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Gender Disparities in Living Arrangements of Older People in Ghana: Evidence from the 2003 Ghana Demographic and Health Survey

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Abstract

In this study, the living arrangements of persons aged 60 years and older in Ghana are examined. The data for the study emanate from the household roster component of the most recent nationally representative sample survey, the 2003 Ghana Demographic and Health Survey. The focus is on socio-economic and demographic characteristics, as well as coresidential patterns, of the elderly persons. Additionally, use is made of the 1960-2000 census results of Ghana in order to through light on the emerging phenomenon of population ageing in the country.

The results show that the proportion of persons aged 60 years or older in Ghana has consistently risen from 5.2 percent in 1960 to 7.2 percent in 2000, representing 38 percent increase, while the number rose from 457,067 in 1960 to 1,367,343 in 2000, representing about 200 percent increase over the period. Differences by sex are marginal. Also, older adults in Ghana live in a variety of household arrangements. The elderly men are more likely to be living in nuclear households, while older women are more likely to be living in extended family households. Logistic regression analyses indicate that determinants of living with adult children and grandchildren differ by sex. A combination of fertility decline, migration, and urbanization puts the older women in a disadvantaged position since there are fewer adult children available to provide support and care, and there is no universal non-familial social security system. It can be argued that knowledge about the types of households in which older women live is a first step to understanding their needs in a part of the world with limited resources such as Ghana.

Keywords: ageing, elderly, Ghana, older men, women

Introduction

The numerical growth of elderly persons around the world is an eloquent testimony not only of reductions in fertility but also of reductions in infant and maternal mortality, improved nutrition, reduction in infectious and parasitic diseases, as well as improvement in health care, education and income. Global total fertility rate has declined from 5.0 live births per woman in 1950-1955 to 2.7 live births per woman in 2000-2005, and is expected to further reduce to replacement level, that is 2.2 live births per woman by 2045-2050 period (United Nations, 2005). Also life expectancy has increased from 46.5 years in 1950.1955 to 66.0 years in 2000-2005, and is expected to rise to 76 years by the 2045-2050. In sub-Saharan Africa, the corresponding fertility values are 6.7 live births per woman in the early 1950s to 5.5 live births per woman by early 2000s and 2.4 live births per woman by 2045-2050 period. Similarly, expectation of life at birth rose from 36.7 years in the 1950s to 48.4 years by 2000-2005, and is projected to peak at 68.4 years during the 2045-2050 period. Ghana's fertility and mortality profile is similar to that of sub-Saharan Africa.

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This is because fertility fell from 5.8 to 4.5 live births per woman in one half century, and is expected to fall to replacement level during 2045-2050 period while life expectancy increased from 38.5 to 40.2 years in five decades, and is expected to reach 65.1 years by 2045-2050 period (United Nations, 2005).

With rapid socioeconomic development, urbanization and industrialization, the traditional extended family system is gradually changing towards a nuclear family system in which some elderly family members are being left on their own.

Of particular interest and concern should be the status of the elderly persons in the African region and the ways in which this may be changing with modernization. Generally, there has been some contention in the literature that the status of the older population diminishes with increasing modernization. (Cowgill, 1986; Levy, 1966). However, little research has been conducted in the region either to lend credence to the idea of a decline in status of the elderly in so far as this is reflected in respect, authority and economic role or to refute it.

In most families in Ghana, three generations co-reside. The typical home consists of the man with the spouse and children, as well as their parents. However, due to modernization, and in particular, urbanization, there are signs of the break-up of the extended or three-generational family structures in favour of the nuclear or conjugal family. As a result, the ability of families to care for older relatives might be impaired. The shift to nuclear families is also causing the loss of roles for older persons as heads of families, and thus a loss of their decision-making functions and financial security.

In the light of the foregoing, the purpose of this study is to examine gender disparities in the living arrangements of older adults in Ghana since coresidential patterns of the elderly particularly in developing societies reflect lifetime strategies aimed at securing housing, material goods, and other items necessary to ensure physical and emotional well-being (Mba 2005; Albert and Cattell 1994). Given the paucity of literature on older people in Ghana and much of sub-Saharan Africa, the study will provide some basic descriptive information on the types of households in which the elderly in Ghana live.

Review of Relevant Literature

A plethora of evidence from the developing world suggests that the family is the key institution for elderly persons and their living arrangements are a fundamental determinant of their well-being (Mba 2005; 2004a; 2003a; Knodel and Debavalya 1997; Albert and Cattell 1994; Cowgill 1986). The older adults require financial and psychological support, as well as support to undertake activities of daily living especially at older ages when they are handicapped by increasing frailty and ailments. In the developed world, support and assistance for the elderly come from a combination of public and private sources. This is not the case in most developing countries, including Ghana. In these countries that have weak institutional security mechanisms, the family is the cornerstone of support and assistance.

Some researchers argue that the processes of modernization and urbanization are beginning to erode the traditional social welfare system of Africa, the extended family (Mbamaonyeukwu, 2001; Mba, 2001; Apt, 1996; Khasiani, 1987). In a typical African extended family unit, one readily finds elderly persons, adults, young people and children (Adeokun, 1981). One of the most important attributes of the traditional extended family is its potential for caring for the elderly population as a result of the social relations and interactions among kin groups, as well as roles and responsibilities different age groups assume. However, Apt (1996) contends that at

precisely the point of time at which the numbers of the aged are growing, their customary source of support is being eroded.

Some of the proponents of the modernization theory of aging and elderly living arrangements argue that modernization renders living in extended family households less essential and economically less viable and therefore facilitates the transition to conjugal or nuclear family living arrangements (Berquo and Xenos, 1992; Treas and Logue, 1986; Cowgill, 1986; Easterline, 1983; Goode, 1963). It should be emphasized that financial and other transfers from their children and other relatives represent the only chance for common people in poor countries to have any security in old age. Children may provide security in a number of forms, including monetary transfers, help with housework, and care if the parent is frail or ill. The old age security hypothesis suggests that as economic development takes place, markets emerge, and society develops ever more sophisticated financial institutions, the economic benefits of having children will wither away. In other words, fertility will decline as parents rely increasingly on market and public sector methods and rely less on old age transfers from their children.

Superficially, the experience of Ghana fits this scenario quite well. It has neither significant public social security programs nor extensive employer-provided private pensions. Thus, for the most part, individuals must rely on themselves or their families for old age support and, adult children may provide significant monetary transfers to their elderly parents, especially to widowed mothers. However, the substantial fertility decline in the country has not been preceded by accelerated economic growth (United Nations, 2001a; World Bank, 2000; Ghana Statistical Service and Macro International Inc., 1999).

It should be noted that while coresidence with children is common for the elderly in developing countries and living alone is rare, rapid reduction in coresidence between the older population and their adult children is occurring in countries such as Japan and South Korea, supporting the modernization hypothesis (Knodel and Debavalya 1997; Albert and Cattell 1994). On the other hand, rapid socio-economic development in much of Asia (in China, Singapore, Taiwan, and Thailand, for example), has not led to major changes in coresidence patterns (Ofstedal, 1999; Chan, 1997; Hermalin, 1995). In their examination of 43 countries in Africa, Asia, and Latin America, Bongaarts and Zimmer (2002) found, *inter alia,* that older persons more often tended to live with children in countries where educational attainment is lower, further supporting the modernization perspective. However, they argue that other measures of socio-economic development, such as the gross national product per capita, have little impact, suggesting that although education may be influencing living arrangements on a macro level, other modernization indicators may not.

It cannot be denied that women have traditionally played a major role in household earning in Ghana and some parts of Africa. For example, there is evidence to show the extent of women's contribution to household income and their investment in productive means to meet basic survival needs of the family such as food, clothing, fuel, and shelter (Ardayfio-Schandorf, 1994), while Apt (1996) has found that 65 percent of those engaged in subsistence farming are women. However, it is common knowledge that vulnerability to frailty increases with advancing age, and this is particularly true for women, given their biological and physiological make-up. And the consequences will be grave for those elderly women without any coresiding relative or an adult child to provide care.

As population ageing and gender have become prominent issues in international fora concerning population in recent times, it is being argued that

interest in gender often focuses on inequalities that disadvantage women, while much of ageing research focuses on the economic and social vulnerability of older persons (Mba, 2003a: 2002). It is therefore not surprising that the discourse related to population ageing and gender differentials refers mainly to women and emphasizes their potential disadvantage in old age. It is frequently asserted or implied that older women are universally more vulnerable to social, economic, and health disadvantages than older men.

Although social structures and gender preferences differ substantially among countries, studies elsewhere bearing on this subject show that the gender of a coresiding child has implications for the level and nature of support provided to the elderly persons (Ofstedal et al. 1999; Chan 1997; Natividad and Cruz 1997; Chan and DaVanzo 1996; DaVanzo and Chan 1994). Unfortunately, studies on the older persons' living arrangement patterns and their determinants in Ghana, and Africa in general, are a rarity. It is therefore necessary to examine what type of household structure and patterns of living arrangements characterize the elderly persons, as well as the linkage between living arrangements and certain socio-economic characteristics in Ghana.

Methodology

The data set for this study is essentially secondary, deriving from the 2003 Ghana Demographic and Health Survey (GDHS), which is the third in a series of nationally representative sample survey conducted under the Demographic and Health Survey programme in the country. The planning and implementation of the 2003 GDHS has been treated elsewhere (Ghana Statistical Service et al., 2004). Although data evaluation is beyond the scope of this paper, it is noteworthy that the literature is replete with problems associated with the collection of reliable information in the African context, especially the failure to enumerate all people or events and digit preference that leads to a false concentration of people at particular age groups (Siegel and Swanson, 2004; Mba, 2004b; Ewbank, 1981; Shryock and Siegel, 1976; Bachi, 1951).

At the bivariate level, simple descriptive methods of analysis are used in this study, with emphasis on computation of percentages. The unit of analysis is the elderly person. Elderly persons are defined as those men and women aged 60 years and over (United Nations, 2005). However, occasional reference is made to 50-59 age group as that is the most prospective elderly age group since it is the age group closest to the elderly age group of 60+ years[2]. Including persons aged 50-59 years in the analysis will help throw some light on observed levels, patterns and differentials of the characteristics of the elderly population as they will serve as a control group.

Furthermore, analysis will distinguish between various age categories within this broad age span. For analytical convenience, the following definitions, which are often used in the literature, are employed in this study: youngest old (or elderly) refers to persons aged 60-64 years; young old refers to persons aged 60-69 years; and oldest old refers to persons aged 80 years and over (Mba, 2006; 2005a; United Nations, 2001; Serow and Cowart, 1998).

The selected socio-economic and demographic characteristics considered in the study include age, place of residence, level of educational attainment, and region of residence. Living arrangements are defined with respect to living alone, and living with others, including spouse, children, and grandchildren.

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[2] This sentiment is further inspired by the World Health Organization's current work on *Developing Integrated Health Care Systems Response to Rapid Population Ageing in Developing Countries* (World Health Organization, 2004).

Bivariate analysis does not determine the extent to which differences between certain population subgroups are directly related to the elderly persons' living arrangements and the extent to which they affect other intervening variables. The independent variables interrelate with each other and the interactions can influence observed results. Consequently, a multivariate analysis is employed to estimate the net effect of variable when variation in the other variables is controlled. Here, logistic regression model is employed.

At the multivariate level, the multinomial logistic regression models are employed to predict the characteristics of the older men and women in different living arrangements in the Ghanaian context. In this attempt, due to data constraints, as well as ease of presentation and interpretation specific living arrangements will be represented by (i) living with children and grandchildren under 15, and (ii) living with an adult child. These two are the dependent variables. The independent variables are the study's selected socio-economic and demographic characteristics, to wit age, place of residence, living with spouse, and level of educational attainment. Age is treated as a continuous variable while the remaining independent variables are used as dummy variables.

Since each of these four categories can be defined as dichotomous variables, coded 1 if the variable is present and 0 if it is not, the logistic regression methodology is suitable for providing these estimates (Kleinbaum et al., 1998). For each of the characteristics, one category has been chosen as the reference category and is therefore omitted from the equation. This is the category to which the regression coefficients are compared. The general form of the regression equation is:

$$Y = \alpha + \beta X_i + \ldots + \beta X_n$$

where Y=dependent variable; Xi=independent variables; α and β are constants.

It should be noted that place of residence and education can be used as proxies for economic development here (Mba, 2002). Therefore, if levels of economic development are operationalized according to these two standard socioeconomic indexes, one would expect the elderly women who score higher on these indexes to exhibit weaker extended kinship ties in their living arrangements. For purposes of brevity and ease of presentation, only the logistic regression coefficients predicting the likelihood of each outcome are shown for each category of living arrangements.

Results

Table 1 depicts the percentage distribution of Ghana's elderly population (60+ years) and those aged 50-59 years by sex for the period 1960-2000. As should be expected, there are more people aged 50-54 years than in the succeeding age groups since they are much younger and *ceteris paribus* the force of mortality is felt much more in the older than younger ages. This pattern is maintained for both sexes and each sex. What is striking about the table is that the proportion of the aged population in each age group has generally risen over the years. Additionally, both the number and proportion of the elderly to the total population have been consistent for both sexes and for each sex. The proportion of the elderly to the total population increased from 9 percent in 1960 to 12 percent in 2000, while the number rose from 0.6 million to 2.3 million over the same period. The increase in the number and proportion of the elderly persons lend itself to a number of factors. Paramount among these are improvements in life expectancy (resulting in more people surviving to old age) precipitated by improved public health measures, better nutrition and personal hygiene; and declining fertility, which reduces the share of the young children to the total population.

Table 1: Percentage Distribution of Ghana's Elderly Population by Sex: 1960-2000

Age Group	1960			1970			1984			2000		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
50-54	2.65	2.85	2.46	2.70	2.82	2.59	2.87	2.86	2.88	3.01	2.99	3.02
55-59	1.60	1.74	1.46	1.67	1.80	1.53	1.73	1.77	1.70	1.88	1.95	1.81
60-64	1.75	1.87	1.46	1.71	1.77	1.53	1.84	1.78	1.89	1.94	1.90	1.98
65-69	0.91	0.95	0.86	1.10	1.12	1.06	1.18	1.16	1.20	1.37	1.38	1.36
70-74	0.84	0.88	0.80	0.96	0.99	0.94	1.05	1.05	1.04	1.19	1.14	1.24
75-79	0.46	0.48	0.44	0.49	0.51	0.48	0.58	0.60	0.37	0.77	0.79	0.74
80+	0.96	1.02	0.90	1.08	1.09	1.08	1.20	1.17	1.23	1.96	2.01	1.91
Total	9.17	9.79	8.38	9.71	10.10	9.21	10.45	10.39	10.31	12.12	12.16	12.06
Number	616,849	332,851	278,795	831,109	425,501	400,583	1,284,940	630,000	642,576	2,292,144	1,137,858	1,152,296

Sources: The 1960, 1970, 1984, and 2000 Population Censuses of Ghana.

Note: The percentages refer to proportions of the aged population to the total country population.

The characteristics of the elderly population derived from the 2003GDHS are presented in Table 2. The age distribution of the older adults parallels that in Table 1 as there are consistently more people at young old age groups for each sex and for both sexes combined. As should be expected, there are more elderly women than men at oldest old age group. This is because in most populations of the world women live longer than men (United Nations, 2005). Furthermore, in Ghana and in many parts of Africa men generally marry women much younger than themselves (Mba, 2006; 2003b). The implication of this is that, *ceteris paribus*, husbands will die earlier than their wives.

Overwhelming majority of the older population have no formal education (68 percent for men and 87 percent for women). Men are three times more likely to have higher education than women. Similarly, most of these elderly people live in rural areas. Interestingly, more older women than men live in urban areas (35 versus 28 percent). In Ghana's 10 administrative regions, elderly persons are more concentrated in Ashanti Region than any other regions. As a major commercial centre, it is a migration destination for persons, including older adults, in search of means of livelihood. Overall, there are more female elderly persons than their male counterparts in Ghana.

Table 3 presents differentials in living arrangements of the older population in Ghana by sex. About 11 percent of older adults live alone, while women are more likely to live alone than men (13 versus 9 percent). This figure is close to what has been reported in other studies (Mba 2005a; 2002; Albert and Cattel 1994). Men are more likely to live with spouse than women (13 versus 7 percent. This may be partly due to the fact that old-age mortality favours women, men often marry

Table 2: Percent Distribution of Elderly Persons by Characteristics in Ghana, 2003.

Characteristic	Sex		Total	Number
Age Group	Male	Female		
60-64	32.2	31.8	31.9	622
65-69	24.7	21.5	23.1	449
70-74	18.2	18.3	18.2	355
75-79	12.5	11.7	12.1	235
80+	12.5	16.7	14.7	286
Education				
No Education	68.3	86.8	77.9	1,510
Primary	8.0	5.4	6.7	129
Secondary+	23.8	7.8	15.4	299
Place of Residence				
Urban	28.3	35.4	32.0	623
Rural	71.7	64.6	68.0	1,324
Region				
Western	4.1	6.0	5.1	99
Central	5.9	9.4	7.8	151
Greater Accra	8.5	12.4	10.5	205
Volta	8.4	10.4	9.5	184
Eastern	10.2	10.5	10.4	202
Ashanti	13.5	14.5	14.0	273
Brong Ahafo	9.9	8.8	9.3	181
Northern	13.8	7.7	10.6	206
Upper West	14.7	9.5	12.0	234
Upper East	11.0	10.8	10.9	212
Overall	47.8	52.2	100.0	1,947

Source: 2003 Ghana Demographic and Health Survey.

Table 3: Living Arrangements of the Elderly Persons in Ghana, 2003.

Living Arrangement	Male	Female	Both Sexes
Living alone	9.2	13.1	11.4
Living with spouse only	13.4	7.2	9.9
Living with spouse and children	36.5	8.2	24.6
Living with spouse, children and others	21.0	41.2	33.3
Living with others	19.9	30.3	20.8
Total	100.0	100.0	100.0

Source: 2003 Ghana Demographic and Health Survey.

younger women, and the tradition of polygyny which is particularly pronounced in the northern part of the country.

Although extended household living is still prevalent, there are great variations in living arrangements by sex. Women are much more likely than men to live in extended households (that is, living with spouse, children and others[3] plus

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[3] Here "others" refers to grandchildren, sons-in-law, daughters-in-law.

living with others[4]). This is because almost 72 percent of elderly women live in extended households as opposed to about 41 percent of older men. On the other hand, 37 percent of elderly men live in a nuclear household (consisting of spouse and children), compared with about 8 percent of older women. One reason for this variation by sex is that women tend to live longer than men in most populations, as noted previously, and may therefore have more grandchildren and children-in-law with whom to live. Another possibility is that when the husband dies, a woman may need to move in with extended family for support. Also, grandmothers, rather than grandfathers, may be seen as the more natural choice of individuals to assist in caring for grandchildren.

Logistic regression results showing the individual-level factors associated with two key living arrangements (living with children and grandchildren under age 15, and living with an adult child) by sex are depicted in Table 4. The results are presented separately for men and women because of the very different patterns of living arrangements highlighted in Table 3. In case of the men, the findings show that the background characteristics are significantly associated with the two types of living arrangements. As men age, they are more likely to live with children and grandchildren under age 15 but less likely to live with an adult child. As men become older, it is more likely that their adult children move away and form their own independent households, but they are more likely to take custody of their younger children and grandchildren. Men are more likely to be living with children and grandchildren if they are married or have some formal education. The result does not conform to the modernization theory where one should expect the elderly living in rural areas and those with less education to be more likely to live with children and grandchildren (DaVanzo and Chan, 1994; Cowgill, 1986; Goode, 1963). These differences may be due to cultural norms where better-off family members are required by tradition to support other family members, including co-residency (Apt, 1996). As should be expected, rural men are more likely to live with children and grandchildren under age 15.

The background characteristics of women are not as strongly associated with living arrangements, especially living with an adult child. The positive effect of rural residence for both men and women in connection with living with children and grandchildren under age 15 may reflect substantial migration of adult children from rural to urban areas, with grandchildren left behind with grandparents. A notable difference in effects by sex is that, for men, living with children and grandchildren appears to be tied with living with a spouse, but for women the effect is not significant. Clearly, older women without a spouse are more dependent and may need to rely on extended family members for support, thus they tend to live with grandchildren more often. Additionally, women may be more helpful in the household, whereas men rely on their spouses for domestic care. Furthermore, men are more likely to control resources and thus able to demand coresidence as a form of support.

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[4] Here "others" refers distant relatives and non-relatives.

Table 4: Logistic Regression Coefficients and Odds Ratios of Determining Living Arrangements of Elderly Persons

Characteristic	Men				Women			
	living with children and grandchildren under 15		living with an adult child		living with children and grandchildren under 15		living with an adult child	
Age Group	Coeffic-ient	Odds Ratio	Coeffi-cient	Odds Ratio	Coeffi-cient	Odds Ratio	Coeffi-cient	Odds Ratio
60-64 (RC)		1.000		1.000		1.000		1.000
65-69	0.394	1.484*	-0.251	0.778	0.223	1.250*	-0.222	0.801*
70-74	0.586	1.796*	-0.649	0.523*	0.067	1.069	-0.419	0.658*
75-79	0.254	1.289	-0.828	0.437*	-0.123	0.884	-0.694	0.500
80+	0.155	1.167	-1.073	0.342*	-0.200	0.818	-1.888	0.151
Living with spouse								
No (RC)		1.000		1.000		1.000		1.000
Yes	-0.152	0.859*	1.967	7.150*	0.366	1.441	1.445	4.242
Place of residence								
Urban (RC)		1.000		1.000		1.000		1.000
Rural	-0.063	0.939*	0.231	1.259	0.084	1.087*	0.478	1.613
Has formal education								
No (RC)		1.000		1.000		1.000		1.000
Yes	0.407	1.502*	-0.123	0.884*	0.204	1.227	-0.401	0.670
-2 log likelihood	1759.90		1517.24		1501.41		1801.99	
Model χ^2	289.36		313.54		158.77		379.55	
Nagelkerke R^2	0.218		0.282		0.265		0.319	

Source: 2003 Ghana Demographic and Health Survey.

Note: *$p < .05$; p-value is based on the Wald statistic; RC=reference category; Exponentiating these log odds produces the odds ratios for a particular outcome. For example, the elderly men aged 70-74 years would be two times more likely than those aged 60-64 to live with children and grandchildren under 15 (odds ratio of 1.8, since $e^{0.586}=1.8$).

Discussion and Policy Issues

Unfortunately, Ghana and many countries in Africa have accorded relatively low priority in their national policies to the ageing of their populations. Yet, empirical evidence suggests that both the proportion and number of the older adults are increasing rapidly.

That the elderly population in Ghana mainly live with their spouses and their children, suggests that the responsibility for their care is increasingly devolving upon the nuclear family. It is common knowledge that children care for their elderly parents by providing food and money, running errands, occasionally paying medical bills and house rents, supplying clothing and providing emotional satisfaction.

As some demographic indicators, such as fertility and mortality vary by place of residence and level of education, so also do living arrangements of the elderly. The findings of this analysis are consistent with the commonly held perception from studies in other parts of the developing world that there exists an inverse relationship

between higher educational attainment and living with children (Palloni et al., 1999; Natividad and Cruz, 1997; DaVanzo and Chan, 1994). In Ghana, living alone among women is largely a function of widowhood as they marry men who are much older than themselves (Mba, 2003), but is not a reflection of an economic demand for privacy or autonomy as is the case in the developed countries (Michael et al., 1980; Kobrin, 1976; Chevan and Korson, 1975). Because a substantial majority of these women did not work in the formal employment to warrant enjoyment of some pension or social security scheme, high rates of extreme poverty are their lot. Their only means of livelihood is rural peasant farming for those who are strong enough to do so, and support from the dwindling number of adult relatives. In fact, it can be plausibly argued that it is because of the need for financial and welfare support from the adult children to parents and grandparents that explain the observed findings in patterns of living arrangements of the elderly females of Ghana, as is also the case in parts of Africa and other developing regions (Hollos and Larsen, 1997; Chan, 1997; Chan and DaVanzo, 1996; Asis et al., 1995 Kendig et al., 1992).

Generally, 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 (Mba 2005; 2004; Hullen 2000; Apt 1996; Blieszner and Bedford 1996; Rajan et al. 1995; Cowgill 1986).

It should be noted that from an elderly person's perspective, household composition is heavily influenced primarily by the existence of a spouse, and secondarily, by the number and characteristics of surviving children. Research has indicated that a reduction in the availability of adult children, especially, middle-aged daughters, increases the percentage of older women living alone (Rajan et al. 1995). The benefits of education are all too evident. Since the analysis has revealed that the fraction of the women who attended secondary school or higher is very small, the government should encourage more women to go beyond primary education. This is because schooling provides literacy skills, stimulates cognitive development, promotes change in values and opens up economic opportunities (Mba, 2005b; Thomas, 1996; Sembajwe, 1985). These cognitive, attitudinal and socio-economic assets have a pervasive influence on women's lives, shaping both their productive and their reproductive roles. When women are thus educated, during their old age and retirement from formal employment, they can be assured of a comfortable pension scheme that will adequately meet their needs with or without extended family support. In particular, to offset the tendency of women to lag behind men in their response to employment opportunities in more modern sectors of the developing economy is educational uptake beyond secondary level. Unarguably, an educated woman is more likely to be gainfully employed than the illiterate in a setting like Ghana.

That women need education is perhaps a long-term strategy to ensure that women in old age are not destitute, given the disintegration of the extended family and the fact that their children are the only social security for the elderly in Ghana as in most African countries. Given that the proportion of the elderly continues to grow what are the measures that need to be taken to ensure the social security of the elderly? In particular, because women are able to earn some income during their productive years especially through petty trading and small-scale farming, since many of them do not engage in formal employment due to little or no education, what can

be done to ensure that they are less vulnerable in old age? Men, due to their education and subsequent employment in the formal sector, are able to draw on a pension during retirement. What role should the state play to ensure that women, who contribute in no small ways to household income and national economic development, do not sink into destitution in their old age? The government should initiate moves toward providing universal old age security for women and men who attain a certain age (for example, 60 years for women and 65 years for men). This old age allowance, provided at the end of every month, will go along way in alleviating the financial predicament of women in their old age. Those that are strong and healthy should be recruited into government-sponsored ventures such as street cleaning, handicraft, etc. which will fetch them additional income.

It should be stated that the rising decline in the extended family system is due, in part, to the movement of the labour force out of agriculture into industry. Because farm household members, including the elderly, tend to produce and consume collectively, it is convenient for all family members to live in the same household. However, in an urban setting, the two generations of parents and their children have separate incomes and often distinct lifestyles, thus making it more convenient for the generations to live apart.

In conclusion, it can be argued that demographic changes might be contributing to the decline of the extended family. The continuing decline in fertility is challenging the traditional solidarity between generations. This is because on one hand, there will be fewer children to care for the elderly parents. On the other hand, the cohesion of the familial group is being weakened by urbanization and the accompanying new systems of values and norms which are centred more on the nuclear family with strong husband/wife ties. This development is likely to worsen the plight and accentuate the vulnerability of the older women.

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