

Aging with Dignity: The Role of Social Capital, Healthcare, And Technology in Ghana

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ABSTRACT: - The growing population of older adults brings with it various social and health challenges that can hinder their ability to age successfully and healthily. In countries like Ghana and other developing economies, a decline in social capital among older people can have serious effects, including heightened loneliness, increased psychological stress, and a greater risk of mental health conditions such as depression. By fostering stronger social connections and improving access to healthcare, societies can enhance the well-being of older adults, enabling them to live healthier and more fulfilling lives as they age. This paper explores aging, social capital, and elder healthcare, drawing on existing literature, with particular attention to gender differences and the potential of technology to strengthen social networks and healthcare access for older adults.

Keywords: Aging, Elder Healthcare, Gender Disparities, Social Capital, Technology.

I. INTRODUCTION

Acknowledged as a crucial phenomenon across the globe, population aging is a direct implication of demographic transitions. As a result of population aging, countries are witnessing unprecedented growth in the proportion of older adults. Available estimations suggest that in 2030, 12 per cent of the estimated total world population will be older persons, and this will be about 1 billion; 17 per cent of the total population (1.6 billion) will also be 65 and older by 2050 (World Health Organization, 2024). Over the same period, there is an expected moderate and flat increase in the working-age and youth populations respectively. The rapid growth in the older population is happening across all regions of the world including Europe, Latin America, Asia, Africa, the Caribbean, Oceania, and Northern America, though it is experienced at varying levels (U.S. Department of Commerce, 2015).

As of 2021, Europe comprised the oldest region in the world with a population of 130 million which was approximately 20 per cent of the entire population (Ortman, Velkoff & Hogan, 2020). Northern America is projected to remain the second oldest region in the world by 2050 with persons older than 65 making up 21.4 per cent of the total population (He, Goodkind & Kowal, 2016). Latin America, Asia, and the Caribbean are also expected to experience the fastest growth in the population of older adults than all other regions of the world; Asia is projected to have an older population of 975.3 million in 2050. Africa, on the other hand, will remain relatively younger than other world regions, though the older population in Africa is expected to be 235 million in 2050 (U.S. Census Bureau, 2022).

Likewise, in Ghana, it is projected that by 2050, the proportion of older persons will increase to about 9.8 per cent (United Nations, Department of Economic and Social Affairs, 2019), from the about 6.7 per cent that was recorded in 2021 (Ghana Statistical Service, 2021). The continuous rise in the number of older persons in Ghana and other parts of the world could be attributed to the steady decline in fertility (Kwankye, 2013). It is also a testimony of improved health care, improved nutrition, as well as reductions in maternal and child mortality (Mathers et al., 2015). For instance, as of 2020, the global fertility rate was about 2.3 births per woman (United Nations, 2022). This and other evidence suggest that longevity among older persons will continue to prevail.

Nonetheless, the increase in the number of older persons is also associated with diverse social and health implications that could impede successful and healthy aging. Researchers and policymakers are increasingly recognizing the importance of social capital in promoting well-being, healthy aging, and overall quality of life in older adults (Coll-Planas et al., 2017; Gannon & Roberts, 2020; Boggatz, 2016). By facilitating social engagement, providing emotional support, and enhancing access to resources, social capital can

significantly impact an older individual's ability to age successfully and maintain good health in later life. Social capital is a person's access to social networks, social resources, and some form of community support. It includes having access to networks such as family, friends, neighbours and acquaintances, community involvement with community organizations, clubs, religious groups or volunteering activities, intergenerational relationships with grandchildren or mentees, and supportive services such as support from senior centres or other organizations, among several others (Douglas, Georgiou & Westbrook, 2016). Social capital is deemed a crucial determinant of not only successful aging but also one's health status in old age (Lu & Zhang, 2019). It is therefore crucial for older adults to maintain social capital, especially in old age, to enrich their lives and the aging process.

Insufficient social capital among older individuals significantly impacts their well-being and health in several ways.

Available evidence from Ghana and other geographical territories suggests that many older persons' experience loneliness and social isolation due to poor social networks (Gyasi et al., 2019; National Academies of Sciences, Engineering, and Medicine, 2020). Weakened social networks among older persons could be attributed to various factors. For instance, some studies have shown that the nucleation of families in contemporary times, as well as rural-urban migration, has reduced the frequency of contact between older persons and their relatives/community members (Ahmad, 2020; Agyemang, 2014). Findings from Asante et al.'s (2021) research also indicated that unforeseen events, such as the onset of the COVID-19 pandemic, have the propensity to limit physical interactions between older persons and their friends/family members, and this could lead to loneliness, depression, and stress.

In addition to the negative health outcomes that could emerge for older persons due to inadequate social capital or networks, many older persons are susceptible to functional disability due to the probable onset of chronic illnesses, such as dementia (Spittel et al., 2019), hypertension (Modjadji et al., 2022), and stroke (Sanuade et al., 2019), among others, in old age. Consequently, the availability of adequate health care is essential for improving and sustaining good health, and to ultimately achieving healthy aging. To promote healthier, more active, and more fulfilled older adults, it is important to sustain good health among older adults by prioritizing preventive healthcare measures, encouraging regular health screenings, and promoting healthy lifestyle choices (WHO, 2018).

However, access to healthcare for some older people could be impeded by certain factors including disparities in the healthcare systems available. These disparities may vary among regions of the world, where some areas struggle to provide adequate healthcare infrastructure and resources for their aging populations. While certain regions may have well-established healthcare systems with comprehensive services catering to older adults' needs, other areas might face challenges in ensuring equitable access to quality healthcare for older individuals. Though generally, old people everywhere are vulnerable to various health risks, there are profound disparities in global healthcare which separate the developed world from the undeveloped world (Garrett, 2017). For instance, countries like the Netherlands and Denmark have robust and inclusive healthcare systems that prioritize preventive care, home-based services, and community health programs tailored to the needs of older populations (Sorensen et al., 2020). These nations, among several others in Europe, provide comprehensive health coverage, ensuring that older individuals have access to necessary medical treatments, regular health check-ups, and support for managing chronic conditions (Leichsenring, 2019). By adopting proactive healthcare strategies and emphasizing social welfare, these countries have been successful in enhancing the health and well-being of their aging populations.

In contrast, in some low-income countries with limited resources, the challenge of providing accessible and affordable healthcare for older adults remains significant. For instance, some studies have reported that due to the costly nature of medical services, some older persons in Ghana are unable to visit formal health facilities for medical treatment (Agyemang-Duah et al., 2020; Agyemang-Duah et al., 2019). Furthermore, a lack of proximity to a healthcare facility could deter an older person's access to healthcare (Kotavaara et al., 2021). In addition, issues, such as societal stigma (Hannaford et al., 2019) and attitudes of health workers (Agyemang-Duah et al., 2019) could serve as barriers for some older persons as far as access to health care is concerned. To an extent, healthy aging might not be realized if access to healthcare is impeded (Naah et al., 2020), hence, states and relevant stakeholders need to prioritize making healthcare for older persons accessible.

It is expedient to note that there is some correlation between aging, social capital, and health care. By strengthening social capital and making healthcare more accessible, societies can improve the well-being of older adults, helping them lead healthier and more satisfying lives as they grow older. For instance, social capital could be leveraged to organize and plan interventions that could facilitate health promotion (Koutsogeorgou et al. 2014), as well as health care. This comprehensive approach recognizes the importance of social networks, healthcare systems, and community support in promoting successful aging and fostering a sense of belonging and strength among older populations. This article aims to contribute to the ongoing

discourse on aging, social capital, and healthcare in Ghana by offering valuable insights into these topics and how they interrelate.

II. SOCIAL CAPITAL AND AGING

Social capital as a concept has gained some attention among policy experts to describe the social networks, customs, and trust that ensure the provision and tolerance of care between and within groups of people (Pradana, 2022). It is a crucial resource in all facets of the lives of older people. A crucial component of social capital for older people includes their networks or relationships with family members and close individuals in society. In Ghana, many older persons tend to rely on their relatives for care and support needs (Ofori-Dua, 2014). The delivery of this form of care and support is based on the principle of reciprocity which connotes that the older persons are being supported by their relatives because they once cared for these relatives when they were young (Brown, 2015). Studies conducted in Ghana have indicated that adult children, extended family members, neighbours and friends provide some form of financial and emotional support to older persons (Awuviry-Newton et al., 2020; Gyasi et al., 2020).

Nonetheless, studies have highlighted how some older persons lose their social capital due to rural-urban migration, and nucleation of the family (Agyemang, 2014; Dovie, 2019). The outcome of this phenomenon is the probable onset of loneliness and psychological stress including depression (Asante et al., 2021). Furthermore, research conducted by Renta et al. (2022) on the correlation between social capital and hypertension using data from Ghana and South Africa found that individuals with poor social capital in Ghana's developing economy had a higher chance of having hypertension. These findings indicate the significance of social capital on the health outcomes of older adults in Ghana, which emphasizes the importance of improving social networks and support systems for older adults.

Kim, Schneider, Faß & Lochbaum (2021) posit that the impact of social capital on healthy aging is multidimensional, but it is generally perceived that social capital avails some form of informal insurance for reduced health risks via cooperation norms expressed through informal networks. Barzanjeh Atri et al. (2020) concluded in their research that, to intensify the promotion of quality of life among older persons, the implementation of relevant strategies by health policy formulators to improve social capital among older persons is crucial. A study conducted in Indonesia found that social participation and trust had a positive association with a high degree of physical ability, mental wellness, and independence among older persons (Cao & Rammoha, 2016). In addition, a study that explored the relationship between social capital and the subjective well-being of older persons in six third-world countries including Ghana found that social capital, especially community participation was useful in the management of chronic diseases and enhancing subjective well-being among older persons (Christian et al., 2020).

In Ghana, social capital is also a useful resource that links many people to health professionals in a manner that encourages positive health behaviour (Amoah, 2017). A study conducted by Amoah et al. (2022) found that bridging social capital was influential in improving the health literacy of older persons. The study also found that it was a vital source of transportation support for older persons, which encouraged them to seek preventive health care (Amoah et al., 2022). Similarly, research conducted by Blancafort Alias et al. (2021) reported that group-based interventions with older adults that included a competent social participation component, and conducted in primary health care and community assets, produced positive results for the improvement of mental health among older persons. A study by Muckenhuber et al. (2012) also identified that social capital could strongly influence the health of older persons than younger persons. The authors, therefore, recommended the implementation of health promotion initiatives to include activities that would promote older people's social capital.

III. HEALTH CARE AND AGING

Health care is a crucial predictor of one's health status. Given the likely onset of functional disability and illness in old age (Abekah-Carter et al., 2022), availability and access to healthcare are essential for the aging population to treat diseases and prolong their survival on earth (Guida et al., 2022). The World Health Organization has also introduced the Integrated Care for Older People (ICOPE) concept that offers some guidelines for health systems and services, as well as for caregivers (Rudnicka et al., 2020). The organization has also established a clinical consortium on healthy aging to help enhance the capacities of health professionals on this matter (WHO, 2017). Several studies have shown that sufficient access to medical care helps to enhance health, as well as preserve the lives of older persons for a longer period (Agyemang-Duah et al., 2020; Peltzer et al., 2014; Yang, 2020). It is also beneficial to note that various factors can determine older person's access to health care (Agyemang-Duah et al., 2019). These factors can either encourage or impede access to healthcare services for older persons.

Access to health care services for older persons in Ghana can be influenced by economic factors. A study conducted on the obstacles to the utilization of formal healthcare services in Ghana found that limited

income due to poverty, and the non-comprehensiveness of the country's health insurance scheme that enables older persons to receive some subsidies for healthcare costs served as impediments to accessing healthcare for older people in Ghana (Agyemang-Duah et al., 2019). Regarding the National Health Insurance Scheme, some of the participants shared that they still had to pay high medical costs since the scheme did not cover several healthcare expenses (Agyemang-Duah et al., 2019). However, Van Der Wielen et al. (2017) found in their research that many rural-dwelling older persons who have enrolled in the National Health Insurance Scheme (NHIS) utilized medical services more than older persons who had not enrolled on the scheme. Furthermore, a study conducted to explore the influence of socio-economic factors in patronizing health care services found that while the educational level and NHIS beneficiary status determined the possibility for older people to utilize health services, older persons with high incomes are also more likely to utilize private health care services than public medical services (Saeed et al., 2016).

The proximity to healthcare facilities could also be a barrier to accessing healthcare for many older people. A study conducted on healthcare access for older persons in Burundi, The Gambia, and Sudan found that 9.6 per cent of the study population had an approximate travel time of six hours to a medical facility (Geldsetzer et al., 2020), and there was a likelihood for the travel duration to deter or delay access to healthcare. In Ghana, Amoah and Phillips's (2018) research on measures for universal health coverage revealed that persons who resided in vicinities with little or no access to health facilities were likely to delay in seeking medical care. Agyemang-Duah et al. (2019) also reported in their research that accessibility concerns, such as poor road networks and unfavourable architectural design of health centres constituted barriers to health care. There are also some documented rural-urban disparities as far as access to health care for older people is concerned. For instance, Braimah and Rosenberg (2021) research reported that older persons who resided in urban areas had more adequate access to health services than those who stayed in rural vicinities.

Many older persons' access to health care is determined by the friendly nature of the health setting, and or the attitude of the service providers towards them. Some participants in a study conducted by Agyemang-Duah et al. (2020) on the dynamics associated with seeking health care among older persons in Ghana shared that some health professionals acted in unfriendly manners and accorded them little or no respect when addressing them. This evidence is corroborated by findings from research that explored the functional status and health-seeking behaviour of older persons in the era of the COVID-19 pandemic in Ghana (Newton et al., 2022). Some older persons engaged in this study stated that at times, they were maltreated by female nurses when they visited the health centre for medical attention (Newton et al., 2022). Similarly, a study that engaged 23 older persons to explore their anticipations and experiences with healthcare providers in Ghana found that some health professionals exhibited attitudes of neglect, discrimination, stigma, and disrespect when attending to older persons (Issahaku & Sulemana, 2021). The participants added that they preferred to be treated with patience and respect. Agyemang-Duah et al. (2020) however found that disrespectful attitudes of health service providers were barely identified in private medical facilities as they were in public health centres.

Social capital is an important factor that can either promote or impede the utilization of healthcare services (Nauenberg et al., 2011). Peng et al. (2020) also concluded from their study findings that social capital as a resource derived from an individual's network could facilitate the patronization of home and community-based services, which includes healthcare. Other evidence suggests that older persons who live in areas with high social capital can gather helpful health information (Matsuura et al., 2023). Since some older people rely on others to tackle their health concerns through their social networks and trust, it would be useful if health professionals could make some efforts to ascertain the social capital levels for persons and determine the form of needed social assistance, and who in the network can deliver this support to help promote good health, health behaviour, and the use of health services by older persons (Emmering et al., 2018).

IV. GENDER DISPARITIES IN SOCIAL CAPITAL AND HEALTHCARE ACCESS

In Ghana, gender plays a significant role in shaping social capital and healthcare access among older adults. Social capital—defined as the networks, resources, and support systems available to individuals—is influenced by societal norms and gender roles, which often disadvantage women. Older women in Ghana, for instance, tend to have stronger familial and community ties, but these are often tied to caregiving roles (Braimah & Rosenberg, 2021), leaving them with limited access to healthcare due to time and resource constraints. In contrast, older men may experience weaker social networks but have greater autonomy and financial resources to access healthcare services (Amoah, 2017; Gyasi et al., 2018). Cornwell (2011) discovered that gender differences in social networks among older adults reveal that older women demonstrate greater bridging potential and maintain more ties outside the household compared to men. This finding challenges traditional stereotypes that women's networks are primarily kin-centered, suggesting instead that older women's networks are more diverse and extend beyond the immediate family. In Ghana, these differences are further highlighted by living arrangements, where older men are more likely to reside in nuclear households, whereas older women predominantly live in extended family households (Mba, 2007). Such living arrangements may contribute to the

greater social connectivity of older women; as extended family settings often foster broader interpersonal interactions.

The issue of gender disparities in health service utilisation among older Ghanaians presents a nuanced picture. Research by Gyasi et al. (2019) highlights that while there are no significant overall gender differences in healthcare access, other studies uncover divergent patterns. For instance, Dei and Sebastian (2018) and Frank et al. (2016) report that women tend to utilise outpatient services more frequently than men but are less likely to access inpatient care. This suggests that gender disparities may vary depending on the type of healthcare service, influenced by underlying socioeconomic and cultural dynamics. A critical factor moderating these disparities is marital status and income. Married women, according to Gyasi et al. (2019), are less likely to use healthcare services than their male counterparts unless they have higher incomes, which seems to empower them to seek care. This underscores the intersection of economic empowerment and marital dynamics in shaping healthcare utilisation patterns. Additionally, social support emerges as a significant determinant of health outcomes among older adults in Ghana. Ayernor (2017) identifies structural factors such as household size and social connectedness as pivotal in influencing health outcomes. Notably, the effects of these social support systems vary by ethnicity and gender, pointing to the complex interplay of cultural, social, and demographic factors in determining healthcare access and utilisation among older populations.

V. ROLE OF TECHNOLOGY IN STRENGTHENING SOCIAL CAPITAL AND HEALTHCARE ACCESS

The integration of technology into healthcare systems and social frameworks has become a transformative approach to addressing the unique challenges faced by older adults worldwide. Technology, particularly digital platforms, significantly enhance social connections and healthcare access for aging populations, as emphasised by Kleinman et al. (2021), and this is reinforced throughout the discussion of their transformative potential. Bertolazzi (2024) reiterates that these digital tools act as critical enablers, bridging gaps in social interaction and healthcare delivery. In Ghana, the relevance of technology in supporting older adults is even more pronounced. Many older persons face diminishing social capital due to social and economic shifts such as rural-urban migration (Agyemang, 2014) and the nucleation of families (Kpoor, 2015). These trends increase the risks of social isolation and create barriers to accessing essential healthcare services. Agyemang-Duah et al. (2019) and Amoah (2017) emphasise how these dynamics exacerbate vulnerabilities among older persons, reinforcing the need for innovative technological solutions. Leveraging such tools could provide older adults with vital opportunities to maintain social networks and access the care they require.

Digital tools, such as mobile phones and telemedicine platforms, enhance the health and well-being of older adults by rebuilding social networks and improving healthcare accessibility. These tools are instrumental in rebuilding social networks and improving healthcare access and quality for this demographic (Cotton et al., 2022; El-Tallawy et al., 2024; Haleem et al., 2021). For instance, mobile health (mHealth) interventions have significantly enhanced health literacy, supported the management of chronic diseases, and connected individuals with healthcare providers, particularly in underserved rural areas (Rudnicka et al., 2020). However, despite these advantages, adoption of such technologies among older adults in Ghana remains limited due to barriers such as digital literacy, affordability issues, and infrastructural deficits. Many older persons lack the skills to utilise digital tools effectively, while the high costs of smartphones and internet services pose financial challenges (Dovie et al., 2019). Furthermore, inconsistent electricity supply and poor internet connectivity hinder the widespread integration of digital health solutions in rural and resource-poor settings (Abakah & Berko, 2023). Mobile phones, however, remain widely used in Ghana for staying in touch with family and community members, enabling older persons to maintain their social networks despite the challenges posed by rural-urban migration (Kuranchie, 2022). This aligns with the findings of Delello and McWhorter (2017), who discovered that older adults used mobile devices to stay connected with others and remain socially informed. Through mobile telephony, older adults could foster a sense of social connectedness, reducing feelings of isolation and enhancing their overall well-being. Social media platforms facilitate intergenerational interactions and foster social connectedness, preserving relationships between older and younger family members while enhancing their sense of belonging. Additionally, digital platforms foster group-based interactions, such as virtual community meetings and support groups for the elderly, which help reduce loneliness and improve psychological well-being. Studies in similar contexts have shown that community-orientated digital tools significantly enhance older adults' sense of belonging and emotional health (Rudnicka et al., 2020; Subramanyam et al., 2018).

Health applications and telemedicine hold significant promise in Ghana, particularly for remote communities, by enabling access to health information and consultations with healthcare providers without physical visits. These innovations complement earlier discussions on leveraging technology to enhance healthcare delivery and social connectedness. These tools enable older adults to access health information,

monitor chronic conditions, and consult healthcare providers without needing physical visits to health facilities (Ben-Zeev, 2018; Afarikumah, 2014). However, challenges such as cultural adaptation and literacy barriers must be addressed to ensure their effective use (Ben-Zeev, 2018). Despite these obstacles, there is growing interest in the transformative potential of mHealth to enhance healthcare delivery and access, especially in underserved areas (Afarikumah, 2014; Osei et al., 2021).

VI. IMPLICATION FOR PRACTICE

Improving the well-being of older adults in Ghana requires a manifold approach that leverages social capital and addresses key barriers to healthcare access. One critical recommendation is the establishment of elder support groups within communities. These groups, facilitated by community leaders or local organizations, can serve as platforms for older adults to share experiences, engage in social activities, and support one another, reducing the social isolation and loneliness that many face. Additionally, fostering intergenerational bonding through family-organized events and cultural activities can strengthen relationships between older and younger family members, preserving traditions and enhancing mutual respect. Public awareness campaigns in local languages are also vital for educating communities about the importance of social connections and the cultural significance of caring for the elderly.

Equally important is improving healthcare services for older adults through practical initiatives. The Ghana Health Service should deploy mobile health clinics to underserved areas, ensuring older adults in remote regions can access medical check-ups, screenings, and treatments. Training healthcare professionals in geriatric care is essential to enhance the quality of services, emphasizing respectful and patient-centred care for the elderly. Implementing the World Health Organization's Integrated Care for Older People (ICOPE) model can further ensure comprehensive and coordinated care. Recognizing and integrating traditional healing practices into modern healthcare systems can also provide culturally relevant and accessible treatment options. Finally, targeted programs to empower older women, support for community development initiatives, and leveraging technology through digital literacy and user-friendly health tools can address systemic inequities and promote the holistic well-being of Ghana's aging population.

VII. CONCLUSION

Social capital plays a vital role in shaping the health, aging process, and overall well-being of older adults in Ghana and other developing economies. Strong social networks and community ties, often rooted in familial relationships, have been associated with positive health outcomes, including better emotional support, improved cognitive function, and enhanced access to healthcare. These networks also facilitate disease management, provide critical information, and help older adults navigate healthcare systems, promoting their physical health and overall well-being. However, the increasing prevalence of rural-urban migration and the shift toward nucleated family structures have eroded these traditional support systems. This decline in social capital has left many older individuals feeling isolated, disconnected, and vulnerable to loneliness and psychological distress, including depression.

Access to healthcare services, indispensable for managing illnesses and improving the quality of life for older people, is also influenced by diminished social capital. Economic constraints, such as low income and gaps in the comprehensiveness of the National Health Insurance Scheme (NHIS), often impede healthcare access. Additionally, challenges such as long distances to healthcare facilities and unfriendly or disrespectful attitudes from health professionals can discourage older adults from seeking medical attention. Social capital, however, offers a pathway to address these challenges by providing emotional support and encouraging healthier lifestyle choices among older individuals. It also serves as a buffer against stress, improving mental health outcomes and empowering communities to support healthy aging. Nevertheless, gender disparities and limited technological literacy among older adults present further obstacles, highlighting the need for targeted interventions and the leveraging of technology to strengthen social connections and healthcare access for all older adults.

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