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### RESEARCH ARTICLE

#### SOCIAL JUSTICE AMONG ELDERLY ADULTS WITH DISABILITY: IMPLICATION FOR ACCESS TO SOCIAL BENEFITS

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#### Abstract

Late-life has traditionally been regarded as a time for relaxation and reflection upon the time spent in life. However, this experience is often not the case for older adults in developing countries. Despite the growing numbers of older adults and efforts to support this population, there continue to be significant setbacks emerging from a lack of policy sensitivity and numerous implementation challenges, especially for older adults with physical disabilities who seek to access social benefits. Many older adults with disabilities continue to experience diverse social, cultural, and economic challenges spanning from financial insecurity, social isolation, mental and physical health needs, and elder abuse. These challenges, confounded with the presence of a disability, may result in older adults taking up laboured activities, such as street begging in urban environments around the country or engage in subsistence farming as a coping mechanism to challenges they face in late-life. This paper looks into the characteristics of older adults Ghana and policies that affect their access to social benefits. Recommendations in this paper include a call for the Government of Ghana to revise the retirement age from 60 to 65 years and focus on challenges associated with reports of corrupt practices among appointees in the distribution of disability funds through local government structures. Keywords: Disability, older adults, Ghana, social benefits, retirement.

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#### Introduction:-

Social justice has been a central topic in distributing resources in many countries (Barrett, Kendrick-Dunn & Proctor, 2019), depicting its emergence as a central tenet to the fair and just allocation of national wealth, opportunities, social privileges, and inclusion (Clark, 2018). In their fight for social justice, many individuals face challenges due to their physical or biological makeups and the positions they occupy in society. One such group in Ghana is older adults (60 years and above), who often experience social exclusion due to their disadvantaged position in society (Alma, 2012). Some authors have argued, to achieve any form of social justice for older adults, there needs to be a transparent process in the redistribution of wealth, healthcare provision, and income security (Kpessa-Whyte1 & Tsekpo, 2020).

The presence of a co-occurring disability can exacerbate the challenges faced by older adults. Specifically, elders with disabilities are faced with the challenge of navigating health care systems, socioeconomic hardships, social exclusion and discrimination (Agyemang, 2014). The urgent need to achieve some form of social justice for older adults with disabilities saw the passing of the Madrid International Plan of Action on Ageing, which is a mechanism

adopted to offer a comprehensive action plan for older adults to enjoy their human rights and ensure economic and social development for developed and developing countries. The Madrid International Plan of Action on Ageing principally focuses on advancing the health and well-being of the elderly and ensuring an enabling and supportive environment for older adults (United Nations, 2002). One of the key objectives of the Madrid Plan of Action by the United Nations (2002) states: "Older persons should be treated fairly and with dignity, regardless of disability or other status, and should be valued independently of their economic contribution" (Obj 1. g). The Madrid plan of action emphasizes the crucial need for all countries to identify challenges associated with aging and mainstream older adults' interest in their development agendas.

Social justice for persons with disabilities (PWD) has seen the inception of numerous organizations, including the Disability Rights Education and Defense Fund (DREDF), the National Disability Rights Network (NDRN), the American Association of People with Disabilities (AAPD), the Disability Rights Advocates (DRA), the Bazelon Center for Mental Health Law, The Arc, and the American Council of the Blind (ACB). Additionally, several advocacy organizations, such as the National Academy on an Aging Society, the Alliance for Retired Americans, the HelpAge International, and the AARP Public Policy Institute, emerged to address social justice concerns among older adults. Each organization has focal agendas in ensuring PWD and elders enjoy full rights in the respective societies they find themselves. However, these organizations are not universal and do not have representation in many countries with the greatest need.

Developing countries, such as Ghana, lack adequate support and assistance from government and private organizations compared to some developed countries (Mba, 2007). In Ghana, the National Federation of Disability Organizations was established in 1987 and serves as an umbrella organization for the Ghana Blind Union, Ghana Society of the Physically Disabled, Burns Survivors Association, Ghana National Association of the Deaf, Ghana Blind Union, Ghana Association of Persons with Albinism, ShareCare Ghana, Mental Health Society of Ghana, and Inclusion Ghana. Despite the Federation's varied composition, it faces challenges that emanate from PWD's low participation in planning and implementing programs (Adamtey, Oduro, and Braimah, 2018). The widespread unfair treatment of older adults' often manifests in their low involvement in their programs and their inability to receive fair and equitable social benefits upon achieving retirement age (Duncan & Smith, 1989). Additionally, many older adults do not enjoy quality care upon reaching later life (Burns, Hyde & Killett, 2016). The cultural ambivalence of older adults as witches and wizards in the traditional mythos in Africa has significantly affected the ways people view elders leading to widespread mistreatment and stigmatization of this population group (Van der Geest, 2002). In some local Ghanaian cultures, older adults' relatives' failures in aspects of their socioeconomic lives are blamed on the most senior living family members (Van der Geest, 2002). In other instances, family members' success is described as the oldest living family member's doing due to witchcraft powers they possess (Van der Geest, 2002). Stigmatization against older adults often results in desertion by caregivers and family members and places them in vulnerable positions that expose them to societal hardships (Tawiah, 2011).

Research in Ghana reveals a growing debate about income distribution, specifically around pension payments for older adults who previously worked in the informal sector (Kpessa-White, 2018). The Social Security and National Insurance Trust (2015) estimated the total number of older adults' contributions towards pension and those receiving a pension in Ghana was less than one percent (1%). Beyond this challenge is the low administrative capacity to make payments to beneficiaries (Kpessa-White, 2011); specifically, it has been observed that older adults experience numerous difficulties when attempting to access the social pension benefits due to the bureaucratic nature of organizations charged with handling pensions (Aikins et al., 2017).

#### **Demographic and Socioeconomic Characteristics of Older Adults in Ghana:**

The United Nations Department of Economic and Social Affairs Population Division (2017) estimated Ghana's population to be 28 million, representing 0.38% of the world's population. In Ghana, the Ghana Statistical Service (2013) projects the country's population to reach 33.4 million by 2025 and 50 million by 2050. According to census reports, Ghana has less than 8% of its population comprising older adults (60+), with 40% of the population between the ages of 15-59 (Ghana Statistical Service, 2012). Despite these figures, Ghana's older adult population is projected to rise steadily (Kpessa-white, 2018). Improvements in health care and the historic decline in infant and maternal mortality have accounted for more people within the middle ages transitioning into older adulthood (Apt, 2007; Mba, 2006; World Health Organization, 2014).

In Ghana, the older adult population has remarkably outpaced socioeconomic development (Mba, 2010). Over the past decades, the older adult population in Ghana has seen a seven-fold increase from 213,477 in 1960 to 1,643,381

in 2010 (Kpessa-Whyte &Tsekpo, 2020). Due to this demographic shift, there has been a substantial reduction in working-class individuals resulting in challenges with the contribution to and distribution of pension and social security benefits (Gorman, 2004; Lloyd-Sherlock, 2000), resulting in socioeconomic and financial circumstances that increases the chances of discrimination against elders (Lloyd-Sherlock, 2000; Barrientos, Gorman & Heslop, 2003). Additionally, due to Ghana's primitive health systems, coupled with general unpreparedness for old age, many older adults have some form of disability in later life (United Nations, 2007).

#### **The Intersection of Ageing, Disability, and Maltreatment:**

Research in Ghana indicates 59% of older adults reside in rural areas (Issahaku&Neysmith, 2013; Kwankye, 2013; Mba, 2004; World Health Organization, 2014). Reports from the World Health Organization indicate elders tend to live in rural areas compared to urban centers. This demographic transition from urban to rural areas is sometimes attributed to abuse experienced in urban areas (World Health Organization, 2014). According to Lamptey et al. (2018), older adults in Ghana commonly experience abuse ranging from verbal cruelty, disrespect, and neglect. Chane and Adamek (2015) stress different forms of elder abuse are not disjointed but interconnected. Mba (2004) have documented migration that involves a rural-urban movement to be a factor outcome of abuse in the form of neglect by relatives and caregivers of elders in urban centers in Ghana. Migration tends to draw the working-class population from rural areas to more urban centers, consequently drawing away government investment in Ghana's rural areas. According to Gorman (2004), migration and high unemployment affect intergenerational support for older adults. Reduction in support puts older adults at risk of having some essential needs, including those related to housing, healthcare, and caregiving support, unmet or neglected (Kpessa-Whyte &Tsekpo 2020).

According to Togonu-Bickersteth et al. (1997), poverty and neglect of aging adults by family and caregivers have consequences, often resulting in elders engaging in street begging to meet their needs and escape abuse. Job security is also a significant challenge in Ghana's economy (Osei-Boateng &Ampratwum, 2011). The job market is one with very little vibrancy (Aryeetey &Baah-Boateng, 2015), especially within the informal sector of the economy made up of proprietary and small-scale enterprises youth (Aryeetey &Baah-Boateng, 2007; Osei-Boateng &Ampratwum, 2011). According to Lloyd-Sherlock (2000), rising unemployment among elders' younger relatives directly affects older adults' care. Many youths go unemployed for years despite possessing employable skills, making care for dependent older adults challenging and contributing to elder neglect (Aryeetey &Baah-Boateng, 2015).

In Ghana, the most probable location to discover jobs and recruiting firms are in urban centers (Anarfi, Hill &Shiel, 2020). With the high cost of living, youths who find employment in urban areas use most of their earnings for housing, food, medical expenses, and transportation, leaving very little for retirement savings. Their delayed entry into the workforce, coupled with limited savings, often culminates in a destitute and miserable old age (Isabella, 2004). Kassah (2008) found that this has contributed to street begging becoming an increasingly common activity among older adults in Ghana.

#### **Public Policy for Elders with Disabilities:**

##### **Livelihood Empowerment Against Poverty (LEAP):**

Despite challenges associated with access and distribution of social benefits by elders with disabilities, there have been some significant strides by the government and civil society groups to roll out programs that directly or indirectly affect elders and older adults with disabilities. In 2008, Ghana implemented LEAP, a flagship initiative under the National Social Protection Program (Sackey &Remoaldo, 2019). As a government conditional cash transfer, the LEAP program targets orphaned and vulnerable children, elders 65 and above, and persons experiencing extreme poverty. Eligible beneficiaries must also be registered to receive health insurance, and their children must be enrolled in school (Abrebrese, 2011).

Notwithstanding the gains made through this program, beneficiaries have complained that funds given to them on a bi-monthly basis are woefully insufficient to meet some of their essential needs (Sackey &Remoaldo, 2019). Some LEAP program beneficiaries have also reported significant challenges in accessing complimentary services that come with the program. For example, beneficiaries should be eligible to register for national health insurance at no cost; however, some beneficiaries have reported having to pay to register and paying for health services that are supposed to be free under the national health insurance plan (Sackey &Remoaldo, 2019).

**Government Disability Fund:**

In 2005, Ghana's government introduced the disability fund to support all persons who have a disability (National Council on Persons with Disability [NCPD], 2010). These funds are allocated quarterly to metropolitan, municipal, and district assemblies in Ghana and compose 3% of the 7.5% national revenue disbursed by the central government to its decentralized agencies (Agboga, 2015). This fund is managed and allocated by a committee with representatives from the district representative of the National Council on Persons with Disability, a member from the social services sub-committee, district director of the Department of Social Welfare, a representative from the Ghana Federation of the Disabled and a co-opted technical member selected by the committee (NCPD, 2010; Tuggun, 2014).

Notwithstanding the evidence to suggest the disbursement of funds to PWD, many individuals continue to report experiences of poverty and destitute situations. Some beneficiaries report a lack of knowledge about the fund, while others have described difficulties in accessing the funds, including delays in the disbursement of funds (Opoku et al., 2019). Some beneficiaries have suggested that the administrative mishandling of the disability funds is a primary reason for the challenges encountered in accessing funds (Goldblatt, 2009). Similarly, individuals within the Ho municipality, a town located in the Volta Region of Ghana, have reported the inadequacies of the disability funds to satisfy the needs of PWD (Adamtey, Oduro, and Braimah, 2018; Ghana Federation of Disabled, 2016). PWD in this municipality described monies given to them from the disability fund to be woefully inadequate to meet their basic needs or serve as startup capital for any meaningful investments (Ghana Federation of Disabled, 2016).

**National Health Insurance Act of 2003:**

In 2003, under the National Health Insurance Act 650, Ghana's government established the National Health Insurance Authority to manage the National Health Insurance Scheme (NHIS). Provisions within the scheme provide free health insurance registration for individuals with mental disorders and medical treatment for all citizens above 70 years under the LEAP program (NHIS, 2020).

Despite some achievements made by introducing the scheme, some older adults report challenges associated with accessing healthcare services. Specifically, the NHIS does not cover all illnesses and drugs (Kpessa-Whyte & Tsekpo, 2020). Additionally, older adults who fall within the ages of 60-69 years are not provided with free registration though they fall within the definition of elders in Ghana (Kpessa-Whyte & Tsekpo, 2020). Finally, the burden of paying for registration and medical treatment by members of society who do not fall within the exclusion categories has had ramifications for older adults. Elders and PWD often rely on others for support, yet potential caregivers are reticent to offer help when faced with their challenges meeting basic healthcare needs (Kpessa-Whyte & Tsekpo, 2020).

**National Ageing Policy:**

The Government of Ghana in 2011 approved the National Ageing Framework, a strategic document to mainstream the interest of elders in the national development processes (Government of Ghana, 2010). Despite its failed implementation in 2003 due to the lack of a comprehensive plan of execution, the policy was finally implemented in 2011 with the overarching objective of mainstreaming older adults into society's social, economic, and cultural sectors (Government of Ghana, 2010). However, challenges with this policy were not different from others that came before it. The poor implementation of the National Ageing Policy set forth subsequent failures on critical objectives of the policy (Aikins & Apt, 2016).

**Discussion:-**

Attaining older age for many people continues to be a significant life goal. Unfortunately, this stage in life can be quite challenging for older adults who continue to face marginalization, exclusion, and unfair treatment from society (Chane & Adamek, 2015). The resentment and inequality that elders living with disabilities experience can have dire consequences. It is imperative to identify the challenges that come with the aging processes, audit existing policies, and identify loopholes in developing and implementing aging policy (Mba, 2004).

Like other African countries, Ghana has shown very little interest in developing policies and taking the necessary steps to ensure proper policy implementation (Adamtey et al., 2018), especially those in the good interest of older adults (Alidu et al., 2016). Over the years, policies catering to the needs of older adults with disabilities have seemingly had no direct effect on this population group (Opoku et al., 2019). Policies and programs such as LEAP, NHIS, and the disability fund from the central government have proved inadequate despite having some positive

impacts (Sackey & Remoaldo, 2019; Ministry of Gender, Children and Social Protection [MGCSP], 2013). These services do not fully address aging challenges for older adults with disabilities (Ayernor, 2012). Challenges associated with corruption among personnel charged with executing policy, financial restraints, bureaucracy in accessing public assistance, and insufficient capacity to successfully implement policy have been some of the setbacks affecting aging policy in the country (Adamtey et al., 2018).

The aging and disability situation in Ghana calls for rigorous research in organizations charged with working for the interest of older adults in Ghana and elders with disabilities. Also, personnel responsible for handling government business need to consider the changing trend in population dynamics. Mba (2010) supports this call and urges Ghana's government to act in earnest, given the amount of information on the country's aging population and the limited amount of time given consequences of an aging population growing faster than socioeconomic development. Tawiah (2011) has supported this call and urged the government to take steps to revise the retirement age of older adults in Ghana from 60 to 65 years to allow for the re-engagement of the elderly in the public sector, thereby increasing their chances of becoming less dependent on other members of society. In an attempt to re-engage the services of older adults, civil society groups with the support of the Ghanaian government and traditional authorities need to circumvent the negative cultural perceptions given to PWD that suggest their inability to be productive when employed in public or private sectors (Opoku et al., 2019).

Social benefits in the form of pension payments to retirees need to be revised continuously to capture Ghana's growing inflation rates. The value of money earned through the social security scheme has continued to decline over the years due to the country's high inflation rates (Tawiah, 2011). There is a need for the government to take strategic steps to implement monetary policy that addresses inflation and create a conducive environment that will create job opportunities for citizens (Elliot, 2015). By so doing, persons who find themselves providing care for older adults will be financially stable to continue assisting them.

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