food security and poverty levels among beneficiary households. Cash transfers provide financial relief, enabling elderly individuals and their households to meet basic needs more effectively, including adequate food consumption (Alatinga et al., 2020; Bawelle, 2016). Furthermore, studies show that LEAP has had broader impacts on food consumption, healthcare utilisation, and school enrollment among beneficiary families (Agbaam & Dinbabo, 2014; Sulemana et al., 2019).

Despite these successes, the LEAP program faces significant challenges that limit its overall effectiveness. One of the primary concerns is the inadequacy of cash transfers. While they provide some relief, the amount is often insufficient to comprehensively address beneficiaries' healthcare, food, and other essential needs (Debrah, 2013; Agyemang-Duah et al., 2019). Consequently, many elderly beneficiaries still rely heavily on personal income to finance healthcare expenses, undermining the program's intended impact. Additionally, issues with the targeting approach have raised concerns about inclusion errors, often stemming from political interference, lack of transparency, and unreliable data on household poverty levels (Agbenyo et al., 2017). These flaws have led to unintended consequences such as the stigmatisation of beneficiaries and conflicts within communities, which in turn threaten social cohesion. Other structural and operational challenges also hinder LEAP's effectiveness. Irregular funding and administrative inefficiencies delay cash transfers, creating uncertainty for beneficiaries (Jaha & Sika-Bright, 2015). Moreover, geographic inaccessibility of healthcare services, high costs of essential drugs and services, and the exclusion of critical treatments from NHIS coverage further exacerbate the difficulties faced by elderly LEAP beneficiaries (Domapielle et al., 2023).

THE PATH FORWARD

The decline in care and support for the elderly in rural Ghana represents a many-sided challenge deeply rooted in cultural, economic, and systemic issues. While the erosion of traditional family structures, economic constraints, and inadequate formal support systems have been extensively documented, the way forward lies in addressing these challenges with a holistic and sustainable approach. Blending cultural preservation, economic empowerment, and enhanced policies, Ghana can mitigate the issues facing its ageing population and create a system of care that is both effective and culturally relevant.

One significant step forward is the revitalization of community-based support systems. The article highlights how traditional caregiving practices, deeply rooted in cultural values of reciprocity and respect, are waning due to urban migration and economic pressures. Restoring these practices could involve the establishment of community centres where elderly individuals can engage in activities that foster social connection and mental well-being. These centres can also serve as spaces for intergenerational

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interaction, where younger family members learn to appreciate and support their elders, fostering a renewed sense of duty and care within families.

Economic empowerment is another critical component. The financial burden of caregiving, as noted in the article, often limits the ability of families to provide adequate support. Programs such as the Livelihood Empowerment Against Poverty (LEAP) have proven effective but require enhancements. Increasing the cash transfer amounts and ensuring regular disbursements can provide immediate relief to elderly individuals and their caregivers. Additionally, introducing livelihood programs targeted at caregivers can alleviate the economic strain on families, enabling them to meet the needs of their older members without compromising their own stability.

The formal support systems in Ghana, such as the National Health Insurance Scheme (NHIS), also need significant improvements. While the NHIS provides premium exemptions for individuals aged 70 and above, this age threshold fails to consider Ghana's lower life expectancy and retirement age of 60. Lowering this threshold and expanding the coverage to include essential services for chronic conditions could make healthcare more accessible to the elderly, particularly in rural areas where access remains a significant challenge. Scaling up the scope and efficiency of such programs would demonstrate a national commitment to the well-being of its ageing population.

Furthermore, addressing the stigmatization of elderly individuals, particularly through accusations of witchcraft, is paramount. As the article vividly describes the devastating impact of such cultural practices, which isolate and harm the elderly, especially women. Community education programs can challenge these harmful beliefs and foster a more positive perception of ageing. Simultaneously, raising awareness through media campaigns about the value and wisdom of older generations can encourage society to view elder care as an essential and honorable responsibility.

Lastly, effective policy advocacy is necessary to ensure the sustainability of these efforts. Legal frameworks that mandate shared responsibility for elder care between families and the state can lay the foundation for broader societal change. Public-private partnerships should also be explored to introduce innovative care models, such as affordable home-based care services and mobile clinics, which can bridge the gap between formal and informal care system

CONCLUSION

Ghana, like many other countries, faces the challenge of a growing elderly population, particularly in rural areas, where traditional kinship practices are diminishing. This decline in care and support is linked to evolving societal norms, economic constraints, rural-urban migration, and entrenched socio-cultural beliefs, compounded by inadequacies in healthcare infrastructure. These factors contribute to the increasing vulnerability and frailty of the elderly, leaving many without the safety nets they once relied upon. Addressing these challenges requires a multifaceted approach. Existing state support systems, such as the Livelihood Empowerment Against Poverty (LEAP) initiative, must be expanded to include family caregivers and improve accessibility for rural residents. Reviving kinship-based support through public awareness campaigns is equally essential, as it reinforces communal values of care and reciprocity that benefit older relatives. Strengthening healthcare infrastructure in rural areas and tackling harmful socio-cultural beliefs, such as the stigmatization of elderly individuals, are also critical steps.

Preventative measures, including greater access to education, healthcare, and opportunities for savings during youth, are vital to ensuring future financial and social security. Encouraging individuals to prepare for old age can mitigate the pressures on families and communities. Furthermore, professionalizing elder care and formalizing community-based support systems can enhance the quality of care and uphold the dignity and well-being of the ageing population in Ghana. Through a blend of traditional practices, formal support systems, and preventative strategies, Ghana can create a sustainable framework to address the challenges of its ageing population while fostering a culture that values and supports its elderly citizens.

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