GENERAL HEALTH CONDITION OF OLDER WOMEN IN ACCRA, GHANA

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ABSTRACT
Empirical evidence from the Ghana Statistical Service suggests that Ghana's ageing population has more than tripled in about 30 years (1984-2000). Unfortunately, this has occurred without a corresponding social care for the aged. In spite of the demographic shift, older persons' concerns have remained marginal to the major social and economic debates in the country. We assessed the health condition of women aged 50 years and over in Accra, Ghana's capital city. Six out of ten women felt that their health condition was normal, and four out of ten believed that their health condition had worsened in the last 12 months. Climbing limitations, joint pains, malaria, diabetes and hypertension were the commonest health problems among these women. The list of health problems showed that women in urban Ghana were assuming a double burden of disease: they were afflicted with the usual tropical diseases, as well as chronic illnesses. Because Ghana is a developing country, lifetime exposure to health problems means that many Ghanaians may enter old age already in chronic ill-health. Personal health consistently ranks alongside material security as a priority concern for the aged. Physical health is for many urban elderly persons their single most important asset, thus, illness in old age is an ever-present threat.

Key Words: Accra, Ghana, older women, aged, elderly, general health, population

Introduction and Rationale

The numerical growth of elderly persons around the world is a testimony of reduced fertility, reduced infant and maternal mortality rates, improved nutrition, reduced infectious and parasitic diseases, as well as improved health care, education and income. Fertility rate in sub-Saharan Africa declined from 6.7 live births per woman in the early 1950's to 5.5 live births per woman by early 2000 and is estimated to drop to 2.4 live births per woman by 2050. Similarly, life expectation at birth rose from 36.7 years in the 1950s to 48.4 years by 2005 and is projected to peak at 68.4 years by 2050. Ghana's fertility and mortality profile is similar to these numbers. Fertility fell from 5.8 to 4.5 live births per woman in 50 years, and is expected to fall to replacement level (2.2 live births per woman by 2050). Life expectancy increased from 38.5 to 40.2 years in five decades, and is expected to reach 65.1 years by 2050 [1].

Africa is overwhelmingly rural and the least urbanized continent of the world [2]. At the same time, a major demographic problem in the region is the rapid rate of urbanization and the inability of the urban place to play a sufficiently dynamic role in the process of development[3]. The few studies conducted on the health and morbidity of the older population in Africa have largely been restricted to rural areas. This rural bias is because 61% of Africa's population live in rural areas [2], rural populations in Africa suffer from poorer health than their urban counterparts (World Health Organization, 2004a), and the rural areas furnish a relatively more stable population for follow-up studies particularly in case of longitudinal investigations [3],[4]. However, some of the most critical health problems may be found in cities and not in rural areas because of the increased migration to cities and the sharp change in life style in urban communities.

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Older persons refer to those aged 60 years and above [5]-[8]. However, in this study, we included women aged 50-59 years. This is the age group closest to the elderly age group of 60+ years and therefore persons in that age group were the most prospective elderly persons[4]. Including them helped to understand observed levels, patterns and differentials of the characteristics of the elderly population as they also served as the comparism group. In addition, the survey from which the empirical information for this study was generated focused on women aged 18 years and over; therefore, limiting the study to women aged 60+ years only would have created a sample size too small for meaningful analysis.

The growing elderly population across Africa makes this study especially important and timely. We examined differences in the overall health condition among elderly women to help understand and raise awareness about the plight of older population in Ghana and other parts of Africa.

Methods

Data Source and Procedure

The data for the study were part of a comprehensive community-based study of women's health designed to identify the magnitude of the burden of non-communicable and communicable diseases among women in Accra, Ghana. The cross-sectional study covered a sample of 3,200 women aged 18 years and over who lived in Accra for at least 12 months preceding the survey (2004). The protocol comprised a household roster, an individual interview with eligible women on self-reported health status, a comprehensive medical history, and a full physical examination with blood tests and laboratory evaluations. The survey was one of the first major community-based studies of women's health in an African city. This study used the data on women aged 50 years and over, consisting of 519 women.

Study Area

The study was conducted in Ghana's administrative and commercial capital city, Accra, in Greater Accra Region, one of the country's ten administrative regions. We chose the area known as Accra Metropolitan Area for its considerable socio-economic and cultural diversity which would draw out some differentials in health status and associated exposure variables and risk factors.

Analytical Methods

Because of the nature of the study and the small sample size, rigorous statistical techniques could not be applied to the data. However, simple cross tabulations and proportions were used to ascertain levels and patterns, as well as explain differentials with respect to key background characteristics and indicators of the general health condition of older women in Accra.

Study Limitations

The findings of this study should be accepted against the backdrop of the study's limitations. The small sample size may not be a valid reflection of the overall health condition of the women in Ghana. Also, women generally are reluctant to report conditions that are seen to be shameful and private. Furthermore, there is no empirical information bordering on the living arrangements or household structure of the women although it is well known that the extended family cannot furnish broad support in urban areas in the way that is possible in villages with large compounds and many co-resident relatives.

Results

Table I shows the background characteristics of the respondents. Table II presents the percentage distribution of the overall health condition of the respondents as reported by them. The general health condition of women 50-59 years was better than the older age groups. While 7% of women aged 50-59 years believed that their overall health condition was excellent, only 6% of those aged 60-69 years and 0% of those aged 70 and over did. Similarly, while 4 out of 10 women aged 50-59 years viewed their general health condition to be very good, the corresponding values for the women aged 60-69 years, 70-79 years, and 80+ years were 3%, 3% and 1% respectively.

Perceived poor overall health condition generally increased with advancing age, rising from 2% of women aged 50-54 to 4% of women aged 65-69 years, and then to 8% of those aged 80+ years. Table III shows the percentage distribution of perceived health compared to a year ago. Older women's health condition compared to one year before was worse and much worse than that of their younger counterparts. In general, only 7% of the respondents felt that their health was much better than the year before.

Four out of 5 women had limitations with respect to climbing stairs. Those who did not have climbing limitations were in the younger age groups. Five out of 10 women experienced pain 30 days preceding the study.

Table IV shows the percentage distribution of respondents with non-communicable diseases by type. Sixty-seven percent of the women patronized clinics or health centres for health care, 20% used Hospital Outpatient Departments while the rest used chemical and pharmacy shops.

Discussion

In spite of Ghana's demographic shift with more than tripled aged population in the last three decades, older persons' concerns have remained marginal to the major social and economic debates in the country. As a result, many older people, particularly women, are faced with inadequate healthcare, poor shelter, isolation and inadequate and insecure income [6]. The results of this study support the argument that ill health and frailties are a function of age.

Forty-five percent of the women are self-employed, 5% are retirees, and only 4% are housewives (Table I). Although the extended family is still seen as the principal source of support for the elderly in the African traditional system, the influence of modernization and urbanization is seriously threatening this support system [4],[7],[8],[9].

Findings (as shown in Table I) support the contention from other studies [10],[11], that marriage is universal in Ghana as only 2% of the women are never married. It is however striking that about 3 out of every 5 women are divorced/separated/widowed. Furthermore, it is common knowledge that the marital status of elderly persons strongly affects their living arrangements, support systems and individual well-being. Intact husband-wife families constitute a multiple support system for spouses in terms of emotional, financial and social exchanges. Research elsewhere has shown that married elderly persons tend to enjoy higher levels of survival, mental health, use of the health services, social participation and life satisfaction than their counterparts who are not married [12],[13],[14].

Formal education is critical to the attainment of economic security in old age as societies respond to the modernization process. The results of the analysis suggest that only a handful of the older women attended formal schooling[5], the government should therefore encourage girls especially to pursue higher education for their own good and that of the society.

Successive governments of Ghana have shown some concern for the aged. For instance, July 1, Ghana's Republic Day, has also been declared as Senior Citizens Day, which is one way of responding positively to the concerns of the elderly and indicates national commitment to the well-being of the aged. Similarly, the revised national population policy stipulates that "deliberate measures shall be taken to alleviate the special problems of the aged and persons with disabilities with regard to low incomes and unemployment" [15]. The government of Ghana has also put in place a new National Health Insurance Scheme under which some exemption benefits for the aged takes into account their vulnerability and special circumstances [16]. The scheme is expected to help defray the medical bills of the elderly sick. Additionally, efforts are under way to address issues impacting negatively on older people through a National Ageing Policy. However, efforts should be made to attain this objective in a timely manner to alleviate the sufferings of the aged.

Not all elderly persons have access to health services, especially in rural areas. The weak economic situation in Ghana and its concomitant low standard of living and poor quality of life, make it difficult for the average elderly person to pay medical bills. Ill-health also slows down agricultural activities. The ageing process exposes individuals to increasing risk of illness and disability. Because Ghana is a poor country, lifetime exposure to health problems means that many Ghanaians may enter old age already in chronic ill-health. Personal health consistently ranks alongside material security as a priority concern for the aged. Indeed, physical health is for many urban elderly persons their single most important asset, bound up with their ability to work in their petty

trading, to function independently and to maintain a reasonable standard of living. Illness in old age is therefore an ever-present threat.

The government supports non-governmental organizations working for the aged. Organizations, such as Help-Age Ghana and Christian Action on Ageing in Africa have helped highlight the problems that confront the aged in our society, and have helped to create national awareness about the responsibility of the young toward the welfare of the elderly. But these organizations are few and operate very few old-age s homes.

Table I: Distribution of Respondents by Background Characteristics, Accra, Ghana, 2004.

Background Characteristics	Number	Percentage
Age		
50-54	179	34.4
55-59	91	17.5
60-64	81	15.6
65-69	55	10.6
70-74	47	9.0
75-79	28	5.4
80+	39	7.5
Education		
No Education	231	44.4
Primary	55	10.5
Middle/JSS	169	32.6
Secondary	35	6.7
Higher	23	4.5
Employment Status		
Government Employee	19	3.7
Non-government Employee	20	3.9
Self-employed	234	45.1
Housewife	18	3.6
Retired	24	4.7
Not Working	132	38.1
Occupation		
Seamstress or Hairdresser	46	8.8
Trader	192	37.0
Professional	18	3.4
Housework or Childcare	20	3.9
Low Skilled Labour or Office Work	17	3.2
Artist/Artisan	2	0.4
No occupation/Not stated	294	43.3
Marital Status		
Never Married	10	1.9
Married/Living together	161	31.1
Separated/Widowed/Divorced	313	60.3
Ever Married, current status unknown	28	5.5
Religion		
Christianity	423	81.4
Islam	63	12.2
Traditional	3	0.6
Other Religion	13	2.6
No Religion	15	2.9
Ethnicity		
Akan	26	5.0
Ga	28	5.5
Ewe	49	9.4
Others	389	75.3
Total	519	100.0

Source: Women's Health in Accra Study, Ghana, 2004.
Note: Total may not add up to 519 (and 100 percent) because of missing cases.

Table II: Percentage Distribution of Perceived Overall Health Condition of the Women, Accra, Ghana, 2004.

Age Group	Perceived Overall Health Condition					Total	Number
	Excellent	Very Good	Good	Fair	Poor		
50-54	4.5	19.8	48.0	25.4	2.3	100.0	177
55-59	2.2	24.4	44.4	26.7	2.2	100.0	90
60-64	3.7	18.5	40.7	34.6	2.5	100.0	81
65-69	1.9	14.8	33.3	46.3	3.7	100.0	54
70-74	0.0	13.3	33.3	42.2	11.1	100.0	45
75-79	0.0	14.8	29.6	51.9	3.7	100.0	27
80+	0.0	10.3	33.3	48.7	7.7	100.0	39
Total	2.7	18.3	41.3	33.9	3.7	100.0	513

Source: Women's Health in Accra Study, Ghana, 2004.

Table III: Percentage Distribution of Perceived Health Compared to One Year Ago, Accra, Ghana, 2004.

Age Group	Perceived Health Compared to One Year Ago					Total	Number
	Much Better	Somewhat Better	About the Same	Somewhat Worse	Much Worse		
50-54	11.2	15.7	38.8	33.1	1.1	100.0	178
55-59	5.5	19.8	44.0	26.4	4.4	100.0	91
60-64	5.0	15.0	45.0	32.5	2.5	100.0	80
65-69	5.7	15.1	35.8	37.7	5.7	100.0	53
70-74	6.3	8.3	31.3	45.8	8.3	100.0	48
75-79	3.4	6.9	34.5	51.7	3.4	100.0	29
80+	0.0	10.5	34.2	39.5	15.8	100.0	38
Total	7.0	14.7	39.1	35.0	4.3	100.0	517

Source: Women's Health in Accra Study, Ghana, 2004.

Table IV: Percentage Distribution of Respondents Diagnosed with Non-communicable Diseases, Accra, Ghana 2004.

Disease Diagnosis	Responses			Total	Number
	Yes	No	Don't Know		
High Blood Pressure	42.1	56.4	1.5	100.0	519
Diabetes	7.9	90.4	1.7	100.0	519
Heart Attack or Shock	1.7	97.0	1.3	100.0	519
Stroke	3.3	96.5	0.2	100.0	519
Chronic Lung Condition	1.0	98.5	0.5	100.0	519
Asthma	6.5	93.3	0.2	100.0	519
Depression or Anxiety	1.6	98.2	0.2	100.0	519
Cancer	0.5	97.6	1.9	100.0	519
Malaria	53.2	46.6	0.2	100.0	519
Obesity	5.3	94.2	0.5	100.0	519
Urinary Incontinence	1.7	98.0	0.3	100.0	519
Broken Bone	2.9	96.9	0.2	100.0	519
Arthritis or Joint Pain	23.1	76.7	0.2	100.0	519

Schizophrenia	1.1	98.8	0.1	100.0	519
Epilepsy, Seizure or Fit	0.0	99.8	0.2	100.0	519
Cataract	2.2	86.7	11.1	100.0	519
Total	47.3	46.8	5.9	100.0	519

Source: Women's Health in Accra Study, Ghana, 2004.

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